



**STATE OF MISSISSIPPI  
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
CONTRACT FOR PERSONAL OR PROFESSIONAL SERVICES**

1. **Parties.** This Contract is made and entered into by and between the Mississippi Department of Human Services, hereinafter referred to as "MDHS," and GLI Capital Group, Inc. dba Public Knowledge, LLC hereinafter referred to as "Contractor."
2. **Purpose.** MDHS hereby engages the Contractor and the Contractor hereby agrees to render certain professional services described in Paragraph 3, "Scope of Services."
3. **Scope of Services.** The Contractor shall perform and render the following services: Provide services, and otherwise do all things necessary for or incidental to the performance of work to deliver Project Tasks as outlined herein and a final Needs Assessment report to MDHS Division of Aging & Adult Services (DAAS) for utilization within the Mississippi State Plan for Aging and Adult Services, as set forth below:
  - A. Contractor shall provide a Statewide (Mississippi) assessment of current and unmet needs as determined by a telephonic survey to include, but not be limited to, the following:
    - 1) at least 3,000 older Mississippians (age 55 and older) as the primary data source (List of Contact Information for 3,000+ Mississippians age 55 and older will be provided by MDHS)
    - 2) Combine ten (10) sets of random samples of 300 participants from each of the ten (10) Planning and Development District Area Agencies on Aging (AAA) service areas.
    - 3) Random sample with over sample of minority and rural populations.
    - 4) Telephonic contact shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall notate and no longer contact the person.
  - B. Contractor shall provide a Statewide assessment of projected needs for service providers to include, but not be limited to, the following:
    - 1) Mail Provider survey to all service providers taken from the list of providers as provided by MDHS.
  - C. Contractor shall provide a Statewide assessment of projected needs among those Older Mississippians on waiting lists for services to include, but not be limited to, the following:

- 1) Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state's ten (10) Planning and Development Districts Area Agencies on Aging.
  - 2) Telephonic contact with a waiting list Older Mississippian shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall document the attempted telephonic contact and then resume attempts to contact another participant from MDHS provided list.
- D. Contractor shall provide a Statewide assessment of COVID inquiries for impact to participants (current participants and waiting list participants) to include, but not be limited to, the following:
- 1) Has participant or family member contracted COVID?
  - 2) Does participant have any needs as it relates to COVID?
- E. Contractor shall provide an analysis of social and economic variables taken into consideration which include, but are not limited to, the following:
- 1) age, sex, income, residential setting (i.e., rural/urban/suburban), type of dwelling, lifestyle, volunteer work, employment, voting, family, relatives, health status, service awareness, AAA awareness, specific service need, meal contributions, contentment, legal assistance, transportation, crime, mistreatment/abuse, loneliness.
- F. Contractor shall provide Representation of ten (10) AAA. Statewide Needs Assessment data shall be submitted that includes data from ALL ten (10) Area Agencies on Aging. Representation of all AAAs means the Contractor will be provided with all participants from all Planning and Service Areas (by MDHS) and the Contractor is required to survey participants from each planning and service area.
- G. Contractor shall provide an analysis/assessment reflecting a margin of error no greater than 5%.
- H. Contractor shall provide a draft report (must include graphs and charts) for DAAS' review and approval before final report is submitted.
- I. Contractor shall provide the Needs Assessment that shall reflect an increase in services or decrease based on projected population of older adults using empirical data.
- J. Contractor shall provide a formal written report (must be in Word and PDF format).
- K. Contractor shall provide raw data in Excel format.
- L. Contractor shall facilitate a meeting with MDHS to review draft report of Needs Assessment and any supporting data before final submission.

M. Contractor shall meet the below projected timeline for various aspects of projects:

Project Tasks	Anticipated Duration
Statewide assessment of current and unmet need	7 weeks
Statewide assessment of projected need for service providers	3 weeks
Statewide assessment of projected needs among those on waiting lists for services	2 weeks
Analysis and initial report drafting	1 month
MDHS/DAAS review of draft report	2 weeks
Final report drafted and published	1 month

*Any extensions needed based on the above timeline requires prior written approval from MDHS.*

**4. Period of Performance.** The period of performance of services under this Contract shall begin on October 1, 2021, and end on March 31, 2022.

**5. Consideration and Method of Payment.**

a. As consideration of all services and performances under this Contract, Contractor shall be paid a fee not to exceed One Hundred Seventy Thousand Two Hundred Forty Dollars and Zero Cents (\$170,240.00). It is expressly understood and agreed that in no event will the total compensation paid hereunder exceed the specified amount of One Hundred Seventy Thousand Two Hundred Forty Dollars and Zero Cents (\$170,240.00).

b. The Contractor will bill MDHS for its services upon completion of each project task (1. Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services; 2. Analysis and initial report drafting for MDHS/DAAS review of draft report; and 3. Final report drafted and published) and MDHS will pay upon MDHS' acceptance of completed task. Following the satisfactory completion of its services, as determined by MDHS, the State requires the Contractor to submit invoices electronically to [invoices@mdhs.ms.gov](mailto:invoices@mdhs.ms.gov) throughout the term of the agreement. Invoices shall be submitted to MDHS using the processes and procedures identified by the State. The appropriate documentation shall be submitted as tasks are completed, with the final invoice to be submitted no later than five (5) working days after the contract end date.

**6. Applicable Law.** The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws, provisions, and any litigation with respect thereto shall be brought in the courts of the State. Contractor shall comply with applicable federal, state, and local laws and regulations.

**7. Approval Clause.** It is understood that if this contract requires approval by the Public Procurement Review Board and/or the Mississippi Department of Finance and Administration Office of Personal Service Contract Review, and this contract is not approved by the PPRB and/or OPSCR, it is void and no payment shall be made hereunder.

**8. Availability of Funds.** It is expressly understood and agreed that the obligation of the MDHS to proceed under this agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided or if funds are not otherwise available to the MDHS, the MDHS shall have the right upon ten (10) working days written notice to Contractor, to terminate this agreement without damage, penalty, cost or expenses to the MDHS of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

**9. Compliance with Laws.** Contractor understands that the MDHS is an equal opportunity employer and therefore, maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and Contractor agrees during the term of the agreement that Contractor will strictly adhere to this policy in its employment practices and provision of services. Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.

**10. E-Payment.** Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. The MDHS agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," which generally provides for payment of undisputed amounts by the MDHS within forty-five (45) days of receipt of invoice. Mississippi Code Annotated § 31-7-301 et seq.

**11. E-Verification.** If applicable, Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification system for all newly hired employees. Mississippi Code Annotated §§ 71-11-1 et seq. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor agrees to maintain records of such compliance. Upon request of the State and after approval of the Social Security Administration or Department of Homeland Security when required, Contractor agrees to provide a copy of each such verification. Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws. The breach of this agreement may subject Contractor to the following:

- a. termination of this contract for services and ineligibility for any state or public contract in Mississippi for up to three (3) years with notice of such cancellation/termination being made public;

- b. the loss of any license, permit, certification or other document granted to Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or,
- c. both.

In the event of such cancellation/termination, Contractor would also be liable for any additional costs incurred by the State due to Contract cancellation or loss of license or permit to do business in the State.

**12. Insurance.** Contractor represents that it will maintain workers' compensation insurance as required by the State of Mississippi which shall inure to the benefit of all Contractor's personnel provided hereunder; and comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All comprehensive general liability and professional liability insurance will provide coverage to the State of Mississippi as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement and upon request by MDHS at any time during the contract period. Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires. The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts. In no event shall the requirement for an insurance, bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.

**13. Paymode.** Payments by state agencies using the State's accounting system shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of Contractor's choice. The State may, at its sole discretion, require Contractor to electronically submit invoices and supporting documentation at any time during the term of this Agreement. Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

**14. Procurement Regulations.** The contract shall be governed by the applicable provisions of the Mississippi Public Procurement Review Board, Office of Personal Service Contract Review Rules and Regulations, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at <http://www.dfa.ms.gov>.

**15. Representation Regarding Contingent Fees.** Contractor represents that it has not retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.

**16. Representation Regarding Gratuities.** Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board, Office of Personal Service Contract Review Rules and Regulations.

**17. Stop Work Order.**

a. *Order to Stop Work:* The Chief Procurement Officer, may, by written order to Contractor at any time, and without notice to any surety, require Contractor to stop all or any part of the work called for by this contract. This order shall be for a specified period not exceeding 90 days after the order is delivered to Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, Contractor shall forthwith comply with its terms and take all reasonable steps to minimize the occurrence of costs allocable to the work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the Chief Procurement Officer shall either:

- i. cancel the stop work order; or,
- ii. terminate the work covered by such order as provided in the Termination for Default clause or the Termination for Convenience clause of this contract.

b. *Cancellation or Expiration of the Order:* If a stop work order issued under this clause is canceled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, Contractor shall have the right to resume work. An appropriate adjustment shall be made in the delivery schedule or Contractor price, or both, and the contract shall be modified in writing accordingly, if:

- i. the stop work order results in an increase in the time required for, or in Contractor's cost properly allocable to, the performance of any part of this contract; and,
- ii. Contractor asserts a claim for such an adjustment within 30 days after the end of the period of work stoppage; provided that, if the Chief Procurement Officer decides that the facts justify such action, any such claim asserted may be received and acted upon at any time prior to final payment under this contract.

c. *Termination of Stopped Work:* If a stop work order is not canceled and the work covered by such order is terminated for default or convenience, the reasonable costs resulting from the stop work order shall be allowed by adjustment or otherwise. d. *Adjustment of Price:* Any adjustment in contract price made pursuant to this clause shall be determined in accordance with the Price Adjustment clause of this contract.

**18. Termination for Convenience.**

a. *Termination.* The MDHS Executive Director or designee may, when the interests of the State so require, terminate this contract in whole or in part, for the convenience of the State. The MDHS Executive Director or designee shall give written notice of the termination to Contractor specifying the part of the contract terminated and when termination becomes effective.

b. *Contractor's Obligations.* Contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination Contractor will stop work to the extent specified. Contractor shall also terminate outstanding orders and subcontracts as they relate to the terminated work. Contractor shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated work. The MDHS Executive Director or designee may direct Contractor to assign Contractor's right, title, and interest under terminated orders or subcontracts to the State. Contractor must still complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

**19. Termination for Default.**

a. *Default.* If Contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract or any extension thereof, or otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the MDHS Executive Director or designee may notify Contractor in writing of the delay or nonperformance and if not cured in ten (10) days or any longer time specified in writing by the MDHS Executive Director or designee, such officer may terminate Contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform. In the event of termination in whole or in part, the MDHS Executive Director or designee may procure similar supplies or services in a manner and upon terms deemed appropriate by the MDHS Executive Director or designee. Contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

b. *Contractor's Duties.* Notwithstanding termination of the contract and subject to any directions from the Chief Procurement Officer, Contractor shall take timely, reasonable, and necessary action to protect and preserve property in the possession of Contractor in which the State has an interest.

c. *Compensation.* Payment for completed services delivered and accepted by the State shall be at the contract price. The State may withhold from amounts due Contractor such sums as the MDHS Executive Director or designee deems to be necessary to protect the State against loss because of outstanding liens or claims of former lien holders and to reimburse the State for the excess costs incurred in procuring similar goods and services.

d. *Excuse for Nonperformance or Delayed Performance.* Except with respect to defaults of subcontractors, Contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by Contractor to make progress in the prosecution of the work hereunder which endangers such performance) if Contractor has notified the MDHS Executive Director or designee within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of the public enemy; acts of the State and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, Contractor shall not be deemed to be in default, unless the services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit Contractor to meet the contract requirements. Upon request of Contractor, the MDHS Executive Director or designee shall ascertain the facts and extent of such failure, and, if such officer determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, Contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly, subject to the rights of the State under the clause entitled (in fixed-price contracts, "Termination for Convenience" in cost-reimbursement contracts, "Termination"). (As used in this Paragraph of this clause, the term "subcontractor" means subcontractor at any tier).

e. *Erroneous Termination for Default.* If, after notice of termination of Contractor's right to proceed under the provisions of this clause, it is determined for any reason that the contract was not in default under the provisions of this clause, or that the delay was excusable under the provisions of Paragraph (4) (Excuse for Nonperformance or Delayed Performance) of this clause, the rights and obligations of the parties shall, if the contract contains a clause providing for termination for convenience of the State, be the same as if the notice of termination had been issued pursuant to such clause.

f. *Additional Rights and Remedies.* The rights and remedies provided in this clause are in addition to any other rights and remedies provided by law or under this contract.

**20. Termination Upon Bankruptcy.** This contract may be terminated in whole or in part by MDHS upon written notice to Contractor, if Contractor should become the subject of bankruptcy or receivership proceedings, whether voluntary or involuntary, or upon the execution by Contractor of an assignment for the benefit of its creditors. In the event of such termination, Contractor shall be entitled to recover just and equitable compensation for satisfactory work performed under this contract, but in no case shall said compensation exceed the total contract price.

**21. Trade Secrets, Commercial and Financial Information.** It is expressly understood that Mississippi law requires that the provisions of this contract which contain the commodities purchased or the personal or professional services provided, the price to be paid, and the term of



the contract shall not be deemed to be a trade secret or confidential commercial or financial information and shall be available for examination, copying, or reproduction.

**22. Transparency.** This contract, including any accompanying exhibits, attachments, and appendices, is subject to the “Mississippi Public Records Act of 1983,” and its exceptions. See Mississippi Code Annotated §§ 25-61-1 et seq. and Mississippi Code Annotated § 79- 23-1. In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008. Mississippi Code Annotated §§ 27-104-151 et seq. Unless exempted from disclosure due to a court-issued protective order, a copy of this executed contract is required to be posted to the Department of Finance and Administration’s independent agency contract website for public access at <http://www.transparency.mississippi.gov>. Information identified by Contractor as trade secrets, or other proprietary information, including confidential vendor information or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes, will be redacted.

**23. Anti-assignment/Subcontracting.** Contractor acknowledges that it was selected by the State to perform the services required hereunder based, in part, upon Contractor’s special skills and expertise. Contractor shall not assign, subcontract, or otherwise transfer this agreement, in whole or in part, without the prior written consent of the State, which the State may, in its sole discretion, approve or deny without reason. Any attempted assignment or transfer of its obligations without such consent shall be null and void. No such approval by the State of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of the State in addition to the total fixed price agreed upon in this agreement. Subcontracts shall be subject to the terms and conditions of this agreement and to any conditions of approval that the State may deem necessary. Subject to the foregoing, this agreement shall be binding upon the respective successors and assigns of the parties.

**24. Attorney’s Fees and Expenses.** Subject to other terms and conditions of this agreement, in the event Contractor defaults in any obligations under this agreement, Contractor shall pay to the State all costs and expenses (including, without limitation, investigative fees, court costs, and attorney’s fees) incurred by the State in enforcing this agreement or otherwise reasonably related thereto. Contractor agrees that under no circumstances shall the customer be obligated to pay any attorney’s fees or costs of legal action to Contractor.

**25. Authority to Contract.** Contractor warrants: (a) that it is a validly organized business with valid authority to enter into this agreement; (b) that it is qualified to do business and in good standing in the State of Mississippi; (c) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind; and, (d) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings or prospective legal proceedings, either voluntary or otherwise, which may adversely affect its ability to perform its obligations under this agreement.

**26. Information Designated by Contractor as Confidential.** Any disclosure of those materials, documents, data, and other information which Contractor has designated in writing as proprietary and confidential shall be subject to the provisions of Mississippi Code Annotated §§

25-61-9 and 79-23-1. As provided in the contract, the personal or professional services to be provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information. Any liability resulting from the wrongful disclosure of confidential information on the part of Contractor or its subcontractor shall rest with Contractor. Disclosure of any confidential information by Contractor or its subcontractor without the express written approval of the MDHS shall result in the immediate termination of this agreement.

**27. Confidentiality.** Notwithstanding any provision to the contrary contained herein, it is recognized that MDHS is a public agency of the State of Mississippi and is subject to the Mississippi Public Records Act. Mississippi Code Annotated §§ 25-61-1 et seq. If a public records request is made for any information provided to MDHS pursuant to the agreement and designated by the Contractor in writing as trade secrets or other proprietary confidential information, MDHS shall follow the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1 before disclosing such information. The MDHS shall not be liable to the Contractor for disclosure of information required by court order or required by law.

**28. Contractor Personnel.** The MDHS shall, throughout the life of the contract, have the right of reasonable rejection and approval of staff or subcontractors assigned to the work by Contractor. If the MDHS reasonably rejects staff or subcontractors, Contractor must provide replacement staff or subcontractors satisfactory to the MDHS in a timely manner and at no additional cost to the MDHS. The day-to-day supervision and control of Contractor's employees and subcontractors is the sole responsibility of Contractor.

**29. Debarment and Suspension.** Contractor certifies to the best of its knowledge and belief, that it:

(1) is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi;

(2) has not, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;

(3) has not, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against it for a violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(4) is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of these offenses enumerated in paragraphs two (2) and (3) of this certification; and,

(5) has not, within a three-year period preceding this proposal, had one or more public transactions (federal, state, or local) terminated for cause or default.

**30. Disclosure of Confidential Information.** In the event that either party to this agreement receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information that party shall promptly inform the other party and thereafter respond in conformity with such subpoena to the extent mandated by law. This section shall survive the termination or completion of this agreement. The parties agree that this section is subject to and superseded by Mississippi Code Annotated §§ 25-61-1 *et seq.*

**31. Exceptions to Confidential Information.** Contractor and the State shall not be obligated to treat as confidential and proprietary any information disclosed by the other party (“disclosing party”) which: (1) is rightfully known to the recipient prior to negotiations leading to this agreement, other than information obtained in confidence under prior engagements; (2) is generally known or easily ascertainable by nonparties of ordinary skill in the business of the customer; (3) is released by the disclosing party to any other person, firm, or entity (including governmental agencies or bureaus) without restriction; (4) is independently developed by the recipient without any reliance on confidential information; (5) is or later becomes part of the public domain or may be lawfully obtained by the State or Contractor from any nonparty; or, (6) is disclosed with the disclosing party’s prior written consent

**32. Errors in Extension.** If the unit price and the extension price are at variance, the unit price shall prevail.

**33. Failure to Deliver.** In the event of failure of Contractor to deliver services in accordance with the contract terms and conditions, the MDHS, after due oral or written notice, may procure the services from other sources and hold Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies that the MDHS may have.

**34. Failure to Enforce.** Failure by the MDHS at any time to enforce the provisions of the contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the contract or any part thereof or the right of the MDHS to enforce any provision at any time in accordance with its terms.

**35. Final Payment.** Upon satisfactory completion of the work performed under this contract, as a condition before final payment under this contract, or as a termination settlement under this contract, Contractor shall execute and deliver to the MDHS a release of all claims against the State arising under, or by virtue of, the contract, except claims which are specifically exempted by Contractor to be set forth therein. Unless otherwise provided in this contract, by state law, or otherwise expressly agreed to by the parties in this contract, final payment under the contract or settlement upon termination of this contract shall not constitute waiver of the State’s claims against Contractor under this contract.

**36. Force Majeure.** Each party shall be excused from performance for any period and to the extent that it is prevented from performing any obligation or service, in whole or in part, as a result of causes beyond the reasonable control and without the fault or negligence of such party and/or

its subcontractors. Such acts shall include without limitation acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, earthquakes, floods, or other natural disasters (“force majeure events”). When such a cause arises, Contractor shall notify the State immediately in writing of the cause of its inability to perform, how it affects its performance, and the anticipated duration of the inability to perform. Delays in delivery or in meeting completion dates due to force majeure events shall automatically extend such dates for a period equal to the duration of the delay caused by such events, unless the State determines it to be in its best interest to terminate the agreement.

**37. Indemnification.** To the fullest extent allowed by law, Contractor shall indemnify, defend, save and hold harmless, protect, and exonerate the agency, its commissioners, board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including, without limitation, court costs, investigative fees and expenses, and attorney’s fees, arising out of or caused by Contractor and/or its partners, principals, agents, employees and/or subcontractors in the performance of or failure to perform this agreement. In the State’s sole discretion, Contractor may be allowed to control the defense of any such claim, suit, etc. In the event Contractor defends said claim, suit, etc., Contractor shall use legal counsel acceptable to the State. Contractor shall be solely responsible for all costs and/or expenses associated with such defense, and the State shall be entitled to participate in said defense. Contractor shall not settle any claim, suit, etc. without the State’s concurrence, which the State shall not unreasonably withhold.

**38. Independent Contractor Status.** Contractor shall, at all times, be regarded as and shall be legally considered an independent contractor and shall at no time act as an agent for the State. Nothing contained herein shall be deemed or construed by the State, Contractor, or any third party as creating the relationship of principal and agent, master and servant, partners, joint ventures, employer and employee, or any similar such relationship between the State and Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any acts of the State or Contractor hereunder creates, or shall be deemed to create a relationship other than the independent relationship of the State and Contractor. Contractor’s personnel shall not be deemed in any way, directly or indirectly, expressly or by implication, to be employees of the State. Neither Contractor nor its employees shall, under any circumstances, be considered servants, agents, or employees of the MDHS, and the MDHS shall be at no time legally responsible for any negligence or other wrongdoing by Contractor, its servants, agents, or employees. The MDHS shall not withhold from the contract payments to Contractor any federal or state unemployment taxes, federal or state income taxes, Social Security tax, or any other amounts for benefits to Contractor. Further, the MDHS shall not provide to Contractor any insurance coverage or other benefits, including Worker’s Compensation, normally provided by the State for its employees.

**39. Integrated Agreement/Merger.** This agreement, including all contract documents, represents the entire and integrated agreement between the parties hereto and supersedes all prior negotiations, representations or agreements, irrespective of whether written or oral. This

agreement may be altered, amended, or modified only by a written document executed by the State and Contractor. Contractor acknowledges that it has thoroughly read all contract documents and has had the opportunity to receive competent advice and counsel necessary for it to form a full and complete understanding of all rights and obligations herein. Accordingly, this agreement shall not be construed or interpreted in favor of or against the State or Contractor on the basis of draftsmanship or preparation hereof.

**40. Modification or Renegotiation.** This agreement may be modified only by written agreement signed by the parties hereto. The parties agree to renegotiate the agreement if federal and/or state revisions of any applicable laws or regulations make changes in this agreement necessary.

**41. No Limitation of Liability.** Nothing in this agreement shall be interpreted as excluding or limiting any tort liability of Contractor for harm caused by the intentional or reckless conduct of Contractor or for damages incurred through the negligent performance of duties by Contractor or the delivery of products that are defective due to negligent construction.

**42. Notices.** All notices required or permitted to be given under this agreement must be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom the notice should be given at the address set forth below. Notice shall be deemed given when actually received or when refused. The parties agree to promptly notify each other in writing of any change of address.

For the MDHS:	For Contractor:
MS Dept. of Human Services	Public Knowledge, LLC
Robert G. Anderson, Executive Director	Stacey Obrecht, President
P.O. Box 352	600 Airport Road
Jackson, Mississippi 39205	Lakewood, NJ 08701-5995

**43. Non-solicitation of Employees.** Each party to this agreement agrees not to employ or to solicit for employment, directly or indirectly, any persons in the full-time or part-time employment of the other party until at least six (6) months after this agreement terminates unless mutually agreed to in writing by the State and Contractor.

**44. Oral Statements.** No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this contract. All modifications to the contract must be made in writing by the MDHS and agreed to by Contractor.

**45. Ownership of Documents and Work Papers.** MDHS shall own all documents, files, reports, work papers and working documentation, electronic or otherwise, created in connection with the project which is the subject of this agreement, except for Contractor's internal administrative and quality assurance files and internal project correspondence. Contractor shall deliver such documents and work papers to MDHS upon termination or completion of the agreement. The foregoing notwithstanding, Contractor shall be entitled to retain a set of such work

papers for its files. Contractor shall be entitled to use such work papers only after receiving written permission from MDHS and subject to any copyright protections.

**46. Priority.** The contract consists of this agreement with exhibits, the Request for Proposals 20210511 MDHS DAAS Needs Assessment/RfX 3120002223, any amendments and Best and Final Offers (as applicable) (hereinafter referred to as RFP, and the response dated June 8, 2021 by Public Knowledge, LLC (hereinafter referred to as Proposal). Any ambiguities, conflicts or questions of interpretation of this contract shall be resolved by first, reference to this agreement with exhibits and, if still unresolved, by reference to the RFP and, if still unresolved, by reference to the Proposal. Omission of any term or obligation from this agreement or RFP or Proposal shall not be deemed an omission from this contract if such term or obligation is provided for elsewhere in this contract.

**47. Quality Control.** Contractor shall institute and maintain throughout the contract period a properly documented quality control program designed to ensure that the services are provided at all times and in all respects in accordance with the contract. The program shall include providing daily supervision and conducting frequent inspections of Contractor's staff and ensuring that accurate records are maintained describing the disposition of all complaints. The records so created shall be open to inspection by the MDHS.

**48. Record Retention and Access to Records.** Provided Contractor is given reasonable advance written notice and such inspection is made during normal business hours of Contractor, the State or any duly authorized representatives shall have unimpeded, prompt access to any of Contractor's books, documents, papers, and/or records which are maintained or produced as a result of the project for the purpose of making audits, examinations, excerpts, and transcriptions. All records related to this agreement shall be retained by Contractor for three (3) years after final payment is made under this agreement and all pending matters are closed; however, if any audit, litigation or other action arising out of or related in any way to this project is commenced before the end of the three-year period, the records shall be retained for one (1) year after all issues arising out of the action are finally resolved or until the end of the three-year period, whichever is later.

**49. Recovery of Money.** Whenever, under the contract, any sum of money shall be recoverable from or payable by Contractor to the MDHS, the same amount may be deducted from any sum due to Contractor under the contract or under any other contract between Contractor and the MDHS. The rights of the MDHS are in addition and without prejudice to any other right the MDHS may have to claim the amount of any loss or damage suffered by the MDHS on account of the acts or omissions of Contractor.

**50. Right to Audit.** Contractor shall maintain such financial records and other records as may be prescribed by the MDHS or by applicable federal and state laws, rules, and regulations. Contractor shall retain these records for a period of three (3) years after final payment, or until they are audited by the MDHS, whichever event occurs first. These records shall be made available during the term of the contract and the subsequent three-year period for examination, transcription, and audit by the Mississippi State Auditor's Office, its designees, or other authorized bodies. .  
**Right to Inspect Facility.** The State may, at reasonable times, inspect the place of business of a

Contractor or any subcontractor which is related to the performance of any contract awarded by the State.

**51. Severability.** If any part of this agreement is declared to be invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of the agreement that can be given effect without the invalid or unenforceable provision, and to this end the provisions hereof are severable. In such event, the parties shall amend the agreement as necessary to reflect the original intent of the parties and to bring any invalid or unenforceable provisions in compliance with applicable law.

**52. State Property.** Contractor will be responsible for the proper custody and care of any state-owned property furnished for Contractor's use in connection with the performance of this agreement. Contractor will reimburse the State for any loss or damage, normal wear and tear excepted.

**53. Third Party Action Notification.** Contractor shall give the customer prompt notice in writing of any action or suit filed, and prompt notice of any claim made against Contractor by any entity that may result in litigation related in any way to this agreement.

**54. Unsatisfactory Work.** If, at any time during the contract term, the service performed or work done by Contractor is considered by the MDHS to create a condition that threatens the health, safety, or welfare of the citizens and/or employees of the State of Mississippi, Contractor shall, on being notified by the MDHS, immediately correct such deficient service or work. In the event Contractor fails, after notice, to correct the deficient service or work immediately, the MDHS shall have the right to order the correction of the deficiency by separate contract or with its own resources at the expense of Contractor.

**55. Waiver.** No delay or omission by either party to this agreement in exercising any right, power, or remedy hereunder or otherwise afforded by contract, at law, or in equity shall constitute an acquiescence therein, impair any other right, power or remedy hereunder or otherwise afforded by any means, or operate as a waiver of such right, power, or remedy. No waiver by either party to this agreement shall be valid unless set forth in writing by the party making said waiver. No waiver of or modification to any term or condition of this agreement will void, waive, or change any other term or condition. No waiver by one party to this agreement of a default by the other party will imply, be construed as or require waiver of future or other defaults.

**56. Requirements Contract.** During the period of the contract, Contractor shall provide all the service described in the contract. Contractor understands and agrees that this is a requirements contract and that the MDHS shall have no obligation to Contractor if no services are required. Any quantities that are included in the scope of work reflect the current expectations of the MDHS for the period of the contract. The amount is only an estimate and Contractor understands and agrees that the MDHS is under no obligation to Contractor to buy any amount of the services as a result of having provided this estimate or of having any typical or measurable requirement in the past. Contractor further understands and agrees that the MDHS may require services in an amount less than or in excess of the estimated annual contract amount and that the quantity actually used,

whether in excess of the estimate or less than the estimate, shall not give rise to any claim for compensation other than the total of the unit prices in the contract for the quantity actually used.

**57. Disputes.** Any dispute concerning a question of fact under this Contract which is not disposed of by agreement shall be decided by the Deputy Executive Director of Age Related Services. This decision shall be reduced to writing and a copy thereof mailed or furnished to the Contractor and shall be final and conclusive, unless within thirty (30) days from the date of the decision, Contractor mails or furnishes to the MDHS Executive Director a written request for review. Pending final decision of the MDHS Executive Director or designee of a dispute hereunder, the Contractor shall proceed in accordance with the decision of the Deputy Executive Director of Age Related Services. In a review before the MDHS Executive Director or designee, the Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its position on the question and decision under review. The decision of the MDHS Executive Director on the review shall be final and conclusive unless determined by a court of competent jurisdiction in Hinds County, State of Mississippi, to have been fraudulent, capricious, so grossly erroneous as necessarily to imply bad faith, or is not supported by substantial evidence.

For the faithful performance of the terms of this Contract, the parties hereto have caused this Contract to be executed by their undersigned authorized representatives.

**Mississippi Department of Human Services**

**Public Knowledge, LLC**

**By:** \_\_\_\_\_  
**Authorized Signature**

**By:** \_\_\_\_\_  
**Authorized Signature**

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_







# Michael Watson

## SECRETARY OF STATE

This is not an official certificate of good standing.

### Name History

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Name	Name Type
Public Knowledge, LLC	Legal

### Business Information

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<b>Business Type:</b>	Limited Liability Company
<b>Business ID:</b>	1242622
<b>Status:</b>	Good Standing
<b>Effective Date:</b>	10/26/2020
<b>State of Incorporation:</b>	WA
<b>Principal Office Address:</b>	4720 Independence Street Wheat Ridge, MS 80033

### Registered Agent

---

**Name**  
CORPORATION SERVICE COMPANY  
7716 Old Canton Rd, Suite C  
Madison, MS 39110

### Officers & Directors

---

Name	Title
James Maida 17 Old Cabin Rd Newtown, PA 18940	Manager



**Michael Watson**  
SECRETARY OF STATE

**Invoice Number:** 14823094

**Invoice Date:** 10/24/2020

**Customer Information**

Angela Zografos  
600 Airport Road  
Lakewood, New Jersey 08701

Description	Tracking Number	Qty	Item Cost	Amount Paid
Foreign LLC - Online	2020350019		\$ 250.00	\$ 250.00
MSI Transaction Fee			\$ 7.54	\$ 7.54
<b>Payment Details</b>				
			Invoice Total:	\$ 257.54
			Payment Total:	\$ 257.54
			Amount Due:	\$ 0.00
<b>Payment Method</b>				
			Payment Type:	Credit Card

**Include invoice number on all correspondence and send to:**

Mississippi Secretary of State's Office  
P.O. Box 136  
Jackson, MS 39205

To discuss payment for Corporation items  
call:  
(601) 359-1633

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
GLI Capital Group Inc

**2** Business name/disregarded entity name, if different from above  
Public Knowledge, LLC (FEIN 91-1439347 single member LLC disregarded entity, 100% owned by GLI Capital Group Inc)

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC      C Corporation      S Corporation      Partnership      Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
4720 Independence Street

**6** City, state, and ZIP code  
Wheat Ridge, CO 80033

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Social security number**

				-		-				
--	--	--	--	---	--	---	--	--	--	--

**OR**

**Employer identification number**

2	2	-	2	9	8	6	2	2	2
---	---	---	---	---	---	---	---	---	---

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**     Signature of U.S. person ▶ Bruce A. Hecht     Date ▶ 11/25/2020

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**F0200**  
**Fee: \$ 250**



**Michael Watson**  
SECRETARY OF STATE

**2020350019**

Business ID: 1242622  
Filed: 10/26/2020 11:18 AM  
Michael Watson  
Secretary of State

## Application to Register Foreign Limited Liability Company

### **Business Information**

**Business Type:** Limited Liability Company  
**Business Name:** Public Knowledge, LLC  
**Business Email:** a.zografos@gaminglabs.com  
**State of Incorporation:** WA  
**Date Organized:** 12/07/1994

Full or Partial management of the LLC is vested in a manager or managers.

### **NAICS Code/Nature of Business**

541511 - Custom Computer Programming Services

**Principal Office Address:** 4720 Independence Street  
Wheat Ridge, MS 80033

### **Registered Agent**

**Name:** CORPORATION SERVICE COMPANY  
**Address:** 7716 Old Canton Rd, Suite C  
Madison, MS 39110

### **Signature**

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **10/24/2020**.

**Name:**  
James Maida  
**Manager**

**Address:**  
600 Airport Road  
Lakewood, NJ 08701

P.O. BOX 136  
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE**

**OF**

**PUBLIC KNOWLEDGE, LLC**

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/07/1994.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/24/2020  
UBI Number: 601 590 340



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in blue ink that reads "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 10/24/2020

**PROTEST & DEBRIEFING INFORMATION**



## PROTEST AND DEBRIEFING NOTICE

Date: 8/3/2021

<b>Procurement Type, Number, and Title</b>	Request for Proposals (RFP) No. 20210511 DAAS Needs Assessment; RFx No. 3120002223
<b>Contract Number</b>	8200058727 (MDHS & Public Knowledge, LLC)

No protest was submitted in writing within seven (7) calendar days of the solicitation posting or of the notice of intent to award the contract. Therefore, I certify that adequate time to protest has been given to all prospective vendors and that no protest or potential protests are known to the agency or any agency employees.

Additionally, one (1) post-award vendor debriefing request was received within three (3) business days of notification of the award and one (1) post-award vendor debriefing was conducted by the agency. Debriefing information and correspondence is attached.

Should additional information be needed, please contact Bryan C. Wardlaw, Chief Procurement Officer, at (601) 359-4500.

We appreciate your time and consideration regarding this matter.

Sincerely,

DocuSigned by:  
*Rachelle Richardson*  
42ADA0F224A5414...

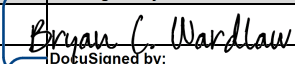
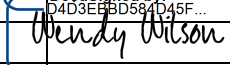
For Robert G. Anderson, Executive Director  
Mississippi Department of Human Services  
P.O. Box 352  
Jackson, Mississippi 39205




**DEBRIEFING AGENDA**
**RFP NUMBER 20210511 DAAS Needs Assessment**

Vendor Requesting Debriefing:	Elite Research, LLC
Date of Notification of Contract Award:	July 20, 2021
Date of Debriefing Request:	July 22, 2021
Date of Debriefing:	July 27, 2021
Start Time:	11:00 AM, CT

Name of MDHS Procurement Officer/Contract Manager (and other staff, where practicable) to administer debriefing:

NAME & TITLE	SIGNATURE	DATE
Bryan C. Wardlaw, Chief Procurement Officer	 DocuSigned by: 54D3E8BD584D45F...	7/27/2021
Wendy Wilson, Procurement Services	 DocuSigned by: 878CC66E948645C...	7/27/2021

Name of Authorized Official(s) representing Vendor attending debriefing:

NAME & TITLE	SIGNATURE	DATE
Rene Paulson, President	N/A (Teleconference)	7/27/21
Jodi Woodside, Director of Operations and Development	N/A (Teleconference)	7/27/21

Method of Debriefing (***please check only one***):

Telephonic  Face to Face  Video Conference

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable (***please be specific and detailed***):

***Cost Factor Portion-*** (29.87 out of 55 points). 55 total points included: 35 possible points for Price (14.87 out of 35 – based on BAFO pricing) + 20 possible points for evaluated Cost factors (15 out of 20). Assessment of sufficient financial resources: it was not clear, based on the tax return provided, that the respondent has sufficient financial resources to meet requirements of the RFP. ***Technical Factors Portion-*** (10 out of 20 points). Assessment of proposed methodology to complete the project: Not very detailed. The proposal demonstrates some understanding of scope of work and related



objectives. Proposal does not demonstrate a well-rounded reflection of age demographics. Proposal is not complete and responsive to RFP. The proposal does not present innovative technology/techniques. **Management Factors Portion-** (21 out of 25 points). Assessment of project management: No definite or actual dates in project timeline. Respondent may not have the staff resources readily available; however, the proposal stated the means that more staff can be hired/trained to meet the need. Out of the 2 references available to contact only one was related to Needs Assessment.

(2) The overall evaluated cost or price and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor (***please be specific and detailed***):

Total points awarded for Elite Research was 61 points out of 100 available points. The highest number of points awarded was 71 points. 3 other vendors scored higher than Elite Research. MDHS Notice of Intent To Award as emailed to debriefed vendor on 7/20/2021 contains comparison of debriefed vendor's rating as compared to other Respondents.

(3) The overall ranking of all vendors, when any ranking was developed by the agency during the selection process (***please be specific and detailed***):

Vendors were ranked from highest to lowest out of 100 possible points. Vendor with the highest score was considered for award. Elite Research scored 61 points out of 100.

(4) A summary of the rationale for award (***please be specific and detailed***):

Vendor with the highest score was considered for award based on total points scored.

(5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed (***please be specific and detailed***):

Q1: Does the awarded vendor have existing innovative technology and techniques?

Q2: Under the Freedom of Information Act (FOIA), can we request a copy of the awarded proposal?

Q3: Can you please provide the breakdown of the Cost Factor Portion?

(6) Responses to question(s):

A1: Unsure, would have to review the proposal.

A2: All public records request must be requested through MDHS' Office of Compliance. We will send you the information. (Sent email 7/27/21 from Procurement Services providing contact info.)

A3: Discussed Cost Factor Portion of No. 1 of this debriefing.

End Time: 11:15 AM



**DEBRIEFING REQUEST LOG**

<b>RFP NUMBER 20210511 DAAS NEEDS ASSESSMENT</b> <b>DATE OF NOTIFICATION OF CONTRACT AWARD: July 20, 2021</b>			
<b>RESPONDENT / ORGANIZATION NAME</b>	<b>DATE OF DEBRIEFING REQUEST</b>	<b>METHOD OF WRITTEN REQUEST</b>	<b>REQUEST WITHIN THREE (3) BUSINESS DAYS OF CONTRACT AWARD DATE (YES/NO)</b>
Elite Research, LLC	7/22/21; 12:51 PM; Jodi Woodside; <a href="mailto:jwoodside@eliteresearch.com">jwoodside@eliteresearch.com</a>	E-mail to <a href="mailto:Procurement.Services@mdhs.ms.gov">Procurement.Services@mdhs.ms.gov</a>	YES

## Elite Research Vendor Debriefing

Jodi Woodside <jwoodside@eliteresearch.com>

Thu 7/22/2021 12:51 PM

To: Procurement Services <Procurement.Services@mdhs.ms.gov>

Mr. Wardlaw,

We appreciate the opportunity to submit a proposal in response to RFP No. 20210511 Division of Aging & Adult Services (DAAS) Needs Assessment. We are in receipt of your intent to award and would like to request a Vendor Debriefing regarding our submitted proposal. We are very interested in learning and growth on our end and would value your time with the feedback.

Please let us know what might work best with your schedule.

Best regards,

Jodi Woodside

Director of Operations | Elite Research, LLC

Project Manager | Divergent Web Solutions, LLC

9901 Valley Ranch Pkwy. E., Ste. 2035, Irving, TX 75063

Phone: 972-538-1374 | 1-800-806-5661 ext. 714

[www.eliteresearch.com](http://www.eliteresearch.com) | [www.divergentwebsolutions.com](http://www.divergentwebsolutions.com)

Fax: 1-800-806-5661 | [jwoodside@eliteresearch.com](mailto:jwoodside@eliteresearch.com)

LinkedIn: <https://www.linkedin.com/in/jodiwoodside/>

Note: All e-mails and files transmitted from Elite Research, LLC may contain PRIVILEGED or CONFIDENTIAL information and may be used only by the intended recipient. Any use - dissemination, distribution, forwarding, printing or copying of e-mails or any files (including templates) is strictly prohibited.

**WARNING: This email originated outside of MDHS.**

DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

**NOTICE OF INTENT TO AWARD**



## NOTICE OF INTENT TO AWARD

July 20, 2021

<b>Procurement Type, Number, &amp; Title</b>	Request for Proposals (RFP) No. 20210511 Division of Aging & Adult Services (DAAS) Needs Assessment RFx No. 3120002223
<b>Opening Date and Time</b>	June 11, 2021, 2:30 PM, CT

MDHS issued the RFP on May 11, 2021. The following vendors submitted a response to the solicitation:

- Public Knowledge, LLC, Lakewood, NJ
- Qlarant Quality Solutions, Inc., Easton, Maryland
- Elite Research, LLC, Irving, TX
- Parham Group, Nonprofit Advisors, LLC, Jackson, MS

The four (4) responses were evaluated according to the criteria stated in the solicitation. Technical and Cost Factors for each Respondent were scored and Management Factors were scored last. Ranking of the responses is provided below in order of evaluation:

<b>Respondent</b>	<b>Technical Factors (20 points)</b>	<b>Cost Factors (55 points)</b>	<b>Management Factors (25 points)</b>	<b>Total Score (100 points)</b>
Public Knowledge, LLC	18.33	28.73	23.67	<b>71</b>
Qlarant Quality Solutions, Inc.	19.67	22.94	24.33	<b>67</b>
Elite Research, LLC	10	29.87	21	<b>61</b>
Parham Group, Nonprofit Advisors, LLC	5.99	45	17.33	<b>68</b>

MDHS announces our intent to award a contract to the highest scoring vendor whose proposal appears to best meet the needs of the Agency in providing the required services:

- Public Knowledge, LLC, Lakewood, NJ

Public Knowledge, LLC's total proposed contract cost to provide the needs assessment is \$170,240.00. The contract will begin October 1, 2021, and end March 31, 2022, subject to PPRB approval. Included as Attachment A to this Notice is a copy of the contract template to be used for the contract that includes the terms, conditions, and scope of services for the agreement.



We would like to thank each vendor for your time and efforts in preparing a response to this solicitation.


MDHS invites you to contact the Director of MDHS by U.S. mail or e-mail submission to Bryan C. Wardlaw ([procurement.services@mdhs.ms.gov](mailto:procurement.services@mdhs.ms.gov)), Chief Procurement Officer, if you would like to request a post-award vendor debriefing where we can share with you any applicable information about **your response** including significant weaknesses or deficiencies, technical ratings, and overall ranking specific to **your company's response**. This debriefing is a meeting and not a hearing; therefore, legal representation is not required. However, if you prefer to have legal representation present, you must provide notification that includes the name of the attorney, address, and telephone number, prior to the scheduled meeting so that MDHS can also have legal representation present. Your written request for debriefing must be received no later than 5:00 PM, CT by the third (3rd) business day after the issuance of this notice.

Vendors are reminded that any protests of this decision must be submitted via U.S. Mail postage prepaid, or personal delivery to Bryan C. Wardlaw, Chief Procurement Officer, no later than 1:00 PM, CT by the seventh (7th) calendar day after the issuance of this notice. The protest must be in writing, identify the name and address of the protestor, provide appropriate identification of the procurement and resulting contract number (if known), and detail the nature of the protest, including available supporting exhibits, evidence, or documents to substantiate any claims.

The successful vendor is instructed not to begin work, purchase materials, or enter into subcontracts relating to the project or services until execution of the contract.

We appreciate your interest in doing business with the State of Mississippi.

Sincerely,

DocuSigned by:  
  
D4D3EBBD584D45F...

Bryan C. Wardlaw, Chief Procurement Officer  
Mississippi Department of Human Services  
200 South Lamar Street  
Jackson, Mississippi 39201  
Phone: (601) 359-4500

## ATTACHMENT A



### STATE OF MISSISSIPPI MISSISSIPPI DEPARTMENT OF HUMAN SERVICES CONTRACT FOR PERSONAL OR PROFESSIONAL SERVICES

1. **Parties.** This Contract is made and entered into by and between the Mississippi Department of Human Services, hereinafter referred to as "MDHS," and [[Contractor's Name](#)] hereinafter referred to as "Contractor."

2. **Purpose.** MDHS hereby engages the Contractor and the Contractor hereby agrees to render certain professional services described in Paragraph 3, "Scope of Services."

3. **Scope of Services.** The Contractor shall perform and render the following services:

A. Implement Project Management Plan to provide final report to MDHS DAAS for utilization within the Mississippi State Plan for Aging and Adult Services. Project Management Plan includes, but not limited to the following:

1. Detailed timeline outlining the project tasks as described in MDHS RFP 20210511 DAAS Needs Assessment. Timeline description may include unique or innovative approaches to accomplishing project deliverables;
2. Description of dedicated resources to include, but not be limited to, number and qualifications of personnel and other resources utilized to provide required deliverables as outlined in MDHS RFP 20210511 DAAS Needs Assessment; and
3. Description of Contractor's prior efforts to provide this type of data, analysis, and report (or similar data, analysis, and report) to another governmental agency/entity to include how those prior efforts will benefit MDHS for this project.

B. Provide services, and otherwise do all things necessary for or incidental to the performance of work and may include unique or innovative approaches, as set forth below:

1. Contractor shall provide a Statewide (Mississippi) assessment of current and unmet needs as determined by a telephonic survey to include, but not be limited to, the following:
  - a. at least 3,000 older Mississippians (age 55 and older) as the primary data source (List of Contact Information for 3,000+ Mississippians age 55 and older will be provided by MDHS)
  - b. Combine ten (10) sets of random samples of 300 participants from each of the ten (10) Planning and Development District Area Agencies on Aging (AAA) service areas
  - c. Random sample with over sample of minority and rural populations



- d. Telephonic contact shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall notate and no longer contact the person.
2. Contractor shall provide a Statewide assessment of projected needs for service providers to include, but not be limited to, the following:
  - a. Mail Provider survey to all service providers taken from the list of providers as provided by MDHS.
3. Contractor shall provide a Statewide assessment of projected needs among those Older Mississippians on waiting lists for services to include, but not be limited to, the following:
  - a. Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state's ten (10) Planning and Development Districts Area Agencies on Aging.
  - b. Telephonic contact with a waiting list Older Mississippian shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall document the attempted telephonic contact and then resume attempts to contact another participant from MDHS provided list.
4. Contractor shall provide a Statewide assessment of COVID inquiries for impact to participants (current participants and waiting list participants ) to include, but not be limited to, the following:
  - a. Has participant or family member contracted COVID?
  - b. Does participant have any needs as it relates to COVID?
5. Contractor shall provide an analysis of social and economic variables taken into consideration which include, but are not limited to, the following:
  - a. age, sex, income, residential setting (i.e., rural/urban/suburban), type of dwelling, lifestyle, volunteer work, employment, voting, family, relatives, health status, service awareness, AAA awareness, specific service need, meal contributions, contentment, legal assistance, transportation, crime, mistreatment/abuse, loneliness.
6. Contractor shall provide Representation of ten (10) AAA. Statewide Needs Assessment data shall be submitted that includes data from ALL ten (10) Area Agencies on Aging. Representation of all AAAs means the Contractor will be provided with all participants from all Planning and Service Areas (by MDHS) and the Contractor is required to survey participants from each planning and service area.

7. Contractor shall provide an analysis/assessment reflecting a margin of error no greater than 5%.
8. Contractor shall provide a draft report (must include graphs and charts) for DAAS' review and approval before final report is submitted.
9. Contractor shall provide the Needs Assessment that shall reflect an increase in services or decrease based on projected population of older adults using empirical data.
10. Contractor shall provide a formal written report (must be in Word and PDF format).
11. Contractor shall provide raw data in Excel format.
12. Contractor shall facilitate a meeting with MDHS to review draft report of Needs Assessment and any supporting data before final submission.
13. Contractor shall meet the below projected timeline for various aspects of projects:

Project Tasks	Anticipated Duration
Statewide assessment of current and unmet need	7 weeks
Statewide assessment of projected need for service providers	3 weeks
Statewide assessment of projected needs among those on waiting lists for services	2 weeks
Analysis and initial report drafting	1 month
MDHS/DAAS review of draft report	2 weeks
Final report drafted and published	1 month

*Any extensions needed based on the above timeline requires prior written approval from MDHS.*

**4. Period of Performance.** The period of performance of services under this Contract shall begin on October 1, 2021, and end on March 31, 2022.

**5. Consideration and Method of Payment.**

a. As consideration of all services and performances under this Contract, Contractor shall be paid a fee not to exceed [\[total amount of contract\]](#). It is expressly understood and agreed that in no event will the total compensation paid hereunder exceed the specified amount of [\[total amount of contract\]](#).

b. The Contractor will bill MDHS for its services. Following the satisfactory completion of its services, as determined by MDHS, the State requires the Contractor to submit invoices electronically throughout the term of the agreement. Invoices shall be submitted to MDHS

using the processes and procedures identified by the State. The appropriate documentation shall be submitted on the last working day of the month, with the final invoice to be submitted within five (5) working days after the contract ending date.

**6. Applicable Law.** The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws, provisions, and any litigation with respect thereto shall be brought in the courts of the State. Contractor shall comply with applicable federal, state, and local laws and regulations.

**7. Approval Clause.** It is understood that if this contract requires approval by the Public Procurement Review Board and/or the Mississippi Department of Finance and Administration Office of Personal Service Contract Review, and this contract is not approved by the PPRB and/or OPSCR, it is void and no payment shall be made hereunder.

**8. Availability of Funds.** It is expressly understood and agreed that the obligation of the MDHS to proceed under this agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided or if funds are not otherwise available to the MDHS, the MDHS shall have the right upon ten (10) working days written notice to Contractor, to terminate this agreement without damage, penalty, cost or expenses to the MDHS of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

**9. Compliance with Laws.** Contractor understands that the MDHS is an equal opportunity employer and therefore, maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and Contractor agrees during the term of the agreement that Contractor will strictly adhere to this policy in its employment practices and provision of services. Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.

**10. E-Payment.** Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. The MDHS agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," which generally provides for payment of undisputed amounts by the MDHS within forty-five (45) days of receipt of invoice. Mississippi Code Annotated § 31-7-301 et seq.

**11. E-Verification.** If applicable, Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification system for all newly hired employees. Mississippi Code Annotated §§ 71-11-1 et seq. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by

the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor agrees to maintain records of such compliance. Upon request of the State and after approval of the Social Security Administration or Department of Homeland Security when required, Contractor agrees to provide a copy of each such verification. Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws. The breach of this agreement may subject Contractor to the following:

- a. termination of this contract for services and ineligibility for any state or public contract in Mississippi for up to three (3) years with notice of such cancellation/termination being made public;
- b. the loss of any license, permit, certification or other document granted to Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or,
- c. both.

In the event of such cancellation/termination, Contractor would also be liable for any additional costs incurred by the State due to Contract cancellation or loss of license or permit to do business in the State.

**12. Insurance.** Contractor represents that it will maintain workers' compensation insurance as required by the State of Mississippi which shall inure to the benefit of all Contractor's personnel provided hereunder; and comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All workers' compensation, comprehensive general liability, and professional liability insurance will provide coverage to the State of Mississippi as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement and upon request by MDHS at any time during the contract period. Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires. The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts. In no event shall the requirement for an insurance, bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.

**13. Paymode.** Payments by state agencies using the State's accounting system shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of Contractor's choice. The State may, at its sole discretion, require Contractor to electronically submit invoices and supporting documentation at any time

during the term of this Agreement. Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

**14. Procurement Regulations.** The contract shall be governed by the applicable provisions of the Mississippi Public Procurement Review Board, Office of Personal Service Contract Review Rules and Regulations, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at <http://www.dfa.ms.gov>.

**15. Representation Regarding Contingent Fees.** Contractor represents that it has not retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.

**16. Representation Regarding Gratuities.** Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board, Office of Personal Service Contract Review Rules and Regulations.

**17. Stop Work Order.**

a. *Order to Stop Work:* The Chief Procurement Officer, may, by written order to Contractor at any time, and without notice to any surety, require Contractor to stop all or any part of the work called for by this contract. This order shall be for a specified period not exceeding 90 days after the order is delivered to Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, Contractor shall forthwith comply with its terms and take all reasonable steps to minimize the occurrence of costs allocable to the work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the Chief Procurement Officer shall either:

- i. cancel the stop work order; or,
- ii. terminate the work covered by such order as provided in the Termination for Default clause or the Termination for Convenience clause of this contract.

b. *Cancellation or Expiration of the Order:* If a stop work order issued under this clause is canceled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, Contractor shall have the right to resume work. An appropriate adjustment shall be made in the delivery schedule or Contractor price, or both, and the contract shall be modified in writing accordingly, if:

- i. the stop work order results in an increase in the time required for, or in Contractor's cost properly allocable to, the performance of any part of this contract; and,

ii. Contractor asserts a claim for such an adjustment within 30 days after the end of the period of work stoppage; provided that, if the Chief Procurement Officer decides that the facts justify such action, any such claim asserted may be received and acted upon at any time prior to final payment under this contract.

c. *Termination of Stopped Work:* If a stop work order is not canceled and the work covered by such order is terminated for default or convenience, the reasonable costs resulting from the stop work order shall be allowed by adjustment or otherwise. d. *Adjustment of Price:* Any adjustment in contract price made pursuant to this clause shall be determined in accordance with the Price Adjustment clause of this contract.

**18. Termination for Convenience.**

a. *Termination.* The MDHS Executive Director or designee may, when the interests of the State so require, terminate this contract in whole or in part, for the convenience of the State. The MDHS Executive Director or designee shall give written notice of the termination to Contractor specifying the part of the contract terminated and when termination becomes effective.

b. *Contractor's Obligations.* Contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination Contractor will stop work to the extent specified. Contractor shall also terminate outstanding orders and subcontracts as they relate to the terminated work. Contractor shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated work. The MDHS Executive Director or designee may direct Contractor to assign Contractor's right, title, and interest under terminated orders or subcontracts to the State. Contractor must still complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

**19. Termination for Default.**

a. *Default.* If Contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract or any extension thereof, or otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the MDHS Executive Director or designee may notify Contractor in writing of the delay or nonperformance and if not cured in ten (10) days or any longer time specified in writing by the MDHS Executive Director or designee, such officer may terminate Contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform. In the event of termination in whole or in part, the MDHS Executive Director or designee may procure similar supplies or services in a manner and upon terms deemed appropriate by the MDHS Executive Director or designee. Contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

- b. *Contractor's Duties.* Notwithstanding termination of the contract and subject to any directions from the Chief Procurement Officer, Contractor shall take timely, reasonable, and necessary action to protect and preserve property in the possession of Contractor in which the State has an interest.
- c. *Compensation.* Payment for completed services delivered and accepted by the State shall be at the contract price. The State may withhold from amounts due Contractor such sums as the MDHS Executive Director or designee deems to be necessary to protect the State against loss because of outstanding liens or claims of former lien holders and to reimburse the State for the excess costs incurred in procuring similar goods and services.
- d. *Excuse for Nonperformance or Delayed Performance.* Except with respect to defaults of subcontractors, Contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by Contractor to make progress in the prosecution of the work hereunder which endangers such performance) if Contractor has notified the MDHS Executive Director or designee within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of the public enemy; acts of the State and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, Contractor shall not be deemed to be in default, unless the services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit Contractor to meet the contract requirements. Upon request of Contractor, the MDHS Executive Director or designee shall ascertain the facts and extent of such failure, and, if such officer determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, Contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly, subject to the rights of the State under the clause entitled (in fixed-price contracts, "Termination for Convenience" in cost-reimbursement contracts, "Termination"). (As used in this Paragraph of this clause, the term "subcontractor" means subcontractor at any tier).
- e. *Erroneous Termination for Default.* If, after notice of termination of Contractor's right to proceed under the provisions of this clause, it is determined for any reason that the contract was not in default under the provisions of this clause, or that the delay was excusable under the provisions of Paragraph (4) (Excuse for Nonperformance or Delayed Performance) of this clause, the rights and obligations of the parties shall, if the contract contains a clause providing for termination for convenience of the State, be the same as if the notice of termination had been issued pursuant to such clause.
- f. *Additional Rights and Remedies.* The rights and remedies provided in this clause are in addition to any other rights and remedies provided by law or under this contract.

**20. Termination Upon Bankruptcy.** This contract may be terminated in whole or in part by MDHS upon written notice to Contractor, if Contractor should become the subject of bankruptcy or receivership proceedings, whether voluntary or involuntary, or upon the execution by Contractor of an assignment for the benefit of its creditors. In the event of such termination, Contractor shall be entitled to recover just and equitable compensation for satisfactory work performed under this contract, but in no case shall said compensation exceed the total contract price.

**21. Trade Secrets, Commercial and Financial Information.** It is expressly understood that Mississippi law requires that the provisions of this contract which contain the commodities purchased or the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret or confidential commercial or financial information and shall be available for examination, copying, or reproduction.

**22. Transparency.** This contract, including any accompanying exhibits, attachments, and appendices, is subject to the "Mississippi Public Records Act of 1983," and its exceptions. See Mississippi Code Annotated §§ 25-61-1 et seq. and Mississippi Code Annotated § 79- 23-1. In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008. Mississippi Code Annotated §§ 27-104-151 et seq. Unless exempted from disclosure due to a court-issued protective order, a copy of this executed contract is required to be posted to the Department of Finance and Administration's independent agency contract website for public access at <http://www.transparency.mississippi.gov>. Information identified by Contractor as trade secrets, or other proprietary information, including confidential vendor information or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes, will be redacted.

**23. Anti-assignment/Subcontracting.** Contractor acknowledges that it was selected by the State to perform the services required hereunder based, in part, upon Contractor's special skills and expertise. Contractor shall not assign, subcontract, or otherwise transfer this agreement, in whole or in part, without the prior written consent of the State, which the State may, in its sole discretion, approve or deny without reason. Any attempted assignment or transfer of its obligations without such consent shall be null and void. No such approval by the State of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of the State in addition to the total fixed price agreed upon in this agreement. Subcontracts shall be subject to the terms and conditions of this agreement and to any conditions of approval that the State may deem necessary. Subject to the foregoing, this agreement shall be binding upon the respective successors and assigns of the parties.

**24. Attorney's Fees and Expenses.** Subject to other terms and conditions of this agreement, in the event Contractor defaults in any obligations under this agreement, Contractor shall pay to the State all costs and expenses (including, without limitation, investigative fees, court costs, and attorney's fees) incurred by the State in enforcing this agreement or otherwise reasonably related thereto. Contractor agrees that under no circumstances shall the customer be obligated to pay any attorney's fees or costs of legal action to Contractor.



**25. Authority to Contract.** Contractor warrants: (a) that it is a validly organized business with valid authority to enter into this agreement; (b) that it is qualified to do business and in good standing in the State of Mississippi; (c) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind; and, (d) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings or prospective legal proceedings, either voluntary or otherwise, which may adversely affect its ability to perform its obligations under this agreement.

**26. Information Designated by Contractor as Confidential.** Any disclosure of those materials, documents, data, and other information which Contractor has designated in writing as proprietary and confidential shall be subject to the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1. As provided in the contract, the personal or professional services to be provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information. Any liability resulting from the wrongful disclosure of confidential information on the part of Contractor or its subcontractor shall rest with Contractor. Disclosure of any confidential information by Contractor or its subcontractor without the express written approval of the MDHS shall result in the immediate termination of this agreement.

**27. Confidentiality.** Notwithstanding any provision to the contrary contained herein, it is recognized that MDHS is a public agency of the State of Mississippi and is subject to the Mississippi Public Records Act. Mississippi Code Annotated §§ 25-61-1 et seq. If a public records request is made for any information provided to MDHS pursuant to the agreement and designated by the Contractor in writing as trade secrets or other proprietary confidential information, MDHS shall follow the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1 before disclosing such information. The MDHS shall not be liable to the Contractor for disclosure of information required by court order or required by law.

**28. Contractor Personnel.** The MDHS shall, throughout the life of the contract, have the right of reasonable rejection and approval of staff or subcontractors assigned to the work by Contractor. If the MDHS reasonably rejects staff or subcontractors, Contractor must provide replacement staff or subcontractors satisfactory to the MDHS in a timely manner and at no additional cost to the MDHS. The day-to-day supervision and control of Contractor's employees and subcontractors is the sole responsibility of Contractor.

**29. Debarment and Suspension.** Contractor certifies to the best of its knowledge and belief, that it:

(1) is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi;

(2) has not, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;

(3) has not, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against it for a violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(4) is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of these offenses enumerated in paragraphs two (2) and (3) of this certification; and,

(5) has not, within a three-year period preceding this proposal, had one or more public transactions (federal, state, or local) terminated for cause or default.

**30. Disclosure of Confidential Information.** In the event that either party to this agreement receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information that party shall promptly inform the other party and thereafter respond in conformity with such subpoena to the extent mandated by law. This section shall survive the termination or completion of this agreement. The parties agree that this section is subject to and superseded by Mississippi Code Annotated §§ 25-61-1 *et seq.*

**31. Exceptions to Confidential Information.** Contractor and the State shall not be obligated to treat as confidential and proprietary any information disclosed by the other party (“disclosing party”) which: (1) is rightfully known to the recipient prior to negotiations leading to this agreement, other than information obtained in confidence under prior engagements; (2) is generally known or easily ascertainable by nonparties of ordinary skill in the business of the customer; (3) is released by the disclosing party to any other person, firm, or entity (including governmental agencies or bureaus) without restriction; (4) is independently developed by the recipient without any reliance on confidential information; (5) is or later becomes part of the public domain or may be lawfully obtained by the State or Contractor from any nonparty; or, (6) is disclosed with the disclosing party’s prior written consent

**32. Errors in Extension.** If the unit price and the extension price are at variance, the unit price shall prevail.

**33. Failure to Deliver.** In the event of failure of Contractor to deliver services in accordance with the contract terms and conditions, the MDHS, after due oral or written notice, may procure the services from other sources and hold Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies that the MDHS may have.

**34. Failure to Enforce.** Failure by the MDHS at any time to enforce the provisions of the contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the contract or any part thereof or the right of the MDHS to enforce any provision at any time in accordance with its terms.

**35. Final Payment.** Upon satisfactory completion of the work performed under this contract, as a condition before final payment under this contract, or as a termination settlement under this contract, Contractor shall execute and deliver to the MDHS a release of all claims against the State arising under, or by virtue of, the contract, except claims which are specifically exempted by Contractor to be set forth therein. Unless otherwise provided in this contract, by state law, or otherwise expressly agreed to by the parties in this contract, final payment under the contract or settlement upon termination of this contract shall not constitute waiver of the State's claims against Contractor under this contract.

**36. Force Majeure.** Each party shall be excused from performance for any period and to the extent that it is prevented from performing any obligation or service, in whole or in part, as a result of causes beyond the reasonable control and without the fault or negligence of such party and/or its subcontractors. Such acts shall include without limitation acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, earthquakes, floods, or other natural disasters ("force majeure events"). When such a cause arises, Contractor shall notify the State immediately in writing of the cause of its inability to perform, how it affects its performance, and the anticipated duration of the inability to perform. Delays in delivery or in meeting completion dates due to force majeure events shall automatically extend such dates for a period equal to the duration of the delay caused by such events, unless the State determines it to be in its best interest to terminate the agreement.

**37. Indemnification.** To the fullest extent allowed by law, Contractor shall indemnify, defend, save and hold harmless, protect, and exonerate the agency, its commissioners, board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including, without limitation, court costs, investigative fees and expenses, and attorney's fees, arising out of or caused by Contractor and/or its partners, principals, agents, employees and/or subcontractors in the performance of or failure to perform this agreement. In the State's sole discretion, Contractor may be allowed to control the defense of any such claim, suit, etc. In the event Contractor defends said claim, suit, etc., Contractor shall use legal counsel acceptable to the State. Contractor shall be solely responsible for all costs and/or expenses associated with such defense, and the State shall be entitled to participate in said defense. Contractor shall not settle any claim, suit, etc. without the State's concurrence, which the State shall not unreasonably withhold.

**38. Independent Contractor Status.** Contractor shall, at all times, be regarded as and shall be legally considered an independent contractor and shall at no time act as an agent for the State. Nothing contained herein shall be deemed or construed by the State, Contractor, or any third party as creating the relationship of principal and agent, master and servant, partners, joint ventures, employer and employee, or any similar such relationship between the State and Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any acts of the State or Contractor hereunder creates, or shall be deemed to create a relationship other than the independent relationship of the State and Contractor. Contractor's personnel shall not be deemed in any way, directly or indirectly, expressly or by implication, to be employees of

the State. Neither Contractor nor its employees shall, under any circumstances, be considered servants, agents, or employees of the MDHS, and the MDHS shall be at no time legally responsible for any negligence or other wrongdoing by Contractor, its servants, agents, or employees. The MDHS shall not withhold from the contract payments to Contractor any federal or state unemployment taxes, federal or state income taxes, Social Security tax, or any other amounts for benefits to Contractor. Further, the MDHS shall not provide to Contractor any insurance coverage or other benefits, including Worker's Compensation, normally provided by the State for its employees.

**39. Integrated Agreement/Merger.** This agreement, including all contract documents, represents the entire and integrated agreement between the parties hereto and supersedes all prior negotiations, representations or agreements, irrespective of whether written or oral. This agreement may be altered, amended, or modified only by a written document executed by the State and Contractor. Contractor acknowledges that it has thoroughly read all contract documents and has had the opportunity to receive competent advice and counsel necessary for it to form a full and complete understanding of all rights and obligations herein. Accordingly, this agreement shall not be construed or interpreted in favor of or against the State or Contractor on the basis of draftsmanship or preparation hereof.

**40. Modification or Renegotiation.** This agreement may be modified only by written agreement signed by the parties hereto. The parties agree to renegotiate the agreement if federal and/or state revisions of any applicable laws or regulations make changes in this agreement necessary.

**41. No Limitation of Liability.** Nothing in this agreement shall be interpreted as excluding or limiting any tort liability of Contractor for harm caused by the intentional or reckless conduct of Contractor or for damages incurred through the negligent performance of duties by Contractor or the delivery of products that are defective due to negligent construction.

**42. Notices.** All notices required or permitted to be given under this agreement must be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom the notice should be given at the address set forth below. Notice shall be deemed given when actually received or when refused. The parties agree to promptly notify each other in writing of any change of address.

For the MDHS:	For Contractor:
MS Dept. of Human Services	[Contractor Name]
Robert G. Anderson, Executive Director	[Name, Title]
P.O. Box 352	[Address]
Jackson, Mississippi 39205	[City, State, Zip]

**43. Non-solicitation of Employees.** Each party to this agreement agrees not to employ or to solicit for employment, directly or indirectly, any persons in the full-time or part-time employment of the other party until at least six (6) months after this agreement terminates unless mutually agreed to in writing by the State and Contractor.

**44. Oral Statements.** No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this contract. All modifications to the contract must be made in writing by the MDHS and agreed to by Contractor.

**45. Ownership of Documents and Work Papers.** MDHS shall own all documents, files, reports, work papers and working documentation, electronic or otherwise, created in connection with the project which is the subject of this agreement, except for Contractor's internal administrative and quality assurance files and internal project correspondence. Contractor shall deliver such documents and work papers to MDHS upon termination or completion of the agreement. The foregoing notwithstanding, Contractor shall be entitled to retain a set of such work papers for its files. Contractor shall be entitled to use such work papers only after receiving written permission from MDHS and subject to any copyright protections.

**46. Priority.** The contract consists of this agreement with exhibits, the Request for Proposals 20210511 MDHS DAAS Needs Assessment/ RFX 3120002223, any amendments and Best and Final Offers (as applicable) (hereinafter referred to as RFP, and the response dated [date] by [CONTRACTOR NAME] (hereinafter referred to as Proposal). Any ambiguities, conflicts or questions of interpretation of this contract shall be resolved by first, reference to this agreement with exhibits and, if still unresolved, by reference to the RFP and, if still unresolved, by reference to the Proposal. Omission of any term or obligation from this agreement or RFP or Proposal shall not be deemed an omission from this contract if such term or obligation is provided for elsewhere in this contract.

**47. Quality Control.** Contractor shall institute and maintain throughout the contract period a properly documented quality control program designed to ensure that the services are provided at all times and in all respects in accordance with the contract. The program shall include providing daily supervision and conducting frequent inspections of Contractor's staff and ensuring that accurate records are maintained describing the disposition of all complaints. The records so created shall be open to inspection by the MDHS.

**48. Record Retention and Access to Records.** Provided Contractor is given reasonable advance written notice and such inspection is made during normal business hours of Contractor, the State or any duly authorized representatives shall have unimpeded, prompt access to any of Contractor's books, documents, papers, and/or records which are maintained or produced as a result of the project for the purpose of making audits, examinations, excerpts, and transcriptions. All records related to this agreement shall be retained by Contractor for three (3) years after final payment is made under this agreement and all pending matters are closed; however, if any audit, litigation or other action arising out of or related in any way to this project is commenced before the end of the three-year period, the records shall be retained for one (1) year after all issues arising out of the action are finally resolved or until the end of the three-year period, whichever is later.

**49. Recovery of Money.** Whenever, under the contract, any sum of money shall be recoverable from or payable by Contractor to the MDHS, the same amount may be deducted from any sum due to Contractor under the contract or under any other contract between Contractor and the MDHS. The rights of the MDHS are in addition and without prejudice to any other right the MDHS

may have to claim the amount of any loss or damage suffered by the MDHS on account of the acts or omissions of Contractor.

**50. Right to Audit.** Contractor shall maintain such financial records and other records as may be prescribed by the MDHS or by applicable federal and state laws, rules, and regulations. Contractor shall retain these records for a period of three (3) years after final payment, or until they are audited by the MDHS, whichever event occurs first. These records shall be made available during the term of the contract and the subsequent three-year period for examination, transcription, and audit by the Mississippi State Auditor's Office, its designees, or other authorized bodies. .  
**Right to Inspect Facility.** The State may, at reasonable times, inspect the place of business of a Contractor or any subcontractor which is related to the performance of any contract awarded by the State.

**51. Severability.** If any part of this agreement is declared to be invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of the agreement that can be given effect without the invalid or unenforceable provision, and to this end the provisions hereof are severable. In such event, the parties shall amend the agreement as necessary to reflect the original intent of the parties and to bring any invalid or unenforceable provisions in compliance with applicable law.

**52. State Property.** Contractor will be responsible for the proper custody and care of any state-owned property furnished for Contractor's use in connection with the performance of this agreement. Contractor will reimburse the State for any loss or damage, normal wear and tear excepted.

**53. Third Party Action Notification.** Contractor shall give the customer prompt notice in writing of any action or suit filed, and prompt notice of any claim made against Contractor by any entity that may result in litigation related in any way to this agreement.

**54. Unsatisfactory Work.** If, at any time during the contract term, the service performed or work done by Contractor is considered by the MDHS to create a condition that threatens the health, safety, or welfare of the citizens and/or employees of the State of Mississippi, Contractor shall, on being notified by the MDHS, immediately correct such deficient service or work. In the event Contractor fails, after notice, to correct the deficient service or work immediately, the MDHS shall have the right to order the correction of the deficiency by separate contract or with its own resources at the expense of Contractor.

**55. Waiver.** No delay or omission by either party to this agreement in exercising any right, power, or remedy hereunder or otherwise afforded by contract, at law, or in equity shall constitute an acquiescence therein, impair any other right, power or remedy hereunder or otherwise afforded by any means, or operate as a waiver of such right, power, or remedy. No waiver by either party to this agreement shall be valid unless set forth in writing by the party making said waiver. No waiver of or modification to any term or condition of this agreement will void, waive, or change any other term or condition. No waiver by one party to this agreement of a default by the other party will imply, be construed as or require waiver of future or other defaults.

**56. Requirements Contract.** During the period of the contract, Contractor shall provide all the service described in the contract. Contractor understands and agrees that this is a requirements contract and that the MDHS shall have no obligation to Contractor if no services are required. Any quantities that are included in the scope of work reflect the current expectations of the MDHS for the period of the contract. The amount is only an estimate and Contractor understands and agrees that the MDHS is under no obligation to Contractor to buy any amount of the services as a result of having provided this estimate or of having any typical or measurable requirement in the past. Contractor further understands and agrees that the MDHS may require services in an amount less than or in excess of the estimated annual contract amount and that the quantity actually used, whether in excess of the estimate or less than the estimate, shall not give rise to any claim for compensation other than the total of the unit prices in the contract for the quantity actually used.

**57. Disputes.** Any dispute concerning a question of fact under this Contract which is not disposed of by agreement shall be decided by the Deputy Executive Director of Age Related Services. This decision shall be reduced to writing and a copy thereof mailed or furnished to the Contractor and shall be final and conclusive, unless within thirty (30) days from the date of the decision, Contractor mails or furnishes to the MDHS Executive Director a written request for review. Pending final decision of the MDHS Executive Director or designee of a dispute hereunder, the Contractor shall proceed in accordance with the decision of the Deputy Executive Director of Age Related Services. In a review before the MDHS Executive Director or designee, the Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its position on the question and decision under review. The decision of the MDHS Executive Director on the review shall be final and conclusive unless determined by a court of competent jurisdiction in Hinds County, State of Mississippi, to have been fraudulent, capricious, so grossly erroneous as necessarily to imply bad faith, or is not supported by substantial evidence.

For the faithful performance of the terms of this Contract, the parties hereto have caused this Contract to be executed by their undersigned authorized representatives.

**Mississippi Department of Human Services**

**Contractor:**

**By:** \_\_\_\_\_  
**Authorized Signature**

**By:** \_\_\_\_\_  
**Authorized Signature**

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RFP No, 20210511 DAAS Needs Assessment - Notice of Intent to Award**

Procurement Services <Procurement.Services@mdhs.ms.gov>

Tue 7/20/2021 8:48 AM

**To:** Procurement Services <Procurement.Services@mdhs.ms.gov>

**Bcc:** Rene Paulson <RPaulson@eliteresearch.com>; William Parham <buddy@parhamgroup.net>; Bob Foley <FoleyB@qlarant.com>; Stacey Obrecht <sobrecht@pubknow.com>

 1 attachments (233 KB)

APS RFP No 20210511 DAAS Notice of Intent to Award.pdf;

To Whom It May Concern:

Please see attached Notice of Intent to Award for RFP No. 20210511 DAAS Needs Assessment.

Thanks,  
MDHS Procurement Services



**Re: Post to MDHS Website**

Procurement Services <Procurement.Services@mdhs.ms.gov>

Tue 7/20/2021 8:54 AM

To: Jennifer Austin <Jennifer.Austin@mdhs.ms.gov>

Done, posted request to the MDHS Website.

**MDHS Procurement Services**

---

**From:** Jennifer Austin <Jennifer.Austin@mdhs.ms.gov>

**Sent:** Tuesday, July 20, 2021 8:51 AM

**To:** Procurement Services <Procurement.Services@mdhs.ms.gov>

**Subject:** Post to MDHS Website

1) Please post the attached to the website at the following location:

*Business Opportunities > Service Solicitations > Request for Proposals (RFP)*

- RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amendment No. 1 RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amended Timeline
  - Notice of Intent to Award (RFx 3150003763)

Thanks,  
Jennifer Austin

DocuSign Envelope ID: E31DBA33-803B-494E-8ABE-958D444A12BA



**Robert G. Anderson**  
Executive Director

### NOTICE OF INTENT TO AWARD

July 20, 2021

<b>Procurement Type, Number, &amp; Title</b>	Request for Proposals (RFP) No. 20210511 Division of Aging & Adult Services (DAAS) Needs Assessment RFx No. 3120002223
<b>Opening Date and Time</b>	June 11, 2021, 2:30 PM, CT

MDHS issued the RFP on May 11, 2021. The following vendors submitted a response to the solicitation:

- Public Knowledge, LLC, Lakewood, NJ
- Qjarant Quality Solutions, Inc., Easton, Maryland
- Elite Research, LLC, Irving, TX
- Parham Group, Nonprofit Advisors, LLC, Jackson, MS

The four (4) responses were evaluated according to the criteria stated in the solicitation. Technical and Cost Factors for each Respondent were scored and Management Factors were scored last. Ranking of the responses is provided below in order of evaluation:

Respondent	Technical Factors (20 points)	Cost Factors (55 points)	Management Factors (25 points)	Total Score (100 points)
Public Knowledge, LLC	18.33	28.73	23.67	<b>71</b>
Qjarant Quality Solutions, Inc.	19.67	22.94	24.33	<b>67</b>
Elite Research, LLC	10	29.87	21	<b>61</b>
Parham Group, Nonprofit Advisors, LLC	5.99	45	17.33	<b>68</b>

MDHS announces our intent to award a contract to the highest scoring vendor whose proposal appears to best meet the needs of the Agency in providing the required services:

- Public Knowledge, LLC, Lakewood, NJ

Public Knowledge, LLC's total proposed contract cost to provide the needs assessment is \$170,240.00. The contract will begin October 1, 2021, and end March 31, 2022, subject to PPRB approval. Included as Attachment A to this Notice is a copy of the contract template to be used



English Español Tiếng Việt

BUSINESS OPPORTUNITIES SERVICES INFO & RESOURCES DOCUMENT UPLOAD MY RESOURCES

- RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amendment No. 1 RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amended Timeline
  - (RFx 3150003763) Notice of Intent to Award
- RFP No. 20201201 CSELS Child Support Enforcement Legal Services
  - Amendment No. 1 RFP No. 20201201 CSELS

Search ...

> BUSINESS OPPORTUNITIES

> SERVICES

> Report Fraud

> Child Care Payment System

> Child Support Application

> DECCD Service Request

> EPPICard

> Guardianship Form

> myMDHS

> Skills2Work Application



### Procurement Opportunity and Public Notification Search

Search for Bid Opportunities and Public Notifications (Sole Source, Intent to Award, and Protective Order Request) using **Keyword** or **Advanced Search Options**. State Government Bid Opportunities will be posted to this page as defined by State Law. Sole Source, Intent to Award, and Protective Order Request notifications are not bid opportunities, but are posted in accordance with State Law to provide transparency to the public.



[ADVANCED SEARCH OPTIONS](#)

Agency	Smart Number	RFx Number	Description	Status	Advertised Date	Submission Date	RFx Opening Date	
MS DEPT OF HUMAN SERVICES	<a href="#">1651-22-R-RFIN-00001</a>	<a href="#">3150003763</a>	Major Procurement PERSONNEL SERVICES NON-IT  MDHS issued RFP No. 20210511 DAAS Needs Assessment. There we...  <a href="#">Attachment - RFP No 20210511 DAAS Notice of Intent to Award</a>	Open	07/20/2021	08/05/2021	08/05/2021	<a href="#">View Contact</a>

[Back to top](#)

DocuSign Envelope ID: E31DBA33-803B-494E-8ABE-958D444A12BA



Robert G. Anderson  
Executive Director

### NOTICE OF INTENT TO AWARD

July 20, 2021

<b>Procurement Type, Number, &amp; Title</b>	Request for Proposals (RFP) No. 20210511 Division of Aging & Adult Services (DAAS) Needs Assessment RFx No. 3120002223
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**Display RFX: 3150003763**

Open side panel

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- Withdraw Rfx
- Responses and Awards
- Create Follow-on RFX
- Export
- Print Preview
- Questions and Answers ( 0 )
- Related Links

Number 3150003763    Smart Number 1651-22-R-RFIN-00001    Type Req. for Information    Status Published    Created On 07/16/2021 16:02:05    Created By Jennifer Austin    Number of Bidders 159

- RFX Information
- Bidders
- Items
- Notes and Attachments**
- Weights and Scores
- Approval
- Tracking

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Document ...	<a href="#">Header Tendering text</a>	MDHS issued RFP No. 20210511 DAAS Needs Assessment. Ther...
Document ...	<a href="#">Synopsis Description</a>	MDHS issued RFP No. 20210511 DAAS Needs Assessment. Ther...
Document ...	<a href="#">Additional Contact Info</a>	Please contact the MDHS Chief Procurement Officer at 601...

▼ Attachments Filter Settings

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Assigned To	Category	Description	File Name	Version	Processor	Visible Internally only	Checked Out	Type	Size (KB)	Changed by	Changed on
Document Header	Standard Attachment	<a href="#">RFP No 20210511 DAAS Notice of Intent to Award</a>	Notice of Intent to Award.pdf	1		<input type="checkbox"/>	<input type="checkbox"/>	pdf	233	JA511762	07/19/2021
Document Header	Standard Attachment	<a href="#">RFX Form</a>	SYN_BID_FORM_3150003763.pdf	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	pdf	21	WF-BATCH	07/20/2021
Document Header	Standard Attachment	<a href="#">3150003763-BIDINVITATION-1</a>	3150003763-BIDINVITATION-1.xml	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	xml	5	WF-BATCH	07/20/2021

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Number 3150003763    Smart Number 1651-22-R-RFIN-00001    Type Req. for Information    Status Published    Created On 07/16/2021 16:02:05    Created By Jennifer Austin    Number of Bidders 159

[RFX Information](#) | [Bidders](#) | [Items](#) | [Notes and Attachments](#) | [Weights and Scores](#) | **[Approval](#)** | [Tracking](#)

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 Current Process Step:   
 Currently Processed By:   
 Approval Process Data: [Download as XML](#)  
 Follow Up:  Work Item to Requester at Process End

Header Approval Note

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Header Approval Status						
<a href="#">Add Approver</a>   <a href="#">Remove Approver</a>						Settings
Sequence	Process Step	Status	Processor	Received On	Processed On	Forwarded By
001	SRM Rfx Completion	Recalled		07/16/2021 04:30:48 pm		
002	SRM Rfx Completion	Recalled		07/16/2021 05:06:01 pm		
003	Revise Document	Document Revised	<a href="#">Jennifer Austin</a>	07/19/2021 04:05:25 pm	07/19/2021 04:16:54 pm	
004	SRM Rfx Completion	Approved	<a href="#">Bryan Wardlaw</a>	07/19/2021 04:16:59 pm	07/20/2021 08:28:10 am	

Reviewer(s) for the Document					
<a href="#">Add Reviewer</a>   <a href="#">Remove Reviewer</a>					Settings
Reviewer Level	Reviewer Type	Processor	Received On	Processed On	Forwarded By
The table does not contain any data					

## **AMENDED TIMELINE**





**REQUEST FOR PROPOSALS (RFP) NUMBER 20210511 DAAS NEEDS ASSESSMENT  
RFx NUMBER(s): 3180001360 / 3120002223  
AMENDED TIMELINE**

Section 1.1.1 — Timeline is amended as follows:

Anticipated Date of the Notice of Intent to Award:	July 20, 2021
Anticipated Post Award Debriefing Request Due Date:	July 23, 2021; 5:00 PM, CT
Anticipated Post Award Debriefing Held By Date:	July 28, 2021; 5:00 PM, CT
Anticipated Protest Deadline Date:	July 27, 2021; 1:00 PM, CT

***Note: The MDHS reserves the right to adjust this schedule as it deems necessary. MDHS also has the right to reject any and all proposals during any step of the procurement or awarding process (even after negotiations have begun).***

## RFP No, 20210511 DAAS Needs Assessment - Amended Timeline

Procurement Services <Procurement.Services@mdhs.ms.gov>

Fri 7/16/2021 5:18 PM

To: Procurement Services <Procurement.Services@mdhs.ms.gov>

Bcc: Rene Paulson <RPaulson@eliteresearch.com>; William Parham <buddy@parhamgroup.net>; Bob Foley <FoleyB@qlarant.com>; Stacey Obrecht <sobrecht@pubknow.com>

 1 attachments (137 KB)

Amended Timeline.pdf;

To Whom It May Concern:

Please see attached Amended Timeline for RFP No. 20210511 DAAS Needs Assessment.

Thanks,  
MDHS Procurement Services



**REQUEST FOR PROPOSALS (RFP) NUMBER 20210511 DAAS NEEDS ASSESSMENT**  
**RFx NUMBER(s): 3180001360 / 3120002223**  
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Two empty dropdown menu boxes.

CANCEL CLEAR SEARCH buttons

Agency	Smart Number	RFx Number	Description	Status	Advertised Date	Submission Date	RFx Opening Date	
MS DEPT OF HUMAN SERVICES	<a href="#">1651-21-R-RFPR-00002-V02</a>	<a href="#">3120002223</a>	Major Procurement PERSONNEL SERVICES NON-IT  Pursuant to PPRB approval for RFx 3180001360, this is a RFP ...  <a href="#">Attachment - Amended Timeline</a> <a href="#">Attachment - Amendment No. 1 RFP No. 20210511 DAAS 2022 Needs Assessment</a> <a href="#">Attachment - RFP 20210511 DAAS 2022 Needs Assessment RFx 3120002223</a>	Open	05/11/2021	06/11/2021	06/11/2021	<a href="#">View</a> <a href="#">Contact</a>

Back to top

Re: Post to MDHS Website

Procurement Services <Procurement.Services@mdhs.ms.gov>

Fri 7/16/2021 5:22 PM

To: Jennifer Austin <Jennifer.Austin@mdhs.ms.gov>

Done.

Procurement Services

---

**From:** Jennifer Austin <Jennifer.Austin@mdhs.ms.gov>

**Sent:** Friday, July 16, 2021 5:19 PM

**To:** Procurement Services <Procurement.Services@mdhs.ms.gov>

**Subject:** Post to MDHS Website

1) Please post the attached to the website at the following location:

*Business Opportunities > Service Solicitations > Request for Proposals (RFP)*

- RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amendment No. 1 RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amended Timeline

Thanks,

Jennifer Austin



**REQUEST FOR PROPOSALS (RFP) NUMBER 20210511 DAAS NEEDS ASSESSMENT  
RFx NUMBER(s): 3180001360 / 3120002223  
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- RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amendment No. 1 RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amended Timeline
- RFP No. 20201201 CSELS Child Support Enforcement Legal Services
  - Amendment No. 1 RFP No. 20201201 CSELS

> BUSINESS OPPORTUNITIES

> SERVICES

> Report Fraud

> Child Care Payment System

> Child Support Application

> DECCD Service Request

> EPPICard

> Guardianship Form

> myMDHS

> Skills2Work Application



## EVALUATION

- SIGN IN SHEET
- OFFICIAL EVALUATION SCORE SHEET
- RFP SCORING ACKNOWLEDGEMENT FORM (regarding identifying information)



### Evaluation Committee Schedule Summary

<b>Date</b>	<b>Action</b>
6/15/21	All three (3) Evaluators completed Form PPRB-010
6/16/21	Tab 3/File Folder 3 – Technical Factors (no identifying information) of all four (4) proposals distributed to evaluation committee for review
6/21/21	Evaluation Committee convened for scoring (Technical Factors redacted)
6/22/21	Tab 2/File Folder 2 – Pricing and Financial Factors (no identifying information) w/ redacted BAFO for all four (4) proposals distributed to evaluation committee for review
6/23/21	Evaluation Committee convened for scoring (Pricing & Financial Factors w/ BAFO-redacted)
6/23/21	Parham Group Clarification (Debarment Form not included) provided to Evaluation Committee (Clarification for Pricing & Financial Factors)
6/24/21	Elite Research Clarification provided to Evaluation Committee (Clarification for Pricing & Financial Factors)
6/25/21	Confirmed Pricing & Financial Scores
6/25/21	Evaluation Committee completed an MDHS form regarding identifying/non-identifying information prior to scoring of Management Factors.
6/25/21	Tab 4/File Folder 4 – Management Factors (identifying information) and Reference Checks for all four (4) proposals distributed to evaluation committee for review
6/28/21	Evaluation Committee convened for scoring (Management Factors & Reference Checks)
7/6/21	Official Evaluation Record signed

## RFP NO. 20210511 NEEDS ASSESSMENT REVIEW/EVALUATION SIGN-IN SHEET

LOCATION: <u>8<sup>th</sup> FLOOR, ROOM NO. 808</u>	
DATE: <u>Monday, June 21, 2021</u>	
TIME: <u>8:30 AM - 9:30 AM</u>	
NAME (please print)	SIGNATURE
<u>Heike Gutierrez</u>	<u>[Signature]</u>
<u>Marshlea Cooper</u>	<u>Marshlea Cooper</u>
<u>John Robinson</u>	<u>[Signature]</u>
LOCATION: <u>8<sup>th</sup> Floor, Room No 808</u>	
DATE: <u>Wednesday, June 23, 2021</u>	
TIME: <u>10:30 AM</u>	
NAME (please print)	SIGNATURE
<u>Heike Gutierrez</u>	<u>[Signature]</u>
<u>Marshlea Cooper</u>	<u>Marshlea Cooper</u>
<u>John Robinson</u>	<u>[Signature]</u>
LOCATION: <u>5<sup>th</sup> Floor, Room No. 808</u>	
DATE: <u>Tuesday, June 20, 2021</u>	
TIME: <u>2:00 pm</u>	
NAME (please print)	SIGNATURE
<u>John Robinson</u>	<u>[Signature]</u>
<u>Marshlea Cooper</u>	<u>Marshlea Cooper</u>
<u>Heike Gutierrez</u>	<u>[Signature]</u>

## RFP No. 20210511 DAAS Needs Assessment

Requirement	Section	Contract Cost	Available Points	Price Score	Consensus Score	Notes
<b>Respondent 1 (061121101)</b>					<b>71</b>	
<b>Cost Factors (55 Points)</b>			<b>55</b>		<b>28.73</b>	
Price to provide the services (utilize Formula in Attachment I of RFP)	4.1.6	\$170,240.00	35	13.06	13.06	
BAFO Price	4.1.6	\$170,240.00	35	13.06	13.06	
Cost Factor - assesment of cost. (a) comparison of cost to other responsive proposals.			10		6.67	The project cost is significantly higher than the lowest bid.
Cost Factor -assessmentof cost. (b) price appears reasonable, is adequately documented and presented in appropriate format.	4.1.6		5		4.00	The price appears somewhat reasonable. It is adequately documented and presented in appropriate format.
Cost Factor -assessmentof cost. (c) Respondent appears to have sufficient financial resources to meet requirements of RFP.	4.1.7 & 4.3.A.8		5		5.00	The respondent appears to have sufficient financial resources to meet requirements of the RFP.
<b>Technical Factors (20 Points)</b>			<b>20</b>		<b>18.33</b>	
Proposed Methodology to complete the project (a) proposal demonstrates clear understanding of scope of work and related objectives.	2.2 B		10		9.33	Very detailed. Easy to understand. This proposal outlined DAAS needs/expectations and explained how they will meet those expectations. Proposal shows clear path to complete RFP. Methodology concerns would be the use of emails to older non computer users.
Proposed Methodology to complete the project (b) proposal is complete and responsive to RFP.	2.2 B		5		4.67	Layout followed scope of service. This proposal is complete and responsive to the RFP.
Proposed Methodology to complete the project. (c) proposal presents innovative technology and techniques.			5		4.33	The proposal includes two methods of reaching out to individuals to help ensure that the level of response is high. There may be some barriers with the web-based survey.
<b>Management Factors (25 Points)</b>			<b>25</b>		<b>23.66</b>	
Assessment of Project Management: (a) description of project timeline.	2.2.A, 2.2 C		10		10.00	The projected timeline is specific.
Assessment of Project Management: (b) dedication of resources to project.	2.2.A, 4.1.1, 4.1.2, 4.1.3, 4.3.A.1, 4.3.A.3, 4.3.A.4, Attachment A		10		9.33	The organization seems to have dedicated ample resources to complete the project.
Assessment of Project Management: (c) prior efforts on similar projects.	4.1.4, 4.3.A.5, References checks completed by MDHS		5		4.33	Comes highly recommended. Based on the information provided, Public Knowledge appears to have significant experience on similar projects. This organization seems to have a lot of experience working in child welfare. I could not conclude if data collection was case based evidence or survey calling data collection.

DocuSigned by:

Heike Gutierrez

7/6/2021

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John Robinson

7/6/2021

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DocuSigned by:

Marsha Cooper

7/6/2021

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### RFP No. 20210511 DAAS Needs Assessment

Requirement	Section	Contract Cost	Available Points	Price Score	Consensus Score	Notes
<b>Respondent 2 (06112102)</b>			<b>135</b>		<b>67</b>	
<b>Cost Factors (55 Points)</b>			<b>55</b>		<b>22.94</b>	
Price to provide the services (utilze Formula in Attachment I of RFP)	4.1.6	\$229,927.00	35	9.67	9.67	
BAFO Price	4.1.6	\$223,657.00	35	9.94	9.94	
Cost Factor - assesment of cost. (a) comparison of cost to other responsive proposals.			10		4.67	In comparison to the other price is on the high end. The respondents cost is significantly higher in comparison to other responsive proposals.
Cost Factor -assessmentof cost. (b) price appears reasonable, is adequately documented and presented in appropriate format.	4.1.6		5		3.33	Price seems to be a little high. The price does not appear to be reasonable. It is adequately documented and presented in appropriate format.
Cost Factor -assessmentof cost. (c) Respondent appears to have sufficient financial resources to meet requirements of RFP.	4.1.7 & 4.3.A.8		5		5.00	The respondent appears to have sufficient financial resources to meet requirements of the RFP.
<b>Technical Factors (20 Points)</b>			<b>20</b>		<b>19.67</b>	
Proposed Methodology to complete the project (a) proposal demonstrates clear understanding of scope of work and related objectives.	2.2 B		10		10.00	Understands scope of service. At time a little too much. The proposal demonstrates clear understanding of the scope of work and related objectives by stating how their project outcomes will impact Aging's ability to serve the identified population, evaluate service delivery, and project future needs.
Proposed Methodology to complete the project (b)proposal is complete and responsive to RFP.	2.2 B		5		4.67	Explained in detail the work flow. Page three was cut off. The proposal is complete and responsive to the RFP.
Proposed Methodology to complete the project. (c) proposal presents innovative technology and techniques.			5		5.00	Liked the postcard idea. The proposed methodology includes the use of pre-survey activities as a technique to increase responsiveness. The proposal outlines the use of technology that will accurately track the data and search for errors to ensure the validity of the data collected.
<b>Management Factors (25 Points)</b>			<b>25</b>		<b>24.33</b>	
Assessment of Project Management: (a) description of project timeline.	2.2.A, 2.2 C		10		10.00	The proposal provides specific timeframes for completing all phases of the project.
Assessment of Project Management: (b) dedication of resources to project.	2.2.A, 4.1.1, 4.1.2, 4.1.3, 4.3.A.1, 4.3.A.3, 4.3.A.4, Attachment A		10		9.33	The proposal clearly shows how duties/responsibilities for the project will be dispersed and the qualifications of responsible parties.
Assessment of Project Management: (c) prior efforts on similar projects.	4.1.4, 4.3.A.5, References checks completed by MDHS		5		5.00	Qlarant appears to have significant experience with similar projects.

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*John Robinson* 7/6/2021  
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 DocuSigned by:  
*Marsha Cooper* 7/6/2021  
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## RFP No. 20210511 DAAS Needs Assessment

Requirement	Section	Contract Cost	Available Points	Price Score	Consensus Score	Notes
<b>Respondent 3 (06112103)</b>					<b>61</b>	
<b>Cost Factors (55 Points)</b>			<b>55</b>	<b>29.87</b>		
Price to provide the services (utilize Formula in Attachment I of RFP)	4.1.6	\$163,500.00	35	13.59	13.59	
BAFO Price	4.1.6	\$149,500.00	35	14.87	14.87	
Cost Factor - assesment of cost. (a) comparison of cost to other responsive proposals.			10		8.00	The company submitted the 2nd lowest bid.
Cost Factor -assessmentof cost. (b) price appears reasonable, is adequately documented and presented in appropriate format.	4.1.6		5		4.00	Price documented according to RFP. The price appears reasonable. It is adequately documented and presented in appropriate format.
Cost Factor -assessmentof cost. (c) Respondent appears to have sufficient financial resources to meet requirements of RFP.	4.1.7 & 4.3.A.8		5		3.00	It is not clear, based on the tax return provided, that the respondent has sufficient financial resources to meet requirements of the RFP.
<b>Technical Factors (20 Points)</b>			<b>20</b>	<b>10.00</b>		
Proposed Methodology to complete the project (a) proposal demonstrates clear understanding of scope of work and related objectives.	2.2 B		10		5.33	Not very detailed. The proposal demonstrates some understanding of scope of work and related objectives. Respondent has not clearly shown me their methodology would have well rounded reflection of the age demographics.
Proposed Methodology to complete the project (b)proposal is complete and responsive to RFP.	2.2 B		5		2.67	In section 1.3 South Delta was mentioned five times. The proposal is not complete and responsive to the RFP.
Proposed Methodology to complete the project. (c) proposal presents innovative technology and techniques.			5		2.00	The proposal does not present innovative technology and techniques.
<b>Management Factors (25 Points)</b>			<b>25</b>	<b>21.00</b>		
Assessment of Project Management: (a) description of project timeline.	2.2.A, 2.2 C		10		8.00	There is a description of the project timeline. Timeline chart very generic. no definite or actual dates.
Assessment of Project Management: (b) dedication of resources to project.	2.2.A, 4.1.1, 4.1.2, 4.1.3, 4.3.A.1, 4.3.A.3, 4.3.A.4, Attachment A		10		8.67	This organization may not have the staff resources readily available to complete this project. The proposal does state that more staff can be hired and trained to meet the need, if there is a greater need.
Assessment of Project Management: (c) prior efforts on similar projects.	4.1.4, 4.3.A.5, References checks completed by MDHS		5		4.33	Two refences. One was not a Needs Assessment. Elite Research appears to have the experience needed for this project based on their work on similar projects.

DocuSigned by:

Heike Gutierrez

7/6/2021

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DocuSigned by:

John Robinson

7/6/2021

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DocuSigned by:

Marsha Cooper

7/6/2021

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## RFP No. 20210511 DAAS Needs Assessment

Requirement	Section	Contract Cost	Available Points	Price Score	Consensus Score	Notes
<b>Respondent 4 (06112104)</b>					<b>68</b>	
<b>Cost Factors (55 Points)</b>			<b>55</b>		<b>45.00</b>	
Price to provide the services (utilize Formula in Attachment I of RFP)	4.1.6	\$63,500.00	35	35.00	35.00	
BAFO Price	4.1.6	\$63,500.00	35	35.00	35.00	
Cost Factor - assesment of cost. (a) comparison of cost to other responsive proposals.			10		6.00	Lowest price but significant lower than the other three proposals. The total project cost for this proposal is lower than all other proposals submitted.
Cost Factor -assessmentof cost. (b) price appears reasonable, is adequately documented and presented in appropriate format.	4.1.6		5		2.67	Price is documented according to RFP. The price may not be reasonable when considering the price of all other proposals. It was presented in appropriate format. Cost is the lowest but not in average of others in comparison.
Cost Factor -assessmentof cost. (c) Respondent appears to have sufficient financial resources to meet requirements of RFP.	4.1.7 & 4.3.A.8		5		1.33	Missing financial statements for the last two years. The respondent did not adequately document their financial resources. Based on the information provided, it does not appear that they have sufficient financial resources to meet the requirements of the RFP. No Certified Audit.
<b>Technical Factors (20 Points)</b>			<b>20</b>		<b>5.99</b>	
Proposed Methodology to complete the project (a) proposal demonstrates clear understanding of scope of work and related objectives.	2.2 B		10		3.33	Very short. Information missing. Not very detailed. The respondent repeated information provided in the RFP but did not add details to indicate that they have a clear understanding of the scope of work and related objectives. The respondent lacked detail in their methodology to show they could complete the RFP.
Proposed Methodology to complete the project (b)proposal is complete and responsive to RFP.	2.2 B		5		1.33	Not complete. Did not follow scope of service. The proposal did not provide a thorough description of the proposed methodology.
Proposed Methodology to complete the project. (c) proposal presents innovative technology and techniques.			5		1.33	There was no mention of innovative technology and techniques in the proposal.
<b>Management Factors (25 Points)</b>			<b>25</b>		<b>17.33</b>	
Assessment of Project Management: (a) description of project timeline.	2.2.A, 2.2 C		10		6.67	The proposal acknowledges the timeline stated in the RFP but does breakdown tasks/activities timeframes specifically. Timeline somewhat generic.
Assessment of Project Management: (b) dedication of resources to project.	2.2.A, 4.1.1, 4.1.2, 4.1.3, 4.3.A.1, 4.3.A.3, 4.3.A.4, Attachment A		10		7.33	The organization does not appear to have adequate staffing resources to complete the project.
Assessment of Project Management: (c) prior efforts on similar projects.	4.1.4, 4.3.A.5, References checks completed by MDHS		5		3.33	One reference stated that they had problems getting information. The Parham Group appears to have experience on similar projects, however, one of their references stated that someone else could have met their needs better.

DocuSigned by:

Heike Gutierrez

7/6/2021

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John Robinson

7/6/2021

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DocuSigned by:

Marsha Cooper

7/6/2021

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## RFP SCORING ACKNOWLEDGEMENT FORM

<b>Solicitation/RFx Number:</b>	<b>RFP No. 20210511 / 3120002223</b>
<b>Solicitation Description:</b>	2022 Needs Assessment
<b>Evaluator Name:</b>	Heike Gutierrez
<b>Evaluator Job Title:</b>	DHS-Fiscal Officer

I, the undersigned, a member of the Evaluation Committee for RFP No. 20210511 Needs Assessment will perform the evaluation under the requirements set forth below as it relates to identifying and non-identifying information:

- 1) Shall fully score all Technical Factors and Cost Factors (both scored with no identifying information of vendor) of all responsive/responsible proposals submitted in response to the above mentioned RFP prior to scoring the Management Factors (vendor is identified).
- 2) Shall disclose to the Chief Procurement Officer if any information included in the material reviewed for Technical and/or Cost Factors contains any identifying information.
- 3) Shall not alter the scoring of the Technical and/or Pricing Factors of any proposal once the scoring of the Management Factors begins. MDHS intends to lock the Technical and Pricing Factors of the scoresheets prior to releasing the Management section to the evaluation committee; however, if the locking mechanism allows any editing to these two sections, I fully understand and am aware that these two sections shall not be altered.

### Technical and Cost Factors completed: June 25, 2021

DocuSigned by:  
  
 73124FBD0EE843B  
 \_\_\_\_\_  
**Member, Evaluation Committee (signature)** 6/25/2021  
\_\_\_\_\_  
**Date**

Heike Gutierrez  
 \_\_\_\_\_  
**Member, Evaluation Committee (print)**

DocuSigned by:  
  
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 \_\_\_\_\_  
**Chief Procurement Officer (signature)** 6/25/2021  
\_\_\_\_\_  
**Date**



## RFP SCORING ACKNOWLEDGEMENT FORM

<b>Solicitation/RFx Number:</b>	<b>RFP No. 20210511 / 3120002223</b>
<b>Solicitation Description:</b>	2022 Needs Assessment
<b>Evaluator Name:</b>	John Robinson
<b>Evaluator Job Title:</b>	Program Manager

I, the undersigned, a member of the Evaluation Committee for RFP No. 20210511 Needs Assessment will perform the evaluation under the requirements set forth below as it relates to identifying and non-identifying information:

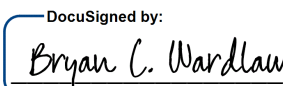
- 1) Shall fully score all Technical Factors and Cost Factors (both scored with no identifying information of vendor) of all responsive/responsible proposals submitted in response to the above mentioned RFP prior to scoring the Management Factors (vendor is identified).
- 2) Shall disclose to the Chief Procurement Officer if any information included in the material reviewed for Technical and/or Cost Factors contains any identifying information.
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### Technical and Cost Factors completed: June 25, 2021

DocuSigned by:  
  
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**Member, Evaluation Committee (signature)** 6/25/2021  
**Date**

John Robinson

\_\_\_\_\_  
**Member, Evaluation Committee (print)**

DocuSigned by:  
  
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**Chief Procurement Officer (signature)** 6/25/2021  
**Date**





## RFP SCORING ACKNOWLEDGEMENT FORM

<b>Solicitation/RFx Number:</b>	<b>RFP No. 20210511 / 3120002223</b>
<b>Solicitation Description:</b>	2022 Needs Assessment
<b>Evaluator Name:</b>	Marshea Cooper
<b>Evaluator Job Title:</b>	DHS-PROGRAM MANAGER


I, the undersigned, a member of the Evaluation Committee for RFP No. 20210511 Needs Assessment will perform the evaluation under the requirements set forth below as it relates to identifying and non-identifying information:

- 1) Shall fully score all Technical Factors and Cost Factors (both scored with no identifying information of vendor) of all responsive/responsible proposals submitted in response to the above mentioned RFP prior to scoring the Management Factors (vendor is identified).
- 2) Shall disclose to the Chief Procurement Officer if any information included in the material reviewed for Technical and/or Cost Factors contains any identifying information.
- 3) Shall not alter the scoring of the Technical and/or Pricing Factors of any proposal once the scoring of the Management Factors begins. MDHS intends to lock the Technical and Pricing Factors of the scoresheets prior to releasing the Management section to the evaluation committee; however, if the locking mechanism allows any editing to these two sections, I fully understand and am aware that these two sections shall not be altered.

### Technical and Cost Factors completed: June 25, 2021

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 \_\_\_\_\_  
**Member, Evaluation Committee (signature)** 6/25/2021  
\_\_\_\_\_  
**Date**

Marshea Cooper  
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**Member, Evaluation Committee (print)**

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**Chief Procurement Officer (signature)** 6/25/2021  
\_\_\_\_\_  
**Date**

**BAFO**



**REGISTER OF BAFO**

Division of Aging and Adult Services, 2022 Needs Assessment RFP NO. 20210511 DAAS Needs Assessment RFx NO. 3180001360/3120002223 June 21, 2021, 2:00 PM CT				
ORGANIZATION NAME	DATE/TIME RECEIVED	METHOD OF SUBMISSION	ORIGINAL COST	BAFO
Public Knowledge, LLC	6/21/21 @ 11:25 AM	Email	\$170,240.00	\$170,240.00
Qlarant	6/21/21 @ 12:12 PM	Email	\$229,927.00	\$223,657.00
Elite Research LLC	6/21/21 @ 11:59 AM	Email	\$163,500.00	\$149,500.00
Parham Group LLC	6/21/21 @ 7:48 AM	Email	\$63,500.00	\$63,500.00

DocuSigned by:

*Bryan C. Wardlaw*

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Chief Procurement Officer:

Register prepared by:

J. Austin



# 1 Best and Final Offer

We work exclusively with government agencies and know that cost is one of the most important benchmarks for what we propose. In contrast to our competitors, we do not play games with our pricing and provide our most competitive pricing in our original proposals. Our submission for RFP #20210511 DAAS Needs Assessment contains this pricing and it is reflected below as well.

Table 1. Project Tasks and Total Cost

Project Tasks	Total Cost
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$121,365.00
Analysis and initial report drafting for MDHS DAAS review of draft report	\$34,380.00
Final report drafted and published	\$14,495.00
<b>TOTAL COST OF PROJECT</b>	<b>\$170,240.00</b>



**REQUEST FOR PROPOSALS (RFP) NO.: 20210511 DAAS Needs Assessment  
RFx Number(s): 3180001360 / 3120002223**

**Request for Best and Final Offer**

The Mississippi Department of Human Services (MDHS) is hereby requesting Respondents to submit a Best and Final Offer (BAFO) in accordance with Request for Proposals (RFP) No. 20210511 DAAS Needs Assessment, Section 4.3.A.7), **Cost Data**.

In order to be considered responsive to this request, Respondents shall submit this form, fully executed, along with a revised budget utilizing the format in Section 4.1.6. of the RFP that is signed by an authorized official of your company. Revised documentation supporting the BAFO shall also accompany the BAFO submission.

Please submit your BAFO to DHS on or before **2:00 PM CT, Monday, June 21, 2021** via email transmission to [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov)

Any requirements, terms or conditions not expressly referred to in the request shall remain in full force and effect. If Respondent does not submit a revised budget, their immediate previous offer may be construed as their best and final offer.

This BAFO request does not confirm your company's proposal has been deemed responsive and/or responsible.

**NOTE: Failure to sign this BAFO Request and submit a Revised Budget may cause your company's proposal to be rejected as non-responsive.**

The below signature of your company's authorized official serves as confirmation that the BAFO and BAFO supporting documentation submitted in response to this request represents and reflects your organization's costs to provide the services as requested in RFP No. 20210511 DAAS Needs Assessment.

Public Knowledge, LLC

Name of Company

Signature (Authorized Official)

6/18/2021

Date

200 S. Lamar St., P.O. Box 352 | Jackson, MS 39205 | (601) 359-4500

*Offering Mississippians young and old tangible help today to create lasting hope for tomorrow.*

**BAFO AS PRESENTED TO EVALUATION COMMITTEE WITH PRICING & FINANCIAL FACTORS**  
**ON 6/22/21 - PK REDACTED**

# 1 Best and Final Offer

We work exclusively with government agencies and know that cost is one of the most important benchmarks for what we propose. In contrast to our competitors, we do not play games with our pricing and provide our most competitive pricing in our original proposals. Our submission for RFP #20210511 DAAS Needs Assessment contains this pricing and it is reflected below as well.

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Analysis and initial report drafting for MDHS DAAS review of draft report	\$34,380.00
Final report drafted and published	\$14,495.00
<b>TOTAL COST OF PROJECT</b>	<b>\$170,240.00</b>



Robert G. Anderson  
Executive Director

**REQUEST FOR PROPOSALS (RFP) NO.: 20210511 DAAS Needs Assessment**  
**RFx Number(s): 3180001360 / 3120002223**

**Request for Best and Final Offer**

The Mississippi Department of Human Services (MDHS) is hereby requesting Respondents to submit a Best and Final Offer (BAFO) in accordance with Request for Proposals (RFP) No. 20210511 DAAS Needs Assessment, Section 4.3.A.7), **Cost Data**.

In order to be considered responsive to this request, Respondents shall submit this form, fully executed, along with a revised budget utilizing the format in Section 4.1.6. of the RFP that is signed by an authorized official of your company. Revised documentation supporting the BAFO shall also accompany the BAFO submission.

Please submit your BAFO to DHS on or before **2:00 PM CT, Monday, June 21, 2021** via email transmission to [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov)

Any requirements, terms or conditions not expressly referred to in the request shall remain in full force and effect. If Respondent does not submit a revised budget, their immediate previous offer may be construed as their best and final offer.

This BAFO request does not confirm your company's proposal has been deemed responsive and/or responsible.

**NOTE: Failure to sign this BAFO Request and submit a Revised Budget may cause your company's proposal to be rejected as non-responsive.**

The below signature of your company's authorized official serves as confirmation that the BAFO and BAFO supporting documentation submitted in response to this request represents and reflects your organization's costs to provide the services as requested in RFP No. 20210511 DAAS Needs Assessment.

  
\_\_\_\_\_  
Name of Company

  
\_\_\_\_\_  
Signature (Authorized Official)

6/18/2021  
\_\_\_\_\_  
Date

200 S. Lamar St., P.O. Box 352 | Jackson, MS 39205 | (601) 359-4500

*Offering Mississippians young and old tangible help today to create lasting hope for tomorrow.*



Qlarant Quality Solutions' Response to  
**DAAS NEEDS ASSESSMENT**



RFP#: 20210511 (RFx# 3180001360/3120002223)  
Mississippi Department of Human Services (MDHS)  
MDHS Procurement Services

**BAFO Proposal**

**Request for Best and Final Offer**

**Bid Response:**  
**Date: June 21, 2021**  
**Time: 2:00 PM, CT**



**Submitted To:**

Robert G. Anderson  
Executive Director  
Attn: Bryan C. Wardlaw  
Chief Procurement Officer  
MDHS Procurement Services  
Tel: +1 (601) 359-4500  
Email: [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov)  
Address Line 1: 200 South Lamar Street  
Address Line 2: Jackson, Mississippi 39201

**Submitted By:**

Ronald Forsythe  
Chief Executive Officer  
Qlarant Quality Solutions, LLC  
Tel: +1 (410) 822-0697  
Email: [Forsyther@qlarant.com](mailto:Forsyther@qlarant.com)  
Address Line 1: 28464 Marlboro Avenue  
Address Line 2: Easton, MD 21601

## Table of Contents

### Request for Best and Final Offer

<b>Tab 2 - Cost Data [RFP 4.3.A.7].....</b>	<b>3</b>
<b>BAFO Form - Fully Executed .....</b>	<b>4</b>

## Request for Best and Final Offer

### Tab 2 - Cost Data [RFP 4.3.A.7]

Qlarant is pleased for this opportunity to provide a **revised budget** in response to Mississippi Department of Human Services (MDHS) **Request for Best and Final Offer** for RFP (3180001360/3120002223), “20210511 DAAS Needs Assessment”. Qlarant’s management has carefully reviewed the technical requirements of each task in the solicitation and, based on considerable experience with similar work, estimated the personnel levels and mix of skills necessary to perform the task and meet all deliverables. Our **revised cost of services** is shown in Project Pricing table below (**Table 1**).

**Table 1: Revised Project Pricing Information**

Project Tasks	Total Cost
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$184,568
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$22,598
Final report drafted and published	\$16,491
<b>Total Cost of Project</b>	<b>\$223,657</b>

**BAFO Form - Fully Executed**



Robert G. Anderson  
Executive Director

**REQUEST FOR PROPOSALS (RFP) NO.: 20210511 DAAS Needs Assessment  
RFx Number(s): 3180001360 / 3120002223**

**Request for Best and Final Offer**

The Mississippi Department of Human Services (MDHS) is hereby requesting Respondents to submit a Best and Final Offer (BAFO) in accordance with Request for Proposals (RFP) No. 20210511 DAAS Needs Assessment, Section 4.3.A.7), **Cost Data**.

In order to be considered responsive to this request, Respondents shall submit this form, fully executed, along with a revised budget utilizing the format in Section 4.1.6. of the RFP that is signed by an authorized official of your company. Revised documentation supporting the BAFO shall also accompany the BAFO submission.

Please submit your BAFO to DHS on or before **2:00 PM CT, Monday, June 21, 2021** via email transmission to [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov).

Any requirements, terms or conditions not expressly referred to in the request shall remain in full force and effect. If Respondent does not submit a revised budget, their immediate previous offer may be construed as their best and final offer.

This BAFO request does not confirm your company's proposal has been deemed responsive and/or responsible.

**NOTE: Failure to sign this BAFO Request and submit a Revised Budget may cause your company's proposal to be rejected as non-responsive.**

The below signature of your company's authorized official serves as confirmation that the BAFO and BAFO supporting documentation submitted in response to this request represents and reflects your organization's costs to provide the services as requested in RFP No. 20210511 DAAS Needs Assessment.

Qlarant Quality Solutions, Inc.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature (Authorized Official)

06/21/2021

\_\_\_\_\_  
Date

200 S. Lamar St., P.O. Box 352 | Jackson, MS 39205 | (601) 359-4500

*Offering Mississippians young and old tangible help today to create lasting hope for tomorrow.*

**BAFO AS PRESENTED TO EVALUATION COMMITTEE WITH PRICING & FINANCIAL  
FACTORS ON 6/22/21 REDACTED -QSS**

Response to

# DAAS NEEDS ASSESSMENT

RFP#: 20210511 (RFx# 3180001360/3120002223)

Mississippi Department of Human Services (MDHS)

MDHS Procurement Services

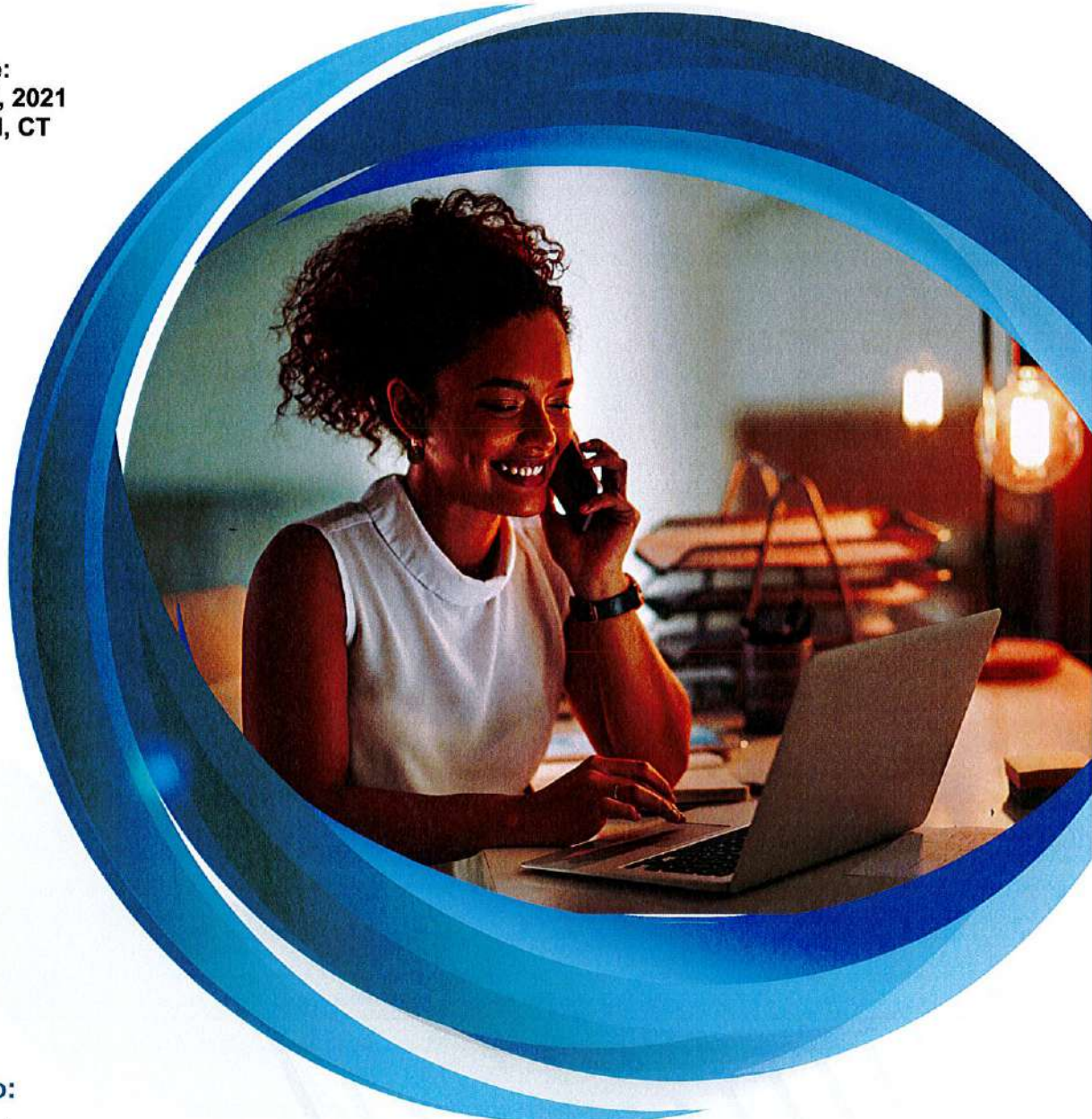
## Request for Best and Final Offer

BAFO Proposal

**Bid Response:**

**Date: June 21, 2021**

**Time: 2:00 PM, CT**



**Submitted To:**

Robert G. Anderson  
Executive Director  
Attn: Bryan C. Wardlaw  
Chief Procurement Officer  
MDHS Procurement Services  
Tel: +1 (601) 359-4500  
Email: [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov)  
Address Line 1: 200 South Lamar Street  
Address Line 2: Jackson, Mississippi 39201

**Submitted By:**

Chief Executive Officer

Tel:

Email:

Address Line 1:

Address Line 2:

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**Request for Best and Final Offer**

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## Request for Best and Final Offer

### Tab 2 - Cost Data [RFP 4.3.A.7]

██████████ is pleased for this opportunity to provide a **revised budget** in response to Mississippi Department of Human Services (MDHS) **Request for Best and Final Offer** for RFP (3180001360/3120002223), "20210511 DAAS Needs Assessment". ██████████ management has carefully reviewed the technical requirements of each task in the solicitation and, based on considerable experience with similar work, estimated the personnel levels and mix of skills necessary to perform the task and meet all deliverables. Our **revised cost of services** is shown in Project Pricing table below (**Table 1**).

*Table 1: Revised Project Pricing Information*

Project Tasks	Total Cost
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$184,568
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$22,598
Final report drafted and published	\$16,491
<b>Total Cost of Project</b>	<b>\$223,657</b>



**BAFO Form - Fully Executed**



Robert G. Anderson  
Executive Director

**REQUEST FOR PROPOSALS (RFP) NO.: 20210511 DAAS Needs Assessment  
RFx Number(s): 3180001360 / 3120002223**

**Request for Best and Final Offer**

The Mississippi Department of Human Services (MDHS) is hereby requesting Respondents to submit a Best and Final Offer (BAFO) in accordance with Request for Proposals (RFP) No. 20210511 DAAS Needs Assessment, Section 4.3.A.7), **Cost Data**.

In order to be considered responsive to this request, Respondents shall submit this form, fully executed, along with a revised budget utilizing the format in Section 4.1.6. of the RFP that is signed by an authorized official of your company. Revised documentation supporting the BAFO shall also accompany the BAFO submission.

Please submit your BAFO to DHS on or before **2:00 PM CT, Monday, June 21, 2021** via email transmission to [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov).

Any requirements, terms or conditions not expressly referred to in the request shall remain in full force and effect. If Respondent does not submit a revised budget, their immediate previous offer may be construed as their best and final offer.

This BAFO request does not confirm your company's proposal has been deemed responsive and/or responsible.

**NOTE: Failure to sign this BAFO Request and submit a Revised Budget may cause your company's proposal to be rejected as non-responsive.**

The below signature of your company's authorized official serves as confirmation that the BAFO and BAFO supporting documentation submitted in response to this request represents and reflects your organization's costs to provide the services as requested in RFP No. 20210511 DAAS Needs Assessment.

[Redacted]

Name of Company

[Redacted]

Signature (Authorized Official)

06/21/2021

Date

**REQUEST FOR PROPOSALS (RFP) NO.: 20210511 DAAS Needs Assessment**  
**RFx Number(s): 3180001360 / 3120002223**

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The below signature of your company's authorized official serves as confirmation that the BAFO and BAFO supporting documentation submitted in response to this request represents and reflects your organization's costs to provide the services as requested in RFP No. 20210511 DAAS Needs Assessment.

Elite Research, LLC

\_\_\_\_\_  
Name of Company



\_\_\_\_\_  
Signature (Authorized Official)

06/21/21

\_\_\_\_\_  
Date

# TAB 2 - Price and Financial Data (REDACTED)

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### Abbreviations Used Throughout This Document

- REDACTED
- MDHS = Mississippi Department of Human Services
- RFP = Request for Proposal

## Cost Data (REDACTED)

The table below outlines the estimated cost of the services as directed in Section 4.1.6 of the RFP (p12).

PROJECT TASKS	TOTAL COSTS
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$95,500
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$45,500
Final report drafted and published	\$4,500
<b>TOTAL COST OF PROJECT:</b>	<b>\$149,500</b>

### Budget Details

The engagement costs of the proposal are outlined in the below table based on the proposed work plan and timeline, as well as the associated fees for travel and participant incentive fees.

#### **Proposed Budget**

The following table outlines the proposed cost of the timeline and work plan based on the project team hourly work toward phases outlined, as well as the associated participant collection fees needed for the older adults and provider surveys. This table may be modified upon the completion of Phase 1 for potential change in scope of work needed. This table does not contain costs for additional subject matter experts, travel, or expenses, should they be identified and approved during the project.

There may be some recommendation changes that can decrease the overall budget across the two surveys if needed. For example

- reducing the overall survey length to increase response rate and participant fees
- recalculating the sampling calculations to potential reduce the 3000 total sample size for older adults survey and ~1000 total provider surveys (distributed across the 10 AAAs)
- develop processes and materials across the two surveys in order to create time efficiencies, such as the report template
- process documentation and materials will also streamline cost from year to year because the same code and templates can be utilized with minor modifications to survey questions

REDACTED COMPANY NAME offers the option with this proposal for up to three (3) renewals, as the survey schedule is determined (i.e., annually, every other year. Once the survey and sample sizes are determined in year one (2021) and if MDHS continues with the same sampling frame and surveys approved, REDACTED COMPANY NAME can offer between a 25%-40% cost savings from the initial survey year as the process and reporting will be replicated. See renewal year costs in the table below.

#### **Hourly Rates and Potential Costs**

The budget table below presents the costs associated with consulting services which are billed in ¼ hour increments. REDACTED COMPANY NAME uses a blended hourly rate for the proposed workplan of \$70 per hour for the project team members. Due to the contractual nature of the consulting relationship, an hourly rate is set based on the project terms set forth in the Consulting Agreement. Billable blended hourly rates are calculated based on salary, fringes, benefits, and operating expenses as standard to the industry with our **government/nonprofit entity discount of 15%** already applied.

Software, instruments, and licenses needed for this project are owned and operated by REDACTED COMPANY NAME.

Phase and Major Components	Initial Collection	Renewal Collections
<b>Phase 1: Planning &amp; Review</b>		
Stakeholder planning meetings	\$2,500	\$1,500
Quantitative design & protocols with process documentation	\$13,500	\$7,000
Existing data review, other state assessments analysis plans	\$10,500	\$4,000
Spanish translation	\$1,500	\$500
<b>Phase 2: Data Collection (3000 older adults, 1000 providers)</b>		
Online survey setup & testing, maintenance, hosting	\$6,000	\$3,500
Participant incentives	\$6,000	\$6,000
Quantitative data collection and validation checks, reminders, and process documentation (expecting 70% online, 30% phone)	\$57,500	\$47,500
<b>Phase 3: Data Prep, Analysis, &amp; Results</b>		
Quantitative data prep, coding with process documentation	\$13,500	\$8,000
Prior data sources & analysis (longitudinal if possible)	\$7,000	\$4,000
Analysis & Results with process documentation	\$16,000	\$9,500
<b>Phase 4: Findings &amp; Report</b>		
Branded report with process documentation (draft & final)	\$12,000	\$8,000
In-person meeting to review draft report (2 ER members)	\$1,500	\$1,500
Estimated travel costs (From Dallas)	\$2,000	\$2,000
<b>Total</b>	<b>\$149,500</b>	<b>\$103,000</b>

Due to the simplicity of the survey and branding needs, a HIPAA compliant online survey software tool (Qualtrics) will be utilized to optimize budget resources. If a custom survey is preferred by MDHS an additional \$40,000 in the initial year and \$15,000 in each renewal year will be added to the annual cost.

\* Each additional 1000 respondents with same 70%/30% split = \$15,000

### Billing Structure

REDACTED COMPANY NAME does not require an advanced payment in order to begin contracted work. A purchase order issued to REDACTED COMPANY NAME will initiate the work outlined in this proposal.

Payments and/or disbursements are proposed as follows:

- Disbursement 1: Hours invoiced in Phase 1 upon completion.
  - Disbursement 2: 50% of hours & participant fees invoiced upon data collection start.
  - Disbursement 2: Remaining 50% hours & participant fees invoiced in Phase 2 upon completion.
  - Disbursement 3: Hours invoiced in Phase 3 upon completion.
  - Disbursement 4: Hours invoiced in Phase 4 upon completion.
- Communication and meetings are included in all disbursements.

Payment of invoiced hours will be net 45, with a 10-day dispute process based on the work activities and outlined in the contract. If the timeline is extended an updated invoice structure will be updated, outlined, and approved by all parties to this proposal. If the proposed work plan and engagement changes, this disbursement plan may be updated in reflection of those changes.

## Expense Reimbursement

Please note, due to Covid-19 guidelines and travel restrictions, this methodology assumes a series of *virtual meetings*, however in-person meetings are possible and noted for the report presentation in Phase 4. Travel time is billed at 75% of the blended hourly rate for travel time between project team member's residence/office and destination.

Any travel must be pre-approved by the MDHS Project Manager before the cost is incurred. Any claim for travel reimbursement by Contractor shall be submitted in accordance with the rules prescribed in the State Travel Allowance Guide. Airfare will be reimbursed at the actual cost of the airfare, not to exceed the cost of the lowest priced airfare available. Under no circumstances will MDHS reimburse Contractor for first-class airfare.

## Dependency Clause

The respondent will use reasonable effort to provide the services outlined in this proposal provided that the service recipient relays clear and reasonable requests for service, and that when request changes occur they are documented and scope is adjusted for timeline, resources, or deliverables. Obligations to perform any services are outlined in separate contractual documentation and are not part of this proposal. MDHS acknowledges that some of the services outlined in this proposal require instructions, data, information and access from MDHS or third parties, or are dependent in whole or in part of completion of prior acts by the Service Recipient, if those pre- or post-requisites are not provided REDACTED COMPANY NAME will not be liable for breach of the representations, warranties or covenants made under this proposal or the life of the contract due to these outlined dependencies.

## Financial Information (REDACTED)

REDACTED COMPANY NAME is not a tax-exempt organization. Below is a copy of the operating agreement and the last two year's financial statement Form 1065 provided from the external accountant.

### Current Operating Agreement

## **OPERATING AGREEMENT OF**

REDACTED COMPANY NAME

### **Article I - Organization**

#### **Section A - Formation and Qualification**

The members have formed a Limited-Liability Company (the "Company") in the state of REDACTED by filing Articles of Organization with the Secretary of State.

#### **Section B - Name**

The name of the Company shall be REDACTED COMPANY NAME . The business of the Company may be conducted under that name or, in compliance with applicable laws, any other name that the Company deems appropriate.

#### **Section C - Principle Office**

The principal office of the Company shall be at such place or places of business within or without the state of Texas as the Company may determine.

#### **Section D - Governing Law**

This Agreement shall be governed by and interpreted in accordance with the laws of the state of Texas. The rights and liabilities of the Members shall be determined pursuant to the laws of the state of REDACTED and this Agreement. To the extent that any provision of this Agreement is inconsistent with the law, this Agreement shall govern to the extent permitted by law.

#### **Section E - Term**

The term of the Company commenced on the filing of the Articles of Organization and shall be perpetual.

#### **Section F - Registered Agent & Office**

The Company shall continuously maintain a registered agent in the state of REDACTED , as required by law. The registered agent and office of the Company shall be as stated in the Articles of Organization or any amendment thereof. The registered agent and/or office may be changed from time to time by a resolution of the Members of the Company.

#### **Section G - Purpose of the Company**

The purpose of the Company is to engage in all lawful activities, including, but not limited to the following: research and statistical consulting.

### **Article II – Membership Interests**

#### **Section A –Members of the Company**

The Members of the Company are the Members who are identified in Exhibit A (attached).

#### **Section B - Percentage of Ownership**

A member's ownership of the Company is the total of his Voting Shares and Nonvoting Shares, together with all of the rights that arise from the ownership of such shares. The Percentage of Ownership ("Ownership Percentage") shall be calculated by adding together that Member's membership shares (Voting and Nonvoting) and then dividing this sum by the total of all of the Member's membership shares (Voting and Nonvoting).

The initial Ownership, Percentage Ownership and Percentage Voting Interests in the Company of each Member are identified in Exhibit A.

### **Section C - Membership Classifications**

The Company shall issue Class A Voting Membership Shares ("Voting Shares") to the members who vote (the "Voting Members"). The Voting Members shall have the right to vote on all company matters, as outlined in this Agreement.

The Company may issue Class B Nonvoting Membership Shares ("Nonvoting Shares"). Nonvoting shares hold no voting rights whatsoever, and members who only own Nonvoting Shares will have no right to vote on any matters. Members may hold both Voting Shares and Nonvoting Shares.

### **Section D - Management by Members**

The Primary Member shall manage the Company. In her capacity as Manager, she shall have the right to make decisions and vote upon all matters as specified in this Agreement, in proportion to their respective Ownership Percentage of the Company. Voting Members need not identify whether or not they are acting as a Member or a Manager when they take action.

Nonvoting Members have no right to participate in the management of the Company, nor vote on any matters of the Company. No Nonvoting Member shall take any action or enter into any contract or obligation on behalf of the Company without the prior written consent of all of the Voting Members. Likewise, no Nonvoting Member shall perform any act that is in any way pertaining to the Company or its assets.

### **Section E - New Members**

The Voting Members may issue additional Voting Capital or Nonvoting Capital and thereby admit a new Member or Members, as the case may be, to the Company, only if such new Member (a) is approved unanimously by the Voting Members; (b) delivers to the Company his required capital contribution and (c) agrees in writing to be bound by the terms of this Agreement by becoming a party hereto.

Upon the admission of a new Member to the Company, the capital accounts of all Members, and the calculations that are based on the capital accounts, shall be adjusted appropriately.

### **Section F - Capital Accounts**

A separate capital account shall be maintained for each Member. The capital account of each Member shall be increased by (a) the amount of money contributed to the Company by the Member, (b) the fair market value of any property contributed to the Company by the Member, (c) allocations of profit to the Member, (d) The Member's share of the increase in the tax basis of

Company property, if any, arising out of the recapture of any tax credit, and (e) Allocations of income or gain to the Member, as provided under this Agreement.

The capital account of each Member shall be reduced by (a) the amount of any cash and the fair market value of any property distributed to the Member by the Company (net of liabilities, secured by such distributed property that such Member is assumed to take), (b) the amount of expenses or loss allocated to the Member and (c) the Member's share of the decrease in the basis of the Company's property arising from the allowance of a tax credit.

### **Section G - Liability of Members**

No Member shall be personally responsible for any debts, liabilities or obligations of the Company solely by reason of being a Member. All debts, obligations and liabilities of the Company, whether by contract or not, shall belong solely to the Company.

### **Section H – Transfer and Assignment of Interests**

A Member may not sell, assign, transfer or otherwise dispose of all or part of his Membership Interest in the Company without first making a written offer to sell such Membership Interests to



the other Members or the Company at a mutually agreed upon price. If the Company or such other Members decline the purchase of the Membership Interest within thirty (30) days, and the sale or assignment is made and the Members fail to approve this sale or assignment unanimously then, the purchaser or assignee shall have no right to vote nor participate in the management of the business or other affairs of the Company. The purchaser or assignee shall only be entitled to receive the share of the profits or other compensation by way of income and the return of contributions to which that Member would otherwise be entitled.

In the event of a Member's bankruptcy or other involuntary transfer of interest, such as a creditor obtaining a lien or a charging order against a Member's interest, this act shall constitute a material breach of this Agreement by such Member. The creditor or claimant shall only be considered an Assignee and shall have no right to become a Member or have rights to participate in the affairs of the company nor have the right to participate as a Member or Manager in any regard. Said creditor or claimant shall only be entitled to receive the share of profit and losses, or the return of capital, to which the Member would otherwise have been entitled.

In the event of a charging order, bankruptcy, lien or other involuntary transfer, the Members may unanimously elect that the Company purchase all or any part of the membership shares that are in question. The price shall be equal to one-half (1/2) of the fair market value of such shares. Written notice of such purchase shall be provided to the creditor or claimant within sixty (60) days.

## **Article III - Allocations and Profit Distributions**

### **Section A - Allocations of Profits and Losses**

The profits and losses of the Company shall be allocated to the Members in proportion with their individual ownership percentages. Should the Company wish to make special allocations, they must comply with Section 704 of the Internal Revenue Code and the corresponding regulations.

### **Section B – Distributions**

Subject to applicable law and limitations elsewhere in this Agreement, the members may elect, to make a distribution of assets at any time that would not be prohibited under by law or under this Agreement. The amount and timing of all distributions of cash, or other assets, shall be determined by a unanimous vote of the Voting Members. All such Distributions shall be made to those Members who, according to the books and records of the Company, were the holders of record of Membership Interests on the date of Distribution.

The Voting Members may base a determination that a distribution of cash may be made on a balance sheet, profit and loss statement, cash flow statement of the Company or other relevant information. Neither the Company nor any Members shall be liable for the making of any Distributions in accordance with the provisions of this section.

No Member has the right to demand and receive any distribution from the Company in any form other than money. No Member may be compelled to accept from the Company a distribution of any asset in kind in lieu of a proportionate distribution of money being made to other Members except on the dissolution and winding up of the Company.

## **Article IV - Meetings & Voting**

### **Section A - Notice of Meetings**

If any action on the part of the Members is to be proposed at the meeting, then written notice of the meeting must be provided to each Member entitled to vote not less than ten (10) days or more than sixty (60) days prior to the meeting. Notice may be given in person, by fax, by first class mail, or by any other written communication, charges prepaid, at the Members' address listed in Exhibit A, attached. The notice shall contain the date, time and place of the meeting and a statement of the general nature of this business to be transacted there.

### **Section B – Meetings**

The Company shall have no predetermined annual or regular meetings of the Members. However, any Member or Members with a collective ownership percentage of 20% or more may call a meeting of the Members at any time.

No action may be taken at a meeting that was not proposed in the notice of the meeting, unless all Voting Members consent unanimously.

Any meeting may be adjourned upon the vote, and subsequent approval, of the majority of the Membership Interests represented at the meeting.

### **Section C - Quorum**

Members holding at least fifty-one percent (51%) of the Voting Membership Interests in the Company represented in person, by telephone, or by proxy, shall constitute a quorum at any meeting of Voting Members. In the absence of a quorum at any such meeting, the Voting Members may adjourn the meeting for a period not to exceed sixty days.

### **Section D – Voting**

Except as expressly set forth elsewhere in this Agreement or otherwise required by law, all actions requiring the vote of the Members may be authorized upon the vote of those Members collectively holding a majority of the Membership Interests in the Company. The following actions require the unanimous vote of all Members, who are not the transferors of a Membership Interest:

- (i) Making an Amendment to the Articles of Organization or this Agreement;
- (ii) Absolving any Member from the obligation of making a capital contribution or returning money or property that was distributed to such Member in violation of law or this Agreement;
- (iii) Approving the sale, transfer, assignment or exchange of a Member's Interest in the Company and the admission of the transferee as a Member with full rights therein;
- (iv) Purchasing, by the Company or its nominee, the Membership Interest of a transferor Member.

### **Section E – Proxies**

Proxies are only valid when signed by the Member entitled to the vote and must be filed with the secretary of the meeting prior to the commencement of voting on the matter in which the proxy is being elected to vote upon. Proxies shall become invalid after 11 months from the date of its execution unless otherwise stated in the proxy. Additionally, the proxy may be terminated at-will by the voting member. The termination of such proxy must be submitted to the Company prior to the termination being effective.

## **Article V - Management & Duties**

### **Section A – Election and Appointment**

The Company shall be managed by one or more appointed Managers. The name and address of the Managers of the Company can be found in Exhibit B, attached. The Members, by a majority vote, shall elect and appoint as many Managers as the Members determine shall be in the best interest of the Company, though no less than one.

One manager shall be elected to take the position of Chief Operating Manager. The Chief Operating Manager shall be held responsible for managing the operations of the Company and shall carry out the decisions of the Managers.

Members shall serve until they resign or their successors are duly elected and appointed by the Members.

### **Section B - Delegation of Powers**

The Managers are authorized on the Company's behalf to bind the Company to contracts and obligations, and to do or cause all acts to be done deemed necessary or appropriate to carry out or further the business of the Company. All decisions and actions of the Managers shall be made by majority vote of the Managers as provided in this Agreement. The managers have in their power to authorize or decide the following:

- (i) The employment of persons or institutions for the operation and management of the company affairs.
- (ii) Execute all checks, drafts and money orders for the payment of company funds.
- (iii) Deliver and execute promissory notes, loans or security agreements.
- (iv) The purchase or acquisition of company assets.
- (v) The sale, lease or other disposition of company assets.
- (vi) Granting security interests in the company assets in exchange for capital.
- (vii) The pre-payment or refinancing of any loan secured by the company assets.
- (viii) Execute and deliver all contracts, franchise agreements, licensing agreements, assignments, leases, and subleases which affect the company assets.

### **Section C – Compensation**

Any Manager whom renders services to the Company shall be entitled to compensation in direct proportion to the value of such services. Additionally, the Company shall reimburse all direct out-of-pocket expenses incurred by the Managers while managing the Company.

### **Section D – Indemnification**

Unless otherwise provided by law or expressly assumed, a person who is a Member or Manager, or both, shall not be liable for the acts, debts, or liabilities of the Company, except to the extent any related loss results from fraud, gross negligence or willful or wanton misconduct on the part of such Member or the material breach of any obligation under this Agreement or of the fiduciary duties owed to the Company or the other Members by such Member.

In addition, the Company shall, to the fullest extent allowed by law, indemnify, save and hold harmless and pay all judgments and claims against the Members, and each of such Member's agents, legal representatives, heirs, affiliates, successors and/or assigns from, against, an in respect of any and all liability, loss, damage, and expense incurred or sustained by the indemnified party in connection with the activities of the Company or in dealing with third parties on behalf of the Company, including all costs and attorney's fees, as incurred, and any amounts expended in the settlement of any claims of liability, loss, or damage to the fullest extent allowed by law.

## **Article VI - Miscellaneous**

### **Section A – Books and Records**

The Members shall maintain at the Company's principle place of business the following books and records: a current list of the full name and last known business or residence address of each Member, together with their capital contribution and membership interest; a copy of the Articles and all amendments thereto; copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six (6) most recent taxable years and a copy of this Agreement and any amendments to it.

### **Section B - Financial Records and Reporting**

The complete and accurate accounting and financial records of the Company shall be held by the Managers at the Company's principal place of business. Such records shall be kept on such method of accounting as the Managers shall select. The Company's accounting period shall be the calendar year.

The Managers shall close the accounting records at the close of each calendar year, and shall prepare and send to each member a statement of such Member's distributive share of income and expense – in the form of a Schedule K-1 - for income tax reporting purposes.

**Section C - Indemnification Clause**

The Company shall indemnify any person, to the fullest extent permitted by law, who is a party defendant or is threatened to be made a party defendant, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that he is or was a Member of the Company, Manager, employee or agent of the Company, or is or was serving at the request of the Company, so long as the person did not behave in violation of law or this Agreement, for instant expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding.

**Section D - Dispute Resolution**

The Members agree that in the event of any dispute or disagreement solely between or among any of them arising out of, relating to or in connection with this Agreement or the Company or its organization, formation, business or management, the Members shall use their best efforts to resolve any dispute arising out of or in connection with this Agreement by good-faith negotiation and mutual agreement. The Members shall meet at a mutually convenient time and place to attempt to resolve any such dispute.

However, in the event that a member dispute cannot be resolved, such parties shall first attempt to settle such dispute through a non-binding mediation proceeding. In the event any party to such mediation proceeding is not satisfied with the results thereof, then any unresolved disputes shall be finally settled in accordance with an arbitration proceeding. In no event shall the results of any mediation proceeding be admissible in any arbitration or judicial proceeding.

**Section E – Dissolution**

Should a dissolution event occur, the Company shall be dissolved, its assets disposed of and its affairs wound up. The following events constitute "Dissolution Events": (i) at any time as specified in the Articles of Organization or this Agreement, (ii) upon the happening of a specific event as specified in the Articles of Organization or elsewhere in this Agreement, (iii) upon the unanimous consent of all members, (iv) upon the withdrawal, bankruptcy, expulsion, death or dissolution of a Member, unless within ninety (90) days after the date of disassociation, a majority of the remaining Members consent to continue the business operations.

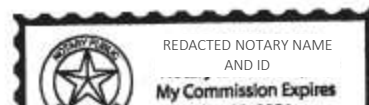
REDACTED MEMBER 1 NAME AND SIGNATURE

\_\_\_\_\_ 5/1/17  
DATE

REDACTED MEMBER 2 NAME AND SIGNATURE

\_\_\_\_\_ 5/1/17  
DATE

Run 5/1/2017  
adding to



Financial Statements

<b>Form 1065 Return Summary</b>			
For calendar year 2020, or tax year beginning _____, and ending _____			
REDACTED COMPANY NAME _____		REDACTED COMPANY EIN _____	
<b>Ordinary Business Income (Loss)</b>		<b>Tax and Payment</b>	
Total income	729,966	Total balance due	
Total deductions	( 652,023 )	Payments	( _____ )
<b>Ordinary Business Income (Loss)</b>	<u>77,943</u>	<b>Amount owed</b>	
		<b>Overpayment</b>	
<b>Analysis of Net Income (Loss), Line 1</b>		<b>Form 8804 - Foreign Partner Withholding</b>	
Ordinary business income (loss)	77,943	Total number of foreign partners	
Net rental real estate income (loss)		Effectively connected taxable income	
Other net rental income (loss)			
Guaranteed payments		Total withholding tax	
Interest income		Payments	( _____ )
Dividends		Estimated tax penalty	
Royalties		Overpayment allocated to partners	
Net short-term capital gain (loss)		<b>Withholding Tax Due (Overpaid)</b>	<u>0</u>
Net long-term capital gain (loss)			
Net section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction	( _____ )		
Contributions	( _____ )		
Investment interest expense	( _____ )		
Section 50(e)(2) expenditures	( _____ )		
Other deductions	( _____ )		
Total foreign taxes paid / accrued	( _____ )		
<b>Analysis of Net Income (Loss), Line 1</b>	<u>77,943</u>		
<b>Analysis of Net Income (Loss)</b>		<b>Schedule L</b>	
		<b>Beginning of Year</b>	<b>End of Year</b>
Analysis, line 1	77,943	Assets	108,638
Analysis, line 2	77,943	Liabilities	30,055
Difference	<u>0</u>	Capital	78,583
		Liabilities and capital	<u>108,638</u>
		Difference	<u>0</u>
<b>Analysis of Net Income (Loss) and M-1/M-3 Reconciliation</b>		<b>Partners' Capital</b>	
		<b>Schedule M-2</b>	<b>Schedule K-1</b>
Analysis, line 1	77,943	Beginning balance	-189,690
Schedule M-1, line 9	77,943	Contributions	145,000
Schedule M-3, page 2, line 26(d)		Current year income (loss)	123,273
Difference	<u>0</u>	Other increases (decreases)	
		Distributions	( 0 ) ( 0 )
		Ending balance	<u>78,583</u>

Form **1065** U.S. Return of Partnership Income  
 Department of the Treasury Internal Revenue Service  
 For calendar year 2020, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
 OMB No. 1545-0123  
**2020**  
 Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

<b>A</b> Principal business activity <b>SERVICE</b>	Type or Print	Name of partnership <b>REDACTED COMPANY NAME</b>	<b>D</b> Employer identification number <b>REDACTED COMPANY EIN</b>
<b>B</b> Principal product or service <b>CONSULTING</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>REDACTED COMPANY ADDRESS</b>	<b>E</b> Date business started <b>05/03/2004</b>
<b>C</b> Business code number <b>541600</b>			<b>F</b> Total assets (see instructions) \$ <b>108,638</b>

**G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return  
**H** Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶ \_\_\_\_\_  
**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**  
**J** Check if Schedules C and M-3 are attached ▶   
**K** Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes  
 Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a	Gross receipts or sales	1a	729,966	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a	1c		729,966
	2	Cost of goods sold (attach Form 1125-A)	2		
	3	Gross profit. Subtract line 2 from line 1c	3		729,966
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5	Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
Deductions (see instructions for limitations)	7	Other income (loss) (attach statement)	7		
	8	Total income (loss). Combine lines 3 through 7	8		729,966
	9	Salaries and wages (other than to partners) (less employment credits)	9		457,872
	10	Guaranteed payments to partners	10		
	11	Repairs and maintenance	11		14,916
	12	Bad debts	12		
	13	Rent	13		54,023
	14	Taxes and licenses	14		35,252
	15	Interest (see instructions)	15		
	16a	Depreciation (if required, attach Form 4562)	16a	3,000	
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b		3,000
	17	Depletion (Do not deduct oil and gas depletion.)	17		
Tax and Payment	18	Retirement plans, etc.	18		
	19	Employee benefit programs	19		1,056
	20	Other deductions (attach statement) <b>SEE STATEMENT 1</b>	20		85,904
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		652,023
	22	Ordinary business income (loss). Subtract line 21 from line 8	22		77,943
	23	Interest due under the look-back method—completed long-term contracts (attach Form 8897)	23		
24	Interest due under the look-back method—income forecast method (attach Form 8866)	24			
25	BBA AAR imputed underpayment (see instructions)	25			
26	Other taxes (see instructions)	26			
27	Total balance due. Add lines 23 through 26	27			
28	Payment (see instructions)	28			
29	Amount owed. If line 28 is smaller than line 27, enter amount owed	29			
30	Overpayment. If line 28 is larger than line 27, enter overpayment	30			

**Sign Here**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.  
 Signature of partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

**Paid Preparer Use Only**  
 Print/preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Check  if PTIN \_\_\_\_\_  
**REDACTED ACCOUNTANT INFORMATION**

## Form 1065 Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

REDACTED COMPANY NAME \_\_\_\_\_ REDACTED COMPANY EIN \_\_\_\_\_

**Ordinary Business Income (Loss)**

Total income	377,327
Total deductions	( 354,664 )
<b>Ordinary Business Income (Loss)</b>	<u><u>22,663</u></u>

**Tax and Payment**

Total balance due	
Payments	( _____ )
<b>Amount owed</b>	
<b>Overpayment</b>	

**Analysis of Net Income (Loss), Line 1**

Ordinary business income (loss)	22,663
Net rental real estate income (loss)	
Other net rental income (loss)	
Guaranteed payments	
Interest income	
Dividends	
Royalties	
Net short-term capital gain (loss)	
Net long-term capital gain (loss)	
Net section 1231 gain (loss)	
Other income (loss)	
Section 179 deduction	( _____ )
Contributions	( _____ )
Investment interest expense	( _____ )
Section 50(e)(2) expenditures	( _____ )
Other deductions	( _____ )
Total foreign taxes paid / accrued	( _____ )
<b>Analysis of Net Income (Loss), Line 1</b>	<u><u>22,663</u></u>

**Form 8804 - Foreign Partner Withholding**

Total number of foreign partners	
Effectively connected taxable income	
<b>Total withholding tax</b>	
Payments	( _____ )
Estimated tax penalty	
Overpayment allocated to partners	
<b>Withholding Tax Due (Overpaid)</b>	<u><u>0</u></u>

		Beginning of Year	End of Year
<b>Analysis of Net Income (Loss)</b>	<b>Schedule L</b>		
	Assets	35,727	37,962
	Liabilities	245,749	227,652
	Capital	-210,022	-189,690
		<u>35,727</u>	<u>37,962</u>
Analysis, line 1			
22,663	Liabilities and capital	<u>35,727</u>	<u>37,962</u>
Analysis, line 2			
22,663	Difference	<u><u>0</u></u>	<u><u>0</u></u>
Difference			
<u><u>0</u></u>			
<b>Analysis of Net Income (Loss) and M-1/M-3 Reconciliation</b>	<b>Partners' Capital</b>	<b>Schedule M-2</b>	<b>Schedule K-1</b>
	Beginning balance	-210,022	-210,022
Analysis, line 1	Contributions	0	0
22,663	Current year income (loss)	20,332	20,332
Schedule M-1, line 9	Other increases (decreases)		
22,663	Distributions	( 0 )	( 0 )
Schedule M-3, page 2, line 26(d)			
Difference	Ending balance	<u><u>-189,690</u></u>	<u><u>-189,690</u></u>
<u><u>0</u></u>			

Form **1065**  
Department of the Treasury  
Internal Revenue Service

**U.S. Return of Partnership Income**

For calendar year 2019, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

OMB No. 1545-0123

**2019**

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

A Principal business activity  <b>SERVICE</b>	Type or Print	Name of partnership  REDACTED COMPANY NAME	D Employer identification number  REDACTED COMPANY EIN
		Number, street, and room or suite no. If a P.O. box, see the instructions.  REDACTED COMPANY ADDRESS	E Date business started <b>05/03/2004</b>
			F Total assets (see instructions) \$ <b>37,962</b>
B Principal product or service <b>CONSULTING</b>			
C Business code number <b>541600</b>			

G Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return

H Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**

J Check if Schedules C and M-3 are attached ▶

K Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	<b>377,327</b>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		<b>377,327</b>
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		<b>377,327</b>
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		<b>377,327</b>	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		<b>227,035</b>
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		<b>37,146</b>
	14 Taxes and licenses	14		<b>18,429</b>
	15 Interest (see instructions)	15		
	16a Depreciation (if required, attach Form 4562)	16a	<b>56</b>	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		<b>56</b>
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		<b>1,603</b>
	20 Other deductions (attach statement) <b>SEE STATEMENT 1</b>	20		<b>70,395</b>
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		<b>354,664</b>
	22 Ordinary business income (loss). Subtract line 21 from line 8	22		<b>22,663</b>
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8897)	23		
	24 Interest due under the look-back method—income forecast method (attach Form 8886)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 Total balance due. Add lines 23 through 26	27		
	28 Payment (see instructions)	28		
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29		
	30 Overpayment. If line 28 is larger than line 27, enter overpayment	30		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information which preparer has any knowledge.

Signature of partner or limited liability company member: \_\_\_\_\_ Date: \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: REDACTED ACCOUNTANT INFORMATION Date: \_\_\_\_\_ Check  if PTIN: \_\_\_\_\_



[Overview](#) / Account: REDACTED COMPANY NAME

Checking | [See full account number >](#)

REDACTED COMPANY NAME

**\$199,399.72**

Available balance

\$0.00

Available credit

\$199,399.72

Available plus credit

\$199,399.72

Present balance

[Statements](#)

[Paperless](#)

[Transfer money](#)

[More...](#)

Uncollected funds

Total \$0.00 

7:00 PM  
6/9/2021

Signed Statement of Confirmations

- REDACTED COMPANY NAME is not substantially or wholly owned by another corporate entity.
- They have never filed for bankruptcy.
- There have been no company restructurings, mergers, or acquisitions over the past three (3) years, and there are none intended.
- Additional information may be provided upon request.

REDACTED COMPANY NAME

REDACTED MEMBER 1 NAME AND  
SIGNATURE

**BAFO AS PRESENTED TO EVALUATION COMMITTEE WITH PRICING & FINANCIAL**  
**INFO. ON 6/22/21 - REDACTED ER**

# TAB 2 - Price and Financial Data (REDACTED)

## Table of Contents

TAB 2 - Price and Financial Data (REDACTED)..... 1  
Cost Data (REDACTED)..... 2  
Financial Information (REDACTED)..... 5

### Abbreviations Used Throughout This Document

- REDACTED
- MDHS = Mississippi Department of Human Services
- RFP = Request for Proposal

## Cost Data (REDACTED)

The table below outlines the estimated cost of the services as directed in Section 4.1.6 of the RFP (p12).

PROJECT TASKS	TOTAL COSTS
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$95,500
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$45,500
Final report drafted and published	\$4,500
<b>TOTAL COST OF PROJECT:</b>	<b>\$149,500</b>

### Budget Details

The engagement costs of the proposal are outlined in the below table based on the proposed work plan and timeline, as well as the associated fees for travel and participant incentive fees.

#### Proposed Budget

The following table outlines the proposed cost of the timeline and work plan based on the project team hourly work toward phases outlined, as well as the associated participant collection fees needed for the older adults and provider surveys. This table may be modified upon the completion of Phase 1 for potential change in scope of work needed. This table does not contain costs for additional subject matter experts, travel, or expenses, should they be identified and approved during the project.

There may be some recommendation changes that can decrease the overall budget across the two surveys if needed. For example

- reducing the overall survey length to increase response rate and participant fees
- recalculating the sampling calculations to potential reduce the 3000 total sample size for older adults survey and ~1000 total provider surveys (distributed across the 10 AAAs)
- develop processes and materials across the two surveys in order to create time efficiencies, such as the report template
- process documentation and materials will also streamline cost from year to year because the same code and templates can be utilized with minor modifications to survey questions

REDACTED COMPANY NAME offers the option with this proposal for up to three (3) renewals, as the survey schedule is determined (i.e., annually, every other year. Once the survey and sample sizes are determined in year one (2021) and if MDHS continues with the same sampling frame and surveys approved, REDACTED COMPANY NAME can offer between a 25%-40% cost savings from the initial survey year as the process and reporting will be replicated. See renewal year costs in the table below.

#### Hourly Rates and Potential Costs

The budget table below presents the costs associated with consulting services which are billed in ¼ hour increments. REDACTED COMPANY NAME uses a blended hourly rate for the proposed workplan of \$70 per hour for the project team members. Due to the contractual nature of the consulting relationship, an hourly rate is set based on the project terms set forth in the Consulting Agreement. Billable blended hourly rates are calculated based on salary, fringes, benefits, and operating expenses as standard to the industry with our government/nonprofit entity discount of 15% already applied.

Software, instruments, and licenses needed for this project are owned and operated by REDACTED COMPANY NAME.

Phase and Major Components	Initial Collection	Renewal Collections
<b>Phase 1: Planning &amp; Review</b>		
Stakeholder planning meetings	\$2,500	\$1,500
Quantitative design & protocols with process documentation	\$13,500	\$7,000
Existing data review, other state assessments analysis plans	\$10,500	\$4,000
Spanish translation	\$1,500	\$500
<b>Phase 2: Data Collection (3000 older adults, 1000 providers)</b>		
Online survey setup & testing, maintenance, hosting	\$6,000	\$3,500
Participant incentives	\$6,000	\$6,000
Quantitative data collection and validation checks, reminders, and process documentation (expecting 70% online, 30% phone)	\$57,500	\$47,500
<b>Phase 3: Data Prep, Analysis, &amp; Results</b>		
Quantitative data prep, coding with process documentation	\$13,500	\$8,000
Prior data sources & analysis (longitudinal if possible)	\$7,000	\$4,000
Analysis & Results with process documentation	\$16,000	\$9,500
<b>Phase 4: Findings &amp; Report</b>		
Branded report with process documentation (draft & final)	\$12,000	\$8,000
In-person meeting to review draft report (2 members)	\$1,500	\$1,500
Estimated travel costs (From Dallas)	\$2,000	\$2,000
<b>Total</b>	<b>\$149,500</b>	<b>\$103,000</b>

Due to the simplicity of the survey and branding needs, a HIPAA compliant online survey software tool (Qualtrics) will be utilized to optimize budget resources. If a custom survey is preferred by MDHS an additional \$40,000 in the initial year and \$15,000 in each renewal year will be added to the annual cost.

\* Each additional 1000 respondents with same 70%/30% split = \$15,000

#### Billing Structure

REDACTED COMPANY NAME does not require an advanced payment in order to begin contracted work. A purchase order issued to REDACTED COMPANY NAME will initiate the work outlined in this proposal.

Payments and/or disbursements are proposed as follows:

- Disbursement 1: Hours invoiced in Phase 1 upon completion.
- Disbursement 2: 50% of hours & participant fees invoiced upon data collection start.
- Disbursement 2: Remaining 50% hours & participant fees invoiced in Phase 2 upon completion.
- Disbursement 3: Hours invoiced in Phase 3 upon completion.
- Disbursement 4: Hours invoiced in Phase 4 upon completion.

- Communication and meetings are included in all disbursements.

Payment of invoiced hours will be net 45, with a 10-day dispute process based on the work activities and outlined in the contract. If the timeline is extended an updated invoice structure will be updated, outlined, and approved by all parties to this proposal. If the proposed work plan and engagement changes, this disbursement plan may be updated in reflection of those changes.

## Expense Reimbursement

Please note, due to Covid-19 guidelines and travel restrictions, this methodology assumes a series of *virtual meetings*, however in-person meetings are possible and noted for the report presentation in Phase 4. Travel time is billed at 75% of the blended hourly rate for travel time between project team member's residence/office and destination.

Any travel must be pre-approved by the MDHS Project Manager before the cost is incurred. Any claim for travel reimbursement by Contractor shall be submitted in accordance with the rules prescribed in the State Travel Allowance Guide. Airfare will be reimbursed at the actual cost of the airfare, not to exceed the cost of the lowest priced airfare available. Under no circumstances will MDHS reimburse Contractor for first-class airfare.

## Dependency Clause

The respondent will use reasonable effort to provide the services outlined in this proposal provided that the service recipient relays clear and reasonable requests for service, and that when request changes occur they are documented and scope is adjusted for timeline, resources, or deliverables. Obligations to perform any services are outlined in separate contractual documentation and are not part of this proposal. MDHS acknowledges that some of the services outlined in this proposal require instructions, data, information and access from MDHS or third parties, or are dependent in whole or in part of completion of prior acts by the Service Recipient, if those pre- or post-requisites are not provided REDACTED COMPANY NAME will not be liable for breach of the representations, warranties or covenants made under this proposal or the life of the contract due to these outlined dependencies.

## Financial Information (REDACTED)

REDACTED COMPANY NAME is not a tax-exempt organization. Below is a copy of the operating agreement and the last two year's financial statement Form 1065 provided from the external accountant.

### Current Operating Agreement

## **OPERATING AGREEMENT OF**

REDACTED COMPANY NAME

### **Article I - Organization**

#### **Section A - Formation and Qualification**

The members have formed a Limited-Liability Company (the "Company") in the state of REDACTED by filing Articles of Organization with the Secretary of State.

#### **Section B - Name**

The name of the Company shall be REDACTED COMPANY NAME. The business of the Company may be conducted under that name or, in compliance with applicable laws, any other name that the Company deems appropriate.

#### **Section C - Principle Office**

The principal office of the Company shall be at such place or places of business within or without the state of [REDACTED] as the Company may determine.

#### **Section D - Governing Law**

This Agreement shall be governed by and interpreted in accordance with the laws of the state of [REDACTED]. The rights and liabilities of the Members shall be determined pursuant to the laws of the state of REDACTED and this Agreement. To the extent that any provision of this Agreement is inconsistent with the law, this Agreement shall govern to the extent permitted by law.

#### **Section E - Term**

The term of the Company commenced on the filing of the Articles of Organization and shall be perpetual.

#### **Section F - Registered Agent & Office**

The Company shall continuously maintain a registered agent in the state of REDACTED as required by law. The registered agent and office of the Company shall be as stated in the Articles of Organization or any amendment thereof. The registered agent and/or office may be changed from time to time by a resolution of the Members of the Company.

#### **Section G - Purpose of the Company**

The purpose of the Company is to engage in all lawful activities, including, but not limited to the following: research and statistical consulting.

### **Article II – Membership Interests**

#### **Section A –Members of the Company**

The Members of the Company are the Members who are identified in Exhibit A (attached).

#### **Section B - Percentage of Ownership**

A member's ownership of the Company is the total of his Voting Shares and Nonvoting Shares, together with all of the rights that arise from the ownership of such shares. The Percentage of Ownership ("Ownership Percentage") shall be calculated by adding together that Member's membership shares (Voting and Nonvoting) and then dividing this sum by the total of all of the Member's membership shares (Voting and Nonvoting).

The initial Ownership, Percentage Ownership and Percentage Voting Interests in the Company of each Member are identified in Exhibit A.

### **Section C - Membership Classifications**

The Company shall issue Class A Voting Membership Shares ("Voting Shares") to the members who vote (the "Voting Members"). The Voting Members shall have the right to vote on all company matters, as outlined in this Agreement.

The Company may issue Class B Nonvoting Membership Shares ("Nonvoting Shares"). Nonvoting shares hold no voting rights whatsoever, and members who only own Nonvoting Shares will have no right to vote on any matters. Members may hold both Voting Shares and Nonvoting Shares.

### **Section D - Management by Members**

The Primary Member shall manage the Company. In her capacity as Manager, she shall have the right to make decisions and vote upon all matters as specified in this Agreement, in proportion to their respective Ownership Percentage of the Company. Voting Members need not identify whether or not they are acting as a Member or a Manager when they take action.

Nonvoting Members have no right to participate in the management of the Company, nor vote on any matters of the Company. No Nonvoting Member shall take any action or enter into any contract or obligation on behalf of the Company without the prior written consent of all of the Voting Members. Likewise, no Nonvoting Member shall perform any act that is in any way pertaining to the Company or its assets.

### **Section E - New Members**

The Voting Members may issue additional Voting Capital or Nonvoting Capital and thereby admit a new Member or Members, as the case may be, to the Company, only if such new Member (a) is approved unanimously by the Voting Members; (b) delivers to the Company his required capital contribution and (c) agrees in writing to be bound by the terms of this Agreement by becoming a party hereto.

Upon the admission of a new Member to the Company, the capital accounts of all Members, and the calculations that are based on the capital accounts, shall be adjusted appropriately.

### **Section F - Capital Accounts**

A separate capital account shall be maintained for each Member. The capital account of each Member shall be increased by (a) the amount of money contributed to the Company by the Member, (b) the fair market value of any property contributed to the Company by the Member, (c) allocations of profit to the Member, (d) The Member's share of the increase in the tax basis of

Company property, if any, arising out of the recapture of any tax credit, and (e) Allocations of income or gain to the Member, as provided under this Agreement.

The capital account of each Member shall be reduced by (a) the amount of any cash and the fair market value of any property distributed to the Member by the Company (net of liabilities, secured by such distributed property that such Member is assumed to take), (b) the amount of expenses or loss allocated to the Member and (c) the Member's share of the decrease in the basis of the Company's property arising from the allowance of a tax credit.

### **Section G - Liability of Members**

No Member shall be personally responsible for any debts, liabilities or obligations of the Company solely by reason of being a Member. All debts, obligations and liabilities of the Company, whether by contract or not, shall belong solely to the Company.

### **Section H - Transfer and Assignment of Interests**

A Member may not sell, assign, transfer or otherwise dispose of all or part of his Membership Interest in the Company without first making a written offer to sell such Membership Interests to



the other Members or the Company at a mutually agreed upon price. If the Company or such other Members decline the purchase of the Membership Interest within thirty (30) days, and the sale or assignment is made and the Members fail to approve this sale or assignment unanimously then, the purchaser or assignee shall have no right to vote nor participate in the management of the business or other affairs of the Company. The purchaser or assignee shall only be entitled to receive the share of the profits or other compensation by way of income and the return of contributions to which that Member would otherwise be entitled.

In the event of a Member's bankruptcy or other involuntary transfer of interest, such as a creditor obtaining a lien or a charging order against a Member's interest, this act shall constitute a material breach of this Agreement by such Member. The creditor or claimant shall only be considered an Assignee and shall have no right to become a Member or have rights to participate in the affairs of the company nor have the right to participate as a Member or Manager in any regard. Said creditor or claimant shall only be entitled to receive the share of profit and losses, or the return of capital, to which the Member would otherwise have been entitled.

In the event of a charging order, bankruptcy, lien or other involuntary transfer, the Members may unanimously elect that the Company purchase all or any part of the membership shares that are in question. The price shall be equal to one-half (1/2) of the fair market value of such shares. Written notice of such purchase shall be provided to the creditor or claimant within sixty (60) days.

## **Article III - Allocations and Profit Distributions**

### **Section A - Allocations of Profits and Losses**

The profits and losses of the Company shall be allocated to the Members in proportion with their individual ownership percentages. Should the Company wish to make special allocations, they must comply with Section 704 of the Internal Revenue Code and the corresponding regulations.

### **Section B – Distributions**

Subject to applicable law and limitations elsewhere in this Agreement, the members may elect, to make a distribution of assets at any time that would not be prohibited under by law or under this Agreement. The amount and timing of all distributions of cash, or other assets, shall be determined by a unanimous vote of the Voting Members. All such Distributions shall be made to those Members who, according to the books and records of the Company, were the holders of record of Membership Interests on the date of Distribution.

The Voting Members may base a determination that a distribution of cash may be made on a balance sheet, profit and loss statement, cash flow statement of the Company or other relevant information. Neither the Company nor any Members shall be liable for the making of any Distributions in accordance with the provisions of this section.

No Member has the right to demand and receive any distribution from the Company in any form other than money. No Member may be compelled to accept from the Company a distribution of any asset in kind in lieu of a proportionate distribution of money being made to other Members except on the dissolution and winding up of the Company.

## **Article IV - Meetings & Voting**

### **Section A - Notice of Meetings**

If any action on the part of the Members is to be proposed at the meeting, then written notice of the meeting must be provided to each Member entitled to vote not less than ten (10) days or more than sixty (60) days prior to the meeting. Notice may be given in person, by fax, by first class mail, or by any other written communication, charges prepaid, at the Members' address listed in Exhibit A, attached. The notice shall contain the date, time and place of the meeting and a statement of the general nature of this business to be transacted there.

### **Section B – Meetings**

The Company shall have no predetermined annual or regular meetings of the Members. However, any Member or Members with a collective ownership percentage of 20% or more may call a meeting of the Members at any time.

No action may be taken at a meeting that was not proposed in the notice of the meeting, unless all Voting Members consent unanimously.

Any meeting may be adjourned upon the vote, and subsequent approval, of the majority of the Membership Interests represented at the meeting.

### **Section C - Quorum**

Members holding at least fifty-one percent (51%) of the Voting Membership Interests in the Company represented in person, by telephone, or by proxy, shall constitute a quorum at any meeting of Voting Members. In the absence of a quorum at any such meeting, the Voting Members may adjourn the meeting for a period not to exceed sixty days.

### **Section D – Voting**

Except as expressly set forth elsewhere in this Agreement or otherwise required by law, all actions requiring the vote of the Members may be authorized upon the vote of those Members collectively holding a majority of the Membership Interests in the Company. The following actions require the unanimous vote of all Members, who are not the transferors of a Membership Interest:

- (i) Making an Amendment to the Articles of Organization or this Agreement;
- (ii) Absolving any Member from the obligation of making a capital contribution or returning money or property that was distributed to such Member in violation of law or this Agreement;
- (iii) Approving the sale, transfer, assignment or exchange of a Member's Interest in the Company and the admission of the transferee as a Member with full rights therein;
- (iv) Purchasing, by the Company or its nominee, the Membership Interest of a transferor Member.

### **Section E – Proxies**

Proxies are only valid when signed by the Member entitled to the vote and must be filed with the secretary of the meeting prior to the commencement of voting on the matter in which the proxy is being elected to vote upon. Proxies shall become invalid after 11 months from the date of its execution unless otherwise stated in the proxy. Additionally, the proxy may be terminated at-will by the voting member. The termination of such proxy must be submitted to the Company prior to the termination being effective.

## **Article V - Management & Duties**

### **Section A – Election and Appointment**

The Company shall be managed by one or more appointed Managers. The name and address of the Managers of the Company can be found in Exhibit B, attached. The Members, by a majority vote, shall elect and appoint as many Managers as the Members determine shall be in the best interest of the Company, though no less than one.

One manager shall be elected to take the position of Chief Operating Manager. The Chief Operating Manager shall be held responsible for managing the operations of the Company and shall carry out the decisions of the Managers.

Members shall serve until they resign or their successors are duly elected and appointed by the Members.

### **Section B - Delegation of Powers**

The Managers are authorized on the Company's behalf to bind the Company to contracts and obligations, and to do or cause all acts to be done deemed necessary or appropriate to carry out or further the business of the Company. All decisions and actions of the Managers shall be made by majority vote of the Managers as provided in this Agreement. The managers have in their power to authorize or decide the following:

- (i) The employment of persons or institutions for the operation and management of the company affairs.
- (ii) Execute all checks, drafts and money orders for the payment of company funds.
- (iii) Deliver and execute promissory notes, loans or security agreements.
- (iv) The purchase or acquisition of company assets.
- (v) The sale, lease or other disposition of company assets.
- (vi) Granting security interests in the company assets in exchange for capital.
- (vii) The pre-payment or refinancing of any loan secured by the company assets.
- (viii) Execute and deliver all contracts, franchise agreements, licensing agreements, assignments, leases, and subleases which affect the company assets.

### **Section C – Compensation**

Any Manager whom renders services to the Company shall be entitled to compensation in direct proportion to the value of such services. Additionally, the Company shall reimburse all direct out-of-pocket expenses incurred by the Managers while managing the Company.

### **Section D – Indemnification**

Unless otherwise provided by law or expressly assumed, a person who is a Member or Manager, or both, shall not be liable for the acts, debts, or liabilities of the Company, except to the extent any related loss results from fraud, gross negligence or willful or wanton misconduct on the part of such Member or the material breach of any obligation under this Agreement or of the fiduciary duties owed to the Company or the other Members by such Member.

In addition, the Company shall, to the fullest extent allowed by law, indemnify, save and hold harmless and pay all judgments and claims against the Members, and each of such Member's agents, legal representatives, heirs, affiliates, successors and/or assigns from, against, an in respect of any and all liability, loss, damage, and expense incurred or sustained by the indemnified party in connection with the activities of the Company or in dealing with third parties on behalf of the Company, including all costs and attorney's fees, as incurred, and any amounts expended in the settlement of any claims of liability, loss, or damage to the fullest extent allowed by law.

## **Article VI - Miscellaneous**

### **Section A – Books and Records**

The Members shall maintain at the Company's principle place of business the following books and records: a current list of the full name and last known business or residence address of each Member, together with their capital contribution and membership interest; a copy of the Articles and all amendments thereto; copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six (6) most recent taxable years and a copy of this Agreement and any amendments to it.

### **Section B - Financial Records and Reporting**

The complete and accurate accounting and financial records of the Company shall be held by the Managers at the Company's principal place of business. Such records shall be kept on such method of accounting as the Managers shall select. The Company's accounting period shall be the calendar year.

The Managers shall close the accounting records at the close of each calendar year, and shall prepare and send to each member a statement of such Member's distributive share of income and expense – in the form of a Schedule K-1 - for income tax reporting purposes.

### Section C - Indemnification Clause

The Company shall indemnify any person, to the fullest extent permitted by law, who is a party defendant or is threatened to be made a party defendant, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that he is or was a Member of the Company, Manager, employee or agent of the Company, or is or was serving at the request of the Company, so long as the person did not behave in violation of law or this Agreement, for instant expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding.

### Section D - Dispute Resolution

The Members agree that in the event of any dispute or disagreement solely between or among any of them arising out of, relating to or in connection with this Agreement or the Company or its organization, formation, business or management, the Members shall use their best efforts to resolve any dispute arising out of or in connection with this Agreement by good-faith negotiation and mutual agreement. The Members shall meet at a mutually convenient time and place to attempt to resolve any such dispute.

However, in the event that a member dispute cannot be resolved, such parties shall first attempt to settle such dispute through a non-binding mediation proceeding. In the event any party to such mediation proceeding is not satisfied with the results thereof, then any unresolved disputes shall be finally settled in accordance with an arbitration proceeding. In no event shall the results of any mediation proceeding be admissible in any arbitration or judicial proceeding.

### Section E – Dissolution

Should a dissolution event occur, the Company shall be dissolved, its assets disposed of and its affairs wound up. The following events constitute "Dissolution Events": (i) at any time as specified in the Articles of Organization or this Agreement, (ii) upon the happening of a specific event as specified in the Articles of Organization or elsewhere in this Agreement, (iii) upon the unanimous consent of all members, (iv) upon the withdrawal, bankruptcy, expulsion, death or dissolution of a Member, unless within ninety (90) days after the date of disassociation, a majority of the remaining Members consent to continue the business operations.

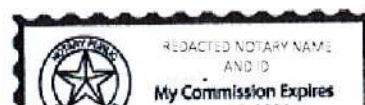
REDACTED MEMBER 1 NAME AND  
SIGNATURE

\_\_\_\_\_  
5/1/17  
DATE

REDACTED MEMBER 2 NAME AND SIGNATURE

\_\_\_\_\_  
5/1/17  
DATE

Run 5/1/2017  
adding to



### Form 1065 Return Summary

For calendar year 2020, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

REDACTED COMPANY NAME \_\_\_\_\_ REDACTED COMPANY EIN \_\_\_\_\_

**Ordinary Business Income (Loss)**

Total income	729,966
Total deductions	( 652,023 )
<b>Ordinary Business Income (Loss)</b>	<u><u>77,943</u></u>

**Tax and Payment**

Total balance due	( _____ )
Payments	( _____ )
<b>Amount owed</b>	( _____ )
<b>Overpayment</b>	( _____ )

**Analysis of Net Income (Loss), Line 1**

Ordinary business income (loss)	77,943
Net rental real estate income (loss)	
Other net rental income (loss)	
Guaranteed payments	
Interest income	
Dividends	
Royalties	
Net short-term capital gain (loss)	
Net long-term capital gain (loss)	
Net section 1231 gain (loss)	
Other income (loss)	
Section 179 deduction	( _____ )
Contributions	( _____ )
Investment interest expense	( _____ )
Section 50(e)(2) expenditures	( _____ )
Other deductions	( _____ )
Total foreign taxes paid / accrued	( _____ )
<b>Analysis of Net Income (Loss), Line 1</b>	<u><u>77,943</u></u>

**Form 8804 - Foreign Partner Withholding**

Total number of foreign partners	
Effectively connected taxable income	
<b>Total withholding tax</b>	
Payments	( _____ )
Estimated tax penalty	
Overpayment allocated to partners	
<b>Withholding Tax Due (Overpaid)</b>	<u><u>0</u></u>

		Beginning of Year	End of Year
<b>Analysis of Net Income (Loss)</b>	<b>Schedule L</b>		
Analysis, line 1	Assets	37,962	108,638
Analysis, line 2	Liabilities	227,652	30,055
Difference	Capital	-189,690	78,583
	Liabilities and capital	<u>37,962</u>	<u>108,638</u>
	Difference	<u>0</u>	<u>0</u>
<b>Analysis of Net Income (Loss) and M-1/M-3 Reconciliation</b>	<b>Partners' Capital</b>	<b>Schedule M-2</b>	<b>Schedule K-1</b>
Analysis, line 1	Beginning balance	-189,690	-189,690
Schedule M-1, line 9	Contributions	145,000	145,000
Schedule M-3, page 2, line 26(d)	Current year income (loss)	123,273	123,273
Difference	Other increases (decreases)		
	Distributions	( 0 )	( 0 )
	Ending balance	<u>78,583</u>	<u>78,583</u>

Form **1065**

Department of the Treasury  
Internal Revenue Service

**U.S. Return of Partnership Income**

For calendar year 2020, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

OMB No. 1545-0123

**2020**

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

<b>A</b> Principal business activity <b>SERVICE</b>	<b>Type or Print</b>	Name of partnership <b>REDACTED COMPANY NAME</b>	<b>D</b> Employer identification number <b>REDACTED COMPANY EIN</b>
<b>B</b> Principal product or service <b>CONSULTING</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>REDACTED COMPANY ADDRESS</b>	<b>E</b> Date business started <b>05/03/2004</b>
<b>C</b> Business code number <b>541600</b>			<b>F</b> Total assets (see instructions) <b>\$ 108,638</b>

**G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return

**H** Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**

**J** Check if Schedules C and M-3 are attached ▶

**K** Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

**Caution:** Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>	<b>729,966</b>	
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a			<b>1c</b> <b>729,966</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b> <b>729,966</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>
<b>7</b> Other income (loss) (attach statement)			<b>7</b>	
<b>8</b> Total income (loss). Combine lines 3 through 7			<b>8</b> <b>729,966</b>	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9</b> <b>457,872</b>
	<b>10</b> Guaranteed payments to partners			<b>10</b>
	<b>11</b> Repairs and maintenance			<b>11</b> <b>14,916</b>
	<b>12</b> Bad debts			<b>12</b>
	<b>13</b> Rent			<b>13</b> <b>54,023</b>
	<b>14</b> Taxes and licenses			<b>14</b> <b>35,252</b>
	<b>15</b> Interest (see instructions)			<b>15</b>
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>	<b>3,000</b>	
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return	<b>16b</b>		<b>16c</b> <b>3,000</b>
	<b>17</b> Depletion (Do not deduct oil and gas depletion.)			<b>17</b>
<b>18</b> Retirement plans, etc.			<b>18</b>	
<b>19</b> Employee benefit programs			<b>19</b> <b>1,056</b>	
<b>20</b> Other deductions (attach statement) <b>SEE STATEMENT 1</b>			<b>20</b> <b>85,904</b>	
<b>21</b> Total deductions. Add the amounts shown in the far right column for lines 9 through 20			<b>21</b> <b>652,023</b>	
<b>22</b> Ordinary business income (loss). Subtract line 21 from line 8			<b>22</b> <b>77,943</b>	
<b>Tax and Payment</b>	<b>23</b> Interest due under the look-back method—completed long-term contracts (attach Form 8867)			<b>23</b>
	<b>24</b> Interest due under the look-back method—income forecast method (attach Form 8868)			<b>24</b>
	<b>25</b> BBA AAR imputed underpayment (see instructions)			<b>25</b>
	<b>26</b> Other taxes (see instructions)			<b>26</b>
	<b>27</b> Total balance due. Add lines 23 through 26			<b>27</b>
	<b>28</b> Payment (see instructions)			<b>28</b>
	<b>29</b> Amount owed. If line 28 is smaller than line 27, enter amount owed			<b>29</b>
	<b>30</b> Overpayment. If line 28 is larger than line 27, enter overpayment			<b>30</b>

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

**Paid Preparer Use Only**

Print/preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check   PTIN \_\_\_\_\_

**REDACTED ACCOUNTANT INFORMATION**

## Form 1065 Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

REDACTED COMPANY NAME \_\_\_\_\_ REDACTED COMPANY EIN \_\_\_\_\_

**Ordinary Business Income (Loss)**

Total income	377,327
Total deductions	( 354,664 )
<b>Ordinary Business Income (Loss)</b>	<u><u>22,663</u></u>

**Tax and Payment**

Total balance due	
Payments	( _____ )
<b>Amount owed</b>	
<b>Overpayment</b>	

**Analysis of Net Income (Loss), Line 1**

Ordinary business income (loss)	22,663
Net rental real estate income (loss)	
Other net rental income (loss)	
Guaranteed payments	
Interest income	
Dividends	
Royalties	
Net short-term capital gain (loss)	
Net long-term capital gain (loss)	
Net section 1231 gain (loss)	
Other income (loss)	
Section 179 deduction	( _____ )
Contributions	( _____ )
Investment interest expense	( _____ )
Section 50(e)(2) expenditures	( _____ )
Other deductions	( _____ )
Total foreign taxes paid / accrued	( _____ )
<b>Analysis of Net Income (Loss), Line 1</b>	<u><u>22,663</u></u>

**Form 8804 - Foreign Partner Withholding**

Total number of foreign partners	
Effectively connected taxable income	
<b>Total withholding tax</b>	
Payments	( _____ )
Estimated tax penalty	
Overpayment allocated to partners	
<b>Withholding Tax Due (Overpaid)</b>	<u><u>0</u></u>

		Beginning of Year	End of Year
<b>Analysis of Net Income (Loss)</b>			
Analysis, line 1	22,663	35,727	37,962
Analysis, line 2	22,663	245,749	227,652
Difference	<u><u>0</u></u>	-210,022	-189,690
		<u>35,727</u>	<u>37,962</u>
		<u><u>0</u></u>	<u><u>0</u></u>
<b>Analysis of Net Income (Loss) and M-1/M-3 Reconciliation</b>			
Analysis, line 1	22,663	-210,022	-210,022
Schedule M-1, line 9	22,663	0	0
Schedule M-3, page 2, line 20(d)		20,332	20,332
Difference	<u><u>0</u></u>	( 0 )	( 0 )
		<u>-189,690</u>	<u>-189,690</u>

Form **1065**

Department of the Treasury  
Internal Revenue Service

**U.S. Return of Partnership Income**

For calendar year 2019, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

OMB No. 1545-0023

**2019**

<b>A</b> Principal business activity <b>SERVICE</b>	<b>Type or Print</b>	Name of partnership REDACTED COMPANY NAME	<b>D</b> Employer identification number REDACTED COMPANY EIN
<b>B</b> Principal product or service <b>CONSULTING</b>		Number, street, and room or suite no. If a P.O. box, see the instructions. REDACTED COMPANY ADDRESS	<b>E</b> Date business started 05/03/2004
<b>C</b> Business code number 541600			<b>F</b> Total assets (see instructions) \$ 37,962

**G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return

**H** Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**

**J** Check if Schedules C and M-3 are attached ▶

**K** Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

**Caution:** Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>	377,327	
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a			<b>1c</b> 377,327
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b> 377,327
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>
<b>7</b> Other income (loss) (attach statement)			<b>7</b>	
<b>8</b> Total income (loss). Combine lines 3 through 7			<b>8</b> 377,327	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9</b> 227,035
	<b>10</b> Guaranteed payments to partners			<b>10</b>
	<b>11</b> Repairs and maintenance			<b>11</b>
	<b>12</b> Bad debts			<b>12</b>
	<b>13</b> Rent			<b>13</b> 37,146
	<b>14</b> Taxes and licenses			<b>14</b> 18,429
	<b>15</b> Interest (see instructions)			<b>15</b>
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>	56	
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return	<b>16b</b>		<b>16c</b> 56
	<b>17</b> Depletion (Do not deduct oil and gas depletion.)			<b>17</b>
	<b>18</b> Retirement plans, etc.			<b>18</b>
<b>19</b> Employee benefit programs			<b>19</b> 1,603	
<b>20</b> Other deductions (attach statement)		SEE STATEMENT 1	<b>20</b> 70,395	
<b>21</b> Total deductions. Add the amounts shown in the far right column for lines 9 through 20			<b>21</b> 354,664	
<b>22</b> Ordinary business income (loss). Subtract line 21 from line 8			<b>22</b> 22,663	
<b>Tax and Payment</b>	<b>23</b> Interest due under the look-back method—completed long-term contracts (attach Form 8897)			<b>23</b>
	<b>24</b> Interest due under the look-back method—income forecast method (attach Form 8888)			<b>24</b>
	<b>25</b> BBA AAR imputed underpayment (see instructions)			<b>25</b>
	<b>26</b> Other taxes (see instructions)			<b>26</b>
	<b>27</b> Total balance due. Add lines 23 through 26			<b>27</b>
	<b>28</b> Payment (see instructions)			<b>28</b>
	<b>29</b> Amount owed. If line 28 is smaller than line 27, enter amount owed			<b>29</b>
	<b>30</b> Overpayment. If line 28 is larger than line 27, enter overpayment			<b>30</b>

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Check  if PTN

REDACTED ACCOUNTANT INFORMATION



[Overview](#) / Account: REDACTED COMPANY NAME

Checking | [See full account number >](#)

REDACTED COMPANY NAME

**\$199,399.72**

Available balance

\$199,399.72

Present balance

\$0.00  
Available credit

\$199,399.72  
Available plus credit


[Statements](#)

[Paperless](#)

[Transfer money](#)

[More...](#)

Uncollected funds

Total \$0.00 

7:00 PM  
6/9/2021

Signed Statement of Confirmations

- REDACTED COMPANY NAME is not substantially or wholly owned by another corporate entity.
- They have never filed for bankruptcy.
- There have been no company restructurings, mergers, or acquisitions over the past three (3) years, and there are none intended.
- Additional information may be provided upon request.

REDACTED COMPANY NAME

REDACTED MEMBER 1 NAME AND  
SIGNATURE

**REQUEST FOR PROPOSALS (RFP) NO.: 20210511 DAAS Needs Assessment  
RFx Number(s): 3180001360 / 3120002223**

**Request for Best and Final Offer**

The Mississippi Department of Human Services (MDHS) is hereby requesting Respondents to submit a Best and Final Offer (BAFO) in accordance with Request for Proposals (RFP) No. 20210511 DAAS Needs Assessment, Section 4.3.A.7), **Cost Data**.

In order to be considered responsive to this request, Respondents shall submit this form, fully executed, along with a revised budget utilizing the format in Section 4.1.6. of the RFP that is signed by an authorized official of your company. Revised documentation supporting the BAFO shall also accompany the BAFO submission.

Please submit your BAFO to DHS on or before **2:00 PM CT, Monday, June 21, 2021** via email transmission to [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov).

Any requirements, terms or conditions not expressly referred to in the request shall remain in full force and effect. If Respondent does not submit a revised budget, their immediate previous offer may be construed as their best and final offer.

This BAFO request does not confirm your company's proposal has been deemed responsive and/or responsible.

**NOTE: Failure to sign this BAFO Request and submit a Revised Budget may cause your company's proposal to be rejected as non-responsive.**

The below signature of your company's authorized official serves as confirmation that the BAFO and BAFO supporting documentation submitted in response to this request represents and reflects your organization's costs to provide the services as requested in RFP No. 20210511 DAAS Needs Assessment.

[Redacted Signature]  
**Name of Company**

[Redacted Signature]

06/21/21

Date

**REQUEST FOR PROPOSALS (RFP) NO.: 20210511 DAAS Needs Assessment**  
**Rfx Number(s): 3180001360 / 3120002223**

**Request for Best and Final Offer**

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Any requirements, terms or conditions not expressly referred to in the request shall remain in full force and effect. If Respondent does not submit a revised budget, their immediate previous offer may be construed as their best and final offer.

This BAFO request does not confirm your company's proposal has been deemed responsive and/or responsible.

**NOTE: Failure to sign this BAFO Request and submit a Revised Budget may cause your company's proposal to be rejected as non-responsive.**

The below signature of your company's authorized official serves as confirmation that the BAFO and BAFO supporting documentation submitted in response to this request represents and reflects your organization's costs to provide the services as requested in RFP No. 20210511 DAAS Needs Assessment.

Parham Group  
Name of Company

William Parham  
Signature (Authorized Official)

6/17/21  
Date

RFP No. 20210511: DAAS Needs Assessment

Request for Best and Final Offer

Below is Parham Group's best and final offer. It is the same as originally submitted.

**COST DATA**

<b>PROJECT TASKS</b>	<b>TOTAL COST</b>	<b>EXPLANATION</b>
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$46,500	Includes cost for retaining and training surveyors, purchasing and/or adapting equipment and programs, completion of approximately 3,000+ successful surveys, and support, oversight, and management of survey implementation and data collection and recording
Analysis and initial report drafting for MDHS/DASS review of draft report	\$12,000	Includes cost for capturing and organizing the raw data, analysis by Dr. Choi, utilization of the analysis to draft a preliminary report, and review of preliminary report with DAAS
Final report drafted and published	\$5,000	Includes cost for review of analysis, incorporating DAAS suggested modifications, finalizing the formatting and presentation, and submission of a final needs assessment report.
<b>TOTAL COST OF PROJECT:</b>	<b>\$63,500</b>	

William D. Parham  
Parham Group, LLC

June 21, 2021

**BAFO AS PRESENTED TO EVALUATION COMMITTEE WITH PRICING & FINANCIAL**  
**INFO. ON 6/22/21 - REDACTED PG**

**REQUEST FOR PROPOSALS (RFP) NO.: 20210511 DAAS Needs Assessment**  
**RFx Number(s): 3180001360 / 3120002223**

**Request for Best and Final Offer**

The Mississippi Department of Human Services (MDHS) is hereby requesting Respondents to submit a Best and Final Offer (BAFO) in accordance with Request for Proposals (RFP) No. 20210511 DAAS Needs Assessment, Section 4.3.A.7), *Cost Data*.

In order to be considered responsive to this request, Respondents shall submit this form, fully executed, along with a revised budget utilizing the format in Section 4.1.6. of the RFP that is signed by an authorized official of your company. Revised documentation supporting the BAFO shall also accompany the BAFO submission.

Please submit your BAFO to DHS on or before **2:00 PM CT, Monday, June 21, 2021** via email transmission to [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov).

Any requirements, terms or conditions not expressly referred to in the request shall remain in full force and effect. If Respondent does not submit a revised budget, their immediate previous offer may be construed as their best and final offer.

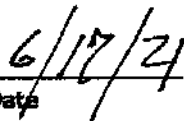
This BAFO request does not confirm your company's proposal has been deemed responsive and/or responsible.

**NOTE: Failure to sign this BAFO Request and submit a Revised Budget may cause your company's proposal to be rejected as non-responsive.**

The below signature of your company's authorized official serves as confirmation that the BAFO and BAFO supporting documentation submitted in response to this request represents and reflects your organization's costs to provide the services as requested in RFP No. 20210511 DAAS Needs Assessment.

  
Name of Company

  
Signature (Authorized Official)

  
Date

RFP No. 20210511: DAAS Needs Assessment

Request for Best and Final Offer

Below is [REDACTED] best and final offer. It is the same as originally submitted.

**COST DATA**

<b>PROJECT TASKS</b>	<b>TOTAL COST</b>	<b>EXPLANATION</b>
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$46,500	Includes cost for retaining and training surveyors, purchasing and/or adapting equipment and programs, completion of approximately 3,000+ successful surveys, and support, oversight, and management of survey implementation and data collection and recording
Analysis and initial report drafting for MDHS/DASS review of draft report	\$12,000	Includes cost for capturing and organizing the raw data, analysis by [REDACTED] utilization of the analysis to draft a preliminary report, and review of preliminary report with DAAS
Final report drafted and published	\$5,000	Includes cost for review of analysis, incorporating DAAS suggested modifications, finalizing the formatting and presentation, and submission of a final needs assessment report.
<b>TOTAL COST OF PROJECT:</b>	<b>\$63,500</b>	

[REDACTED]

June 21, 2021

## **CLARIFICATIONS**





**REGISTER OF CLARIFICATIONS**

<b>Division of Aging and Adult Services, 2022 Needs Assessment</b> <b>RFP NO. 20210511 DAAS Needs Assessment</b> <b>RFx NO. 3180001360/3120002223</b> <b>June 17, 2021, 5:00 PM CT</b>				
<b>ORGANIZATION NAME</b>	<b>DATE/TIME RECEIVED</b>	<b>CLARIFICATION</b>	<b>METHOD OF SUBMISSION</b>	<b>CLARIFICATION MET</b>
Public Knowledge, LLC	6/17/21 5:37 PM	Attachment A, Attachment D	Email	YES
Elite Research, LLC	6/15/21 5:53 PM	Debarment Form, Active Exclusions	Email	YES
Parham Group, LLC	6/11/21 1:15 PM	Debarment Form, Financial Info	Email	YES
<b>Division of Aging and Adult Services, 2022 Needs Assessment</b> <b>RFP NO. 20210511 DAAS Needs Assessment</b> <b>RFx NO. 3180001360/3120002223</b> <b>June 25, 2021, 3:00 PM CT</b>				
Elite Research, LLC	6/24/21 AM11:19 AM	Section 4.1.7 and 4.3.A.8, additional Financial Information	Email	YES

DocuSigned by:

*Bryan C. Wardlaw*

D4D3EBBD584D45F...

J. Austin

Chief Procurement Officer:

Register prepared by:



## MEMORANDUM

**TO:** RFP No. 20210511 Needs Assessment Procurement File

**FROM:** Bryan C. Wardlaw, Division Director/Chief Procurement Officer  
Division of Procurement Services

**DATE:** July 8, 2021

**RE:** Clarification Request for Public Knowledge

<sup>DS</sup>  
BW

---

Public Knowledge, LLC was sent a clarification request on June 15, 2021, regarding the following:

- Attachment A, Cover Sheet – indicate if this organization is minority or women owned.
- Attachment D, Proposal Exception Form – indicate N/A as required on the form.

The clarification from the respondent was received after 5:00 PM; however, due to the following it was determined to accept the clarifications:

- Attachment A does not require “Not Applicable” if minority or woman owned does not apply. If minority or woman owned does apply, the vendor confirms on the form. The Respondent’s clarification response included “No” for both options which confirms the initial submission with no indication the Respondent is minority or woman owned was completed correctly.
- Attachment D requests Respondent to indicate with N/A on the form if it does not apply. The Respondents initial submission stated the vendor did not have any exceptions; therefore confirming N/A.

Furthermore, approval and acceptance of these clarifications was determined without knowledge of the identity of the Respondent and did not materially impact price, quantity, quality, delivery or contractual conditions.



# 1.1 Attachment A: Proposal Cover Sheet

**ATTACHMENT A  
PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES**

Organization Name: Public Knowledge®

Organization's Physical Address: 600 Airport Rd., Lakewood, NJ, 08701-5995

Organization's Mailing Address: 600 Airport Rd., Lakewood, NJ, 08701-5995

Organization's Principal Place of Business: United States

Organization's Place of Performance of Services (if different): NA

Contact Person's Name: Stacey Obrecht

Contact Person's Title: President

Contact Person's Phone No.: (307) 287-8941

Contact Person's Fax No.: (720) 684-5571

Contact Person's Email Address: sobrecht@pubknow.com

Tax I.D. Number: 91-1439347

DUNS Number: 11-177-6852

Age of business: 34 years      Average number of employees over the past three (3) years: 60

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned     No          Women-Owned     No    

Indicate the underlying philosophy of the firm in providing the services required within this solicitation: We perform independent program evaluations, organizational reviews, readiness assessments, and needs assessments. Our assessments provide an understanding of root causes, strengths, barriers, and a realistic path forward to meet a specific challenge or to begin planning for a specific initiative. Needs assessments and feasibility studies to support alternative comparison are especially useful when your path forward is unclear.



# 6 Acceptance of Conditions

[Ref. RFP § 4.3.A.6]

Acceptance of conditions: Indicate any exceptions to the general terms and conditions of the proposal document and to insurance, bonding, and any other requirements listed. (Attachment D, Exceptions)

We do not have any exception now that Amendment 1 changed the language regarding additional insured status to the Worker’s Compensation policy.

### ATTACHMENT D PROPOSAL EXCEPTION SUMMARY FORM

List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below.

Indicate “N/A”, if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent’s intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

RFP Reference	Respondent Proposal Reference	Brief Explanation of Exception	MDHS Acceptance (sign here only if accepted)
(Reference specific outline point to which exception is taken)	(Page, section, items in respondent’s proposal where exception is explained)	(Short description of exception being made)	
1. NA			
2			
3			
4			
5			
6			
7			

Signature of Authorized Official/ Title

June 8, 2021

Date

**ATTACHMENT B  
DEBARMENT VERIFICATION FORM**

Subgrantee's/Contractor's Name	Elite Research, LLC
Authorized Official's Name	Rene Paulson
DUNS Number	010796633
Address	9901 Valley Ranch Parkway E., Suite 2035, Irving, Texas 75063
Phone Number	972-538-1374
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	No

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

**Federal Debarment Certification:**


By signing below, I hereby certify that Elite Research, LLC is not on the list  
*(Subgrantee's Name/Contractor's Name)*  
for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that Elite Research, LLC is not on the list  
*(Subgrantee's Name/Contractor's Name)*  
for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

  
\_\_\_\_\_  
Signature of Authorized Official  
*(No stamped signature)*

06/15/21  
\_\_\_\_\_  
Date

**ATTACHMENT B  
DEBARMENT VERIFICATION FORM**

Subgrantee's/Contractor's Name	Parham Group, LLC
Authorized Official's Name	William D Parham
DUNS Number	049798262
Address	P.O. BOX 1672 JACKSON, MS 39236
Phone Number	601-260-6003
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	NO

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

**Federal Debarment Certification:**

By signing below, I hereby certify that Parham Group, LLC is not on the list  
(Subgrantee's Name/Contractor's Name)  
for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that Parham Group, LLC is not on the list  
(Subgrantee's Name/Contractor's Name)  
for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

  
\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

6/17/21  
Date

CLARIFICATION AS PRESENTED TO EVALUATION COMMITTEE ON 6/23/21. Did not include Attachment B – Debarment Verification Form. ONLY provided typed document which does not include any identifying information. Scored with Pricing and Financial Information - PG

## RFP No. 20210511 DAAS Needs Assessment - Clarification(s)

### Proposer's Responses:

- ATTACHMENT B, Debarment Form - The signed Debarment Form provided in the proposal is not the version of the form in the RFP. Please complete the attached form and return.

See attached and executed Debarment Form

- Section 4.1.7 and 4.3.A.8, Financial Information - Please clarify financial information by providing financial documents from a Certified Public Accountant (CPA).

Because of the structure and nature of the proposing company the information you requested above does not exist. The only financial documentation a certified public accountant could provide would be for my personal tax return that includes the schedule C for this company as well as for three other LLC/partnerships. The CPA could develop a document that uses language similar to that in an audit (followed accepted accounting procedures, no findings/exceptions, that sort of thing) regarding the whole tax return that he prepared. However, he said cannot review the return, create, prepare, execute, and submit a document to you by today at 5:00 pm. This could be a condition of the award if you so choose.

The better solution that I think would allay any concerns and assure financial integrity would be for me to have a CPA perform an audit (at our expense) of all expenditures from this project and submit to you prior to the final payment on the contract. To assure financial ability to implement the project, my banker could confirm a now unencumbered \$50,000 line of credit that we often use when retaining outside personnel. The LOC is then paid off when the grant/contract funds are received.



## **Acknowledgement and General Information for Taxpayers Who File Returns Electronically**

Thank you for taking part in the IRS e-file Program.

Elite Research LLC  
9901 Valley Ranch Pkwy E. Ste 3075  
Irving, TX 75063

- [X] Your 1065 federal income tax return for tax year ending December 31, 2019 is being filed electronically with the IRS by the services of MCCLAIN, SMITH & WENZ, P.C..
- [X] Your return was accepted by the IRS on 03/03/20. The Submission ID number assigned to your return is 38731220200630038335.
- [ ] You elected to pay the balance due on the return using electronic funds withdrawal.
- [ ] Electronic funds withdrawal was not selected. The balance due must be paid by March 16, 2020.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

Elite Research LLC  
1923 Longmeadow Hill Drive  
Irving, TX 75063

- [X] Your 1065 federal income tax return for tax year ending December 31, 2020 is being filed electronically with the IRS by the services of MCCLAIN, SMITH & WENZ, P.C..
- [X] Your return was accepted by the IRS on 06/24/21. The Submission ID number assigned to your return is 38731220211750002278.
- [ ] You elected to pay the balance due on the return using electronic funds withdrawal.
- [ ] Electronic funds withdrawal was not selected. The balance due must be paid by September 15, 2021.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

**CLARIFICATION AS PRESENTED TO EVALUATION COMMITTEE ON 6/24/21. REDACTED AND SCORED WITH PRICING & FINANCIAL INFORMATION. ER**

[REDACTED]  
FYE: 12/31/2019

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.



- Your 1065 federal income tax return for tax year ending December 31, 2019 is being filed electronically with the IRS by the services of MCCLAIN, SMITH & WENZ, P.C..
- Your return was accepted by the IRS on 03/03/20. The Submission ID number assigned to your return is 38731220200630038335.
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[REDACTED]  
FYE: 12/31/2020

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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- [X] Your 1065 federal income tax return for tax year ending December 31, 2020 is being filed electronically with the IRS by the services of MCCLAIN, SMITH & WENZ, P.C..
- [X] Your return was accepted by the IRS on 06/24/21. The Submission ID number assigned to your return is 38731220211750002278.
- [ ] You elected to pay the balance due on the return using electronic funds withdrawal.
- [ ] Electronic funds withdrawal was not selected. The balance due must be paid by September 15, 2021.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

**EVALUATOR FORMS - PPRB/OPSCR FORM PPRB-010**

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**PROCUREMENT COMMITTEE EVALUATOR CERTIFICATION**

**Agency:** Mississippi Department of Human Services

**Solicitation/RFX Number:** RFP No. 20210511 DAAS 2022 Needs Assessment (RFX Number(s): 3180001360 / 3120002223)

**Evaluator Name:** Heike Gutierrez

**Evaluator Job Title:** Fiscal Officer

**Please list the evaluator's educational and/or professional qualifications and/or practical experience:** Bachelors Degree in Accounting, 4 Years with Aging and Adult Services

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I, the undersigned, a member of the Evaluation Committee for RFP No. 20210511 DAAS 2022 Needs Assessment (RFX Number(s): 3180001360 / 3120002223) will perform the evaluation under the guidelines and requirements set forth below:

**1. Professional Conduct**

I have a professional interest in ensuring that the scoring and evaluation of the offeror responses to the above named procurement can be supported and defended, and that the recommendation of the Evaluation Committee will lead to the selection of the submission most advantageous to the State of Mississippi, taking into consideration the evaluation factors set forth in the procurement.

**2. Conflict of Interest**

- a. I hereby affirm that I shall not accept any favor, gratuity, or any other thing of value from any person, firm, corporation, or other entity that has submitted a bid, proposal, or qualification for funding or is on the process of negotiating a contract with the Mississippi Department of Human Services (MDHS). Such favors, gratuities, or things of value shall include, but not be limited to, the seeking of or acceptance of gifts, favors, services, promises of future employment, and/or honorariums, from MDHS suppliers, contractors, regulated enterprises or individuals, interested parties or people seeking to do business with MDHS.
- b. I also agree that I shall disqualify myself from participating in any aspect of the proposed procurement review and/or negotiation process directly or indirectly affecting a business in which I or a member of my immediate family has a financial interest.
- c. I may not participate in the development of bids, proposals, or qualifications in response to this solicitation.



**PROCUREMENT COMMITTEE EVALUATOR CERTIFICATION**

**3. Non-Disclosure of Information**

- a. I understand that offeror responses to the above named procurement will be provided to me upon the receipt of this signed *Procurement Committee Evaluator Certification*. The responses are being shared with me as a member of the Evaluation Committee with the understanding they are confidential and should be treated as such. They are for the sole use of the members of the Evaluation Committee and alternates, as a part of their confidential information. Review of material is intended only for the individuals within the evaluation committee and mentioned with this *Procurement Committee Evaluator Certification*.
- b. I affirm that I shall maintain the strictest level of confidentiality regarding all aspects of the procurement review and/or contract negotiation process. I shall no discuss with any person, or disclose, at any time, to any person, the contents or scoring of bids, proposals, or qualifications, and/or decisions of the evaluation committee throughout the submission, review, protest, and/or contract negotiation process.

I understand and agree to abide by this *Procurement Committee Evaluator Certification* and all applicable policies and laws and further agree to take full responsibility for the copies of all bids, proposals, or qualifications delivered into my care. I will not disclose, or make available the contents therein to competing offerors or persons not involved in the evaluation process.

If I should become aware of any situation, which might arise, that could alter any of the representations above, or that might otherwise create the appearance of a conflict or other impropriety, I will notify the Purchasing Officer immediately.

Pursuant to **House Bill 1109 (Regular Session 2017)**, I certify that:

DS  
HG  
6/15/2021

I have reviewed the conflict of interest standards prescribed herein (no personal, financial, or familial interest in any of the offerors or principals thereof to be evaluated), and that I do not have a conflict of interest with respect to the evaluation of this bid, proposal, or qualification.

DS  
HG  
6/15/2021

I am not engaged in any negotiations or arrangements for prospective employment or association with any of the offerors submitting bids, proposals, or qualifications or their parent or subsidiary organization.

DocuSigned by:  
Heike Gutierrez  
73124FB00EEB43B  
**Member, Evaluation Committee (signature)**

6/14/2021  
**Date**

Heike Gutierrez  
**Member, Evaluation Committee (print)**

DocuSigned by:  
Bryan C. Wardlaw  
D4D3EBBD584D45E  
**Procurement Officer Signature (Witness)** 6/16/2021

6/14/2021  
**Date**





**Division of Aging and Adult Services, 2022 Needs Assessment**  
**RFP NO. 20210511 DAAS Needs Assessment**  
**RFx NO. 3180001360/3120002223**

**List of Respondents**

Qlarant
Parham Group LLC
Public Knowledge, LLC
Elite Research, LLC



Public Procurement Review Board  
Office of Personal Service Contract Review  
Form PPRB-010

**PROCUREMENT COMMITTEE EVALUATOR CERTIFICATION**

**Agency:** Mississippi Department of Human Services

**Solicitation/RFx Number:** RFP No. 20210511 DAAS 2022 Needs Assessment (RFx Number(s): 3180001360 / 3120002223)

**Evaluator Name:** John Robinson

**Evaluator Job Title:** Program Administrator

**Please list the evaluator's educational and/or professional qualifications and/or practical experience:** B.A. History

---

I, the undersigned, a member of the Evaluation Committee for RFP No. 20210511 DAAS 2022 Needs Assessment (RFx Number(s): 3180001360 / 3120002223) will perform the evaluation under the guidelines and requirements set forth below:

**1. Professional Conduct**

I have a professional interest in ensuring that the scoring and evaluation of the offeror responses to the above named procurement can be supported and defended, and that the recommendation of the Evaluation Committee will lead to the selection of the submission most advantageous to the State of Mississippi, taking into consideration the evaluation factors set forth in the procurement.

**2. Conflict of Interest**

- a. I hereby affirm that I shall not accept any favor, gratuity, or any other thing of value from any person, firm, corporation, or other entity that has submitted a bid, proposal, or qualification for funding or is on the process of negotiating a contract with the Mississippi Department of Human Services (MDHS). Such favors, gratuities, or things of value shall include, but not be limited to, the seeking of or acceptance of gifts, favors, services, promises of future employment, and/or honorariums, from MDHS suppliers, contractors, regulated enterprises or individuals, interested parties or people seeking to do business with MDHS.
- b. I also agree that I shall disqualify myself from participating in any aspect of the proposed procurement review and/or negotiation process directly or indirectly affecting a business in which I or a member of my immediate family has a financial interest.
- c. I may not participate in the development of bids, proposals, or qualifications in response to this solicitation.



### PROCUREMENT COMMITTEE EVALUATOR CERTIFICATION

#### 3. Non-Disclosure of Information

- a. I understand that offeror responses to the above named procurement will be provided to me upon the receipt of this signed *Procurement Committee Evaluator Certification*. The responses are being shared with me as a member of the Evaluation Committee with the understanding they are confidential and should be treated as such. They are for the sole use of the members of the Evaluation Committee and alternates, as a part of their confidential information. Review of material is intended only for the individuals within the evaluation committee and mentioned with this *Procurement Committee Evaluator Certification*.
- b. I affirm that I shall maintain the strictest level of confidentiality regarding all aspects of the procurement review and/or contract negotiation process. I shall not discuss with any person, or disclose, at any time, to any person, the contents or scoring of bids, proposals, or qualifications, and/or decisions of the evaluation committee throughout the submission, review, protest, and/or contract negotiation process.

I understand and agree to abide by this *Procurement Committee Evaluator Certification* and all applicable policies and laws and further agree to take full responsibility for the copies of all bids, proposals, or qualifications delivered into my care. I will not disclose, or make available the contents therein to competing offerors or persons not involved in the evaluation process.

If I should become aware of any situation, which might arise, that could alter any of the representations above, or that might otherwise create the appearance of a conflict or other impropriety, I will notify the Purchasing Officer immediately.

Pursuant to **House Bill 1109 (Regular Session 2017)**, I certify that:

I have reviewed the conflict of interest standards prescribed herein (no personal, financial, or familial interest in any of the offerors or principals thereof to be evaluated), and that I do not have a conflict of interest with respect to the evaluation of this bid, proposal, or qualification.

I am not engaged in any negotiations or arrangements for prospective employment or association with any of the offerors submitting bids, proposals, or qualifications or their parent or subsidiary organization.

DocuSigned by:

*John Robinson*

6/15/2021

**Member, Evaluation Committee (signature)**

**Date**

John Robinson

**Member, Evaluation Committee (print)**

DocuSigned by:

*Bryan C. Wardlaw*

6/15/2021

**Procurement Officer Signature (Witness)**

**Date**



**Division of Aging and Adult Services, 2022 Needs Assessment**  
**RFP NO. 20210511 DAAS Needs Assessment**  
**RFx NO. 3180001360/3120002223**

**List of Respondents**

Qlarant
Parham Group LLC
Public Knowledge, LLC
Elite Research, LLC



**PROCUREMENT COMMITTEE EVALUATOR CERTIFICATION**

**Agency:** Mississippi Department of Human Services

**Solicitation/RFx Number:** RFP No. 20210511 DAAS 2022 Needs Assessment (RFx Number(s): 3180001360 / 3120002223)

**Evaluator Name:** Marshea Cooper

**Evaluator Job Title:** Program Manager

**Please list the evaluator's educational and/or professional qualifications and/or practical experience:** Bachelor of Social work

Grant Writing

Monitoring and reporting expenditures for federal grants

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I, the undersigned, a member of the Evaluation Committee for RFP No. 20210511 DAAS 2022 Needs Assessment (RFx Number(s): 3180001360 / 3120002223) will perform the evaluation under the guidelines and requirements set forth below:

**1. Professional Conduct**

I have a professional interest in ensuring that the scoring and evaluation of the offeror responses to the above named procurement can be supported and defended, and that the recommendation of the Evaluation Committee will lead to the selection of the submission most advantageous to the State of Mississippi, taking into consideration the evaluation factors set forth in the procurement.

**2. Conflict of Interest**

- a. I hereby affirm that I shall not accept any favor, gratuity, or any other thing of value from any person, firm, corporation, or other entity that has submitted a bid, proposal, or qualification for funding or is on the process of negotiating a contract with the Mississippi Department of Human Services (MDHS). Such favors, gratuities, or things of value shall include, but not be limited to, the seeking of or acceptance of gifts, favors, services, promises of future employment, and/or honorariums, from MDHS suppliers, contractors, regulated enterprises or individuals, interested parties or people seeking to do business with MDHS.
- b. I also agree that I shall disqualify myself from participating in any aspect of the proposed procurement review and/or negotiation process directly or indirectly affecting a business in which I or a member of my immediate family has a financial interest.
- c. I may not participate in the development of bids, proposals, or qualifications in response to this solicitation.



Public Procurement Review Board  
Office of Personal Service Contract Review  
Form PPRB-010

**PROCUREMENT COMMITTEE EVALUATOR CERTIFICATION**

**3. Non-Disclosure of Information**

- a. I understand that offeror responses to the above named procurement will be provided to me upon the receipt of this signed *Procurement Committee Evaluator Certification*. The responses are being shared with me as a member of the Evaluation Committee with the understanding they are confidential and should be treated as such. They are for the sole use of the members of the Evaluation Committee and alternates, as a part of their confidential information. Review of material is intended only for the individuals within the evaluation committee and mentioned with this *Procurement Committee Evaluator Certification*.
- b. I affirm that I shall maintain the strictest level of confidentiality regarding all aspects of the procurement review and/or contract negotiation process. I shall not discuss with any person, or disclose, at any time, to any person, the contents or scoring of bids, proposals, or qualifications, and/or decisions of the evaluation committee throughout the submission, review, protest, and/or contract negotiation process.

I understand and agree to abide by this *Procurement Committee Evaluator Certification* and all applicable policies and laws and further agree to take full responsibility for the copies of all bids, proposals, or qualifications delivered into my care. I will not disclose, or make available the contents therein to competing offerors or persons not involved in the evaluation process.

If I should become aware of any situation, which might arise, that could alter any of the representations above, or that might otherwise create the appearance of a conflict or other impropriety, I will notify the Purchasing Officer immediately.

Pursuant to **House Bill 1109 (Regular Session 2017)**, I certify that:

I have reviewed the conflict of interest standards prescribed herein (no personal, financial, or familial interest in any of the offerors or principals thereof to be evaluated), and that I do not have a conflict of interest with respect to the evaluation of this bid, proposal, or qualification.

I am not engaged in any negotiations or arrangements for prospective employment or association with any of the offerors submitting bids, proposals, or qualifications or their parent or subsidiary organization.

DocuSigned by:  
Marshea Cooper  
38906ED5B13B24BB  
**Member, Evaluation Committee (signature)**

6/15/2021  
**Date**

Marshea Cooper

**Member, Evaluation Committee (print)**

DocuSigned by:  
Bryan C. Wardlaw  
D4D3EBBD584D45E  
**Procurement Officer Signature (Witness)**

6/15/2021  
**Date**



**Division of Aging and Adult Services, 2022 Needs Assessment**  
**RFP NO. 20210511 DAAS Needs Assessment**  
**RFx NO. 3180001360/3120002223**

**List of Respondents**

Qlarant
Parham Group LLC
Public Knowledge, LLC
Elite Research, LLC

**REFERENCES – PROVIDED TO EVALUATION COMMITTEE WITH MANAGEMENT  
DATA NOT REDACTED ON 6/25/21**



**REFERENCE SCORE SHEET**

**\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\***

Name of Respondent: Public knowledge  
 Reference Name: North Carolina Social Services Reform: Child Welfare Reform Plan  
 Person Contacted, Title/Position: Lisa Cauley, Deputy Director of Child Welfare Services  
Ex: Director of Child/Adult Services  
 Date/Time Contacted: 6/11/2021 3:14 PM (e-mail) or call back Monday 6/14/21 via phone 4:08 PM  
 Contacted By: Wendy Wilson Position: SO 919-527-6401  
919-980-2005

Questions	Response (Circle One)	
Able to provide <b>Needs Assessment Services</b> when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here ___.)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>2017 - present</u>		

Extremely\*

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes	<input checked="" type="radio"/> No
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Notes:

Very Comprehensive 3rd party evaluator, highly recommended.  
"Vendor listened - 5th question above." Vendor provided how other states do it: recommended how they thought it would work for NC."

Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 7

6/14/21 - advised to email MS. Cauley by her assistant. Emailed 6/14/21

REFERENCE SCORE SHEET

**\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\***

Name of Respondent: Public Knowledge  
 Reference Name: MS Dept of Child Protection Service Mark Smith, Deputy Commissioner for Admin  
 Person Contacted, Title/Position: Andrea Sanders, Commissioner 601-359-9669  
 Date/Time Contacted: 6/11/2021 3:37 pm (call back Monday for Emily Banks)  
 Contacted By: Waustella King Position: Contract Analyst

Questions	Response (Circle One)	
Able to provide Needs Assessment Services when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here ___.)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>2006 - Current</u>		

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes	<input checked="" type="radio"/> No
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Notes:

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Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 7

Needs Assessment 20210511 DAAS

*6/15/21 - Spoke to Emily. Stated that 9:00am Andrea will be out of the office til Friday. Should return on Monday. But Emily will check to see if someone else can give ref check.*  
*6/15/21 - @ 2:25 pm - Mark Smith call back*

## REFERENCE SCORE SHEET

\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\*

Name of Respondent: Qlarant  
 Reference Name: State of GA Dept. of Human Services; Div. of Aging  
 Person Contacted, Title/Position: Arvine Brown.  
 Date/Time Contacted: 6/14/2021 @ 2:04 pm  
 Contacted By: Vicki Hathcock Position: Staff Officer

Questions	Response (Circle One)	
Able to provide <b>Needs Assessment Services</b> when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance? <span style="float: right;">very</span>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here <u>X</u> .)	<input type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again? <span style="float: right;">doing it now</span>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>2018-2019</u>		

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes	<input checked="" type="radio"/> No
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Notes:

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Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 6

## REFERENCE SCORE SHEET

\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\*

Name of Respondent: Qlarant  
 Reference Name: Beacon Health Options  
 Person Contacted, Title/Position: Wendy Farmer,  
 Date/Time Contacted: 6/11/2021 @ 3:30 PM  
 Contacted By: Jennifer Austin Position: Program Admin. Sr.

Questions	Response (Circle One)	
Able to provide <b>Needs Assessment Services</b> when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here ___.)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>Sept 2014 - June 2021</u>		

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes <input type="radio"/> No <input checked="" type="radio"/>
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Notes:

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Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 7

6/11/21 - left VM.  
returned call @ 3:56pm

## REFERENCE SCORE SHEET

\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\*

Name of Respondent: Qlarant  
 Reference Name: Department of Health Care Finance  
Division of Quality + Health Outcomes,  
 Person Contacted, Title/Position: Serina Kavanaugh, MPH, CPM  
 Date/Time Contacted: 6/11/2021 @ 3:37 pm  
 Contacted By: Jennifer Austin Position: Program Adminr. Sr.

Questions	Response (Circle One)	
Able to provide <b>Needs Assessment Services</b> when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No <sup>VH</sup>
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here <u>X</u> .)	<input type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>2018-current (2022)</u>		
Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Notes:

Qlarant did not provide Needs Assessment services to reference.  
The services provided to reference is circled above.

Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 6

6/11/21 - left VM.  
6/14/21 - left VM 10:20 Am  
returned call 10:50 Am

**REFERENCE SCORE SHEET**

**\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\***

Name of Respondent: Elite Research, LLC  
 Reference Name: Town of Brookline, MA *Bird Guess, President  
617-730-2326*  
 Person Contacted, Title/Position: <sup>Lloyd</sup> L. Gellineu Chief Diversity Officer  
 Date/Time Contacted: 2:55 pm 6/11/2021 (left voicemail) 508-409-0433  
 Contacted By: Waukstella King Position: Contract Analyst

Questions	Response (Circle One)	
Able to provide Needs Assessment Services when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here ___.)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>2/2020 - current</u>		

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes	<input checked="" type="radio"/> No
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Notes:

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Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 7

*6/14/21 - left v.m. 617-730-2326  
 6/15/21 - left v.m. 508-409-0433 + 617-730-2326  
 emailed too.  
 6/15/21 - Lloyd call back @ 9:07am  
 to complete reference check*

REFERENCE SCORE SHEET

**\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\***

Name of Respondent: Elite Research LLC  
 Reference Name: Oklahoma Assoc. for Problematic & Compulsive Gaming & Oklahoma  
 Person Contacted, Title/Position: Wiley D. Harwell, D. Min, Executive Director  
 Date/Time Contacted: 6/11/2021 3:04pm (call back Monday) 405-801-3329 (c)  
 Contacted By: Waustella King Position: Contract Analyst

Questions	Response (Circle One)	
Able to provide <b>Needs Assessment Services</b> when requested?	* <input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here <input checked="" type="checkbox"/> .)	<input type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>2015-2016</u>		

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes	<input checked="" type="radio"/> No
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Notes:

\*Elite Research did not provide needs assessment services; however, the services they provided to Oklahoma Assoc. were answered above

Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 6

6/14/21 - Mr. Harwell responded when called 1<sup>st</sup> time

## REFERENCE SCORE SHEET

**\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\***

Name of Respondent: Parham Group, LLC  
 Reference Name: Catholic charities  
 Person Contacted, Title/Position: Wanda Thomas  
 Date/Time Contacted: 6/14/2021 @ 1:53 pm  
 Contacted By: Vicki Hathcock Position: Staff officer 1

Questions	Response (Circle One)	
Able to provide <b>Needs Assessment Services</b> when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here <u>X</u> .)	<input type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>July 2020 - current</u>		

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes	<input checked="" type="radio"/> No
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Notes:

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Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 6



**REFERENCE SCORE SHEET**

**\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\***

Name of Respondent: Parham Group LLC  
 Reference Name: Dave Van - Region 8 Mental Health Services  
 Person Contacted, Title/Position: EX. Director for Region 8  
 Date/Time Contacted: 6/11/2021 @ 3:00 pm  
 Contacted By: Jennifer Austin Position: Program Advisor Sr.

Questions	Response (Circle One)	
Able to provide <b>Needs Assessment Services</b> when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here __.)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>2021-2025</u>		

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes	<input checked="" type="radio"/> No
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Notes:

Region 8 has been in a contract w/ Parham Group for a long time and recently entered into a new agreement.

Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 7

**REFERENCE SCORE SHEET**

**\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\***

Name of Respondent: Parkarm Group LLC  
 Reference Name: MS Division of Medicaid  
 Person Contacted, Title/Position: Shanda Borden, Nurse Bureau Dir.  
 Date/Time Contacted: 6/11/2021 3:15 pm; 6/14/21 10:31 Am & 10:45 Am  
 Contacted By: Jennifer Austin Position: Program Admsr SR

Questions	Response (Circle One)	
Able to provide <b>Needs Assessment Services</b> when requested?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Satisfied with the services provided? If no, please explain.	* <input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor easy to work with during contract performance?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services completed on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here ___.)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract/project with them again?	* * <input checked="" type="radio"/> Yes	<input type="radio"/> No * *
Would you recommend them?	* <input checked="" type="radio"/> Yes	<input type="radio"/> No
Services From/To Dates: <u>2019-current</u>		

Do you have any business, professional or personal interest in the respondent's organization? If yes, please explain.	Yes	<input checked="" type="radio"/> No
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Notes:  
 \* had issues with getting info on time; however, after working with vendor, everything was cleared up.  
 \* \* was not their 1<sup>st</sup> choice - came in with lowest bid - felt like someone else could have met their needs better. They did alright.  
 \* \* \* - depends on our needs to whether she could recommend them

Each "yes" is one point; each "no" is zero points. Respondents must have a minimum score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: 6

6/11/21 - left VM.  
 6/14/21 - left VM 10:31 AM  
 returned call 10:45 AM

## **RESPONSIVE CHECKLISTS**



Respondent: 06112101

Reviewer: W Wilson

**DAAS Needs Assessment RFP Responsive/Mandatory Checklist**  
**RFP No.20210511 DAAS Needs Assessment**

Responsive Proposal: YES NO

Required/Mandatory RFP Provisions	RFP Section No.	Included in Proposal - (Yes, No, or N/A)	Notes/Comments
1 original bound proposal, signed proposal package	1.1	yes	
Tab 1 - Entire proposal package not redacted	4.3A (Part of Proposal)	yes	
Tab 2 - Price and Financial data redacted	4.1.6, 4.1.7, 4.3.A.7, 4.3.A.8, 4.3B (Part of Proposal)	yes	
Tab 3 - Technical data redacted pursuant to 4.3C	2.2B, 4.3C (Part of Proposal)	yes	
Tab 4 - Management data not redacted	2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3-6, 4.3D (Part of Proposal)	yes	
USB Flash Drive	1.1	yes	
File Folder 1 - Entire proposal package not redacted	4.3A (Part of Proposal)	yes	
File Folder 2 - Price and Financial data redacted	4.1.6, 4.1.7, 4.3.A.7, 4.3.A.8, 4.3B (Part of Proposal)	yes	
File Folder 3 - Technical data redacted pursuant to 4.3C	2.2B, 4.3C (Part of Proposal)	yes	
File Folder 4 - Management data not redacted	2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3-6, 4.3D (Part of Proposal)	yes	

Proprietary Information, if applicable.	1.3; Attachment C	yes	* Identified Proprietary Info.
Cover Sheet	Attachment A	* yes	pg. 2-3 * minority or women owned?
Respondent Name and Business Location	4.1.1 (See Cover Sheet)	yes	pg. 2
Business Age and Avg. # of Employee's over 3 years	4.1.2 (See Cover Sheet)	yes	pg. 2 34 yrd / 100
Resumes	4.1.3, 4.3.A.4	yes	
3 References for similar Contracts/Projects	4.1.4, 4.3.A.5, Attachment E	yes	✓ reference checks completed (Attachment E & F).
Proposed Plan	1.11, 2.2(A-C); 4.1.5	yes	
Project Pricing	4.1.6, 4.3.A.7, 4.3.B	yes	
Financial Information & Details	4.1.7, 4.3.A.8	yes	Documentation submitted: 2018-2019 Consolidated Financial Records
MDHS Debarment Verification Form	3.2; Attachment B	yes	
Proposal Exception Form	1.12; 4.3.A.3; Attachment D		* Stated no exceptions but did not mark N/A
* Acknowledgement of Amendments (1 & 2)	1.1; 1.9	yes # 1	
May include with Initial Submission, but required after award notification, if awarded.			
Insurance	3.1		Provided:
Registration with SOS	1.4		

Additional Notes:

Cover sheet - clarify if minority-owned or women-owned, if none indicate N/A.  
Attachment D - did not indicate/mark N/A.



Respondent: 06112102

Reviewer: W Wilson

**DAAS Needs Assessment RFP Responsive/Mandatory Checklist**  
**RFP No.20210511 DAAS Needs Assessment**

Responsive Proposal: YES NO

Required/Mandatory RFP Provisions	RFP Section No.	Included in Proposal - (Yes, No, or N/A)	Notes/Comments
1 original bound proposal, signed proposal package	1.1	yes	
Tab 1 - Entire proposal package not redacted	4.3A (Part of Proposal)	yes	
Tab 2 - Price and Financial data redacted	4.1.6, 4.1.7, 4.3.A.7, 4.3.A.8, 4.3B (Part of Proposal)	yes	
Tab 3 - Technical data redacted pursuant to 4.3C	2.2B, 4.3C (Part of Proposal)	yes	
Tab 4 - Management data not redacted	2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3-6, 4.3D (Part of Proposal)	yes	
USB Flash Drive	1.1	yes	
File Folder 1 - Entire proposal package not redacted	4.3A (Part of Proposal)	yes	
File Folder 2 - Price and Financial data redacted	4.1.6, 4.1.7, 4.3.A.7, 4.3.A.8, 4.3B (Part of Proposal)	yes	
File Folder 3 - Technical data redacted pursuant to 4.3C	2.2B, 4.3C (Part of Proposal)	yes	
File Folder 4 - Management data not redacted	2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3-6, 4.3D (Part of Proposal)	yes	

List of several items. See tab 4 for list. <sup>List</sup> Not directly behind Attachment C in tab 1

Proprietary Information, if applicable.	1.3; Attachment C	yes	
Cover Sheet	Attachment A	yes	pg. 3-4
Respondent Name and Business Location	4.1.1 (See Cover Sheet)	yes	pg. 3
Business Age and Avg. # of Employee's over 3 years	4.1.2 (See Cover Sheet)	yes	48 yrs / 84 pg. 3
Resumes	4.1.3, 4.3.A.4	yes	
3 References for similar Contracts/Projects	4.1.4, 4.3.A.5, Attachment E	yes	✓ reference checks completed (Attachment E & F).
Proposed Plan	1.11, 2.2(A-C); 4.1.5	yes	
Project Pricing	4.1.6, 4.3.A.7, 4.3.B	yes	
Financial Information & Details	4.1.7, 4.3.A.8	yes	Documentation submitted: 19.20 Reports
MDHS Debarment Verification Form	3.2; Attachment B	yes	6
Proposal Exception Form	1.12; 4.3.A.3; Attachment D	yes	N/A
*Acknowledgement of Amendments (1 & 2)	1.1; 1.9	yes only 1 issued	
May include with Initial Submission, but required after award notification, if awarded.			
Insurance	3.1		Provided:
Registration with SOS	1.4		

Additional Notes:

\* Timeline included in Management: Technical portions. However, timeline is reflected in Technical portion.



Respondent: 06112103

Reviewer: Wendy Wilson WLD

**DAAS Needs Assessment RFP Responsive/Mandatory Checklist**  
**RFP No.20210511 DAAS Needs Assessment**

Responsive Proposal: YES NO

Required/Mandatory RFP Provisions	RFP Section No.	Included in Proposal - (Yes, No, or N/A)	Notes/Comments
1 original bound proposal, signed proposal package	1.1	Yes	
Tab 1 - Entire proposal package not redacted	4.3A (Part of Proposal)	Yes	
Tab 2 - Price and Financial data redacted	4.1.6, 4.1.7, 4.3.A.7, 4.3.A.8, 4.3B (Part of Proposal)	Yes	
Tab 3 - Technical data redacted pursuant to 4.3C	2.2B, 4.3C (Part of Proposal)	Yes	
Tab 4 - Management data not redacted	2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3-6, 4.3D (Part of Proposal)	Yes	
USB Flash Drive	1.1	Yes	
File Folder 1 - Entire proposal package not redacted	4.3A (Part of Proposal)	Yes	
File Folder 2 - Price and Financial data redacted	4.1.6, 4.1.7, 4.3.A.7, 4.3.A.8, 4.3B (Part of Proposal)	Yes	
File Folder 3 - Technical data redacted pursuant to 4.3C	2.2B, 4.3C (Part of Proposal)	Yes	
File Folder 4 - Management data not redacted	2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3-6, 4.3D (Part of Proposal)	Yes	



Proprietary Information, if applicable.	1.3; Attachment C	Yes	N/A
Cover Sheet	Attachment A	Yes	pg. 2-3
Respondent Name and Business Location	4.1.1 (See Cover Sheet)	Yes	pg. 2
Business Age and Avg. # of Employee's over 3 years	4.1.2 (See Cover Sheet)	Yes	17+ years / 24 pg. 2
Resumes	4.1.3, 4.3.A.4	Yes	
3 References for similar Contracts/Projects	4.1.4, 4.3.A.5, Attachment E	Yes	✓ reference checks completed (Attachment E & F).
Proposed Plan	1.11, 2.2(A-C); 4.1.5	Yes	
Project Pricing	4.1.6, 4.3.A.7, 4.3.B	Yes	
Financial Information & Details	4.1.7, 4.3.A.8	Yes	Documentation submitted: 1065
MDHS Debarment Verification Form	3.2; Attachment B	Yes	Need explanation for Active exclusions.
Proposal Exception Form	1.12; 4.3.A.3; Attachment D	Yes	N/A
*Acknowledgement of Amendments (1 & 2)	1.1; 1.9	Yes	1 Amendment issued. (located on USB flash drive)
May include with Initial Submission, but required after award notification, if awarded.			
Insurance	3.1		Provided:
Registration with SOS	1.4		

Additional Notes:

Clarify Attachment B - Active Exclusions

\* pg. 4 Financials  
Dependency clause



Respondent: 06112104

Reviewer: WWilson

**DAAS Needs Assessment RFP Responsive/Mandatory Checklist**  
**RFP No.20210511 DAAS Needs Assessment**

Responsive Proposal: YES NO

Required/Mandatory RFP Provisions	RFP Section No.	Included in Proposal - (Yes, No, or N/A)	Notes/Comments
1 original bound proposal, signed proposal package	1.1	yes	
Tab 1 - Entire proposal package not redacted	4.3A (Part of Proposal)	yes	
Tab 2 - Price and Financial data redacted	4.1.6, 4.1.7, 4.3.A.7, 4.3.A.8, 4.3B (Part of Proposal)	yes	
Tab 3 - Technical data redacted pursuant to 4.3C	2.2B, 4.3C (Part of Proposal)	yes	
Tab 4 - Management data not redacted	2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3-6, 4.3D (Part of Proposal)	yes	
USB Flash Drive	1.1	yes	
File Folder 1 - Entire proposal package not redacted	4.3A (Part of Proposal)	yes	
File Folder 2 - Price and Financial data redacted	4.1.6, 4.1.7, 4.3.A.7, 4.3.A.8, 4.3B (Part of Proposal)	yes	
File Folder 3 - Technical data redacted pursuant to 4.3C	2.2B, 4.3C (Part of Proposal)	yes	
File Folder 4 - Management data not redacted	2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3-6, 4.3D (Part of Proposal)	yes	

Proprietary Information, if applicable.	1.3; Attachment C	yes	N/A
Cover Sheet	Attachment A	yes	→ where is 2nd page of Attachment A in Tab 1? - out of order, but located
Respondent Name and Business Location	4.1.1 (See Cover Sheet)	yes	pg. 3
Business Age and Avg. # of Employee's over 3 years	4.1.2 (See Cover Sheet)	yes	22 years / 3 pg. 3
Resumes	4.1.3, 4.3.A.4	yes	
3 References for similar Contracts/Projects	4.1.4, 4.3.A.5, Attachment E	yes	✓ reference checks completed (Attachment E & F).
Proposed Plan	1.11, 2.2(A-C); 4.1.5	yes	
Project Pricing	4.1.6, 4.3.A.7, 4.3.B	yes	
Financial Information & Details	4.1.7, 4.3.A.8		Documentation submitted: pg. 22 - Pursuant to proposal's 2nd paragraph of this page, request info from CPA.
MDHS Debarment Verification Form	3.2; Attachment B		→ JF said federal debarment removed
Proposal Exception Form	1.12; 4.3.A.3; Attachment D	yes	N/A
*Acknowledgement of Amendments (1 & 2)	1.1; 1.9	yes	
May Include with Initial Submission, but required after award notification, if awarded.			
Insurance	3.1		Provided:
Registration with SOS	1.4		

Additional Notes:

Clarify Financial - request financial info + detail from CPA.  
 Clarify Attachment B - language left off form.

# RECEIPT OF PROPOSAL LOG



## **PUBLIC NOTICE (Amendment No. 1)**

- Proof Posted to Mississippi Contract/Procurement Opportunity Search Portal
- Proof Posted to MDHS Website

Search for Bid Opportunities and Public Notifications (Sole Source, Intent to Award, and Protective Order Request) using **Keyword** or **Advanced Search Options**. State Government Bid Opportunities will be posted to this page as defined by State Law. Sole Source, Intent to Award, and Protective Order Request notifications are not bid opportunities, but are posted in accordance with State Law to provide transparency to the public.

3120002223 SEARCH

ADVANCED SEARCH OPTIONS

Agency	Smart Number	RFX Number	Description	Status	Advertised Date	Submission Date	RFX Opening Date	
MS DEPT OF HUMAN SERVICES	<a href="#">1651-21-R-RFPR-00002-V01</a>	<a href="#">3120002223</a>	Major Procurement PERSONNEL SERVICES NON-IT  Pursuant to PPRB approval for RFX 3180001360, this is a RFP ...  <a href="#">Attachment - Amendment No. 1 RFP No. 20210511 DAAS 2022 Needs Assessment</a> <a href="#">Attachment - RFP 20210511 DAAS 2022 Needs Assessment RFX 3120002223</a>	Open	05/11/2021	06/11/2021	06/11/2021	<a href="#">View Contact</a>

Back to top

Resources

- MS.GOV
- MS DEPT of Information Technology Services (ITS)
- Mississippi's Chosen Payment Network
- Paymode
- MS DFA: Bureau of Building
- MS DFA: Office of Purchasing
- MS DFA: Office of Personal Service Contract Review
- Mississippi Management and Reporting System
- Statewide Contract Item Catalog
- MS.Gov Help Portal





**AMENDMENT #1  
REQUEST FOR PROPOSALS (RFP) NO. 20210511 DAAS NEEDS ASSESSMENT  
RFX NUMBER(S): 3180001360 / 3120002223  
DIVISION OF AGING AND ADULT SERVICES 2022 NEEDS ASSESSMENT**

Amendments to the RFP are as follows:

1. Regarding Proposal Opening Date and Time:
  - a. Section 1.1 Opening Date: June 11, 2021; 2:30 PM CT ~~3:00 PM CT~~
  - b. Section 1.1.1 Timeline, Proposal Opening: June 11, 2021; 2:30 PM CT ~~3:00 PM CT~~
  - c. Mississippi Contract/Procurement Opportunity Search Portal for this RFP, RFX Opening Date: 06/11/2021; 2:30 PM CT ~~3:00 PM CT~~.
  
2. Regarding Insurance:
  - a. 3.1 Insurance, 1<sup>st</sup> Paragraph: The successful respondent shall maintain at least the minimum level of workers' compensation insurance, comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All ~~workers' compensation,~~ comprehensive general liability and professional liability will provide coverage to the MDHS as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance.
  - b. Attachment G, No. 7. Insurance: Contractor represents that it will maintain workers' compensation insurance as required by the State of Mississippi which shall inure to the benefit of all Contractor's personnel provided hereunder; and comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All ~~workers' compensation,~~ comprehensive general liability, and professional liability insurance will provide coverage to the State of Mississippi as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement and upon request by MDHS at any time during the contract period. Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires. The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts. In no event shall the requirement for an insurance bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.



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- RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amendment No. 1 RFP No. 20210511 DAAS 2022 Needs Assessment
- RFP No. 20201201 CSELS Child Support Enforcement Legal Services
  - Amendment No. 1 RFP No. 20201201 CSELS

Search ...

> BUSINESS OPPORTUNITIES

> SERVICES

> Report Fraud

> Child Care Payment System

> Child Support Application

> DECCD Service Request

> EPPICard

> Guardianship Form

> myMDHS

> Skills2Work Application





AMENDMENT #1
REQUEST FOR PROPOSALS (RFP) NO. 20210511 DAAS NEEDS ASSESSMENT
RFX NUMBER(S): 3180001360 / 3120002223
DIVISION OF AGING AND ADULT SERVICES 2022 NEEDS ASSESSMENT

Amendments to the RFP are as follows:

- 1. Regarding Proposal Opening Date and Time:
a. Section 1.1 Opening Date: June 11, 2021; 2:30 PM CT 3:00 PM CT
b. Section 1.1.1 Timeline, Proposal Opening: June 11, 2021; 2:30 PM CT 3:00 PM CT
c. Mississippi Contract/Procurement Opportunity Search Portal for this RFP, RFX Opening Date: 06/11/2021; 2:30 PM CT 3:00 PM CT.
2. Regarding Insurance:
a. 3.1 Insurance, 1st Paragraph: The successful respondent shall maintain at least the minimum level of workers' compensation insurance, comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All workers' compensation, comprehensive general liability and professional liability will provide coverage to the MDHS as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance.
b. Attachment G, No. 7. Insurance: Contractor represents that it will maintain workers' compensation insurance as required by the State of Mississippi which shall inure to the benefit of all Contractor's personnel provided hereunder; and comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All workers' compensation, comprehensive general liability, and professional liability insurance will provide coverage to the State of Mississippi as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement and upon request by MDHS at any time during the contract period. Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires. The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts. In no event shall the requirement for an insurance bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.



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Re: Post to MDHS Website

Procurement Services <Procurement.Services@mdhs.ms.gov>

Fri 7/16/2021 5:22 PM

To: Jennifer Austin <Jennifer.Austin@mdhs.ms.gov>

Done.

Procurement Services

---

**From:** Jennifer Austin <Jennifer.Austin@mdhs.ms.gov>

**Sent:** Friday, July 16, 2021 5:19 PM

**To:** Procurement Services <Procurement.Services@mdhs.ms.gov>

**Subject:** Post to MDHS Website

1) Please post the attached to the website at the following location:

*Business Opportunities > Service Solicitations > Request for Proposals (RFP)*

- RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amendment No. 1 RFP No. 20210511 DAAS 2022 Needs Assessment
  - Amended Timeline

Thanks,

Jennifer Austin

**Amendment No. 1**

**AMENDMENT #1**  
**REQUEST FOR PROPOSALS (RFP) NO. 20210511 DAAS NEEDS ASSESSMENT**  
**RFX NUMBER(S): 3180001360 / 3120002223**  
**DIVISION OF AGING AND ADULT SERVICES 2022 NEEDS ASSESSMENT**

Amendments to the RFP are as follows:

1. Regarding Proposal Opening Date and Time:
  - a. Section 1.1 Opening Date: June 11, 2021; 2:30 PM CT ~~3:00 PM CT~~
  - b. Section 1.1.1 Timeline, Proposal Opening: June 11, 2021; 2:30 PM CT ~~3:00 PM CT~~
  - c. Mississippi Contract/Procurement Opportunity Search Portal for this RFP, RFX Opening Date: 06/11/2021; 2:30 PM CT ~~3:00 PM CT~~.
  
2. Regarding Insurance:
  - a. 3.1 Insurance, 1<sup>st</sup> Paragraph: The successful respondent shall maintain at least the minimum level of workers' compensation insurance, comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All ~~workers' compensation~~, comprehensive general liability and professional liability will provide coverage to the MDHS as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance.
  - b. Attachment G, No. 7. Insurance: Contractor represents that it will maintain workers' compensation insurance as required by the State of Mississippi which shall inure to the benefit of all Contractor's personnel provided hereunder; and comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All ~~workers' compensation~~, comprehensive general liability, and professional liability insurance will provide coverage to the State of Mississippi as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement and upon request by MDHS at any time during the contract period. Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires. The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts. In no event shall the requirement for an insurance bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.
  
3. Questions and Answers attached.



Please acknowledge receipt of Amendment #1 by returning it, along with your proposal package, by June 11, 2021, at 2:00 PM, CT. This acknowledgement should be enclosed in your proposal package. **Failure to submit this acknowledgement may result in rejection of the proposal package.**

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Authorized Official's Typed Name/Title

\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

\_\_\_\_\_  
Date

Should an amendment to the RFP be issued, it will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the MDHS website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view. Further, respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on the amendment, or by letter. The acknowledgment should be received by the MDHS by the time and at the place specified for receipt of proposals. It is the respondent's sole responsibility to monitor the websites for any updates or amendments to the RFP.

**QUESTIONS AND ANSWERS**  
**RFP NO. 20210511 DAAS NEEDS ASSESSMENT**  
**DIVISION OF AGING AND ADULT SERVICES 2022 NEEDS ASSESSMENT**

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
<b>1</b>	<b>Page 9</b>	<b>2.2.B.1.c</b>	<p>The RFP states, “Random sample with over sample of minority and rural populations”.</p> <ul style="list-style-type: none"> <li>• Is this sample selected in addition to the 3000 phone surveys from the 10 Planning Districts?</li> <li>• Will a list of people for this be supplied by the MDHS?</li> <li>• Will a total list of people served, including their demographics, be supplied by the MDHS?</li> </ul> <p><b>ANSWER:</b> 1. No. This sample is not an addition to the 3000 surveys. 2. Yes. A list of older adults will be provided by MDHS/DAAS. 3. No. A total list of older adults will not be supplied including their demographics. However, MDHS will supply the 3000, older adults for the random sample. The vendor is required to collect all demographic information for the survey which is included in survey # 47-56. (Please refer to Attachment J of the RFP)</p>
<b>2</b>	<b>Page 9, Attachment J, Page 53</b>	<b>2.2.B.4</b>	<p>The RFP states, “Contractor shall describe in detail its ability to provide a statewide assessment of COVID inquiries for impact to participants (current and waiting list participants) to include, but not be limited to, the following...”</p> <ul style="list-style-type: none"> <li>• Does the state anticipate there will be any additional questions related to COVID-19 that are not already included in the survey in Attachment J?</li> </ul> <p><b>ANSWER:</b> No. MDHS does not anticipate adding any other COVID-19 questions.</p>
<b>3</b>	<b>Page 9</b>	<b>2.2.B.1.d and 3.b</b>	<p>In reference to the 3000 telephonic surveys of older Mississippians, the RFP (1.d) states, “If after the third attempt no answer is received, Contractor shall notate and no longer contact the person.”</p> <p>(3.b). In reference to the wait list survey, the RFP states, "If after the third attempt no answer is received, Contractor shall document the attempted telephonic contact and then resume attempts to contact another participant from MDHS provided list.”</p> <ul style="list-style-type: none"> <li>• Do these statements imply that we are required to attempt or actually complete 3000 phone surveys?</li> <li>• If the person declines to participate or does not respond to 3 attempts to contact him/her, do we replace the person from an oversample list?</li> </ul>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<ul style="list-style-type: none"> <li>• Are the two samples (people receiving services and those on the waitlist) treated differently relative to the use of an oversample?</li> <li>• Is an oversample used for both samples or only the waitlist sample?</li> </ul> <p><b>ANSWER:</b></p> <p>1. 3000 older adults will be supplied to ensure a satisfactory sample of minority and rural populations. However, MDHS does understand out of the 3000 some older adults may not answer their phones or may opt-out of participating.</p> <p>2. Yes. After 3 attempts the original survey older adult may be replaced from the oversample list.</p> <p>3. The 3000 older adults will be considered an oversample to ensure that MDHS obtains an adequate data pool. The waiting list will not be an oversample because it varies from Area Agencies on Aging (AAA) to AAA. The waiting list names provided will be the actual names on the waiting list. MDHS only requires that the vendor sample as many as possible to yield representative results from the minority and rural populations.</p> <p>4. The 3000 older adults will be considered an oversample to ensure that MDHS obtains an adequate data pool. The waiting list will not be an oversample because it varies from AAA to AAA. The waiting list names provided will be the actual names on the waiting list. MDHS only requires that the vendor sample as many as possible to yield representative results from the minority and rural populations.</p>
4	Page 9	2.2.B.2.a	<p>The RFP states, "Mail Provider survey to all service providers taken from the list of providers as provided by MDHS."</p> <ul style="list-style-type: none"> <li>• What is the total number of surveys the State anticipates having to be mailed?</li> <li>• How many direct service providers are there who serve the aging population?</li> </ul> <p><b>ANSWER:</b></p> <p>1. The vendor is responsible for providing these surveys to the providers, via postal service, telephonic, or emailed to the provider. The end result is to collect data with the most feasible method.</p> <p>2. Please see provider list attached.</p>
5	Page 9	2.2.B.2.a	<p>The RFP states, "Mail Provider survey to all service providers taken from the list of providers as provided by MDHS."</p> <ul style="list-style-type: none"> <li>• Please provide a copy of the mailed survey for providers.</li> </ul> <p><b>ANSWER:</b></p> <p>See attached provider survey.</p>



Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
6	Page 9	2.2.B.2.a	<p>The RFP states, "Mail Provider survey to all service providers taken from the list of providers as provided by MDHS."</p> <ul style="list-style-type: none"> <li>Are all service providers required to complete the survey?</li> </ul> <p><b>ANSWER:</b> The Division of Aging only requires a sample that is representative of all the Planning and Service Areas (PSA), meaning there should at least be a response from all 10 PSA.</p>
7	Page 9	2.2.B.3.a	<p>The RFP states, "Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state's ten (10) Planning and Development Districts Area Agencies on Aging."</p> <ul style="list-style-type: none"> <li>How many people are on the waiting list?</li> </ul> <p><b>ANSWER:</b> The number varies.</p>
8	Page 11	2.2.D.3	<p>This section of the RFP states, "MDHS will request for AAA contacts to notify service providers identified on the Contact List for AAA Service Providers that the Assessment will be forthcoming in order to ensure a better response rate."</p> <ul style="list-style-type: none"> <li>Does this mean the AAA is contacting service providers about the mail survey or contacting them about the phone interviews for people who receive services from them?</li> </ul> <p><b>ANSWER:</b> Yes. The AAAs will contact the individuals above to notify them that the Division of Aging has selected a vendor to complete a needs assessment of the State's aging population.</p>
9	Page 11, Attachment G, Page 30	3.1 and 7	<p>The RFP states, "The Contractor is responsible for ensuring subcontractors provide adequate insurance and/or bond coverage for activities arising out of subcontracts."</p> <ul style="list-style-type: none"> <li>In the event Contractor works with individual persons as independent contractors administering surveys, what types and levels of insurance would the State of Mississippi deem to be adequate?</li> </ul> <p><b>ANSWER:</b> At a minimum, the same insurance requirements required of the RFP.</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
10	Page 11, Attachment G, Page 30	3.1 and 7	<p>This section of the RFP states, “All workers’ compensation, comprehensive general liability, and professional liability, will provide coverage to the MDHS as an additional insured.”</p> <ul style="list-style-type: none"> <li>The Contractor’s insurance broker has advised that Workers Compensation policies will not provide additional insured status to other parties. Please clarify the requirement.</li> </ul> <p><b>ANSWER: Please refer to Number 2 of the Amendment.</b></p>
11	Pages 12-13	4.1.6	<p>This section of the RFP states, “Project pricing to provide services shall be adequately documented and presented in the following format:...”</p> <p>Please clarify the requirement “adequately documented”.</p> <ul style="list-style-type: none"> <li>Does this mean to say the Pricing Form provided in the RFP is adequate documentation?</li> <li>Or does the State require additional document(s)? If so, please clarify the type of document(s) required.</li> </ul> <p><b>ANSWER:</b></p> <ol style="list-style-type: none"> <li>Respondent shall provide pricing in the format outlined in Sec. 4.1.6;</li> <li>Respondent may provide additional documentation detailing each “Total Cost” line item within Sec. 4.1.6 format as a further breakdown of each “Total Cost” line item.</li> </ol>
12	Page 13	4.2.2.2 Cost Factor, (b)	<p>This section of the RFP states, “(b) price appears reasonable, is adequately documented and presented in appropriate format (Section 4.1.6) (5 points)”.</p> <ul style="list-style-type: none"> <li>Please clarify the term “adequately documented”.</li> <li>Does this mean to say the Pricing Form provided in the RFP is adequate documentation?</li> <li>Or does the State require additional document(s)? If so, please clarify the type of document(s) required.</li> </ul> <p><b>ANSWER:</b> See response to Question 11.</p>
13	Page 14 Page 16	4.3.A 4.3.C	<p>Section 4.3.A. indicates Tab 1 should <u>not be redacted</u>. So, should Tab 2 (Price and Financial Data) and Tab 3 (Technical Data) be an exact copy of the price and financial and technical response information included in Tab 1 but be a redacted version?</p> <p><b>ANSWER:</b> Yes.</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
14	Page 11	2.2.D.2.b. & c.	<p>The RFP states, “To facilitate the respondent in delivery of the above referenced project components, MDHS hereby agrees to provide respondent with the following upon final contract execution:</p> <ul style="list-style-type: none"> <li>• Contact List for current participants</li> <li>• Contact List for Older Mississippians on waiting lists for services”</li> <li>• What type of demographic information will be provided by MDHS for the telephonic surveys?</li> </ul> <p><b>ANSWER:</b></p> <p>1. Yes. A current list of older adults will be provided.</p> <p>2. Yes. A current list of older adults will be provided from the waiting list. Please be aware that some of these participants may be duplicates.</p> <p>3. The vendor is responsible for collecting all demographic information from all older adults.</p>
15	Page 10	2.2.D.1. c-e	<p>The RFP states, “To facilitate the respondent in delivery of the above referenced project components, MDHS hereby agrees to provide respondent with the following: These attachments were not included in the RFP.</p> <ul style="list-style-type: none"> <li>• Map (Attachment L)</li> <li>• 2011 Mississippi Needs Assessment (Attachment M)</li> <li>• Most recent MS DAAS State Plan (Attachment N)”</li> </ul> <p><b>ANSWER:</b></p> <p>Attachments L – M are attached and included as part of this Amendment.</p>
16	Page 15	4.3.A.8	<p>Section 4.3.A.8 requires two year of audited financial statements. We are a private, for profit LLC located in and licensed to do business in MS. The company has had a dozen successful contracts (most of which were for an amount more than what our bid for this project will be) over 20 years with MS state agencies and have never had to produce audited financial statements.</p> <ul style="list-style-type: none"> <li>• Is this a requirement now to be considered a responsive bidder?</li> <li>• Is there another way to prove our ability to perform and produce under this contract?</li> <li>• Would not our references, itemized work history, contract history with stat government, annual company budget size, clean financial history (no bankruptcies, disbarments, or unsatisfied/unfinished contracts) or similar address this question?</li> </ul> <p><b>ANSWER:</b></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<p>1. Yes – this information is required to determine responsiveness and responsibility of respondent’s proposal since this project is paid for with federal funding.</p> <p>2. No.</p> <p>3. The information identified in the above 3<sup>rd</sup> bullet will be considered to determine responsiveness and responsibility in addition to other requirements identified through the RFP specifications.</p>
17			<p>Has this survey been conducted in the past? If so, who conducted it, and is a copy of the prior report and survey methodology available and can it be provided?</p> <p><b>ANSWER:</b> Yes, Please refer to the 2011 Mississippi Needs Assessment (Attachment M).</p>
18			<p>What is the maximum budget for this project?</p> <p><b>ANSWER:</b> MDHS will not provide this information. MDHS may require a Best and Final Offer (BAFO) pursuant to the RFP if the anticipated maximum budget is exceeded.</p>
19			<p>Is DAAS open to other methods of data collection, specifically multi-mode approaches that combine phone, mail, and online approaches?</p> <p><b>ANSWER:</b> Yes.</p>
20	Page 9	2.B.1.a	<p>B.1.a It is stated the contractor will be provided with, “at least 3000 older Mississippians (55 and older) as the primary data source (List of Contract Information for 3000+ Mississippians age 55 and older will be provided by MDHS).”</p> <ul style="list-style-type: none"> <li>Does this mean you want 3000 completed surveys, or that a list of 3000 Mississippians will be provided from which as many surveys should be completed based on calling specifications? If the list is 3000 residents, what is the target number of completes for the projects If 3000 completes are needed, will a list of sufficient size be provided (to completed 3,000 surveys may take 10,000 -15,000 records depending on the accuracy of the list).</li> </ul> <p><b>ANSWER:</b> Yes. MDHS only requires that the vendor sample as many as possible to yield representative results from the minority and rural populations.</p>
21	Page 9	2.B.1.b	<p>B.1.b. states: “Combine ten (10) sets of random samples of 300 participants from each of the ten (10) Planning and Development District Area Agencies on Aging (AAA) service areas”</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<ul style="list-style-type: none"> <li>• Will DAAS provide these random samples or is the vendor responsible for obtaining the sample of residents aged 55 and older?</li> <li>• Does this mean that DAAS required 300 completed surveys in each of the 10 districts or that each sample file should have 300 records from which as many surveys should be completed per the calling specifications?</li> </ul> <p><b>ANSWER:</b></p> <p>1. Yes, a list of older adults will be provided for the random sample by MDHS/DAAS.</p> <p>2. DAAS only requires that vendor survey as many older adults as possible to yield an acceptable representation of all 10 districts.</p>
22	Page 9	2.B.1.c	<p>B.1.c states “Random Sample with oversample of minority and rural populations.”</p> <ul style="list-style-type: none"> <li>• Is this over sample included in random samples described in B.1.b?</li> <li>• Which minority groups should be over sampled?</li> <li>• Which rural populations should be over samples?</li> <li>• What is the target number of completes for the ethnic and rural population over samples?</li> </ul> <p><b>ANSWER:</b></p> <p>1. Yes.</p> <p>2. African Americans, Hispanic, Asian Americans, American Indians, Pacific Islanders, and Vietnamese (if applicable).</p> <p>3. African Americans, Hispanic, Asian Americans, American Indians, Pacific Islanders, and Vietnamese (if applicable).</p> <p>4. DAAS does not have a target number; however, MDHS encourages the vendor to sample as many older adults as possible to obtain representative data.</p>
23	Page 9	2.B.2	<p>B.2 states “Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs for service providers to include, but not be limited to, the following:</p> <p>a. Mail Provider survey to all service providers taken from the list of providers as provided by MDHS.”</p> <ul style="list-style-type: none"> <li>• How many service providers will be included in the mail survey?</li> <li>• What is the target number of completes for service providers overall and within each district?</li> </ul> <p><b>ANSWER:</b></p> <p>1. Please see attached provider list.</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<p>2. DAAS does not have a target number for provider; MDHS encourages the vendor to sample as many providers as possible to obtain representative data from each provider.</p>
24	Page 9	2.B.3	<p>B.3 states “Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs among those Older Mississippians on waiting lists for services to include, but not be limited to, the following:</p> <p>a. Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state’s ten (10) Planning and Development Districts Area Agencies on Aging.”</p> <ul style="list-style-type: none"> <li>• <b>How many people are currently of waiting lists for services?</b></li> <li>• <b>What is the target number of completes to complete among citizens on the waiting lists overall and within each district?</b></li> </ul> <p><b>ANSWER:</b>  1. The waiting list varies from AAA to AAA.  2. DAAS will provide the target number of older adults on the waiting list when the vendor is selected.</p>
25	Page 10	2.B.7	<p>B.7 states: “Contractor shall describe in detail its ability to provide an analysis/assessment reflecting a margin of error no greater than 5%.”</p> <ul style="list-style-type: none"> <li>• <b>Is this margin of errors required for each survey? That is, is this margin of error required for each of the surveys specified in B.1.a, B.1.b, B.1.c, B2, and B.3?</b></li> </ul> <p><b>ANSWER:</b>  Yes, the margin of error is for each survey to ensure the percentage of point results will differ from real value.</p>
26	Page 10	2.B.12	<p>B.12 states “Respondent shall describe in detail its ability and approach to facilitate a meeting with MDHS to review draft report of Needs Assessment and any supporting data before final submission.</p> <ul style="list-style-type: none"> <li>• <b>Does DAAS anticipate this meeting will be in person?</b></li> </ul> <p><b>ANSWER:</b>  Yes, this meeting will be in person to ensure that the vendor is meeting the specific requirements set forth per the Older American Act.</p>
27	Page 2	1.1	<p>1.1 states “Respondents shall submit in a labeled binder one (1) original, signed proposal package and one (1) electronic copy of the proposal package (<b>both compiled according to the instructions and requirements below and in Section 4.3 of this RFP</b>), in a sealed envelope or package to the following (mailed or hand-delivered), no</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<p>later than the time and date specified for receipt of proposals and labeled...”</p> <ul style="list-style-type: none"> <li>• <b>Due to the pandemic, are we still required to mail our proposal submission?</b></li> </ul> <p><b>ANSWER:</b> Please refer to Section 1.1 of the RFP, wherein it states, “mailed or hand-delivered”.</p>
28	Pages 8-10	2.2B	<p>Regarding the 3,000 older adults to be contacted, is there a minimum number of people with whom the successful bidder is to have actually made connection?</p> <p><b>ANSWER:</b> No, DAAS requires that the vendor survey as many participants as possible to warrant representative data per PSA.</p>
29	Page 9	2.2.B.3	<p>How many citizens must be we contact who are identified as being on the “waiting list”?</p> <p><b>ANSWER:</b> DAAS encourages all older adults on the waiting list be contacted. However, DAAS understands that some older adults may not want to participate.</p>

## 2021 Mississippi Older Adult Needs Assessment Provider Survey

Hello my name is \_\_\_\_\_ and I'm from (vendor name). We are conducting a survey for the Mississippi Department of Human Services, Division of Aging and Adult Services that focuses on the health and service needs of adults age 55 and older in the state of Mississippi. This study is part of a federal requirement and your input would be very helpful to us as we try to gain insight into the daily lives of this portion of Mississippi's population. As a service provider for one of the ten (10) MS Area Agencies on Aging, can you please answer the following questions?

1. Are you a Home and Community Based Service provider for older adults? If so, please select all that may apply?
  - a. Transportation
  - b. Meals
  - c. Homemaker
  - d. Adult Day Care (ADC)
  - e. Senior Center
  - f. Respite
  - g. Legal Assistance
  - h. Information and Referral/Assistance
  - i. Case Management
  - j. Outreach
  - k. Emergency Services
2. Do you provide healthy foods to older adults?
  - a. Yes
  - b. No
3. Does your agency promote socialization to reduce loneliness of older adults?
  - a. Yes
  - b. No
4. Does your agency provide education materials to older adults about health promotion?
  - a. Yes
  - b. No
5. Does your agency provide education materials to older adults about fall prevention?
  - a. Yes
  - b. No
6. Looking back over the last few months, how often do you have contact with older adult participants?
  - a. Daily or almost daily
  - b. Once or twice a week
  - c. Once or twice a month
  - d. Less than a month
  - e. Don't know
7. What level of participation would you say your agency has with older adults?
  - a. Maximum
  - b. Medium
  - c. Low
8. Was your agency impacted by COVID-19? If yes, please elaborate.
  - a. Yes
  - b. No
  - c. \_\_\_\_\_
9. Does your agency provide community outreach about available services in your planning and services area (PSA)?



- a. *Yes*
  - b. *No*
10. *How long has your agency provided Home and Community Based Services to older adults?*
- a. *One-year or less*
  - b. *Five years*
  - c. *Ten years*
  - d. *Twenty years plus*
11. *Does your agency feel in the next five to ten-years' service delivery for older adults will look different due to the COVID-19 pandemic?*
- a. *Yes*
  - b. *No*
12. *Do you want to share anything else about your agency and providing services?*
- a. \_\_\_\_\_  
\_\_\_\_\_

**Aaron E. Henry Community Health Center In**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**ABC Home Care**

**Business:** (601) 555-9871  
**Business:** 123 Capital Street  
 Jackson, MS, 39201, Hinds  
 www.abchomecare.org  
**Serving:** Jackson, Pearl  
 Provides in home services for clients in the Jackson area. Specializes in services to Veterans.  
**Services:** Homemaker Services, Respite Care  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**Addus HealthCare, Inc.**

**Services:** Respite Care  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Alcorn Human Resource Agency**

**Services:** Adult Day Care, Adult Day Care Meals, Case Management, Congregate Meals, Home Delivered Meals, Homemaker Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Respite Care, Respite Meals  
**Hours:** SUN: (Unspecified) To (Unspecified), MON: 08:00 To 16:30, TUE: 08:00 To 16:30, WED: 08:00 To 16:30, THU: 08:00 To 16:30, FRI: 08:00 To 16:30, SAT: (Unspecified) To (Unspecified)

**Attala County**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**Baptist Adult Health Services**

**Business:** (601) 926-1222  
**Business:** (601) 956-7794  
**Business Fax:** (601) 206-8094  
**Business Fax:** (601) 924-3907  
**Business:** 6250 Old Canton Road  
 Jackson, MS, 39211, Hinds  
**Business:** 503 Northside Drive  
 Clinton, MS, 39056, Hinds  
**Services:** Adult Day Care, Respite Care  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Bodies Under Construction Atheltics**

**Services:** Preventive Health  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**Bolivar County Community Action Program**

**Services:** Congregate Meals, Home Delivered Meals, Homemaker Services, Respite Care  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Bolivar County Council on Aging**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Calhoun County Transportation**

**Services:** Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Central MS Planning and Development Distr**

**Business:** (601) 981-1516

**Business Fax:** (601) 981-1515

**Business:** 1170 Lakeland Drive  
Jackson, MS, 39296, Hinds

**Services:** Case Management, Congregate Meals, Emergency Response, Emergency Services, FCSP Access Assistance, FCSP Caregiver Support, Grocery Boxes, Home Delivered Meals, Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Ombudsman, Preventive Health, Supplemental Services

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**City of Jackson**

**Business:** (601) 960-0335

**Business Fax:** (601) 960-1572

**Mailing:** P.O. Box 17  
Jackson, MS, 39205, Hinds

**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Outreach, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Caring Hearts and Hands**

**Services:** Homemaker Services, Respite Care

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**City of Grenada**

**Services:** Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**City of Natchez / Natchez Senior Center**

**Services:** Adult Day Care, Congregate Meals, Grocery Boxes, Home Delivered Meals, Senior Center, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Carroll County**

**Services:** Case Management, Home Delivered Meals

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**City of Itta Bena**

**Services:** Home Delivered Meals

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Claiborne County Human Resources Agency**

**Services:** Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Clinton Community Christian Corporation**

**Business:** (601) 924-9436  
**Business Fax:** (601) 925-6033  
**Mailing:** P.O. Box 21  
 Clinton, MS, 39056, Hinds  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Community Development, Inc.**

**Services:** Adult Day Care, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**District IV Department of Health**

**Services:** Case Management  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Comfort Keepers**

**Services:** Homemaker Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Conversion Provider**

**Services:** Adult Day Care, Adult Day Care Meals, Adult Day Health/Social Care, Adult Day Services, Case Management, Congregate Meals, Elder Abuse Prevention, Emergency Services, FCSP Access Assistance, FCSP Caregiver Support, FCSP Supplemental Services, Home Delivered Meals, Homemaker Services, Information & Referral, Legal Services, Medicaid Eligibility, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education, Ombudsman, Outreach, Respite Care, Senior Center, Telephone Reassurance, Transportation  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Community Council of Warren County**

**Business:** (601) 638-7441  
**Business Fax:** (601) 661-8606  
**Business:** 3204 Wisconsin Ave.  
 Vicksburg, MS, 39180, Warren  
**Services:** Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Homemaker Services, Ombudsman, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Copiah County Human Resource Agency**

**Business:** (601) 894-4788  
**Business Fax:** (601) 894-6191  
**Mailing:** P.O. Box 448  
 Hazlehurst, MS, 39083, Copiah  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Homemaker Services, Information & Referral, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**East Central Area Agency on Aging**

**Services:** Congregate Meals, Elder Abuse Prevention, Home Delivered Meals, Homemaker Services, Incontinence Supplies, Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Transportation

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Grenada County 1**

**Services:** Case Management, Home Delivered Meals

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Harrison County**

**Services:** Adult Day Care, Adult Day Care Meals, Adult Day Care Snacks, Congregate Meals, Senior Center, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Five County Child Development Program, In**

**Services:** Congregate Meals, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Grenada County 2**

**Services:** Case Management, Home Delivered Meals

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Help at Home**

**Business:** (601) 894-5882

**Business:** (601) 982-7462

**Business:** (601) 982-7311

**Business:** 3828 I-55 North Jackson, MS, 39211, Hinds

**Corporate Offi** 1 North State Street, Suite 800 Chicago, IL, 60602, Cook

**Residence:** Chunky, MS, 39323, Newton

**Services:** Homemaker Services, Respite Care

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Golden Triangle Area Agency on Aging**

**Services:** Case Management, Congregate Meals, Elder Abuse Prevention, Health Promotion, Home Delivered Meals, Homemaker Services, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education, Ombudsman, Outreach, Respite Care, Transportation

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Hancock County Human Resources Agency**

**Services:** Congregate Meals, Senior Center, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Hinds County Board of Supervisors**

**Business:** (601) 973-5550

**Business:** (601) 878-6984

**Mailing:** P.O. Box 686 Jackson, MS, 39205, Hinds

**Services:** Outreach, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Hinds County Human Resource Agency**

**Business:** (601) 923-3930  
**Business Fax:** (601) 923-3928  
**Mailing:** P.O. Box 22657  
 Jackson, MS, 39205, Hinds  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Holmes County 2**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Lee County Multi-purpose**

**Services:** Adult Day Care, Congregate Meals, Home Delivered Meals, Senior Center, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Lowndes County Council on Aging / Dial-A-Ride**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**HOL Family Life and Resources Center**

**Services:** Adult Day Care, Adult Day Care Meals, Adult Day Care Snacks  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Jackson County Civic Action Committee, Inc**

**Services:** Congregate Meals, Senior Center, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Leflore County 1**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Madison County Citizens Services Agency**

**Business:** (601) 855-5701  
**Business Fax:** (601) 855-5662  
**Mailing:** P.O. Box 1358  
 Canton, MS, 39046, Madison  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Information & Referral, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Holmes County 1**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Jones County**

**Services:** Congregate Meals  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Leflore County 2**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Mallory Clinic Transportation**

**Services:** Transportation  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Mississippi Center for Legal Services**

**Business:** (601) 948-6752  
**Business:** 414 South State Street, Suite 300  
 Jackson, MS, 39205, Hinds  
**Services:** Legal Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Montgomery County 1**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**New Zion United Methodist Church**

**Services:** Congregate Meals  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Mississippi Methodist Senior Services, Inc.**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Montgomery County 2**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**North Central Area Agency on Aging**

**Services:** Case Management, Congregate Meals, Home Delivered Meals, Homemaker Services, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Transportation  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**Mississippi Valley State University**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Multi-County Community Services Agency**

**Services:** Home Delivered Meals, NSIP Home Delivered Meals  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**North Delta Area Agency on Aging**

**Business:** 220 Power Drive  
 PO Box 1488  
 Batesville, MS, 38606, Panola  
**Services:** Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education, Ombudsman, Outreach  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**North Delta Planning and Development Dist**

**Business:** 220 Power Drive  
PO Box 1488  
Batesville, MS, 38606, Panola

**Services:** Information & Referral, Ombudsman, Outreach

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**North Mississippi Rural Legal Services**

**Services:** Legal Services

**Hours:** SUN: (Unspecified) To (Unspecified), MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: (Unspecified) To (Unspecified)

**Northeast Mississippi Community Services**

**Services:** Adult Day Care, Adult Day Care Meals, Case Management, Congregate Meals, Home Delivered Meals, Homemaker Services, Incontinence Supplies, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Respite Care, Respite Meals, SSBG Incontinence Supplies, Transportation

**Hours:** SUN: (Unspecified) To (Unspecified), MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: (Unspecified) To (Unspecified)

**Northeast MS Area Agency on Aging**

**Services:** Health Promotion, Incontinence Supplies, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Preventive Health, Respite Care

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Northeast MS Planning and Development Di**

**Services:** Case Management

**Hours:** SUN: (Unspecified) To (Unspecified), MON: 08:00 To 16:30, TUE: 08:00 To 16:30, WED: 08:00 To 16:30, THU: 08:00 To 16:30, FRI: 08:00 To 16:30, SAT: (Unspecified) To (Unspecified)

**Noxubee County Human Resource Agency**

**Services:** Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Pearl River Valley Opportunity, Inc.**

**Services:** Congregate Meals

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21



**Pearl Senior Center**

**Business:** (601) 556-6743  
**Business:** 87 Main Street  
 Pearl, MS, 39208, Rankin  
 www.pearlsoniorcenter.org

**Serving:** Rankin, Jackson, Pearl  
 Pearl Senior Center provides various activities for seniors including exercise classes, board and card games, and other socialization services. Also provided are onsite congregate hot meals at lunch and dinner time.

**Services:** Congregate Meals, Nutrition Education, SCEP, Senior Center  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Pine Belt Mental Healthcare Resources**

**Services:** Adult Day Care Meals, Adult Day Care Snacks, Congregate Meals, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Senior Center of South Pearl River County**

**Services:** Congregate Meals, Senior Center  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Pearl Senior Services**

**Business:** (601) 863-3229  
**Business Fax:** (601) 932-3590  
**Mailing:** P.O. Box 5948  
 Pearl, MS, 39208, Rankin

**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Rankin County Human Resource Agency**

**Business:** (601) 825-1309  
**Business Fax:** (601) 824-0036  
**Business:** 1545 W. Government St.  
 Brandon, MS, 39042, Rankin

**Services:** Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Outreach, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Petal Association for Families**

**Services:** FCSP Caregiver Support  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**River Bend, Inc.**

**Services:** Respite Care  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**SLA Jones Activity Center**

**Services:** Adult Day Care, Emergency Information & Referral - ADC, Emergency Information & Referral - Senior Center, Home Delivered Meals, Home Delivered Meals/A DC, Home Delivered Meals/Senior Center, Preventive Health, Senior Center, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**South Central Community Action Agency, In**

**Business:** (601) 847-5552  
**Business:** 110 Fourth Street  
 D Lo, MS, 39062, Simpson  
**Services:** Congregate Meals, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Information & Referral, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**South Delta Area Agency on Aging**

**Services:** Elder Abuse Prevention, Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Preventive Health, Respite Care  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Southeast Mississippi Legal Services Corpor**

**Services:** Legal Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Southern MS Area Agency on Aging**

**Services:** Case Management, Congregate Meals - Nutrition Education, FCSP Access Assistance, FCSP Service Information, Health Promotion, Home Delivered Meals - Nutrition Education, Home Modification, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Ombudsman, Outreach  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Southern MS Planning and Development Dis**

**Services:** Case Management, Congregate Meals, Consumer Directed Care, FCSP Supplemental Services, Home Delivered Meals  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Southwest MS Area Agency on Aging**

**Services:** Information & Referral  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Southwest MS Planning & Development Dis**

**Services:** Adult Day Care, CACFP, Case Management, Congregate Meals, Grocery Boxes, Home Delivered Meals, Homemaker Services, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Respite Care, Senior Center, Transportation  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Sunflower Humphreys Community Action Ag**

**Services:** Congregate Meals, Home Delivered Meals, Homemaker Services, Respite Care, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Three Rivers Planning and Development Dis**

**Services:** Congregate Meals, Home Delivered Meals, Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Ombudsman, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**TRIO Community Meals**

**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Home Delivered Meals/ADC, Home Delivered Meals/Senior Center  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Yalobusha County**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Total Health Care**

**Services:** Homemaker Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Tunica Mid State**

**Services:** Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Yazoo County Human Resource Agency**

**Business:** (662) 746-1222  
**Business Fax:** (662) 746-2023  
**Mailing:** P.O. Box 208  
 Yazoo City, MS, 39194, Yazoo  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Homemaker Services, Information & Referral, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Town of Mt. Olive**

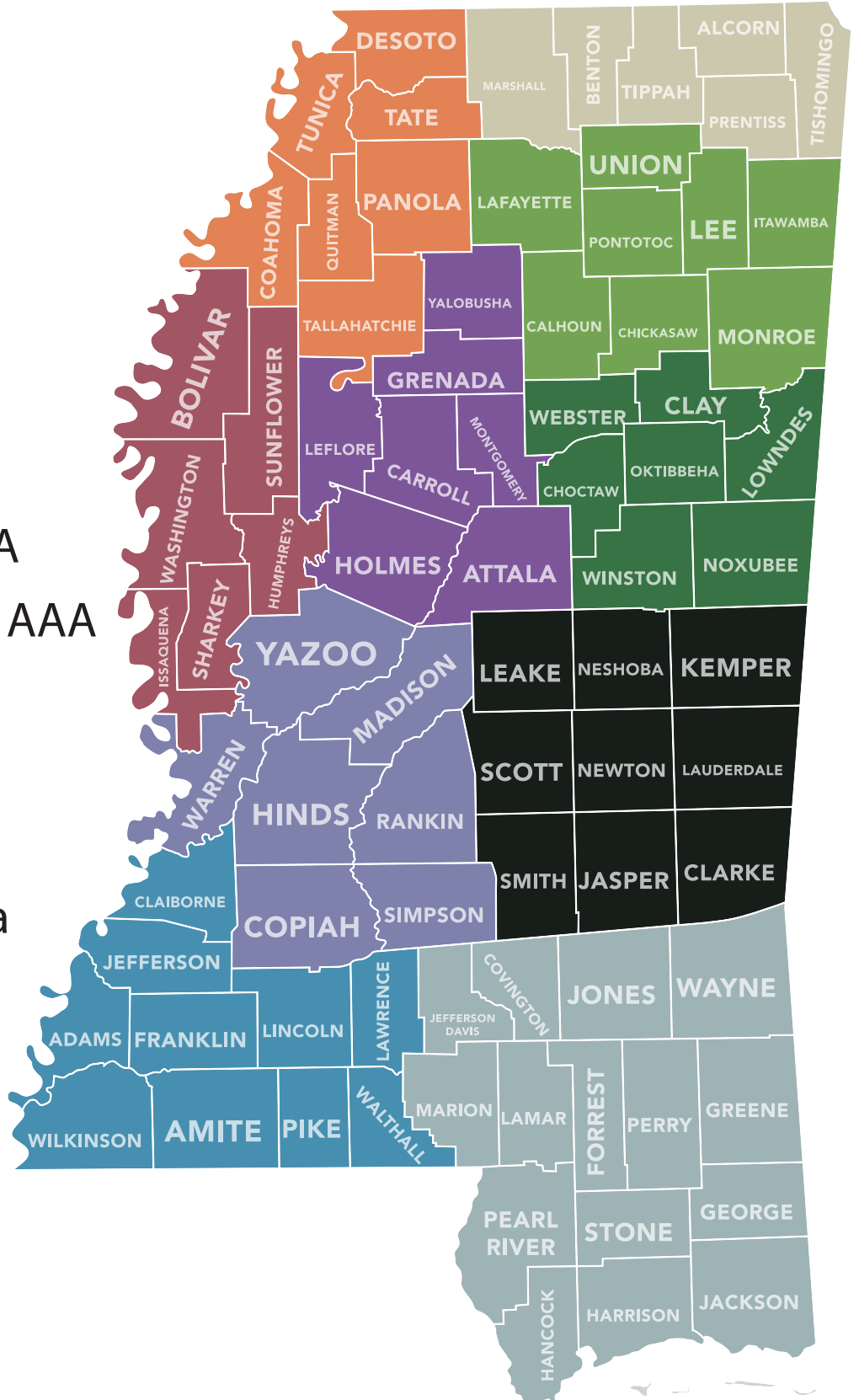
**Services:** Congregate Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Warren-Washington-Issaquena-Sharkey CA**

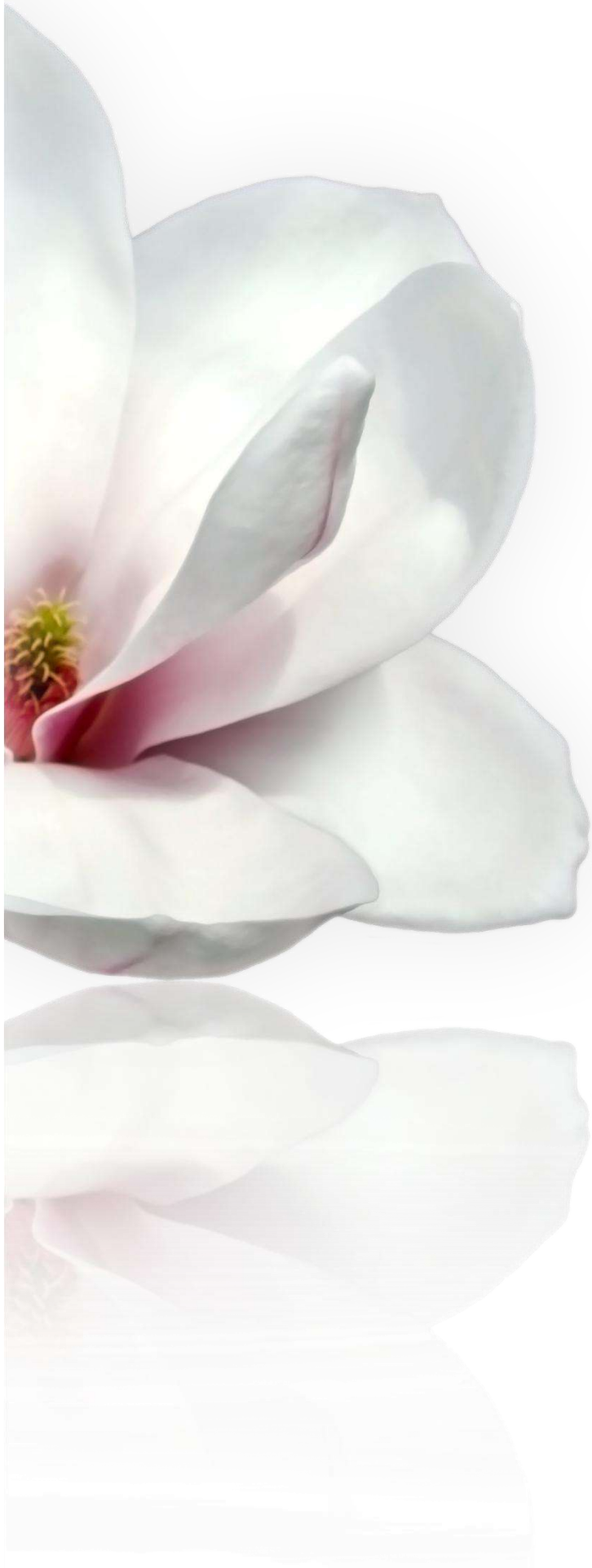
**Services:** Adult Day Care, Adult Day Care Meals, Adult Day Care Snacks, Congregate Meals, Home Delivered Meals, Homemaker Services, Respite Care, Telephone Reassurance, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

# Division of Aging and Adult Services Planning and Development Districts

- North Delta AAA
- North Central
- South Delta
- Central MS AAA
- Southwest MS AAA
- Southern MS Area AAA
- East Central
- Golden Triangle
- Three Rivers
- Northeast MS Area



ATTACHMENT M  
2011 MISSISSIPPI NEEDS ASSESSMENT



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF AGING & ADULT SERVICES

.....  
**2011 OLDER ADULTS  
NEEDS ASSESSMENT**



NATIONAL STRATEGIC PLANNING  
& ANALYSIS RESEARCH CENTER  
**MISSISSIPPI STATE UNIVERSITY**

# ACKNOWLEDGMENTS

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## ABOUT NSPARC

The National Strategic Planning & Analysis Research Center (nSPARC) at Mississippi State University specializes in designing and implementing science-based strategies using state-of-the-art information technology and analytical procedures. nSPARC brings together scientific and technical expertise from the private, public, philanthropic, and academic sectors to develop and support basic and applied research and promote innovative information management to increase economic competitiveness at state, regional, and national levels.

## ABOUT THE AUTHORS

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**Domenico "Mimmo" Parisi** is Professor of Sociology, the Director of nSPARC, and the Principal Investigator for the 2011 Older Adults Needs Assessment. Dr. Parisi earned his Ph.D. in Rural Sociology from Pennsylvania State University.

## FOR MORE INFORMATION

For more information regarding this report, contact Dr. Domenico "Mimmo" Parisi, Director of the National Strategic Planning and Analysis Research Center (nSPARC), by phone at 662.325.9242 or by email at [mimmo.paris@nsparc.msstate.edu](mailto:mimmo.paris@nsparc.msstate.edu).



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# I. EXECUTIVE SUMMARY

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This report presents the results of a study conducted to evaluate the needs of the elderly population along with information that highlights strengths and weaknesses of the services provided to senior citizens in the state. The data came from multiple sources, including the most recent Census data, national and state epidemiological data, and administrative data. Data were also collected through two telephone surveys and a computer-assisted focus group to provide information on the awareness and use of services provided by the Mississippi Department of Human Services Division of Aging and Adult Services (DAAS) and on the developing need for services over the next 10 years to meet projected changes in the aging population. The telephone surveys and focus group were conducted during February and March 2011. Data collected from the telephone surveys included health, well-being, and economic and social support variables on the general 55-and-older population in the state and from a sample of seniors awaiting services from DAAS.

The data reveal several straightforward conclusions regarding population characteristics, health, services, and needs.

## POPULATION CHARACTERISTICS

- Mississippi's elderly population will increase by 30 percent by 2020 and double by 2050
- Thirteen percent of those 65 and older continue to be actively engaged in the workforce
- On average, the elderly population earns just over \$25,000 per year
- Seventeen percent of the elderly population lives in poverty

## HEALTH

- An appreciative number of the elderly are disabled
- Obesity and diabetes are becoming the most prevalent health issues among the elderly

## SERVICES

- Twenty-nine thousand elderly were served in 2009, an increase of 32 percent from 2006
- Home-delivered meals is the most prevalent service provided
- Congregate meal service needs are growing at a faster rate than other service needs

## NEEDS

- Current and future concerns center on personal physical health and financial well-being
- Lack of affordable, accessible, and reliable healthcare and transportation
- Senior discount programs, repair services, home delivered meals, home healthcare, and information and referral services are top-ranked service needs
- Those who seek assistance are among the most vulnerable elderly population in the state
- Clear lack of awareness of services available to seniors

## RECOMMENDATIONS

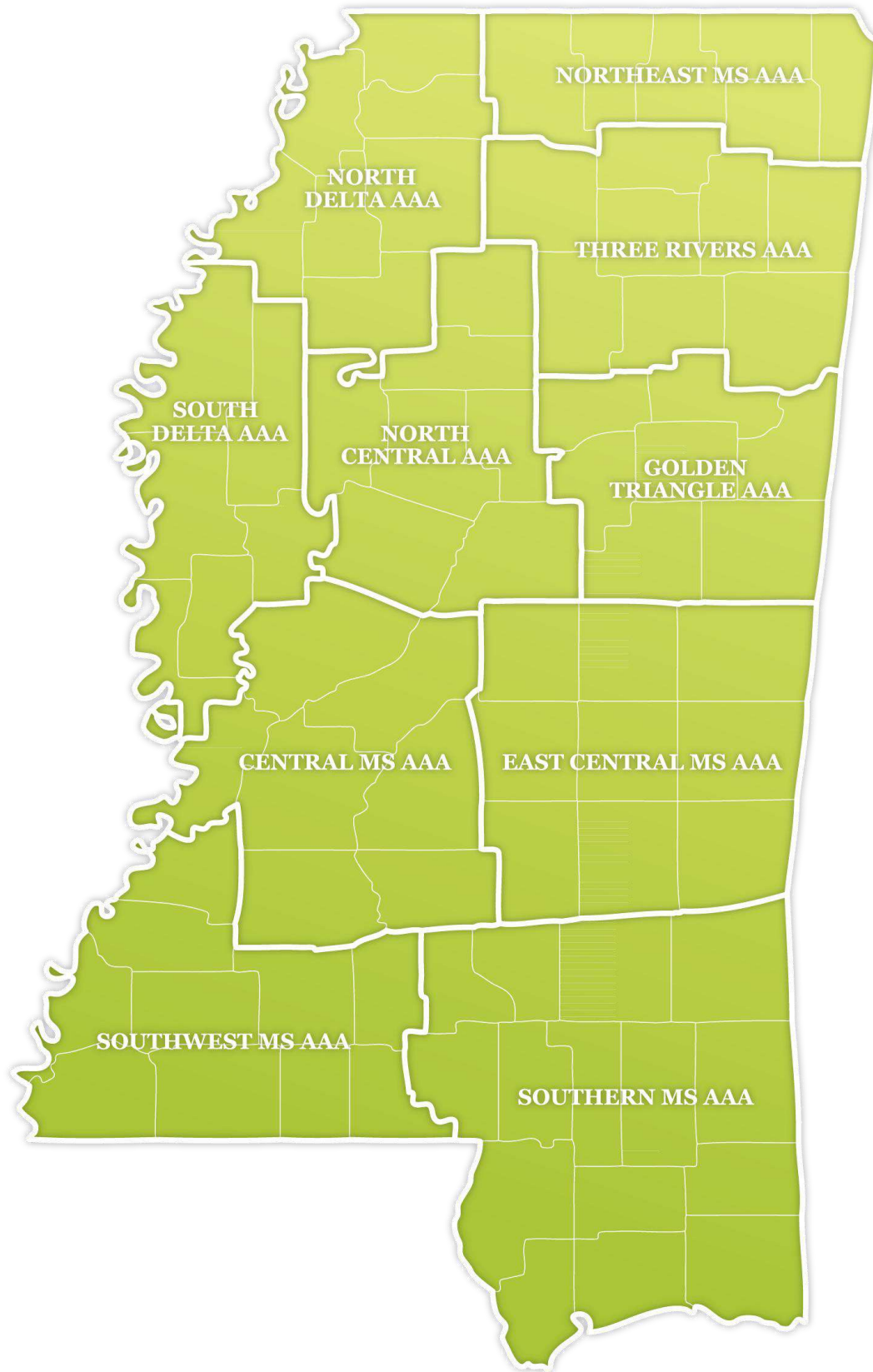
In sum, the 2011 Mississippi Older Adults Needs Assessment shows that older adults have greatly varying needs and that no single service or program will be an answer to every individual. There are, however, recommendations that can help the state better meet the needs of the aging population in Mississippi:

- Increase capacity to absorb the growing elderly population along with the increased demand for services
- Develop capacity to provide home healthcare assistance
- Develop programs to include repair services and referral services
- Develop appropriate workforce to meet the demands for jobs serving the elderly
- Develop marketing campaign for raising awareness of services provided to seniors
- Build strong and sustainable partnerships with for-profit and nonprofit organizations
- Develop educational campaign about aging and the role of the elderly in the community



# MISSISSIPPI AREA AGENCIES ON AGING

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## II. INTRODUCTION

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The 2011 Mississippi Older Adults Needs Assessment paints a picture of the health, family and social networks, economic situation, and quality of life of those 55 years and older in Mississippi. This assessment was undertaken to fulfill requirements set forth in the Older Americans Act of 1965 and to gain insight into the services provided through the Area Agencies on Aging (AAA).

The Older Americans Act of 1965 established the Administration on Aging at the federal level and Area Agencies on Aging (AAA) at the local level. The goal of these aging agencies is to provide comprehensive services for adults 60 and older. In Mississippi, there are ten AAAs, each associated with one of the state's Planning and Development Districts (see Map). The AAAs are coordinated by DAAS whose vision is each older citizen living the best life possible. The mission of DAAS is to "protect the rights of older citizens while expanding their opportunities and access to quality services."

This study is of critical importance as the elderly population continues to grow over the next half-century. In fact, the most recent Census projections for 2020 predict a 45 percent increase in Mississippians aged 65 and older, while those aged 85 and older are projected to increase over 36 percent (U.S. Census 2005). The information generated through this study will help the DAAS and the AAAs better accomplish their objectives and keep pace with change in the state's aging population.

## III. GOALS AND OBJECTIVES

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The overall goal of the 2011 Mississippi Older Adults Needs Assessment and this report is to provide insight into factors that affect Mississippi's ability to meet the added demands of an increasing aging population and to address the requirements of the Older Americans Act of 1965. Specifically:

1. Project the change in the number of older individuals in the state.
2. Analyze how such changes may affect individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency.
3. Analyze how programs, policies, and services provided by the state can be improved, including coordinating with Area Agencies on Aging (AAA), and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the state.
4. Analyze how the change in the number of individuals aged 85 and older in the state is expected to affect the need for supportive services.

## IV. METHODS

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### *Data:*

Data for the 2011 Mississippi Older Adults Needs Assessment were collected from several primary and secondary sources in order to fully address the goals and objectives of the study. Primary data were collected through a telephone survey – the General Needs Assessment Survey – of Mississippians 55 and older, a telephone survey – the Waiting List Needs Assessment Survey – of Mississippians currently on a waiting list for DAAS services, and a focus group of service providers. All primary data collection was undertaken during the months of February and March 2011 (see Appendix I, II, III, and IV for copies of the respective instruments and their results).

Additional data included administrative and secondary sources consisting of population estimates and projections from the U.S. Census Bureau, socioeconomic and demographic data from the Current Population Survey, health indicator data from the Centers for Disease Control and Prevention, and service trend data from the Administration on Aging. These supporting sources of data were vital in meeting and fully addressing the goals and objectives of the study because they allowed comparisons to be made between state and national trends and provided a more complete picture of the aging population, its specific characteristics, and the daily challenges they face.

The minimum age for inclusion in the GNAS component of the assessment was 55 years rather than 60, the age when individuals are eligible for services. This was done so agencies can begin planning not only for those currently eligible for services but for those who will become eligible in the next five years. Respondents were selected using list-assisted random-digit-dialing (RDD), which includes both listed and unlisted telephone numbers. A representative sample of 1,025 Mississippians 55 and older completed the survey. There was equal representation of survey respondents from each of the ten AAAs, and the margin of error was +/- 3 percent for responses.

For both telephone surveys, information was gathered on a variety of topics, including the health, well-being, economic situation, and social support status of respondents.

### *Sample Characteristics:*

The characteristics of the sampled populations are reported in Table 1. The sampled group for the GNAS is an accurate representation of Mississippi's overall population of people 55 and older and the population served by DAAS when comparing national data and previous research. The WLNAS sample is more representative of low-income Mississippians, a group that is underrepresented in the GNAS. The underrepresentation of the aging population with low income in the GNAS does not affect results.

*Gender.* Mississippi's 55-and-older population has a gender breakdown of 53.9 percent male and 46.1 percent female (Current Population Survey 2008-2010). Over 70 percent of AAA clients were female (Preliminary MDHS 2010 Data). Like most surveys, there was a much higher percentage of female participation compared to male participation. The GNAS included 279 males (27 percent) and 744 females (73 percent). The WLNAS included 50 males (17.7 percent) and 229 females (80.9 percent).

*Race.* Mississippi's 55-and-older population is 73 percent white and 26 percent African-American (Current Population Survey). The GNAS mirrors this breakdown, while the WLNAS has just over 60 percent of respondents as white and about 37 percent as African-American. Administrative data from the Mississippi Department of Human Services for Fiscal Year 2010 reports that over half of clients were African-American while less than 48 percent were white.

**TABLE 1. RESPONDENTS’ DEMOGRAPHIC CHARACTERISTICS (GENERAL AND WAITING LIST SURVEYS)**

	General Survey		Waiting List Survey	
	N	Percent	N	Percent
<b>Gender</b>				
Male	279	27.2	50	17.7
Female	744	72.6	229	80.9
<b>Race/ethnicity</b>				
White/Caucasian	743	72.5	170	60.1
African American	264	25.8	104	36.7
Hispanic	7	0.7	2	0.7
Other	20	1.9	2	0.8
<b>Level of Education</b>				
Less than High School	172	16.8	78	27.6
High School Diploma	338	33.0	97	34.3
Some College	193	18.8	47	16.6
Associate’s Degree	77	7.5	26	9.2
Bachelor’s	113	11.0	10	3.5
Graduate/Professional	115	11.2	2	0.8
<b>Marital Status</b>				
Married	530	51.7	74	26.1
Widowed	262	25.6	127	44.9
Divorced	115	11.2	41	14.5
Single (never married)	93	9.1	24	8.5
Separated	9	0.9	10	3.5
Co-Habitating	2	0.2	2	0.7
<b>Age</b>				
55-59	154	15.0	17	6.0
60-64	198	19.0	36	12.7
65-69	200	19.5	37	13.1
70-74	157	15.3	55	19.4
75-84	212	20.7	84	29.7
85+	71	6.9	46	16.3
<b>Employment Status</b>				
Retired	648	63.2	206	72.8
Full-time	161	15.7	2	0.7
Unable to work	88	8.6	41	14.5
Part-time	58	5.7	4	1.4
Unemployed, looking	29	2.8	3	1.1
Unemployed, not looking	27	2.6	23	8.1
<b>Residential Status</b>				
Rural	784	76.5	232	82.0
Urban	241	23.5	51	18.0

*Education.* Twenty-five percent of Mississippians do not have a high school diploma, 34 percent only have a high school diploma, 13 percent have some college, 8 percent have earned an associate's degree, 12 percent have earned a bachelor's degree, and 8 percent have at least some graduate education (CPS). The GNAS captures more of the aging population with a higher level of education than the general population: 17 percent of respondents did not complete high school, 33 percent completed high school, just over 25 percent had some college or a technical degree, and just over 20 percent had at least a bachelor's degree. The WLNAS sample reveals a population with significantly less education: Over 27 percent of respondents did not complete high school, over 34 percent completed high school, over 16 percent had some college education but no degree, 9 percent had an associate's or a technical degree, 3.5 percent had a bachelor's or master's degree, and less than one percent of respondents had a graduate or professional degree.

*Marital Status.* Most Mississippians aged 55 and older are married (63%), while 20 percent are widowed, 11 percent are divorced, 2 percent are separated, and 3 percent are single (CPS). Both surveys captured more respondents who were single and widowed and fewer who were married compared to the general population of 55-and-older Mississippians. Just over 26 percent of survey respondents were married, while 8.5 percent were single, 14.5 percent were divorced, and nearly 45 percent were widowed. Preliminary administrative data from MDHS for Fiscal Year 2010 shows that over 55 percent of clients lived alone compared to over 23 percent who lived with a spouse. Just over 50 percent of WLNAS respondents were married, while 9 percent were single, 11 percent were divorced, and 26 percent were widowed.

*Age.* The average age of Mississippians older than 55 is 66.5, and the average age of individuals who received services through AAA was approximately 77 years old (Preliminary DHS 2010 Data). In comparison, the average age of the GNAS respondents was 69, and the average age of WLNAS respondents was 74. The age cohort breakdowns are reasonably similar to the population of Mississippi, though the GNAS does capture more elderly Mississippians between the ages of 65 and 79 and fewer between the ages of 55 and 64.

*Employment Status.* National data shows that 36.3 percent of Mississippians aged 55 and older were in the labor force, and 77 percent worked full-time. Most of the GNAS respondents were retired (63%), while 16 percent were working full-time, 6 percent were working half-time, and almost nine percent were unable to work. In contrast, less than one percent of the WLNAS respondents were working full-time. Furthermore, just over one percent of WLNAS respondents were working part-time. Just over one percent reported they were unemployed and looking for work. The majority of WLNAS respondents were retired (72.8 percent), a higher percentage (14%) were unable to work, and 8 percent were unemployed and not looking for work.

*Residential Status.* Census figures report that over 55 percent of Mississippi's population resided in rural areas in 2009. Over 76 percent of GNAS respondents resided in rural areas, while just over 23 percent of respondents resided in urban areas. WLNAS respondents were even more likely to be rural (82%), while fewer were urban (18%). The oversampling of rural respondents is in line with one of the goals of the project, which is to assess how the change in the older adult population will affect rural residents.

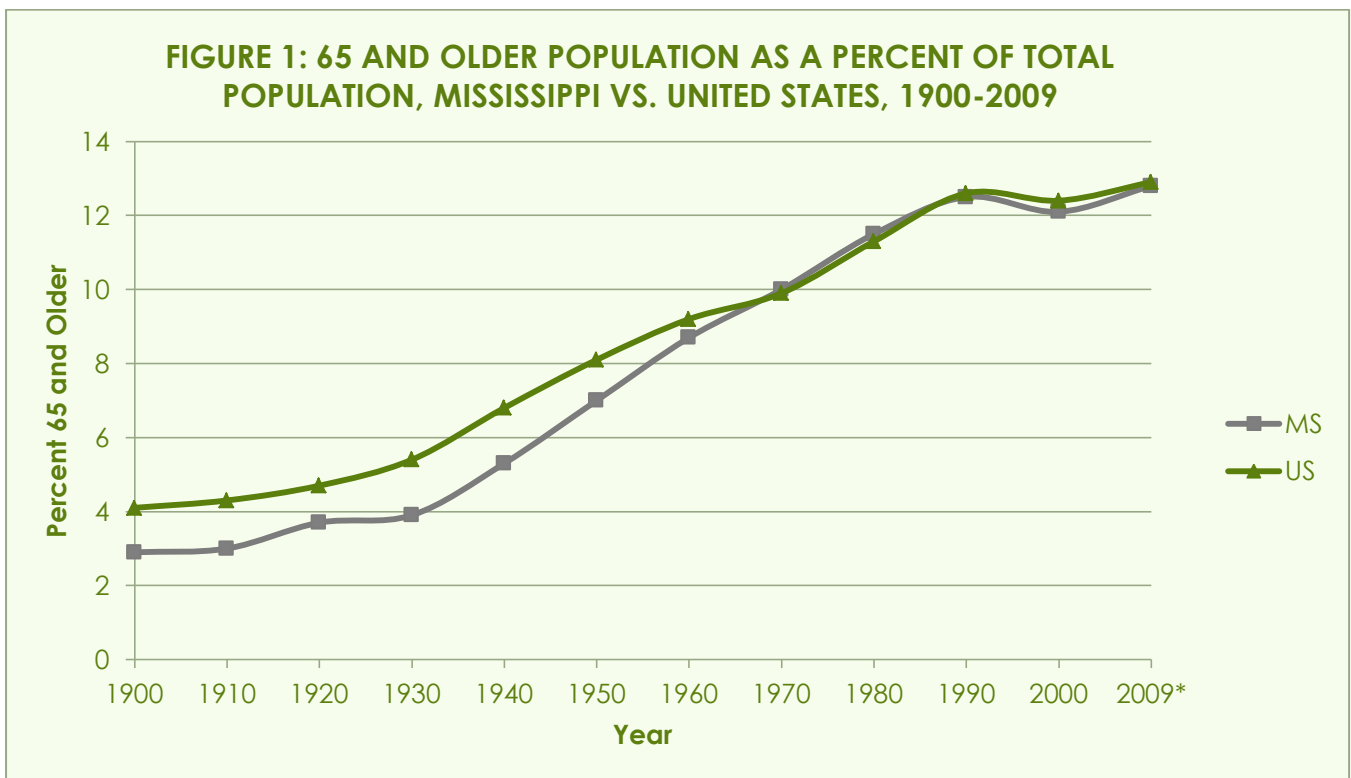
*Income.* On both surveys, over 20 percent of respondents declined to report household income. Over 40 percent of GNAS respondents reported incomes of less than \$30,000. The GNAS appears to undersample low-income individuals: almost 20 percent of Mississippi's aging population has income less than \$10,000 in the GNAS, whereas the survey sample figure is just below 14 percent. Additionally, almost 30 percent of Mississippi's aging population has income between \$10,000 and \$20,000, whereas the GNAS sample has just under 14 percent. Of the WLNAS respondents who reported their income, over 65 percent have income under \$20,000: 32 percent of respondents have household incomes of less than \$10,000, and 35 percent of respondents have household incomes between \$10,000 and \$20,000. The majority of respondents (65 percent) reported having difficulties meeting basic needs with current income. The WLNAS results are a much more consistent depiction of the current client base of DAAS, which predominately serves low-income individuals living near or below the official poverty line.

*Sources of Income.* The majority of respondents (52.1 percent) reported receiving Social Security benefits. Other major sources of income included employment earnings (21.1 percent) and income earned from state and federal retirement programs (20.7 percent). A much higher percentage of WLNAS respondents reported receiving Social Security benefits (89.8). Other major sources of income for WLNAS respondents included food stamps (20 percent) and income earned from state and federal retirement programs (18.2 percent).

# V. GENERAL BACKGROUND

## POPULATION CHARACTERISTICS

Mississippi, and the country as a whole, is aging, and this will bring new challenges for those who serve the older population. The needs of older adults are often interrelated, so it is important to understand who makes up the aging population and how a state's aging population compares to the nation as a whole. In Mississippi, the characteristics of the general 55-and-older population tend to mirror those in the nation as a whole. Even when trends in Mississippi are more pronounced, they follow essentially the same path as the nation. In fact, historical population trends at the state level show that Mississippi's older adult population has similar growth patterns to those of the nation. According to U.S. Census figures, between 1900 and 2000 the number of adults aged 65 and older in Mississippi increased by more than 600 percent from 45,000 to more than 343,000 individuals. Mississippians aged 65 and older grew from less than 3 percent of the state's population in 1900 to nearly 13 percent of the state's population today (see Figure 1).



Source: U.S. Census Bureau

Current census projections indicate that the number of Americans aged 65 and older will more than double between 2010 and 2050. If this projection holds true, older adults will account for approximately 20 percent of the country's population by as early as 2030 (Vincent and Velkoff 2010). These same estimates project the number of Mississippians aged 65 and older to increase from approximately 343,000 in 2000 to over 499,000 in 2020. This is an increase of over 45 percent in twenty years (U.S. Census 2005). Also by 2020, Mississippians aged 85 and older are projected to increase from approximately 43,000 in 2000 to nearly 60,000, an increase of over 39 percent (U.S. Census 2005). Table 2 displays the projected growth of each age cohort 55 and over based on 2009 population estimates and 2020 projections for Mississippi.

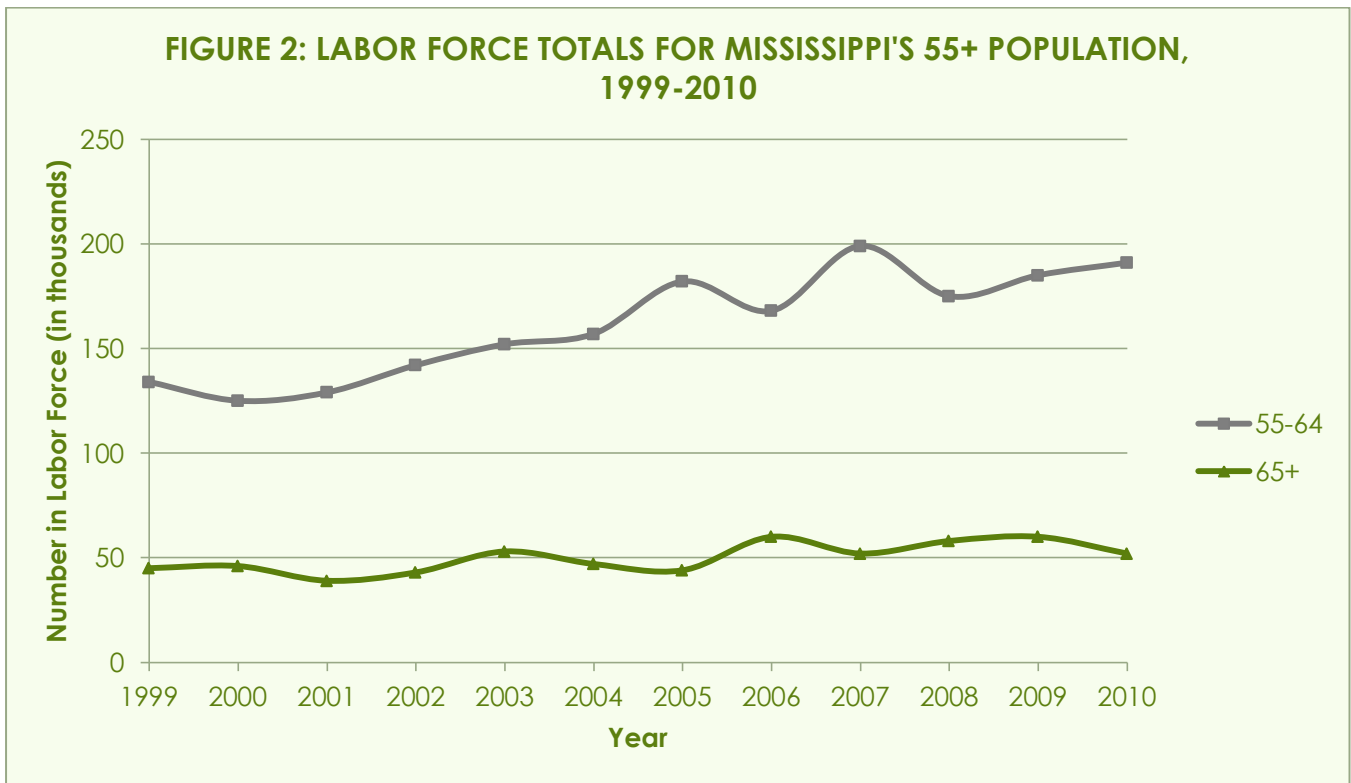
**TABLE 2. PROJECTIONS FOR MISSISSIPPI'S 55 AND OLDER POPULATION, 2009-2020.**

Age Cohort	Population 2009	Pct. of Population	Population 2020	Percent Change
55 to 59	176,904	6.0	210,908	19.2%
60 to 64	148,519	5.0	204,445	37.7%
65 to 69	113,242	3.8	170,187	50.3%
70 to 74	89,706	3.0	131,955	47.1%
75 to 79	70,066	2.4	84,058	20.0%
80 to 84	53,882	1.8	54,360	0.9%
85 and Older	50,019	1.7	58,630	17.2%
Totals	702,338	23.7%	914,543	30.2%

Sources: U.S. Census Bureau, Population Estimates 2009.  
 U.S. Census Bureau, Interim State Projections, 2005.

Workforce participation is another important characteristic of the aging population. Employment data from the Bureau of Labor Statistics provide information on the employment situation for older adults in Mississippi. In 2010 those between the ages of 55-64 recorded a workforce participation rate of 55.5 percent compared to 13.6 percent for those 65 and older. Both rates are lower than the national rate, as adults between the ages of 55 to 64 reported a workforce participation rate of nearly 65 percent, while those 65 and older reported a rate of over 17 percent.

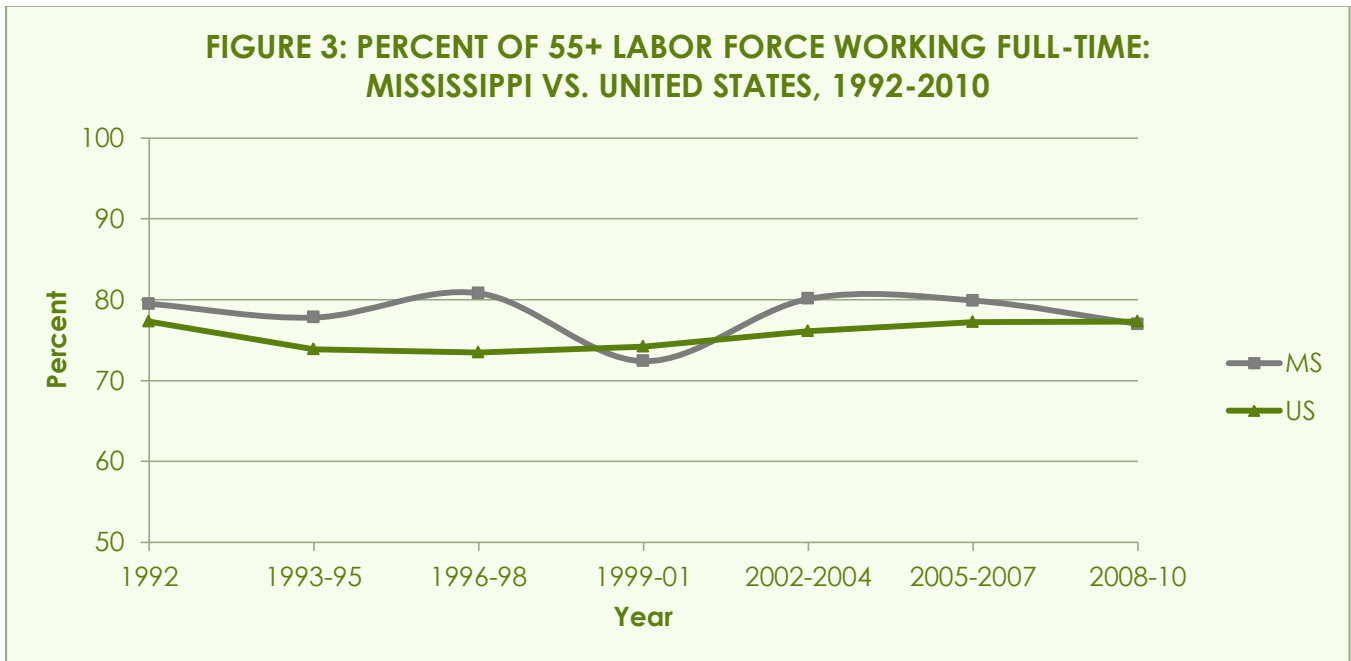
**FIGURE 2: LABOR FORCE TOTALS FOR MISSISSIPPI'S 55+ POPULATION, 1999-2010**



Source: U.S. Department of Labor, Bureau of Labor Statistics

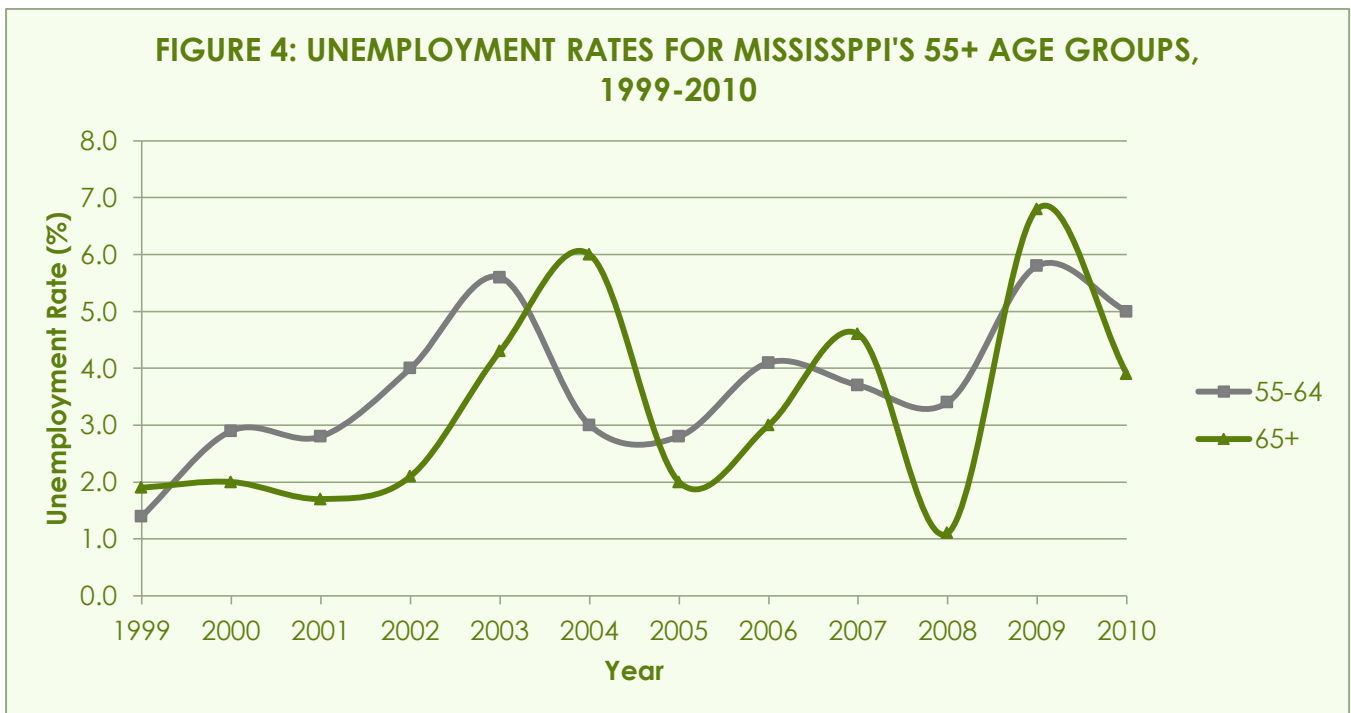


The figures below display CPS data on the prevalence of full-time workers in the 55 and older age group. Data for the most recent three year averages show that the prevalence of full-time workers in Mississippi for this age group is consistent with the nation and that Mississippi generally records a higher rate of full-time workers than the national average for this age group.



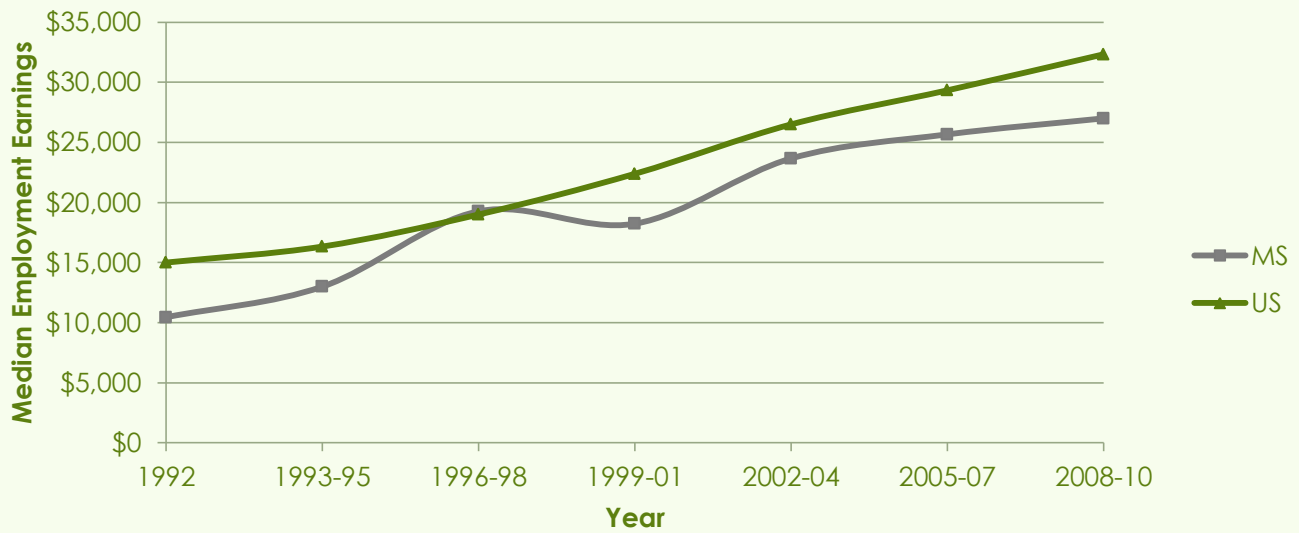
Source: U.S. Census Bureau, Current Population Survey

Regarding unemployment, Mississippians 55 to 64 had an unemployment rate of 5 percent compared to 7 percent for the nation in 2010. Mississippians aged 65 and older had an unemployment rate of 4 percent compared to nearly 7 percent for the nation. The chart below displays the unemployment rates for these age groups from 1999 to 2010.



Source: U.S. Census Bureau, Current Population Survey

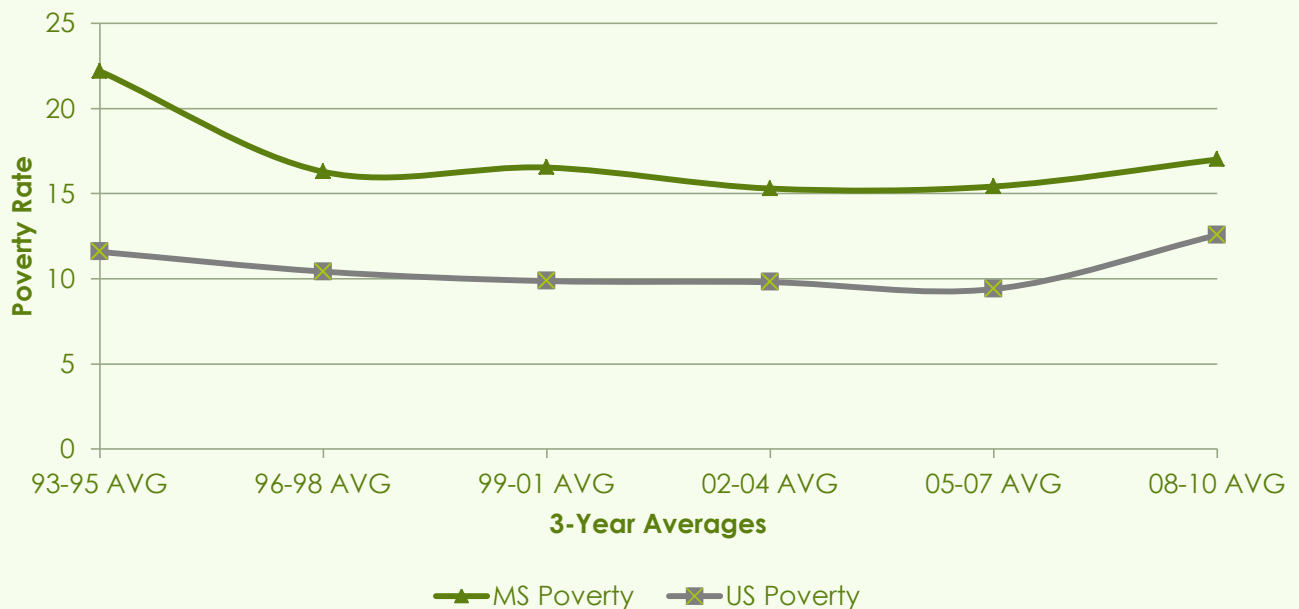
**FIGURE 5: MEDIAN EMPLOYMENT EARNINGS FOR ADULTS 55+: MISSISSIPPI VS. UNITED STATES, 1992-2010**



Source: U.S. Census Bureau, Current Population Survey

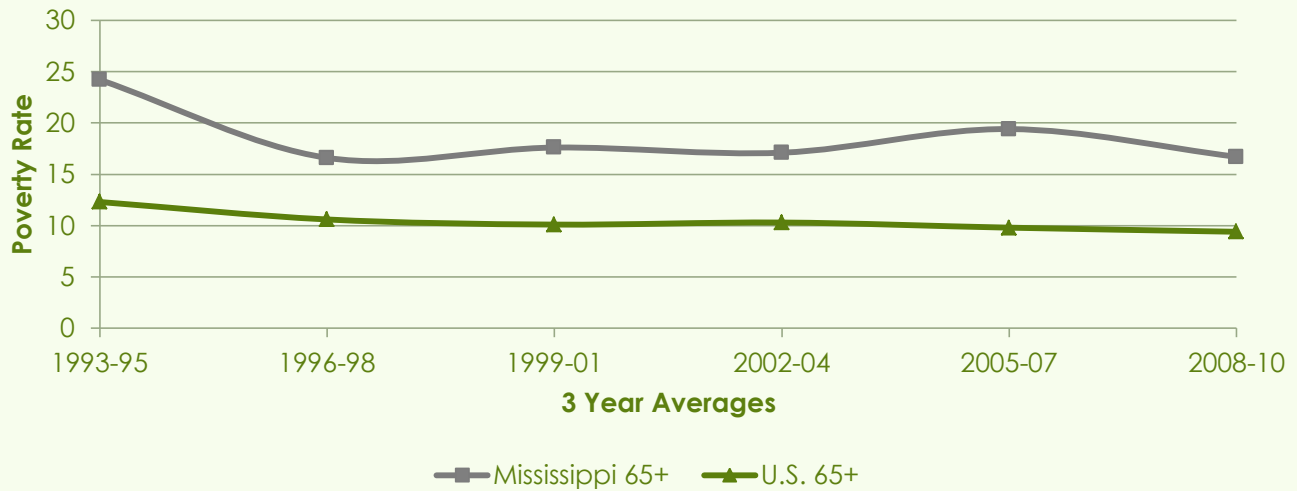
Poverty can have tremendous impacts on a variety of factors, including health, well-being, and demand for services. Current Population Survey data show that poverty among older adults in Mississippi has been consistently higher than that of the nation, which follows historical trends for overall poverty. Most recent averages from 2008-2010 indicate a poverty rate of 17 percent for those adults aged 55 and older compared to 12.6 percent for the nation.

**FIGURE 6: POVERTY RATE FOR 55+ POPULATION: MISSISSIPPI VS. U.S.**



Source: U.S. Census Bureau, Current Population Survey

**FIGURE 7: POVERTY RATES: 65 AND OLDER POPULATION, MISSISSIPPI VS. U.S., 1993-2010**



Source: U.S. Census Bureau, Current Population Survey

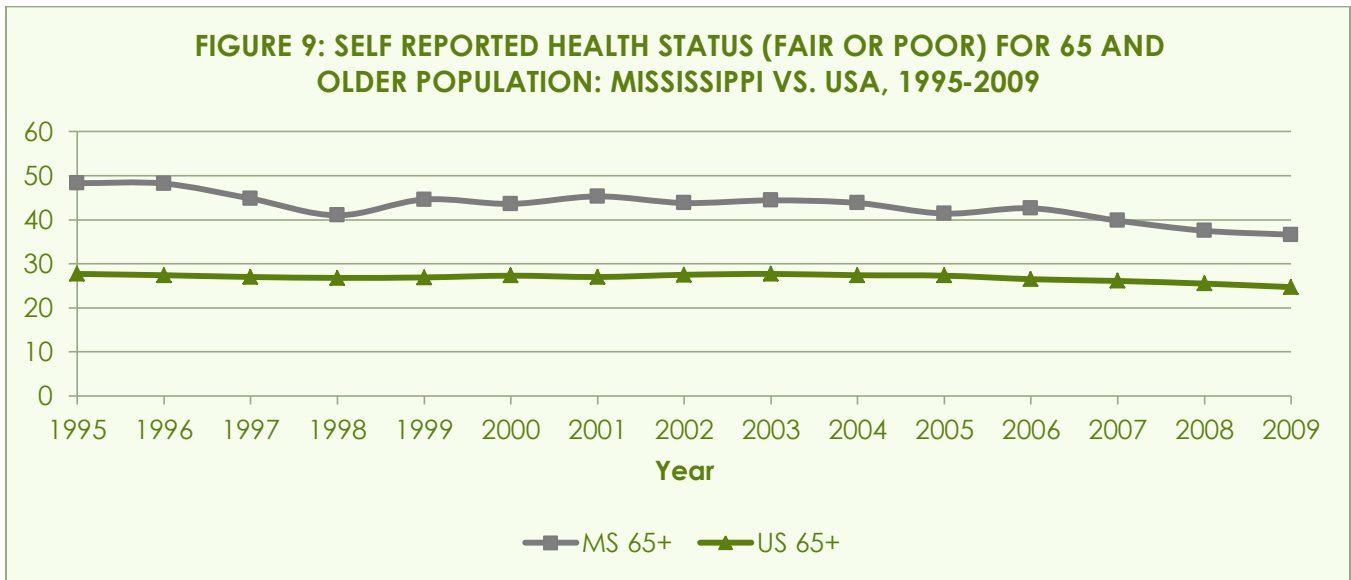
**HEALTH**

While the general population trends in the state and the nation mirror one another, so do the trends in health for the aging population. In terms of self-reported health status of older adults, Figures 8 and 9 show that Mississippians are more likely than the rest of the nation to classify their health status as either 'Fair' or 'Poor.' Estimates from the Behavioral Risk Factor Surveillance Survey (2009) show that over 31 percent of 55 to 64-year-olds and nearly 40 percent of those aged 65 and older rated their health as 'Fair' or 'Poor' compared to 20 percent and 26.1 percent for the nation. Results from the GNAS show that over 15 percent of respondents rated their health as 'Fair' or 'Poor.' By comparison, nearly 40 percent of WLNAS respondents rated their health as 'Fair' or 'Poor.'

**FIGURE 8: SELF REPORTED HEALTH STATUS (FAIR OR POOR) FOR 55-64 POPULATION: MISSISSIPPI VS. USA, 1995-2009**

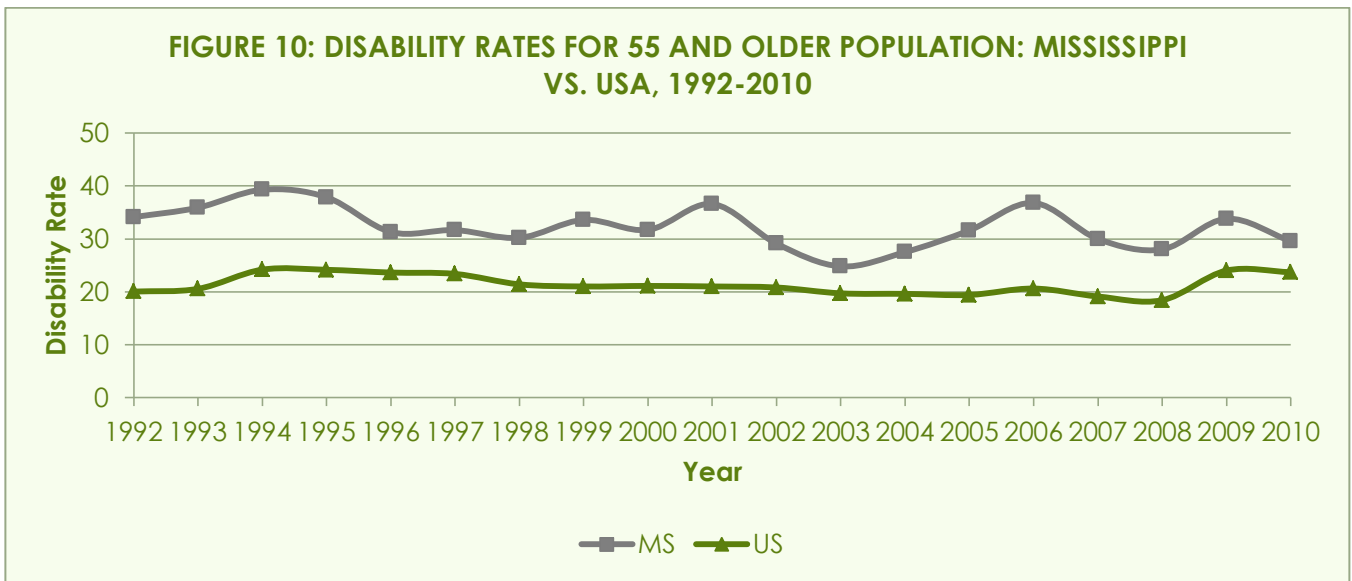


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009



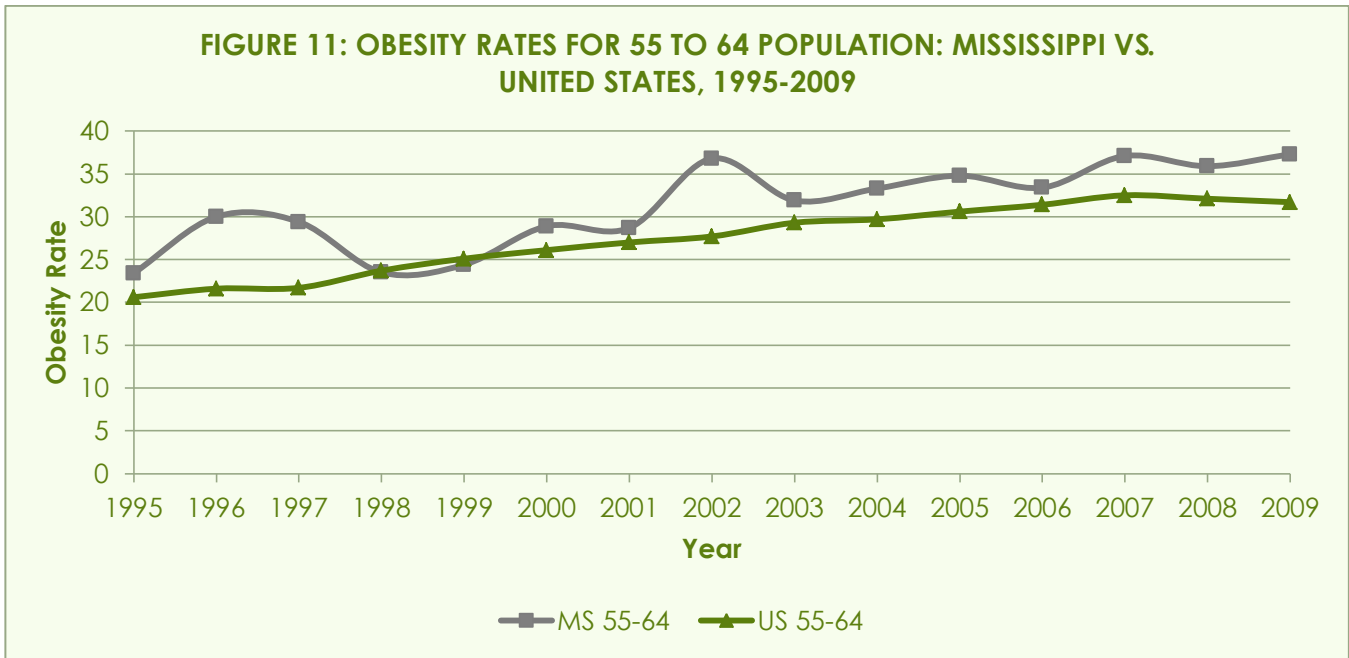
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009

Data related to other major health indicators show that older adults in Mississippi tend to fair worse than the nation as a whole. Disability rates from the Current Population Survey show that over 29 percent of older Mississippians reported living with a disability in 2010 compared to 24 percent of older adults nationwide.

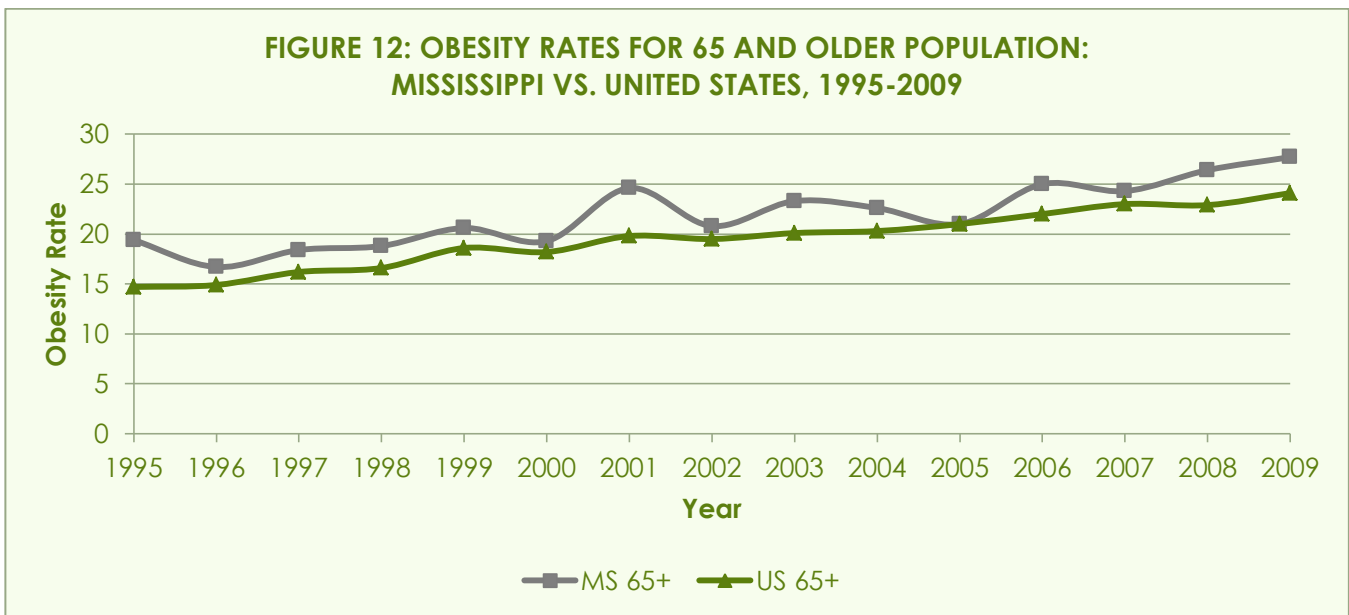


Source: U.S. Census Bureau, Current Population Survey March Supplement, 1992-2010.

Obesity and diabetes are two major future health concerns facing the aging population. Historic data trends show that obesity is already a concern in Mississippi, as state-level rates consistently exceed those of the nation. Figures 11 and 12 show that over 37 percent of Mississippians aged 55 to 64 and nearly 28 percent of Mississippians aged 65 and older are classified as obese compared to national rates of 32 percent and 24 percent, respectively.

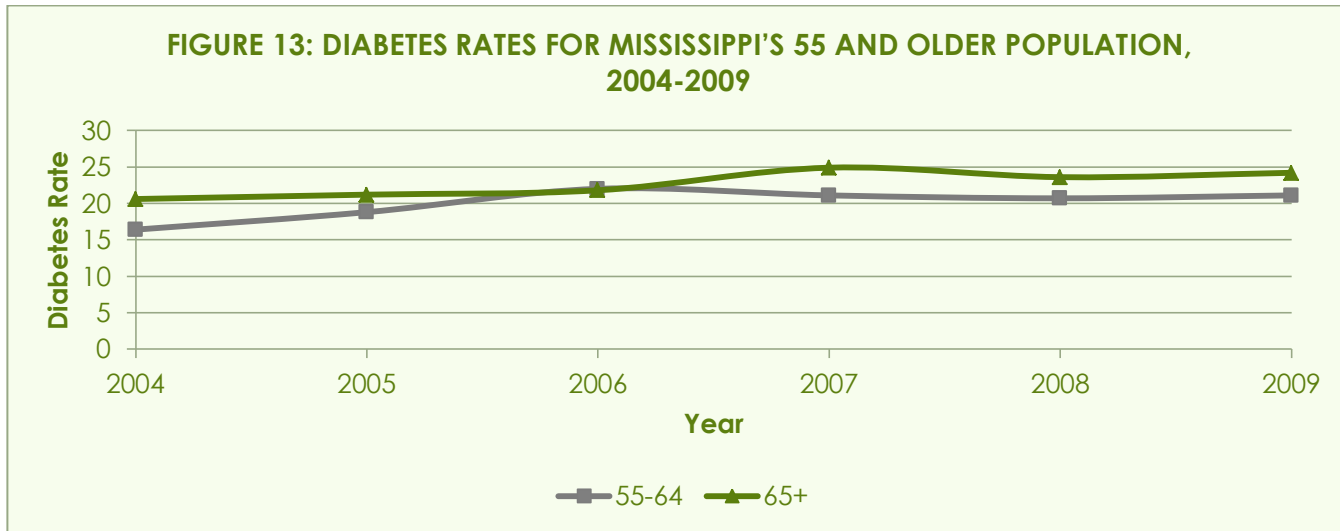


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009

High rates of obesity in Mississippi have been accompanied by high rates of diabetes. As Figure 13 shows, over 21 percent of 55 to 64 year olds and over 24 percent of adults aged 65 and over reported being diagnosed with diabetes.



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2004-2009

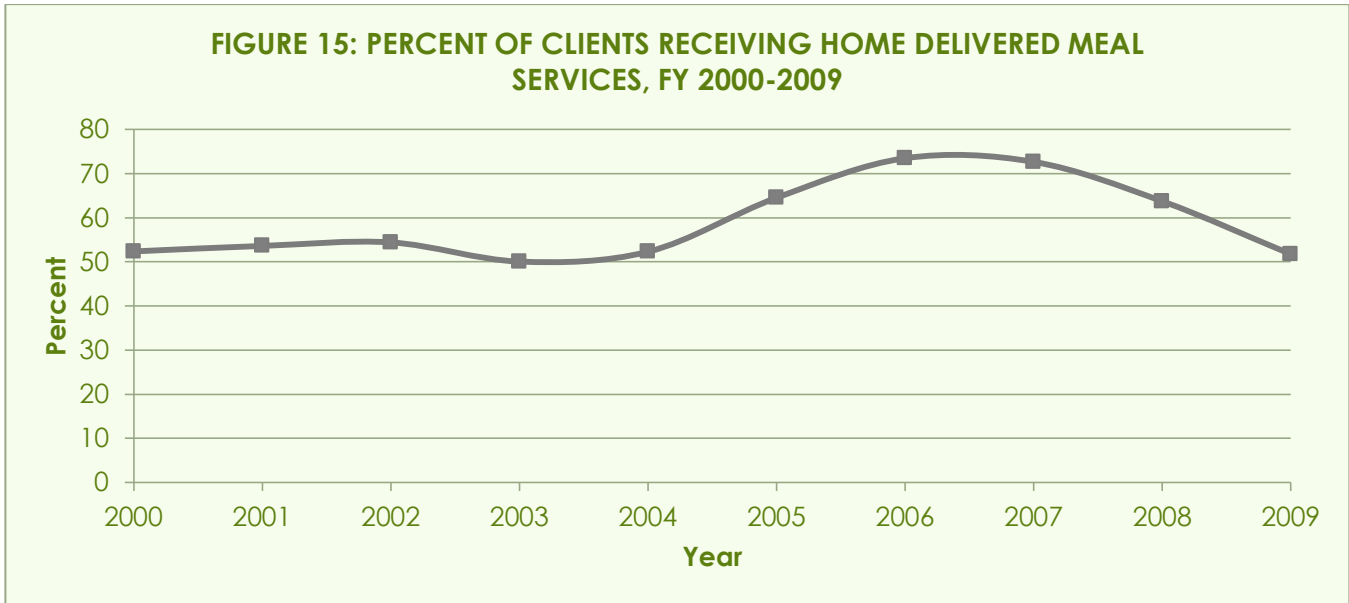
### SERVICE

Population estimates for 2009 report that there were over 525,000 Mississippians aged 60 and older, which comprised nearly 18 percent of the state's population (U.S. Census 2010). The Administration on Aging's Aging Integrated Database (AGID) show that MDHS's Division of Aging and Adult Services has served over 26,000 clients in 2009 (Administration on Aging 2011), which is approximately six percent of the state's 60 and older population. Assuming six percent represents the most needy elderly Mississippians, DAAS can expect an increase of 14,000 clients by 2020.



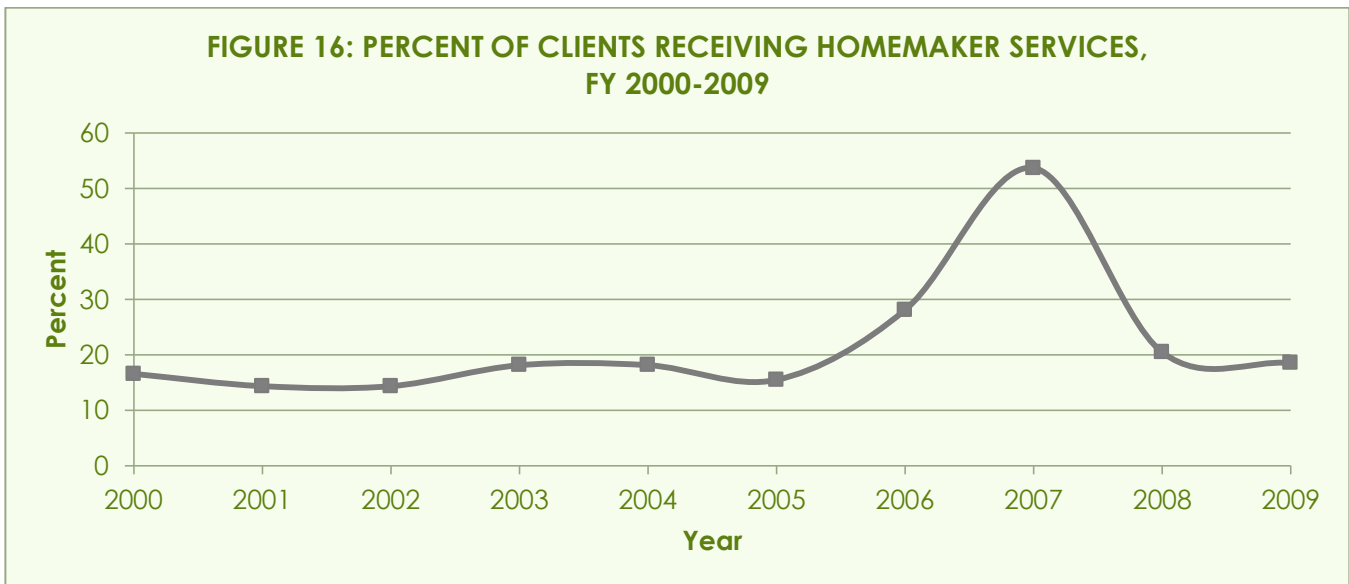
Source: Administration on Aging, Aging Integrated Database, 2011.

A review of the specific services provided shows that the most used service of AAA is Home Delivered Meals (HDM). Between 2000 and 2009, approximately three percent of Mississippians over 60 received HDM. Assuming these conditions persist, DAAS can expect to see an increase of 7,000 clients seeking Home Delivered Meals by 2020.



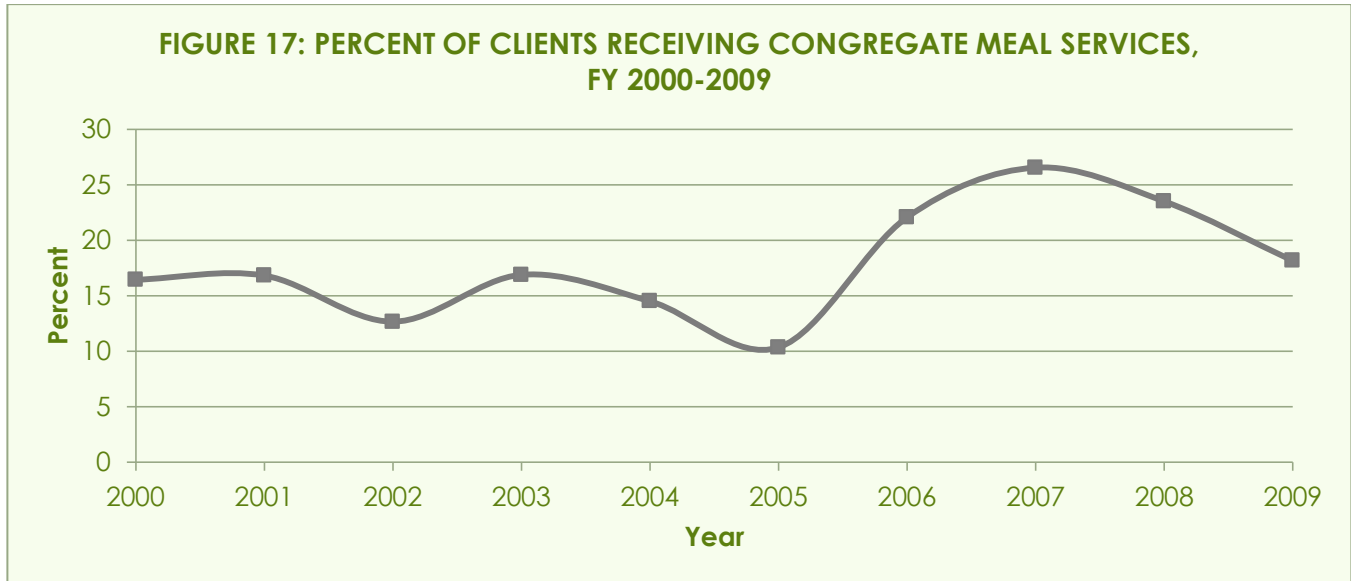
Source: Administration on Aging, Aging Integrated Database, 2011.

Homemaker Services is the second-most accessed service provided by AAA. Between 2000 and 2009, approximately one percent of Mississippians over 60 received Homemaker Services. Assuming these conditions persist, DAAS can expect to see an increase in demand for Homemaker Services of close to 2,300 by 2020.



Source: Administration on Aging, Aging Integrated Database, 2011.

Though trending down, Congregate Meals is the third-most popularly received service provided by AAA. Between 2000 and 2009, just under one percent of Mississippians over 60 received Congregate Meals. Assuming these conditions persist, DAAS can expect to see an increase in demand for Congregate Meals of just over 2,000 by 2020.



Source: Administration on Aging, Aging Integrated Database, 2011.

## 2011 MISSISSIPPI OLDER ADULTS NEEDS ASSESSMENT RESULTS

The 2011 Mississippi Older Adults Needs Assessment surveyed adults aged 55 and older on a variety of topics, including service awareness, everyday activities, health status, living arrangements, quality of life, and future concerns. In order to gain greater perspective into the everyday lives and unmet needs of older Mississippians, two telephone surveys of adults aged 55 and older were conducted. The first was a random sample survey of the state's older adult population (GNAS), and the second was a survey of individuals who are currently on waiting lists for DAAS services (WLNAS). The minimum age was set at 55 so that the needs and concerns of this age group could be documented to help agencies prepare not only for those who are currently eligible for services but for those who will become eligible for services in the next five years.

A general set of questions was developed for both surveys and were asked of the GNAS and WLNAS respondents. WLNAS respondents were, however, asked additional questions specific to how long they have been waiting for services, their level of urgency for receiving services, and how they were coping with the lack of service. Results for the two surveys and the focus group session are provided below.

### ASSESSMENT SURVEYS

Overall, the results of the GNAS show that Mississippi's older adult population report high scores on quality of life and health status. Specifically, 94 percent of respondents ranked their quality of life as "good" or better with 76 percent ranking their quality of life as very good or excellent. In general these respondents were less dependent on alternative sources of transportation, had lower levels of food insecurity, and were less concerned with being able to meet their basic needs.

Concerns arise, however, with the examination of the WLNAS results, which show striking differences between the two survey populations. These results encapsulate the major issues that face the state's aging population. WLNAS respondents fared much worse on self-reported quality of life and health assessment scores, and they also reported higher levels of dependence on transportation and much higher levels of food insecurity than those from the GNAS.



With the projected increase of older adults in Mississippi, the state can expect an increase in the number of older adults who have difficulty meeting basic needs without assistance. As the results of these two surveys demonstrate, this is especially true for older adults living on low incomes and those who reside in rural areas. Special attention should also be paid to older adults who provide care for others, as an increase in older adults could also result in an increase in caregivers who may be in need of some type of relief.

Ultimately, potential clients will need to know what services are available and how and where these services can be accessed. The DAAS currently serves a small share of the state's aging population. An increase in awareness, especially among low-income and rural individuals, could result in more people receiving the services and assistance they need.

The following sections highlight some of the key findings from each of the survey's topic areas and directly address the goals and objectives of the Older Americans Act of 1965. Full results for both surveys are available in Appendix I-IV.

## **QUALITY OF LIFE AND LIFESTYLE**

### **GNAS**

- Seventy-six percent of respondents reported their Quality of Life as being Very Good or Excellent.
- Physical health was the most pressing quality of life concern among GNAS respondents, as over 46 percent of respondents reported a high level of concern for this indicator.
- Other major concerns included Financial Problems (26.6 percent), Access to Adequate Healthcare (21.3 percent), Affordable Medications (20.3 percent), and Depression (18.2 percent).
- Physical Health was a major quality of life concern for Low Income Respondents (60.2 percent). In contrast, only 23 percent of High Income Respondents saw their current Physical Health as a major concern.

### **WLNAS**

- In contrast to the GNAS results, only 40 percent of respondents reported their Quality of Life as being Very Good or Excellent.
- Physical Health (79.5 percent) and Financial Problems (50.2 percent) were the most pressing quality of life concerns for WLNAS respondents.
- WLNAS respondents were more concerned with issues related to Loneliness and Isolation, the Ability to Perform Everyday Activities like bathing or preparing meals, and Accessing Transportation than those who participated in the GNAS.

## **FAMILY AND SOCIAL SUPPORT**

### **GNAS**

- Ninety-eight percent of respondents believed that they had a reliable contact in the case of an emergency.
- Over 11 percent of respondents reported having no family members living within 25 miles of their residence.

### **WLNAS**

- Ninety-one percent of respondents believed that they had a reliable contact in the case of an emergency.
- Almost 12 percent of respondents reported having no family members living within 25 miles of their residence.

## **CAREGIVING**

### **GNAS**

- Over 33 percent of respondents reported that they provide care for a family member or friend on a regular basis.
- Seventy-four percent of caregiving respondents were female.
- About 30 percent of respondents spent more than 20 hours per week providing care for others.

- Eight percent of caregivers reported a high need for respite care.
- Twenty-three percent of caregivers reported that their future ability to care for others was a major concern.

#### WLNAS

- Twenty-two percent of respondents reported that they provide care for a family member or friend on a regular basis.
- Eighty-three percent of caregiving respondents were female.
- Over 37 percent of caregivers spent more than 20 hours per week providing care for others.
- Over 33 percent of caregivers reported that their future ability to care for others was a major concern.

## LIVING ARRANGEMENTS

#### GNAS

- Nearly 73 percent of respondents reported they were Very Satisfied with their current living arrangements.
- Over 24 percent of respondents reported that the ability to continue living independently was a major concern for them as they continue to age over the next five or more years.
- Eighty-nine percent of High Income Respondents (those with Household Incomes of \$75,000 or greater) were Very Satisfied with their Living Arrangements, compared to less than 63 percent of Low Income Respondents (those with Household Incomes of \$20,000 or less).

#### WLNAS

- Over 44 percent of respondents reported they were Very Satisfied with their current living arrangements.
- Nearly 47 percent of respondents reported that the ability to continue living independently was a major concern for them as they continue to age over the next five or more years.

## DIET AND FOOD SECURITY

#### GNAS

- Nearly 12 percent of the sample reported that there had been times over the last year when they were unable to afford enough food to eat.
- The inability to afford food was a major issue for low-income groups. Over 38 percent of respondents with household incomes below \$10,000 reported that the inability to afford enough food to eat had been a problem for them over the last year.
- Over 24 percent of respondents were unable to afford the kinds of foods they wanted to eat at one time or another over the last 12 months, and for 6 percent of respondents this was a frequent occurrence.
- Over 20 percent of respondents were unable to afford to eat healthier meals over the last 12 months. This was a frequent problem for nearly 6 percent of respondents.
- The ability to afford basic needs like food and rent was a major future concern for nearly 23 percent of respondents.
- Nearly 15 percent of respondents reported a high level of need for Food Stamps.
- Nearly 23 percent of African-American Respondents claimed that there had been times over the last year when they were unable to afford enough food. This was a problem for only 8.3 percent of White Respondents.

#### WLNAS

- Over 49 percent of the sample reported that there had been times over the last year when they were unable to afford enough food to eat.
- Over 66 percent of respondents were unable to afford the kinds of foods they wanted to eat at one time or another over the last 12 months.
- Over 63 percent of respondents were unable to afford to eat healthier meals over the last 12 months.
- The ability to afford basic needs like food and rent was a major future concern for 46 percent of respondents.

## TRANSPORTATION

### GNAS

- Approximately 15 percent of respondents reported that they did not use their own vehicle as a primary means of transportation for most local trips.
- Of those respondents who did not use their own vehicle as a primary means of transportation:
  - Over 47 percent reported that a lack of transportation was a problem for them over the last year.
  - Nearly 49 percent resided in rural areas.
  - Over 53 percent reported household incomes of less than \$10,000 in 2010.
- Nine percent of respondents reported a high level of need for transportation services.
- Twenty-three percent of respondents reported a high level of future concern with their ability to drive on their own.
- Sixteen percent of respondents had high levels of concern with the availability of adequate transportation over the next five or more years.

### WLNAS

- Nearly 53 percent of the sample reported that they did not use their own vehicle as a primary means of transportation for most local trips.
- Over 74 percent of respondents reported that a lack of transportation was a problem for them over the last year.
- Over 28 percent of respondents reported a high level of future concern with their ability to drive on their own.
- Nearly 37 percent of respondents had high levels of concern with the availability of adequate transportation over the next five or more years.

## HEALTH STATUS

### GNAS

- Over 54 percent of respondents reported being in Very Good or Excellent health.
- Over 40 percent of respondents reported that their physical health did not interfere with their ability to perform basic daily activities.
- High Blood Pressure was the most common health condition, as nearly 64 percent of respondents reported they had been diagnosed with this condition within the last two years.
- Some of the other major health concerns included Arthritis (58 percent), Vision Problems (38.8 percent), Back Pain (36.4 percent), and other Joint Problems (32.0 percent).
- 13 percent of the sample reported there had been times when they needed medical attention but elected not to seek it.
- Of those who decided not to seek medical attention, over 54 percent reported cost issues, over 27 percent decided to treat themselves, and nearly 16 percent reported other reasons for not seeking medical attention, such as nursing experience and not being able to miss work.
- Over 75 percent of High Income Respondents reported their overall health as being Very Good or Excellent. In contrast, slightly over 43 percent of Low Income Respondents reported their overall health as being Very Good or Excellent.
- Over 76 percent of African-American Respondents reported being diagnosed with High Blood Pressure, and nearly 32 percent had been diagnosed with diabetes. These percentages were at 64 percent and 25 percent for the GNAS as a whole, respectively.

### WLNAS

- Nearly 23 percent of respondents reported being in Very Good or Excellent health.
- Nearly 63 percent of respondents reported that their physical health made it difficult to perform basic daily activities like bathing or preparing meals.
- High Blood Pressure was the most common health condition, as nearly 79 percent of respondents reported they had been diagnosed with this condition within the last two years.
- Some of the other major health concerns among respondents included Arthritis (77.4 percent), Back Pain (61.1 percent), Vision Problems (58.0 percent), and other Joint Problems (54.1 percent).
- 24 percent of the sample reported there had been times when they needed medical attention but elected not to seek it.

- Of those who decided not to seek medical attention, over 44 percent reported cost issues, over 23 percent claimed they had no means of transportation, and over 19 percent decided to treat themselves.

## SERVICE NEED AND AWARENESS

### GNAS

- Nearly 68 percent of respondents claimed to be unaware of the services provided and facilitated through the Area Agencies on Aging.
- Of those respondents who were aware of the Area Agencies on Aging, nearly 34 percent did not know how to get in contact with local Area Agency on Aging representatives.
- Senior Discount Programs were found to be the greatest need among respondents, as over 31 percent reported a high level of need for this service.
- Other services that scored high on the list were Repair Services (22.4 percent), Physical Fitness and Exercise Programs (18.5 percent), Tax Preparation (15.9 percent), and Information and Referral Services (15 percent).
- Over 77 percent of Low Income Respondents were unaware of the services provided by DAAS, compared to 44 percent of High Income Respondents claiming to be unaware.
- Senior Discount Programs (44.8 percent) and Food Stamps (34.4 percent) were the greatest service needs among Low Income Respondents. In contrast, the greatest service needs of High Income Respondents were Exercise Programs (17.6 percent) and Repair Services (17.6 percent).

### WLNAS

- Over 64 percent of respondents were on waiting lists for Home Delivered Meals.
- Other services for which respondents were waiting for included Homemaker Services (27.6 percent), Home Healthcare (17.3 percent), Congregate Meals (8.1 percent), and Repair Services (7.8 percent).
- Repair Services (63.6 percent) was reported as the most urgent need among WLNAS respondents.
- Help from family was the most consistent coping mechanism used among respondents waiting for services.
- Many respondents reported there were times they were forced to do without a service when alternative sources of support were not available.

## FUTURE CONCERNS

### GNAS

- Physical health (58.5 percent) was reported as the greatest future concern.
- Affording Healthcare (31.3 percent), Affording Medications (29.5 percent), Mental Health (28.5 percent), and the Ability to Care for Others (25.2 percent) were among the other major concerns.
- Declining Physical Health was the most pressing concern for the entire sample (58.5 percent); this was especially true for Low Income (66.3 percent) and Female Respondents (61 percent).

### WLNAS

- Physical health (68.2 percent) was reported as the greatest future concern.
- Affording Healthcare (46.9 percent), the Ability to Live Independently (46.7 percent), Affording Basic Needs, and Affording Medications (44.9 percent) were among the other major concerns.

## SERVICE PROVIDER FOCUS GROUP

A computer-assisted focus group consisting of 25 service providers from the 10 AAAs was conducted in order to gain insight on the strengths and weaknesses of the current service delivery method and what the state needed to do to prepare for the increase in the aging population. Participants were made up of directors of AAAs, directors of non-profits, and a variety of field specialists. The focus group used innovative web-based technology that gathers information in a way that gives everyone a voice in the process while still getting the benefits of sharing ideas in a group setting. Focus group materials are available in Appendix V.

### *Current and Future Needs Assessment*

Overall results from the focus group and the surveys indicate that service providers and elderly Mississippians share the same vision of current and future needs. Both agree that home repair services are the biggest need for today's clients. Both agree that preventative services for health and finances are the greatest needs of tomorrow's clients. Both agree that Mississippians need more awareness of available services. Both agree that caregiving is very difficult.

Participants were asked about the greatest unmet needs of their community. Service providers see keeping individuals in their homes as the biggest priority in improving the lives of older Mississippians. In order to do this, service providers are in agreement that currently general home repairs is the greatest unmet need of seniors. Specific home repairs stated included roofs and wheel chair ramps. Participants were asked about the effect of the retirement of the Baby Boom on services. Service providers agree that Baby Boomers are more active, independent, and more educated than previous elderly generations. Thus, there will be a need for preventative services, including exercise opportunities and nutrition, and financial education on home-delivered meals, homemaking services, and transportation.

Service providers also agree that Mississippians need more training on how to get informed about the services that are available to elders, including AAA services. GNAS results show that almost 70 percent of Mississippians were not aware of AAA services. Service providers had many ideas on how to reach clients effectively. The channels of trusted information most cited were, in order, churches, wellness centers, doctors, and family members. Targeting adult children was mentioned as a strategy as well as pharmacists, senior centers, mass media, pamphlets, community meetings, health fairs, places of employment, and utility companies.

Service providers agree that Mississippians of all ages need an education campaign for all Mississippians that serves to prepare people for the stages of the aging process. Service providers think that many people are in denial about the aging process. There was general agreement that being able to communicate about aging, death, dying, the stages of grief, and costs of long-term and hospice care would help people to make choices that better prepare themselves for retirement. The educational campaign would focus on good health and financial practices throughout life so that people reach retirement more physically and financially fit. Service providers were united in the thought that successful aging starts early in life.

Service providers agreed that providing training to caregivers is a top priority. Caregivers will have an expanded role as the Baby Boomer population ages, increasing the need for caregiver training. Research on care giving shows the detrimental impacts on the caregiver. Participants overwhelmingly said that in order to prevent burn-outs, caregivers need to learn coping skills and the importance of self-care. Coping skills include stress and anger management and sensitivity to elders in terms of understanding what it feels like to be dependent on someone else. Self-care includes understanding one's limits and how to get help or find support groups. In addition to training on how to physically care for loved ones, caregivers also need training on how to make decisions that are in the best interests of the family as a whole.

### *Service Delivery Method and Increasing Capacity*

AAA directors report that though the majority of their staffs are not trained in geriatrics, their staffs work well as a team. AAA personnel value shaping the process of improving service delivery through collaboration, are loyal to the needs of Mississippi's aging population, and enjoy interacting with the seniors they serve. The service providers at the focus group are willing to learn and desire to be active in shaping the process of improving lives of the elderly in Mississippi. Most participants in the focus group know they need more training and welcomed training opportunities. Service providers would like to see and know that DAAS personnel is personally involved and understands the plight of some of their most needy clients, especially rural individuals.

Service providers agreed that more and better communication was needed from DAAS both within and between districts. There was a strong desire for more regular meetings and for a significant increase in communication from DAAS that is timely and well-thought out. Currently, information is centralized with the directors and may not be consistent or consistently disseminated.

Service providers overwhelmingly report a "figure it out myself" approach to accomplishing their job duties. Lessons learned are not shared which maximizes the work effort. Service providers agreed that more training for all levels of personnel was a top priority. As Baby Boomer AAA directors retire, an important window of opportunity for reshaping the culture of each AAA will open. DAAS needs to be ready for the exodus of expertise.

Service providers agree that current service provision is done in "silos" with no resources spent to increase awareness of services because they have no capacity to increase services. Service providers view churches, wellness centers, doctors, and family members as trusted channels of information that would be good partners.

There was also a consensus among service providers that budgetary flexibility would increase capacity to serve more elderly Mississippians. For example, being able to switch funds from Congregate Meals to Home Delivered Meals would enable local providers to match the funds more in line with local needs.

### **RECOMMENDATIONS AND CONCLUSIONS**

As the population continues to age, the impact on housing, transportation, health, and human services will have an impact on all facets of our state. This report presents the results of a study conducted to evaluate the needs of the elderly population along with information that highlights strengths and weaknesses of the services provided to senior citizens in the state.

The data came from multiple sources, including the most recent Census data, national and state epidemiological data, and administrative data. Data were also collected through two telephone surveys and a computer-assisted focus group to provide information on the awareness and use of services provided by the Mississippi Department of Human Services Division of Aging and Adult Services (DAAS) and on the developing need for services over the next 10 years to meet projected changes in the aging population. The telephone surveys and focus group were conducted during February and March 2011. Data collected from the telephone surveys included health, well-being, and economic and social support variables on the general 55-and-older population in the state and from a sample of seniors awaiting services from DAAS.

The data reveal several straightforward conclusions regarding population characteristics, health, services, and needs. These are highlighted below.

## **POPULATION CHARACTERISTICS**

- Mississippi's elderly population will increase by 30 percent by 2020 and double by 2050
- Thirteen percent of those aged 65 and older continue to be actively engaged in the workforce
- On average, the elderly population earns just over \$25,000 per year
- Seventeen percent of the elderly population lives in poverty

## **HEALTH**

- An appreciative number of the elderly are disabled
- Obesity and diabetes are becoming the most prevalent health issues among the elderly

## **SERVICES**

- Twenty-nine thousand elderly were served in 2009, a 32 percent increase from 2006
- Home-delivered meals is the most prevalent service provided
- Congregate meal service needs are growing at a faster rate than other service needs

## **NEEDS**

- Current and future concerns center on personal physical health and financial well-being
- Lack of affordable, accessible, and reliable healthcare and transportation
- Senior discount programs, repair services, home delivered meals, home healthcare, and information and referral services are top-ranked service needs
- Those who seek assistance are among the most vulnerable elderly population in the state
- Clear lack of awareness of services available to seniors

## **RECOMMENDATIONS**

In sum, the 2011 Mississippi Older Adults Needs Assessment shows that older adults have greatly varying needs and that no single service or program will be an answer to every individual. The role the state plays in managing the competing needs of older Mississippians in light of the projected increase in the number of older individuals in the State, especially those 85 and older, and the commensurate increase in demand for services, can be strengthened by:

- Increasing capacity to absorb the growing elderly population along with the increased demand for services
- Developing capacity to provide home healthcare assistance
- Developing programs to include repair services and information and referral services
- Developing the appropriate workforce to meet the demands for jobs serving the elderly
- Developing a marketing campaign for raising the awareness of services provided to seniors
- Building strong and sustainable partnerships with for-profit and non-profit organizations
- Developing and educational campaign about aging and the role of the elderly in the community

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VII. APPENDIX I:

# GENERAL SURVEY RESULTS

1.) For MOST Of Your Local Trips, How Do You Travel? (Select The One Used Most Often)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Walk	5	.5	.5	.5
	Drive My Own Car	870	84.9	84.9	85.4
	Ride With Family	102	10.0	10.0	95.3
	Ride With Friends	11	1.1	1.1	96.4
	Use Public Transportation	14	1.4	1.4	97.8
	Use Church Provided Transportation	2	.2	.2	98.0
	Take A Senior Van, Shuttle, Or Minibus	7	.7	.7	98.6
	Take A Taxi	1	.1	.1	98.7
	Not Applicable - Unable To Leave House	6	.6	.6	99.3
	Not Applicable - Have No Form Of Transportation	3	.3	.3	99.6
	Hired Driver	1	.1	.1	99.7
	Don't Know/Not Sure	3	.3	.3	100.0
	Total	1025	100.0	100.0	

2.) How big a problem has a lack of transportation been for you over the last 12 months?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major problem	33	3.2	21.3	21.3
	Minor problem	40	3.9	25.8	47.1
	Not a problem	80	7.8	51.6	98.7
	Don't know/Not Sure	1	.1	.6	99.4
	Refused	1	.1	.6	100.0
	Total	155	15.1	100.0	
Missing		870	84.9		
Total		1025	100.0		

**3.) What are some of the difficulties you face in getting the transportation you need?  
Public transportation is not available in my area or community**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	2.1	2.3	2.3
	No	914	89.2	96.9	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	943	92.0	100.0	
Missing		82	8.0		
Total		1025	100.0		

**4.) What are some of the difficulties you face in getting the transportation you need?  
Can't afford it**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	1.8	1.9	1.9
	No	918	89.6	97.3	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	943	92.0	100.0	
Missing		82	8.0		
Total		1025	100.0		

**5.) What are some of the difficulties you face in getting the transportation you need?  
Don't know who to call**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	1.1	1.2	1.2
	No	925	90.2	98.1	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	943	92.0	100.0	
Missing		82	8.0		
Total		1025	100.0		

**6.) What are some of the difficulties you face in getting the transportation you need?  
Transportation does not go where I need to go**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.1	.1	.1
	No	935	91.2	99.2	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	943	92.0	100.0	
Missing		82	8.0		
Total		1025	100.0		

**7.) Are you currently on a special diet prescribed by your doctor?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	228	22.2	22.2	22.2
	No	796	77.7	77.7	99.9
	Don't Know/Not sure	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**8.) Do you eat at least 2 complete meals a day?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	941	91.8	91.8	91.8
	No	83	8.1	8.1	99.9
	Don't Know/Not sure	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**9.) In the past 12 months how often have the following statements been true?  
I was not able to afford enough food to eat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	31	3.0	3.0	3.0
	Sometimes	91	8.9	8.9	11.9
	Never	897	87.5	87.5	99.4
	Don't Know	4	.4	.4	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**10.) In the past 12 months how often have the following statements been true?  
I was not able to afford the kinds of food we wanted to eat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	62	6.0	6.0	6.0
	Sometimes	191	18.6	18.6	24.7
	Never	762	74.3	74.3	99.0
	Don't Know	8	.8	.8	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**11.) In the past 12 months how often have the following statements been true?  
I was not able to afford to eat healthier meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	58	5.7	5.7	5.7
	Sometimes	151	14.7	14.7	20.4
	Never	808	78.8	78.8	99.2
	Don't Know	6	.6	.6	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**12.) How many of your relatives or in-laws live within 25 miles from you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	116	11.3	11.3	11.3
	1 - 2	288	28.1	28.1	39.4
	3 - 9	335	32.7	32.7	72.1
	10 or more	276	26.9	26.9	99.0
	Don't Know/ Not Sure	8	.8	.8	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

### 13.) How are you related to the relative who lives closest to you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Parent	135	13.2	13.2	13.2
	Child	447	43.6	43.6	56.8
	Brother/Sister	231	22.5	22.5	79.3
	Cousin	61	6.0	6.0	85.3
	Aunt/Uncle	33	3.2	3.2	88.5
	In-Law	90	8.8	8.8	97.3
	Don't Know/Not Sure	17	1.7	1.7	98.9
	Refused	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

### 14.) Do you feel you have someone reliable to contact in case of an emergency?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1004	98.0	98.0	98.0
	No	20	2.0	2.0	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

### 15.) On a scale of 1 to 5, how would you rate your overall quality of life, with ONE indicating the worst quality of life and FIVE indicating the best quality of life?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	23	2.2	2.2	2.2
	2	36	3.5	3.5	5.8
	3	175	17.1	17.1	22.8
	4	306	29.9	29.9	52.7
	5	470	45.9	45.9	98.5
	Don't Know/Not Sure	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**16.) Your physical health: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	353	34.4	34.4	34.4
	2	192	18.7	18.7	53.2
	3	238	23.2	23.2	76.4
	4	119	11.6	11.6	88.0
	5	119	11.6	11.6	99.6
	Don't Know/Not Sure	3	.3	.3	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**17.) Suitable housing: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	797	77.8	77.8	77.8
	2	73	7.1	7.1	84.9
	3	73	7.1	7.1	92.0
	4	31	3.0	3.0	95.0
	5	50	4.9	4.9	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**18.) Adequate health care: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	709	69.2	69.2	69.2
	2	91	8.9	8.9	78.0
	3	86	8.4	8.4	86.4
	4	53	5.2	5.2	91.6
	5	79	7.7	7.7	99.3
	Don't Know/Not Sure	6	.6	.6	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**19.) Transportation: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	821	80.1	80.1	80.1
	2	55	5.4	5.4	85.5
	3	61	6.0	6.0	91.4
	4	30	2.9	2.9	94.3
	5	54	5.3	5.3	99.6
	Don't Know/Not Sure	3	.3	.3	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**20.) Feeling lonely and isolated: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	746	72.8	72.8	72.8
	2	96	9.4	9.4	82.1
	3	99	9.7	9.7	91.8
	4	35	3.4	3.4	95.2
	5	43	4.2	4.2	99.4
	Don't Know/Not Sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**21.) Having enough food to eat: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	855	83.4	83.4	83.4
	2	48	4.7	4.7	88.1
	3	54	5.3	5.3	93.4
	4	23	2.2	2.2	95.6
	5	42	4.1	4.1	99.7
	Don't Know/Not Sure	2	.2	.2	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**22.) Affordable medications: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	739	72.1	72.1	72.1
	2	75	7.3	7.3	79.4
	3	88	8.6	8.6	88.0
	4	46	4.5	4.5	92.5
	5	74	7.2	7.2	99.7
	Don't Know/Not Sure	2	.2	.2	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**23.) Financial problems: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	635	62.0	62.0	62.0
	2	113	11.0	11.0	73.0
	3	120	11.7	11.7	84.7
	4	66	6.4	6.4	91.1
	5	87	8.5	8.5	99.6
	Don't Know/Not Sure	1	.1	.1	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**24.) Depression: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	733	71.5	71.5	71.5
	2	101	9.9	9.9	81.4
	3	99	9.7	9.7	91.0
	4	37	3.6	3.6	94.6
	5	50	4.9	4.9	99.5
	Don't Know/Not Sure	1	.1	.1	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	



**25.) Physical or emotional abuse: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	973	94.9	94.9	94.9
	2	15	1.5	1.5	96.4
	3	8	.8	.8	97.2
	4	8	.8	.8	98.0
	5	17	1.7	1.7	99.6
	Don't Know/Not Sure	1	.1	.1	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**26.) Being financially exploited: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	880	85.9	85.9	85.9
	2	52	5.1	5.1	90.9
	3	34	3.3	3.3	94.2
	4	19	1.9	1.9	96.1
	5	31	3.0	3.0	99.1
	Don't Know/Not Sure	4	.4	.4	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**27.) Being a victim of a crime: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	954	93.1	93.1	93.1
	2	31	3.0	3.0	96.1
	3	13	1.3	1.3	97.4
	4	5	.5	.5	97.9
	5	20	2.0	2.0	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**28.) Dealing with legal issues: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	908	88.6	88.6	88.6
	2	45	4.4	4.4	93.0
	3	34	3.3	3.3	96.3
	4	11	1.1	1.1	97.4
	5	22	2.1	2.1	99.5
	Don't Know/Not Sure	4	.4	.4	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**29.) Everyday activities like bathing or preparing meals: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	887	86.5	86.5	86.5
	2	46	4.5	4.5	91.0
	3	51	5.0	5.0	96.0
	4	11	1.1	1.1	97.1
	5	28	2.7	2.7	99.8
	Don't Know/Not Sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**30.) Boredom: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	797	77.8	77.8	77.8
	2	95	9.3	9.3	87.0
	3	80	7.8	7.8	94.8
	4	22	2.1	2.1	97.0
	5	28	2.7	2.7	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**31.) Care giving: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	883	86.1	86.1	86.1
	2	48	4.7	4.7	90.8
	3	46	4.5	4.5	95.3
	4	13	1.3	1.3	96.6
	5	26	2.5	2.5	99.1
	Don't Know/Not Sure	7	.7	.7	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**32.) Participating in volunteer activities: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	72	7.0	7.0	7.0
	Weekly	206	20.1	20.1	27.1
	Monthly	222	21.7	21.7	48.8
	Yearly	61	6.0	6.0	54.7
	Never	452	44.1	44.1	98.8
	Don't Know	12	1.2	1.2	100.0
	Total	1025	100.0	100.0	

**33.) Participating in a club or civic group: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	19	1.9	1.9	1.9
	Weekly	119	11.6	11.6	13.5
	Monthly	207	20.2	20.2	33.7
	Yearly	29	2.8	2.8	36.5
	Never	647	63.1	63.1	99.6
	Don't Know	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**34.) Participating in a religious group or spiritual activity: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	81	7.9	7.9	7.9
	Weekly	678	66.1	66.1	74.0
	Monthly	121	11.8	11.8	85.9
	Yearly	13	1.3	1.3	87.1
	Never	130	12.7	12.7	99.8
	Don't Know	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**35.) Visiting with family (in person or on the phone): How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	608	59.3	59.3	59.3
	Weekly	324	31.6	31.6	90.9
	Monthly	58	5.7	5.7	96.6
	Yearly	13	1.3	1.3	97.9
	Never	18	1.8	1.8	99.6
	Don't Know	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**36.) Visiting with friends (in person or on the phone): How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	515	50.2	50.2	50.2
	Weekly	357	34.8	34.8	85.1
	Monthly	84	8.2	8.2	93.3
	Yearly	15	1.5	1.5	94.7
	Never	49	4.8	4.8	99.5
	Don't Know	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**37.) Providing help to others: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	285	27.8	27.8	27.8
	Weekly	330	32.2	32.2	60.0
	Monthly	162	15.8	15.8	75.8
	Yearly	32	3.1	3.1	78.9
	Never	171	16.7	16.7	95.6
	Don't Know	44	4.3	4.3	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**38.) Caring for a pet: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	495	48.3	48.3	48.3
	Weekly	30	2.9	2.9	51.2
	Monthly	13	1.3	1.3	52.5
	Yearly	7	.7	.7	53.2
	Never	470	45.9	45.9	99.0
	Don't Know	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**39.) Participating in a hobby: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	322	31.4	31.4	31.4
	Weekly	265	25.9	25.9	57.3
	Monthly	119	11.6	11.6	68.9
	Yearly	32	3.1	3.1	72.0
	Never	277	27.0	27.0	99.0
	Don't Know	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**40.) Exercising: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	378	36.9	36.9	36.9
	Weekly	324	31.6	31.6	68.5
	Monthly	106	10.3	10.3	78.8
	Yearly	17	1.7	1.7	80.5
	Never	189	18.4	18.4	98.9
	Don't Know	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

**41.) Traveling outside of your community: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	94	9.2	9.2	9.2
	Weekly	303	29.6	29.6	38.7
	Monthly	334	32.6	32.6	71.3
	Yearly	139	13.6	13.6	84.9
	Never	144	14.0	14.0	98.9
	Don't Know	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

**42.) Dining out at a restaurant: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	52	5.1	5.1	5.1
	Weekly	386	37.7	37.7	42.7
	Monthly	369	36.0	36.0	78.7
	Yearly	71	6.9	6.9	85.7
	Never	137	13.4	13.4	99.0
	Don't Know	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

#### 43.) Using the Internet: How often do you spend time participating in the following activities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	380	37.1	37.1	37.1
	Weekly	82	8.0	8.0	45.1
	Monthly	41	4.0	4.0	49.1
	Yearly	7	.7	.7	49.8
	Never	506	49.4	49.4	99.1
	Don't Know	9	.9	.9	100.0
	Total	1025	100.0	100.0	

#### 44.) Do you provide care for family members or friends on a regular basis?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	344	33.6	33.6	33.6
	No	678	66.1	66.1	99.7
	Don't Know/Not sure	2	.2	.2	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

#### 45.) Spouse: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	6.1	18.3	18.3
	No	279	27.2	81.1	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 46.) Parent: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	90	8.8	26.2	26.2
	No	252	24.6	73.3	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 47.) Friend/Neighbor: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51	5.0	14.8	14.8
	No	291	28.4	84.6	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 48.) Adult Child: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	5.2	15.4	15.4
	No	289	28.2	84.0	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 49.) Grandchild: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	90	8.8	26.2	26.2
	No	252	24.6	73.3	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 50.) Other family member: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	59	5.8	17.2	17.2
	No	283	27.6	82.3	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		



**51.) Approximately how many hours per week do you spend providing care for others?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 - 5 hours	113	11.0	32.8	32.8
	6 - 10 hours	61	6.0	17.7	50.6
	11 - 20 hours	50	4.9	14.5	65.1
	More than 20 hours	102	10.0	29.7	94.8
	Don't Know/Not Sure	15	1.5	4.4	99.1
	Refused	3	.3	.9	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

**52.) Home Delivered Meals: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	897	87.5	87.5	87.5
	2	17	1.7	1.7	89.2
	3	37	3.6	3.6	92.8
	4	22	2.1	2.1	94.9
	5	49	4.8	4.8	99.7
	Don't Know/Not Sure	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**53.) Food Stamp Programs: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	848	82.7	82.7	82.7
	2	18	1.8	1.8	84.5
	3	40	3.9	3.9	88.4
	4	26	2.5	2.5	90.9
	5	87	8.5	8.5	99.4
	Don't Know/Not Sure	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**54.) Tax Preparation: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	817	79.7	79.7	79.7
	2	36	3.5	3.5	83.2
	3	62	6.0	6.0	89.3
	4	19	1.9	1.9	91.1
	5	82	8.0	8.0	99.1
	Don't Know/Not Sure	9	.9	.9	100.0
	Total	1025	100.0	100.0	

**55.) Financial Planning: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	835	81.5	81.5	81.5
	2	49	4.8	4.8	86.2
	3	72	7.0	7.0	93.3
	4	22	2.1	2.1	95.4
	5	37	3.6	3.6	99.0
	Don't Know/Not Sure	9	.9	.9	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**56.) Home Health Care: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	895	87.3	87.3	87.3
	2	24	2.3	2.3	89.7
	3	42	4.1	4.1	93.8
	4	17	1.7	1.7	95.4
	5	41	4.0	4.0	99.4
	Don't Know/Not Sure	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**57.) Counseling Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	935	91.2	91.2	91.2
	2	21	2.0	2.0	93.3
	3	34	3.3	3.3	96.6
	4	13	1.3	1.3	97.9
	5	19	1.9	1.9	99.7
	Don't Know/Not Sure	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**58.) Homemaker Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	846	82.5	82.5	82.5
	2	47	4.6	4.6	87.1
	3	56	5.5	5.5	92.6
	4	23	2.2	2.2	94.8
	5	48	4.7	4.7	99.5
	Don't Know/Not Sure	4	.4	.4	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**59.) Repair Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	709	69.2	69.2	69.2
	2	78	7.6	7.6	76.8
	3	120	11.7	11.7	88.5
	4	34	3.3	3.3	91.8
	5	76	7.4	7.4	99.2
	Don't Know/Not Sure	7	.7	.7	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**60.) Legal Assistance: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	884	86.2	86.2	86.2
	2	55	5.4	5.4	91.6
	3	36	3.5	3.5	95.1
	4	11	1.1	1.1	96.2
	5	33	3.2	3.2	99.4
	Don't Know/Not Sure	5	.5	.5	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**61.) Job Placement: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	954	93.1	93.1	93.1
	2	12	1.2	1.2	94.2
	3	18	1.8	1.8	96.0
	4	8	.8	.8	96.8
	5	27	2.6	2.6	99.4
	Don't Know/Not Sure	3	.3	.3	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**62.) Senior Discount Programs: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	624	60.9	60.9	60.9
	2	59	5.8	5.8	66.6
	3	100	9.8	9.8	76.4
	4	58	5.7	5.7	82.0
	5	164	16.0	16.0	98.0
	Don't Know/Not Sure	18	1.8	1.8	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**63.) Information and Referral Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	799	78.0	78.0	78.0
	2	49	4.8	4.8	82.7
	3	73	7.1	7.1	89.9
	4	27	2.6	2.6	92.5
	5	54	5.3	5.3	97.8
	Don't Know/Not Sure	20	2.0	2.0	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**64.) Telephone Reassurance: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	840	82.0	82.0	82.0
	2	39	3.8	3.8	85.8
	3	56	5.5	5.5	91.2
	4	30	2.9	2.9	94.1
	5	33	3.2	3.2	97.4
	Don't Know/Not Sure	24	2.3	2.3	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**65.) Transportation Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	918	89.6	89.6	89.6
	2	10	1.0	1.0	90.5
	3	27	2.6	2.6	93.2
	4	13	1.3	1.3	94.4
	5	52	5.1	5.1	99.5
	Don't Know/Not Sure	3	.3	.3	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**66.) Shopping Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	920	89.8	89.8	89.8
	2	27	2.6	2.6	92.5
	3	34	3.3	3.3	95.8
	4	8	.8	.8	96.6
	5	30	2.9	2.9	99.5
	Don't Know/Not Sure	4	.4	.4	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**67.) Adult Day Care: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	975	95.1	95.2	95.2
	2	11	1.1	1.1	96.3
	3	13	1.3	1.3	97.6
	4	5	.5	.5	98.0
	5	17	1.7	1.7	99.7
	Don't Know/Not Sure	2	.2	.2	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**68.) Health Screening: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	851	83.0	83.1	83.1
	2	42	4.1	4.1	87.2
	3	60	5.9	5.9	93.1
	4	24	2.3	2.3	95.4
	5	42	4.1	4.1	99.5
	Don't Know/Not Sure	3	.3	.3	99.8
	Refused	2	.2	.2	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**69.) Physical Fitness/Exercise Programs: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	772	75.3	75.4	75.4
	2	55	5.4	5.4	80.8
	3	91	8.9	8.9	89.6
	4	30	2.9	2.9	92.6
	5	69	6.7	6.7	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**70.) Support Groups: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	864	84.3	84.4	84.4
	2	48	4.7	4.7	89.1
	3	59	5.8	5.8	94.8
	4	18	1.8	1.8	96.6
	5	33	3.2	3.2	99.8
	Don't Know/Not Sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**71.) Medication Management Education: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	919	89.7	89.7	89.7
	2	26	2.5	2.5	92.3
	3	29	2.8	2.8	95.1
	4	14	1.4	1.4	96.5
	5	30	2.9	2.9	99.4
	Don't Know/Not Sure	5	.5	.5	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		



**72.) Nutrition Counseling: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	881	86.0	86.0	86.0
	2	37	3.6	3.6	89.6
	3	49	4.8	4.8	94.4
	4	21	2.0	2.1	96.5
	5	31	3.0	3.0	99.5
	Don't Know/Not Sure	4	.4	.4	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**73.) Case Management: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	935	91.2	91.3	91.3
	2	22	2.1	2.1	93.5
	3	25	2.4	2.4	95.9
	4	9	.9	.9	96.8
	5	20	2.0	2.0	98.7
	Don't Know/Not Sure	12	1.2	1.2	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**74.) Congregate Meals: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	934	91.1	91.2	91.2
	2	29	2.8	2.8	94.0
	3	28	2.7	2.7	96.8
	4	6	.6	.6	97.4
	5	21	2.0	2.1	99.4
	Don't Know/Not Sure	4	.4	.4	99.8
	Refused	2	.2	.2	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**75.) Respite care: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	946	92.3	92.4	92.4
	2	23	2.2	2.2	94.6
	3	17	1.7	1.7	96.3
	4	7	.7	.7	97.0
	5	23	2.2	2.2	99.2
	Don't Know/Not Sure	7	.7	.7	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**76.) State Health Insurance Counseling: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	918	89.6	89.6	89.6
	2	31	3.0	3.0	92.7
	3	24	2.3	2.3	95.0
	4	10	1.0	1.0	96.0
	5	31	3.0	3.0	99.0
	Don't Know/Not Sure	9	.9	.9	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**77.) Senior Medicare Patrol: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	910	88.8	88.9	88.9
	2	22	2.1	2.1	91.0
	3	33	3.2	3.2	94.2
	4	11	1.1	1.1	95.3
	5	29	2.8	2.8	98.1
	Don't Know/Not Sure	18	1.8	1.8	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**78.) Ombudsman: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	930	90.7	90.8	90.8
	2	27	2.6	2.6	93.5
	3	21	2.0	2.1	95.5
	4	12	1.2	1.2	96.7
	5	19	1.9	1.9	98.5
	Don't Know/Not Sure	14	1.4	1.4	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**79.) Are you aware of the Area Agencies on Aging?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	322	31.4	31.4	31.4
	No	696	67.9	67.9	99.3
	Not sure	7	.7	.7	100.0
	Total	1025	100.0	100.0	

**80.) Do you know how to get in contact with your local representative from the Area Agency on Aging?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	210	20.5	65.2	65.2
	No	109	10.6	33.9	99.1
	Don't Know/Not sure	3	.3	.9	100.0
	Total	322	31.4	100.0	
Missing		703	68.6		
Total		1025	100.0		

**81.) On a scale of 1 to 5, how would you rate your overall health? ONE indicates poor health and FIVE indicates excellent health.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	61	6.0	6.0	6.0
	2	94	9.2	9.2	15.1
	3	305	29.8	29.8	44.9
	4	356	34.7	34.7	79.6
	5	203	19.8	19.8	99.4
	Don't Know/Not Sure	5	.5	.5	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**82.) On a scale of 1 to 5, how much does your physical health interfere with your normal daily activities? ONE indicates little to no interference and FIVE indicates the highest level of interference.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	411	40.1	40.1	40.1
	2	172	16.8	16.8	56.9
	3	206	20.1	20.1	77.0
	4	120	11.7	11.7	88.7
	5	108	10.5	10.5	99.2
	Don't Know/Not Sure	7	.7	.7	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**83.) Private Insurance: Which of the following kinds of health insurance do you have?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	567	55.3	55.3	55.3
	No	447	43.6	43.6	98.9
	Don't Know/Not sure	1	.1	.1	99.0
	Refused	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**84.) Medicaid: Which of the following kinds of health insurance do you have?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	183	17.9	17.9	17.9
	No	831	81.1	81.1	98.9
	Don't Know/Not sure	1	.1	.1	99.0
	Refused	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**85.) Medicare: Which of the following kinds of health insurance do you have?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	636	62.0	62.0	62.0
	No	378	36.9	36.9	98.9
	Don't Know/Not sure	1	.1	.1	99.0
	Refused	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**86.) Do you have someone you consider to be your doctor or primary health care provider?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	945	92.2	92.2	92.2
	No	74	7.2	7.2	99.4
	Don't Know/Not sure	3	.3	.3	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**87.) Have you visited your doctor or primary health care provider in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	908	88.6	96.1	96.1
	No	37	3.6	3.9	100.0
	Total	945	92.2	100.0	
Missing		80	7.8		
Total		1025	100.0		

**88.) Have you been hospitalized any time in the past 2 years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	299	29.2	29.2	29.2
	No	721	70.3	70.3	99.5
	Don't Know/Not sure	2	.2	.2	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**89.) Were you hospitalized multiple times?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	113	11.0	37.8	37.8
	No	185	18.0	61.9	99.7
	Don't Know/Not sure	1	.1	.3	100.0
	Total	299	29.2	100.0	
Missing		726	70.8		
Total		1025	100.0		

**90.) What was the duration of your last hospitalization (How long were you in the hospital)?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Left the same day	46	4.5	15.4	15.4
	Stayed over night	59	5.8	19.7	35.1
	More than 1 day	100	9.8	33.4	68.6
	1 week	50	4.9	16.7	85.3
	Longer than 1 week	30	2.9	10.0	95.3
	1 month	4	.4	1.3	96.7
	Longer than a month	8	.8	2.7	99.3
	Don't Know/Not Sure	2	.2	.7	100.0
	Total	299	29.2	100.0	
Missing		726	70.8		
Total		1025	100.0		

**91.) Upon being released from the hospital, was any kind of at-home assistance made available to you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	83	8.1	27.8	27.8
	No	129	12.6	43.1	70.9
	I did not require any assistance	85	8.3	28.4	99.3
	Don't Know/Not sure	2	.2	.7	100.0
	Total	299	29.2	100.0	
Missing		726	70.8		
Total		1025	100.0		

**92.) Have you ever been in need of medical care but decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	133	13.0	13.0	13.0
	No	884	86.2	86.2	99.2
	Don't Know/Not sure	5	.5	.5	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**93.) No transportation: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	.8	6.0	6.0
	No	123	12.0	92.5	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**94.) Cost of medical care: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	72	7.0	54.1	54.1
	No	59	5.8	44.4	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		



**95.) Could not get appointment: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	.4	3.0	3.0
	No	127	12.4	95.5	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**96.) Insurance would not be accepted: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	1.4	10.5	10.5
	No	117	11.4	88.0	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**97.) Unable to leave home: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	.6	4.5	4.5
	No	125	12.2	94.0	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**98.) Decided to treat myself: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	3.5	27.1	27.1
	No	95	9.3	71.4	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**99.) Other (please specify): What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	2.0	15.8	15.8
	No	110	10.7	82.7	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**Other (please specify)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1004	98.0	98.0	98.0
	Being a nurse, I thought I could do it myself	1	.1	.1	98.0
	can't stand needles	1	.1	.1	98.1
	Can't take off work	1	.1	.1	98.2
	caring for someone else	1	.1	.1	98.3
	could not afford even with group insurance from employer	1	.1	.1	98.4
	Decided not to go	1	.1	.1	98.5
	did not have insurance at the time	1	.1	.1	98.6
	Did not need to go to the hospital	1	.1	.1	98.7
	Didn't feel like going	1	.1	.1	98.8
	didn't have insurance	1	.1	.1	98.9
	Doctor doesn't really do that much	1	.1	.1	99.0
	don't like doctors	1	.1	.1	99.1
	felt too bad to go	1	.1	.1	99.2
	got tired of going to hospital	1	.1	.1	99.3
	Had to go to a specialist	1	.1	.1	99.4
	It was snowing outside and couldn't get medical help	1	.1	.1	99.5
	NO REASON GIVEN	2	.2	.2	99.7
	symptoms subsided	2	.2	.2	99.9
	too long to wait for appointment	1	.1	.1	100.0
Total	1025	100.0	100.0		

**100.) Eye exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	626	61.1	61.1	61.1
	No	390	38.0	38.0	99.1
	Don't Know/Not sure	8	.8	.8	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**101.) Hearing exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	199	19.4	19.4	19.4
	No	817	79.7	79.7	99.1
	Don't Know/Not sure	8	.8	.8	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**102.) Dental exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	460	44.9	44.9	44.9
	No	556	54.2	54.2	99.1
	Don't Know/Not sure	8	.8	.8	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**103.) Physical exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	773	75.4	75.4	75.4
	No	243	23.7	23.7	99.1
	Don't Know/Not sure	8	.8	.8	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**104.) How many prescription medications are you currently taking?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	104	10.1	10.1	10.1
	1	98	9.6	9.6	19.7
	2	130	12.7	12.7	32.4
	3	167	16.3	16.3	48.7
	4	124	12.1	12.1	60.8
	5	119	11.6	11.6	72.4
	6	77	7.5	7.5	79.9
	7	48	4.7	4.7	84.6
	8	46	4.5	4.5	89.1
	9	18	1.8	1.8	90.8
	10	22	2.1	2.1	93.0
	11	5	.5	.5	93.5
	12	13	1.3	1.3	94.7
	13	2	.2	.2	94.9
	14	5	.5	.5	95.4
	15	11	1.1	1.1	96.5
	16	2	.2	.2	96.7
	17	2	.2	.2	96.9
	18	1	.1	.1	97.0
	20	7	.7	.7	97.7
	21	1	.1	.1	97.8
	25	3	.3	.3	98.0
	Don't Know/Not Sure	12	1.2	1.2	99.2
	Refused	8	.8	.8	100.0
	Total	1025	100.0	100.0	

**105.) How many non-prescription medications are you taking on a regular basis?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	382	37.3	37.3	37.3
	1	296	28.9	28.9	66.1
	2	158	15.4	15.4	81.6
	3	86	8.4	8.4	90.0
	4	44	4.3	4.3	94.2
	5	25	2.4	2.4	96.7
	6	8	.8	.8	97.5
	7	3	.3	.3	97.8
	8	4	.4	.4	98.1
	10	4	.4	.4	98.5
	13	2	.2	.2	98.7
	14	1	.1	.1	98.8
	Don't Know/Not Sure	7	.7	.7	99.5
	Refused	5	.5	.5	100.0
Total	1025	100.0	100.0		

**106.) Prescription medications: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	107	10.4	10.4	10.4
	No	890	86.8	86.8	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**107.) Eyeglasses: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	140	13.7	13.7	13.7
	No	857	83.6	83.6	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**108.) Hearing aids: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	3.5	3.5	3.5
	No	961	93.8	93.8	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**109.) Dentures: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	93	9.1	9.1	9.1
	No	904	88.2	88.2	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**110.) Walkers, wheelchair, or canes: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	19	1.9	1.9	1.9
	No	978	95.4	95.4	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**111.) Ramps: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	1.6	1.6	1.6
	No	981	95.7	95.7	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**112.) Do you smoke cigarettes?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	115	11.2	11.2	11.2
	No	906	88.4	88.4	99.6
	Don't Know/Not sure	1	.1	.1	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**113.) On average, how many alcoholic drinks do you consume in a typical week?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	890	86.8	86.8	86.8
	1 - 2	71	6.9	6.9	93.8
	3 or more	56	5.5	5.5	99.2
	Don't Know/Not Sure	2	.2	.2	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**114.) Heart problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	223	21.8	21.8	21.8
	No	796	77.7	77.7	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**115.) High blood pressure: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	655	63.9	63.9	63.9
	No	364	35.5	35.5	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**116.) Arthritis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	594	58.0	58.0	58.0
	No	425	41.5	41.5	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**117.) Bursitis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	88	8.6	8.6	8.6
	No	931	90.8	90.8	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**118.) Stroke: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	60	5.9	5.9	5.9
	No	959	93.6	93.6	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**119.) Hardening of arteries: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	5.1	5.1	5.1
	No	967	94.3	94.3	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	



**120.) Rheumatism: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	126	12.3	12.3	12.3
	No	893	87.1	87.1	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**121.) Diabetes: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	256	25.0	25.0	25.0
	No	763	74.4	74.4	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**122.) Chest pains: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	150	14.6	14.6	14.6
	No	869	84.8	84.8	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**123.) Cancer: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	86	8.4	8.4	8.4
	No	933	91.0	91.0	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**124.) Stomach or digestion problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	289	28.2	28.2	28.2
	No	730	71.2	71.2	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**125.) Kidney or urinary problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	171	16.7	16.7	16.7
	No	848	82.7	82.7	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**126.) Liver problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	38	3.7	3.7	3.7
	No	981	95.7	95.7	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**127.) Joint problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	337	32.9	32.9	32.9
	No	682	66.5	66.5	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**128.) Vision problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	398	38.8	38.8	38.8
	No	621	60.6	60.6	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**129.) Hearing problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	176	17.2	17.2	17.2
	No	843	82.2	82.2	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**130.) Trouble sleeping: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	317	30.9	30.9	30.9
	No	702	68.5	68.5	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**131.) Shaking problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	98	9.6	9.6	9.6
	No	921	89.9	89.9	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**132.) Mental illness: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	3.3	3.3	3.3
	No	985	96.1	96.1	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**133.) Memory loss: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	179	17.5	17.5	17.5
	No	840	82.0	82.0	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**134.) Skin problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	125	12.2	12.2	12.2
	No	894	87.2	87.2	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**135.) Back pain: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	373	36.4	36.4	36.4
	No	646	63.0	63.0	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**136.) Amputations: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	1.2	1.2	1.2
	No	1007	98.2	98.2	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**137.) Phlebitis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	1.5	1.5	1.5
	No	1004	98.0	98.0	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**138.) Paralysis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	1.7	1.7	1.7
	No	1002	97.8	97.8	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**139.) Which of the following best describes the type of home you live in:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single family home	885	86.3	86.3	86.3
	Mobile home	71	6.9	6.9	93.3
	Condominium/apartment	44	4.3	4.3	97.6
	Senior independent apartment	9	.9	.9	98.4
	Assisted living	4	.4	.4	98.8
	Nursing home	4	.4	.4	99.2
	Don't Know/Not Sure	2	.2	.2	99.4
	Refused	6	.6	.6	100.0
Total	1025	100.0	100.0		

### 140.) Do you own or rent your home?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rent	81	7.9	8.0	8.0
	Own	891	86.9	88.4	96.4
	Neither	26	2.5	2.6	99.0
	Don't Know/Not sure	1	.1	.1	99.1
	Refused	9	.9	.9	100.0
	Total	1008	98.3	100.0	
	Missing	17	1.7		
Total		1025	100.0		

### 141.) Including yourself, how many people live with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	375	36.6	36.6	36.6
	2 - 3	507	49.5	49.5	86.0
	4 or more	117	11.4	11.4	97.5
	Don't Know/Not Sure	13	1.3	1.3	98.7
	Refused	13	1.3	1.3	100.0
	Total	1025	100.0	100.0	

### 142.) Spouse or significant other: Who lives with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	497	48.5	79.6	79.6
	No	127	12.4	20.4	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

### 143.) Children: Who lives with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	128	12.5	20.5	20.5
	No	496	48.4	79.5	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**144.) Relative: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	2.0	3.4	3.4
	No	603	58.8	96.6	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**145.) Grandchildren: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	6.4	10.6	10.6
	No	558	54.4	89.4	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**146.) Other relatives: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	2.4	4.0	4.0
	No	599	58.4	96.0	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**147.) Unrelated Adult(s) (Friend or Roommate): Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	.7	1.1	1.1
	No	617	60.2	98.9	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**148.) On a scale of 1 to 5, how satisfied are you with your current living arrangement? ONE indicates the lowest level of satisfaction and FIVE indicates the highest level of satisfaction.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	25	2.4	2.4	2.4
	2	19	1.9	1.9	4.3
	3	72	7.0	7.0	11.3
	4	156	15.2	15.2	26.5
	5	744	72.6	72.6	99.1
	Don't Know	2	.2	.2	99.3
	Refused	7	.7	.7	100.0
	Total	1025	100.0	100.0	

**149.) Physical Health: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	305	29.8	29.8	29.8
	2	90	8.8	8.8	38.5
	3	195	19.0	19.0	57.6
	4	118	11.5	11.5	69.1
	5	287	28.0	28.0	97.1
	Don't Know	24	2.3	2.3	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**150.) Mental health: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	613	59.8	59.8	59.8
	2	96	9.4	9.4	69.2
	3	100	9.8	9.8	78.9
	4	58	5.7	5.7	84.6
	5	133	13.0	13.0	97.6
	Don't Know	19	1.9	1.9	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	



**151.) Finding employment: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	907	88.5	88.5	88.5
	2	22	2.1	2.1	90.6
	3	21	2.0	2.0	92.7
	4	17	1.7	1.7	94.3
	5	41	4.0	4.0	98.3
	Don't Know	11	1.1	1.1	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**152.) Retaining current employment: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	909	88.7	88.7	88.7
	2	30	2.9	2.9	91.6
	3	15	1.5	1.5	93.1
	4	16	1.6	1.6	94.6
	5	32	3.1	3.1	97.8
	Don't Know	16	1.6	1.6	99.3
	Refused	7	.7	.7	100.0
	Total	1025	100.0	100.0	

**153.) Driving on your own: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	699	68.2	68.2	68.2
	2	60	5.9	5.9	74.0
	3	87	8.5	8.5	82.5
	4	47	4.6	4.6	87.1
	5	106	10.3	10.3	97.5
	Don't Know	20	2.0	2.0	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**154.) Lack of transportation: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	808	78.8	78.8	78.8
	2	33	3.2	3.2	82.0
	3	43	4.2	4.2	86.2
	4	29	2.8	2.8	89.1
	5	88	8.6	8.6	97.7
	Don't Know	19	1.9	1.9	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**155.) Affording basic needs (like food or rent): Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	720	70.2	70.2	70.2
	2	48	4.7	4.7	74.9
	3	81	7.9	7.9	82.8
	4	49	4.8	4.8	87.6
	5	103	10.0	10.0	97.7
	Don't Know	18	1.8	1.8	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**156.) Affording medications: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	646	63.0	63.0	63.0
	2	58	5.7	5.7	68.7
	3	102	10.0	10.0	78.6
	4	61	6.0	6.0	84.6
	5	138	13.5	13.5	98.0
	Don't Know	15	1.5	1.5	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**157.) Affording health care: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	629	61.4	61.4	61.4
	2	50	4.9	4.9	66.2
	3	99	9.7	9.7	75.9
	4	58	5.7	5.7	81.6
	5	163	15.9	15.9	97.5
	Don't Know	20	2.0	2.0	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**158.) Living independently: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	678	66.1	66.1	66.1
	2	69	6.7	6.7	72.9
	3	73	7.1	7.1	80.0
	4	47	4.6	4.6	84.6
	5	128	12.5	12.5	97.1
	Don't Know	25	2.4	2.4	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**159.) Ability to care for others: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	664	64.8	64.8	64.8
	2	77	7.5	7.5	72.3
	3	91	8.9	8.9	81.2
	4	58	5.7	5.7	86.8
	5	109	10.6	10.6	97.5
	Don't Know	21	2.0	2.0	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**160.) Not having someone to care for you: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	702	68.5	68.5	68.5
	2	55	5.4	5.4	73.9
	3	77	7.5	7.5	81.4
	4	42	4.1	4.1	85.5
	5	128	12.5	12.5	98.0
	Don't Know	16	1.6	1.6	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**161.) 2010 Household Income Before Taxes**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 10,000	139	13.6	13.6	13.6
	Between \$10,000 and \$20,000	140	13.7	13.7	27.2
	Between \$20,000 and \$30,000	135	13.2	13.2	40.4
	Between \$30,000 and \$40,000	90	8.8	8.8	49.2
	Between \$40,000 and \$50,000	71	6.9	6.9	56.1
	Between \$50,000 and \$75,000	85	8.3	8.3	64.4
	Between \$75,000 and \$100,000	50	4.9	4.9	69.3
	Between \$100,000 and \$150,000	27	2.6	2.6	71.9
	Over \$150,000	14	1.4	1.4	73.3
	Don't Know/Not Sure	79	7.7	7.7	81.0
	Refused	195	19.0	19.0	100.0
	Total	1025	100.0	100.0	

**162.) Earnings from Employment: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	216	21.1	28.8	28.8
	No	533	52.0	71.0	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**163.) State or Federal Retirement Funds: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	212	20.7	28.2	28.2
	No	535	52.2	71.2	99.5
	Don't Know/Not sure	3	.3	.4	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**164.) Social Security: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	534	52.1	71.1	71.1
	No	215	21.0	28.6	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**165.) Supplementary Security Income: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	65	6.3	8.7	8.7
	No	680	66.3	90.5	99.2
	Don't Know/Not sure	5	.5	.7	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**166.) Food Stamps: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	6.2	8.5	8.5
	No	685	66.8	91.2	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**167.) Home Energy Assistance: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	2.0	2.7	2.7
	No	729	71.1	97.1	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**168.) Rent Payments from Tenants: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	3.2	4.4	4.4
	No	716	69.9	95.3	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**169.) Income from Savings or Investments: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	200	19.5	26.6	26.6
	No	549	53.6	73.1	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**170.) Veteran's Assistance or Pension: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	75	7.3	10.0	10.0
	No	674	65.8	89.7	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**171.) Disability Compensation: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	84	8.2	11.2	11.2
	No	665	64.9	88.5	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**172.) Railroad Retirement: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	1.2	1.6	1.6
	No	737	71.9	98.1	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**173.) Unemployment Insurance: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	1.0	1.3	1.3
	No	739	72.1	98.4	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**174.) Employee Pension Plan (401 K): Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	109	10.6	14.5	14.5
	No	640	62.4	85.2	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		



**175.) Aid to Dependent Children: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	.5	.7	.7
	No	744	72.6	99.1	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**176.) Gifts from Friends/Relatives: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	3.6	4.9	4.9
	No	712	69.5	94.8	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**177.) Is it difficult for you to meet your basic needs with your current income?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	297	29.0	29.0	29.0
	No	708	69.1	69.1	98.0
	Don't Know/Not sure	9	.9	.9	98.9
	Refused	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

### 178.) In what year were you born?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1914	1	.1	.1	.1
	1915	1	.1	.1	.2
	1917	4	.4	.4	.6
	1918	2	.2	.2	.8
	1919	2	.2	.2	1.0
	1920	4	.4	.4	1.4
	1921	6	.6	.6	2.0
	1922	14	1.4	1.4	3.3
	1923	10	1.0	1.0	4.3
	1924	10	1.0	1.0	5.3
	1925	8	.8	.8	6.0
	1926	9	.9	.9	6.9
	1927	13	1.3	1.3	8.2
	1928	23	2.2	2.2	10.4
	1929	18	1.8	1.8	12.2
	1930	14	1.4	1.4	13.6
	1931	18	1.8	1.8	15.3
	1932	28	2.7	2.7	18.0
	1933	26	2.5	2.5	20.6
	1934	13	1.3	1.3	21.9
	1935	28	2.7	2.7	24.6
	1936	31	3.0	3.0	27.6
	1937	27	2.6	2.6	30.2
	1938	31	3.0	3.0	33.3
	1939	30	2.9	2.9	36.2
	1940	31	3.0	3.0	39.2
	1941	38	3.7	3.7	42.9
	1942	39	3.8	3.8	46.7
	1943	33	3.2	3.2	50.0
	1944	49	4.8	4.8	54.7
	1945	39	3.8	3.8	58.5
	1946	40	3.9	3.9	62.4
	1947	37	3.6	3.6	66.0
	1948	35	3.4	3.4	69.5
	1949	38	3.7	3.7	73.2
	1950	46	4.5	4.5	77.7
	1951	42	4.1	4.1	81.8
	1952	44	4.3	4.3	86.0
	1953	32	3.1	3.1	89.2
	1954	36	3.5	3.5	92.7
1955	32	3.1	3.1	95.8	
1956	10	1.0	1.0	96.8	
Missing	33	3.2	3.2	100.0	
Total	1025	100.0	100.0		

**179.) GENDER**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	279	27.2	27.2	27.2
	Female	744	72.6	72.6	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**180.) What is your race or ethnicity? Would you say...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	743	72.5	72.5	72.5
	African-American	264	25.8	25.8	98.2
	Asian or Pacific Islander	1	.1	.1	98.3
	Multi-racial	2	.2	.2	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**181.) Are you of Hispanic or Latino ethnicity?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	.7	.7	.7
	No	1003	97.9	97.9	98.5
	Don't Know/Not sure	1	.1	.1	98.6
	Refused	14	1.4	1.4	100.0
	Total	1025	100.0	100.0	

### 182.) What is the highest level of education you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than High School	172	16.8	16.8	16.8
	High School Diploma	338	33.0	33.0	49.8
	Some College (No Degree)	193	18.8	18.8	68.6
	Associate's or Technical Degree	77	7.5	7.5	76.1
	Bachelor's Degree	113	11.0	11.0	87.1
	Master's Degree	87	8.5	8.5	95.6
	Doctoral Degree	14	1.4	1.4	97.0
	Professional Degree (medical, vet, dental, law)	14	1.4	1.4	98.3
	Don't Know/Not Sure	1	.1	.1	98.4
	Refused	16	1.6	1.6	100.0
	Total	1025	100.0	100.0	

### 183.) What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single (Never Married)	93	9.1	9.1	9.1
	Married	530	51.7	51.7	60.8
	Divorced	115	11.2	11.2	72.0
	Separated	9	.9	.9	72.9
	Widowed	262	25.6	25.6	98.4
	Co-habiting	2	.2	.2	98.6
	Don't Know/Not Sure	2	.2	.2	98.8
	Refused	12	1.2	1.2	100.0
	Total	1025	100.0	100.0	

### 184.) Which of the following best describes your current employment status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Working full-time	161	15.7	15.7	15.7
	Working part-time	58	5.7	5.7	21.4
	Unemployed, but looking for work	29	2.8	2.8	24.2
	Unemployed, not looking for work	27	2.6	2.6	26.8
	Retired	648	63.2	63.2	90.0
	Don't know/Not sure	3	.3	.3	90.3
	Refused	11	1.1	1.1	91.4
	Unable to work	88	8.6	8.6	100.0
Total	1025	100.0	100.0		

**185.) Are you a veteran of the U.S. armed forces (either Active, National Guard, or Reserves)?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	132	12.9	12.9	12.9
	No	881	86.0	86.0	98.8
	Don't Know/Not sure	1	.1	.1	98.9
	Refused	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

**186.) Are you a Registered Voter?**

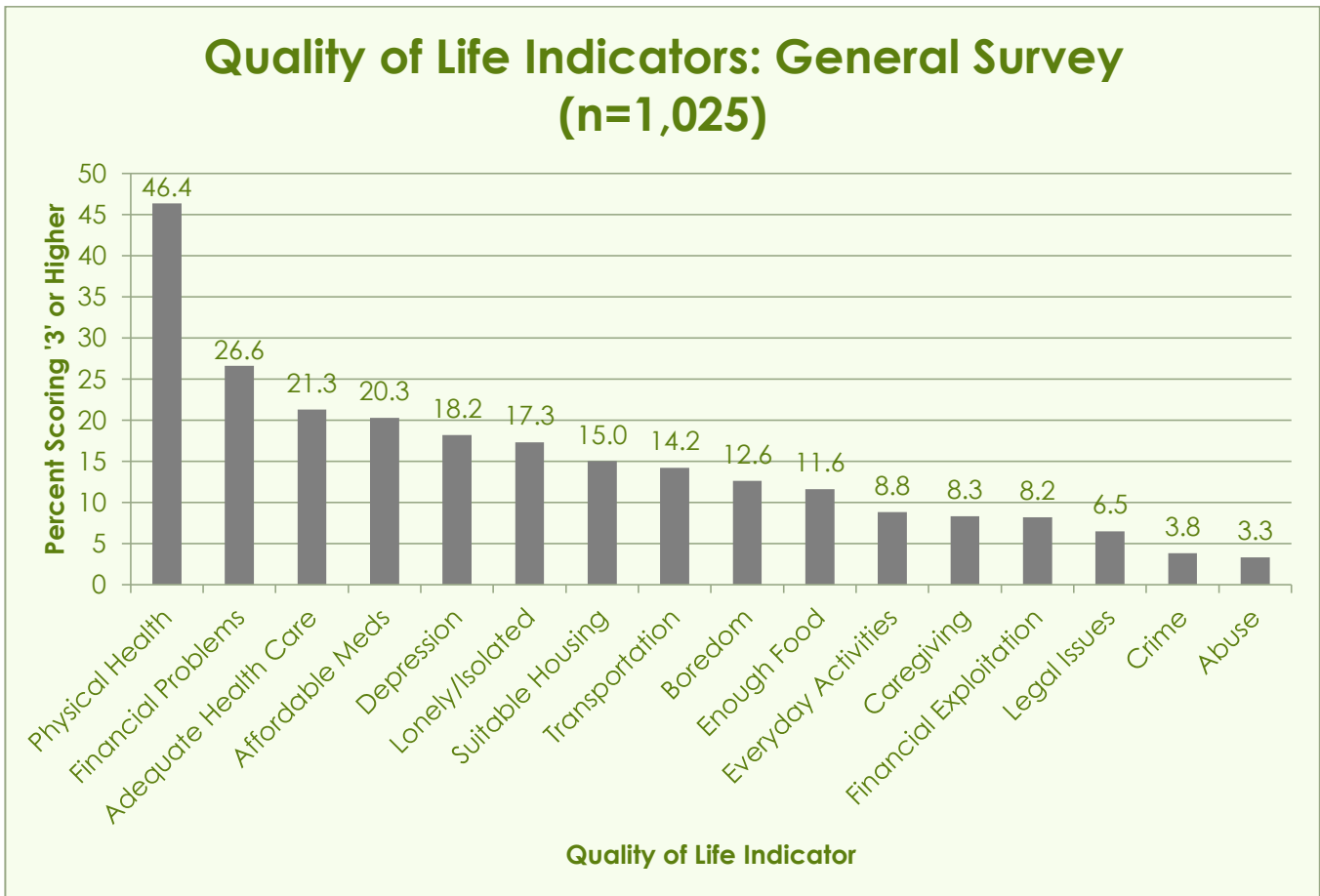
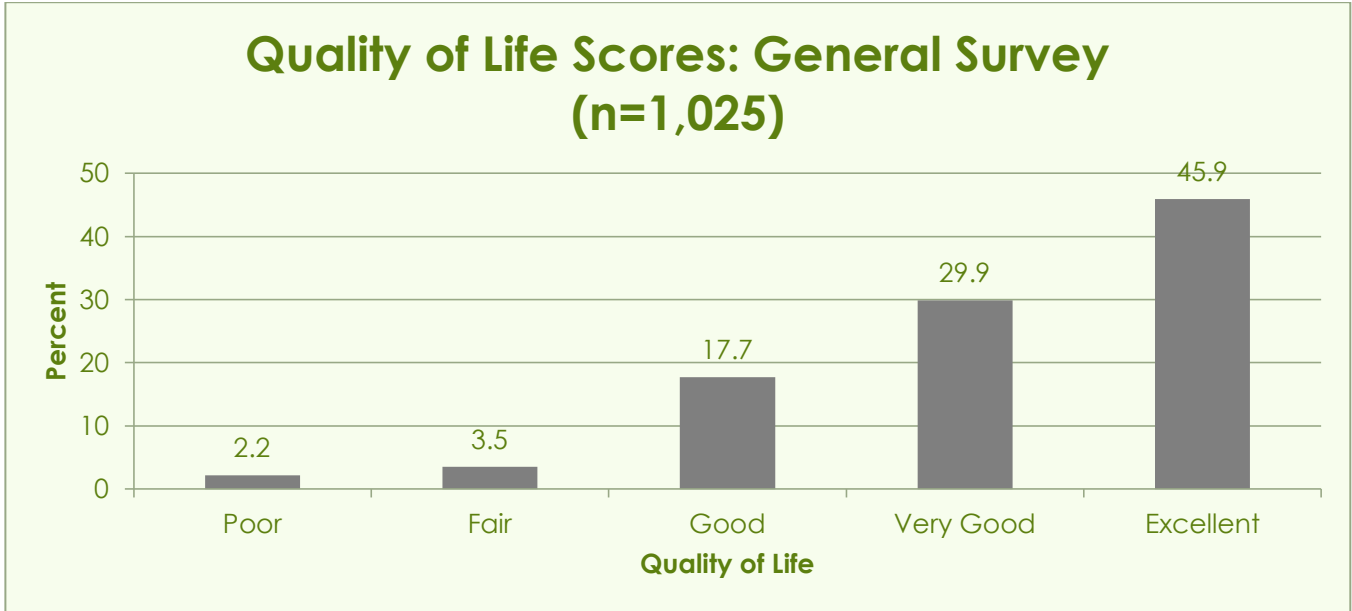
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	944	92.1	92.1	92.1
	No	66	6.4	6.4	98.5
	Don't Know/Not sure	2	.2	.2	98.7
	Refused	13	1.3	1.3	100.0
	Total	1025	100.0	100.0	

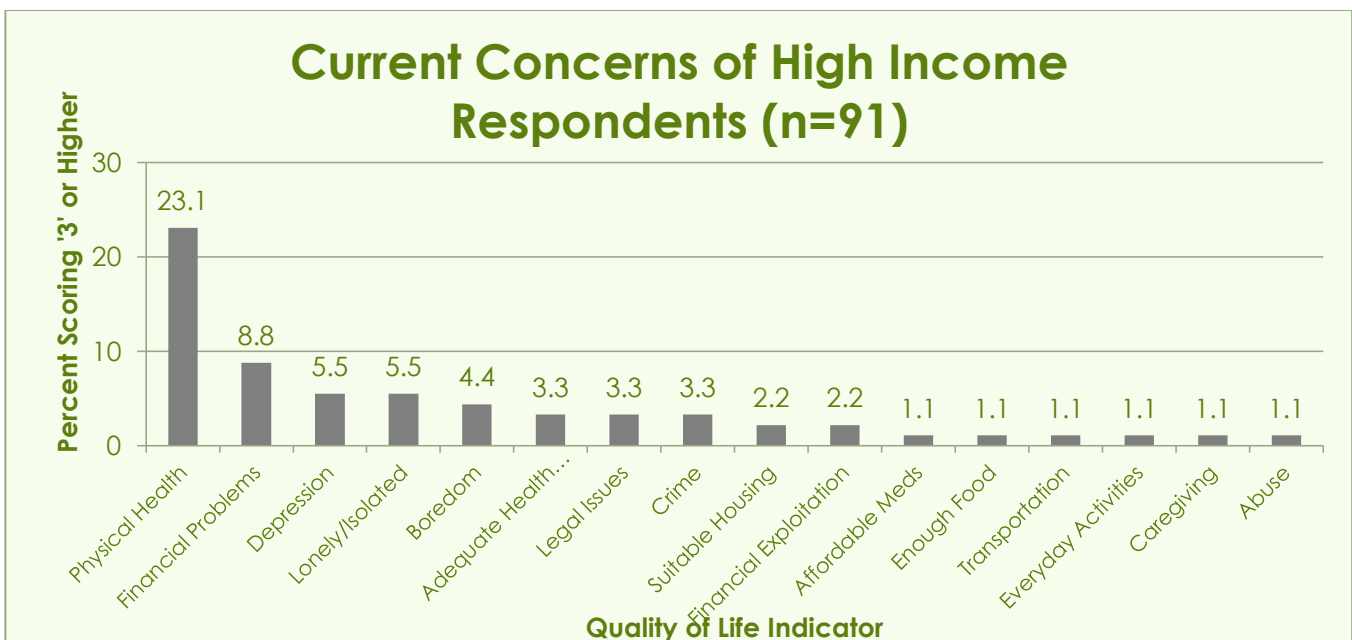
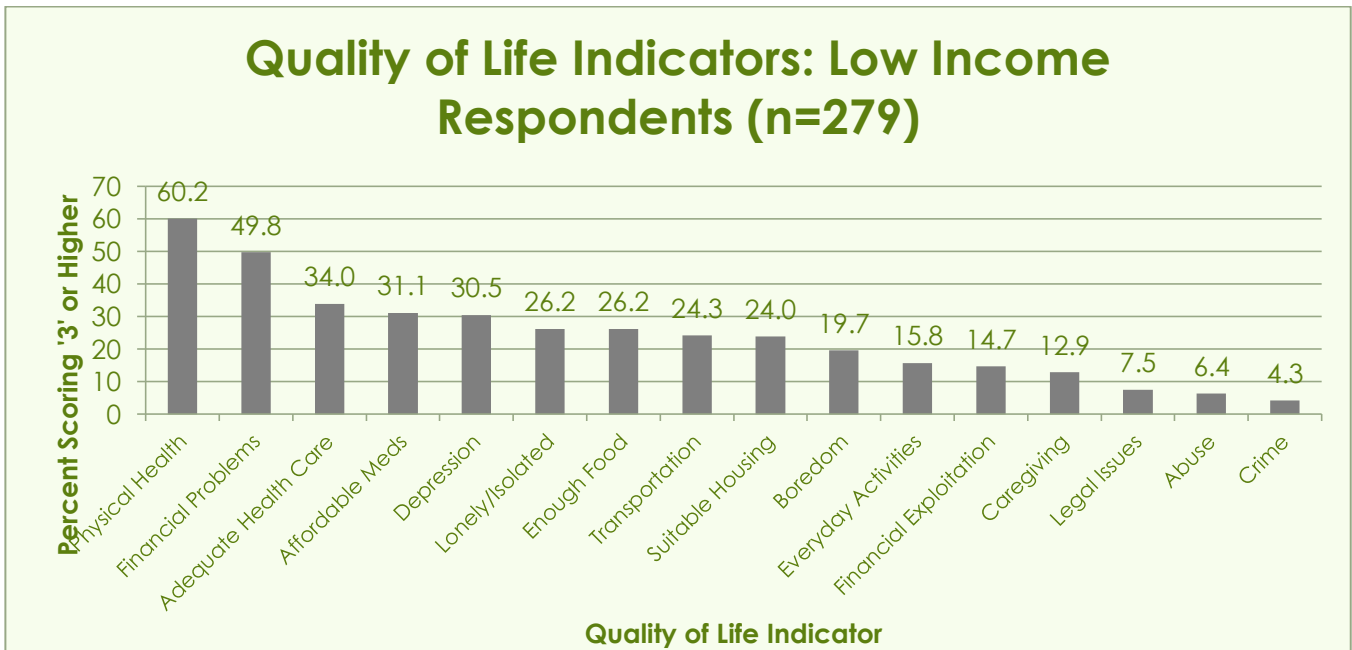
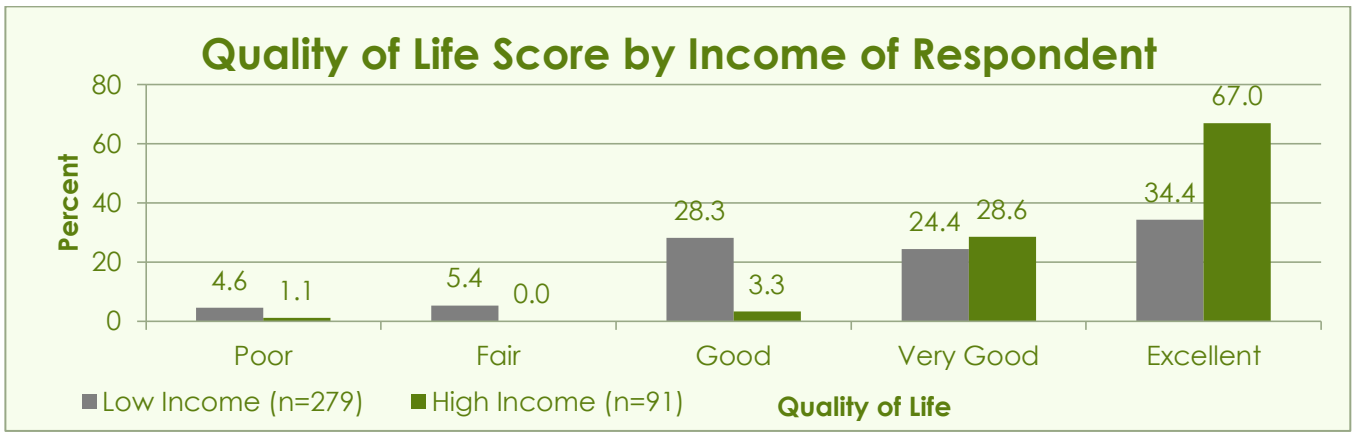
**187.) Did you vote in the most recent presidential election?**

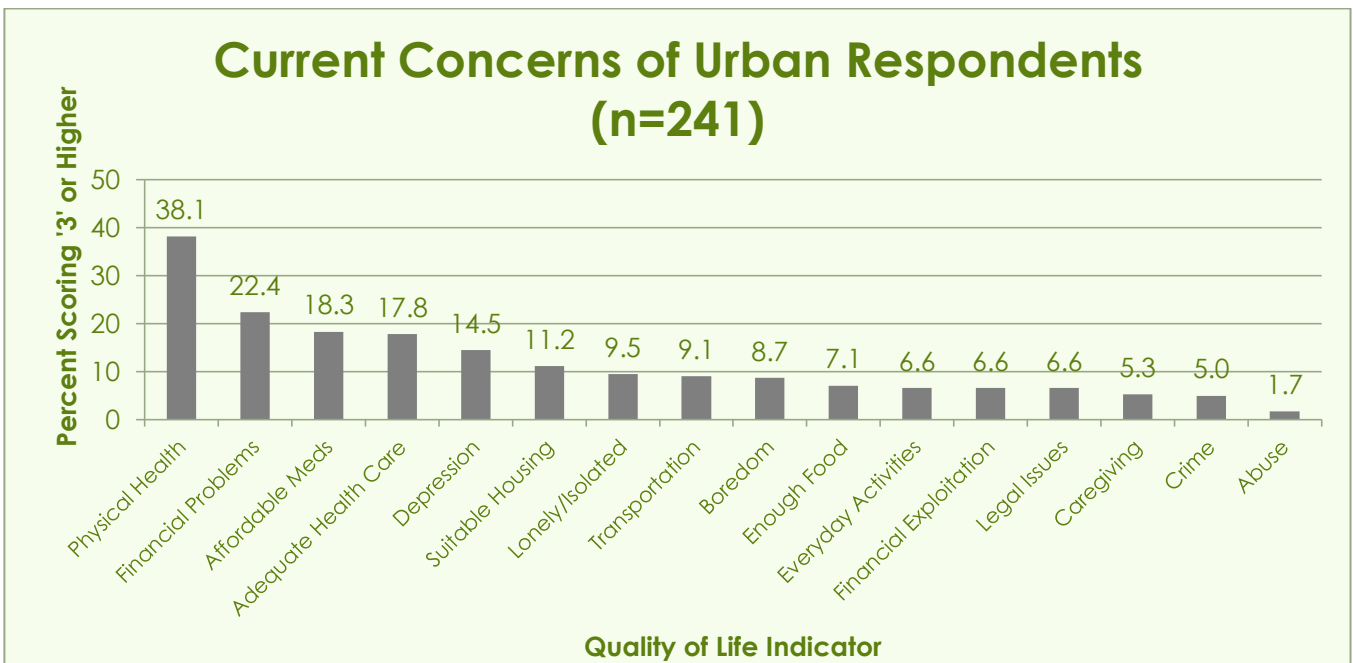
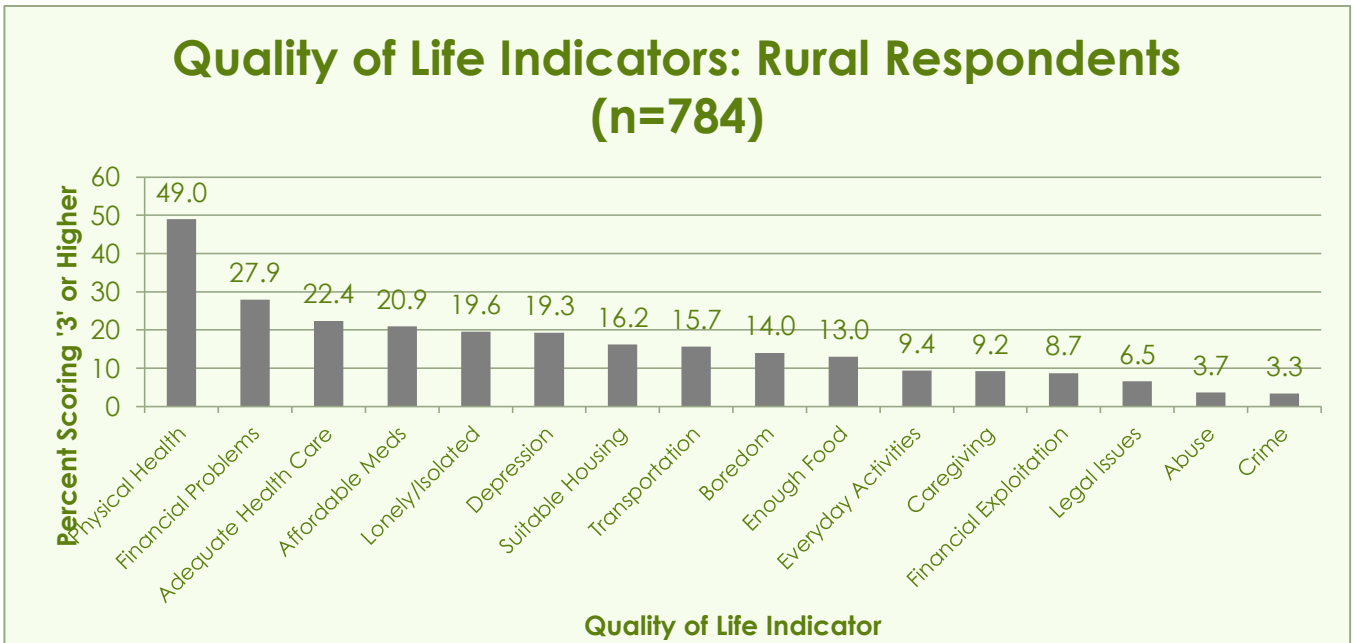
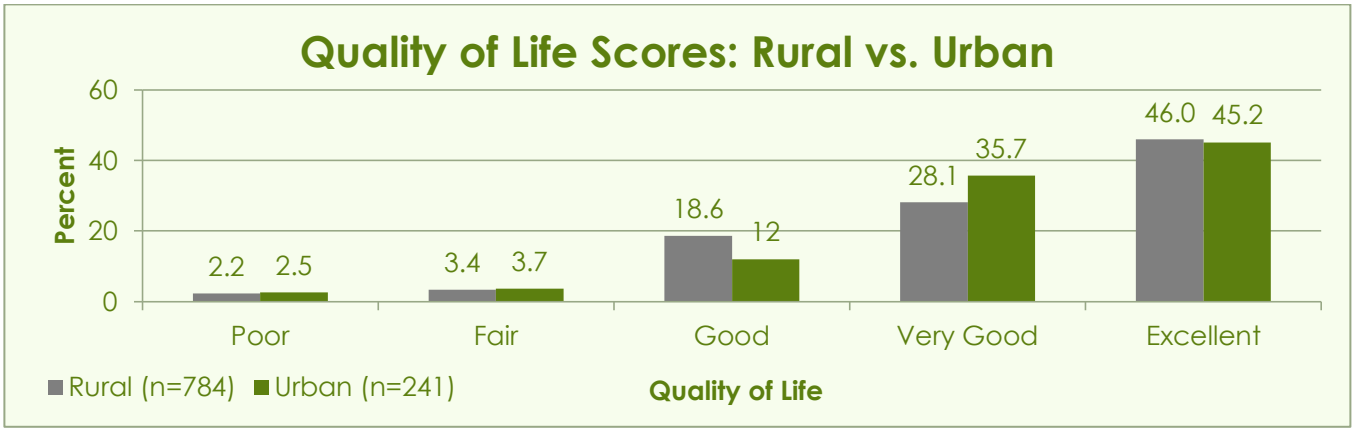
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	868	84.7	91.9	91.9
	No	75	7.3	7.9	99.9
	Refused	1	.1	.1	100.0
	Total	944	92.1	100.0	
Missing		81	7.9		
Total		1025	100.0		

# GENERAL SURVEY GRAPHS

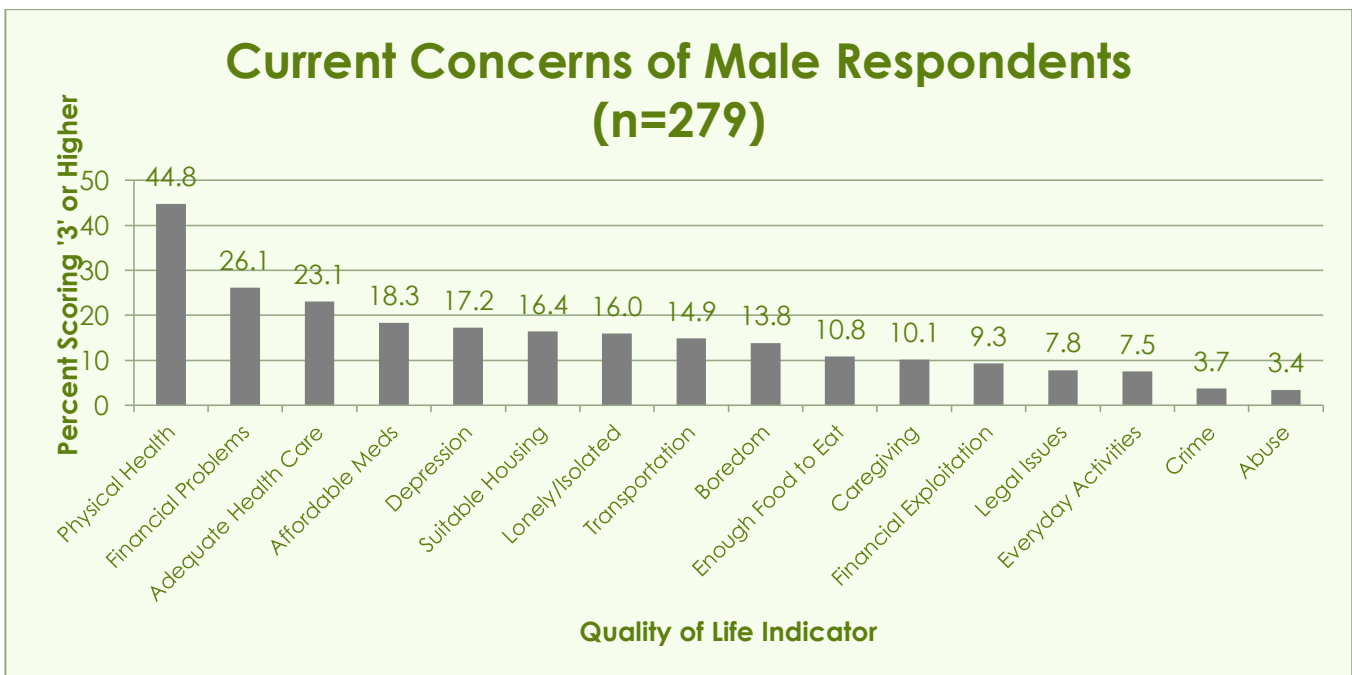
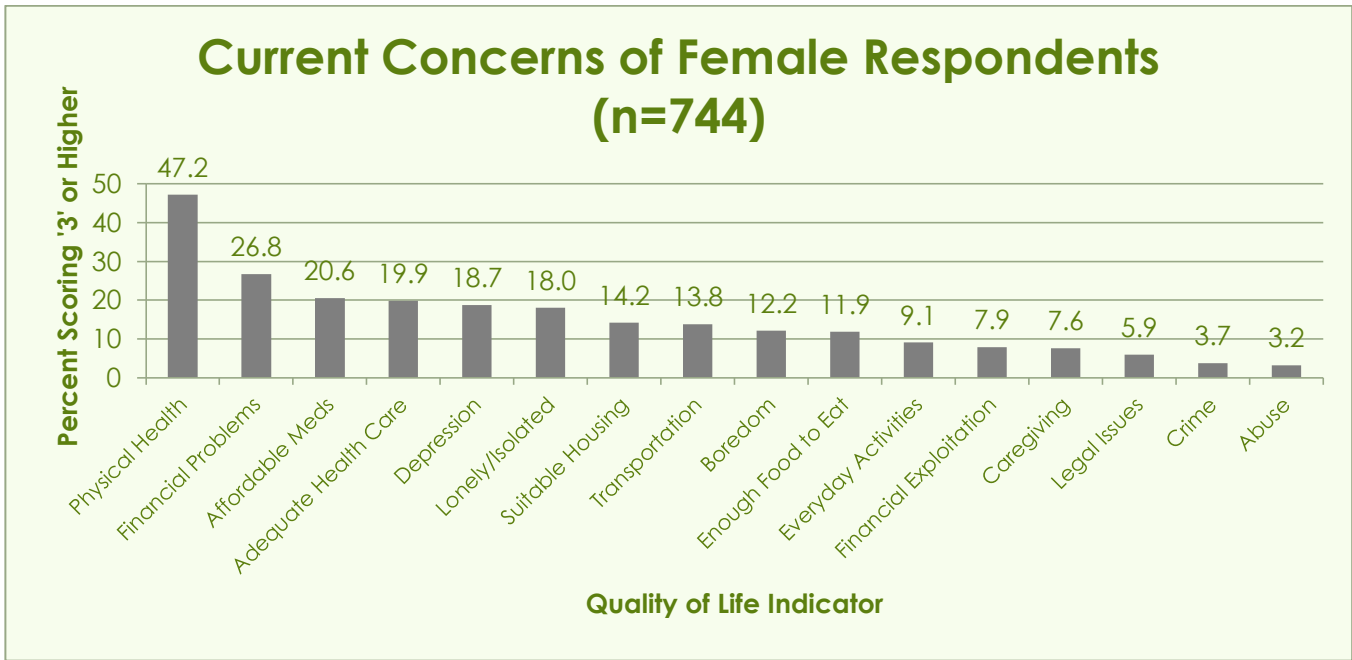
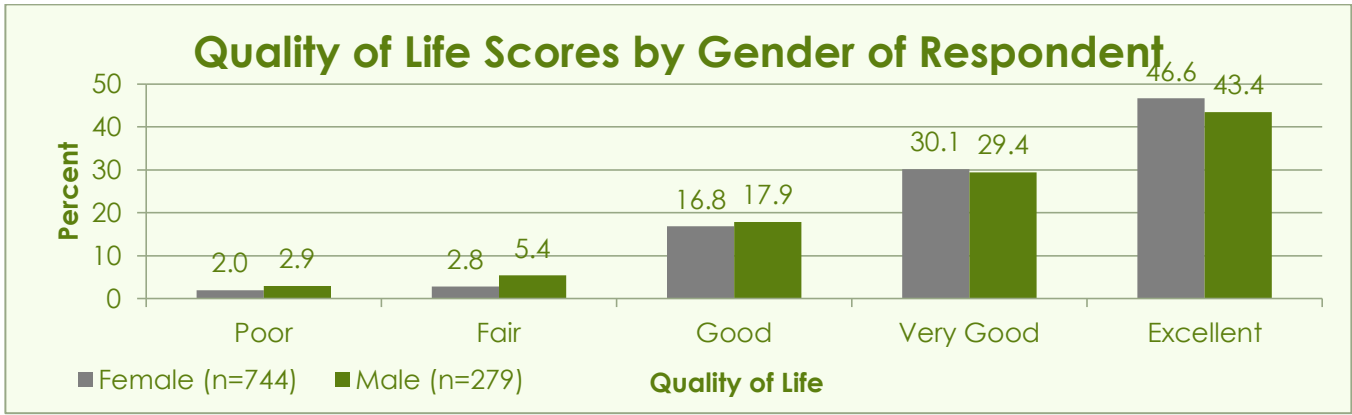
## I. QUALITY OF LIFE AND LIFESTYLE

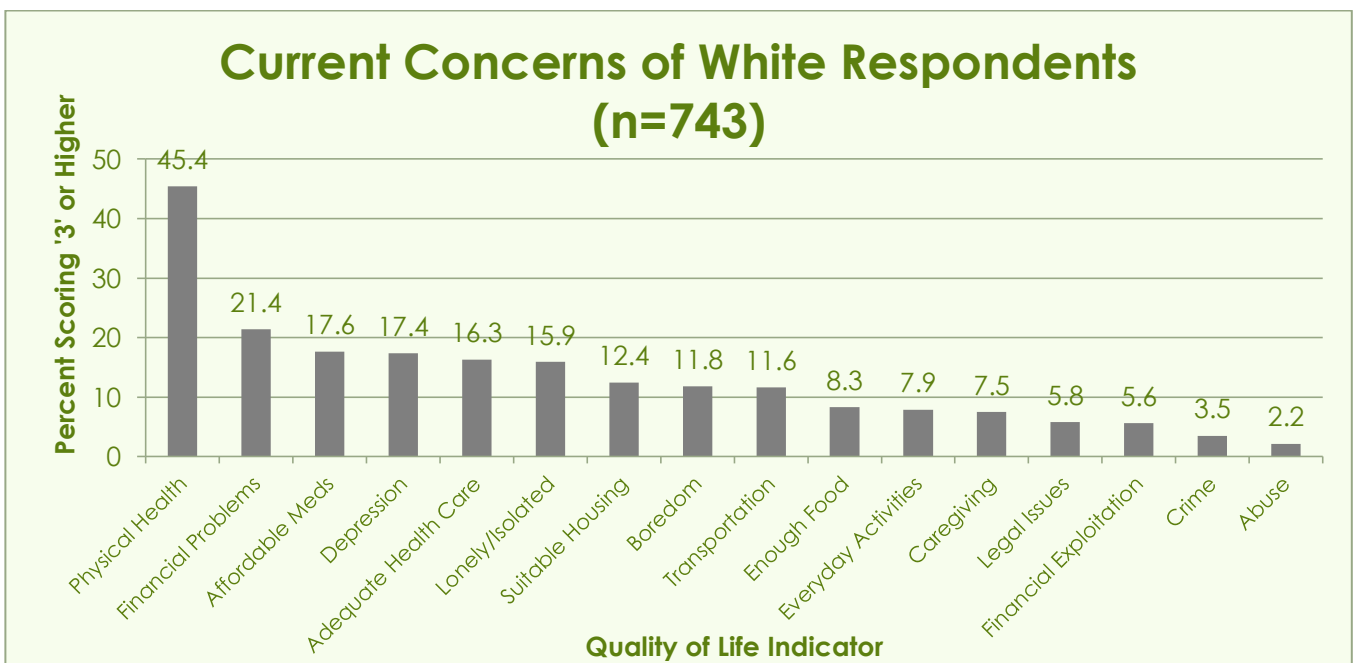
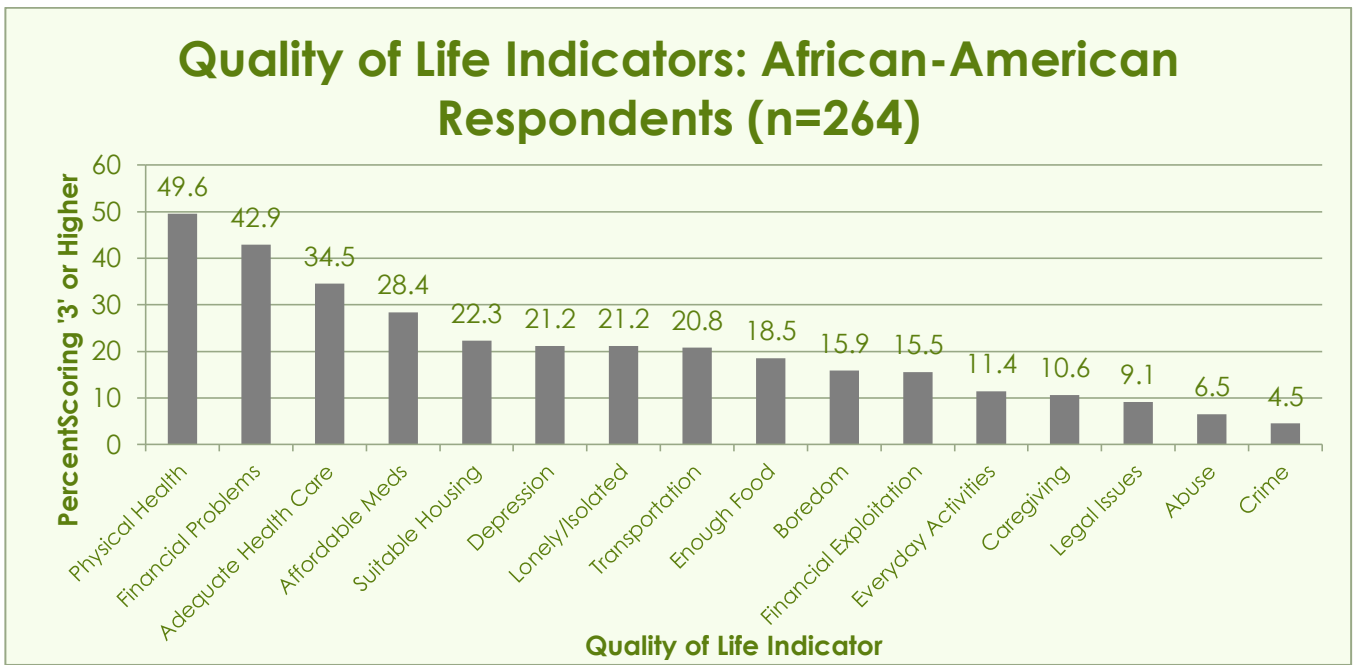
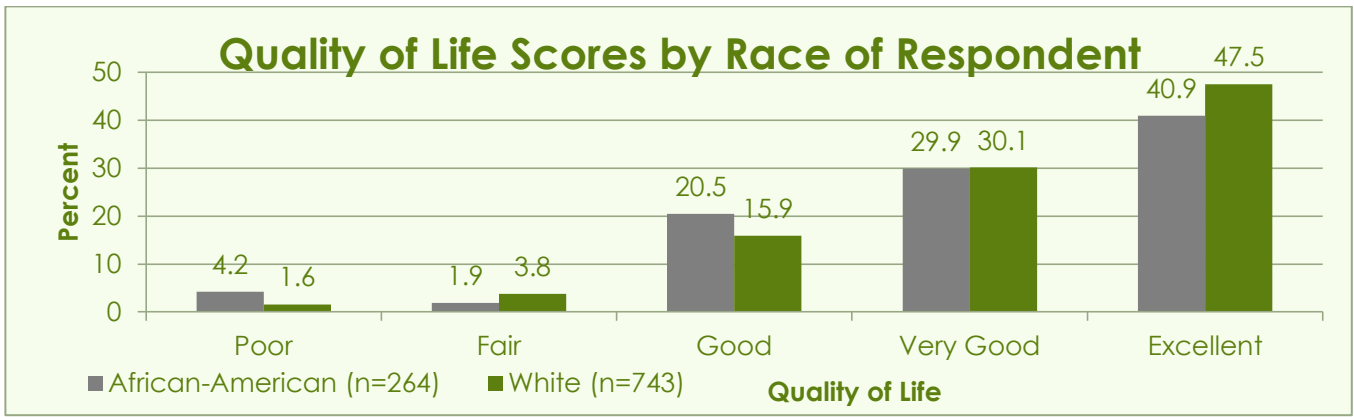


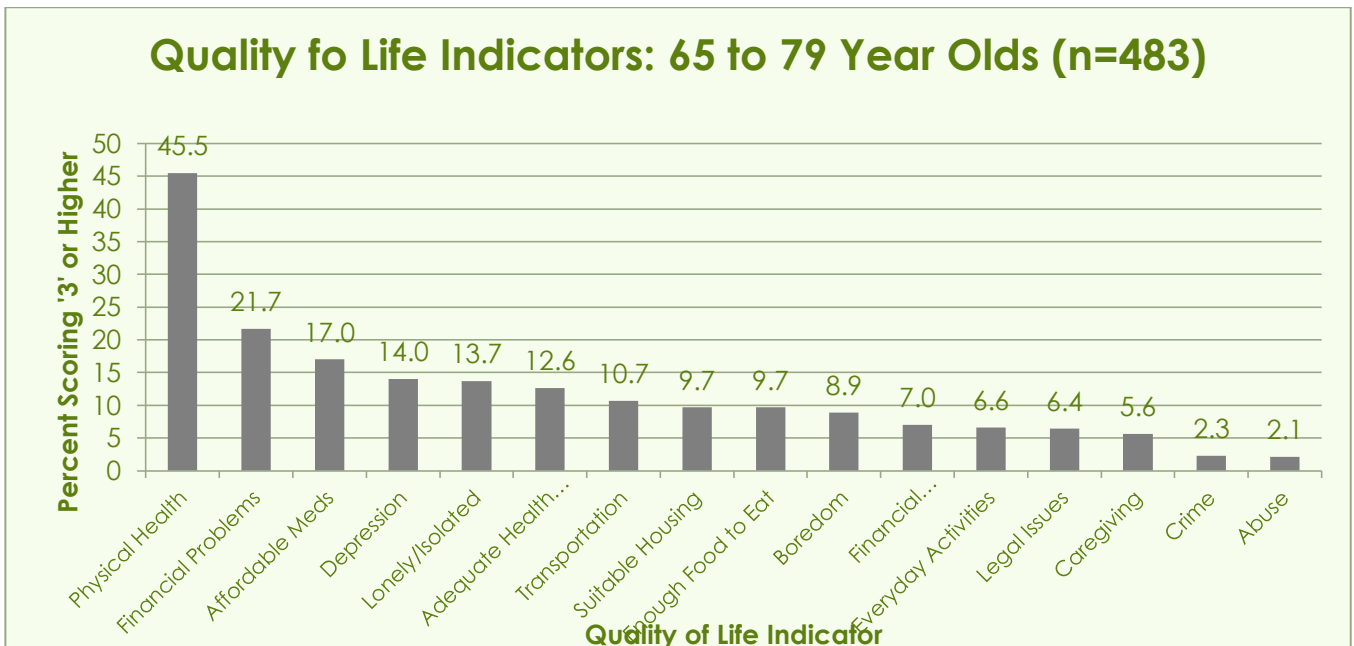
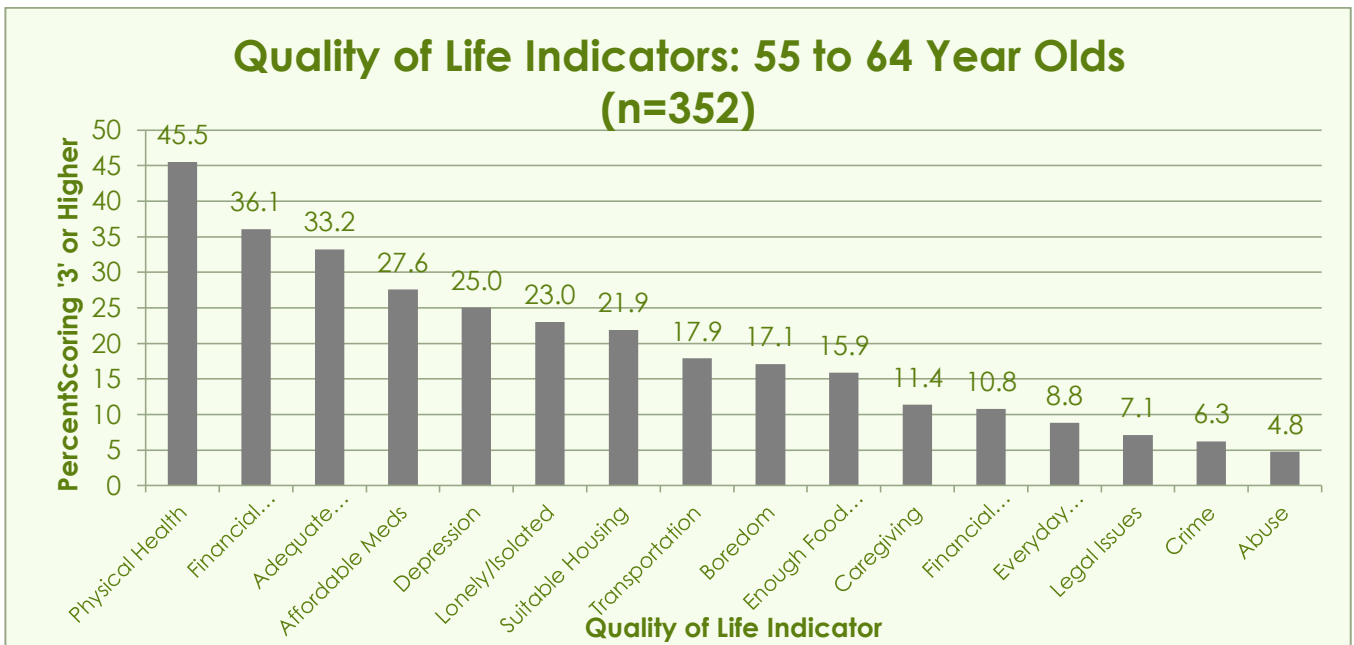
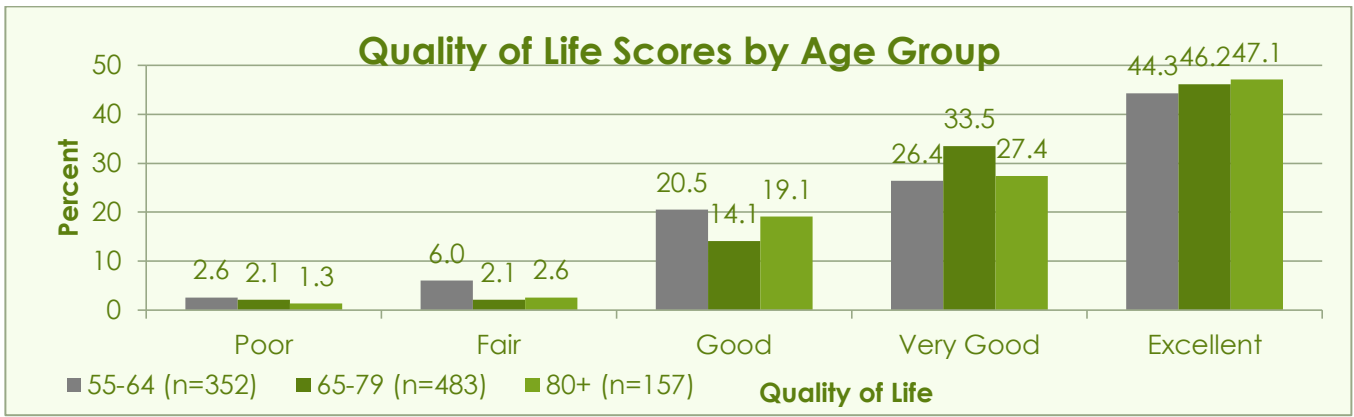










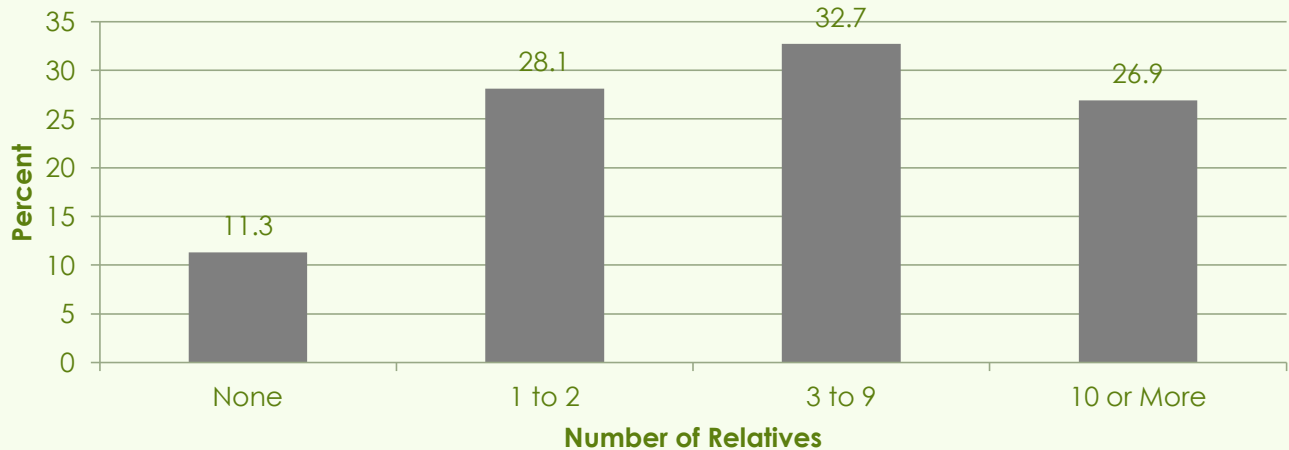


## Quality of Life Indicators: 80+ Age Group (n=157)

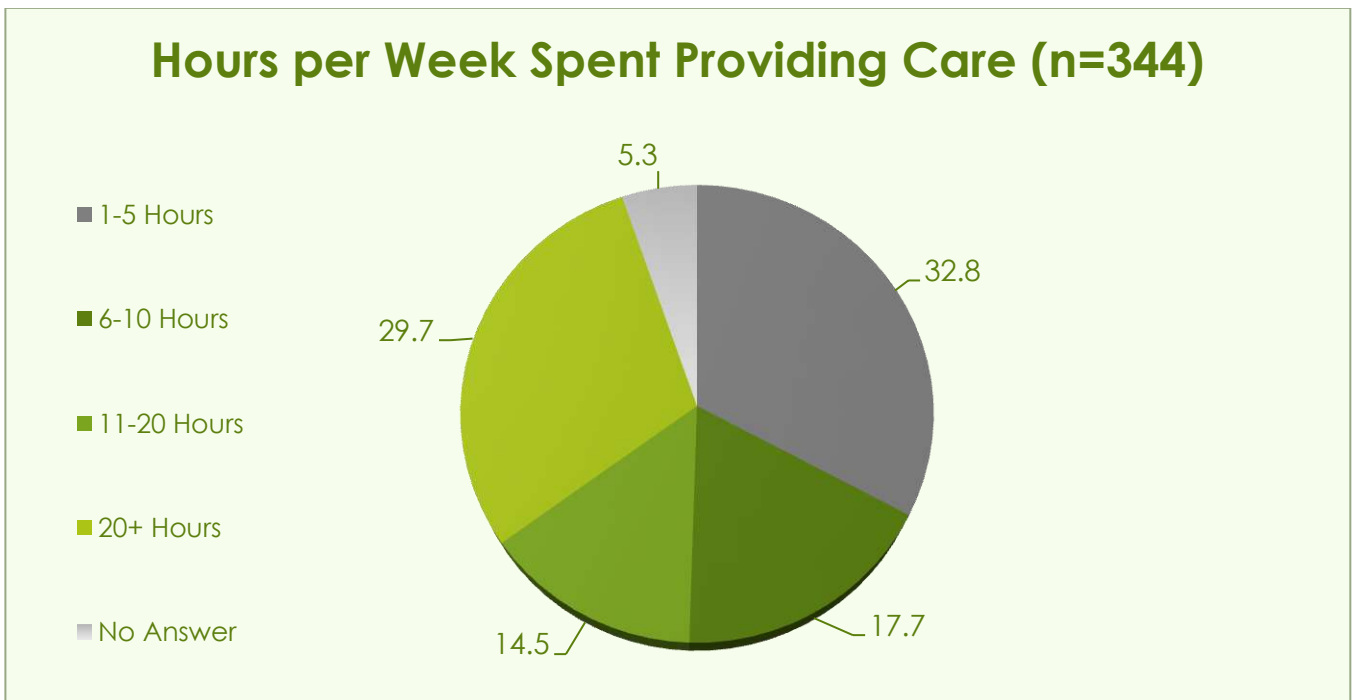
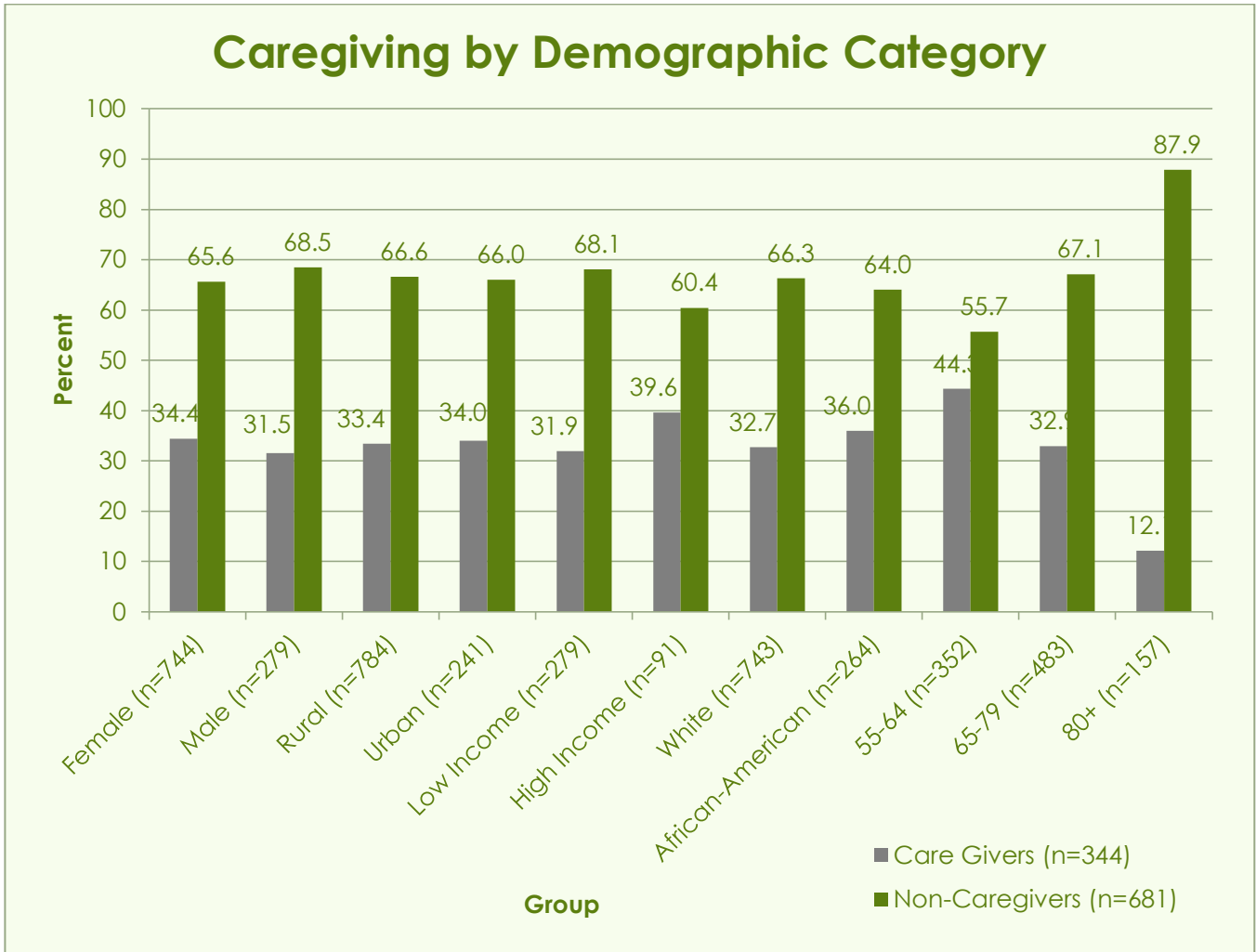


## II. FAMILY AND SOCIAL SUPPORT

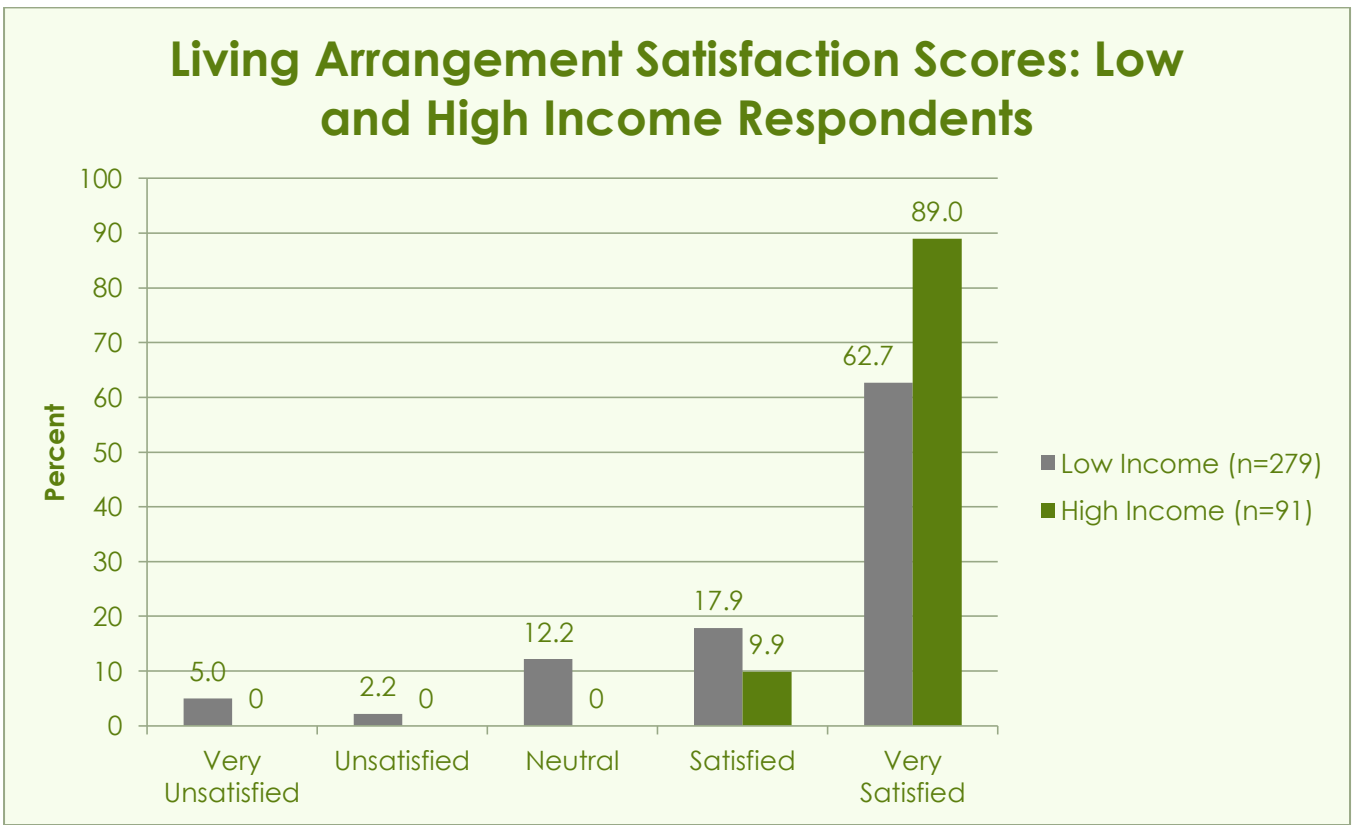
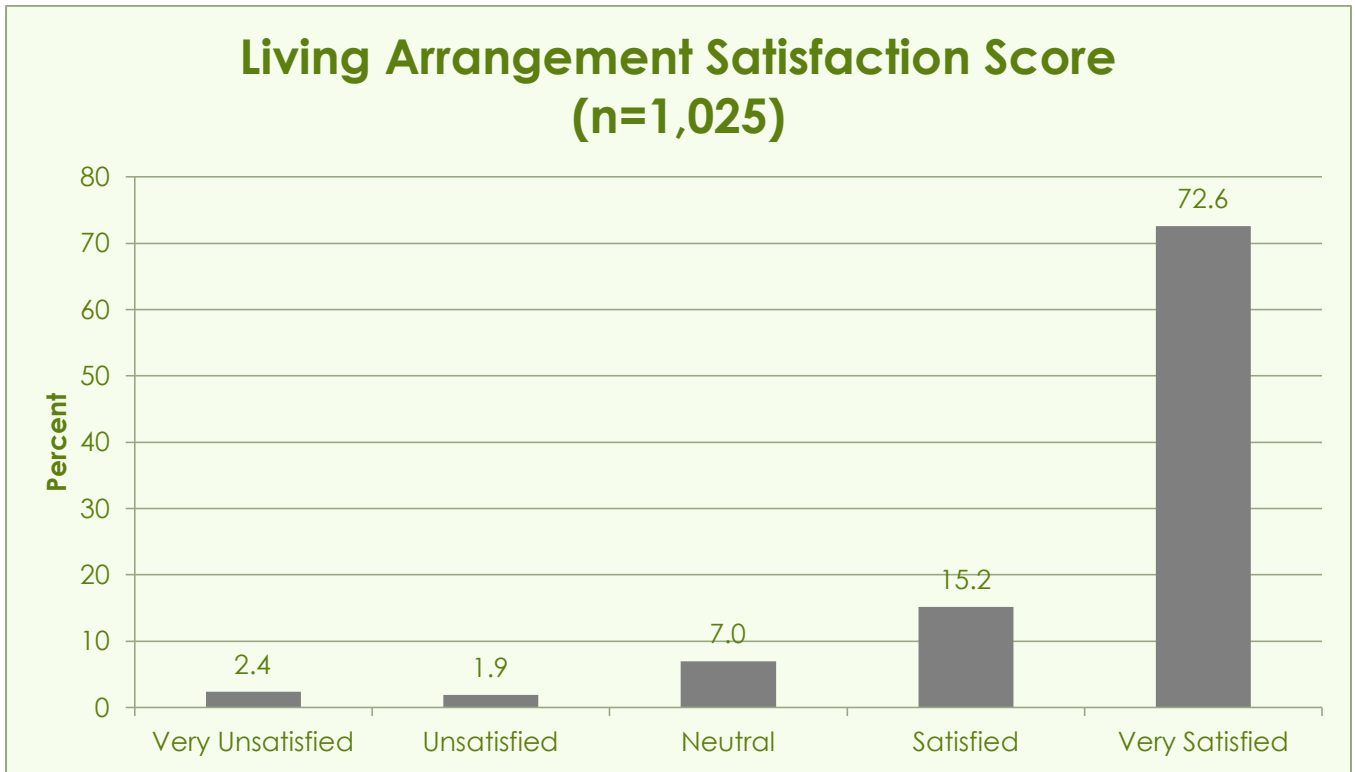
### Relatives Within 25 Miles (n=1,025)



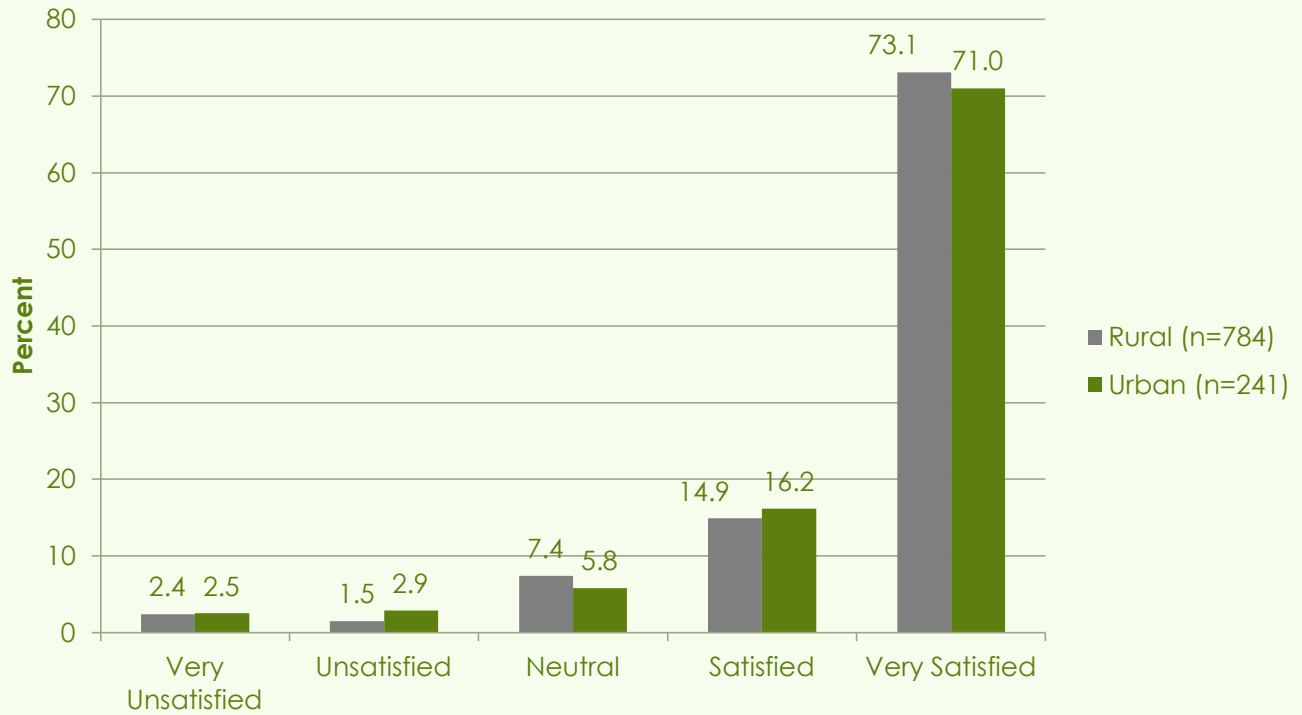
### III. CAREGIVING



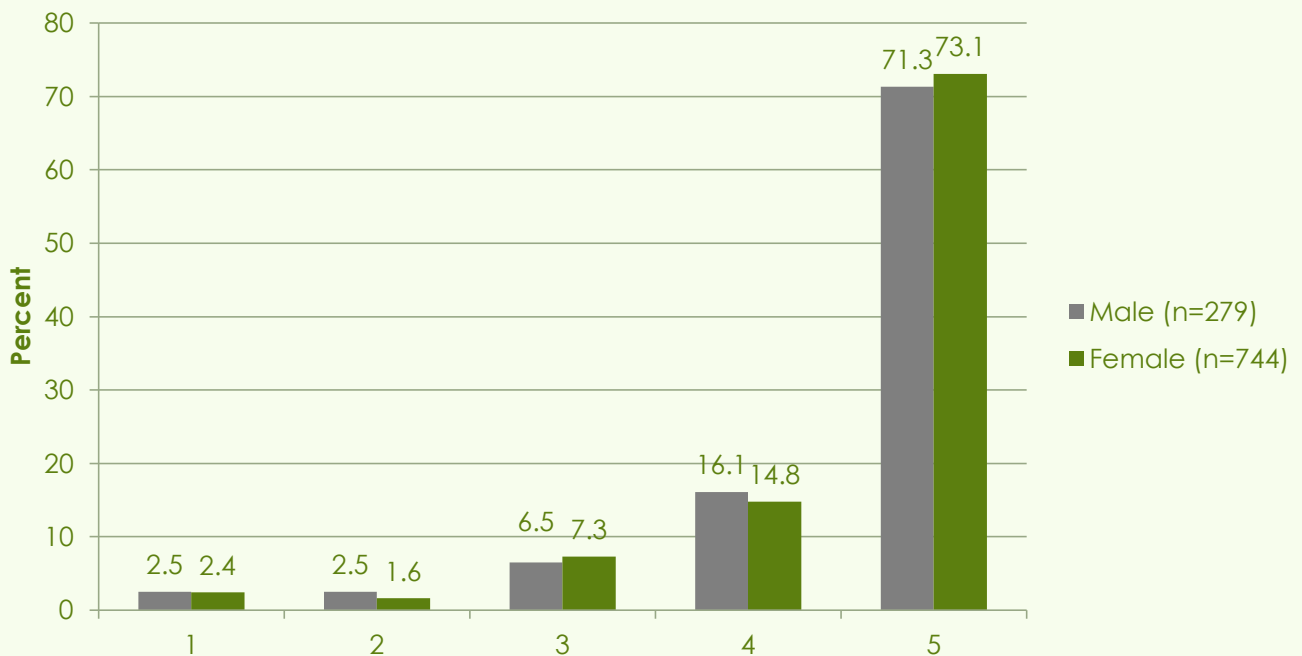
IV. LIVING ARRANGEMENTS



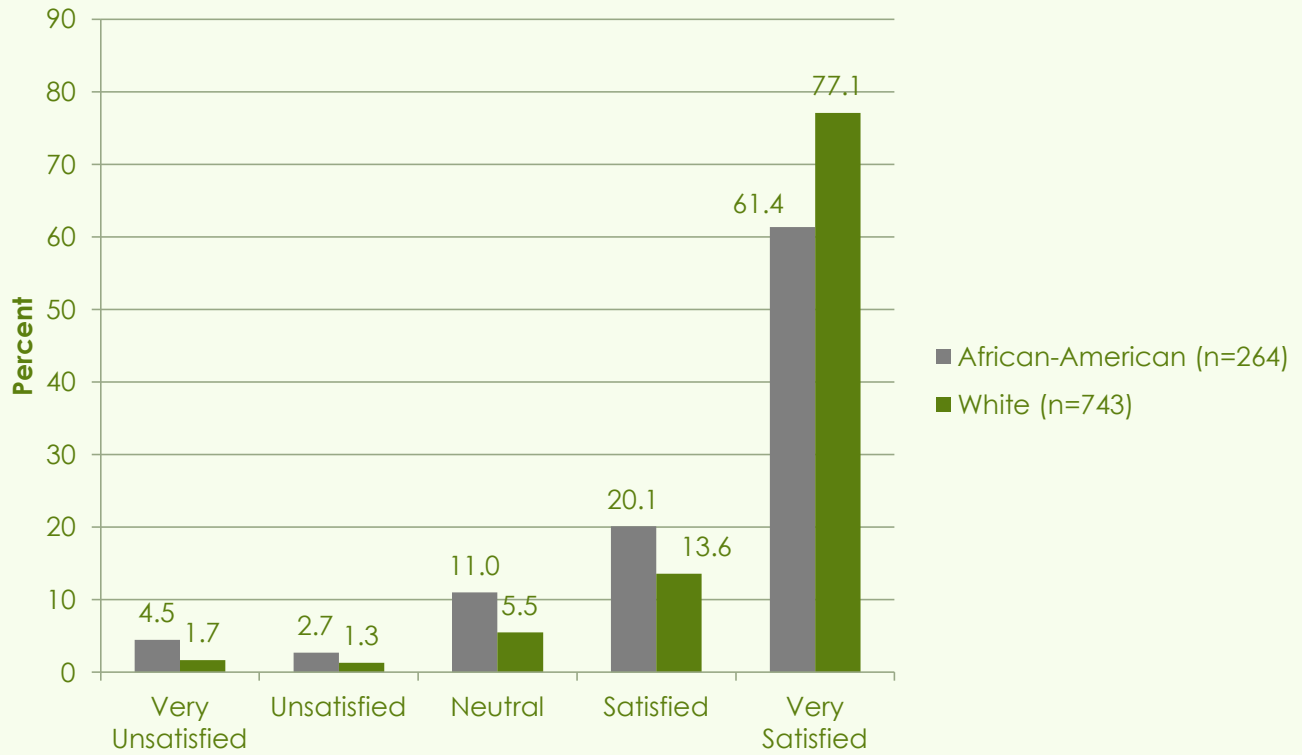
## Living Arrangement Satisfaction Scores: Rural vs. Urban Respondents



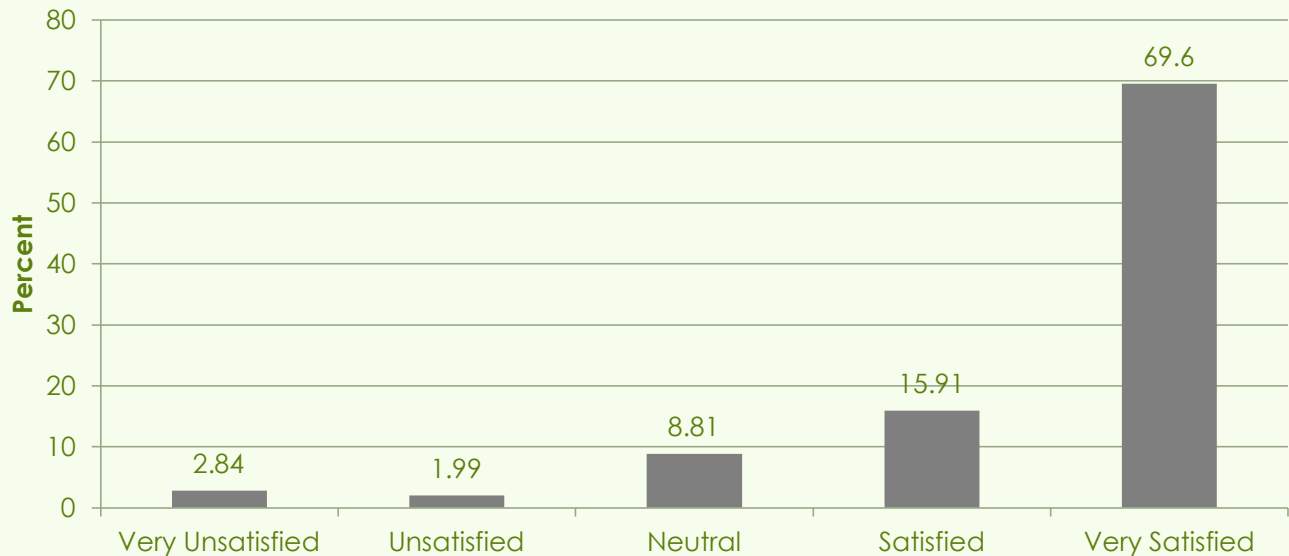
## Living Arrangement Satisfaction Scores by Gender of Respondents



## Living Arrangement Satisfaction Scores by Race of Respondents

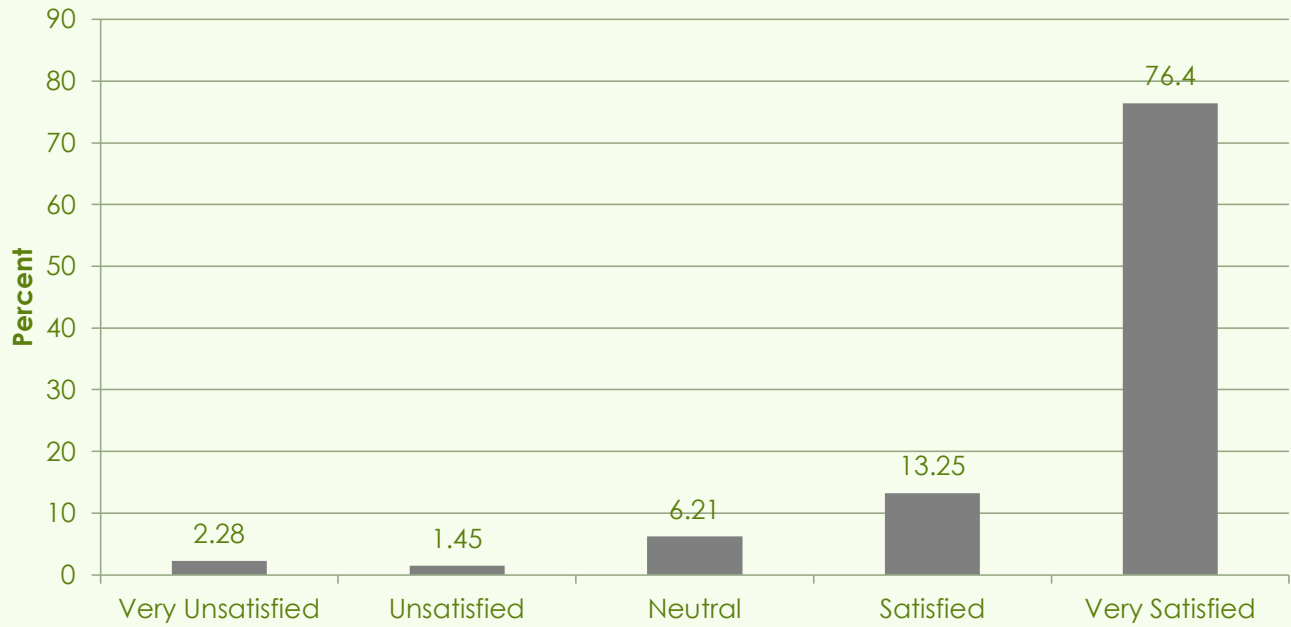


## Living Arrangement Satisfaction Scores of 55 to 64 Year Olds (n=352)

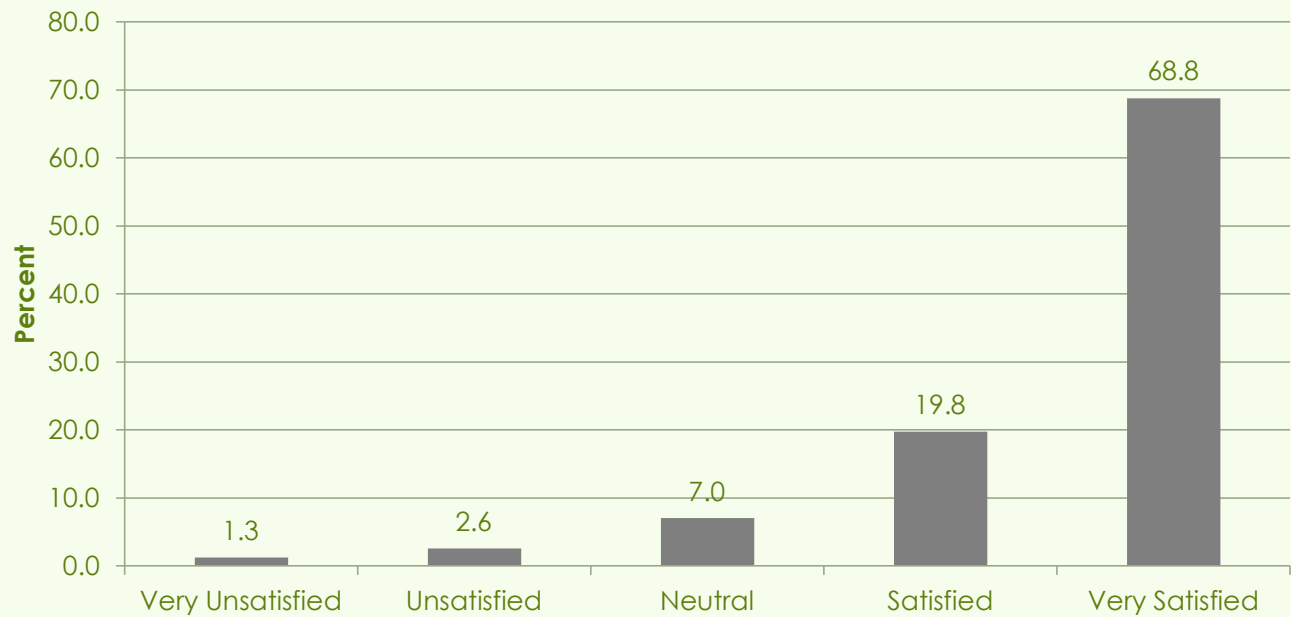




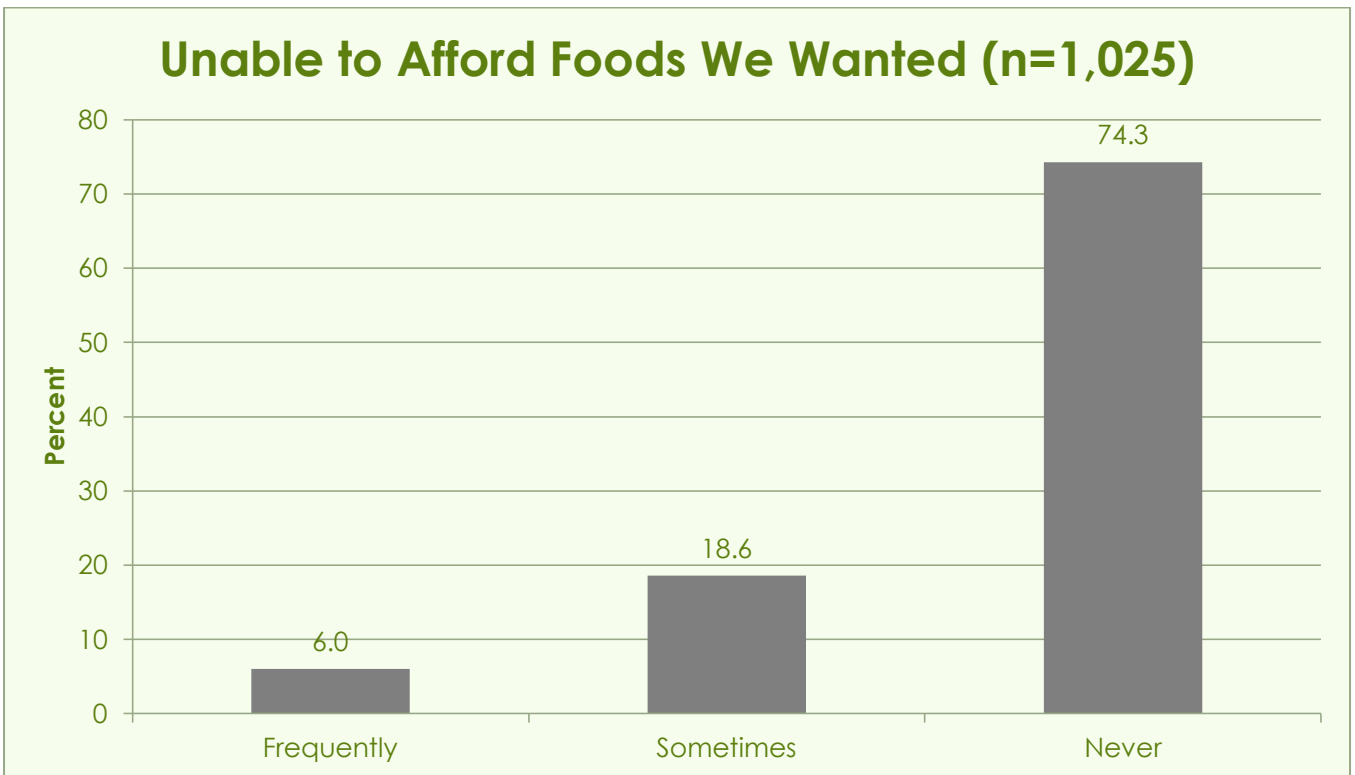
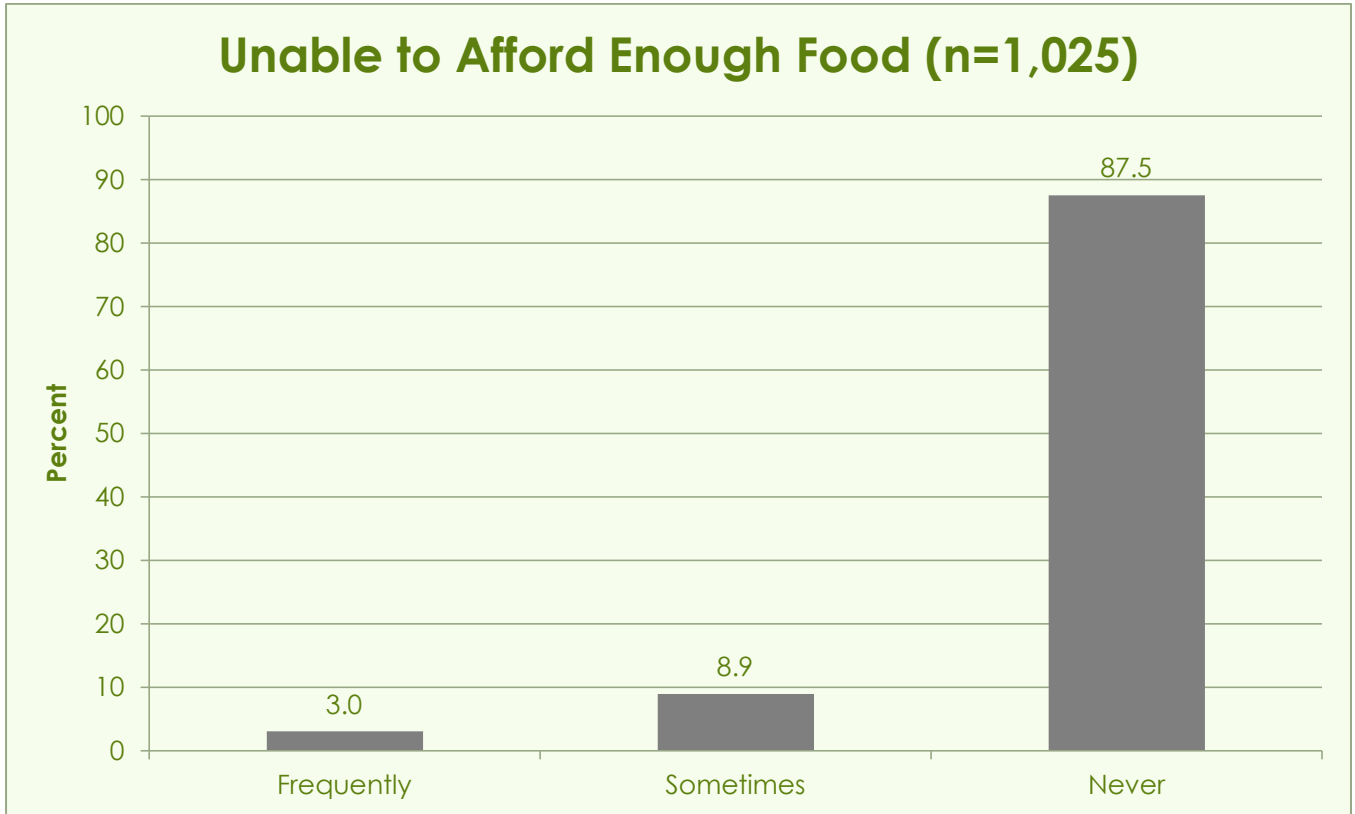
### Living Arrangement Satisfaction Scores of 65 to 79 Year Olds (n=483)



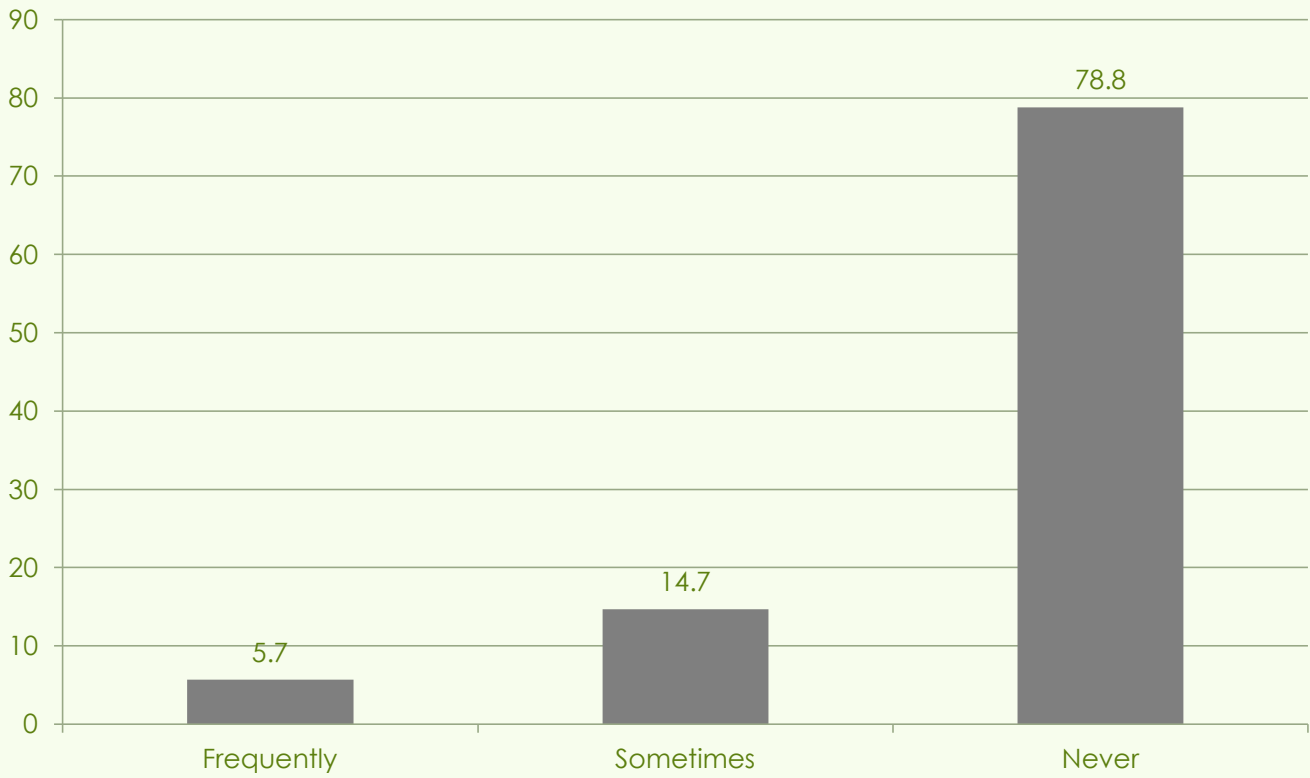
### Living Arrangement Satisfaction Scores for 80+ Age Group (n=157)



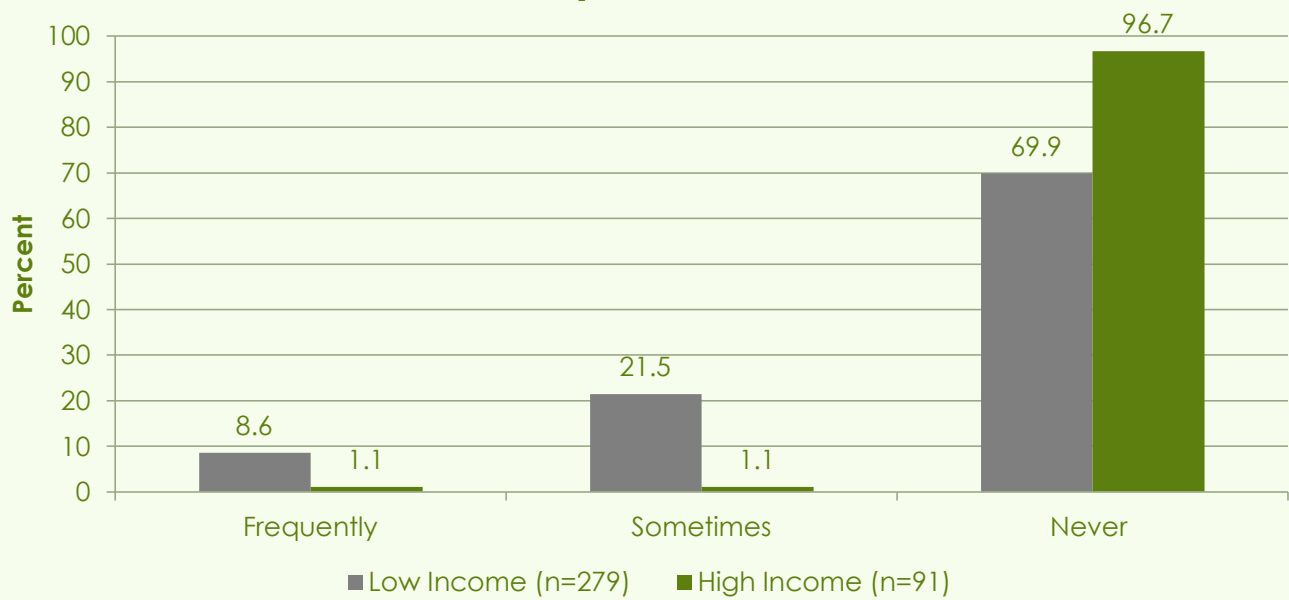
V. DIET AND FOOD SECURITY



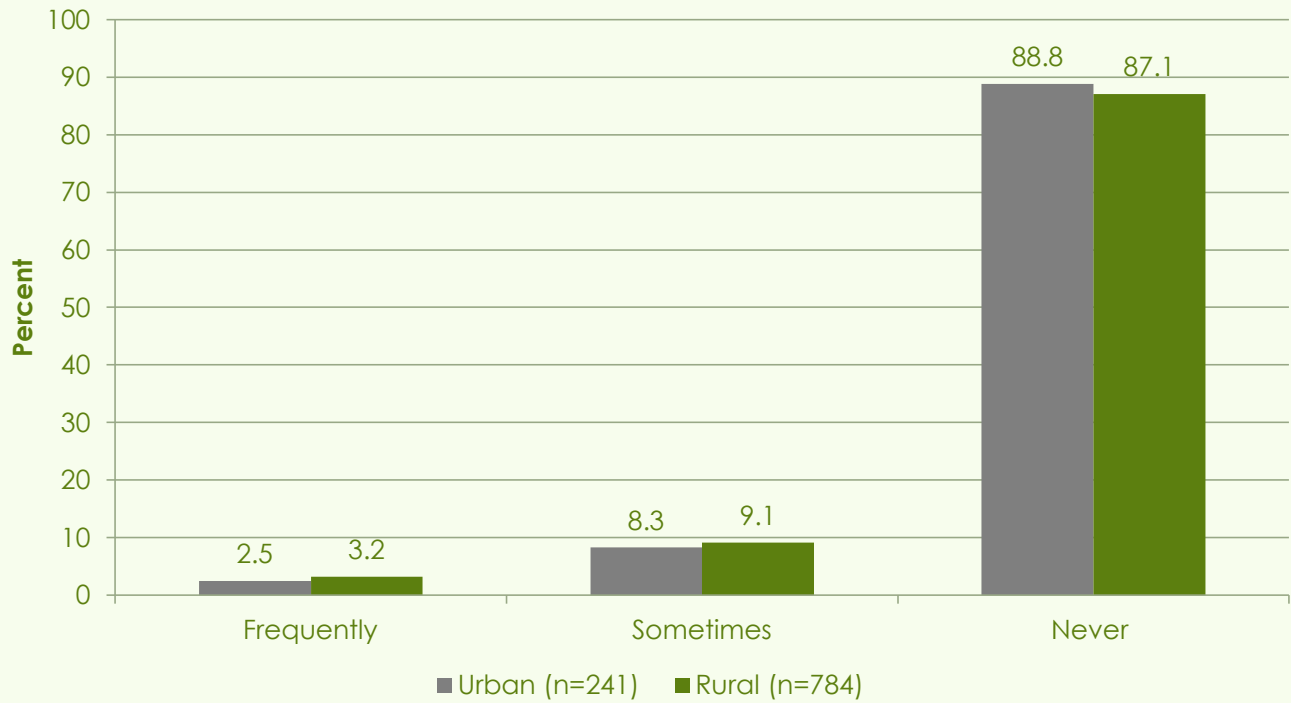
## Unable to Afford Healthier Meals (n=1,025)



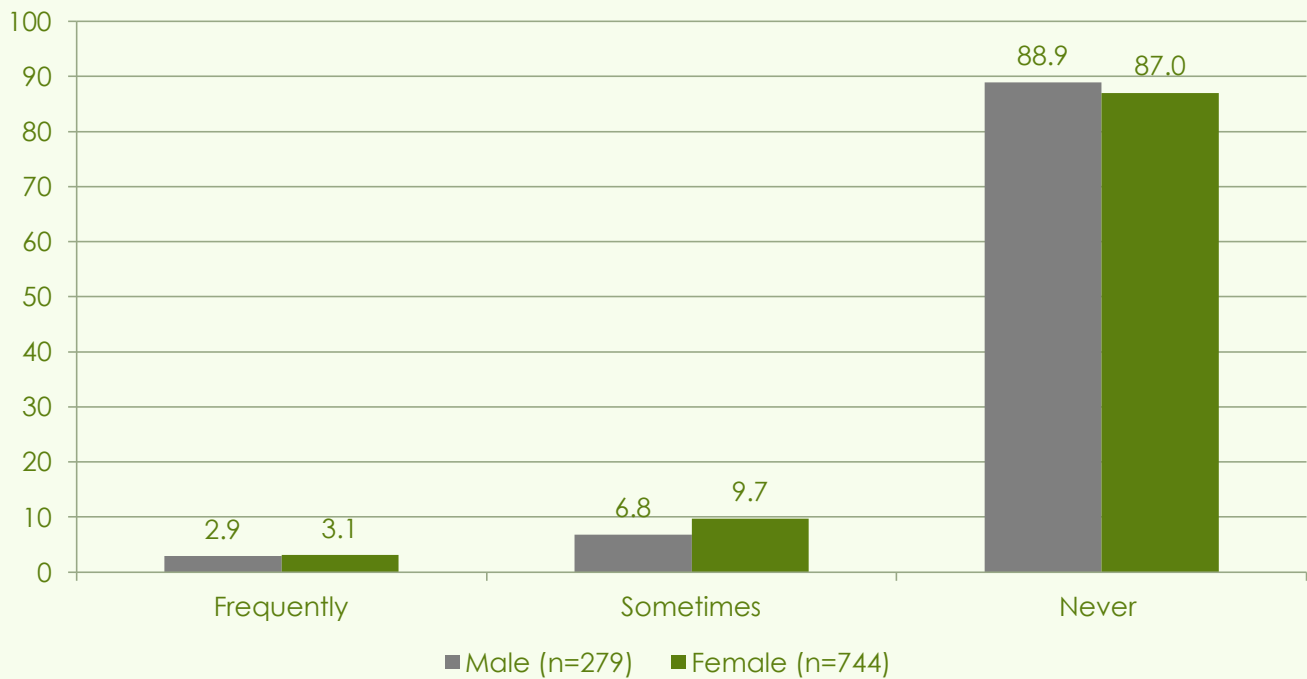
## Prevalence of Food Insecurity by Income of Respondents



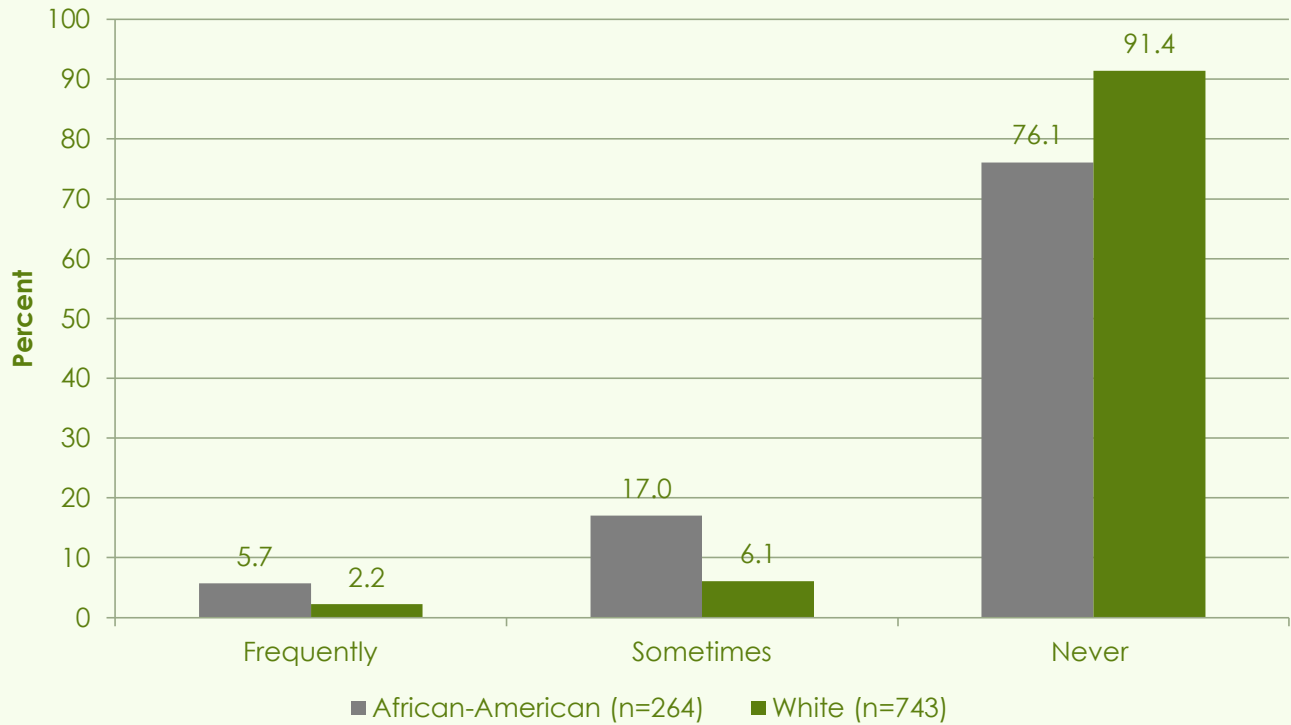
## Prevalence of Food Security: Urban vs. Rural



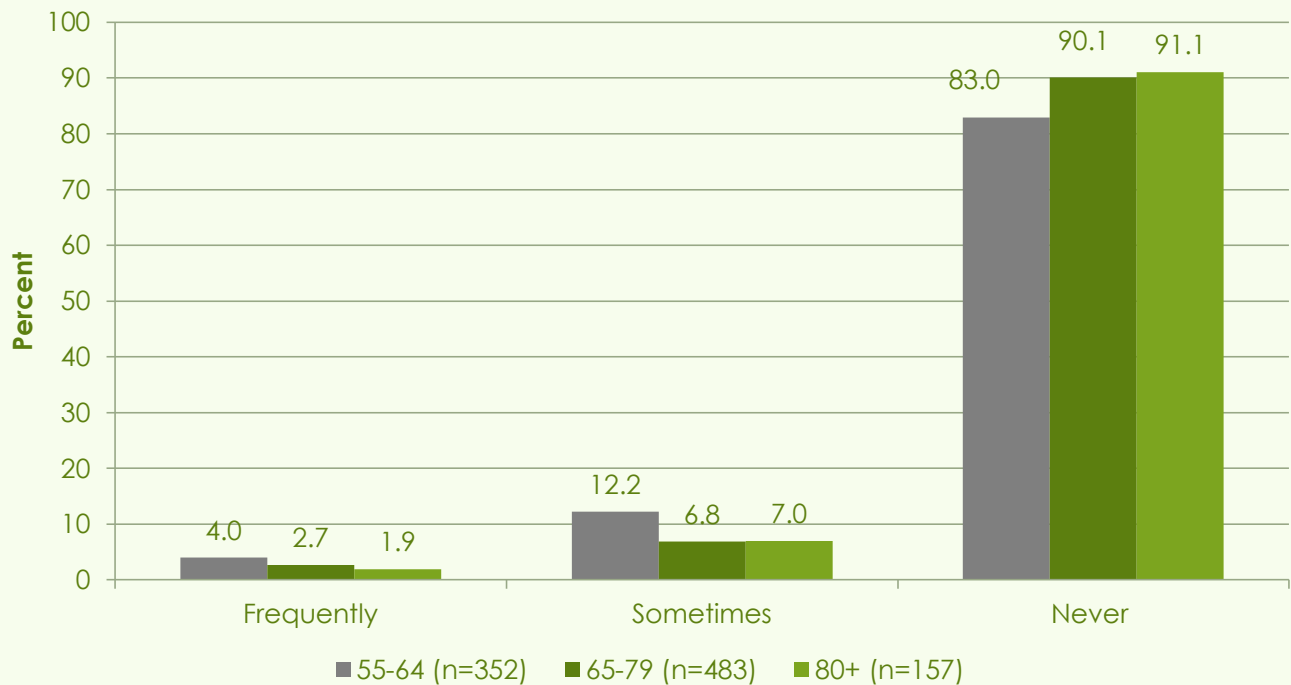
## Prevalence of Food Insecurity by Gender of Respondents



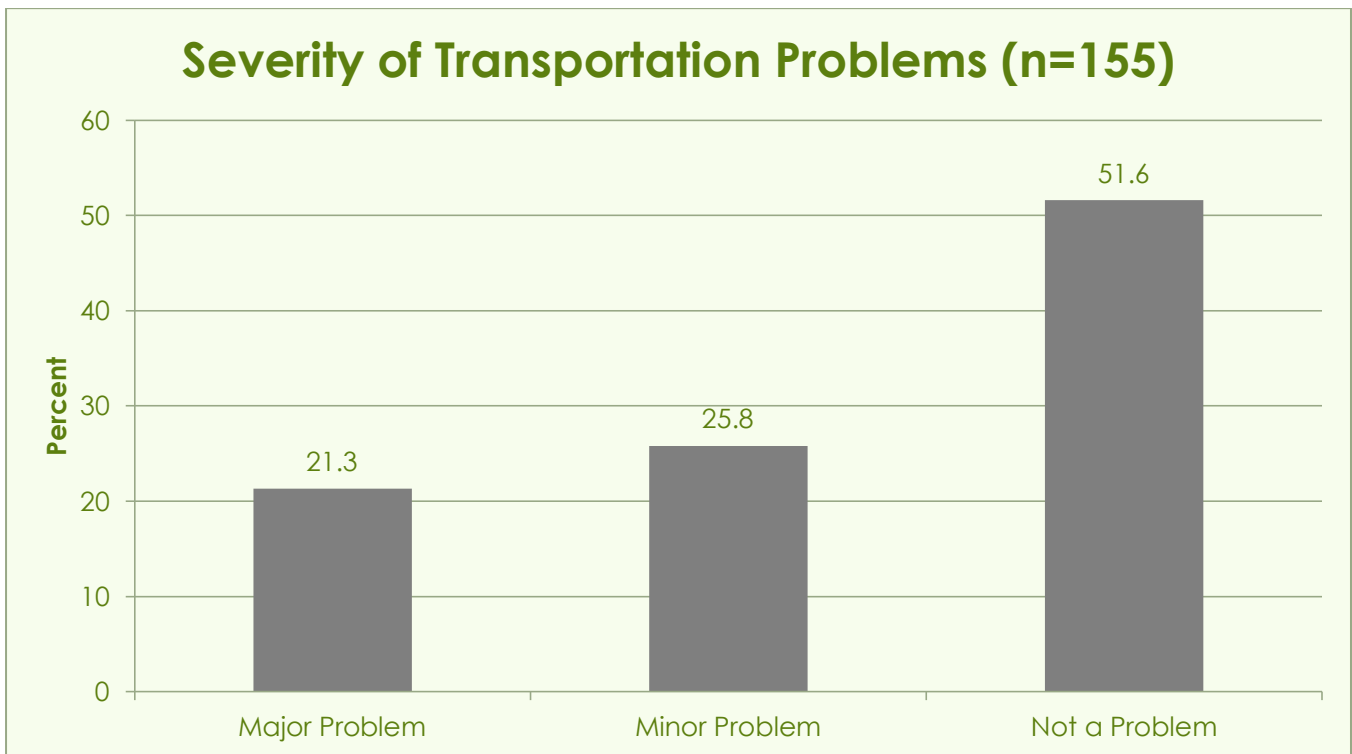
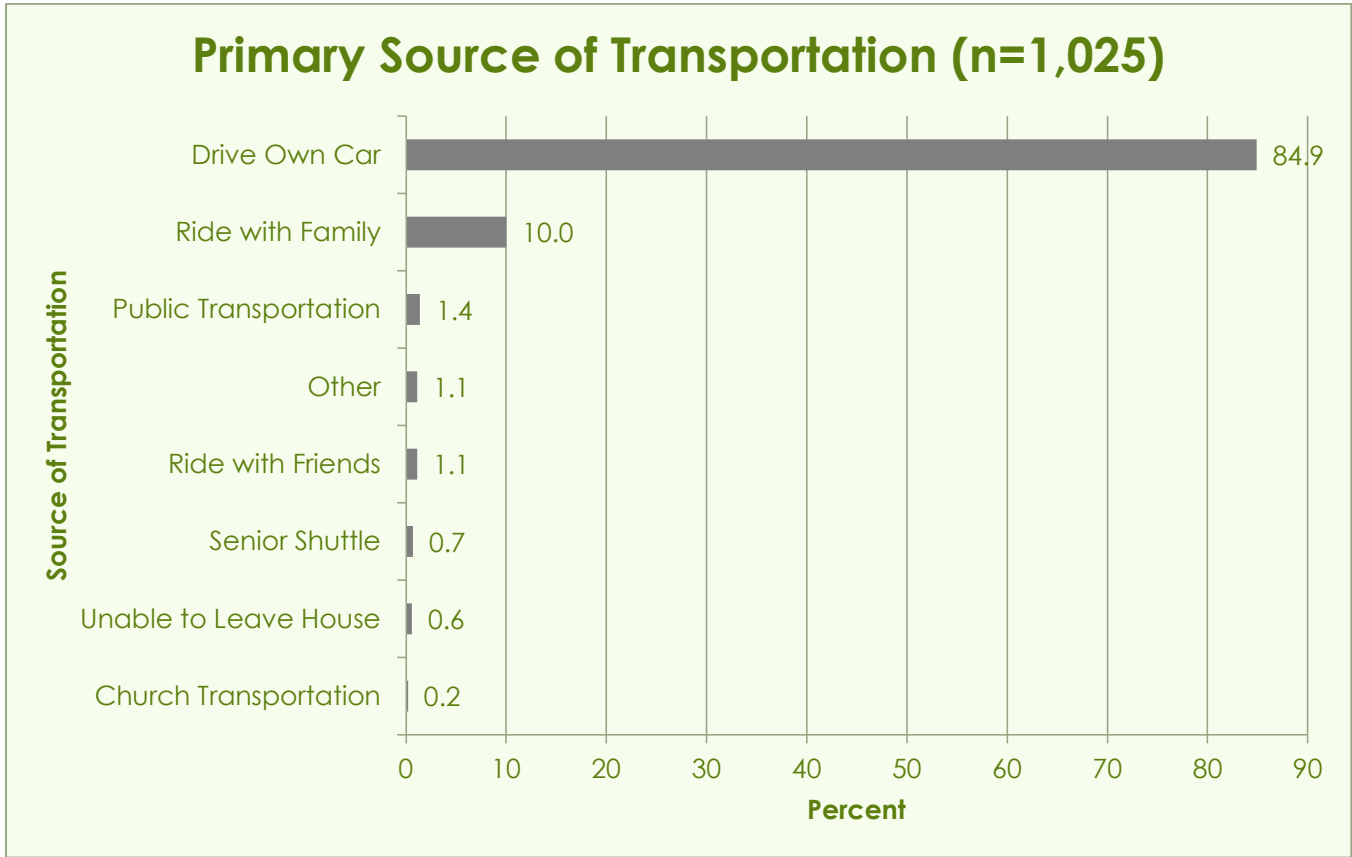
## Prevalence of Food Insecurity by Race of Respondents



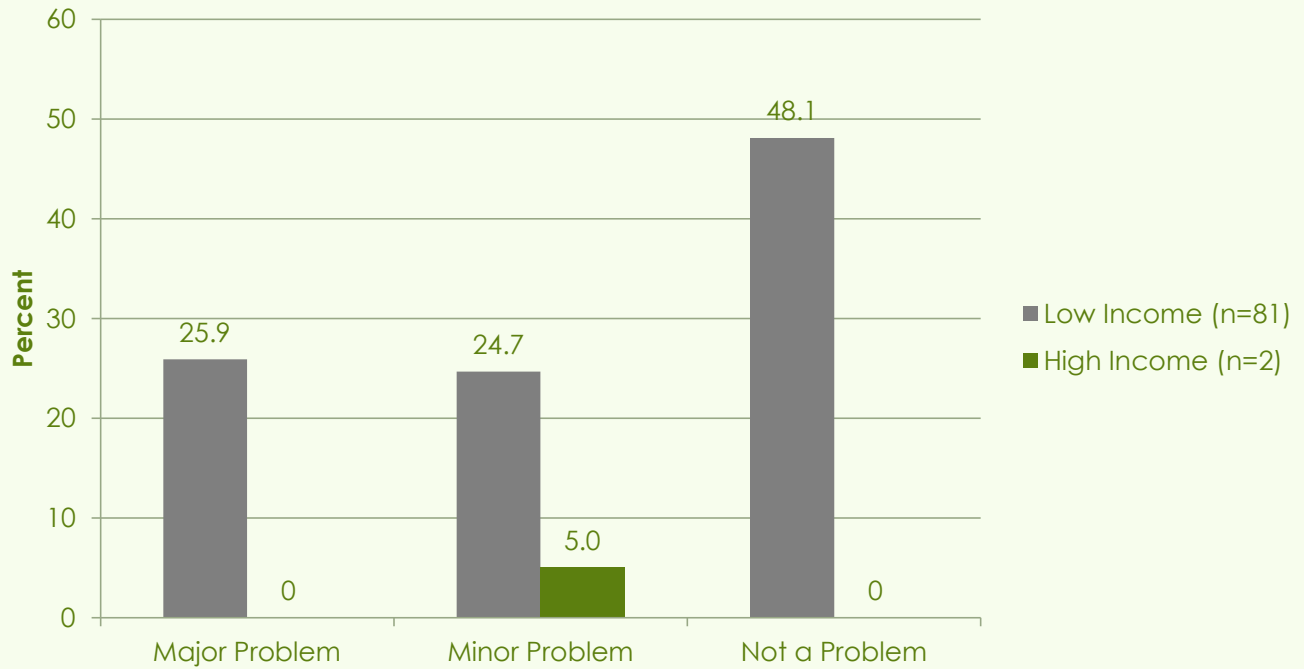
## Prevalence of Food Insecurity by Age Group



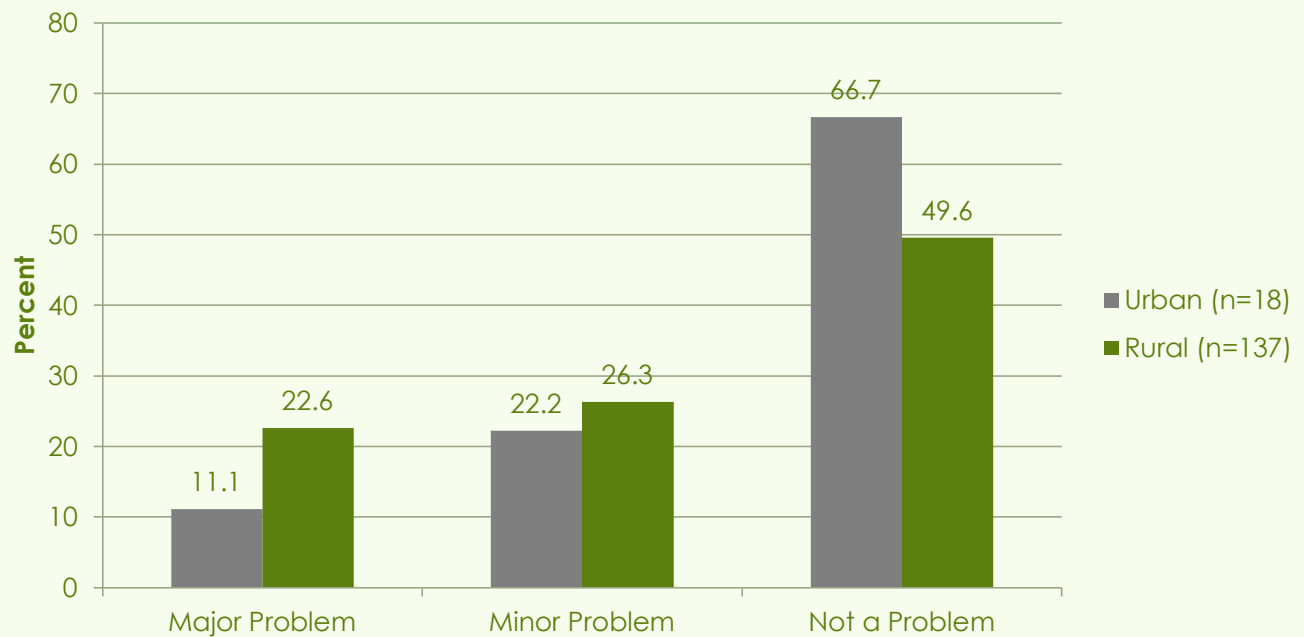
## VI. TRANSPORTATION



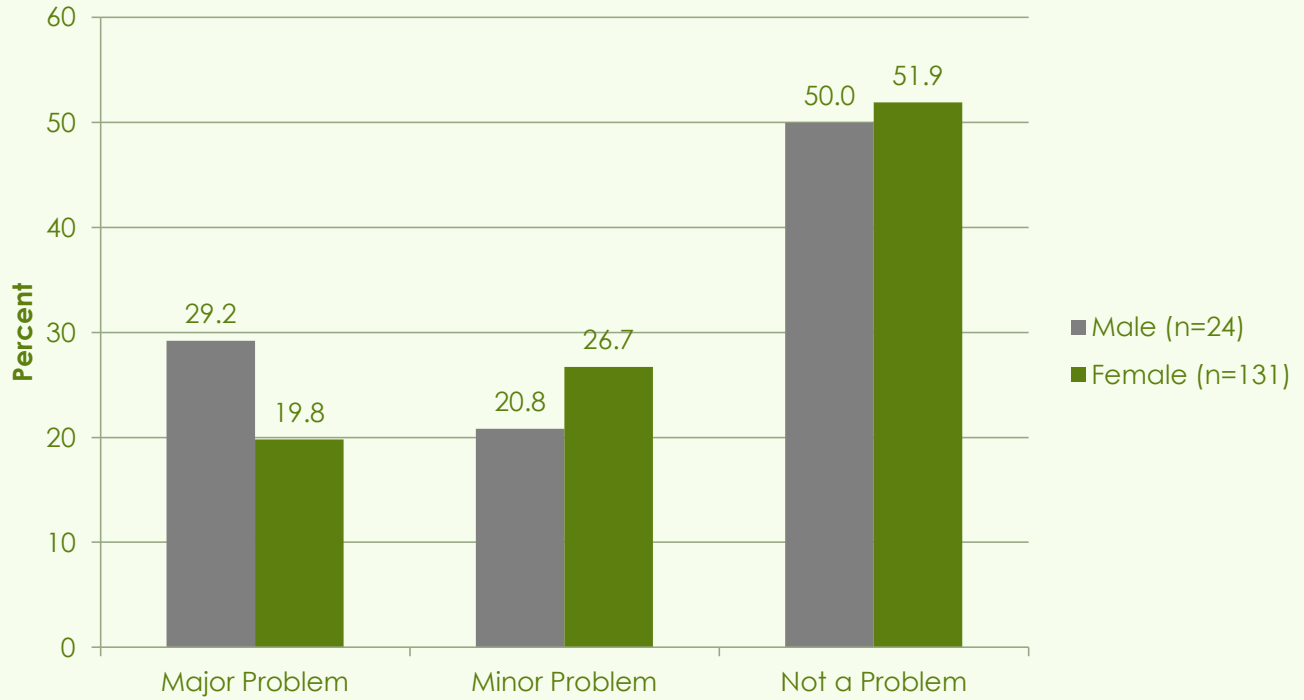
## Severity of Transportation Problems by Income of Respondents



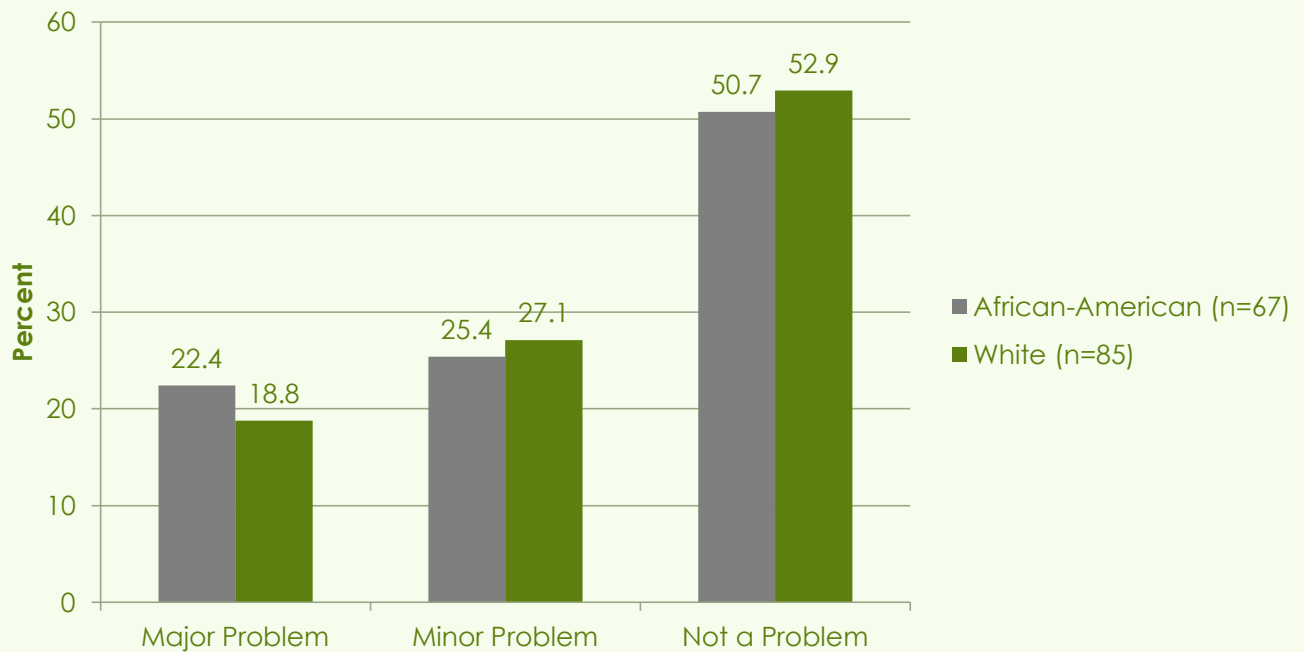
## Severity of Transportation Problems by Residential Status



## Severity of Transportation Problems by Gender

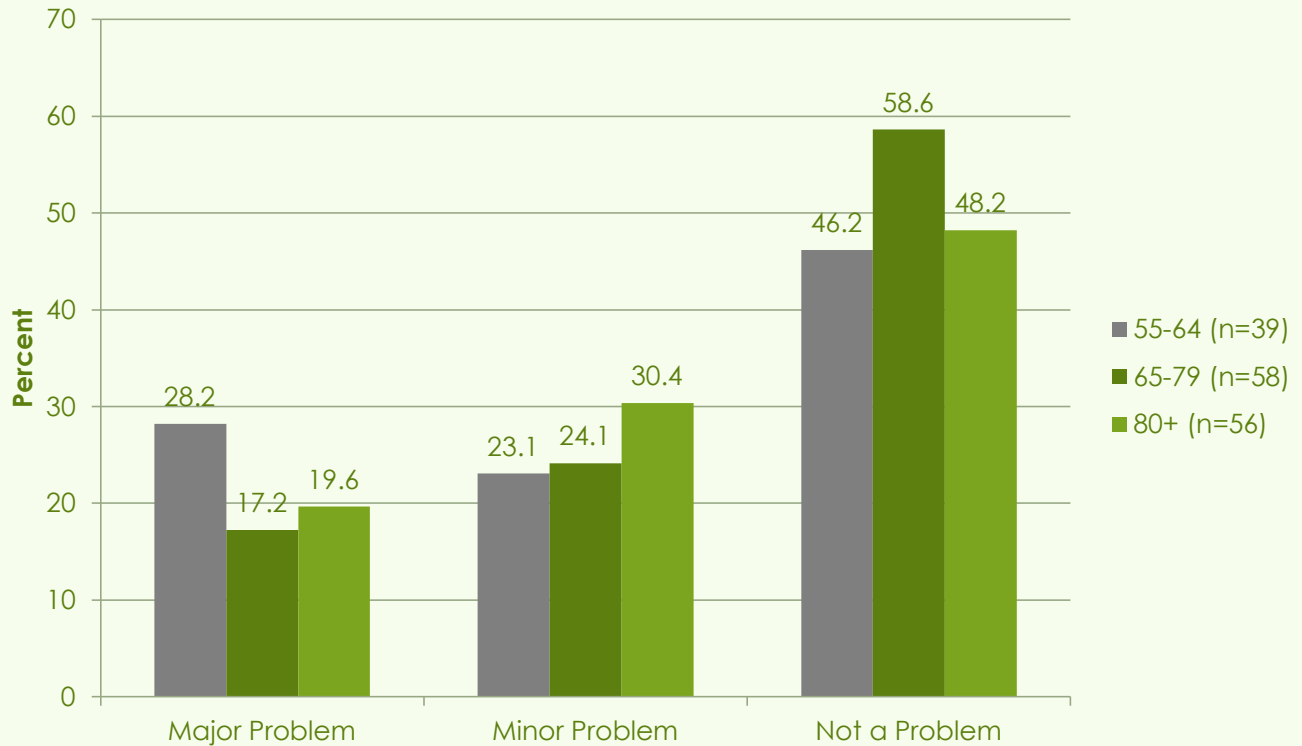


## Severity of Transportation Problems by Race of Respondents



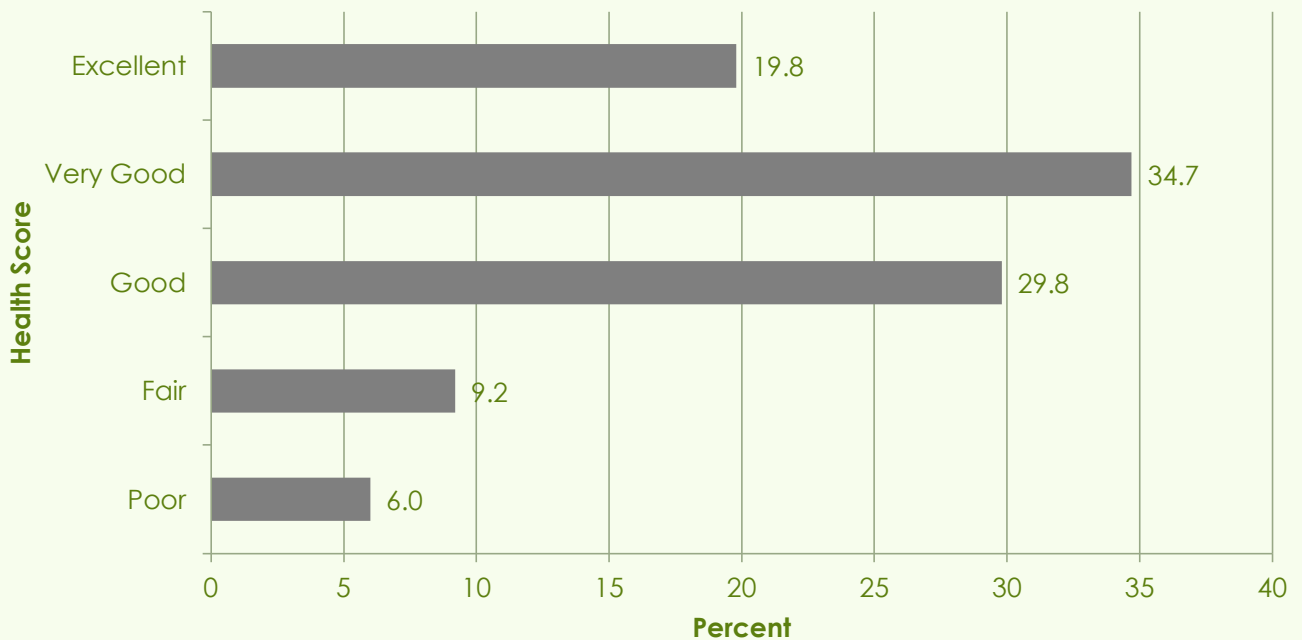


## Severity of Transportation Problems by Age Group

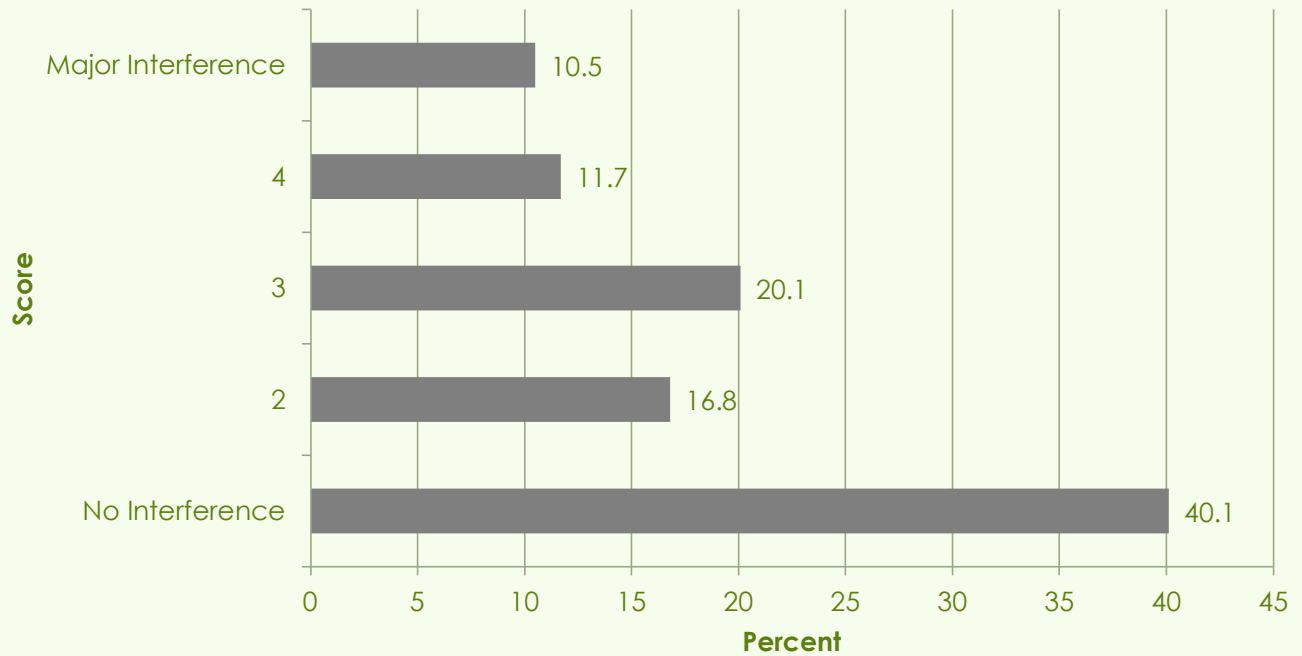


### VII. HEALTH STATUS

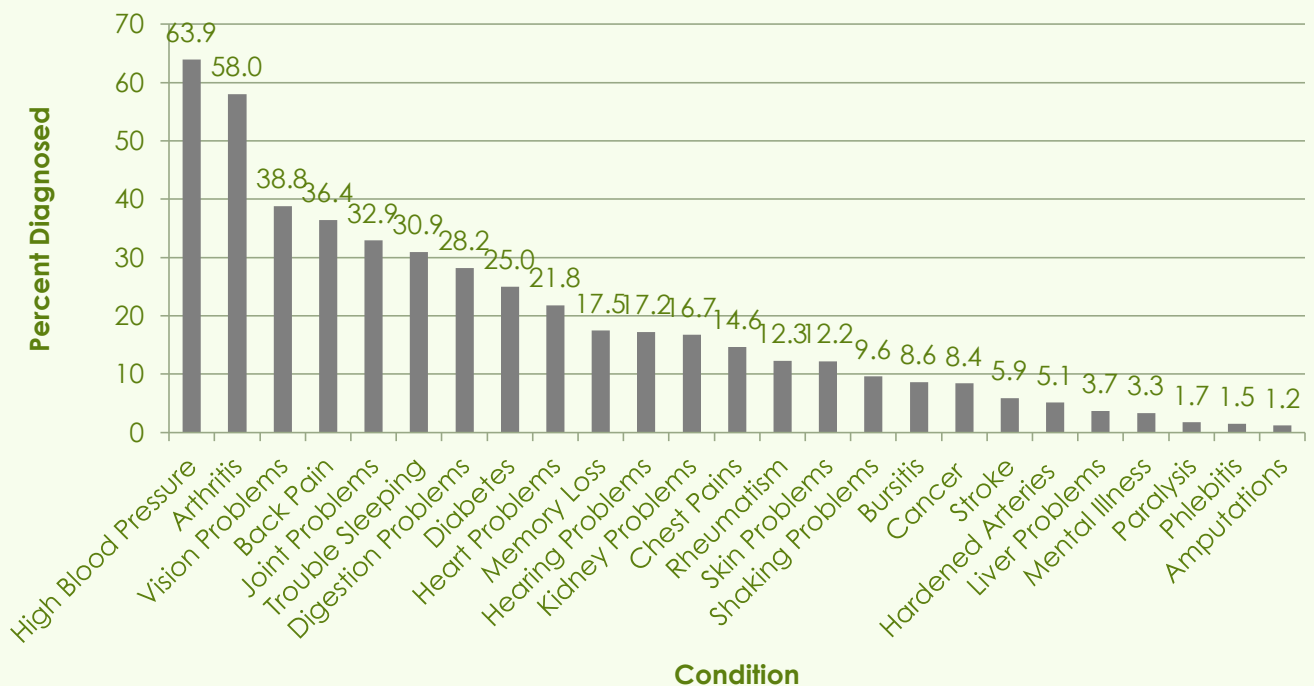
## Self-Reported Health Scores (n=1,025)



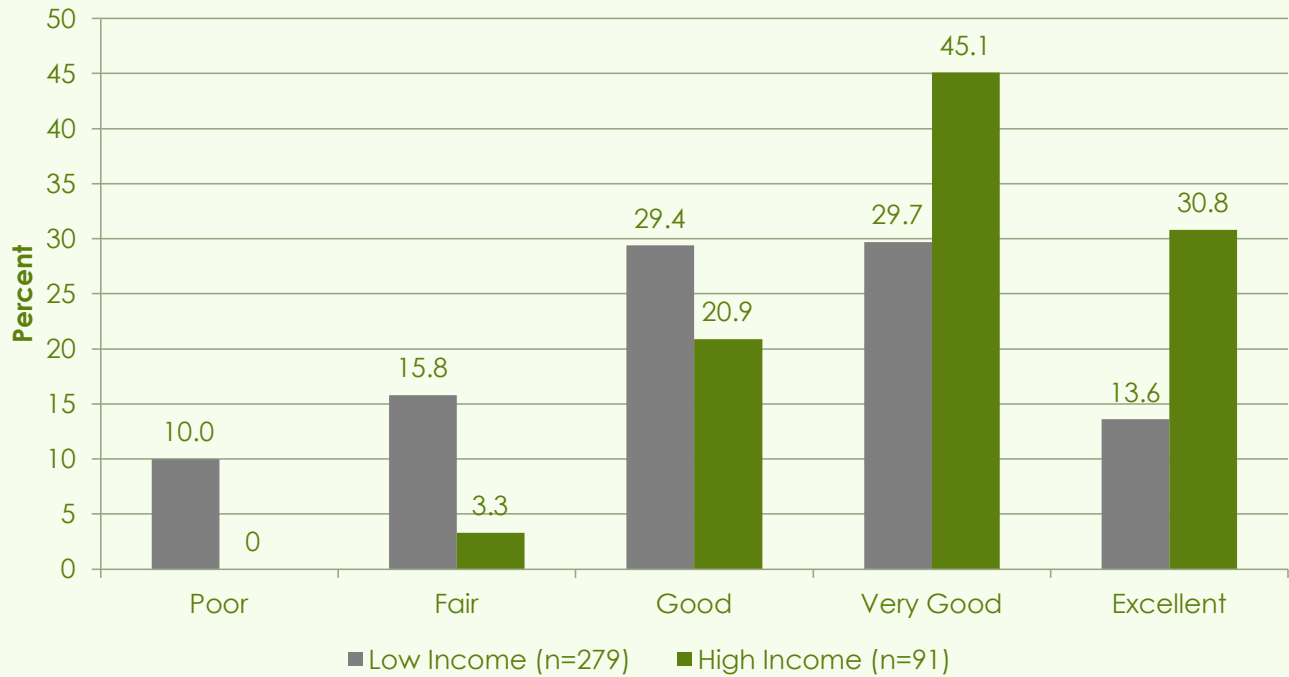
## Physical Health Interfering with Daily Activities (n=1,025)



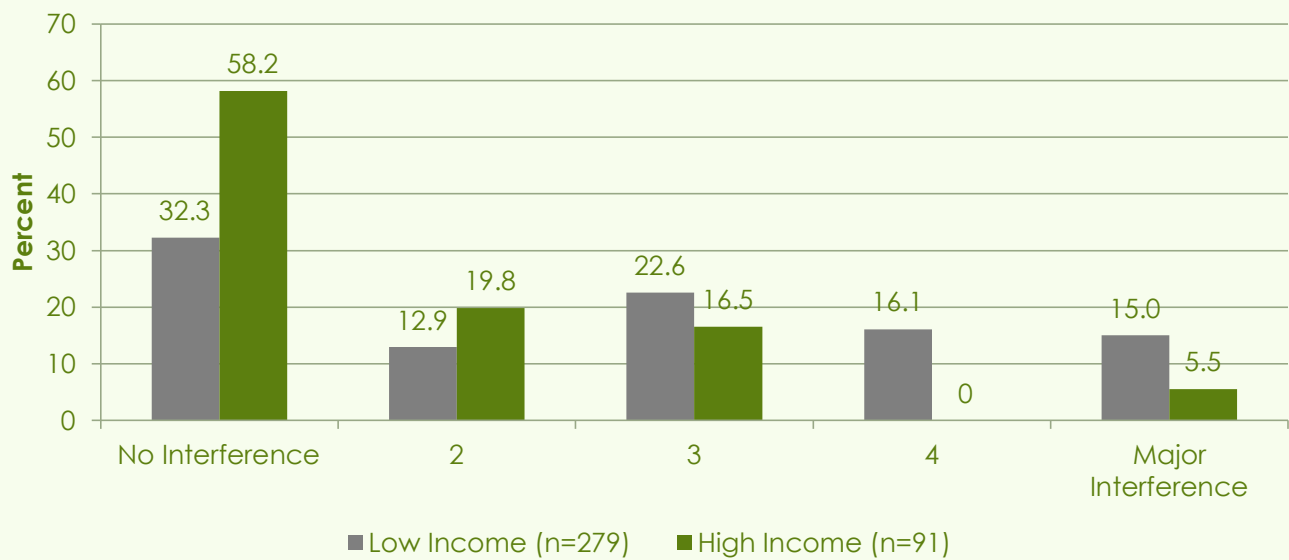
## Health Conditions of General Survey Respondents



## Self-Reported Health Scores: Low and High Income Respondents



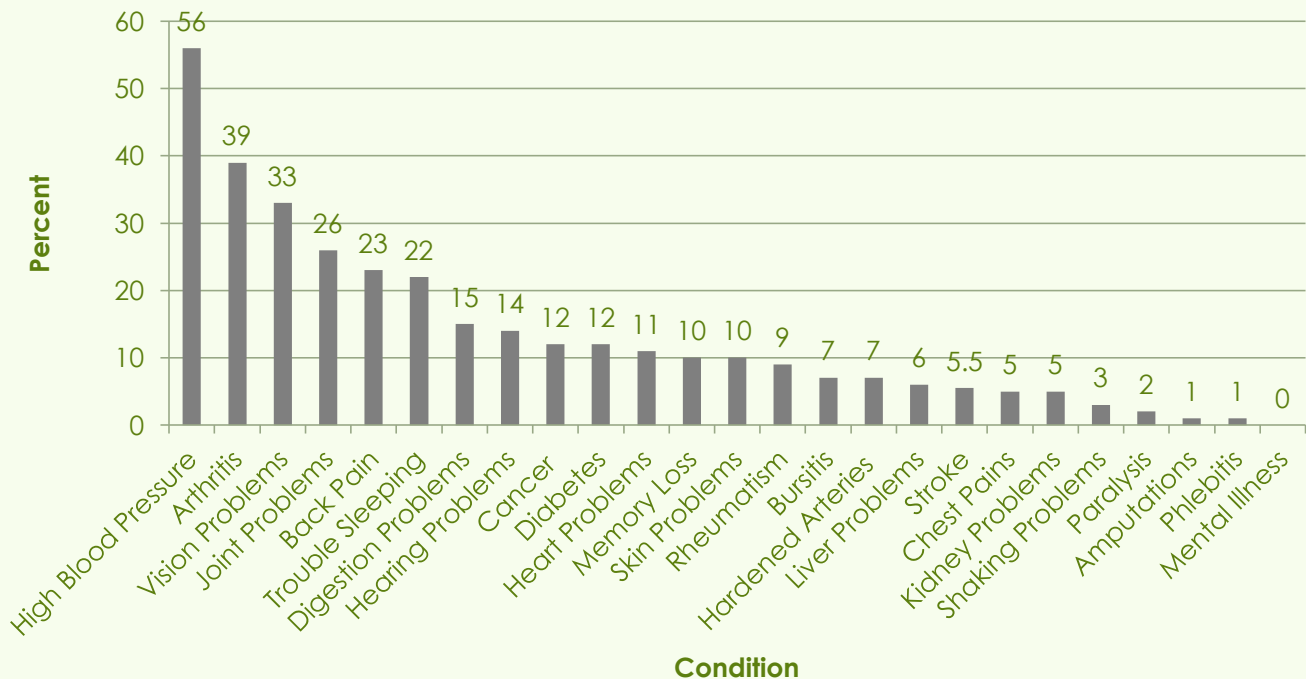
## Income of Respondents: Physical Health Interfering with Daily Activities



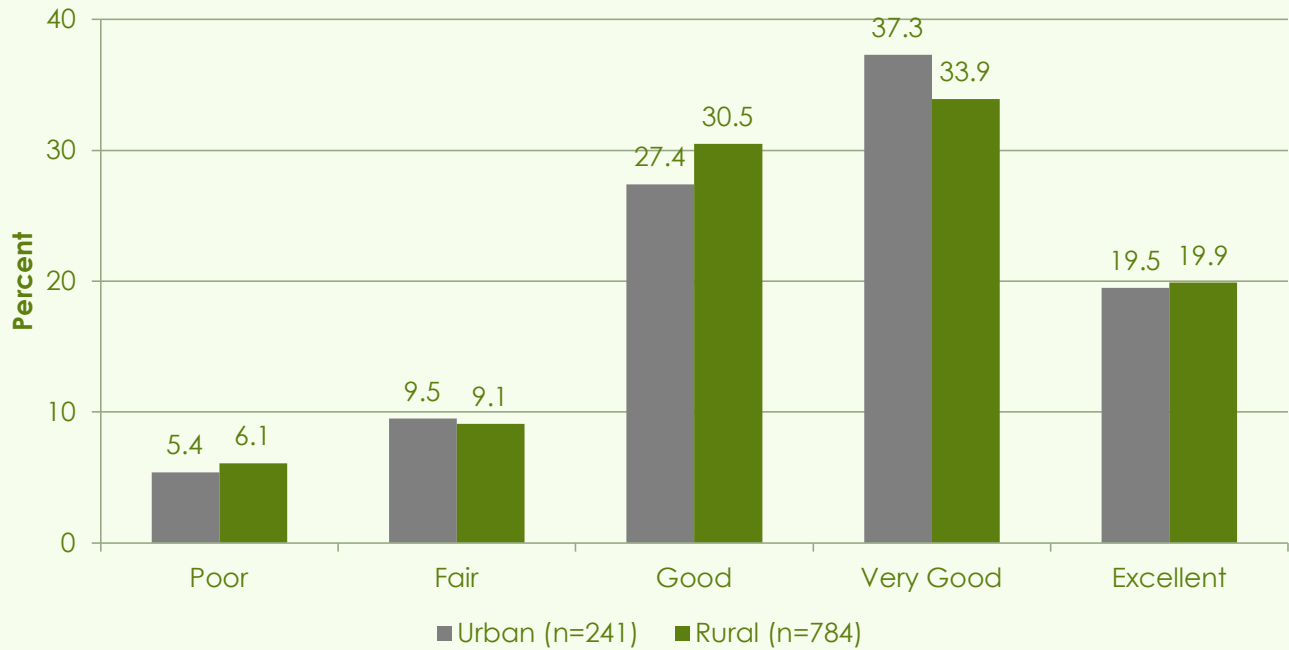
## Health Conditions of Low Income Respondents (n=279)



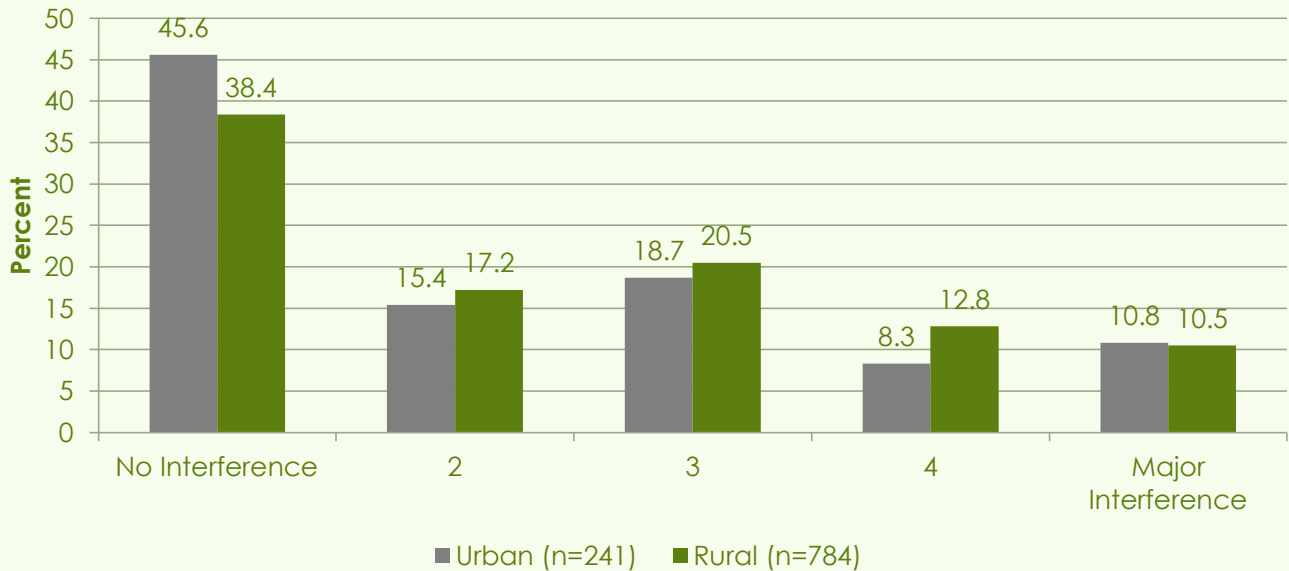
## Health Conditions of High Income Respondents (n=91)



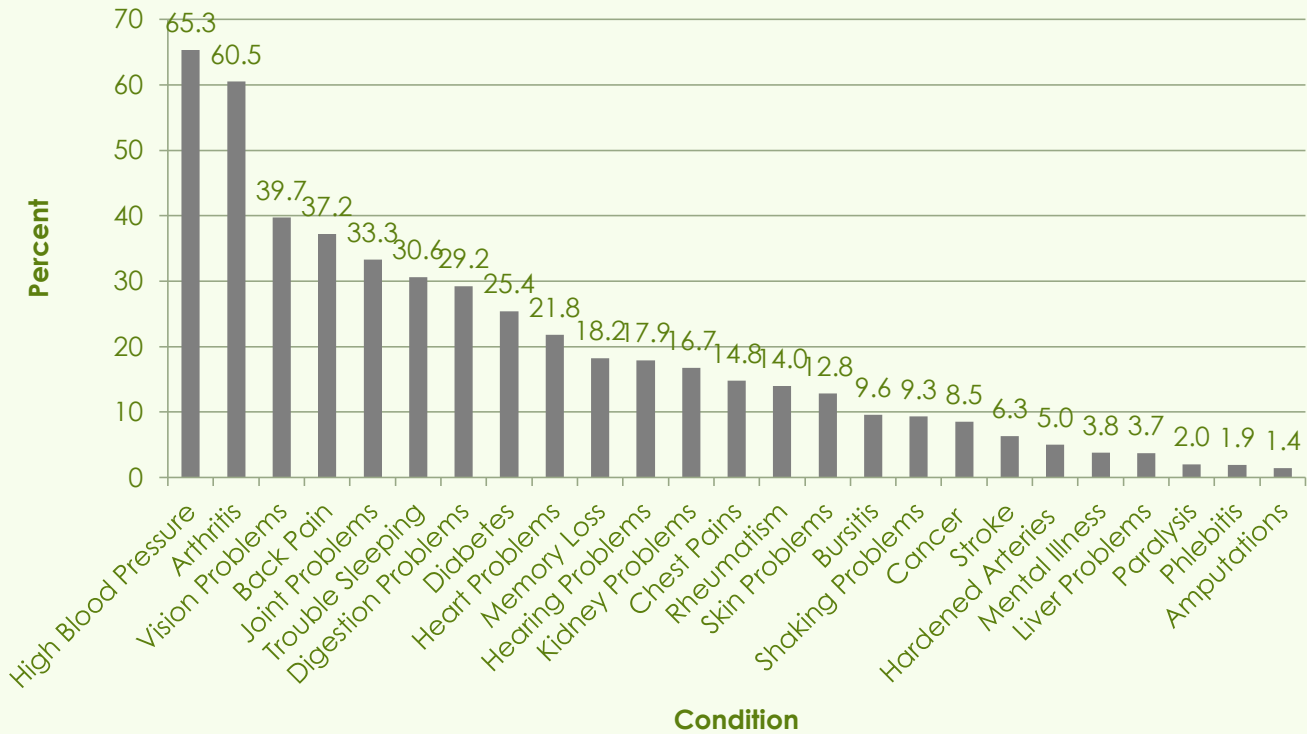
## Self-Reported Health Scores: Urban vs. Rural Respondents



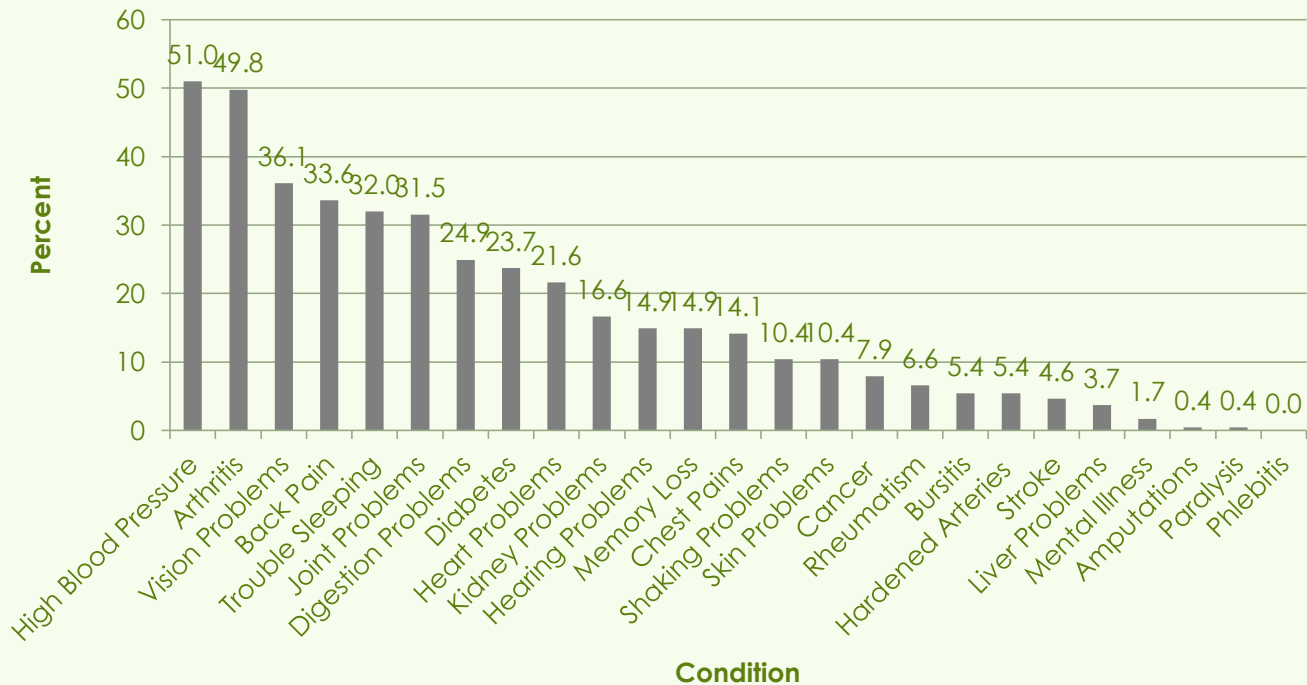
## Residential Status: Physical Health Interfering with Daily Activities



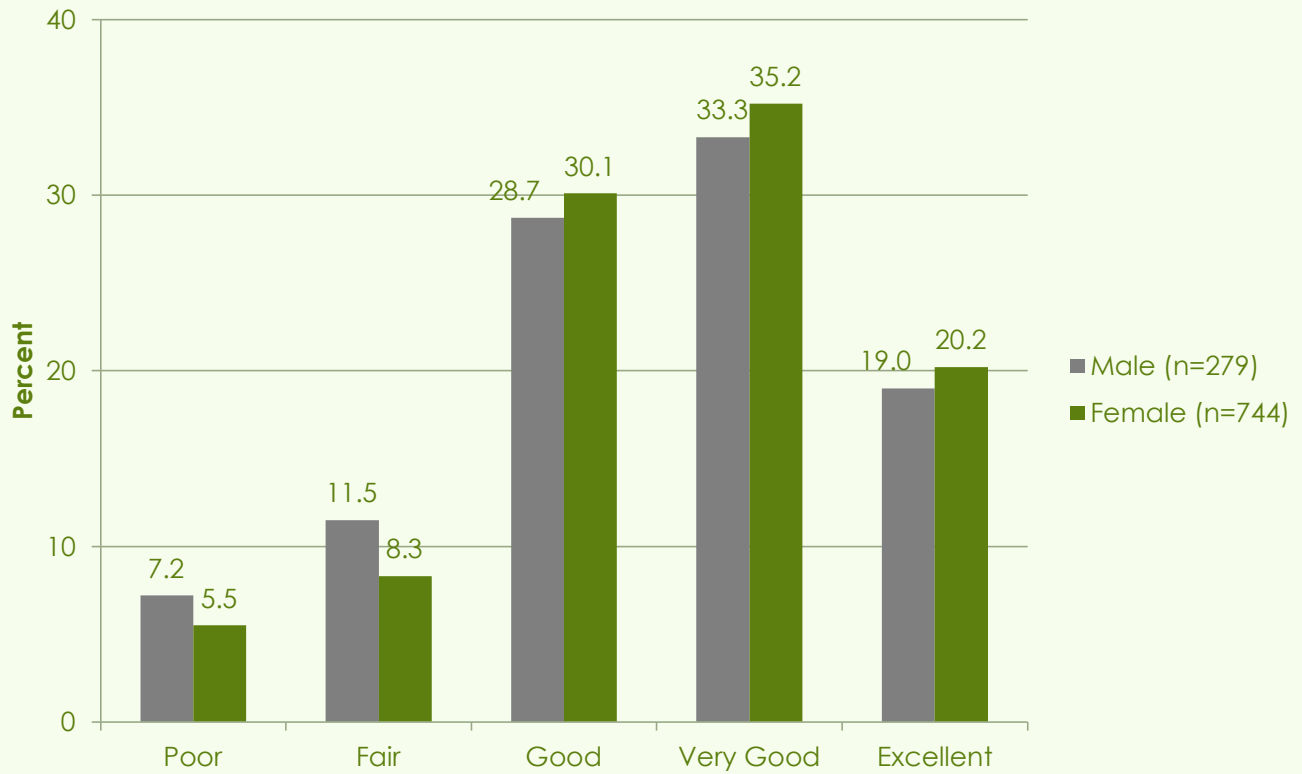
## Health Conditions of Rural Respondents (n=784)



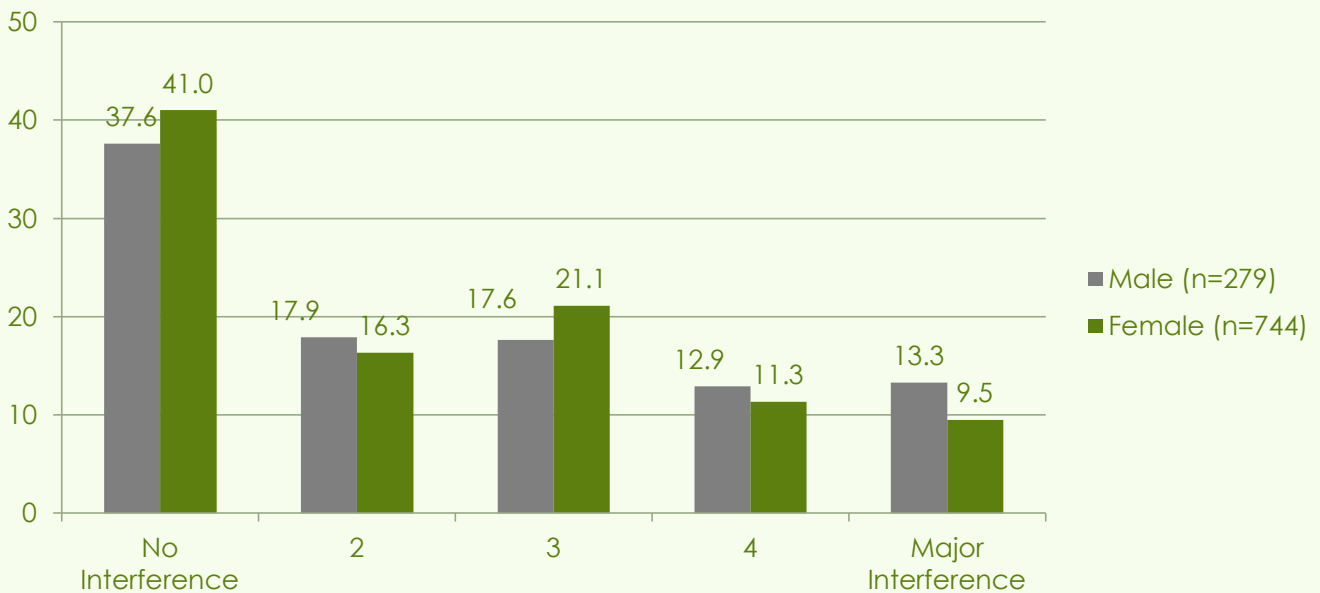
## Health Conditions of Urban Respondents (n=241)



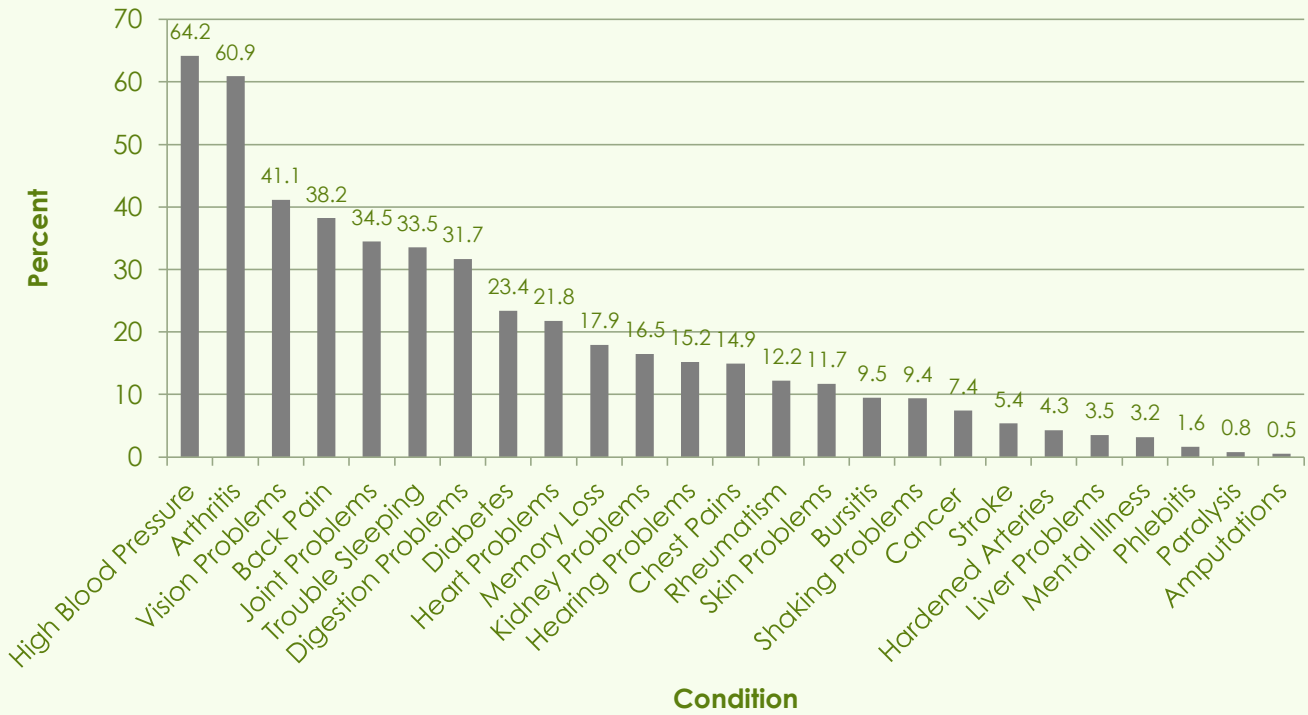
## Self-Reported Health Scores: Gender



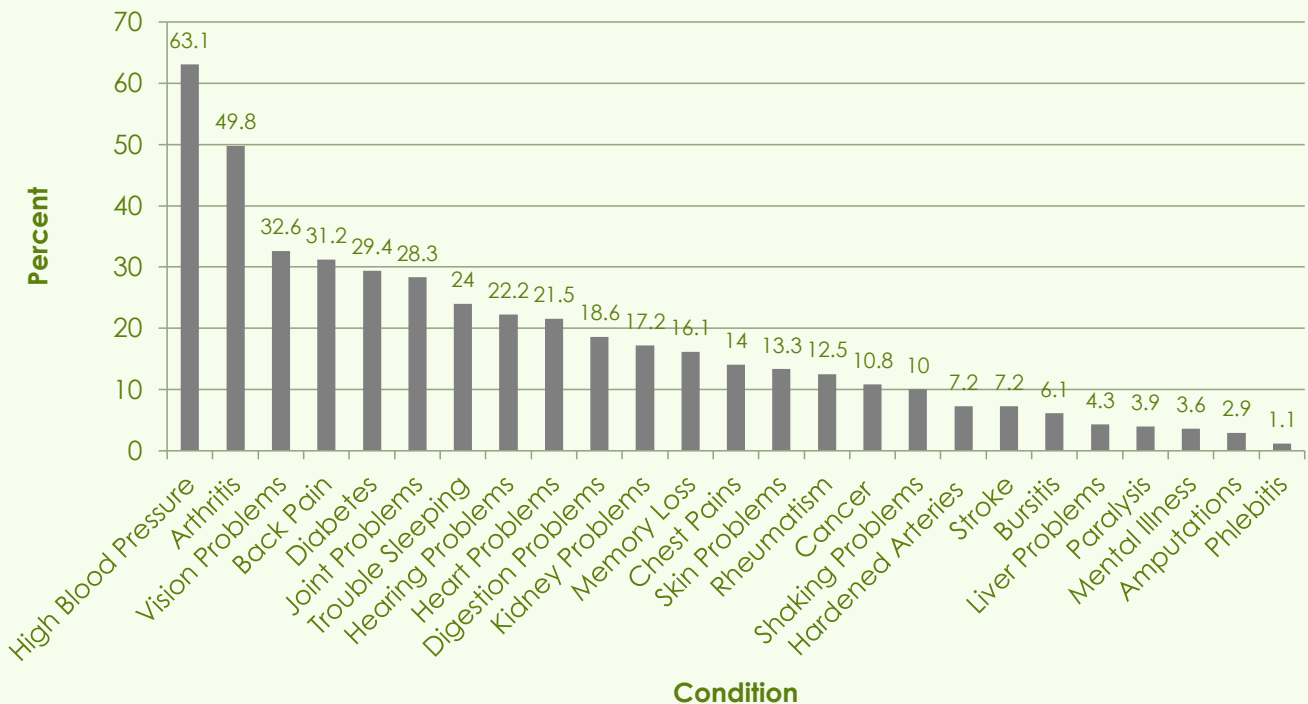
## Gender: Physical Health Interfering with Daily Activities



## Health Conditions of Female Respondents (n=744)

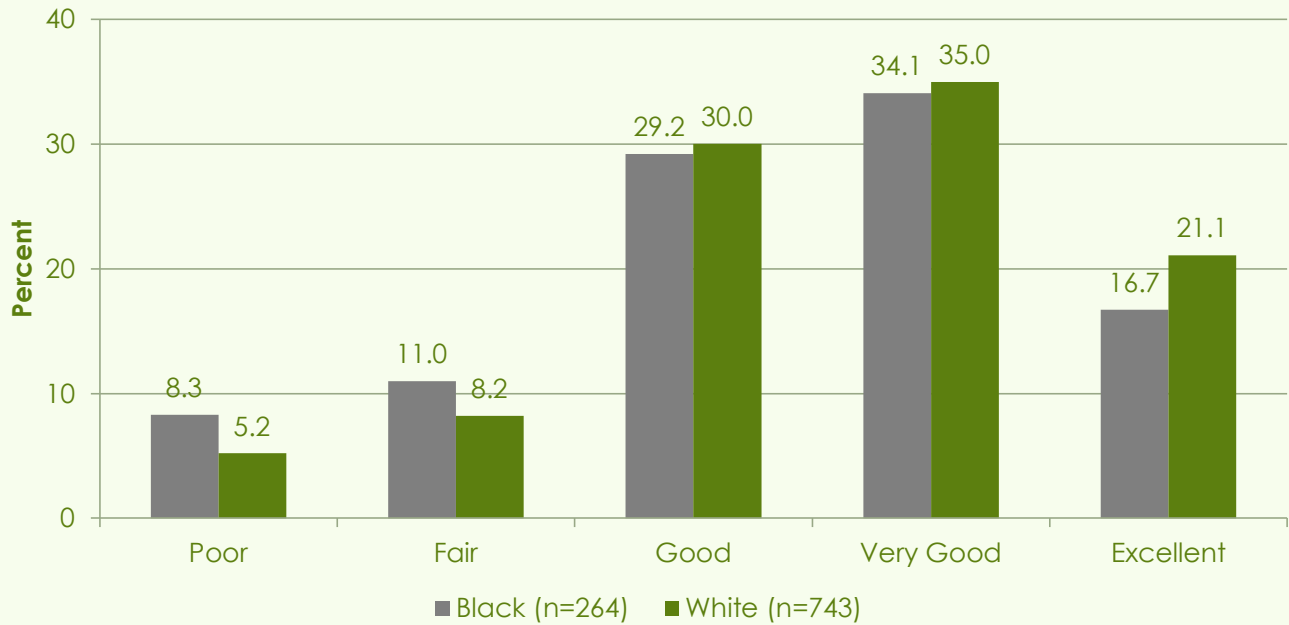


## Health Conditions of Male Respondents (n=279)





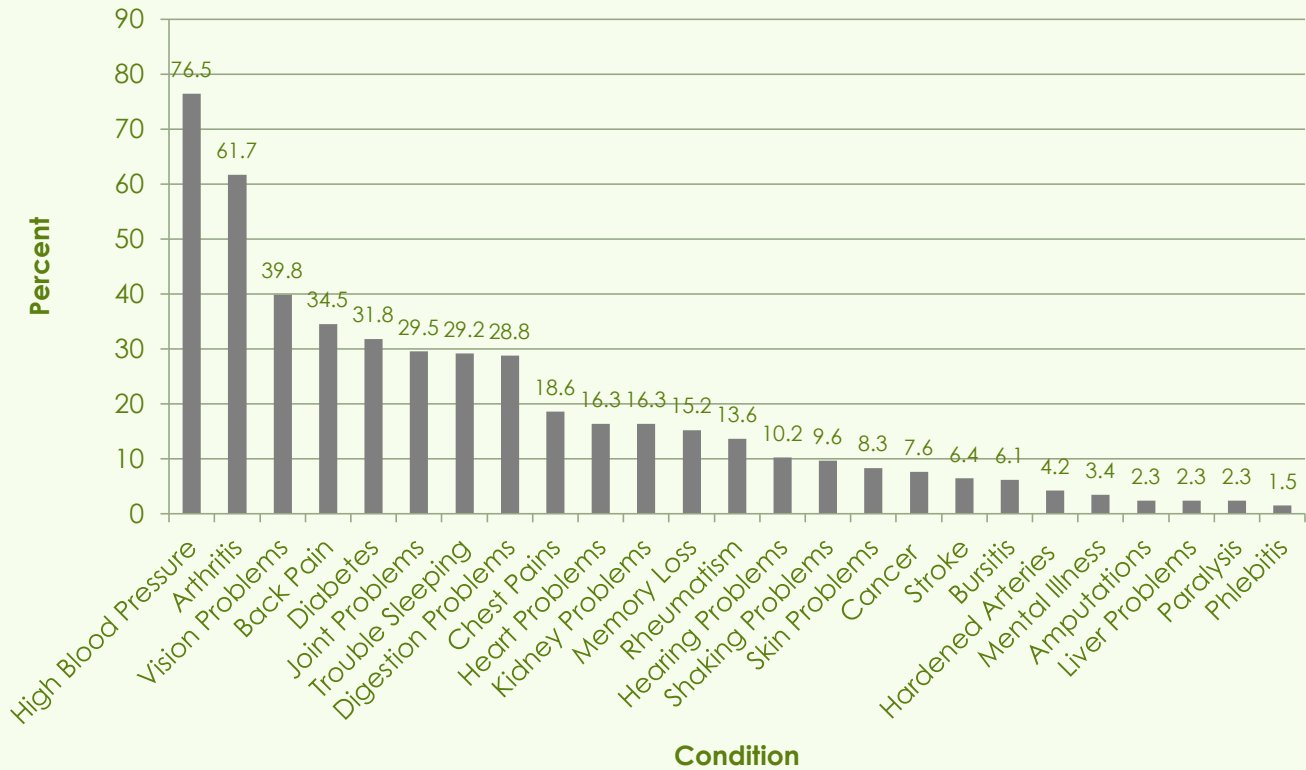
## Self-Reported Health Scores by Race of Respondent



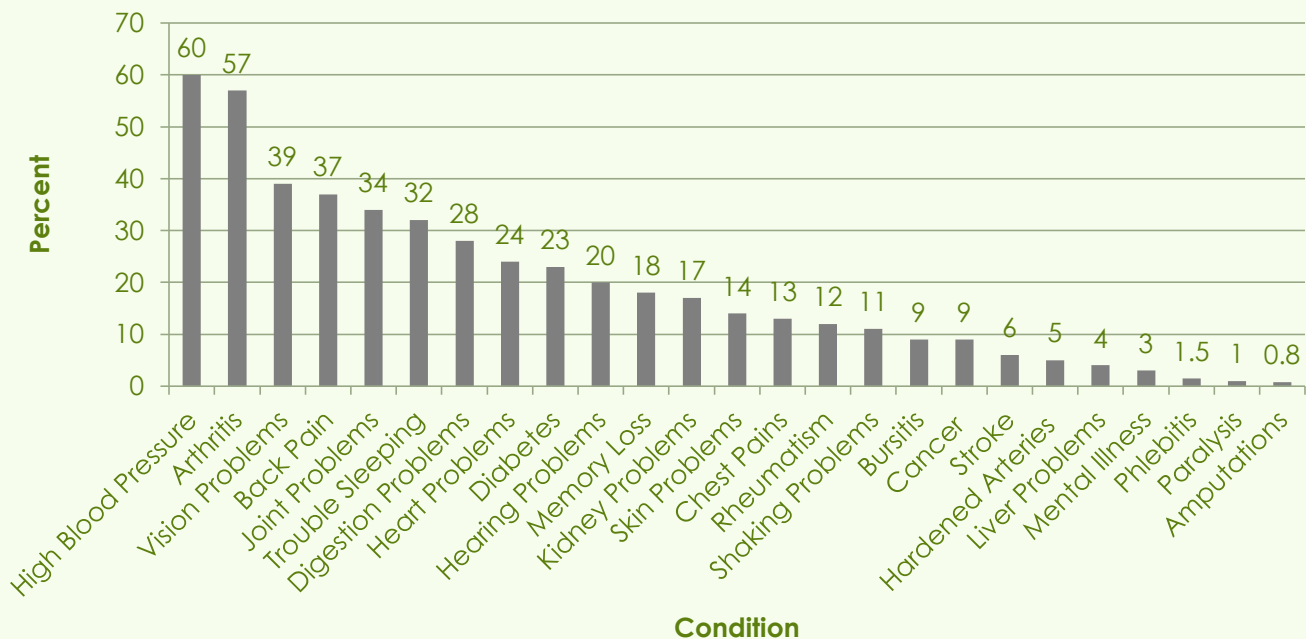
## Race of Respondents: Physical Health Interfering with Daily Activities



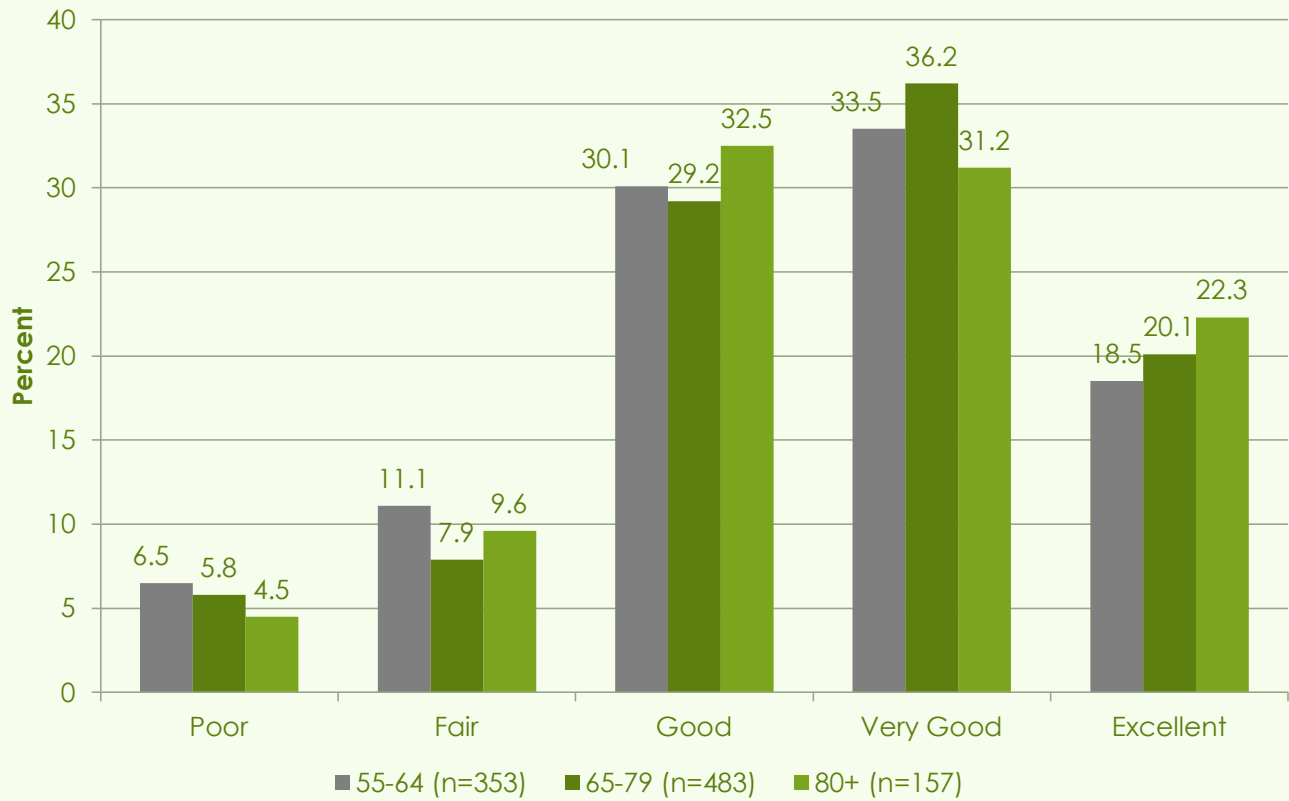
## Health Conditions of African-American Respondents (n=264)



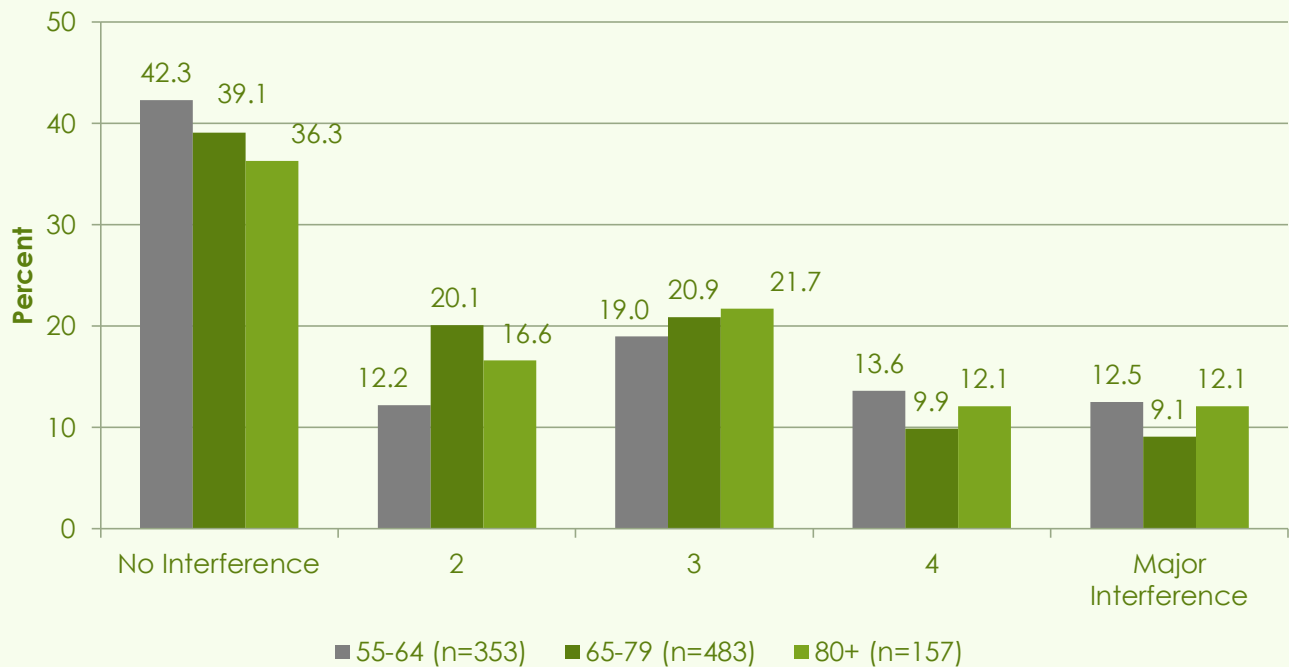
## Health Conditions of White Respondents (n=743)



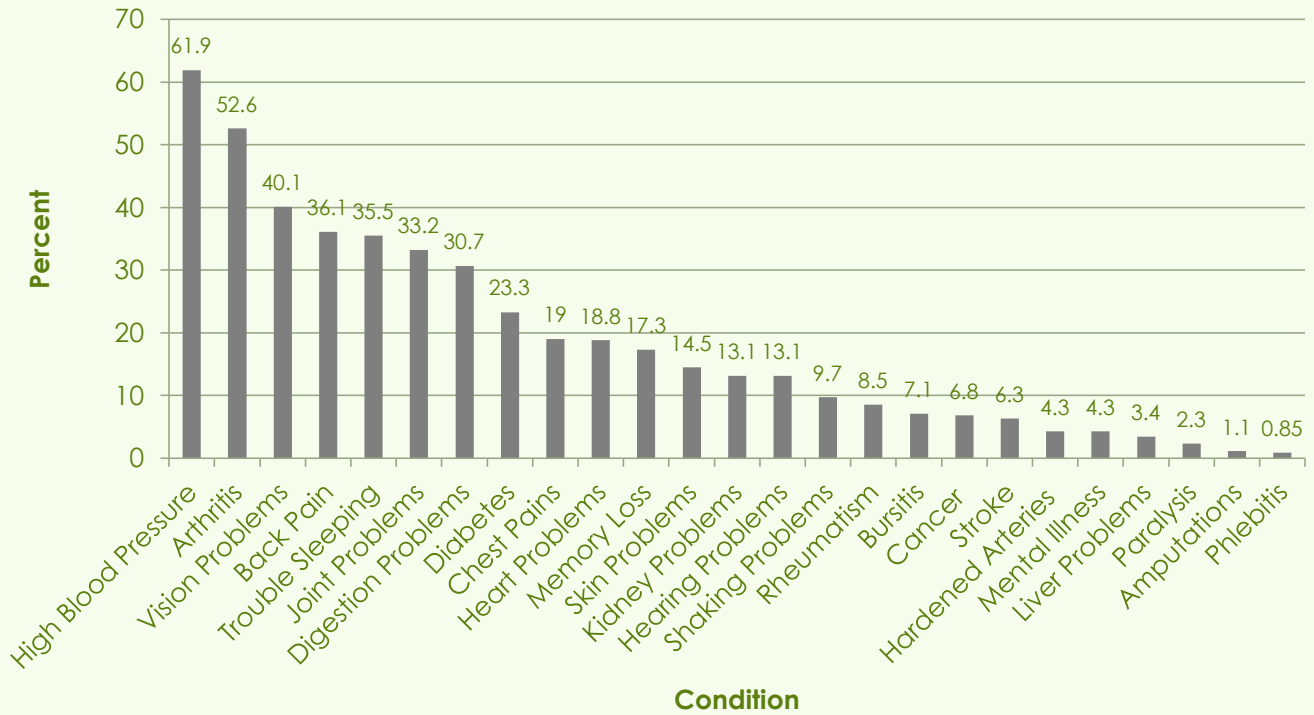
## Self-Reported Health Scores: Age Groups



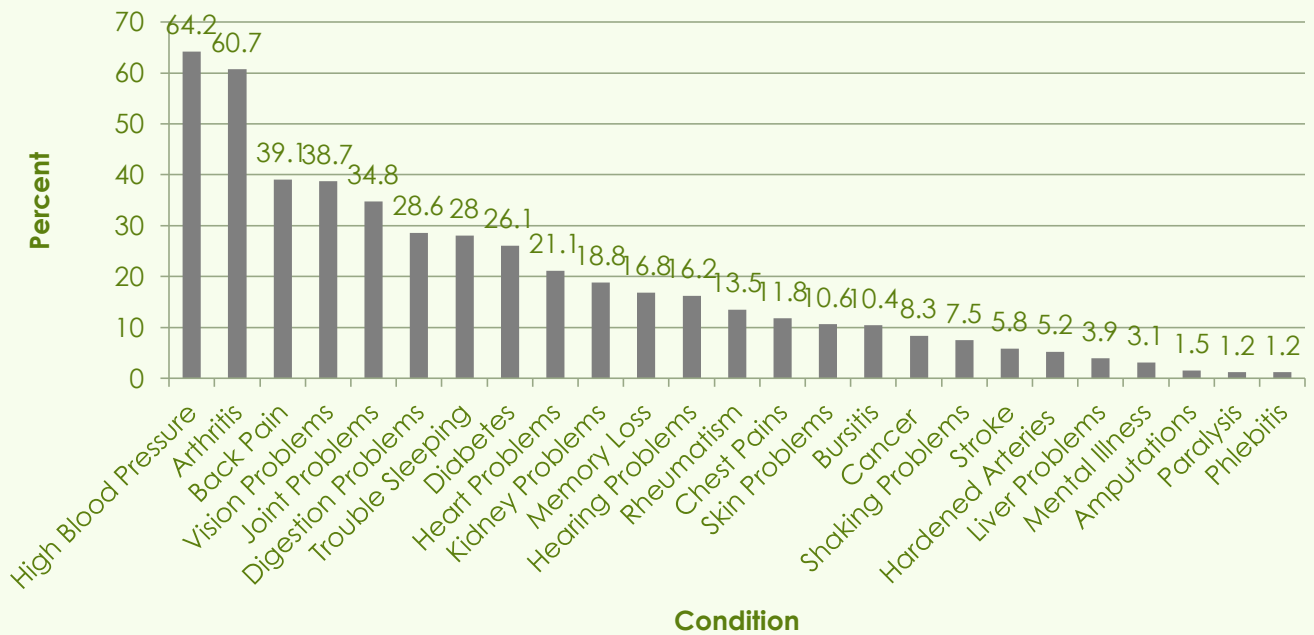
## Age Groups: Physical Health Interfering with Daily Activities



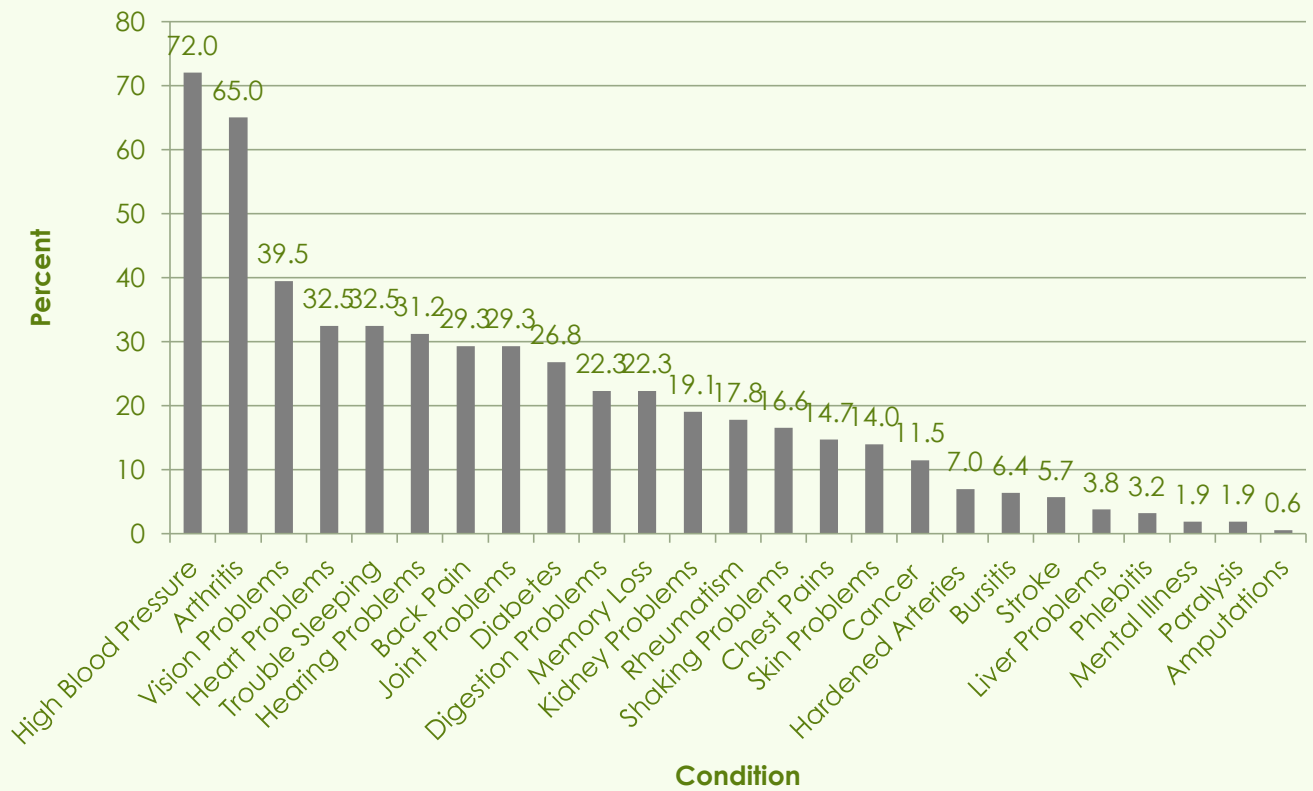
## Health Conditions of 55 to 64 Year Olds (n=353)



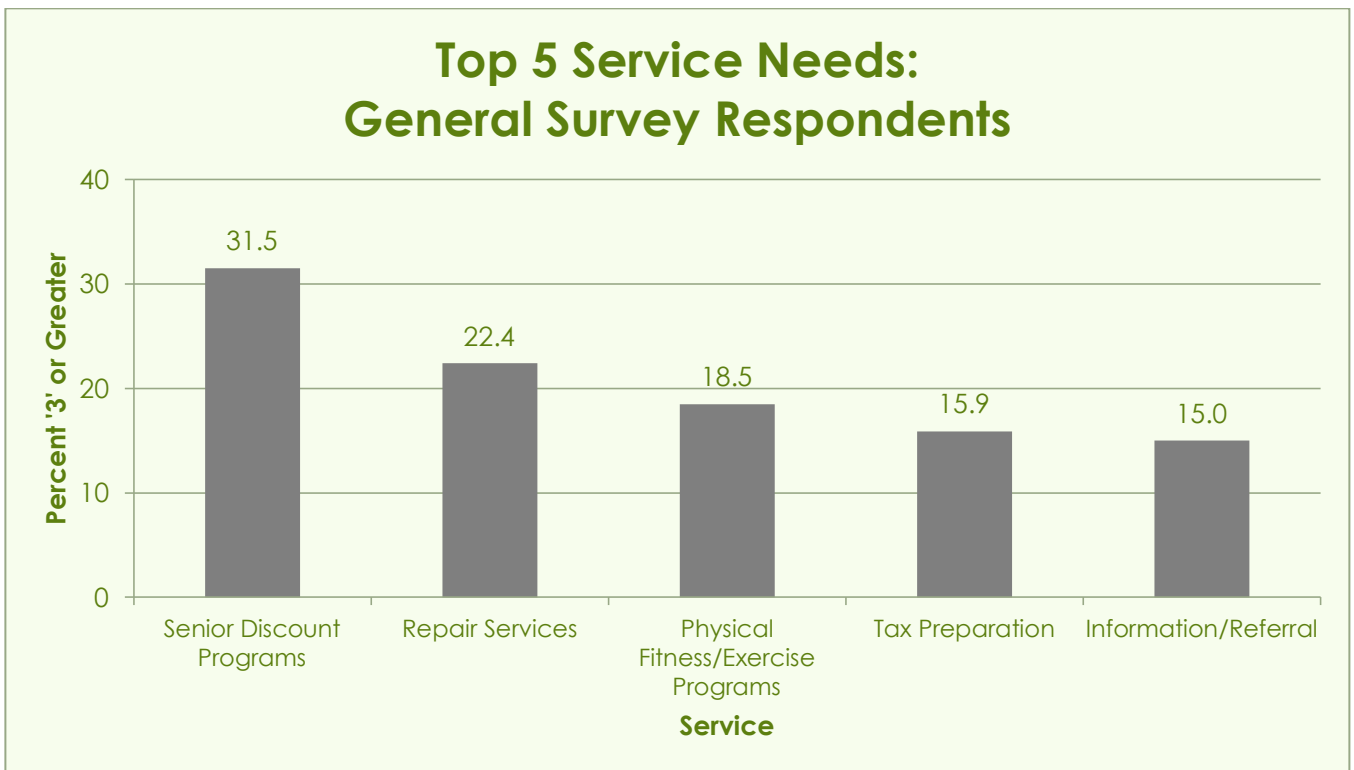
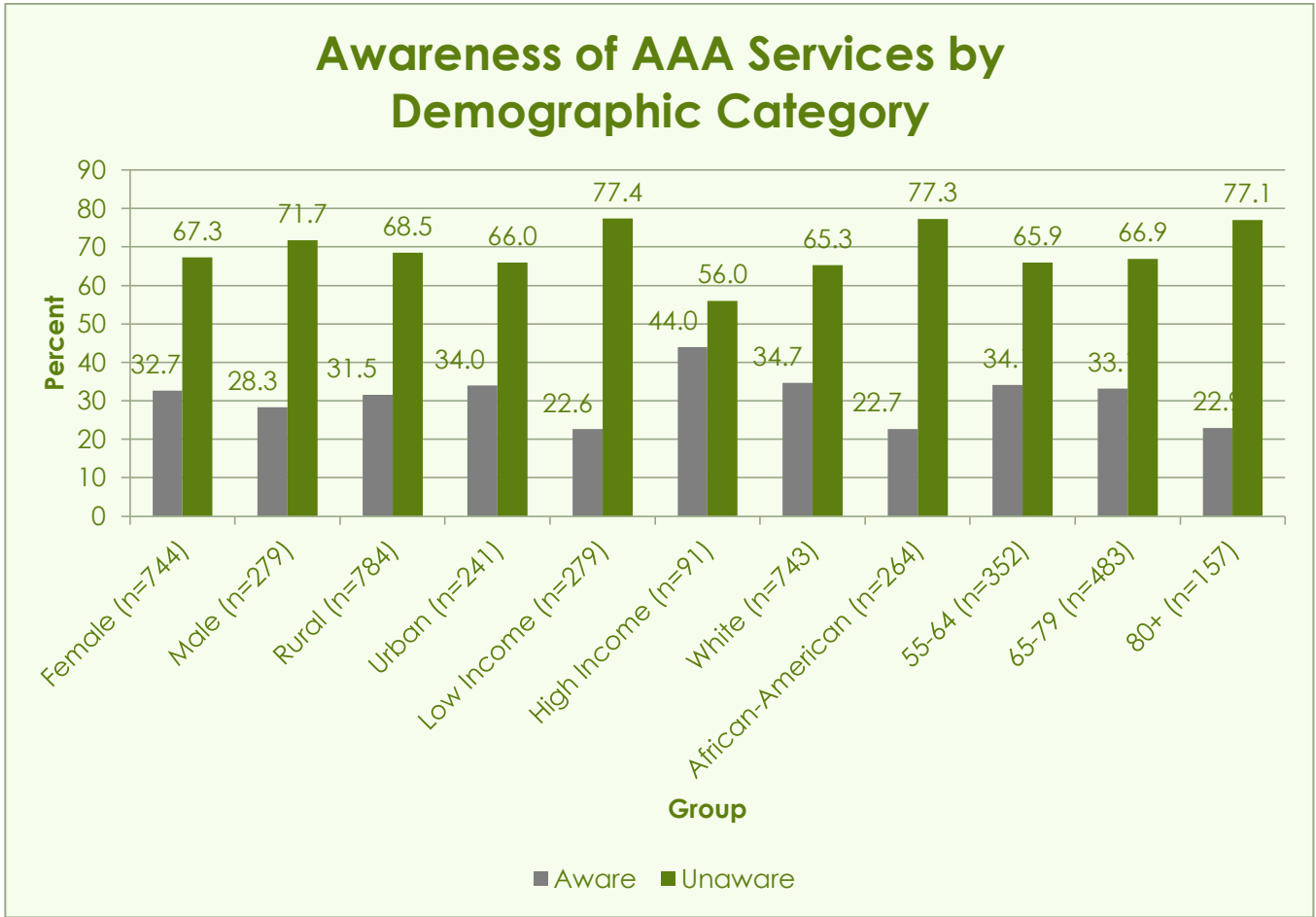
## Health Conditions of 65 to 74 Year Olds (n=483)



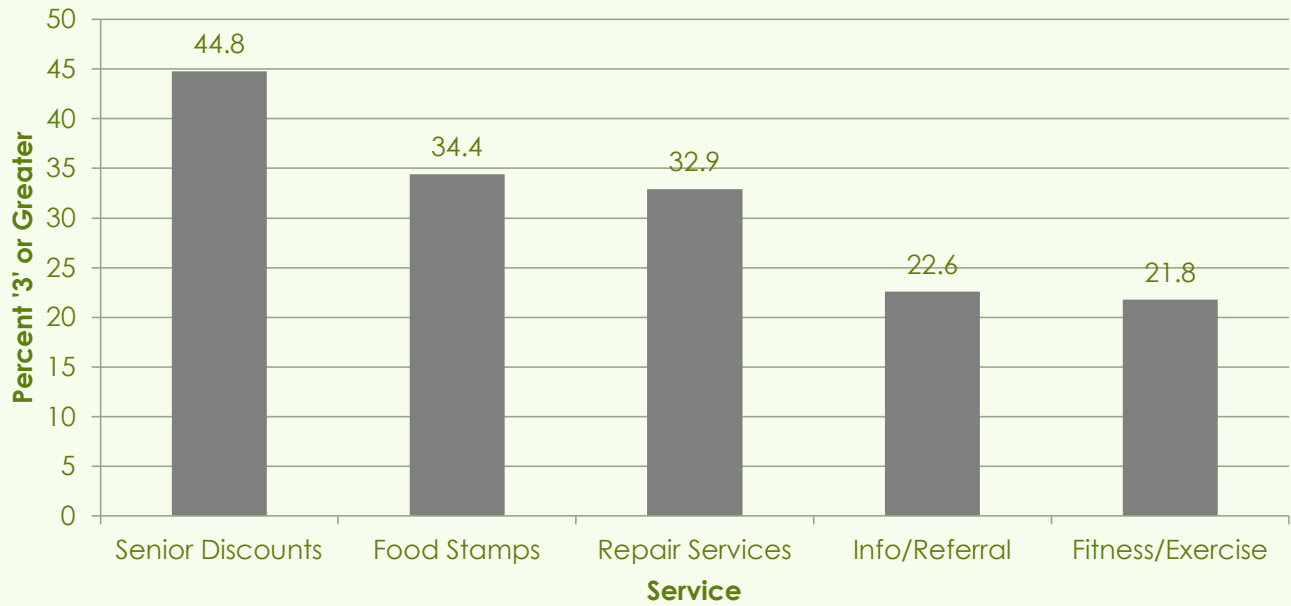
## Health Conditions of 80+ Age Group (n=157)



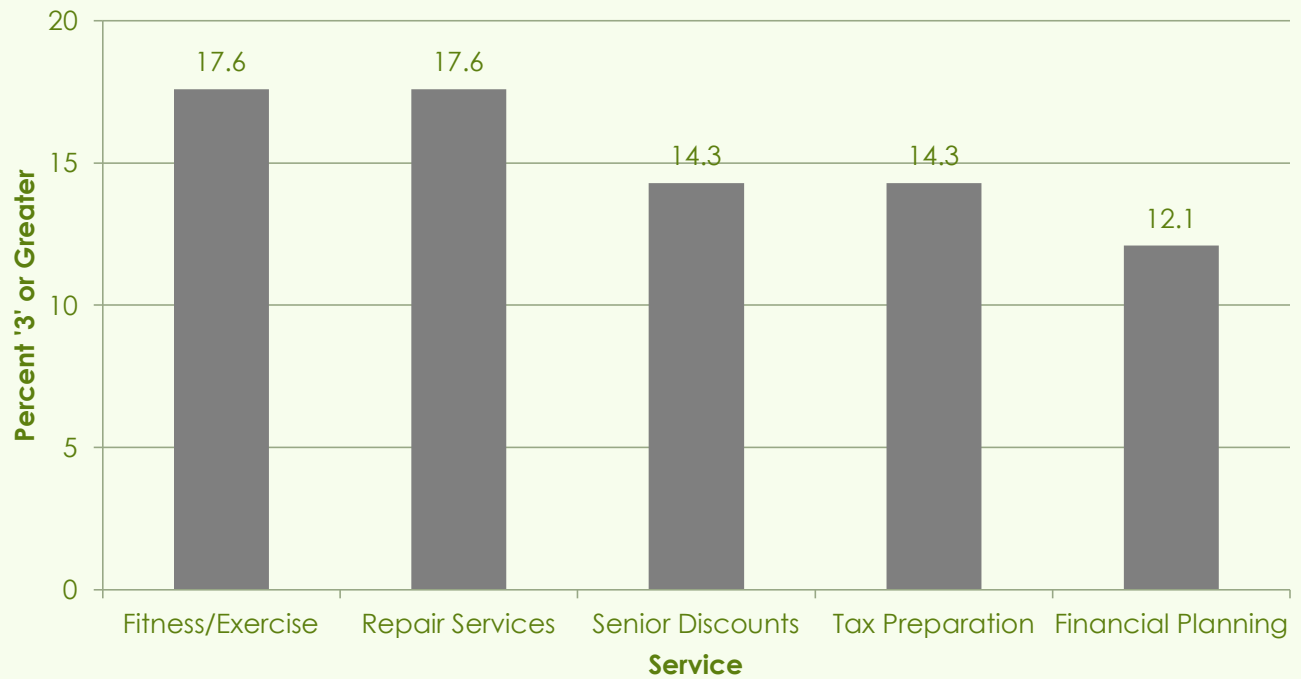
VIII. SERVICE NEED AND AWARENESS



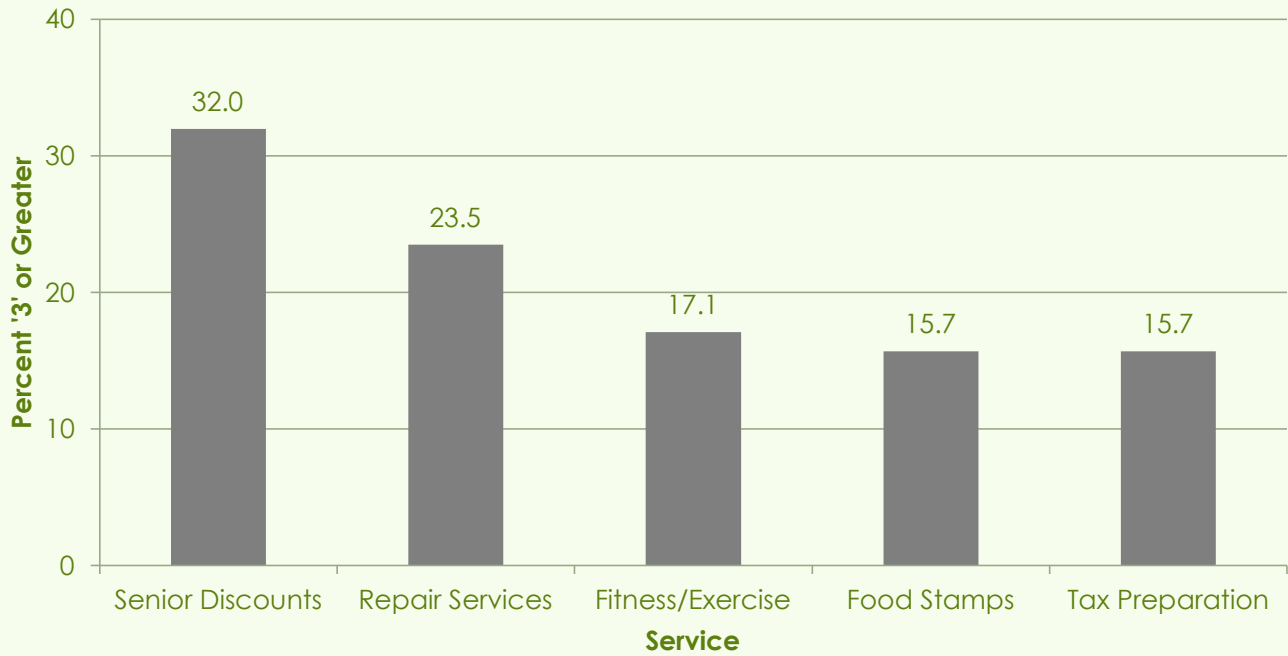
### Top 5 Service Needs of Low Income Respondents (n=279)



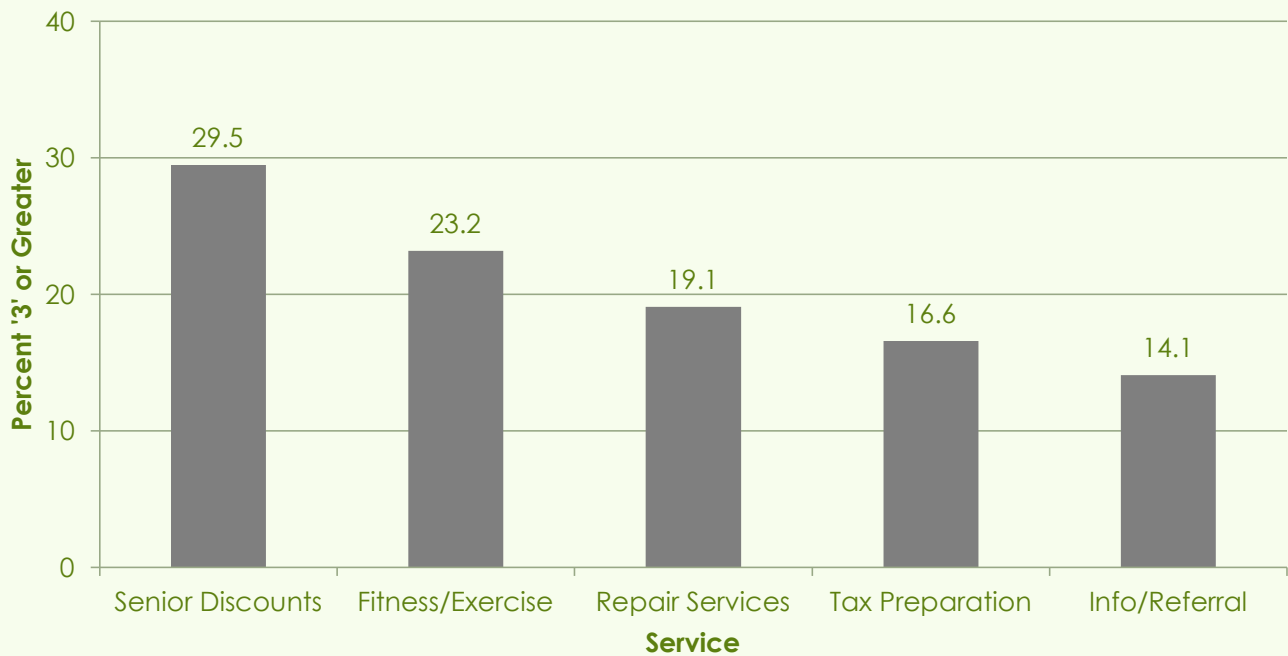
### Top 5 Service Needs of High Income Respondents (n=91)



## Top 5 Service Needs of Rural Respondents (n=784)

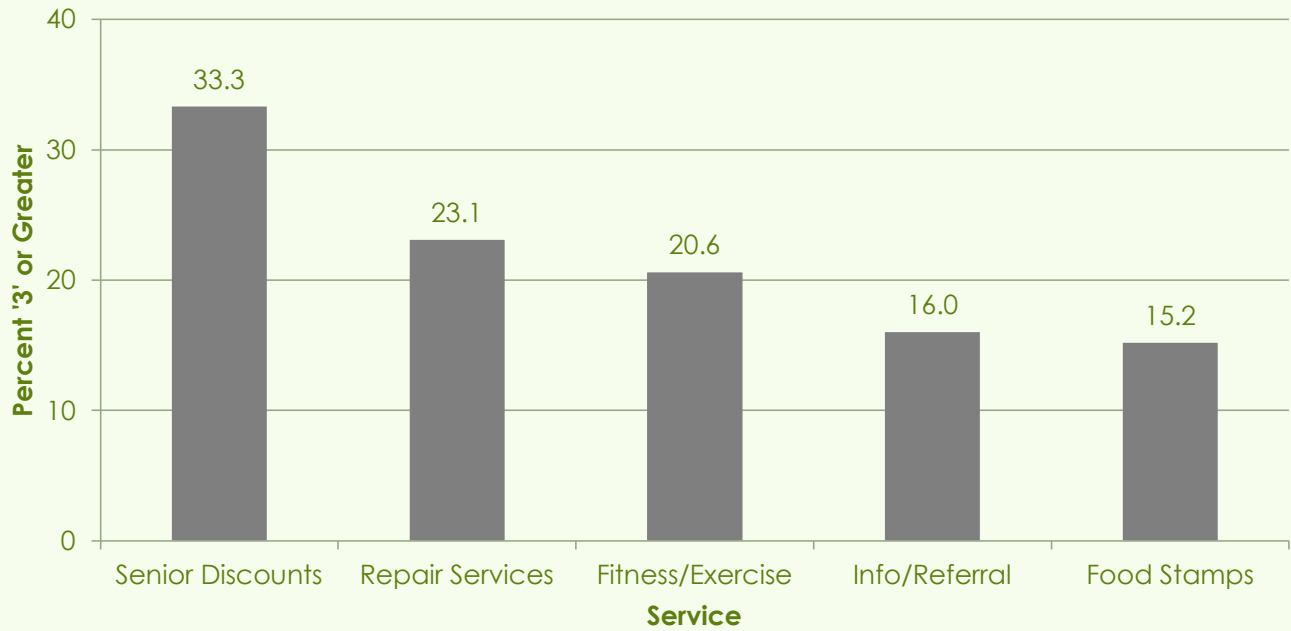


## Top 5 Service Needs of Urban Respondents (n=241)

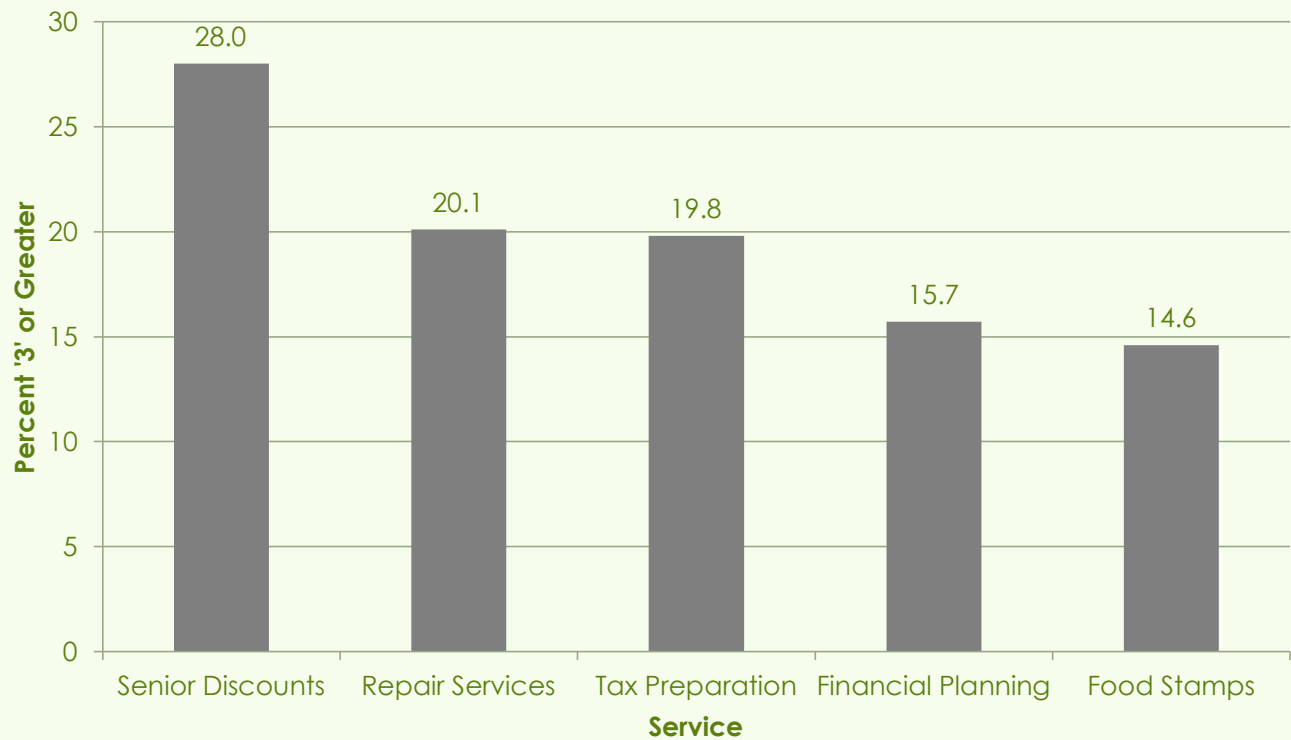




## Top 5 Service Needs of Female Respondents (n=744)



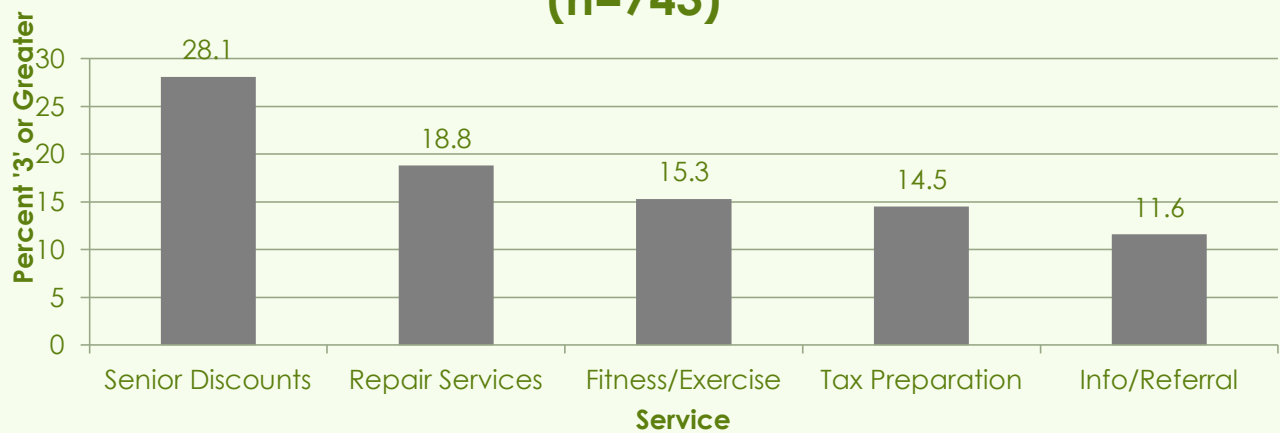
## Top 5 Service Needs of Male Respondents (n=279)



### Top 5 Service Needs of African-American Respondents (n=264)



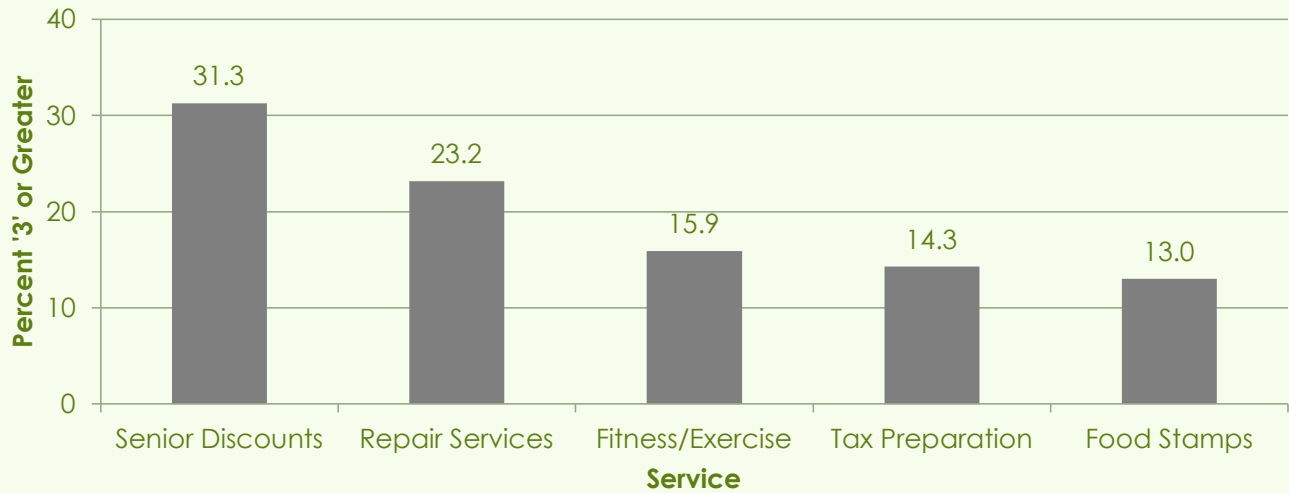
### Top 5 Service Needs of White Respondents (n=743)



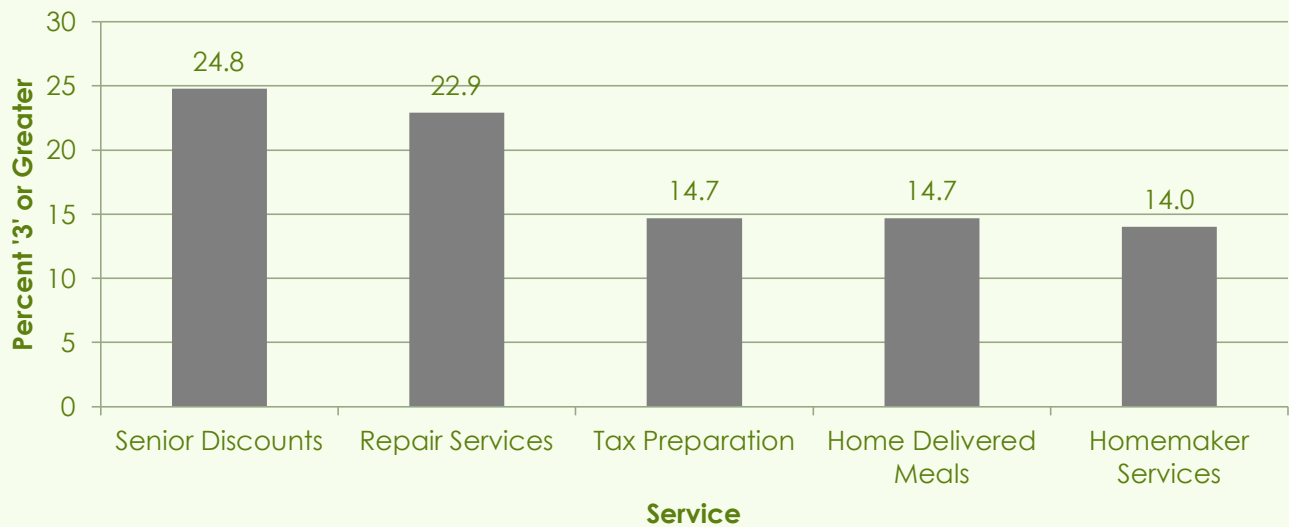
### Top 5 Service Needs of 55 to 64 Year Olds (n=352)



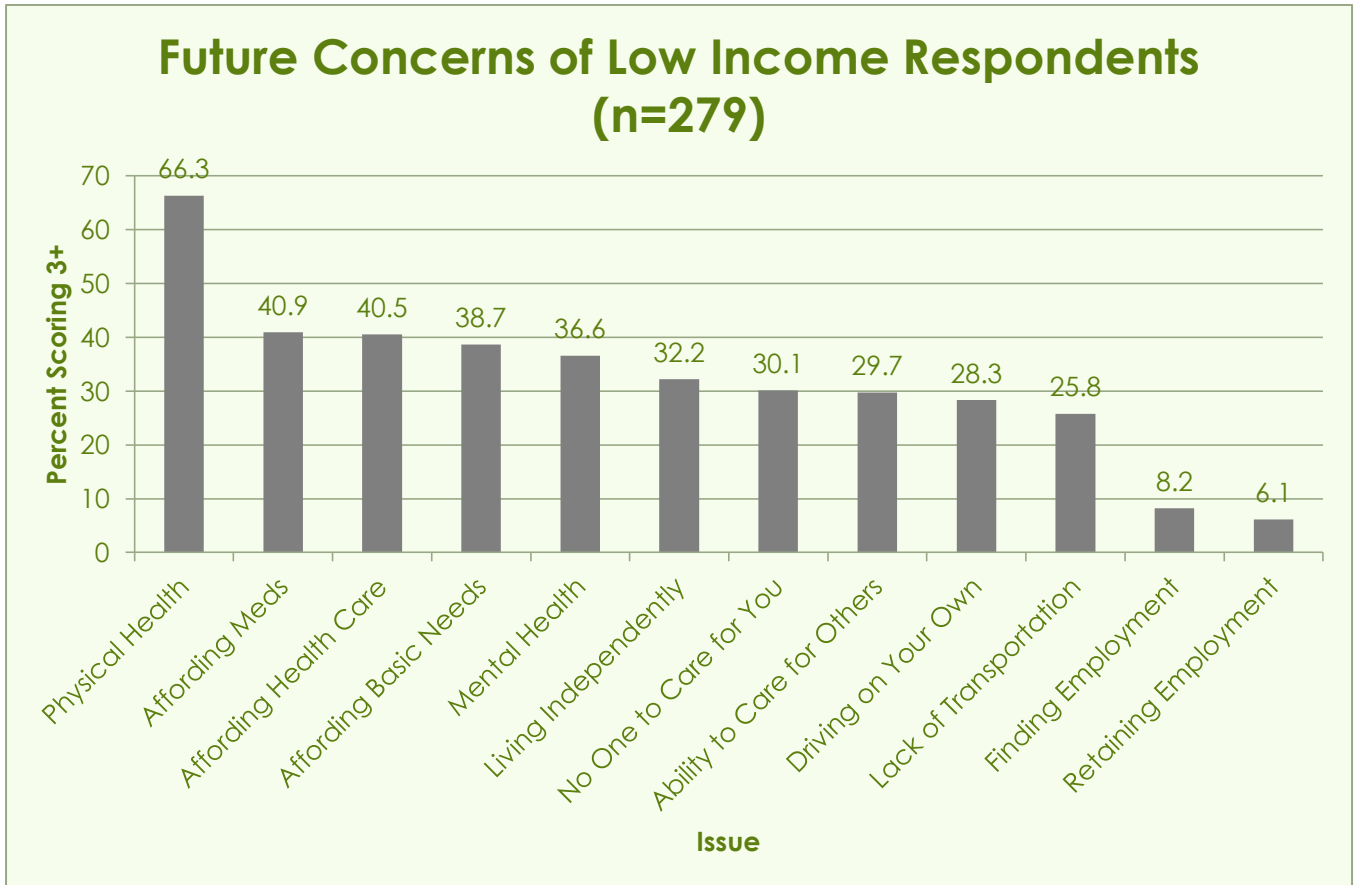
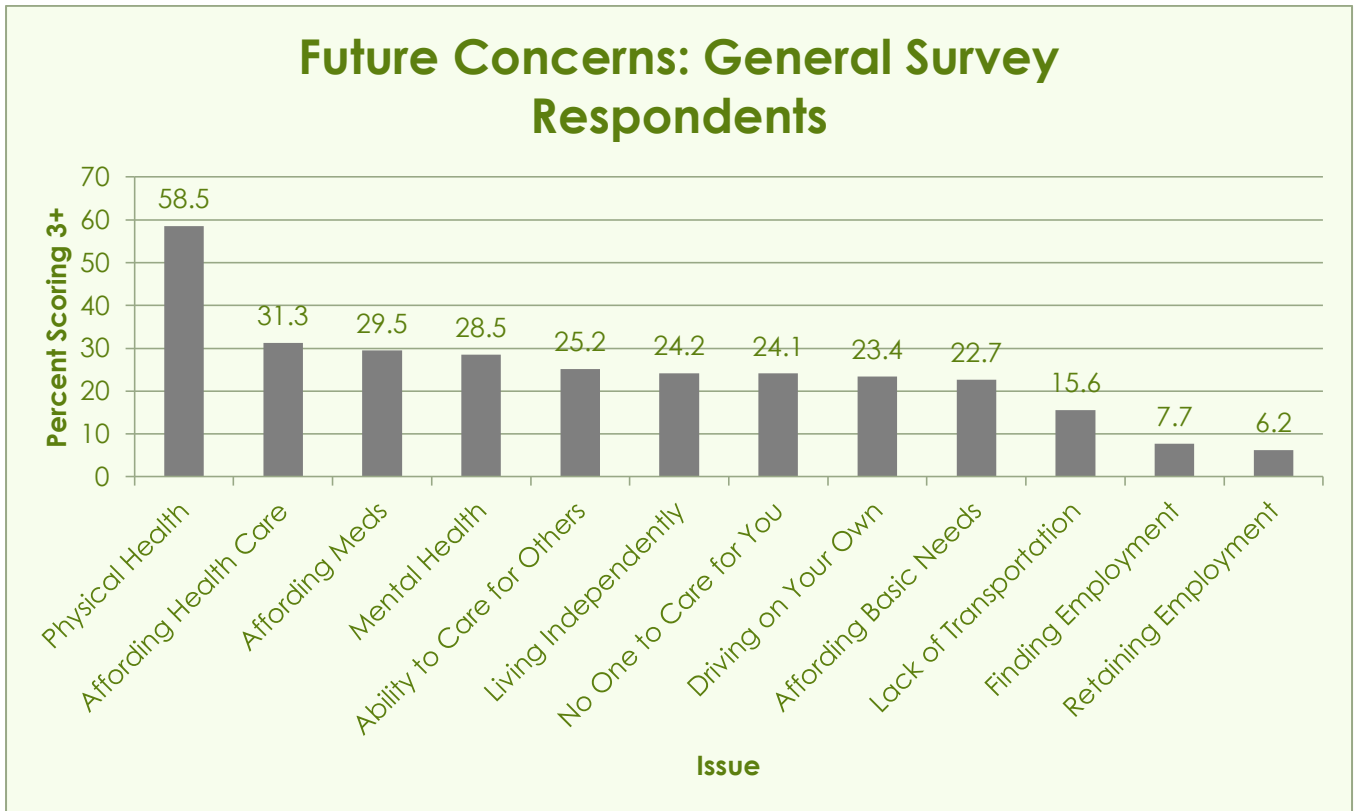
## Top 5 Service Needs of 65 to 79 Year Olds (n=483)



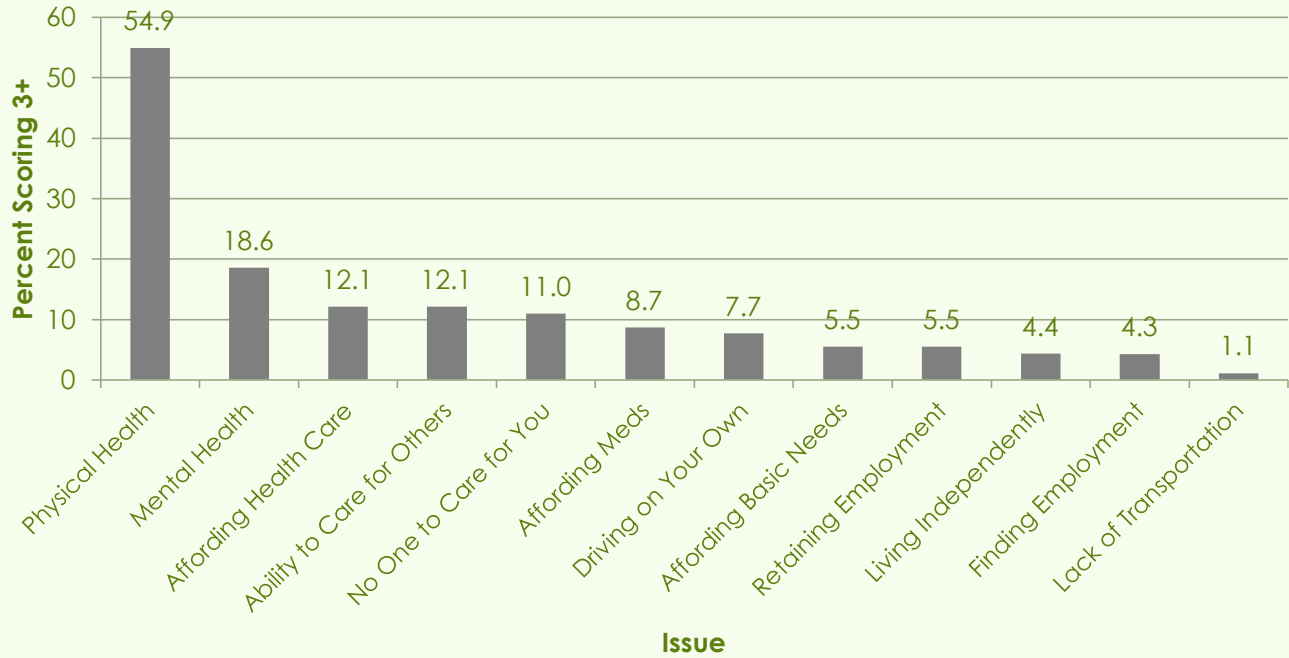
## Top 5 Service Needs of 80+ Age Group (n=157)



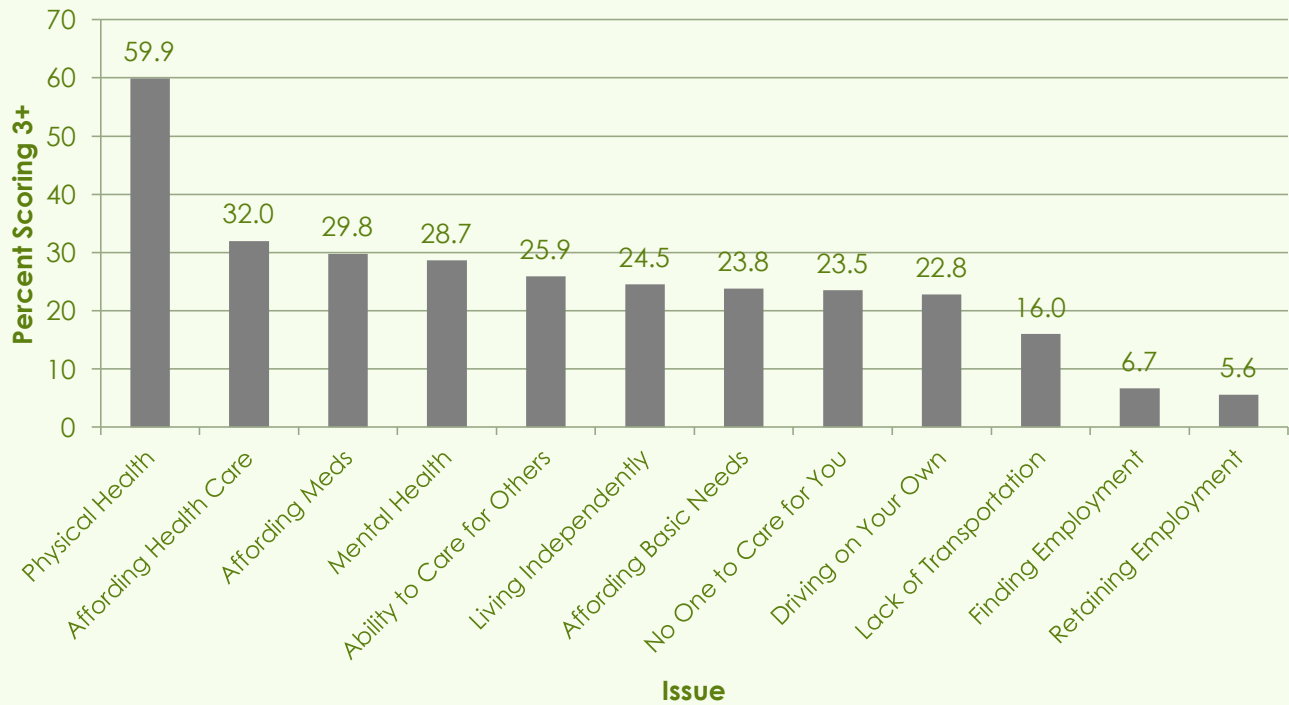
**IX. FUTURE CONCERNS**



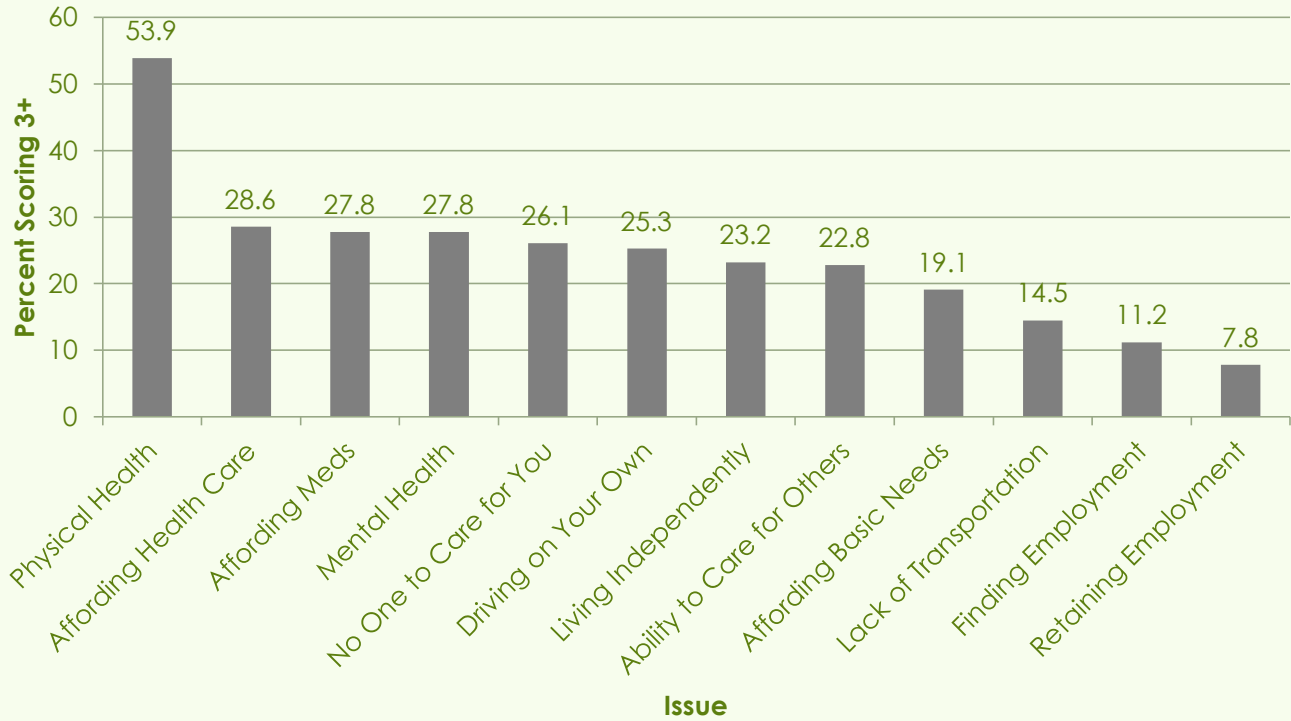
## Future Concerns of High Income Respondents (n=91)



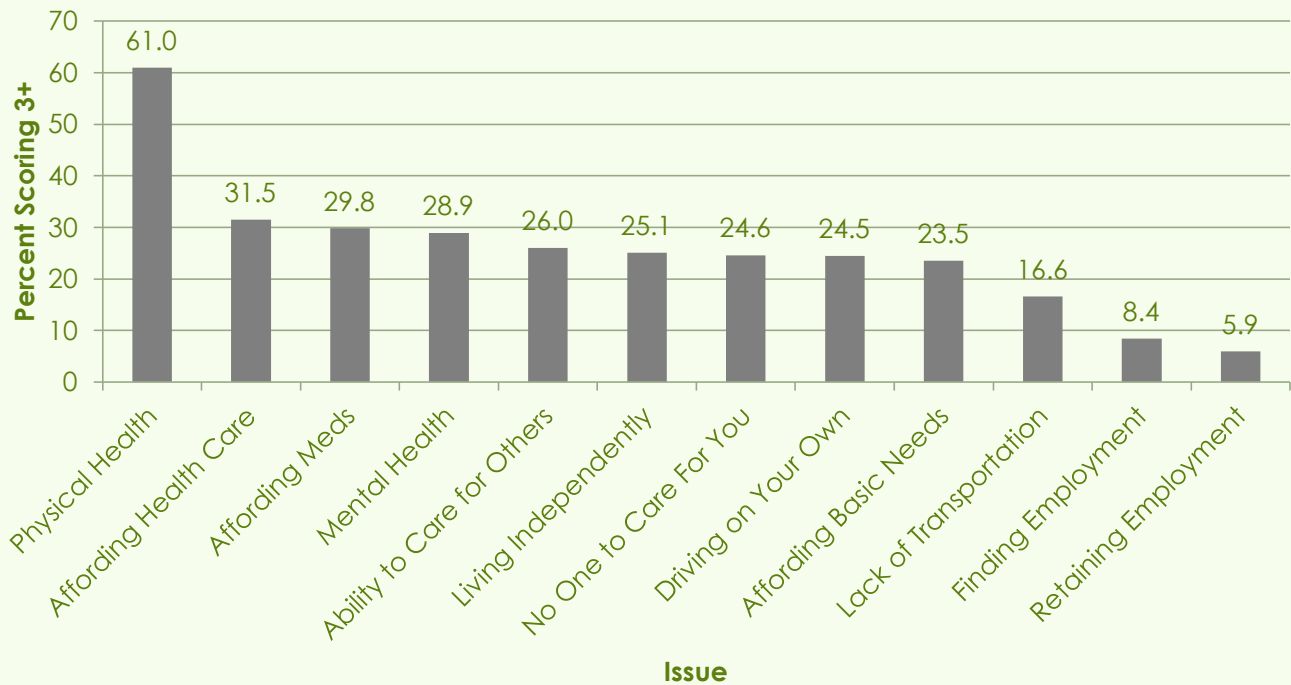
## Future Concerns of Rural Respondents (n=784)



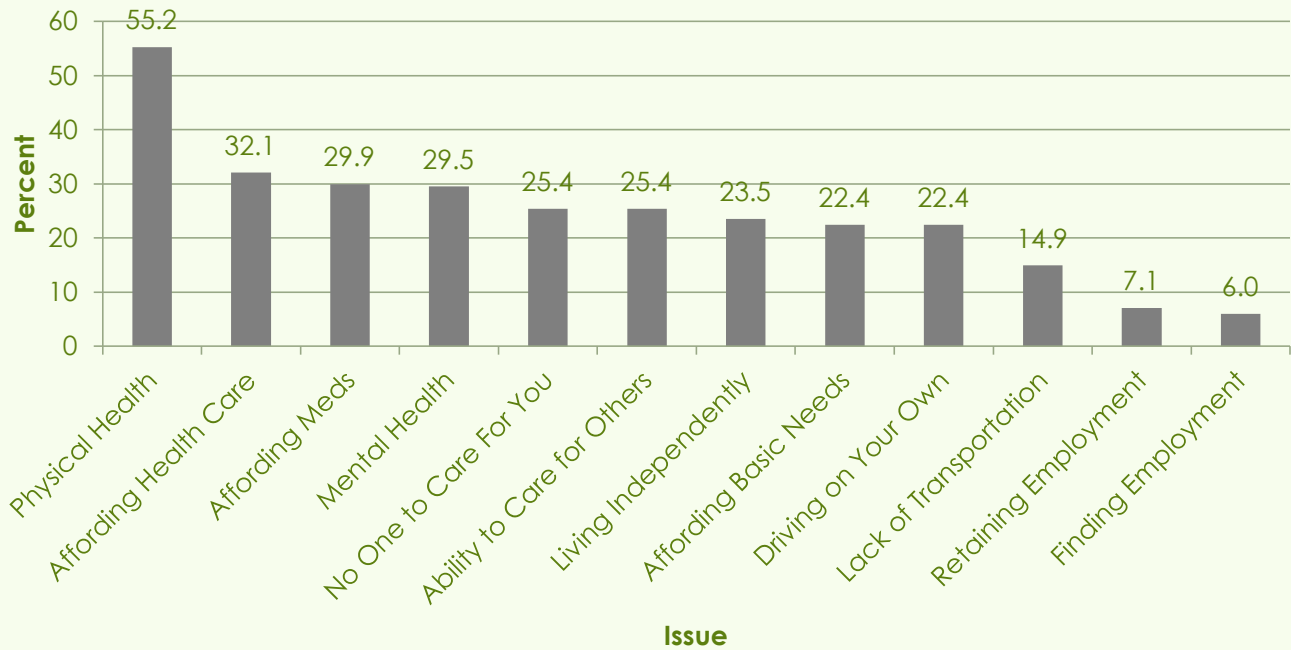
## Future Concerns of Urban Respondents (n=241)



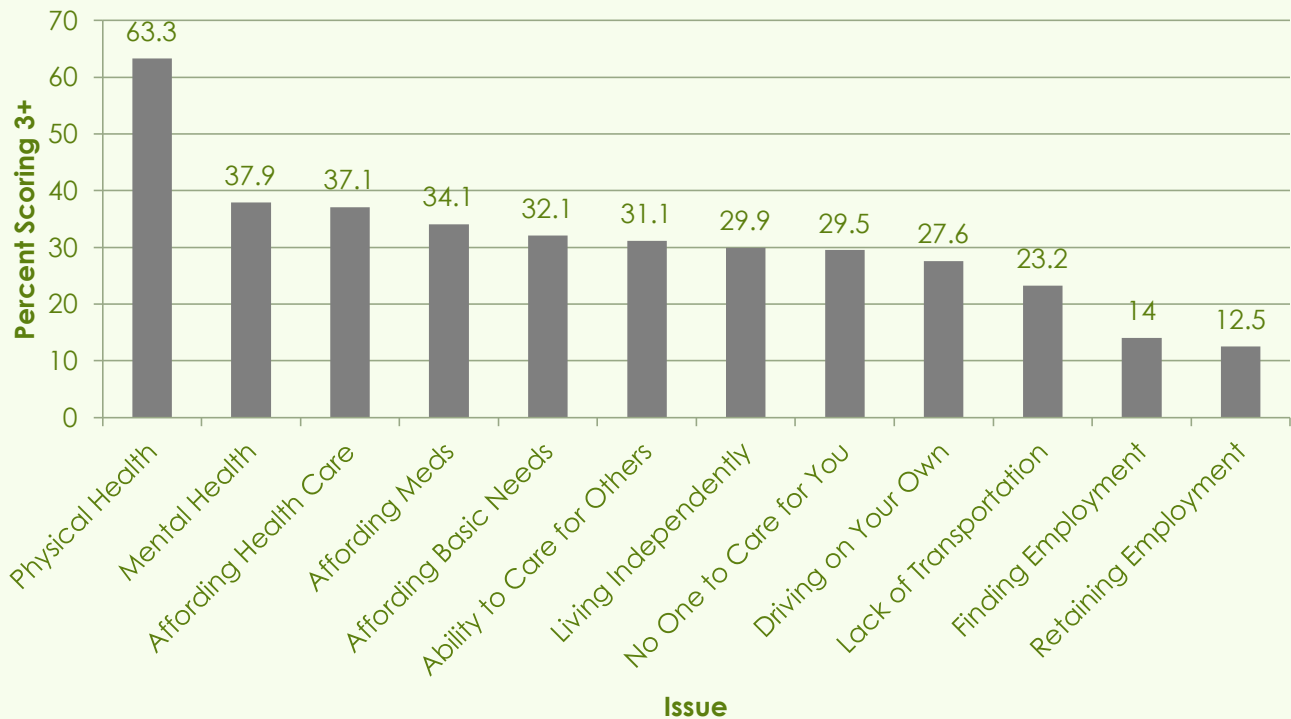
## Future Concerns of Female Respondents (n=744)



## Future Concerns of Male Respondents (n=279)



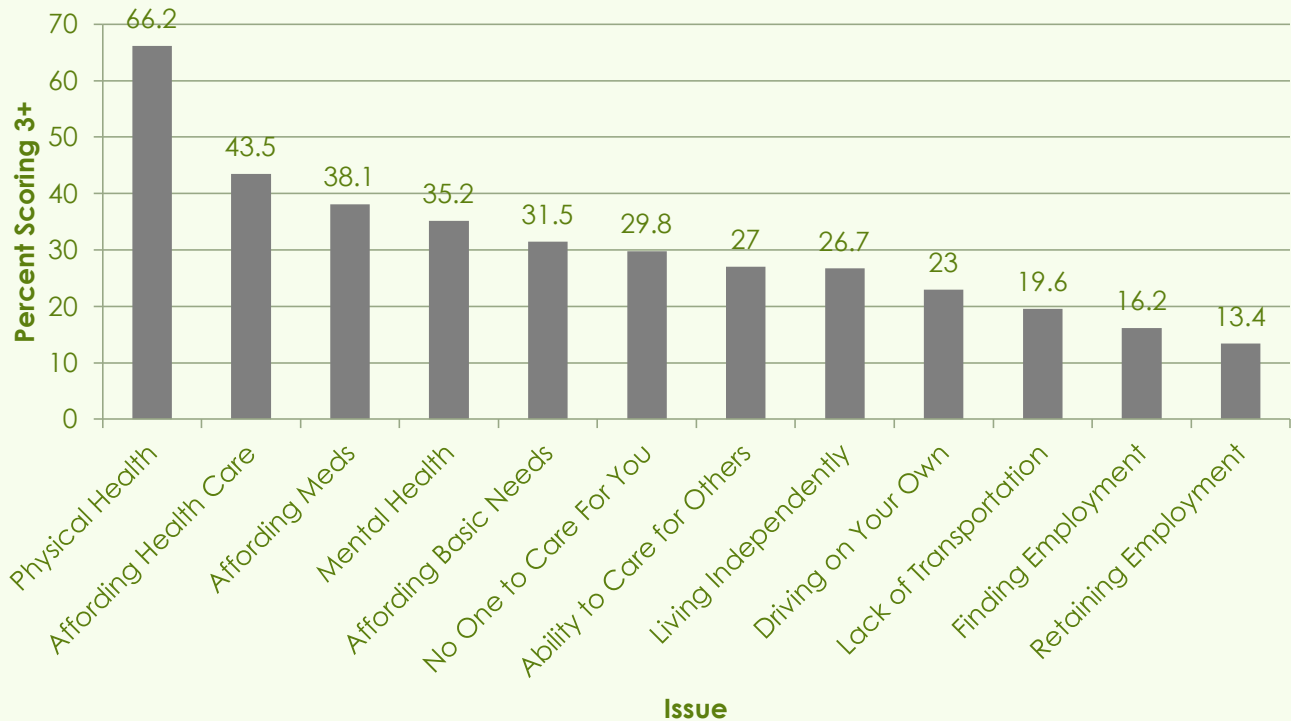
## Future Concerns of African-American Respondents (n=264)



## Future Concerns of White Respondents (n=743)

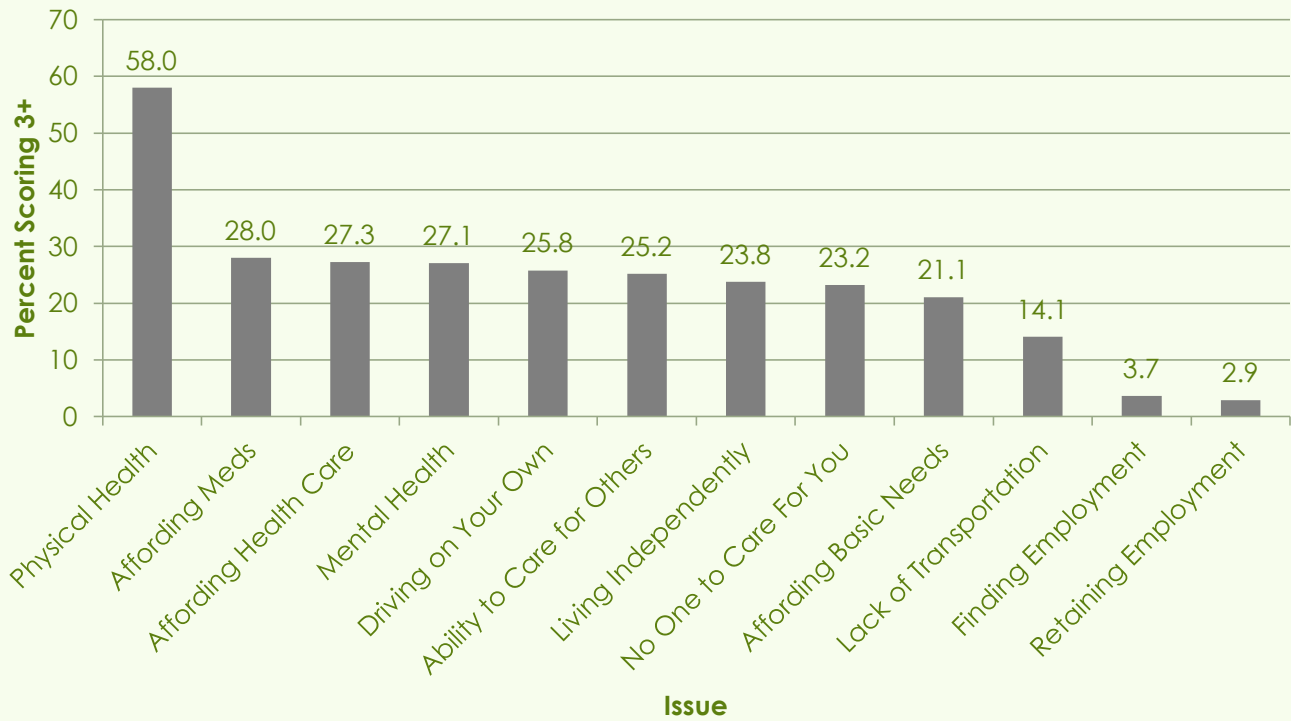


## Future Concerns of 55 to 64 Year Olds (n=352)

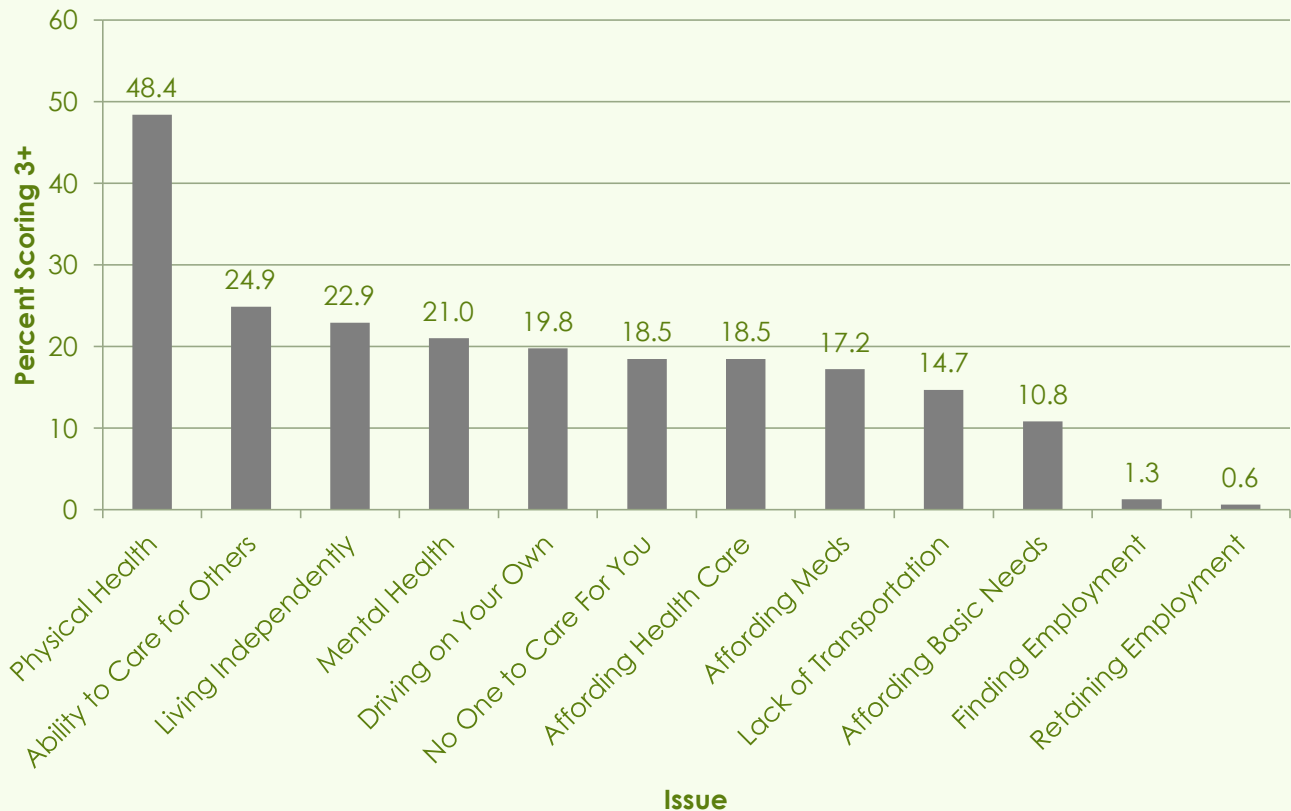




## Future Concerns of 65 to 79 Year Olds (n=483)



## Future Concerns of 80+ Age Group (n=157)



# WAITING LIST SURVEY RESULTS

## 1.) For MOST of your local trips, how do you travel? (Select the one used most often.)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Drive my own car	132	46.6	46.6	46.6
	Ride with family	98	34.6	34.6	81.3
	Ride with friends	28	9.9	9.9	91.2
	Use public transportation	12	4.2	4.2	95.4
	Take a senior van, shuttle, or minibus	3	1.1	1.1	96.5
	Not Applicable - Unable to leave house	7	2.5	2.5	98.9
	Not Applicable - Have no form of transportation	1	.4	.4	99.3
	Other	1	.4	.4	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

## Other: Please Specify

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		282	99.6	99.6	99.6
	pay someone to take me	1	.4	.4	100.0
	Total	283	100.0	100.0	

## 2.) How big a problem has a lack of transportation been for you over the last 12 months?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major problem	68	24.0	45.0	45.0
	Minor problem	44	15.5	29.1	74.2
	Not a problem	39	13.8	25.8	100.0
	Total	151	53.4	100.0	
Missing		132	46.6		
Total		283	100.0		

## 3.) What are some of the difficulties you face in getting the transportation you need? Public transportation is not available in my area or community

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	10.6	10.6	10.6
	No	239	84.5	84.5	95.1
	Don't Know/Not Sure	13	4.6	4.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**4.) What are some of the difficulties you face in getting the transportation you need? Can't afford it**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	9.9	9.9	9.9
	No	241	85.2	85.2	95.1
	Don't Know/Not Sure	13	4.6	4.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**5.) What are some of the difficulties you face in getting the transportation you need? Don't know who to call**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	9.2	9.2	9.2
	No	243	85.9	85.9	95.1
	Don't Know/Not Sure	13	4.6	4.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**6.) What are some of the difficulties you face in getting the transportation you need? Transportation does not go where I need to go**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	7.4	7.4	7.4
	No	248	87.6	87.6	95.1
	Don't Know/Not Sure	13	4.6	4.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**7.) Are you currently on a special diet prescribed by your doctor?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	127	44.9	44.9	44.9
	No	156	55.1	55.1	100.0
	Total	283	100.0	100.0	

**8.) Do you eat at least 2 complete meals a day?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	219	77.4	77.4	77.4
	No	64	22.6	22.6	100.0
	Total	283	100.0	100.0	

**9.) In the past 12 months how often have the following statements been true? I was not able to afford enough food to eat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	28	9.9	9.9	9.9
	Sometimes	111	39.2	39.2	49.1
	Never	135	47.7	47.7	96.8
	Don't Know	8	2.8	2.8	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**10.) In the past 12 months how often have the following statements been true? I was not able to afford the kinds of food we wanted to eat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	62	21.9	21.9	21.9
	Sometimes	126	44.5	44.5	66.4
	Never	88	31.1	31.1	97.5
	Don't Know	7	2.5	2.5	100.0
	Total	283	100.0	100.0	

**11.) In the past 12 months how often have the following statements been true? I was not able to afford to eat healthier meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	51	18.0	18.0	18.0
	Sometimes	129	45.6	45.6	63.6
	Never	96	33.9	33.9	97.5
	Don't Know	7	2.5	2.5	100.0
	Total	283	100.0	100.0	

**12.) How many of your relatives or in-laws live within 25 miles from you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	36	12.7	12.7	12.7
	1 - 2	141	49.8	49.8	62.5
	3 - 9	79	27.9	27.9	90.5
	10 or more	27	9.5	9.5	100.0
	Total	283	100.0	100.0	

**13.) How are you related to the relative who lives closest to you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Parent	34	12.0	12.0	12.0
	Child	151	53.4	53.4	65.4
	Brother/Sister	45	15.9	15.9	81.3
	Cousin	13	4.6	4.6	85.9
	Aunt/Uncle	8	2.8	2.8	88.7
	In-Law	17	6.0	6.0	94.7
	Don't Know/Not Sure	12	4.2	4.2	98.9
	Refused	3	1.1	1.1	100.0
Total		283	100.0	100.0	

**14.) Do you feel you have someone reliable to contact in case of an emergency?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	259	91.5	91.5	91.5
	No	23	8.1	8.1	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total		283	100.0	100.0

**15.) On a scale of 1 to 5, how would you rate your overall quality of life, with ONE indicating the worst quality of life and FIVE indicating the best quality of life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	20	7.1	7.1	7.1
	2	36	12.7	12.7	19.8
	3	105	37.1	37.1	56.9
	4	65	23.0	23.0	79.9
	5	49	17.3	17.3	97.2
	Don't Know/Not Sure	8	2.8	2.8	100.0
	Total		283	100.0	100.0

**16.) Your physical health: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	30	10.6	10.6	10.6
	2	25	8.8	8.8	19.4
	3	61	21.6	21.6	41.0
	4	70	24.7	24.7	65.7
	5	94	33.2	33.2	98.9
	Don't Know/Not Sure	3	1.1	1.1	100.0
	Total		283	100.0	100.0

**17.) Suitable housing: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	175	61.8	61.8	61.8
	2	25	8.8	8.8	70.7
	3	35	12.4	12.4	83.0
	4	18	6.4	6.4	89.4
	5	30	10.6	10.6	100.0
	Total	283	100.0	100.0	

**18.) Adequate health care: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	146	51.6	51.6	51.6
	2	34	12.0	12.0	63.6
	3	38	13.4	13.4	77.0
	4	30	10.6	10.6	87.6
	5	35	12.4	12.4	100.0
	Total	283	100.0	100.0	

**19.) Transportation: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	125	44.2	44.2	44.2
	2	33	11.7	11.7	55.8
	3	44	15.5	15.5	71.4
	4	24	8.5	8.5	79.9
	5	55	19.4	19.4	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**20.) Feeling lonely and isolated: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	106	37.5	37.5	37.5
	2	36	12.7	12.7	50.2
	3	69	24.4	24.4	74.6
	4	35	12.4	12.4	86.9
	5	37	13.1	13.1	100.0
	Total	283	100.0	100.0	

**21.) Having enough food to eat: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	161	56.9	56.9	56.9
	2	36	12.7	12.7	69.6
	3	37	13.1	13.1	82.7
	4	23	8.1	8.1	90.8
	5	26	9.2	9.2	100.0
	Total	283	100.0	100.0	

**22.) Affordable medications: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	149	52.7	52.7	52.7
	2	32	11.3	11.3	64.0
	3	42	14.8	14.8	78.8
	4	19	6.7	6.7	85.5
	5	40	14.1	14.1	99.6
	Don't Know/Not Sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**23.) Financial problems: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	112	39.6	39.6	39.6
	2	29	10.2	10.2	49.8
	3	42	14.8	14.8	64.7
	4	33	11.7	11.7	76.3
	5	67	23.7	23.7	100.0
	Total	283	100.0	100.0	

**24.) Depression: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	130	45.9	45.9	45.9
	2	34	12.0	12.0	58.0
	3	50	17.7	17.7	75.6
	4	26	9.2	9.2	84.8
	5	41	14.5	14.5	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**25.) Physical or emotional abuse: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	244	86.2	86.2	86.2
	2	12	4.2	4.2	90.5
	3	14	4.9	4.9	95.4
	4	6	2.1	2.1	97.5
	5	7	2.5	2.5	100.0
	Total	283	100.0	100.0	



**26.) Being financially exploited: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	228	80.6	80.6	80.6
	2	13	4.6	4.6	85.2
	3	23	8.1	8.1	93.3
	4	4	1.4	1.4	94.7
	5	13	4.6	4.6	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**27.) Being a victim of a crime: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	246	86.9	86.9	86.9
	2	11	3.9	3.9	90.8
	3	14	4.9	4.9	95.8
	4	3	1.1	1.1	96.8
	5	8	2.8	2.8	99.6
	Don't Know/Not Sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**28.) Dealing with legal issues: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	240	84.8	84.8	84.8
	2	12	4.2	4.2	89.0
	3	16	5.7	5.7	94.7
	4	6	2.1	2.1	96.8
	5	9	3.2	3.2	100.0
	Total	283	100.0	100.0	

**29.) Everyday activities like bathing or preparing meals: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	124	43.8	43.8	43.8
	2	25	8.8	8.8	52.7
	3	53	18.7	18.7	71.4
	4	36	12.7	12.7	84.1
	5	43	15.2	15.2	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**30.) Boredom: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	154	54.4	54.4	54.4
	2	26	9.2	9.2	63.6
	3	43	15.2	15.2	78.8
	4	28	9.9	9.9	88.7
	5	30	10.6	10.6	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**31.) Care giving: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	199	70.3	70.3	70.3
	2	24	8.5	8.5	78.8
	3	19	6.7	6.7	85.5
	4	15	5.3	5.3	90.8
	5	25	8.8	8.8	99.6
	Don't Know/Not Sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**32.) Participating in volunteer activities: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	8	2.8	2.8	2.8
	Weekly	16	5.7	5.7	8.5
	Monthly	25	8.8	8.8	17.3
	Yearly	6	2.1	2.1	19.4
	Never	226	79.9	79.9	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**33.) Participating in a club or civic group: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	2	.7	.7	.7
	Weekly	6	2.1	2.1	2.8
	Monthly	16	5.7	5.7	8.5
	Yearly	4	1.4	1.4	9.9
	Never	251	88.7	88.7	98.6
	Don't Know	2	.7	.7	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**34.) Participating in a religious group or spiritual activity: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	15	5.3	5.3	5.3
	Weekly	154	54.4	54.4	59.7
	Monthly	31	11.0	11.0	70.7
	Yearly	7	2.5	2.5	73.1
	Never	73	25.8	25.8	98.9
	Don't Know	1	.4	.4	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**35.) Visiting with family [in person or on the phone.): How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	170	60.1	60.1	60.1
	Weekly	68	24.0	24.0	84.1
	Monthly	17	6.0	6.0	90.1
	Yearly	6	2.1	2.1	92.2
	Never	18	6.4	6.4	98.6
	Don't Know	2	.7	.7	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**36.) Visiting with friends [in person or on the phone.): How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	125	44.2	44.2	44.2
	Weekly	79	27.9	27.9	72.1
	Monthly	37	13.1	13.1	85.2
	Yearly	4	1.4	1.4	86.6
	Never	34	12.0	12.0	98.6
	Don't Know	2	.7	.7	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**37.) Providing help to others: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	50	17.7	17.7	17.7
	Weekly	38	13.4	13.4	31.1
	Monthly	26	9.2	9.2	40.3
	Yearly	5	1.8	1.8	42.0
	Never	153	54.1	54.1	96.1
	Don't Know	9	3.2	3.2	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

### 38.) Caring for a pet: How often do you spend time participating in the following activities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	135	47.7	47.7	47.7
	Weekly	7	2.5	2.5	50.2
	Monthly	2	.7	.7	50.9
	Yearly	1	.4	.4	51.2
	Never	135	47.7	47.7	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

### 39.) Participating in a hobby: How often do you spend time participating in the following activities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	58	20.5	20.5	20.5
	Weekly	44	15.5	15.5	36.0
	Monthly	23	8.1	8.1	44.2
	Yearly	12	4.2	4.2	48.4
	Never	144	50.9	50.9	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

### 40.) Exercising: How often do you spend time participating in the following activities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	77	27.2	27.2	27.2
	Weekly	89	31.4	31.4	58.7
	Monthly	18	6.4	6.4	65.0
	Yearly	2	.7	.7	65.7
	Never	95	33.6	33.6	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**41.) Traveling outside of your community: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	15	5.3	5.3	5.3
	Weekly	30	10.6	10.6	15.9
	Monthly	89	31.4	31.4	47.3
	Yearly	34	12.0	12.0	59.4
	Never	112	39.6	39.6	98.9
	Don't Know	1	.4	.4	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**42.) Dining out at a restaurant: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	13	4.6	4.6	4.6
	Weekly	34	12.0	12.0	16.6
	Monthly	79	27.9	27.9	44.5
	Yearly	42	14.8	14.8	59.4
	Never	112	39.6	39.6	98.9
	Don't Know	1	.4	.4	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**43.) Using the Internet: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	36	12.7	12.7	12.7
	Weekly	11	3.9	3.9	16.6
	Monthly	4	1.4	1.4	18.0
	Yearly	5	1.8	1.8	19.8
	Never	224	79.2	79.2	98.9
	Don't Know	1	.4	.4	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**44.) Do you provide care for family members or friends on a regular basis?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	62	21.9	21.9	21.9
	No	221	78.1	78.1	100.0
	Total	283	100.0	100.0	

**45.) Spouse: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	9.5	43.5	43.5
	No	35	12.4	56.5	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**46.) Parent: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	4.2	19.4	19.4
	No	50	17.7	80.6	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**47.) Friend/Neighbor: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	2.8	12.9	12.9
	No	54	19.1	87.1	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**48.) Adult Child: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	2.5	11.3	11.3
	No	55	19.4	88.7	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**49.) Grandchild: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	6.5	6.5
	No	58	20.5	93.5	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**50.) Other family member: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	9.7	9.7
	No	56	19.8	90.3	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**51.) Approximately how many hours per week do you spend providing care for others?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 - 5 hours	12	4.2	19.4	19.4
	6 - 10 hours	12	4.2	19.4	38.7
	11 - 20 hours	10	3.5	16.1	54.8
	More than 20 hours	23	8.1	37.1	91.9
	Don't Know/Not Sure	5	1.8	8.1	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**52.) Are you currently on a waiting list for any of the following services: Home Delivered Meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	182	64.3	64.3	64.3
	No	101	35.7	35.7	100.0
	Total	283	100.0	100.0	



### 53.) How long have you been waiting to receive this service?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	5	1.8	2.7	2.7
	1	4	1.4	2.2	4.9
	2	15	5.3	8.2	13.2
	3	19	6.7	10.4	23.6
	4	11	3.9	6.0	29.7
	5	11	3.9	6.0	35.7
	6	22	7.8	12.1	47.8
	7	1	.4	.5	48.4
	8	9	3.2	4.9	53.3
	9	1	.4	.5	53.8
	11	1	.4	.5	54.4
	12	28	9.9	15.4	69.8
	13	2	.7	1.1	70.9
	14	3	1.1	1.6	72.5
	15	3	1.1	1.6	74.2
	16	2	.7	1.1	75.3
	18	3	1.1	1.6	76.9
	23	1	.4	.5	77.5
	24	20	7.1	11.0	88.5
	29	1	.4	.5	89.0
	30	2	.7	1.1	90.1
	32	1	.4	.5	90.7
	34	1	.4	.5	91.2
36	6	2.1	3.3	94.5	
48	2	.7	1.1	95.6	
53	1	.4	.5	96.2	
60	1	.4	.5	96.7	
96	1	.4	.5	97.3	
	Don't know	5	1.8	2.7	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**54.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	13	4.6	7.1	7.1
	2	11	3.9	6.0	13.2
	3	61	21.6	33.5	46.7
	4	40	14.1	22.0	68.7
	5	56	19.8	30.8	99.5
	Don't Know	1	.4	.5	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**55.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	80	28.3	44.0	44.0
	No	98	34.6	53.8	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**56.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	14.5	22.5	22.5
	No	137	48.4	75.3	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**57.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	84	29.7	46.2	46.2
	No	94	33.2	51.6	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**58.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	4.2	6.6	6.6
	No	166	58.7	91.2	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**59.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	3.3	3.3
	No	172	60.8	94.5	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**60.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	1.1	1.1
	No	176	62.2	96.7	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**61.) Are you currently on a waiting list for any of the following services: Food Stamp Programs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	3.2	3.2
	No	272	96.1	96.1	99.3
	Don't Know/Not sure	1	.4	.4	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**62.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	11.1	11.1
	1	2	.7	22.2	33.3
	5	2	.7	22.2	55.6
	6	1	.4	11.1	66.7
	12	1	.4	11.1	77.8
	14	1	.4	11.1	88.9
	Don't know	1	.4	11.1	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**63.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	5	1.8	55.6	55.6
	4	2	.7	22.2	77.8
	5	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**64.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	22.2	22.2
	No	5	1.8	55.6	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**65.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	22.2	22.2
	No	5	1.8	55.6	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**66.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	55.6	55.6
	No	2	.7	22.2	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**67.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	11.1	11.1
	No	6	2.1	66.7	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**68.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	7	2.5	77.8	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**69.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	7	2.5	77.8	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**70.) Are you currently on a waiting list for any of the following services: Tax Preparation**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	281	99.3	99.3	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**71.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**72.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**73.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**74.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**75.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**76.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**77.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**78.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**79.) Are you currently on a waiting list for any of the following services: Financial Planning**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	282	99.6	99.6	100.0
	Total	283	100.0	100.0	

**80.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**81.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**82.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**83.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**84.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		



**85.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**86.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**87.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**88.) Are you currently on a waiting list for any of the following services: Home Health Care**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	49	17.3	17.3	17.3
	No	232	82.0	82.0	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**89.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	3	1.1	6.1	6.1
	1	1	.4	2.0	8.2
	2	9	3.2	18.4	26.5
	3	6	2.1	12.2	38.8
	4	3	1.1	6.1	44.9
	5	2	.7	4.1	49.0
	6	4	1.4	8.2	57.1
	7	2	.7	4.1	61.2
	8	2	.7	4.1	65.3
	9	2	.7	4.1	69.4
	11	1	.4	2.0	71.4
	12	9	3.2	18.4	89.8
	18	2	.7	4.1	93.9
	24	2	.7	4.1	98.0
	30	1	.4	2.0	100.0
Total	49	17.3	100.0		
Missing		234	82.7		
Total		283	100.0		

**90.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	2.0	2.0
	2	5	1.8	10.2	12.2
	3	14	4.9	28.6	40.8
	4	7	2.5	14.3	55.1
	5	22	7.8	44.9	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**91.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	5.7	32.7	32.7
	No	31	11.0	63.3	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**92.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	4.2	24.5	24.5
	No	35	12.4	71.4	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**93.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	7.8	44.9	44.9
	No	25	8.8	51.0	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**94.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	10.2	10.2
	No	42	14.8	85.7	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**95.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	4.1	4.1
	No	45	15.9	91.8	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**96.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	2.0	2.0
	No	46	16.3	93.9	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**97.) Are you currently on a waiting list for any of the following services: Counseling Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	279	98.6	98.6	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**98.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**99.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**100.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**101.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**102.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**103.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**104.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**105.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**106.) Are you currently on a waiting list for any of the following services: Homemaker Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	78	27.6	27.6	27.6
	No	202	71.4	71.4	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**107.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	4	1.4	5.1	5.1
	1	2	.7	2.6	7.7
	2	1	.4	1.3	9.0
	3	8	2.8	10.3	19.2
	4	3	1.1	3.8	23.1
	5	4	1.4	5.1	28.2
	6	10	3.5	12.8	41.0
	7	3	1.1	3.8	44.9
	8	3	1.1	3.8	48.7
	10	1	.4	1.3	50.0
	11	1	.4	1.3	51.3
	12	14	4.9	17.9	69.2
	15	3	1.1	3.8	73.1
	18	2	.7	2.6	75.6
	24	10	3.5	12.8	88.5
	30	1	.4	1.3	89.7
	36	4	1.4	5.1	94.9
	48	1	.4	1.3	96.2
	Don't know	3	1.1	3.8	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**108.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4	1.4	5.1	5.1
	2	4	1.4	5.1	10.3
	3	18	6.4	23.1	33.3
	4	18	6.4	23.1	56.4
	5	34	12.0	43.6	100.0
		Total	78	27.6	100.0
Missing		205	72.4		
Total		283	100.0		

**109.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	38	13.4	48.7	48.7
	No	39	13.8	50.0	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**110.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	5.7	20.5	20.5
	No	61	21.6	78.2	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**111.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	35	12.4	44.9	44.9
	No	42	14.8	53.8	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**112.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	5.1	5.1
	No	73	25.8	93.6	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**113.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	1.3	1.3
	No	76	26.9	97.4	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**114.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	7.7	7.7
	No	71	25.1	91.0	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**115.) Are you currently on a waiting list for any of the following services: Repair Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	7.8	7.8	7.8
	No	260	91.9	91.9	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	



**116.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	4.5	4.5
	1	4	1.4	18.2	22.7
	2	3	1.1	13.6	36.4
	3	1	.4	4.5	40.9
	7	2	.7	9.1	50.0
	8	1	.4	4.5	54.5
	12	2	.7	9.1	63.6
	24	3	1.1	13.6	77.3
	36	1	.4	4.5	81.8
	48	1	.4	4.5	86.4
	64	1	.4	4.5	90.9
	96	1	.4	4.5	95.5
	Don't know	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**117.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	5	1.8	22.7	22.7
	4	3	1.1	13.6	36.4
	5	14	4.9	63.6	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**118.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.4	81.8	81.8
	No	3	1.1	13.6	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**119.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	4.5	4.5
	No	20	7.1	90.9	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**120.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	4.5	4.5
	No	20	7.1	90.9	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**121.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	4.5	4.5
	No	20	7.1	90.9	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**122.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	21	7.4	95.5	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**123.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	9.1	9.1
	No	19	6.7	86.4	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**124.)Are you currently on a waiting list for any of the following services: Legal Assistance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	279	98.6	98.6	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**125.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	33.3	33.3
	1	1	.4	33.3	66.7
	14	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**126.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	33.3	33.3
	4	1	.4	33.3	66.7
	5	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**127.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**128.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**129.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**130.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**131.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**132.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**133.) Are you currently on a waiting list for any of the following services: Job Placement**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	282	99.6	99.6	100.0
	Total	283	100.0	100.0	

**134.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**135.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**136.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**137.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**138.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**139.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**140.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**141.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**142.) Are you currently on a waiting list for any of the following services: Senior Discount Programs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	2.1	2.1
	No	273	96.5	96.5	98.6
	Don't Know/Not sure	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**143.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	2	.7	33.3	33.3
	4	1	.4	16.7	50.0
	6	1	.4	16.7	66.7
	24	1	.4	16.7	83.3
	Don't know	1	.4	16.7	100.0
	Total	6	2.1	100.0	
Missing		277	97.9		
Total		283	100.0		

**144.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	16.7	16.7
	3	2	.7	33.3	50.0
	5	3	1.1	50.0	100.0
	Total	6	2.1	100.0	
Missing		277	97.9		
Total		283	100.0		

**145.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	83.3	83.3
	No	1	.4	16.7	100.0
	Total	6	2.1	100.0	
Missing		277	97.9		
Total		283	100.0		

**146.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	2.1	100.0	100.0
Missing		277	97.9		
Total		283	100.0		

**147.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	33.3	33.3
	No	4	1.4	66.7	100.0
	Total	6	2.1	100.0	
Missing		277	97.9		
Total		283	100.0		

**148.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	2.1	100.0	100.0
Missing		277	97.9		
Total		283	100.0		

**149.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	2.1	100.0	100.0
Missing		277	97.9		
Total		283	100.0		

**150) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	2.1	100.0	100.0
Missing		277	97.9		
Total		283	100.0		

**151.) Are you currently on a waiting list for any of the following services: Information and Referral Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	279	98.6	98.6	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**152.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12	2	.7	66.7	66.7
	Don't know	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**153.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**154.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		



**155.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**156.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**157.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**158.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**159.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**160.) Are you currently on a waiting list for any of the following services: Telephone Reassurance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	279	98.6	98.6	98.6
	Don't Know/Not sure	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**161.) Are you currently on a waiting list for any of the following services: Transportation Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	3.2	3.2
	No	273	96.5	96.5	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**162.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	11.1	11.1
	2	1	.4	11.1	22.2
	3	1	.4	11.1	33.3
	4	1	.4	11.1	44.4
	7	1	.4	11.1	55.6
	12	3	1.1	33.3	88.9
	24	1	.4	11.1	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**163.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	3	1.1	33.3	33.3
	5	6	2.1	66.7	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**164.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	33.3	33.3
	No	6	2.1	66.7	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**165.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	22.2	22.2
	No	7	2.5	77.8	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**166.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	55.6	55.6
	No	4	1.4	44.4	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**167.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9	3.2	100.0	100.0
Missing		274	96.8		
Total		283	100.0		

**168.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	11.1	11.1
	No	8	2.8	88.9	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**169.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9	3.2	100.0	100.0
Missing		274	96.8		
Total		283	100.0		

**170.) Are you currently on a waiting list for any of the following services: Shopping Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	1.4	1.4
	No	277	97.9	97.9	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**171.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8	1	.4	25.0	25.0
	12	1	.4	25.0	50.0
	18	1	.4	25.0	75.0
	36	1	.4	25.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**172.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	2	.7	50.0	50.0
	5	2	.7	50.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**173.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	50.0	50.0
	No	2	.7	50.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**174.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	25.0	25.0
	No	3	1.1	75.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**175.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	50.0	50.0
	No	2	.7	50.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**176.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4	1.4	100.0	100.0
Missing		279	98.6		
Total		283	100.0		

**177.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4	1.4	100.0	100.0
Missing		279	98.6		
Total		283	100.0		

**178.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4	1.4	100.0	100.0
Missing		279	98.6		
Total		283	100.0		

**179.) Are you currently on a waiting list for any of the following services: Adult Day Care**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	280	98.9	98.9	100.0
	Total	283	100.0	100.0	

**180.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	33.3	33.3
	12	1	.4	33.3	66.7
	24	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**181.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**182.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**183.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**184.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	66.7	66.7
	No	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**185.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**186.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**187.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**188.) Are you currently on a waiting list for any of the following services: Health Screening**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	283	100.0	100.0	100.0

**189.) Are you currently on a waiting list for any of the following services: Physical Fitness/Exercise Programs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	280	98.9	98.9	100.0
	Total	283	100.0	100.0	

**190.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	33.3	33.3
	1	1	.4	33.3	66.7
	32	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**191.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.4	33.3	33.3
	5	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**192.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**193.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**194.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**195.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		



**196.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**197.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**198.) Are you currently on a waiting list for any of the following services: Support Groups**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	282	99.6	99.6	100.0
	Total	283	100.0	100.0	

**199.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**200.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**201.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**202.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**203.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**204.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**205.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**206.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**207.) Are you currently on a waiting list for any of the following services: Medication Management Education**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	282	99.6	99.6	100.0
	Total	283	100.0	100.0	

**208.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	24	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**209.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**210.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**211.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**212.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**213.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**214.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**215.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**216.) Are you currently on a waiting list for any of the following services: Nutrition Counseling**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	281	99.3	99.3	100.0
	Total	283	100.0	100.0	

**217.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	50.0	50.0
	12	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**218.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.4	50.0	50.0
	5	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**219.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**220.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**221.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**222.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**223.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**224.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**225.) Are you currently on a waiting list for any of the following services: Case Management**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	279	98.6	98.6	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**226.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6	1	.4	50.0	50.0
	10	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**227.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.4	50.0	50.0
	5	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**228.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**229.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**230.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**231.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**232.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**234.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**235.) Are you currently on a waiting list for any of the following services: Congregate Meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	8.1	8.1	8.1
	No	260	91.9	91.9	100.0
	Total	283	100.0	100.0	

**236.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	4.3	4.3
	2	1	.4	4.3	8.7
	3	4	1.4	17.4	26.1
	6	1	.4	4.3	30.4
	8	2	.7	8.7	39.1
	11	2	.7	8.7	47.8
	12	7	2.5	30.4	78.3
	24	2	.7	8.7	87.0
	26	1	.4	4.3	91.3
	30	1	.4	4.3	95.7
	60	1	.4	4.3	100.0
Total		23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**237.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	3	1.1	13.0	13.0
	3	4	1.4	17.4	30.4
	4	2	.7	8.7	39.1
	5	14	4.9	60.9	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**238.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	21.7	21.7
	No	18	6.4	78.3	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**239.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	26.1	26.1
	No	17	6.0	73.9	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		



**240.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	3.5	43.5	43.5
	No	13	4.6	56.5	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**241.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	13.0	13.0
	No	20	7.1	87.0	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**242.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	4.3	4.3
	No	22	7.8	95.7	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**243.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	23	8.1	100.0	100.0
Missing		260	91.9		
Total		283	100.0		

**244.) Are you currently on a waiting list for any of the following services: Respite care**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	279	98.6	98.6	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**245.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	.4	33.3	33.3
	4	1	.4	33.3	66.7
	12	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**246.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	33.3	33.3
	4	1	.4	33.3	66.7
	5	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**247.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	66.7	66.7
	No	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**248.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**249.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**250.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**251.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**256.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**257.) Are you currently on a waiting list for any of the following services: State Health Insurance Counseling**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	280	98.9	98.9	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**258.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**259.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**260.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**261.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**262.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**263.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**264.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**265.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**266.) Are you currently on a waiting list for any of the following services: Senior Medicare Patrol**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	278	98.2	98.2	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**267.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	50.0	50.0
	24	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**268.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**269.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**270.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**271.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**272.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**273.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**274.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**275.) Are you currently on a waiting list for any of the following services: Ombudsman**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	280	98.9	98.9	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**276.) On a scale of 1 to 5, how would you rate your overall health**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	61	21.6	21.6	21.6
	2	51	18.0	18.0	39.6
	3	104	36.7	36.7	76.3
	4	51	18.0	18.0	94.3
	5	14	4.9	4.9	99.3
	Don't Know	2	.7	.7	100.0
	Total	283	100.0	100.0	

**277.) On a scale of 1 to 5, how much does your physical health interfere with your normal daily activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	27	9.5	9.5	9.5
	2	24	8.5	8.5	18.0
	3	52	18.4	18.4	36.4
	4	83	29.3	29.3	65.7
	5	95	33.6	33.6	99.3
	Don't Know	2	.7	.7	100.0
	Total	283	100.0	100.0	

**278.) Private insurance: Which of the following kinds of health insurance do you have? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	24.0	24.0	24.0
	No	214	75.6	75.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**279.) Medicaid: Which of the following kinds of health insurance do you have? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	93	32.9	32.9	32.9
	No	189	66.8	66.8	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**280.) Medicare: Which of the following kinds of health insurance do you have? [Check all that apply.)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	237	83.7	83.7	83.7
	No	45	15.9	15.9	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**281.) Do you have someone you consider to be your doctor or primary health care provider?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	265	93.6	93.6	93.6
	No	18	6.4	6.4	100.0
	Total	283	100.0	100.0	

**282.) Have you visited your doctor or primary health care provider in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	253	89.4	95.5	95.5
	No	12	4.2	4.5	100.0
	Total	265	93.6	100.0	
Missing		18	6.4		
Total		283	100.0		

**283.) Have you been hospitalized any time in the past 2 years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	151	53.4	53.4	53.4
	No	132	46.6	46.6	100.0
	Total	283	100.0	100.0	

**284.) Were you hospitalized multiple times?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	92	32.5	60.9	60.9
	No	58	20.5	38.4	99.3
	Don't Know/Not sure	1	.4	.7	100.0
	Total	151	53.4	100.0	
Missing		132	46.6		
Total		283	100.0		



**285.) What was the duration of your last hospitalization [How long were you in the hospital .)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Left the same day	13	4.6	8.6	8.6
	Stayed over night	14	4.9	9.3	17.9
	More than 1 day	52	18.4	34.4	52.3
	1 week	36	12.7	23.8	76.2
	Longer than 1 week	30	10.6	19.9	96.0
	1 month	1	.4	.7	96.7
	Longer than a month	4	1.4	2.6	99.3
	Don t Know/Not Sure	1	.4	.7	100.0
Total		151	53.4	100.0	
Missing		132	46.6		
Total		283	100.0		

**286.) Upon being released from the hospital, was any kind of at-home assistance made available to you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	54	19.1	35.8	35.8
	No	84	29.7	55.6	91.4
	I did not require any assistance	13	4.6	8.6	100.0
	Total	151	53.4	100.0	
Missing		132	46.6		
Total		283	100.0		

**287.) Have you ever been in need of medical care but decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	24.0	24.0	24.0
	No	212	74.9	74.9	98.9
	Don t Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**288.) No transportation: What are some reasons you decided not to seek medical help? [Check all that apply.)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	5.7	5.7	5.7
	No	267	94.3	94.3	100.0
	Total	283	100.0	100.0	

**289.) Cost of medical care: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	10.6	10.6	10.6
	No	253	89.4	89.4	100.0
	Total	283	100.0	100.0	

**290.) Could not get an appointment: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	281	99.3	99.3	100.0
	Total	283	100.0	100.0	

**291.) Insurance would not be accepted: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	1.4	1.4
	No	279	98.6	98.6	100.0
	Total	283	100.0	100.0	

**292.) Unable to leave home: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	3.2	3.2
	No	274	96.8	96.8	100.0
	Total	283	100.0	100.0	

**293.) Decided to treat myself: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	4.6	4.6	4.6
	No	270	95.4	95.4	100.0
	Total	283	100.0	100.0	

**294.) Other reason [Please specify.]: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	4.2	4.2	4.2
	No	271	95.8	95.8	100.0
	Total	283	100.0	100.0	

**294\_other.) Other please specify:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		271	95.8	95.8	95.8
	Afraid to find out what was wrong	1	.4	.4	96.1
	Caring for sick parents	1	.4	.4	96.5
	does not have a regular doctor/reg dr on leave	1	.4	.4	96.8
	doesn't want to ask for help	1	.4	.4	97.2
	felt like I was too old for surgery.	1	.4	.4	97.5
	Frustration	1	.4	.4	97.9
	no insurance	1	.4	.4	98.2
	personal reasons. she does not like to go the the dr	1	.4	.4	98.6
	personal choice not to have a 2nd hip replacement	1	.4	.4	98.9
	Thought the problem would go away.	1	.4	.4	99.3
	to stubborn	1	.4	.4	99.6
	wait around to see if things will get better.	1	.4	.4	100.0
	Total	283	100.0	100.0	

**295.) Eye exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	162	57.2	57.2	57.2
	No	119	42.0	42.0	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**296.) Hearing exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	22.6	22.6	22.6
	No	217	76.7	76.7	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**297.) Dental exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	59	20.8	20.8	20.8
	No	222	78.4	78.4	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**298.) Physical exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	202	71.4	71.4	71.4
	No	79	27.9	27.9	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**299.) How many prescription medications are you currently taking?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	5	1.8	1.8	1.8
	1	11	3.9	3.9	5.7
	2	19	6.7	6.7	12.4
	3	15	5.3	5.3	17.7
	4	28	9.9	9.9	27.6
	5	37	13.1	13.1	40.6
	6	26	9.2	9.2	49.8
	7	31	11.0	11.0	60.8
	8	28	9.9	9.9	70.7
	9	11	3.9	3.9	74.6
	10	24	8.5	8.5	83.0
	11	7	2.5	2.5	85.5
	12	14	4.9	4.9	90.5
	13	6	2.1	2.1	92.6
	14	5	1.8	1.8	94.3
	15	5	1.8	1.8	96.1
	16	2	.7	.7	96.8
	20	1	.4	.4	97.2
	21	1	.4	.4	97.5
	22	1	.4	.4	97.9
24	1	.4	.4	98.2	
28	1	.4	.4	98.6	
	Don't Know/Not Sure	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**300.) How many non-prescription medications are you taking on a regular basis?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	103	36.4	36.4	36.4
	1	87	30.7	30.7	67.1
	2	43	15.2	15.2	82.3
	3	20	7.1	7.1	89.4
	4	11	3.9	3.9	93.3
	5	9	3.2	3.2	96.5
	6	4	1.4	1.4	97.9
	8	2	.7	.7	98.6
	10	2	.7	.7	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
Total	283	100.0	100.0		

**301.) Prescription medications: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	22.6	22.6	22.6
	No	216	76.3	76.3	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**302.) Eyeglasses: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	86	30.4	30.4	30.4
	No	194	68.6	68.6	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**303.) Hearing aids: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	9.9	9.9	9.9
	No	252	89.0	89.0	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**304.) Dentures: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	22.3	22.3	22.3
	No	217	76.7	76.7	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**305.) Walkers, wheelchair, or canes: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	11.0	11.0	11.0
	No	249	88.0	88.0	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**306.) Ramps: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.4	6.4	6.4
	No	262	92.6	92.6	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**307.) Do you smoke cigarettes?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	14.5	14.5	14.5
	No	241	85.2	85.2	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**308.) On average, how many alcoholic drinks do you consume in a typical week?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	264	93.3	93.3	93.3
	1 - 2	10	3.5	3.5	96.8
	3 or more	6	2.1	2.1	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**309.) Heart problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	124	43.8	43.8	43.8
	No	159	56.2	56.2	100.0
	Total	283	100.0	100.0	

**310.) High blood pressure: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	223	78.8	78.8	78.8
	No	60	21.2	21.2	100.0
	Total	283	100.0	100.0	

**311.) Arthritis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	219	77.4	77.4	77.4
	No	64	22.6	22.6	100.0
	Total	283	100.0	100.0	

**312.) Bursitis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	22.6	22.6	22.6
	No	219	77.4	77.4	100.0
	Total	283	100.0	100.0	

**313.) Stroke: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	54	19.1	19.1	19.1
	No	229	80.9	80.9	100.0
	Total	283	100.0	100.0	

**314.) Hardening of arteries: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	15.2	15.2	15.2
	No	240	84.8	84.8	100.0
	Total	283	100.0	100.0	

**315.) Rheumatism: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	26.1	26.1	26.1
	No	209	73.9	73.9	100.0
	Total	283	100.0	100.0	

**316.) Diabetes: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	98	34.6	34.6	34.6
	No	185	65.4	65.4	100.0
	Total	283	100.0	100.0	

**317.) Chest pains: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	103	36.4	36.4	36.4
	No	180	63.6	63.6	100.0
	Total	283	100.0	100.0	

**318.) Cancer: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	12.0	12.0	12.0
	No	249	88.0	88.0	100.0
	Total	283	100.0	100.0	

**319.) Stomach or digestion problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	133	47.0	47.0	47.0
	No	150	53.0	53.0	100.0
	Total	283	100.0	100.0	

**320.) Kidney or urinary problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	108	38.2	38.2	38.2
	No	175	61.8	61.8	100.0
	Total	283	100.0	100.0	

**321.) Liver problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.4	6.4	6.4
	No	265	93.6	93.6	100.0
	Total	283	100.0	100.0	



**322.) Joint problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	153	54.1	54.1	54.1
	No	130	45.9	45.9	100.0
	Total	283	100.0	100.0	

**323.) Vision problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	164	58.0	58.0	58.0
	No	119	42.0	42.0	100.0
	Total	283	100.0	100.0	

**324.) Hearing problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	86	30.4	30.4	30.4
	No	197	69.6	69.6	100.0
	Total	283	100.0	100.0	

**325.) Trouble sleeping: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	149	52.7	52.7	52.7
	No	134	47.3	47.3	100.0
	Total	283	100.0	100.0	

**326.) Shaking problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	70	24.7	24.7	24.7
	No	213	75.3	75.3	100.0
	Total	283	100.0	100.0	

**327.) Mental illness: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	35	12.4	12.4	12.4
	No	248	87.6	87.6	100.0
	Total	283	100.0	100.0	

**328.) Memory loss: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	115	40.6	40.6	40.6
	No	168	59.4	59.4	100.0
	Total	283	100.0	100.0	

**329.) Skin problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	26.1	26.1	26.1
	No	209	73.9	73.9	100.0
	Total	283	100.0	100.0	

**328.) Back pain: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	173	61.1	61.1	61.1
	No	110	38.9	38.9	100.0
	Total	283	100.0	100.0	

**329.) Amputations: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	3.2	3.2
	No	274	96.8	96.8	100.0
	Total	283	100.0	100.0	

**330.) Phlebitis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	4.9	4.9	4.9
	No	269	95.1	95.1	100.0
	Total	283	100.0	100.0	

**331.) Paralysis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	6.0	6.0	6.0
	No	266	94.0	94.0	100.0
	Total	283	100.0	100.0	

**332.) Which of the following best describes the type of home you live in:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single family home	211	74.6	74.6	74.6
	Mobile home	39	13.8	13.8	88.3
	Condominium/apartment	21	7.4	7.4	95.8
	Senior independent apartment	9	3.2	3.2	98.9
	Assisted living	1	.4	.4	99.3
	Group home	1	.4	.4	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**333.) Do you own or rent your home?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rent	41	14.5	15.1	15.1
	Own	220	77.7	80.9	96.0
	Neither	10	3.5	3.7	99.6
	Refused	1	.4	.4	100.0
	Total	272	96.1	100.0	
Missing		11	3.9		
Total		283	100.0		

**334.) Including yourself, how many people live with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	140	49.5	49.5	49.5
	2 - 3	132	46.6	46.6	96.1
	4 or more	10	3.5	3.5	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**335.) Spouse or significant other: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	76	26.9	26.9	26.9
	No	207	73.1	73.1	100.0
	Total	283	100.0	100.0	

**336.) Children: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	18.7	18.7	18.7
	No	230	81.3	81.3	100.0
	Total	283	100.0	100.0	

**337.) Relative: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	4.9	4.9	4.9
	No	269	95.1	95.1	100.0
	Total	283	100.0	100.0	

**338.) Grandchildren: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	6.0	6.0	6.0
	No	266	94.0	94.0	100.0
	Total	283	100.0	100.0	

**339.) Other relatives: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	2.8	2.8	2.8
	No	275	97.2	97.2	100.0
	Total	283	100.0	100.0	

**340.) Unrelated Adults [Friend or Roommate]: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	1.8	1.8
	No	278	98.2	98.2	100.0
	Total	283	100.0	100.0	

**341.) On a scale of 1 to 5, how satisfied are you with your current living arrangement? ONE indicates the lowest level of satisfaction and FIVE indicates the highest level of satisfaction.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	21	7.4	7.4	7.4
	2	15	5.3	5.3	12.7
	3	52	18.4	18.4	31.1
	4	66	23.3	23.3	54.4
	5	126	44.5	44.5	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**342.) Physical Health: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	54	19.1	19.1	19.1
	2	20	7.1	7.1	26.1
	3	37	13.1	13.1	39.2
	4	34	12.0	12.0	51.2
	5	122	43.1	43.1	94.3
	Don't Know	13	4.6	4.6	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**343.) Mental health: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	115	40.6	40.6	40.6
	2	27	9.5	9.5	50.2
	3	30	10.6	10.6	60.8
	4	31	11.0	11.0	71.7
	5	62	21.9	21.9	93.6
	Don't Know	15	5.3	5.3	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**344.) Finding employment: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	249	88.0	88.0	88.0
	2	4	1.4	1.4	89.4
	3	3	1.1	1.1	90.5
	4	3	1.1	1.1	91.5
	5	13	4.6	4.6	96.1
	Don't Know	8	2.8	2.8	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**345.) Retaining current employment: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	251	88.7	88.7	88.7
	2	4	1.4	1.4	90.1
	3	3	1.1	1.1	91.2
	4	2	.7	.7	91.9
	5	12	4.2	4.2	96.1
	Don't Know	8	2.8	2.8	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**346.) Driving on your own: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	175	61.8	61.8	61.8
	2	13	4.6	4.6	66.4
	3	25	8.8	8.8	75.3
	4	17	6.0	6.0	81.3
	5	39	13.8	13.8	95.1
	Don't Know	11	3.9	3.9	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**347.) Lack of transportation: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	143	50.5	50.5	50.5
	2	21	7.4	7.4	58.0
	3	29	10.2	10.2	68.2
	4	16	5.7	5.7	73.9
	5	59	20.8	20.8	94.7
	Don't Know	12	4.2	4.2	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**348.) Affording basic needs [like food or rent.]: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	115	40.6	40.6	40.6
	2	22	7.8	7.8	48.4
	3	45	15.9	15.9	64.3
	4	31	11.0	11.0	75.3
	5	54	19.1	19.1	94.3
	Don't Know	13	4.6	4.6	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**349.) Affording medications: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	120	42.4	42.4	42.4
	2	19	6.7	6.7	49.1
	3	24	8.5	8.5	57.6
	4	38	13.4	13.4	71.0
	5	65	23.0	23.0	94.0
	Don't Know	14	4.9	4.9	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**350.) Affording health care: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	107	37.8	37.8	37.8
	2	25	8.8	8.8	46.6
	3	29	10.2	10.2	56.9
	4	30	10.6	10.6	67.5
	5	74	26.1	26.1	93.6
	Don't Know	15	5.3	5.3	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**351.) Living independently: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	117	41.3	41.3	41.3
	2	14	4.9	4.9	46.3
	3	22	7.8	7.8	54.1
	4	32	11.3	11.3	65.4
	5	78	27.6	27.6	92.9
	Don't Know	17	6.0	6.0	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**352.) Ability to care for others: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	152	53.7	53.7	53.7
	2	18	6.4	6.4	60.1
	3	17	6.0	6.0	66.1
	4	18	6.4	6.4	72.4
	5	59	20.8	20.8	93.3
	Don't Know	15	5.3	5.3	98.6
	Refused	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**356.) Not having someone to care for you: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	128	45.2	45.2	45.2
	2	14	4.9	4.9	50.2
	3	27	9.5	9.5	59.7
	4	31	11.0	11.0	70.7
	5	68	24.0	24.0	94.7
	Don't Know	12	4.2	4.2	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	



**357.) 2010 HOUSEHOLD INCOME BEFORE TAXES**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 10,000	92	32.5	32.5	32.5
	Between \$10,000 and \$20,000	99	35.0	35.0	67.5
	Between \$20,000 and \$30,000	18	6.4	6.4	73.9
	Between \$30,000 and \$40,000	8	2.8	2.8	76.7
	Between \$40,000 and \$50,000	2	.7	.7	77.4
	Between \$50,000 and \$75,000	3	1.1	1.1	78.4
	Between \$75,000 and \$100,000	2	.7	.7	79.2
	Over \$150,000	1	.4	.4	79.5
	Don't Know/Not Sure	24	8.5	8.5	88.0
	Refused	34	12.0	12.0	100.0
Total	283	100.0	100.0		

**358.) Earnings from Employment: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	3.9	4.9	4.9
	No	214	75.6	95.1	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**359.) State or Federal Retirement Funds: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	14.5	18.2	18.2
	No	184	65.0	81.8	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**360.) Social Security: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	202	71.4	89.8	89.8
	No	22	7.8	9.8	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**361.) Supplementary Security Income: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	9.9	12.4	12.4
	No	197	69.6	87.6	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**362.) Food Stamps: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	45	15.9	20.0	20.0
	No	180	63.6	80.0	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**363.) Home Energy Assistance: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	4.9	6.2	6.2
	No	211	74.6	93.8	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**364.) Rent Payments from Tenants: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	1.8	1.8
	No	221	78.1	98.2	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**365.) Income from Savings or Investments: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	4.6	5.8	5.8
	No	212	74.9	94.2	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**366.) Veteran's Assistance or Pension: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.4	8.0	8.0
	No	207	73.1	92.0	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**367.) Disability Compensation: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	10.6	13.3	13.3
	No	195	68.9	86.7	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**368.) Railroad Retirement: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	1.8	1.8
	No	220	77.7	97.8	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**369.) Unemployment Insurance: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.3	1.3
	No	222	78.4	98.7	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**370.) Employee Pension Plan [401 K.): Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	4.0	4.0
	No	215	76.0	95.6	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**371.) Aid to Dependent Children: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	224	79.2	99.6	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**378.) Gifts from Friends/Relatives: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	7.8	9.8	9.8
	No	203	71.7	90.2	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**379.) Is it difficult for you to meet your basic needs with your current income?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	184	65.0	65.0	65.0
	No	90	31.8	31.8	96.8
	Don't Know/Not sure	3	1.1	1.1	97.9
	Refused	6	2.1	2.1	100.0
	Total	283	100.0	100.0	

**380.) In what year were you born?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1915	1	.4	.4	.4
	1916	1	.4	.4	.7
	1917	2	.7	.7	1.4
	1918	1	.4	.4	1.8
	1919	2	.7	.7	2.5
	1920	6	2.1	2.1	4.6
	1921	3	1.1	1.1	5.7
	1922	8	2.8	2.8	8.5
	1923	3	1.1	1.1	9.5
	1924	5	1.8	1.8	11.3
	1925	7	2.5	2.5	13.8
	1926	7	2.5	2.5	16.3
	1927	4	1.4	1.4	17.7
	1928	9	3.2	3.2	20.8
	1929	6	2.1	2.1	23.0
	1930	11	3.9	3.9	26.9
	1931	8	2.8	2.8	29.7
	1932	7	2.5	2.5	32.2
	1933	8	2.8	2.8	35.0
	1934	9	3.2	3.2	38.2
	1935	7	2.5	2.5	40.6
	1936	15	5.3	5.3	45.9
	1937	8	2.8	2.8	48.8
	1938	12	4.2	4.2	53.0
	1939	16	5.7	5.7	58.7
	1940	9	3.2	3.2	61.8
	1941	10	3.5	3.5	65.4
	1942	11	3.9	3.9	69.3
1943	6	2.1	2.1	71.4	
1944	5	1.8	1.8	73.1	
1945	9	3.2	3.2	76.3	
1946	6	2.1	2.1	78.4	

**380 cont.) In what year were you born?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1947	11	3.9	3.9	82.3
	1948	10	3.5	3.5	85.9
	1949	7	2.5	2.5	88.3
	1950	4	1.4	1.4	89.8
	1951	4	1.4	1.4	91.2
	1952	3	1.1	1.1	92.2
	1953	2	.7	.7	92.9
	1954	3	1.1	1.1	94.0
	1955	2	.7	.7	94.7
	1956	2	.7	.7	95.4
	1957	1	.4	.4	95.8
	1958	1	.4	.4	96.1
	1960	1	.4	.4	96.5
	1961	1	.4	.4	96.8
	1964	1	.4	.4	97.2
	Missing	8	2.8	2.8	100.0
	Total	283	100.0	100.0	

**381.) Are you of Hispanic or Latino ethnicity?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	276	97.5	97.5	98.2
	Refused	5	1.8	1.8	100.0
	Total	283	100.0	100.0	

**382.) What is your race or ethnicity? Would you say...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	170	60.1	60.1	60.1
	African-American	104	36.7	36.7	96.8
	Asian or Pacific Islander	1	.4	.4	97.2
	American Indian or Alaska Native?	1	.4	.4	97.5
	Refused	7	2.5	2.5	100.0
	Total	283	100.0	100.0	

### 383.) What is the highest level of education you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than High School	78	27.6	27.6	27.6
	High School Diploma	97	34.3	34.3	61.8
	Some College (No Degree)	47	16.6	16.6	78.4
	Associate's or Technical Degree	26	9.2	9.2	87.6
	Bachelor's Degree	10	3.5	3.5	91.2
	Master's Degree	10	3.5	3.5	94.7
	Doctoral Degree	1	.4	.4	95.1
	Professional Degree (medical, vet, dental, law)	1	.4	.4	95.4
	Don't Know/Not Sure	5	1.8	1.8	97.2
	Refused	8	2.8	2.8	100.0
Total	283	100.0	100.0		

### 384.) What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single (Never Married)	24	8.5	8.5	8.5
	Married	74	26.1	26.1	34.6
	Divorced	41	14.5	14.5	49.1
	Separated	10	3.5	3.5	52.7
	Widowed	127	44.9	44.9	97.5
	Co-habiting	2	.7	.7	98.2
	Refused	5	1.8	1.8	100.0
	Total	283	100.0	100.0	

### 385.) Which of the following best describes your current employment status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Working full-time	2	.7	.7	.7
	Working part-time	4	1.4	1.4	2.1
	Unemployed, but looking for work	3	1.1	1.1	3.2
	Unemployed, not looking for work	23	8.1	8.1	11.3
	Retired	206	72.8	72.8	84.1
	Refused	4	1.4	1.4	85.5
	Unable to work	41	14.5	14.5	100.0
	Total	283	100.0	100.0	

**386.) Are you a veteran of the U.S. armed forces [either Active, National Guard, or Reserves.]?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	10.2	10.2	10.2
	No	250	88.3	88.3	98.6
	Refused	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**387.) Are you a Registered Voter?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	256	90.5	90.5	90.5
	No	22	7.8	7.8	98.2
	Don't Know/Not sure	1	.4	.4	98.6
	Refused	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**388.) Did you vote in the most recent presidential election?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	201	71.0	78.5	78.5
	No	50	17.7	19.5	98.0
	Don't Know/Not sure	4	1.4	1.6	99.6
	Refused	1	.4	.4	100.0
	Total	256	90.5	100.0	
Missing		27	9.5		
Total		283	100.0		

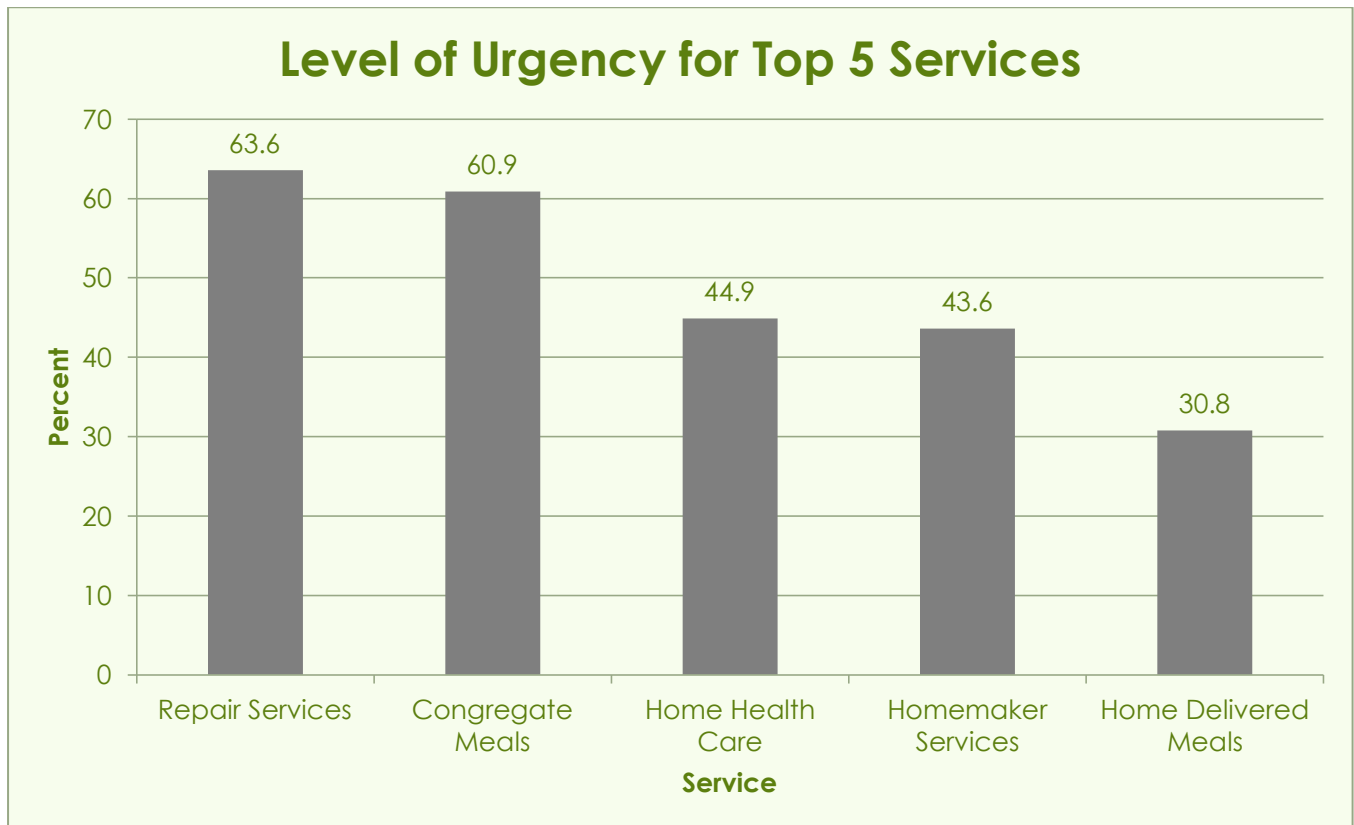
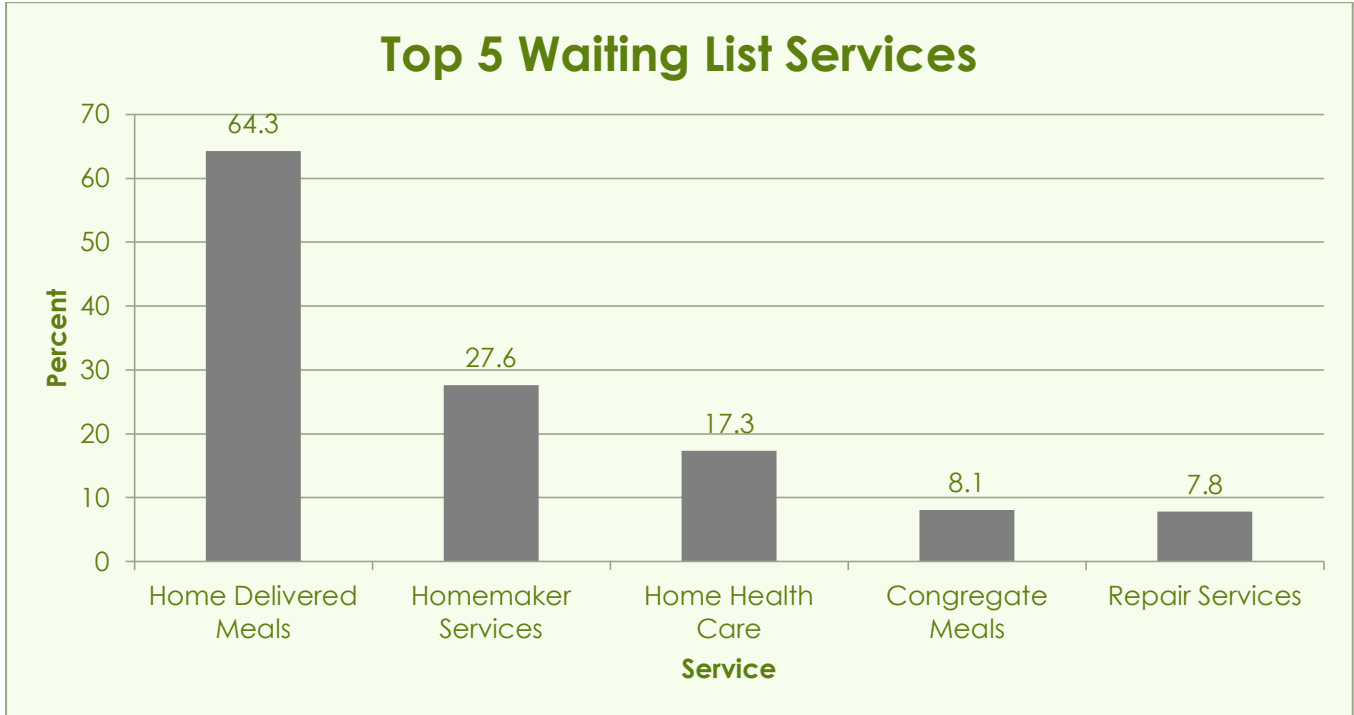
**399.) GENDER**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	50	17.7	17.7	17.7
	Female	229	80.9	80.9	98.6
	Refused	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

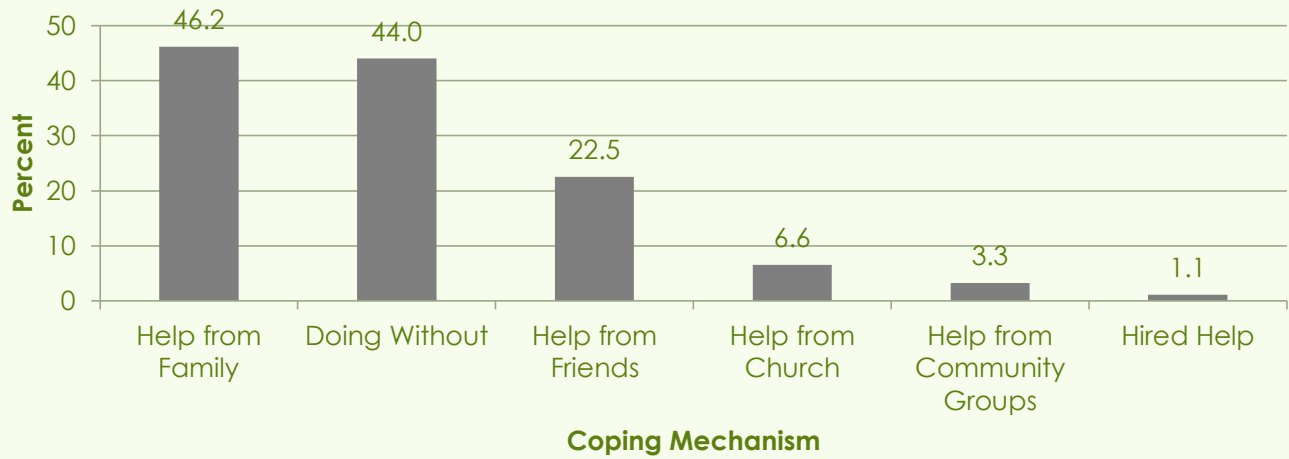


# WAITING LIST SURVEY GRAPHS

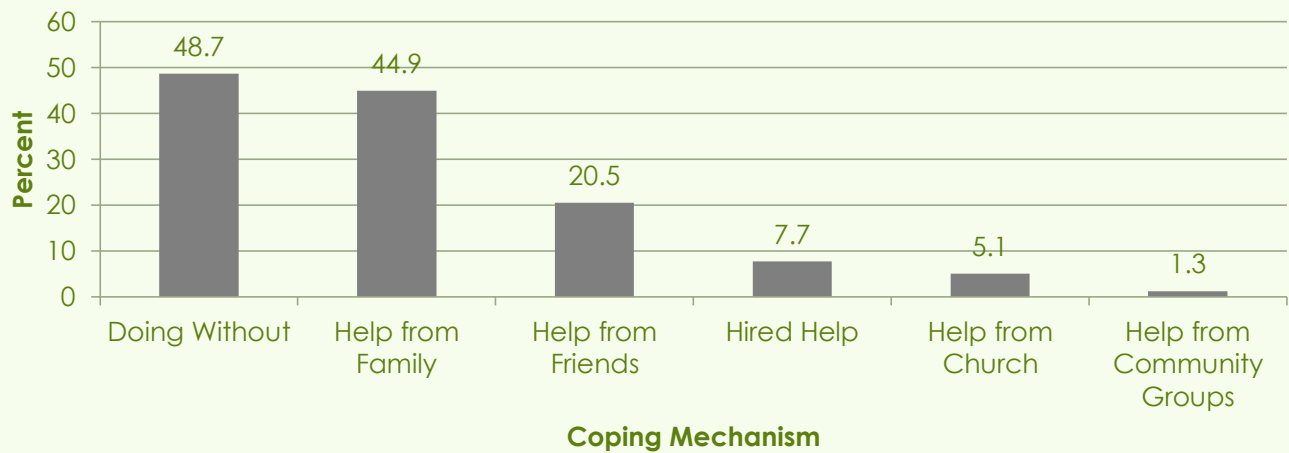
## I. SERVICE PROFILE



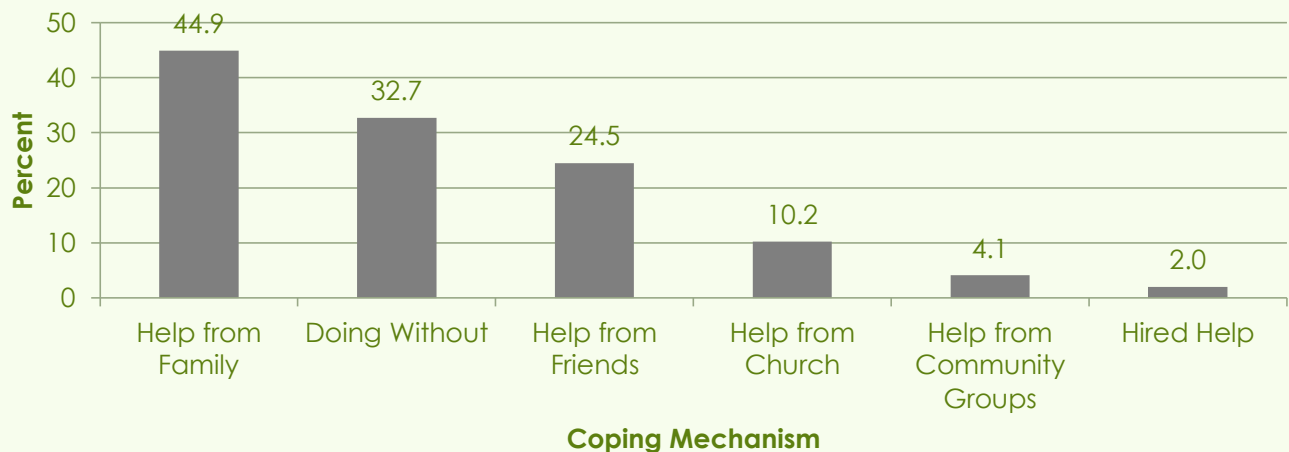
## Coping Mechanisms: Home Delivered Meals



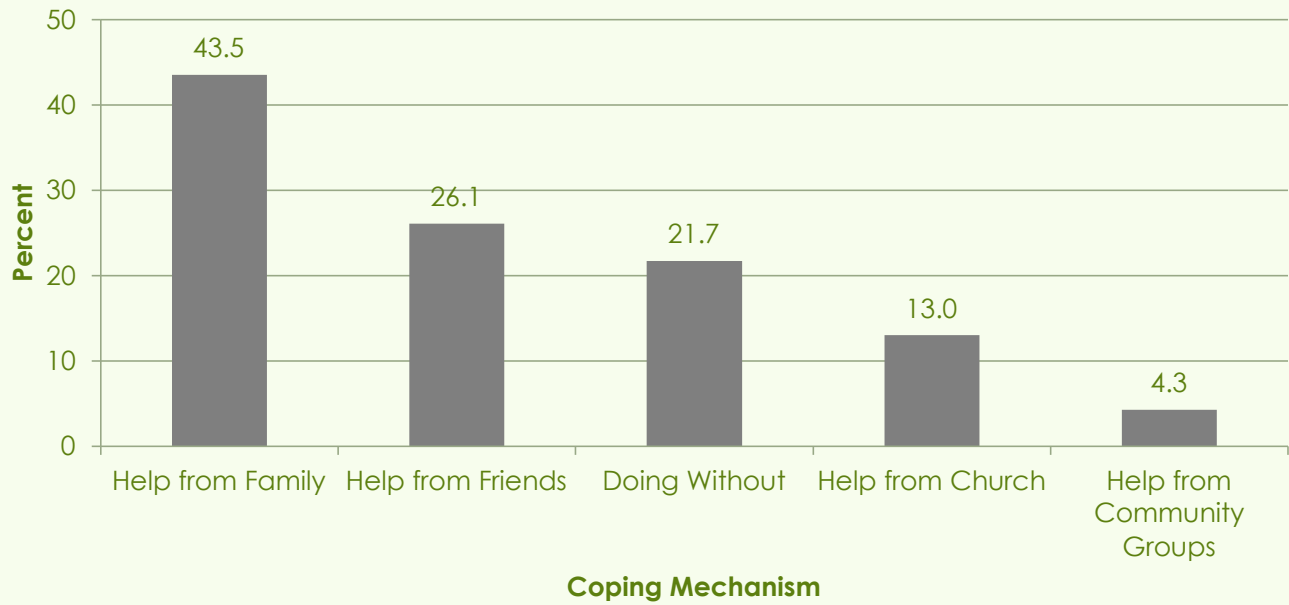
## Coping Mechanisms: Homemaker Services



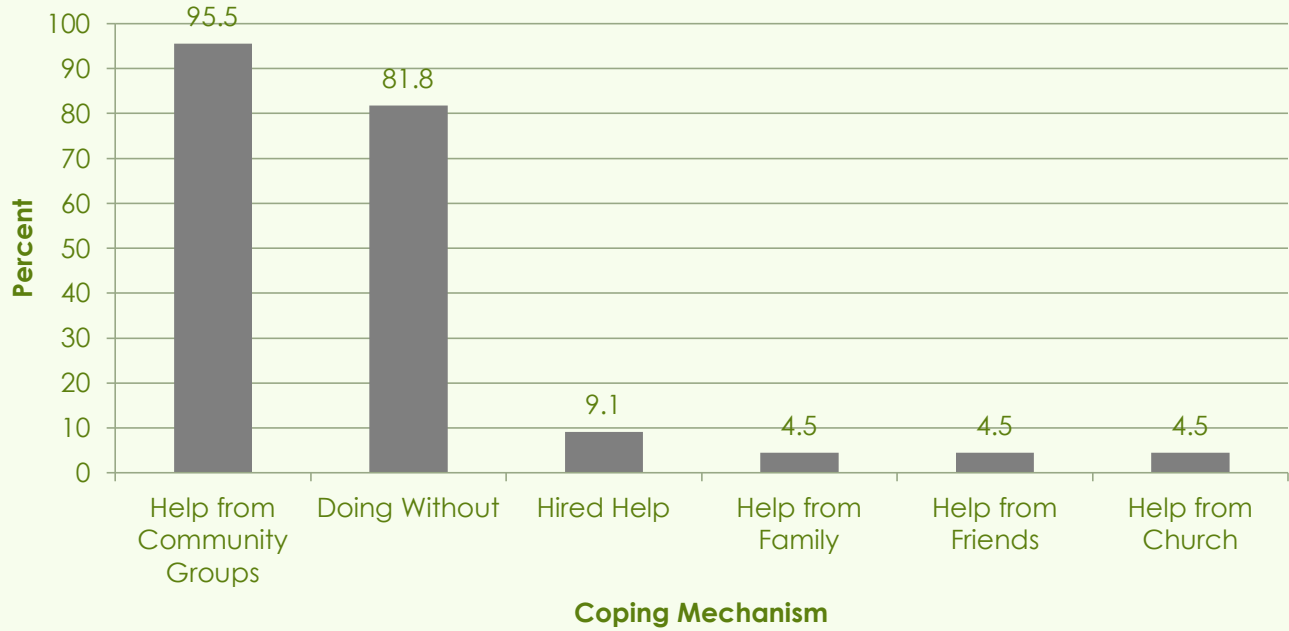
## Coping Mechanisms: Home Health Care



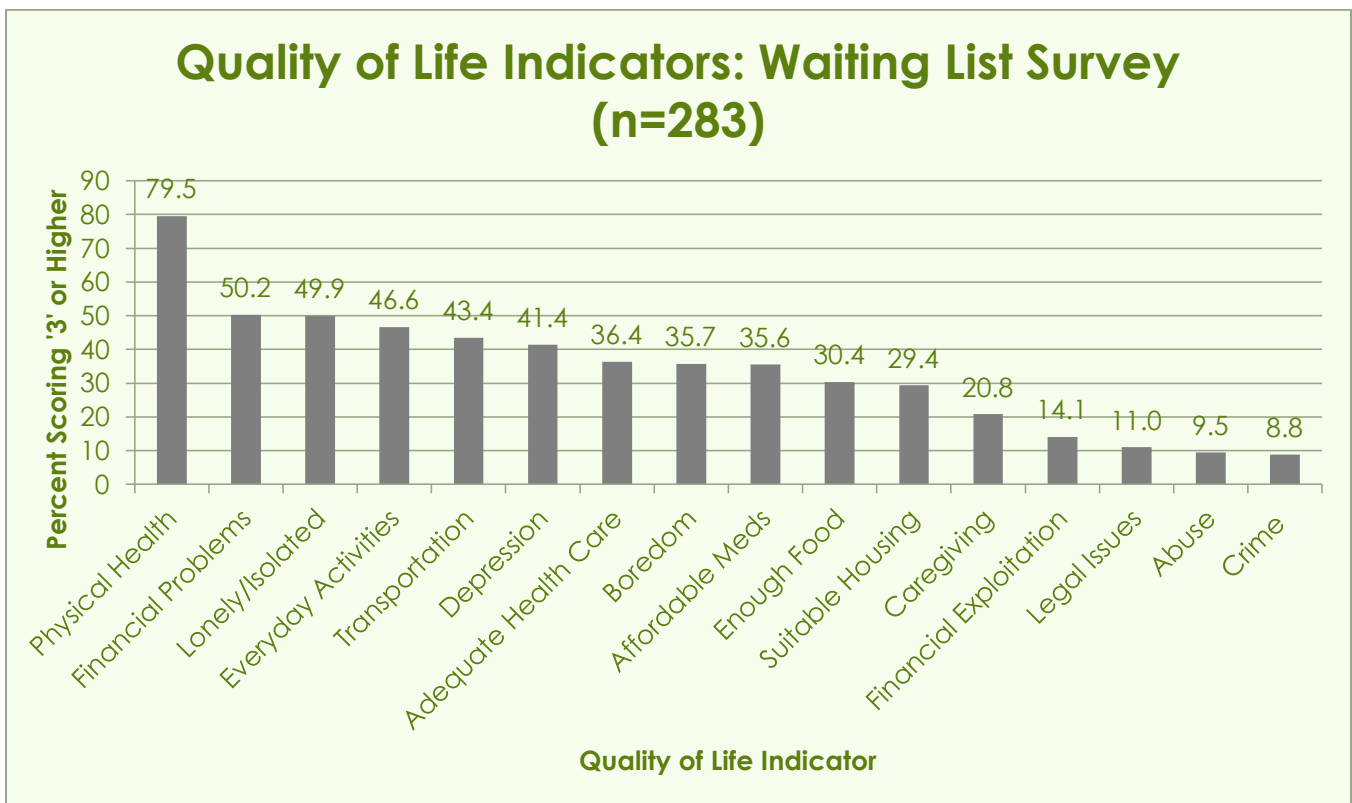
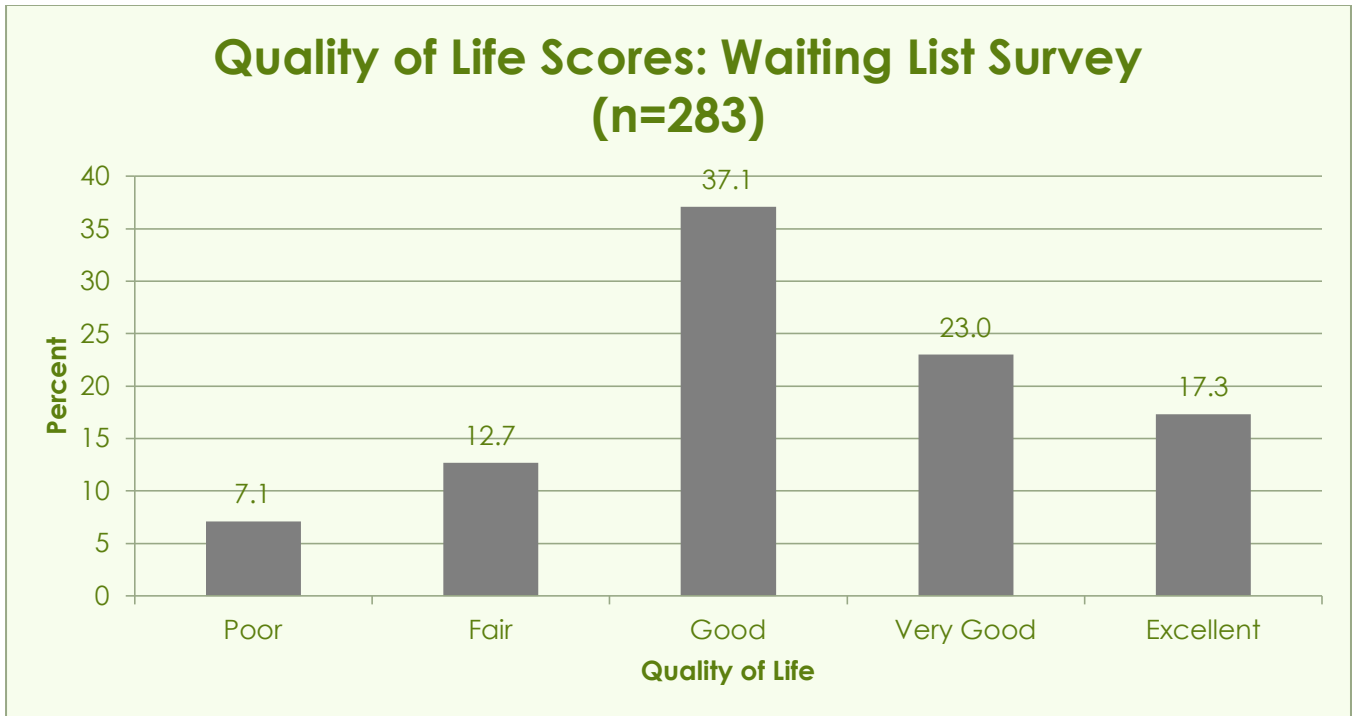
## Coping Mechanisms: Congregate Meals



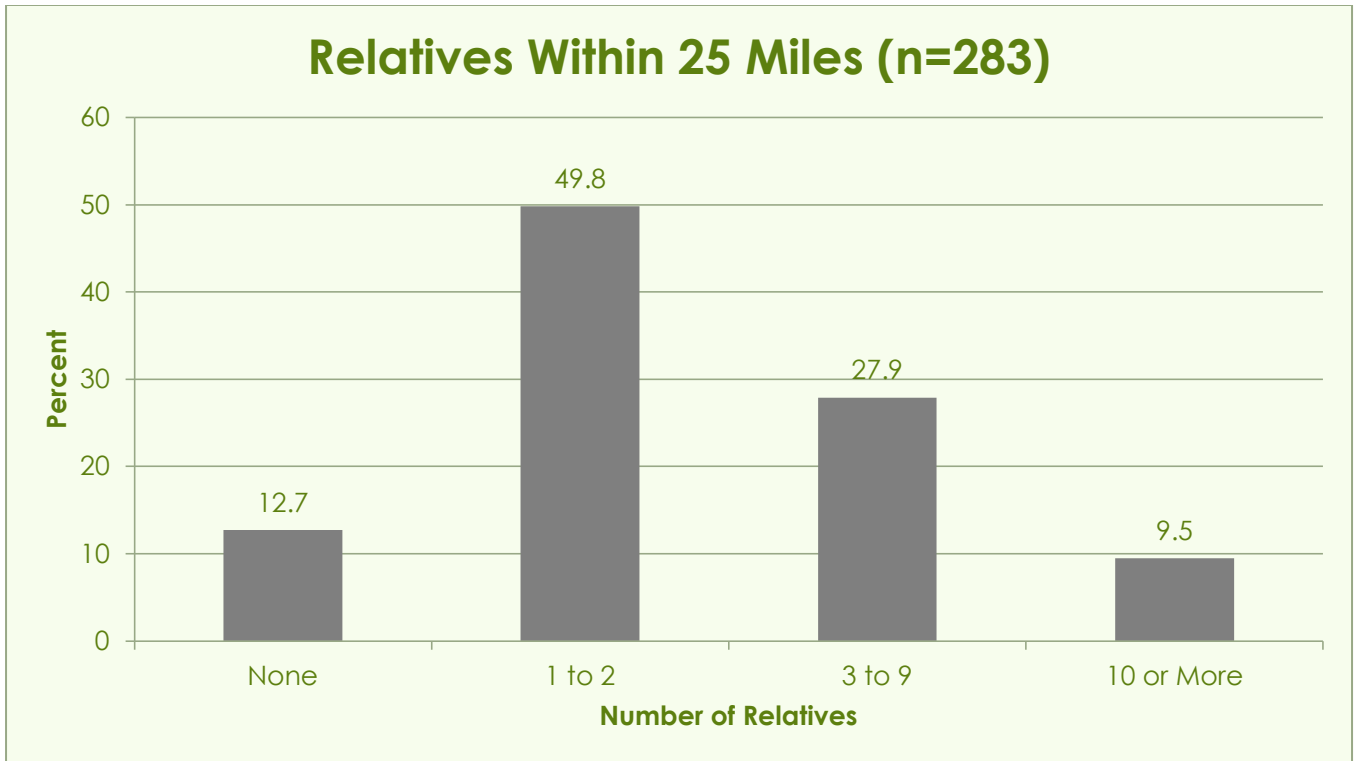
## Coping Mechanisms: Repair Services



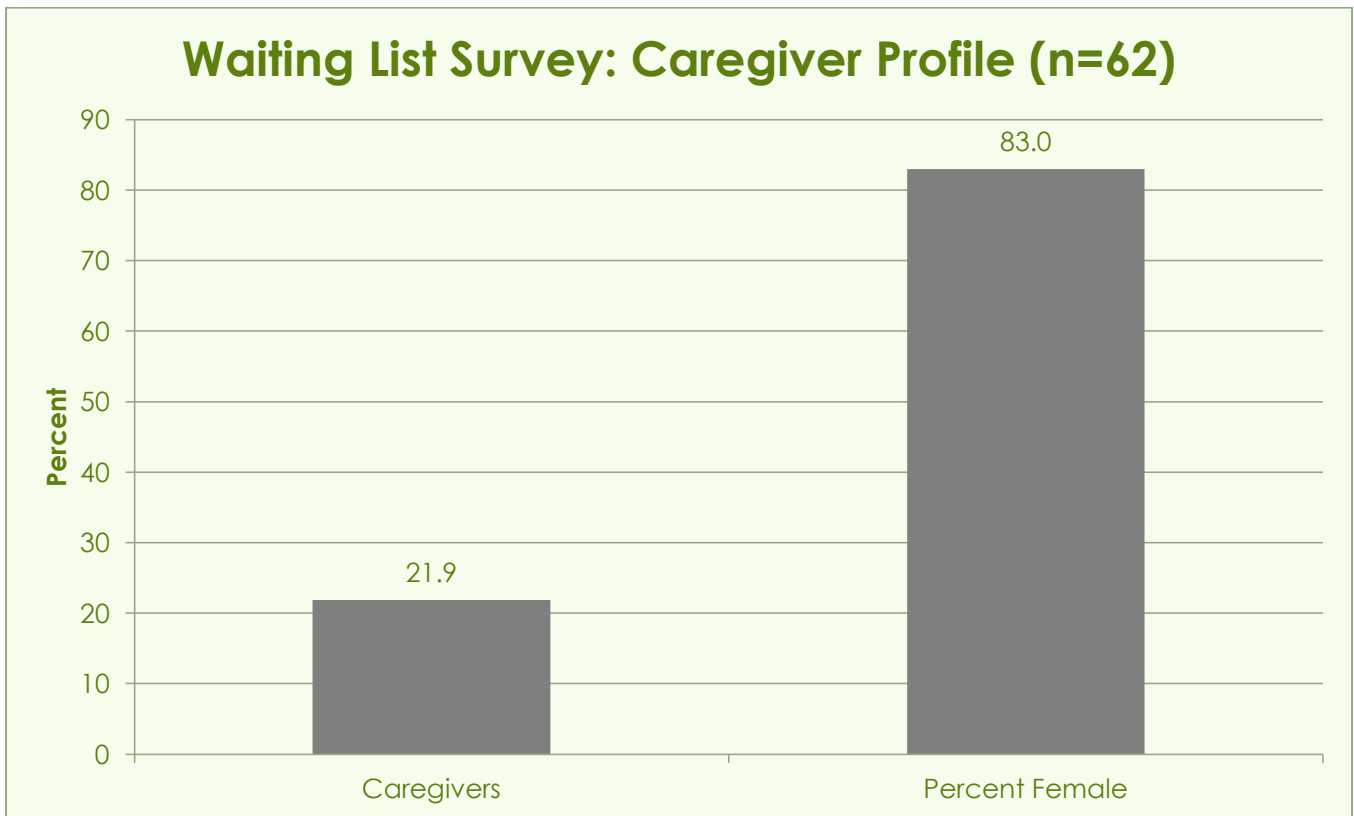
## II. QUALITY OF LIFE AND LIFESTYLE



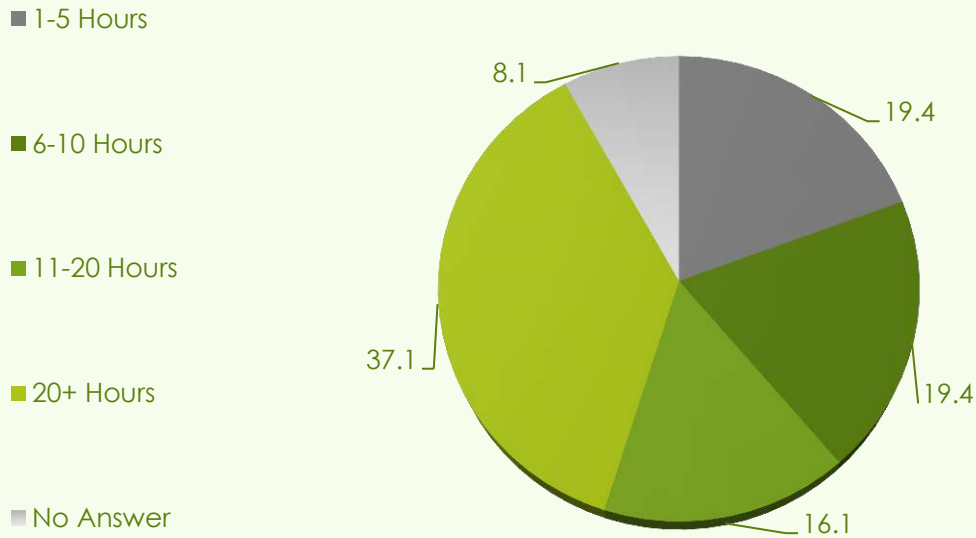
### III. FAMILY AND SOCIAL SUPPORT



### IV. CAREGIVING

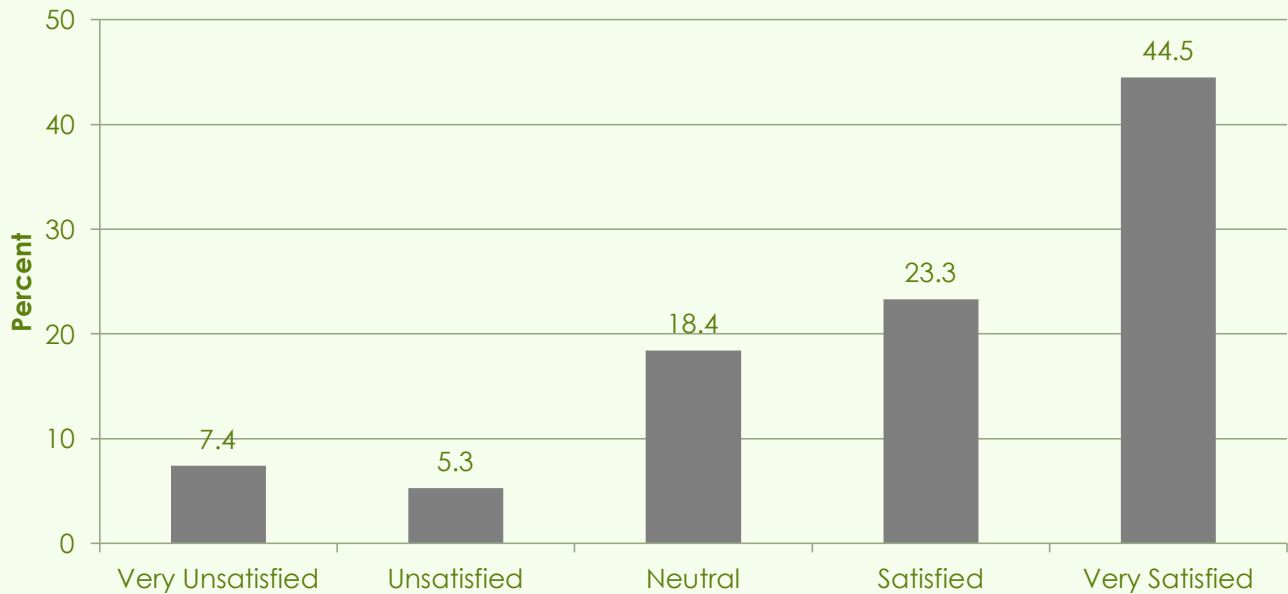


## Waiting List Survey: Hours per Week Spent Providing Care (n=62)

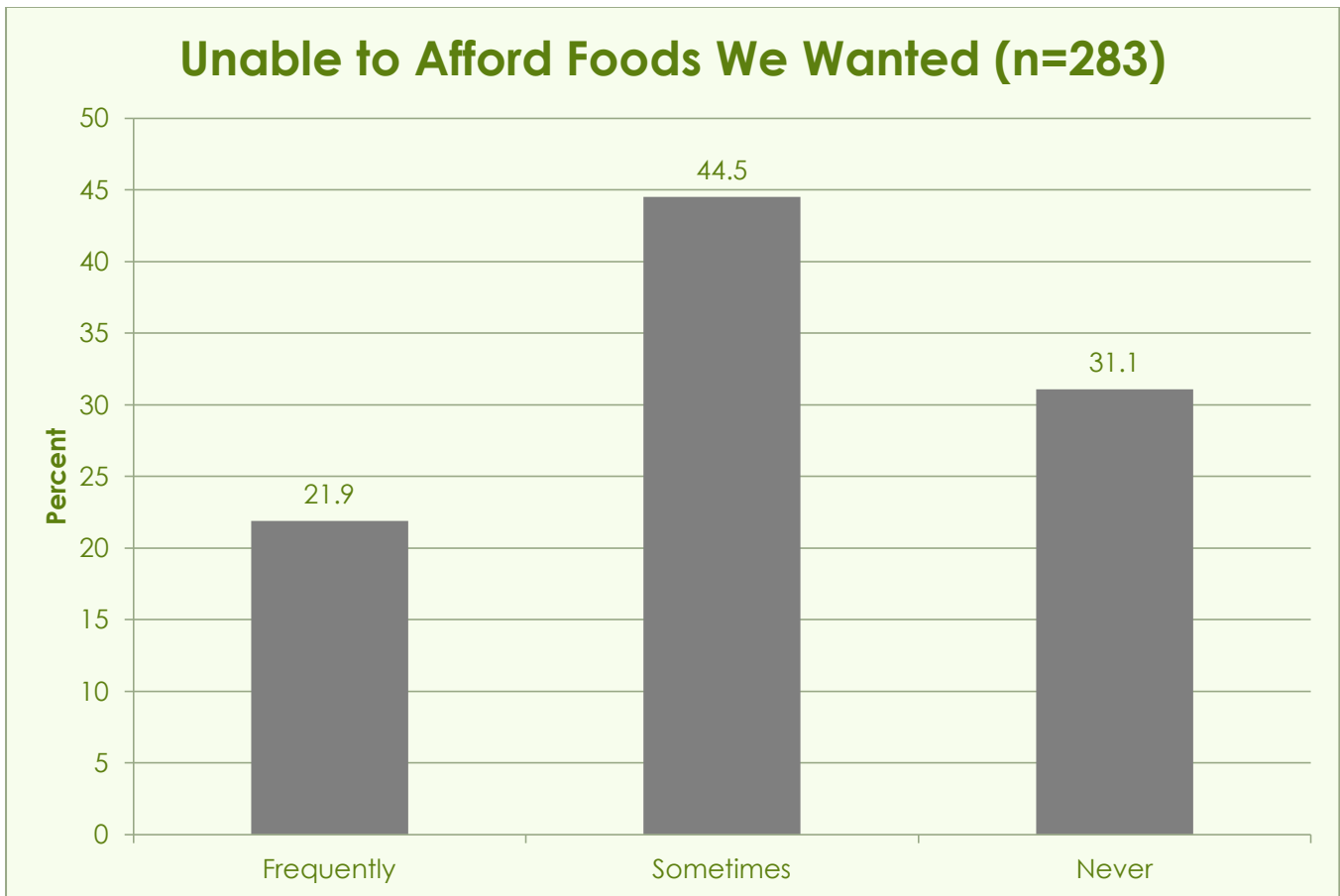
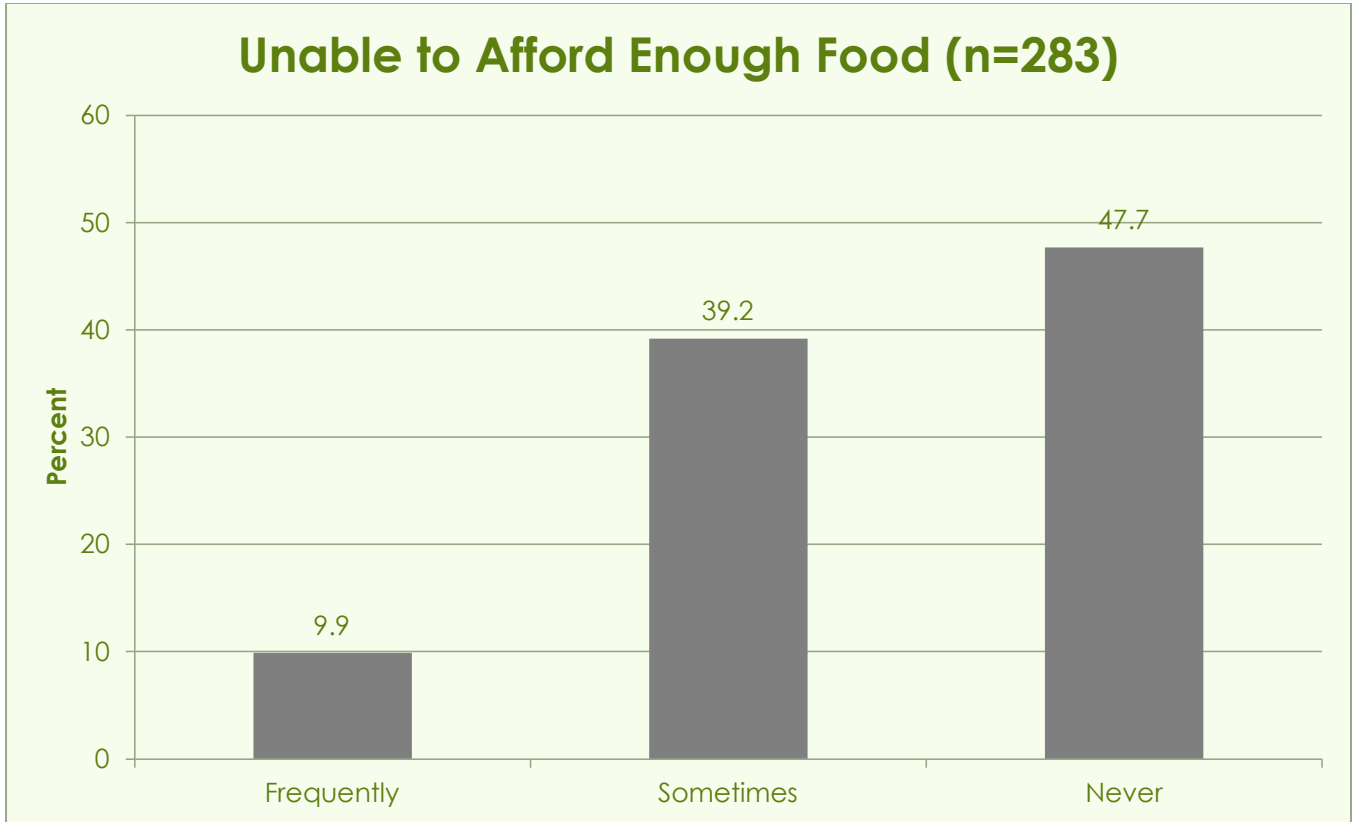


### V. LIVING ARRANGEMENTS

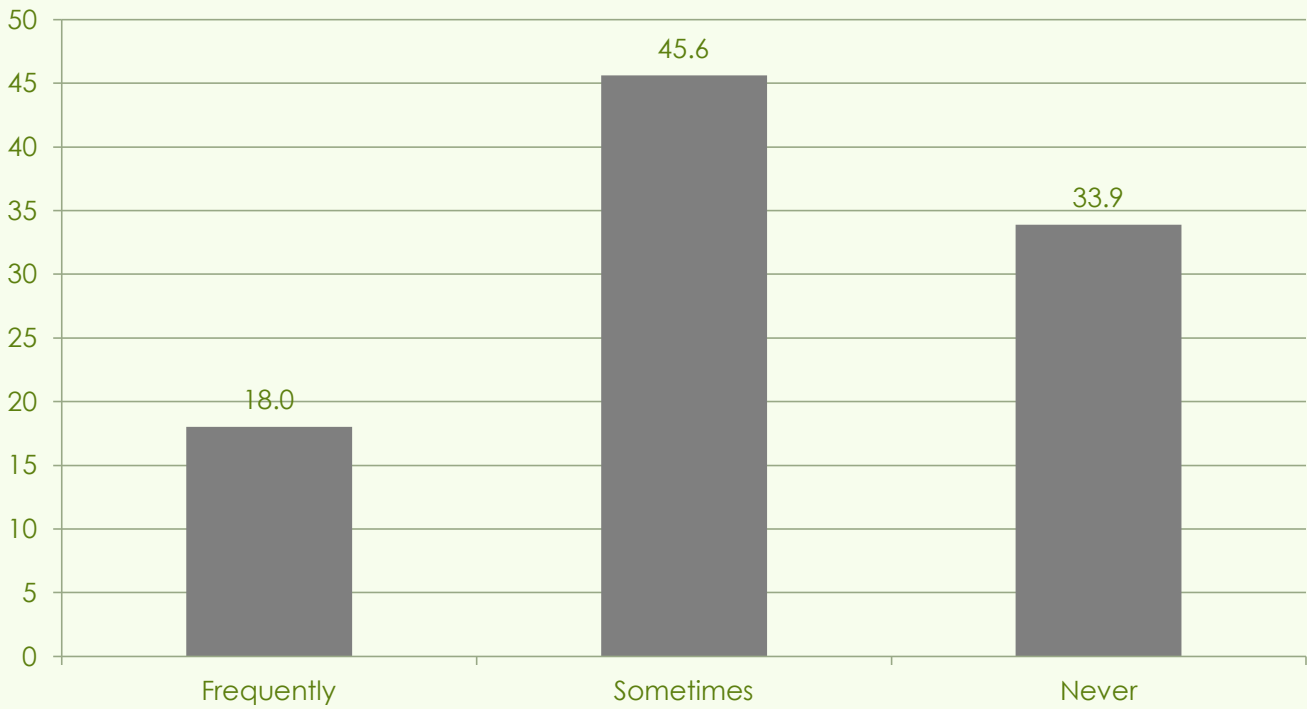
## Living Arrangement Satisfaction Scores (n=283)



VI. DIET AND FOOD SECURITY

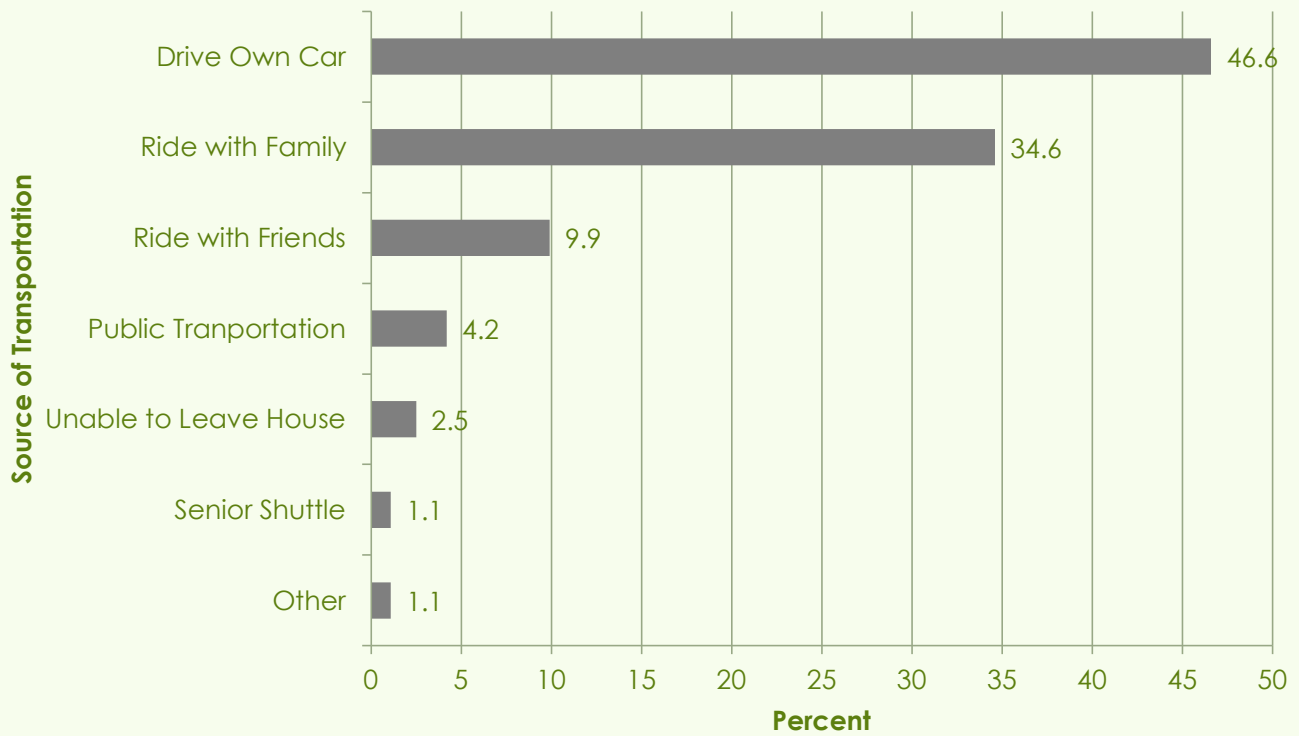


### Unable to Afford Healthier Meals (n=283)



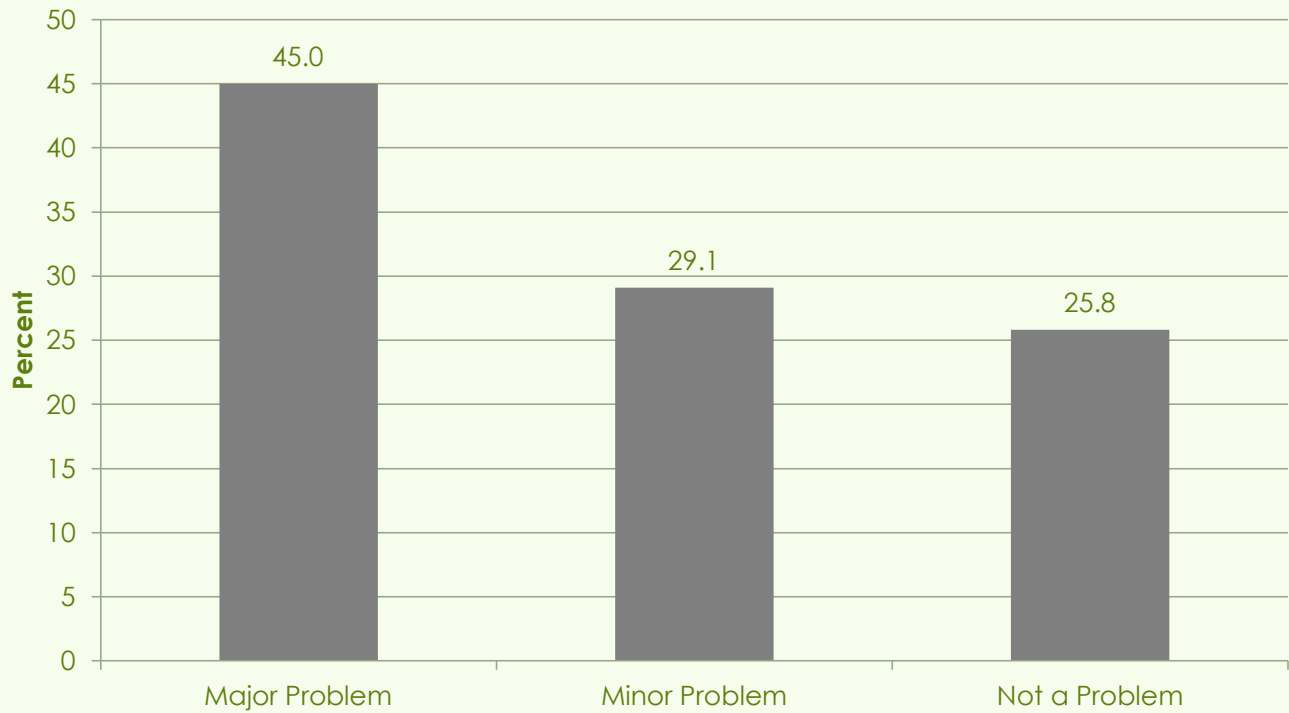
## VII. TRANSPORTATION

### Primary Source of Transportation (n=283)





### Severity of Transportation Problems (n=132)

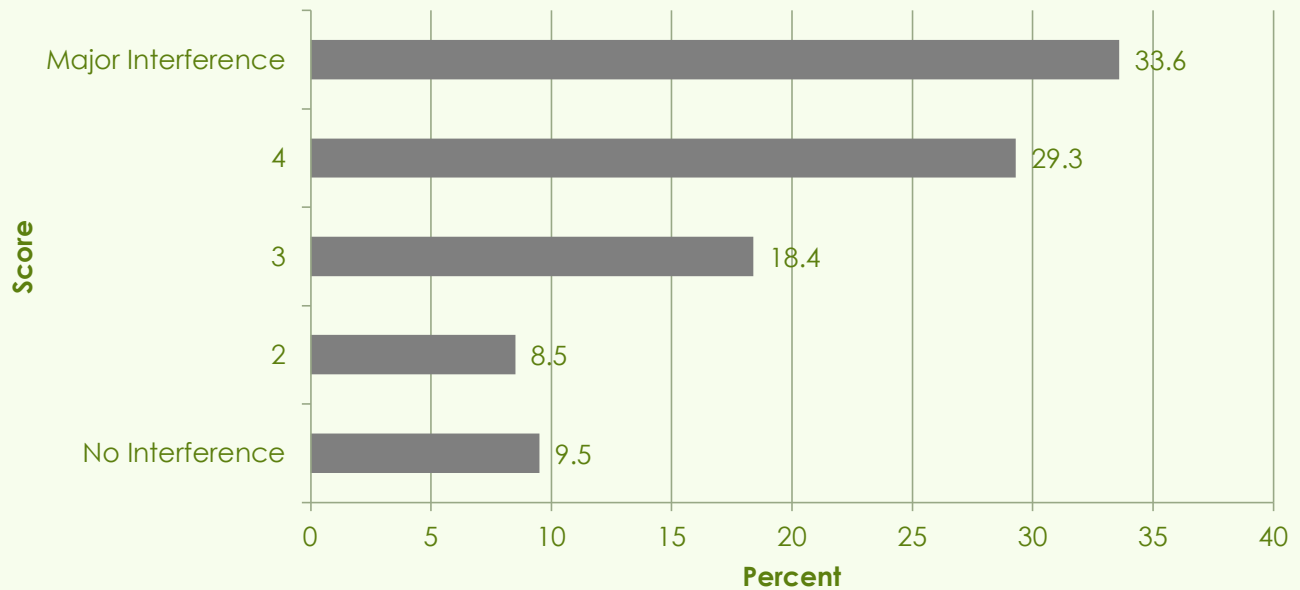


### VIII. HEALTH STATUS

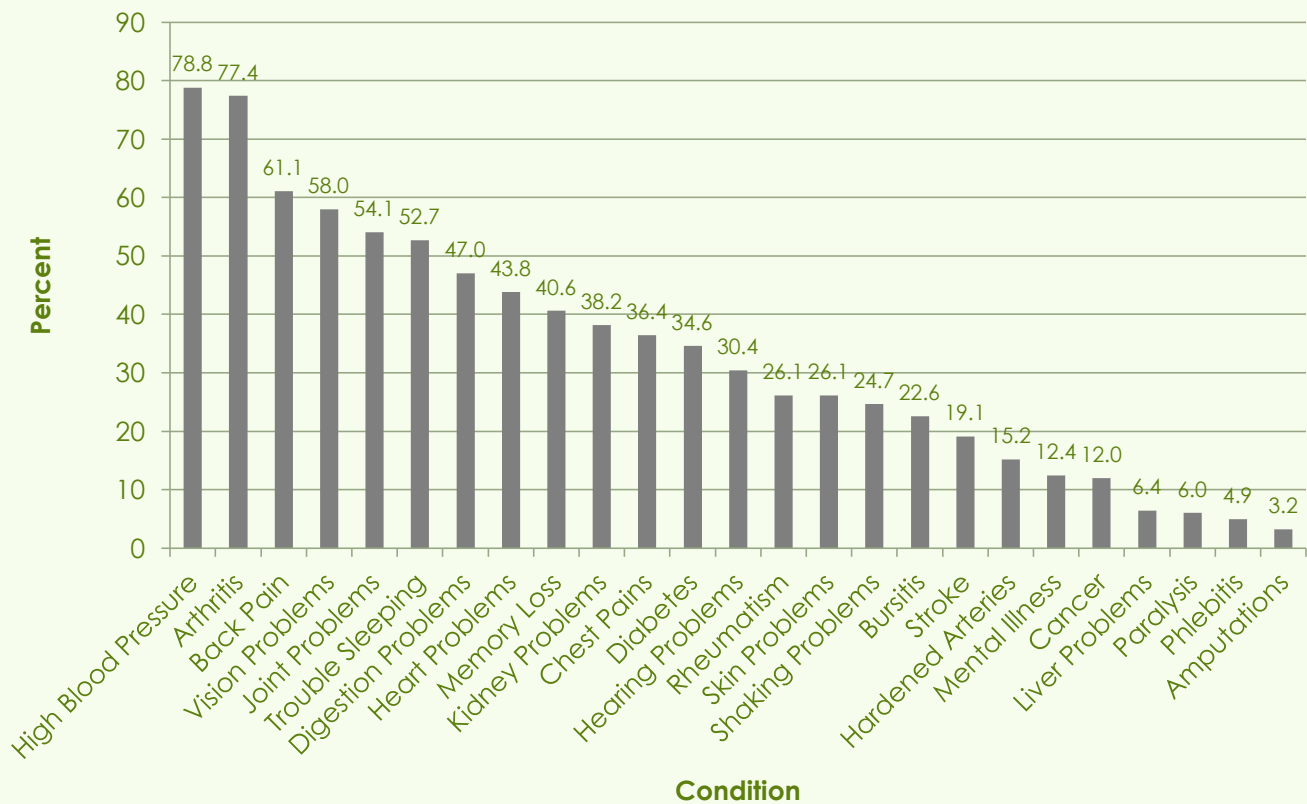
### Waiting List Survey: Self-Reported Health Scores (n=283)



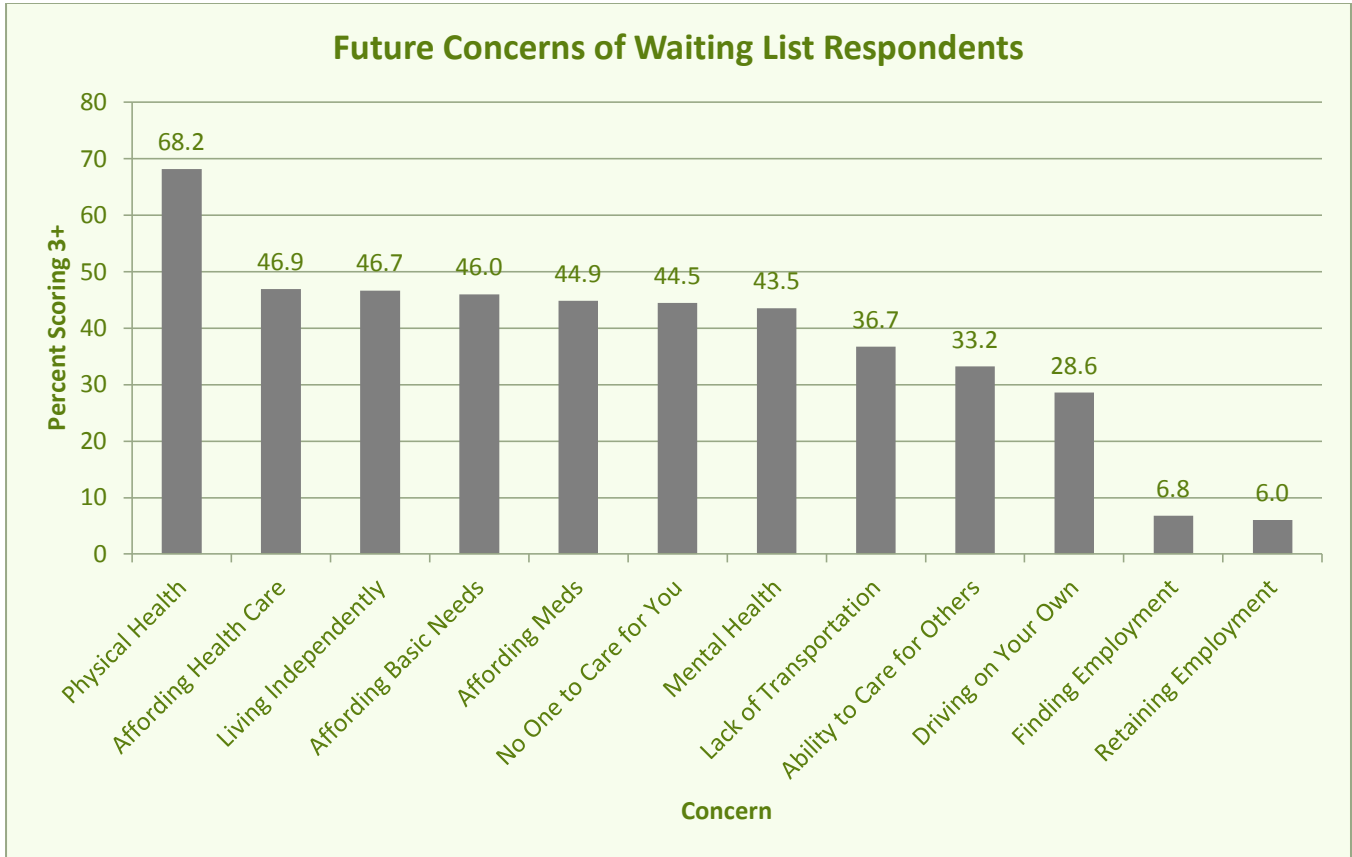
## Physical Health Interfering with Daily Activities (n=283)



## Waiting List Survey: Health Conditions



## IX. FUTURE CONCERNS



## XI. APPENDIX V:

# FOCUS GROUP DOCUMENTS

---

Thank you for participating in today's focus group session. This focus group is part of a research project being conducted by the National Strategic Planning & Analysis Research Center at Mississippi State University on behalf of the Mississippi Department of Human Services that is looking at service provider perspectives on aging services. Today's focus group session will be conducted with the use of computer assisted focus group technology. We will put questions on the screen and you will submit information via a web interface on your computer. This technology is specifically designed to allow you to anonymously interact with the other participants as you respond to the focus group questions. Everything you do within the system will be anonymous. With this technology, there is no way to track any of your answers or the frequency of responses. Please remember that your participation is voluntary and you can choose not to answer any or all questions at any time and without anybody else knowing. Are there any questions before we get started with a little practice session?

### **SERVICE DELIVERY METHOD**

What are your measures of success?

What are the strengths of DAAS in terms of service delivery?

What are the challenges faced in service delivery?

What steps need to be taken to improve the lives of the state's aging population?

If you could request anything from the Administration on Aging to improve the operations of your AAA, what would it be? Why?

If you could request anything from DAAS to improve the operations of your AAA, what would it be? Why?

How does your AAA utilize volunteers?

### **AAA NEEDS ASSESSMENT**

What strategies has your AAA developed to determine the needs of your clients?

Are there services that are not currently provided in your area that you feel your clients could benefit from?

Are there services that are currently provided in your area that you feel your clients are more suited to receive from other sources?

### **CAPACITY**

In your opinion, what specific challenges will be faced with the increase in the elderly population due to the aging of the baby boomer population? How will it affect the system and the state?

What steps need to be taken to increase preparedness?

Currently, does the system have the capacity to serve more clients?

Why do you think 70 percent of Mississippians aged 55 and older are unaware of their AAA?

### **ORGANIZATIONAL CHALLENGES**

From the list below, please rank what you consider to be the most in need of improvement. (Rank, Comment on Strengths/Weaknesses, Solutions for Improvement for top choices)

- 1) Recruiting and retaining quality staff
- 2) Meeting the cultural needs of a diverse population
- 3) DAAS's ability to increase access to services (income, transportation limitations, etc.)
- 4) Insufficient funding for your program/services
- 5) Regulatory barriers inhibit your ability to provide services
- 6) Communication among service providers

### **TRAINING**

Please describe your training (on and off the job) as it relates to caring for older adults.

Are there any areas of your job where you feel you are under prepared?

What training would be beneficial to your daily work?

What is the best way to provide training?

*As our population continues to age, it will also become more diverse.*

- How can providers become more sensitive to the wide variety of languages, cultures, and health practices among older adults?

What training opportunities are you aware of?

*Due to the increase in the number of aging Mississippians, potential clients themselves will need more training to continue to live independently.*

- What do clients need to learn to continue to live independently? *(For Example Self-management skills, financial, nutrition)*
- What is the best way to provide clients with training?

*Due to the increase in the number of aging Mississippians, caregivers of clients-informal providers of care and services like family, friends, other sources of support- will need more training. What training would they benefit from?*

- What do caregivers need to learn?
- What is the best way to provide caregivers with training?

## **NEW MODELS OF CARE**

*Other states have successfully used client-centered care teams.*

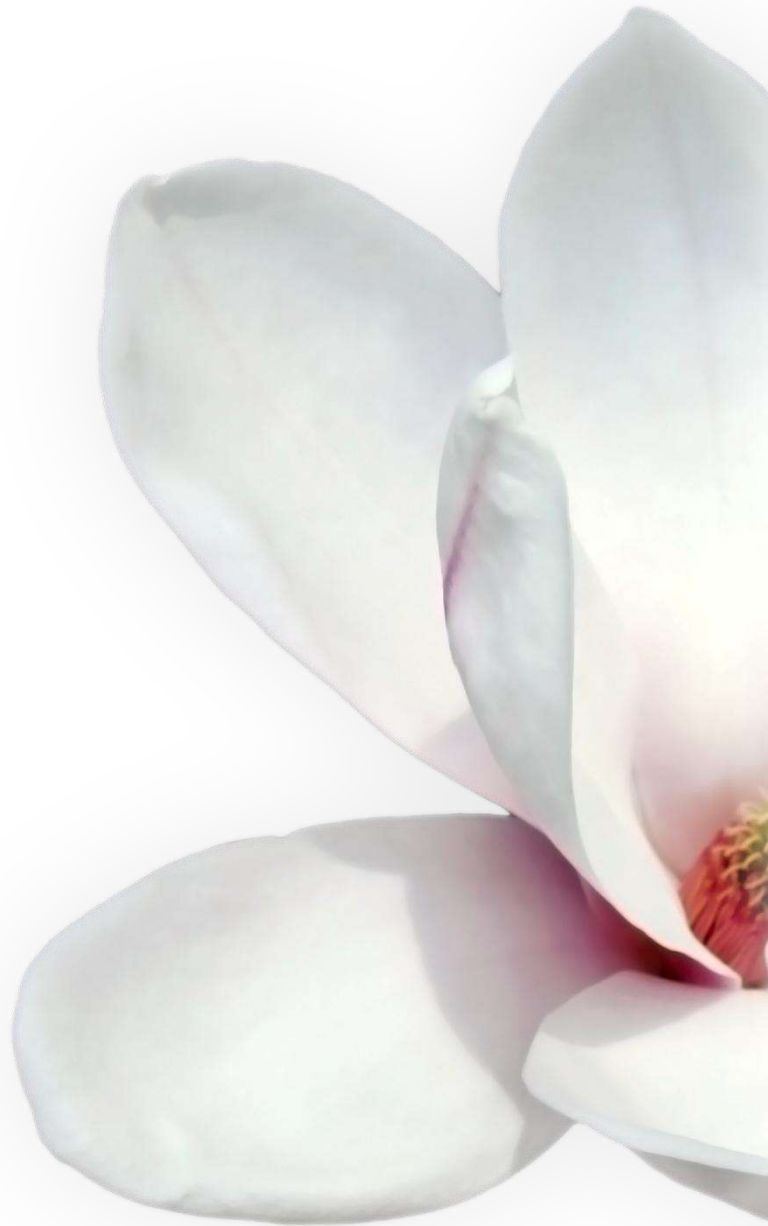
What would be the benefits of using client-centered care teams to improve service delivery in Mississippi?

- What do you see as possible challenges?

*Other states have successfully used technological advances to improve service delivery. For example, electronic health records and remote monitoring can improve communication among providers and patients.*

- What role does technology play in your typical work day?
- What technologies could be used to improve service delivery?

Would expanding the role of hospice provide a good solution to the high public cost of serving the aging population? Why?



NATIONAL STRATEGIC PLANNING & ANALYSIS RESEARCH CENTER



MISSISSIPPI STATE UNIVERSITY

Attachment N



# **STATE PLAN ON AGING FFY 2019-2022**

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

**Phil Bryant  
Governor of Mississippi**



## Contact Information

Mississippi Department of Human Services  
 Division of Aging and Adult Service  
 200 South Lamar Street  
 Jackson, MS 39201  
 601-359-4929

Adult Protective Services  
 24-Hour Hotline  
 844-437-6282

Mississippi Access to Care  
 State Health Insurance Assistance Program  
 844-822-4MAC (4622)

AAA	PHONE / WEBSITE	SERVING COUNTIES
CENTRAL MS AAA P.O. BOX 4935 JACKSON, MS 39296	601-981-1516 888-995-9925	Copiah, Hinds, Madison, Rankin, Simpson, Warren, Yazoo
EAST CENTRAL AAA P.O. BOX 499 NEWTON, MS 39345	601-683-2401 800-264-2007	Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith
GOLDEN TRIANGLE AAA P.O. BOX 828 STARKVILLE, MS 39760	662-324-4650 662-332-2636 888-324-9000	Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston
NORTH CENTRAL AAA 28 INDUSTRIAL PARK BLVD WINONA, MS 38967	662-283-2675 662-283-2771 888-427-0714	Attala, Carroll, Grenada, Holmes, Leflore, Montgomery, Yalobusha
NORTH DELTA AAA P.O. BOX 1488 BATESVILLE, MS 38601	662-561-4100 800-844-2433	Coahoma, Desoto, Panola, Quitman, Tallahatchie, Tate, Tunica
NORTHEAST MS AAA P.O. BOX 600 BONNEVILLE, MS 38829	662-728-7038 800-745-6961	Alcorn, Benton, Marshall, Prentiss, Tippah, Tishomingo
SOUTH DELTA AAA P.O. BOX 1776 GREENVILLE, MS 38702	662-378-3831 800-898-3055	Bolivar, Humphreys, Issaquena, Sharkey, Sunflower, Washington
SOUTHERN MS AAA 9229 HIGHWAY 49 GULFPORT, MS 39503	228-868-2326 800-444-8014	Covington, Forrest, George, Greene, Hancock, Harrison, Jackson, Jefferson Davis, Jones, Lamar, Marion, Pearl River, Perry, Stone, Wayne
MS AAA 100 SOUTH WALL STREET NATCHEZ, MS 39120	601-446-6044 800-338-2049	Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, Wilkinson
THREE RIVERS AAA P.O. BOX 690 PONTOTOC, MS 38663	662-489-2415 662-489-6911 877-489-6911	Calhoun, Chickasaw, Itawamba, Lafayette, Lee, Monroe, Pontotoc, Union

### **DAAS Mission**

*Assist aging and vulnerable adults, their families, and caregivers in achieving healthy, safe, and independent lifestyles, through advocacy, protection, education, and stewardship of public resources.*

### **DAAS Vision**

*Advancing the safe, healthy, and independent lifestyle of vulnerable and aging Mississippians.*

### **DAAS Goals**

Facilitate the provision of social supports, services, and education to promote self-reliance in Mississippi's aging community and provide support to their family and caregivers.

⋮

Advocate for the rights of aging and vulnerable Mississippians in accordance with the Mississippi Vulnerable Persons Act to help decrease incidences of abuse, neglect, and exploitation.

⋮

Empower more Mississippians to live with dignity by promoting resident rights, advocating for those who cannot help themselves, and educating families and communities of those rights.

⋮

Provide advanced leadership to promote program effectiveness and financial management.

### Verification of Intent

The State Plan on Aging is hereby submitted for the State of Mississippi for the period October 1, 2018, through September 30, 2022. This Plan includes all assurances and policy to be conducted by the Mississippi Department of Human Services, Division of Aging and Adult Services, under the provisions of the Older Americans Act of 1965, as amended, during the period identified. The Division of Aging and Adult Services has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all state activities related to the purpose of the Act, i.e., to serve as an effective and visible advocate for the elderly by reviewing and commenting upon all State Plans, budgets, and policies which affect the elderly, to provide technical assistance to any agency, organization, association, or individual representing the needs of the elderly, and to develop comprehensive and coordinated systems for the delivery of supportive services.

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

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

9/20/2018  
Date

DocuSigned by:  
*Mark Williamson*  
1A03915EBA03461...  
Mark Williamson, Interim Director, State Unit on Aging  
Division of Aging and Adult Services  
Mississippi Department of Human Services

9/20/2018  
Date

DocuSigned by:  
*Jacob Black*  
6FCAB0F64E18497...  
Jacob Black, Deputy Executive Director of Programs  
Mississippi Department of Human Services

9/20/2018  
Date

DocuSigned by:  
*John Davis*  
69BA29F6A4074D1...  
John Davis, Executive Director  
Mississippi Department of Human Services

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## Executive Summary

The Mississippi Department of Human Services is dedicated to serving others while providing a wide range of public assistance programs, social services and support for children, low-income individuals, and families. The agency supports the state legislature's vision of a lean and effective Mississippi State Government that empowers its people to live healthy, productive lives through the provision of quality, appropriate services and strategic investment in the state's human capital.

The Mississippi Department of Human Services, Division of Aging and Adult Services is the Mississippi State Unit on Aging designated by the office of the governor to receive and administer federal funds allocated through the Older Americans Act of 1965, as amended 2016 (OAA). The OAA is administered through the Administration for Community Living under the direction of the Assistant Secretary for Aging.

DAAS core programs, authorized under the OAA, alongside other programs administered by the division and its parent agency, help provide Mississippi's aging and vulnerable adult community with the services and supports necessary to remain in their homes and communities for as long as possible. The programs empower individuals, families, and caregivers to live healthy, independent lifestyles while educating citizen stakeholders on their rights and available options when living either independently or in a long-term care facility.

DAAS and its provider partners are dedicated to providing services and supports to all older adults while paying special attention to those individuals and their caregivers who express the greatest social and economic needs. These needs are defined in Section 305(a)(2)(E) of the OAA as being "low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas."

Ten Area Agencies on Aging (AAAs) have been designated for the purpose of carrying out the responsibilities of federally funded aging programs. The AAAs are geographically located within the ten state-designated planning and development districts and act as regional planning and services agencies for the state's OAA funding. These local agencies are responsible for establishing contracts with local providers, ensuring adherence to OAA service standards, and communicating with the state unit on aging the needs of the local aging populations. Funds are allocated through an Intrastate Funding Formula (IFF) developed and agreed upon by the AAAs, DAAS, and MDHS, and approved by ACL.

Each year, DAAS participates in a series of public hearings hosted with the ten AAAs to discuss the future directions of the division, the respective area agency, and the programs provided within. Invitation to these hearings are publicly advertised by region. Comments regarding area and state plans are solicited by attendees and are taken into consideration when developing future strategies.

The Mississippi Department of Human Services designed a multi-generational approach to combating the issues of poverty and associated barriers within the state. The approach, known **gen+**, identifies four key components: education, economic supports through workforce development, health and well-being, and social capital. MDHS recognizes the important role older individuals play in supporting the growth and development of younger generations as grandparents, neighbors, and staples of the community. DAAS is committed to this inner-agency initiative and seeks to foster creative, innovative, and lasting solutions to serving the aging community.

DAAS believes that participation in the **gen+** approach will provide the division and its partners with additional resources to aid in identifying individuals with a need for aging services. Statewide recognition of this approach has the potential to generate partnership opportunities for the division and help provide a greater listing of resources for aging citizens. The division is proactively working with key leaders in the **gen+** initiative to develop sustainable integration of the approach into the administrative function of DAAS programs.

This state plan was compiled with the input of DAAS staff and community and service provider stakeholders. The goals, objectives, and strategic directions of this plan have been thoughtfully constructed as guidance for advancing Mississippi's efforts to see individuals living healthy, independent lifestyles.

**DAAS's Mission**

*Assist aging and vulnerable adults, their families, and caregivers in achieving healthy, safe, and independent lifestyles, through advocacy, protection, education, and stewardship of public resources.*

**DAAS's Vision**

*Advancing the safe, healthy, and independent lifestyle of vulnerable and aging Mississippians.*

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Facilitate the provision of social supports, services, and education to promote self-reliance in Mississippi's aging community and provide support to their family and caregivers.

⋮

Advocate for the rights of aging and vulnerable Mississippians in accordance with the Mississippi Vulnerable Persons Act to help decrease incidences of abuse, neglect, and exploitation.

⋮

Empower more Mississippians to live with dignity by promoting resident rights, advocating for those who cannot help themselves, and educating families and communities of those rights.

⋮

Provide advanced leadership to promote program effectiveness and financial management.

## **Statewide Needs Assessment**

Mississippi, and the country as a whole, is aging. This continues to bring challenges for those who serve the older population. The needs of older adults are often interrelated, so it is important to understand who makes up the aging population and how a state's aging population compares to the nation as a whole.

According to U.S. census estimates<sup>1</sup> more than 15% of individuals in Mississippi are over the age of 65. It also estimates that more than 13% of those seniors are living below the federal poverty line. Just over 50% of residents in the state of Mississippi live in rurally classified areas. Specifically, the Mississippi Delta geographic region is among the nation's poorest and most underserved regions. There are 47 counties federally designated as being part of the Mississippi Delta region, with 43 of these counties having been deemed "distressed." Many of these counties experience poverty rates exceeding 30%.<sup>2</sup>

Currently, programs are offered to the aging community that include home delivered meals, congregate meal sites, Medicare counseling and Medicare Open Enrollment Assistance, respite care, aging and disability resources, transportation, homemaker services, information and referral services, Adult Day Care and Senior Center services, Ombudsman services, and Adult Protective Services. Successful application of these programs allow aging citizens to live a more independent and healthy lifestyle.

The OAA authorizes a system of support services to be overseen and administered by designated State Units on Aging (SUAs). Local provision of these services are managed by the state's ten AAAs. Current waiting list information for older citizens waiting for services is maintained by AAAs. These lists provide a time-sensitive snapshot of the number of older individuals and caregivers requesting services who have not yet been served. At the close of the 2017 calendar year, DAAS requested waiting list data from each area agency. This data was aggregated to depict a picture of state-wide needs among the aging population. Reported waiting lists were for programs financially supported through OAA funding. This data indicates the following:

- The most significant obstacle Mississippi's SUA and its provider agencies face is food insecurity among seniors. Retrieved data shows that there is a growing unmet need of home delivered meals across the state;
- According to state-wide data, seniors across Mississippi express a need for expanded homemaker services;
- Currently, there is a continued need among caregivers for temporary respite services.

To meet the growing range of needs which senior citizens in Mississippi face, the division must foster its provider agencies abilities to maintain current outputs of service while identifying creative, lasting solutions to expanding program offerings. With the projected growth of the aging population, nation-wide, DAAS continues to seek innovative solutions to those needs.

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<sup>1</sup> <https://www.census.gov/quickfacts/fact/table/MS/PST045216>

<sup>2</sup> <http://dra.gov/funding-programs/states-economic-development-assistance-program/distressed-counties-and-parishes/>

## **INPUT FOR STATE PLAN**

DAAS solicits input for the development of the state plan through a coordination of efforts with the Area Agencies on Aging across the state. DAAS partners with each AAA to host a regional public hearing to discuss the goals and objectives of the Mississippi State Plan and the AAA Area Plan. Public hearings at each AAA are broadly publicized through various media outlets and invite all individuals within the service areas to participate and comment on future plans. The SUA conducts a secondary hearing meeting with stakeholders in which the intrastate funding formula and the initial draft of the state plan, addressing public hearing concerns, are presented for comments.

Attendees at each public hearing were asked to complete short-response surveys detailing concerns and opinions regarding OAA Title III and Title VII programs. Survey responses and records of attendance are maintained in individual AAA Area Plans. DAAS performed an aggregation of responses to identify the most common concerns issued by community stakeholders.

The overall consensus among public hearing attendees during the FFY 2017 state planning public hearings indicated high rates of satisfaction among current program participants. Attendees expressed a continuing need for the programs offered through OAA and other discretionary funding.

Major areas of concern indicated throughout the public hearing tour were waiting lists for the various Home and Community Based Services programs, a need for program expansion in areas of evidence-based programs and respite care, outreach to rural areas, and reduction of funding for insurance counseling to seniors. In the East Central Planning and Development District Area Agency on Aging, one attendee requested more attention and relationship with the Mississippi Band of Choctaw Indians. The lack of transportation services in many areas of the state was a common concern for seniors, as well.

In response to concerns brought forth at public hearings held in FFY 2017, DAAS developed four main goals designed to foster innovative solutions to community needs. Throughout the administrative implementation of the FFY 2018-2022 State Plan, the Division seeks to broaden its network of support and partnerships with faith-based and service organizations willing and able to provide additional resources to the aging and vulnerable adult population.

The division endeavors to expand its use of volunteer services to conduct outreach, assist with implementing evidence-based programs, and provide un-skilled services to the community. It will also seek out additional resources for referral where DAAS and its partners are unable to meet immediate needs of individuals and caregivers. These efforts will be aimed at minimizing wait time for services, adding additional opportunities for education, and encouraging community involvement in meeting the needs of the aging and vulnerable adult population.

In response to the potential reduction of funding for the State Health Insurance Assistance Program, DAAS encouraged attendees to vocalize support of the program to their district



legislators. DAAS actively seeks sustainable avenues to support the effort of un-biased Medicare Counseling services offered to seniors in Mississippi.

The State Unit on Aging presented the initial draft of the Mississippi state plan to stakeholders on November 28, 2017. At this time, those present were asked to give comments and feedback regarding the goals and objectives set forth by DAAS. Overall, feedback was positive. There was discussion surrounding a change in strategy for generating program income. There was no definitive conclusion and changes were not made to current strategies. Overall goals and objectives received comments regarding implementation; stakeholders approved goals and objectives for the current Mississippi State Plan.

**FFY 2017 PUBLIC HEARING SCHEDULE**

<b>DATE</b>	<b>AGENCY</b>	<b>TIME</b>	<b>WHERE</b>
July 13, 2017	Southwest MS AAA	11:30	SWPDD Senior Center, Liberty, MS
June 9, 2017	North Central AAA	10:00	Montgomery County Courthouse Winona, MS
August 29, 2017	North Delta AAA	1:00	Conference Room NDPDD Batesville, MS
July 12, 2017	South Delta AAA	9:00	Greenville Senior Center 142 N. Shelby Street Greenville, MS
June 28, 2017	Three Rivers AAA	10:00	Lee County Multi-Purpose Bldg. 5338 Cliff Gookin Blvd Tupelo, MS
July 18, 2017	Central MS AAA	10:00	MS Sports Museum, Lakeland Dr., Jackson, MS
July 27, 2017	Golden Triangle	2:00	GTPDD Board room 106 Miley Drive Starkville, MS
July 20, 2017	Northeast MS AAA	10:00	NEPDD Bd. Rm. 619 E. Parker Booneville, MS
July 20, 2017	East Central AAA	10:00	ECPDD Boardroom 280 Commercial Drive Newton, MS
July 19, 2017	Southern MS AAA	10:00	Lynn Cartilage Multi-Purpose Center Hattiesburg, MS

## **Division of Aging and Adult Services**

The Mississippi Department of Human Services, Division of Aging and Adult Services (MDHS DAAS) is the state entity designated by the Office of the Governor to receive and administer federal funds appropriated as a result of the Older Americans Act of 1965, as amended 2016 (OAA).<sup>3</sup> DAAS administers funds to a statewide network of Area Agencies on Aging (AAAs), works with local service organizations, the private sector, and other state agencies to improve the lives of Mississippi's aging and vulnerable adults.

In accordance with OAA guidelines, DAAS carries out a wide range of functions related to the planning, developing, and implementation of programs, policy, and advocacy efforts across Mississippi. The division takes seriously its responsibility to federal guidelines and local stakeholders. DAAS and its provider partners are dedicated to providing services and supports to all older adults while paying special attention to those individuals and their caregivers who express the greatest social and economic needs.<sup>4</sup>

The basic responsibilities of DAAS include:

### **1. Develop and administer the State Plan**

The State Plan is a four year statewide plan submitted to the Assistant Secretary on Aging which develops a detailed outline of the state's planned efforts to meet requirements for receiving federal funds appropriated through the OAA. The State Plan is based on information gathered from consultations between DAAS, community stakeholders, and regional area plans submitted by AAAs to DAAS for approval. By leveraging the relationship with the AAAs and citizens of their planning service districts, DAAS assesses the needs of older persons, establishes statewide priorities, examines procedures for implementing the Plan, and assures consistency among the State and AAA objectives. The State Plan provides for proper and efficient methods of administering aging programs.

### **2. Conduct public hearings on the State Plan**

DAAS partners with AAAs to host public hearings on the proposed State and Areas Plans. Public hearings afford opportunities for comment to older persons, area agencies on aging, service recipients, the general public, officials of general purpose local government, and other interested parties. This process guarantees all interested parties an opportunity to communicate their views verbally or through written correspondence regarding the State Plan, and on matters of general policy arising in the development and administration of the State Plan, and its effect on service delivery at the community level. Public hearings are planned and conducted jointly with the ten AAA's annually. Hearings subject matter

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<sup>3</sup> OAA Section 305(a)(1)

<sup>4</sup> OAA Section 305(a)(2)(E) defines greatest social and economic needs as "low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas."

includes Title III services and VII programs for Elder Rights Protection as well as other programs funded through the AAAs. DAAS is committed to identifying innovative avenues for soliciting public comment regarding the direction of state and local aging programs.

### **3. Serve as an advocate for older persons in the Mississippi**

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

### **4. Divide the State into Planning and Service Areas**

Mississippi is divided into ten Planning and Service Areas (PSAs). These PSAs correspond, geographically, with the state's ten economic development districts, known as Planning and Development Districts (PDDs). These service areas are defined in accordance with OAA requirements.<sup>5</sup>

### **5. Designate and fund AAAs within PSAs**

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

### **6. Coordinate strategic planning for systems and activities related to the OAA**

DAAS develops strategic plans and policy to guide and direct AAAs, improve upon existing relationships and establish new linkages among federal, state, area, and community agencies and organizations to enhance the coordination of service delivery. Innovative solutions to service models are coordinated with service providers to maintain an evolving and effective approach to meeting community needs.

#### **Additional responsibilities of DAAS include:**

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<sup>5</sup> OAA Section 305(e)

Training - DAAS is responsible for identifying and prioritizing training needs of the State's Aging Network. DAAS plans and provides the necessary training directly or supports the training efforts of AAAs.

Resource Coordination - DAAS coordinates resources which can be directed toward services for older persons at the state and local levels. Resource coordination is often achieved through inter-agency agreements with other state departments and agencies.

Monitoring and Evaluation - DAAS' function for oversight of monitoring and evaluating AAAs to ensure program and fiscal accountability and adequate progress in implementing the actions set forth in the Area Plan is fulfilled through a working partnership with the Division of Program Integrity Bureau of Audit and Evaluation, Mississippi Department of Human Services.

Intrastate Funding Formula – In consultation with the AAAs, using the best available data, the DAAS developed an intrastate funding formula with a descriptive statement of its assumptions and goals. The formula includes a numerical statement of funding based on the economic, ethnic, and geographical data of the age 60 and older population by AAA. Economic need, social need, and geographic isolation, and the effect on the minority individuals, are considered. The formula is weighted 30% age sixty plus, 25% age sixty plus below poverty level, 30% sixty plus minority below poverty level, and 15% sixty plus rural. The most recent IFF agreed upon takes in to account the most recent population estimate data and follows a previously determined formula for weights. The IFF ensures adequate funding to providers for carrying out the services and supports outlined in the OAA. The IFF is attached as a part of the state plan.

Leadership - As the leader and focal point of the aging network, DAAS assumes a strong role in guiding and directing each of the entities which operate therein. In this way, DAAS can impact other programs which have a direct or indirect relationship with aging programs and enhance the coordination and pooling of resources. DAAS' strong leadership is necessary to promote an optimal service delivery system for older persons throughout the state.

## **Area Agencies on Aging**

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

AAAs are required to have a full-time director and adequate staff to carry out its purposes; however, staffing patterns vary because of different funding sources available to individual AAAs including federal, state, county, city, or private sources. The OAA allows the State to use up to 10% of Title III funds remaining after deducting funds for State Admin for Area Plan administrative costs. The entire remaining Title III allotment may be used to determine the amount available for Area Plan administrative costs, but AAA administrative costs may not be taken from the Title III-D award.

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

## **Area Plans**

AAAs receive funds from DAAS through submission and approval of a four year area plan. Area plans undergo annual updates or amendments, which identify and prioritize the needs of older persons and specify services provided to meet those needs. The area plans describe the development of a comprehensive coordinated service delivery system in the AAA. Based upon the local assessment of need, the annually updated area plans specify details of the amount of funds budgeted for each priority service during the fiscal year. Preference in service provision is directed to the elderly with the greatest economic or social need. Activities, objectives, and programs for implementation of Title III and Title VII are defined in the area plans.

The Area Plan has the following objectives:

Serve as a planning document that describes priority needs to set forth objectives and action steps to be undertaken by the AAA on behalf of older persons in the PSA;

Formulate a formal commitment to DAAS through setting objectives to be undertaken by the AAA;

Formalize a commitment to DAAS by describing the manner in which the AAA plans to utilize OAA funds under the various parts in accordance with their purpose and carry out its administrative functions; and

Formalize a commitment to DAAS to fulfill the AAAs role as planner and advocate on behalf of seniors.

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

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

The Plan assures that the AAA spends an adequate portion of its OAA Title III-B social services allotment to provide access, in-home, and legal services, unless it documents to DAAS that services from other sources meet the needs of older persons in the PSA for that category of service. The area plan includes assurances relative to affirmative action plans, compliance with Civil Rights Act requirements, compliance with the Section 504 of the Rehabilitation Act of 1973, as amended, debarment policy, drug-free workplace policy, and other requirements. In addition, all services provided by the AAA or local service providers meet existing state and local licensing, health regulations, and safety requirements for the provision of service.

The area plan contains objectives for appropriate procedures for data collection and the compilation and transmittal of data to DAAS, including the National Aging Program Information System (NAPIS) and the National Ombudsman Reporting System (NORS) requirements.

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

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

Formal sub grants are made to the AAAs to carry out the plan narrative. The sub grant budget must include proposed expenditures for administration, planning, program development, and

service provision under the plan.

### **Advisory Councils**

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

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

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

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

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

### **Aging Service Providers**

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

Local service providers have direct "one-on-one" contact with older Mississippians. Service providers translate dollars into tangible services for the elderly. Service providers are technically defined in federal regulations as an entity that is awarded a contract from an AAA to provide services under the area plan. Mississippi's service providers are primarily community action



agencies or programs and organizations with a proven record of providing services to older persons.

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

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

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

The AAAs monitor and evaluate local service providers for their efficiency and effectiveness in delivering services. Written policies and procedures based on OAA requirements and implementation regulations reflect the procedural requirements specified by DAAS. The AAAs provide training and technical assistance within the PSAs.

**Goals and Objectives**

To support the mission and vision of the Division of Aging and Adult Services, the Division, along with key stakeholders, identified five main goals to guide state activities during implementation of the FFY 2018-2022 State Plan.

**Administration on Aging’s Strategic Plan Goals**

**Goal 1:** Empower older adults and their families to make informed decisions about Long-term Services and Support (LTSS).

**Goal 2:** Increase output and expand outreach of services for insurance counseling, state-wide.

**Goal 3:** Enable seniors to remain in their homes with high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers.

**Goal 4:** Ensure the rights of older people and prevent their abuse, neglect and exploitation.

**Goal 5:** Empower more Mississippians to live with dignity by promoting resident rights, advocating for those who cannot help themselves, educating families and communities of those rights and reducing incidences of abuse, neglect, and exploitation of long-term care residents.

**Goal 1: Empower older adults and their families to make informed decisions about Long-term Services and Support (LTSS).**

Name of Service or Program: **Mississippi Access to Care (MAC) Centers**

Objective #1.1	Action Steps	Annual Performance Measure
<b>SFY 2019-2022</b>		
Establish MAC Centers as state-wide resource database.	<ul style="list-style-type: none"> <li>• Establish a baseline for the number of calls related to GEN+, Respite, and LTSS.</li> <li>• Educate community partners and stakeholders about the benefits of the MAC Centers.</li> </ul>	<ul style="list-style-type: none"> <li>• GEN+ begins Jun 2017; baseline will be captured through LTSS and create picture of services and support to outside agencies.</li> <li>• Y2 create comprehensive data spreadsheet that show all calls related to GEN+, Respite, and other LTSS</li> <li>• Y2 provide statewide access to a comprehensive resource database and walk in access and referral through community partners.</li> <li>• Y3 and Y4 use the comprehensive data to create measurements for quality of services by our callers (use evaluation instruments and surveys focused on topic such as consumer satisfaction).</li> <li>• Collaborate with the Division of Medicaid to successfully modify their state plan to allow for administrative claiming for MAC Center.</li> </ul>

<b>Sustainability</b>
<ul style="list-style-type: none"> <li>Collaborate with the Division of Medicaid to modify their state plan to allow for administrative claiming.</li> <li>Collect Medicaid data to show the effectiveness of the MAC Centers to increase HCBS over institutional care.</li> </ul>

**Goal 2: Increase output and expand outreach of services for insurance counseling, state-wide.**

Name of Service or Program: **State Health Insurance Assistance Program**

Objective #2.1	Action Steps	Annual Performance Measure
<b>SFY 2019-2022</b>		
Establish a successful Volunteer Recruitment Program	<ul style="list-style-type: none"> <li>Create and distribute a SHIP Volunteer Risk and Program Management Policy Manual (Y1).</li> <li>Educate providers on requirements and needs for Volunteer Recruitment Program (Y1).</li> </ul>	<ul style="list-style-type: none"> <li>Recruit 2 Certified Volunteers per District, per Year (Y1,Y2,Y3,Y4).</li> <li>Recruit 1 Volunteer Host Organization per Year, after initial year of establishing Volunteer Recruitment Program (Y2, Y3, Y4).</li> </ul>

Objective #2.2	Action Steps	Annual Performance Measure
<b>SFY 2019-2022</b>		
Implement training and education standards for SHIP counselors and volunteers.	<ul style="list-style-type: none"> <li>Conduct on-going training with SHIP Counselors and volunteers in regards to proper data entry, performance measurements, and individual goals</li> <li>Actively monitor district performance throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>Establish a baseline for service output (Y1) and expand outreach for services by 8% over the following 3 years of operation (Y2, Y3, Y4)</li> </ul>

Name of Service or Program: **Medicare Improvements for Patients and Providers Act (MIPPA)**

Objective #2.3	Action Steps	Annual Performance Measure
<b>SFY 2019-2022</b>		
Increase informative Preventative Health Outreach.	<ul style="list-style-type: none"> <li>Establish, at minimum, an annual day of outreach with the community with the</li> </ul>	<ul style="list-style-type: none"> <li>Establish a baseline for service output (Y1) and expand outreach for services by 8% over the following 3 years of operation (Y2, Y3, Y4).</li> <li>Utilize Volunteer Recruitment Program to</li> </ul>

	<p>Native American community.</p> <ul style="list-style-type: none"> <li>• Create up-to-date Preventative Health Outreach materials.</li> </ul>	<p>generate and establish a relationship with Mississippi Band of Choctaw Indians</p> <ul style="list-style-type: none"> <li>• Create one annual day of outreach to the Native American community.</li> </ul>
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Name of Service or Program: **Pipeline Goals**

Objective #2.4	Action Steps	Annual Performance Measure
SFY 2019-2022		
<p>Establish a sustainable Veteran’s Services program to provide support and/or activities targeted to Mississippi Veterans</p>	<ul style="list-style-type: none"> <li>• Seek grant and/or partnership opportunities to create, support, and sustain program</li> </ul>	<ul style="list-style-type: none"> <li>• Create Veteran’s Service Program to be housed and maintained at DAAS</li> </ul>

Objective #2.5	Action Steps	Annual Performance Measure
SFY 2019-2022		
<p>Support statewide enrollment for Low Income Subsidy/Extra Help, Medicare Savings Program, Medicaid, Supplemental Nutrition Assistance Program, and Low-Income Home Energy Assistance Program</p>	<ul style="list-style-type: none"> <li>• Create a partnership to house Benefits Enrollment Center at a Non-Profit Entity.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish Benefits Enrollment Center, performance measurements, and sustainability goals through National Council on Aging grant.</li> </ul>

Objective #2.6	Action Steps	Annual Performance Measure
SFY 2019-2022		
<p>Expand the state nutrition program for Home Delivered Meals (HDM).</p>	<ul style="list-style-type: none"> <li>• Establishing a relationship with Meals on Wheels America.</li> <li>• Seek creative funding opportunities to support HDM.</li> <li>• Market for increase program income</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a membership</li> <li>• Increase program income by 15%</li> <li>• Increase private pay meal program</li> </ul> <p>Establish a suggested meal price of a \$0.25 cost share</p>

**Goal 3: Enable seniors to remain in their homes with high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers.**

Name of Service or Program: **Home and Community Based Services**

Objective #3.1	Action Steps	Annual Performance Measure
SFY 2019-2022		
Support independent living	<ul style="list-style-type: none"> <li>Expand senior transportation services</li> <li>Expand available homemaker services</li> <li>Enable more participation in Senior Center Activities</li> <li>Usage of Evidence-Based programs</li> </ul>	<ul style="list-style-type: none"> <li>Decrease waiting list by 15% through fund raising and private pay options.</li> <li>Increase client participation for Senior Center activities state-wide.</li> <li>Provide ongoing training and implementation assistance for those leading evidence-based programs.</li> </ul>

**Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.**

Name of Service or Program: **Adult Protective Services**

Objective #4.1	Action Steps	Annual Performance Measure
SFY 2019-2022		
Reduce costs to DHS	<ul style="list-style-type: none"> <li>Contract with PDDs</li> </ul>	<ul style="list-style-type: none"> <li>Privatization of APS</li> </ul>

Objective #4.2	Action Steps	Annual Performance Measure
SFY 2019-2022		
Strengthen partnerships with the Law Enforcement Community	<ul style="list-style-type: none"> <li>Develop a curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Conduct bi-annual training for law enforcement personnel</li> </ul>

Objective #4.3	Action Steps	Annual Performance Measure
SFY 2019-2022		
Educate the public on the role of APS	<ul style="list-style-type: none"> <li>Provide awareness for the public</li> </ul>	<ul style="list-style-type: none"> <li>Participate in senior days, health fairs, attend senior community center activities.</li> </ul>

**Goal 5: Empower more Mississippians to live with dignity by promoting resident rights, advocating for those who cannot help themselves, educating families and communities of those rights and reducing incidences of abuse, neglect, and exploitation of long-term care residents.**

Name of Service or Program: **Long-Term Care Ombudsman (LTCO)**

Objective #5.1	Action Steps	Annual Performance Measure
SFY 2019-2022		
Provide adequate coverage and access to ombudsman services.	<ul style="list-style-type: none"> <li>Each district shall provide monthly visits to the facilities in their service area.</li> <li>Conduct 20 community outreach events to educate on elder abuse and the LTCOP.</li> </ul>	<ul style="list-style-type: none"> <li>Promote the LTCO as trusted sources for residents to confide in.</li> <li>Increase the number of persons receiving education about elder abuse and fraud prevention.</li> </ul>

Objective #5.2	Action Steps	Annual Performance Measure
SFY 2019-2022		
Expand the Mississippi Long-Term Care Ombudsman program.	<ul style="list-style-type: none"> <li>Increase number of in-service training to facility staff.</li> <li>Each AAA shall recruit no less than one volunteer.</li> </ul>	<ul style="list-style-type: none"> <li>Recruit and train volunteer ombudsman statewide.</li> </ul>

Objective #5.3	Action Steps	Annual Performance Measure
SFY 2019-2022		
Ensure effective program and fiscal management.	<ul style="list-style-type: none"> <li>Create training manual implementing quality assurance standards/program components.</li> </ul>	<ul style="list-style-type: none"> <li>Develop policy and procedures manual for the Mississippi Long-Term Care Ombudsman Program.</li> </ul>

## **OAA Core Programs**

### **Home and Community Based Services**

Home and community-based programs help individuals continue to function in their homes and communities while maintaining their dignity and self-worth. These programs allow seniors to avoid premature institutionalization while promoting healthy and sustainably independent lifestyles. Through funding provisions under Title III of the Older Americans Act, the state unit on aging manages several home and community based programs. Services provided through these programs are implemented by the ten Area Agencies on Aging across the state.

*Information and Referral/Assistance* - the entry point into the aging service delivery system. Through this service, seniors and their caregivers can obtain information to make informed decisions regarding long-term services and supports. This service also provides individuals with additional assistance in locating and identifying services available to them. Follow-up mechanisms are in place to record outcomes of assistance rendered.

*Outreach Coordinators* - seek out seniors to educate and connect the individual with available services. This is an essential tool for linking individuals in need with available programs and services which they may not be previously aware of.

*Case Management* – services which identify the needs of older adults through a comprehensive assessment. This tool allows for the development of a care plan by the individuals family with guidance from the case manager.

*Homemaker Services* - seniors who wish to remain in their homes but require some aid with daily activities can solicit assistance through these services. Homemakers assist with activities such as personal hygiene, light housekeeping, or other chores.

*Respite* - services which may be provided to the caregiver in situations where seniors are unable to care for themselves and are being looked after by a family member. This service provides caregivers with a break from their responsibilities. The length of time services are provided are based on the individual needs of the caregiver.

*Family Caregiver Support Program* – support services provided to caregivers. This program offers various support services to the caregivers through information and education, assistance with gaining access to supportive services, and counseling.

*Transportation Services* - locally organized efforts which help older adults get to medical appointments, complete errands, and participate in recreational activities. Individuals may contact their local AAA to receive assistance in obtaining services.

### *Senior Nutrition Services*

Nutrition services offered with support of Title III funding through the Older Americans Act

ensures that nutritionally complete meals are available to seniors through congregate meal settings or the provision of home delivered meals.

*Congregate Meal Program* – nutrition services provided at local congregate meal sites located within area senior centers. Senior centers provide a nutritionally sound meal, fellowship with other older members of the community, and engaging activities. These sites promote health and active interaction within the local aging communities.

*Home Delivered Meals Program* - delivers meals to homebound seniors who are unable to prepare food for themselves and who are at risk for early institutionalization. Recipients of this program span all eighty-two counties of Mississippi. Meals are furnished five days a week.

### **Adult Protective Services**

Adult Protective Services (APS) Unit within the Division of Aging and Adult Services was created through legislation passed in 2006. APS investigates reports of suspected abuse, neglect and exploitation of vulnerable adults. Guided by the Mississippi Vulnerable Persons Act, APS provides for the protection of at-risk vulnerable persons ages 18 and older residing in private home settings through direct delivery or referral to resources within the community.

The division operates a 24/7 call center to receive reports of suspected abuse, neglect and exploitation. In-take reports are catalogued for review and investigation by APS social workers. APS social workers will determine whether the report was substantiated and appropriate action is taken at that time. The unit devotes time to educating the public and lawmakers on the rights of vulnerable adults and the responsibilities of mandatory reporters.

### **Long Term Care Ombudsman Program**

The Long Term Care Ombudsman Program (LTCOP) is authorized by the federal Older Americans Act (42 U.S.C. §§ 3058g) and Mississippi law (§§ 43-7-51 to 43-7-79). The State Long Term Care Ombudsman Program seeks resolution to problems experienced by residents of long-term care facilities and advocates for their rights with the goal of enhancing their quality of life. Ombudsman services are provided by DAAS through contracts with AAAs which employs LTCOP staff ombudsman and utilizes volunteers in districts across the state.

### **Legal Assistance and Advocacy**

Legal Assistance and Advocacy services protect and assist the elderly to secure their rights and benefits, and promote a higher quality of life. Services include:

- Referrals for legal assistance for older persons who need legal advice, a consultation and/or representation.
- Elder abuse prevention activities and public information programs that focus on issues to help prevent abuse, fraud and exploitation.



## **Discretionary Programs**

### **Child and Adult Care Food Program (CACFP)**

CACFP is funded by the United States Department of Agriculture (USDA) and directed by the Mississippi Department of Education (MDE). DAAS administers CACFP funding for nine Adult Day Care Centers (ADCs) who participate through their respective regional AAAs. Participation in the program is for public and non-profit ADCs who serve adults aged 60 or older and non-residential adults who are functionally impaired. Participant reimbursement is income-based.

### **Access for Seniors**

*Mississippi Access to Care (MAC) Centers* are identifiable, accessible, and welcoming places located around the state where individuals can receive information and assistance (I&A). MAC Centers provide a central source of reliable, objective, and unbiased information about a broad range of programs and services: Information and Referral, Gen+ Referrals, Person-Centered Counseling and Screening. Individuals may visit a MAC Center, call a MAC Center or have a friendly MAC Specialist conduct an in-home visit or in a convenient location within the individual's community. MAC Centers play a major role in the gen+ process by collaborating with field navigators to provide information and referral on available resources to the individual or family seeking help. MAC Centers also help individuals understand and evaluate the various options available to them regardless of income or eligibility for publicly funded long-term care.

These centers empower older adults and adults with disabilities to make informed choices, streamline access to long-term care services and supports, and are part of a larger "No Wrong Door" (NWD) System. Individuals can reach the MAC Centers in-person, online, or by calling a toll-free hotline.

MAC Centers provide accessible services through the following avenues of support:

- A toll-free number to reach qualified staff who can provide information and referrals;
- Specialists who can provide face-to-face, unbiased, person-centered counseling;
- A comprehensive resource directory available online;
- An online service and support questionnaire to help identify long-term care services and supports available across Mississippi counties;
- A partnership between agencies to assist individuals and provide follow-up to streamline access to available services.

### **Medicare Counseling**

*The State Health Insurance Assistance Program (SHIP)* provides information, counseling and assistance to consumers and beneficiaries about Medicare as changes to the program develop. SHIP counselors assist Medicare beneficiaries during open and special enrollment periods. The program provides assistance with appeals, disenrollment, and understanding their rights, responsibilities, and coverages with their healthcare policies.

### **Medicare Improvements for Patients and Providers Act (MIPPA)**

The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 is a multi-faceted piece of legislation related to Medicare. One important provision of MIPPA was the allocation of federal funding (through Section 119) for State Health Insurance Assistance Programs (SHIP), Area Agencies on Aging (AAA), and Aging and Disability Resource Centers (ADRC) to help low-income Medicare beneficiaries apply for programs that make Medicare affordable.

MIPPA grantees specifically help low income seniors and persons with disabilities to apply for programs that help pay for their Medicare costs. The Medicare Par D Extra Help/Low Income Subsidy (LIS/Extra Help) helps pay the Medicare Part D premium and reduces costs of prescriptions at the pharmacy. The Medicare Savings Programs (MSP) helps beneficiaries pay for Medicare Part B.

### **Senior Companion Program**

Jackson County Senior Companion Program provides grants to qualified agencies and organizations for the dual purpose of engaging persons 55 and older, particularly those with limited incomes, in volunteer service to meet critical community needs; and to provide a high quality experience that will enrich the lives of the volunteers. Program funds are used to support Senior Companions in providing supportive, individualized services to help older adults with special needs maintain their dignity and independence.

## **Quality Management Systems**

The Division of Aging and Adult Services is committed to collecting and reporting quality data and information regarding the services and supports provided by its partner agencies, as funded by Title III and Title VII of the OAA. A steadily increasing aging and disabled adult population necessitates a focused effort to provide quality service, accurate data management, and attention to the integrity of the reporting process.

Complex and detailed reporting requirements require an integrated and comprehensive information system which will allow for efficient planning each year to ensure cost-effective service provisions across the State. State and Federal mandates require compliance with reporting requirements for National Aging Program Information Systems (NAPIS) and other aging and adult services program regulations for every state unit on aging. DAAS has procured a contract with Harmony for Aging.

Harmony is the most widely used data collection system in the United States for federal NAPIS and National Ombudsman Reporting System (NORS) compliance. Mississippi Adult Protective Services also uses Harmony to perform call center in-take operations, web-based direct consumer reporting, and data collection. The Division utilizes Harmony information systems to collect, track, and aggregate data to inform decisions regarding OAA Title III core programs, Elder Justice initiatives, and identify areas of concern or need within the State's network of service providers.

The Division utilizes comparative data collected through Harmony and other program specific information systems (as mandated by project funders for discretionary projects) to examine performance and identify opportunities for improvement and areas of need. DAAS quality assurance activities include annual review of performance measures, program integrity reviews of contractors and sub-grantees for fiscal and reporting compliance, and annual client satisfaction surveys administered to area public hearing attendees.

To further improve the State's delivery of quality services and supports, the Division will develop and distribute a statewide quality assurance survey and needs assessment. Uniformed surveying of the ten service provision areas will allow for a more comprehensive assessment of needs, both regionally and statewide. Aggregated assessment responses will contribute to developing informed, person-centered solutions to the needs of the State's aging and disabled population while allowing for the dissemination of significant and objective educational information to state and federal legislatures.

**FFY 2018-2022 Mississippi State Plan  
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES  
Older Americans Act, As Amended in 2016**

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.*

**ASSURANCES**

**Sec. 305, ORGANIZATION**

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

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

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

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

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

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

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the

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

*Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.*

**Sec. 306(a), AREA PLANS**

- (a) Each area agency on aging... Each such plan shall--
  - (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--
    - (A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
    - (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
    - (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;
  - (4)(A)(i)(I) provide assurances that the area agency on aging will—
    - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
    - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
  - (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
    - (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
      - (I) specify how the provider intends to satisfy the service needs of low-income minority

individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

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

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

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying

out such a program under this title;

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

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

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

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

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

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

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

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

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

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

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

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

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

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

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

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

**Sec. 307, STATE PLANS**

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

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

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

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

(B) The plan shall provide assurances that--

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

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

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

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

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

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined



appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

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

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

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of

workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

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

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

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

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

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

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

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

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

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

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

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

**Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

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

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order...

**State Plan Guidance  
Attachment A (Continued)**

**REQUIRED ACTIVITIES**

**Sec. 305 ORGANIZATION**

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

(2) the State agency shall—

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

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

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

**Sec. 306 – AREA PLANS**

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

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

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

**Sec. 307(a) STATE PLANS**

(1) The plan shall—

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

(B) be based on such area plans.

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

*COMPILATION OF AREA PLANS.*

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

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

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

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

*Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.*

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

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

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

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

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

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

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

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

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


(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services

for the prevention of abuse of older individuals—

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

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

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

DocuSigned by:  
  
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\_\_\_\_\_  
*John Davis, Executive Director*  
*Mississippi Department of Human Services*

\_\_\_\_\_  
9/20/2018  
*Date*



**FFY 2018-2022 Mississippi State Plan  
Attachment B  
INFORMATION REQUIREMENTS**

*States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.*

**Section 305(a)(2)(E)**

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low income minority older individuals, older individuals with English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan.

**Response:** DAAS will provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods and carry out the preference to ensure every Mississippian is served. The IFF, emphasis is placed on the low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

**Section 306(a)(17)**

Describe the mechanism for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

**Response:** Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery. Each Area Agency is typically required to work with local and State emergency response teams. This coordination will be done in partnership with Mississippi Emergency Management Agency (MEMA). DAAS will assure this happens through an Information Bulletins (IB) to the AAA.

**Section 307(a)(2)**

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

(c) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in home, and legal assistance). Provide specific minimum proportion determined for each category or service.

**Response:** DAAS maintains Title III B and/ or a minimum percentages of LTCO, Legal, In home and Access. Eighty-five percent of Title III-B funds are federal, five percent are state and a minimum of ten percent is supplied by each of the area agencies on aging.

**Section (307(a)(3))**

The plan shall:

(A) include (and may not be approved unless the Assistant secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)

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

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

**Response:** Each fiscal year of this State Plan, DAAS will not expend less than the amount expended for all services relating to older individuals residing in rural area than expended in fiscal year 2000.

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

**Response:** Each fiscal year DAAS issues a budget allocation proposal. A key attribute of DAAS IFF is the allocation of funds for individuals 60 and older. There is fifteen percent weighted variable for individuals who are 60 and older residing in rural areas.

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

**Response:** DAAS uses the census data and Harmony data to determine the location of older individuals in Mississippi. AAAs then target these individuals and using a person-centered option counseling approach to delivery available services and supports to all older individuals and individuals with disabilities to live longer, safely and well.

**Section 307(a)(10)**

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

**Response:** DAAS IFF provides a weighted variable of fifteen percent for individuals who are age 60 and older and reside in rural areas, in addition to a weighted variable of twenty-five percent for individuals who are 60 and older below poverty level. Mississippians ages 60 and older both in rural and non-rural areas are having their needs met by providing them access to community resources and/or assisting them in identifying and securing resources or services in order to

enhance wellness and remain in the community for as long and as safely as possible.

**Section 307(a)(14)**

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

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

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

**Response:** DAAS' IFF has the assigned weight of thirty percent for 60 and older low-income minority individuals. In an effort to meet the needs of low-income minority older individuals, and individuals with limited English proficiency, DAAS and the Area Agencies shall provide them access to community resources and/or assist them in identifying and securing resources or services in order to enhance wellness and remain in the community for as long as safely as possible.

**Section 307(a)(21)**

The plan shall:

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

**Response:** DAAS will establish and expand partnerships which will enable that state to reach the Native American Choctaw tribe. DAAS will pursue numerous activities to assure older Mississippians who are American Indian will have access to all Title III funded services. DAAS will provide them access to services and support and assist in identifying and securing resources in the communities.

**Section 307(a)(29)**

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

**Response:** DAAS will coordinate with MEMA Mississippi Emergency Management Agency on the state and local levels to create a safe emergency response plan that will covers Mississippi. AAA will be responsible for identifying themselves and consulting with local (county and regional) emergency management agencies. DAAS will also continue to work with MDHS Emergency Management Coordinator who provides guidance on all severe weather events. DAAS

emergency response/preparedness plan will be complete and implemented by February 1, 2019.

**Section 307(a)(30)**

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

**Response:** DAAS Division Director is responsible for reviewing and approving all Emergency Preparedness policy and procedures. His designee are also responsible for implementing said policies and procedures.

**Section 705(a)(7)**

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:*

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

**Response:** DAAS is carrying out all chapter of this subtitle ( (Section 705 (a)(7)) for what it receives funding under this subtitle, will establish programs in accordance with the requirement of the chapter.

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

**Response:** DAAS will conduct public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons, and entities regarding programs carried out under this subtitle ((Section 705 (a)(7)).

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

**Response:** DAAS, in partnership with AAA, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

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

**Response:** DAAS will not supplant, any funds that are expended under any Federal or State law.

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

**Response:** DAAS will place no restriction's, other than the requirement referred to in clauses (i) through (iv) of section 712 (a)(5)(c), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5)

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

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

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

(ii) receipt of reports of elder abuse;

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

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

**Response:** With respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, DAAS will conduct a program of services consistent with relevant State law and coordinated with existing State Adult Protective Services activities for:

-Public education to identify and prevent elder abuse;

-Receipt of reports of elder abuse:

-Active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social services agencies or sources of assistance of appropriate and if the individuals to be referred consent; and

-Referral of complaints to law enforcement or public protective services agencies if appropriate.

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

**Response:** DAAS will not permit involuntary or coerced participation in the program of services described by alleged victims, abusers, or their households.

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective services agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order

**Response:** All information gathered in the course of receiving reports of abuse, neglect and exploitation, and making referrals shall remain confidential except:

- if all parties to such complaint consent in writing to the release of such information;
- if the release of such information is to law enforcement agency, public protective;
- service agency, licensing or certification agency, ombudsman programs, or protection or advocacy system; or
- upon court order

**FFY 2019-2022 Mississippi State Plan  
Attachment C**

**INTRASTATE FUNDING FORMULA (IFF)**

The Mississippi Department of Human Services, Division of Aging and Adult Services, in response to requirement of the Older American Act, as amended, and the Administration on Aging's Program Instruction, submits the Intrastate Funding Formula for Fiscal Year 2019-2022. The Formula is designed to address the needs of Mississippi's older population at the local level in each planning and service area.

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

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

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

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

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

The Older Americans Act provides that particular attention should be paid to low income minority individuals. Over 60% of those at or below the poverty level are minority individuals and

approximately one third of the minority individuals are at or below the poverty level. Therefore, by including age 60 and over at or below the poverty level and age 60 and over minority individuals as factors, it is assumed that particular attention has been paid to low income minority individuals.

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

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

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

All Title III and Title VII funds are distributed using the Intrastate Funding Formula. The data used in the Intrastate Funding Formula reflects the 2010 Census estimates from the Bureau of the Census, with the option to include mid-census estimates when available.

The Intrastate Funding Formula for Mississippi follows. Table 1 describes the 2010 Census and 2016 Census estimates comparison and difference by AAA. Table 2 shows the 2010 Census and 2016 Census estimates comparison pro rate percentage difference by AAA; and Table 3 compares the funding formula and calculation difference by AAA. The Intrastate Funding Formula narrative indicates the weighted variables.



**Table 1. 2010 and 2016 COMPARISON AND PRO RATA PERCENTAGE DIFFERENCE**

AAA	POPULATION			BELOW POVERTY			MINORITY BELOW POVERTY			RURAL		
	60+ Census	60+ Census		60+ Census	60+ Census		60+ Census	60+ Census		60+ Census	60+ Census	
	2010	2016		2010	2016		2010	2016		2010	2010	
	Population	Population	Difference	Population	Population	Difference	Population	Population	Difference	Population	Population	Difference
North Delta	31,506	51,925	(20,419)	3,490	5,823	(2,333)	1,823	3,269	(1,446)	14,324	14,324	0
South Delta	15,482	23,108	(7,626)	3,345	4,825	(1,480)	2,655	3,921	(1,266)	6,316	6,316	0
North Central	18,709	29,647	(10,938)	3,918	5,680	(1,762)	2,696	3,805	(1,109)	11,216	11,216	0
Golden Triangle	22,870	33,951	(11,081)	3,415	5,419	(2,004)	2,144	3,480	(1,336)	13,846	13,846	0
Three Rivers	37,980	57,113	(19,133)	5,042	7,025	(1,983)	1,632	2,269	(637)	24,823	24,823	0
Northeast	22,719	33,024	(10,305)	3,474	4,374	(900)	954	1,253	(299)	18,253	18,253	0
Central	70,168	113,016	(42,848)	8,015	14,717	(6,702)	5,534	9,906	(4,372)	24,658	24,658	0
East Central	34,791	50,795	(16,004)	5,436	7,906	(2,470)	2,807	4,074	(1,267)	25,714	25,714	0
Southern	98,792	156,394	(57,602)	11,218	20,614	(9,396)	3,678	7,213	(3,535)	47,070	47,070	0
Southwest	27,390	40,096	(12,706)	4,860	7,691	(2,831)	3,137	3,905	(768)	19,882	19,882	0
Totals	380,407	589,069	-208,662	52,213	84,074	-31,861	27,060	43,095	-16,035	206,102	206,102	0
		% Change	-35.42%		% Change	-37.90%		% Change	-37.21%		% Change	0.00%

(No Weights)	POPULATION			BELOW POVERTY			MINORITY BELOW POVERTY			RURAL		
	60+ Census	60+ Census		60+ Census	60+ Census		60+ Census	60+ Census		60+ Census	60+ Census	
	2010	2016		2010	2016		2010	2016		2010	2010	
	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference
North Delta	8.28%	8.81%	-0.53%	6.68%	6.93%	-0.24%	6.74%	7.59%	-0.85%	6.95%	6.95%	0.00%
South Delta	4.07%	3.92%	0.15%	6.41%	5.74%	0.67%	9.81%	9.10%	0.71%	3.06%	3.06%	0.00%
North Central	4.92%	5.03%	-0.11%	7.50%	6.76%	0.75%	9.96%	8.83%	1.13%	5.44%	5.44%	0.00%
Golden Triangle	6.01%	5.76%	0.25%	6.54%	6.45%	0.10%	7.92%	8.08%	-0.15%	6.72%	6.72%	0.00%
Three Rivers	9.98%	9.70%	0.29%	9.66%	8.36%	1.30%	6.03%	5.27%	0.77%	12.04%	12.04%	0.00%
Northeast	5.97%	5.61%	0.37%	6.65%	5.20%	1.45%	3.53%	2.91%	0.62%	8.86%	8.86%	0.00%
Central	18.45%	19.19%	-0.74%	15.35%	17.50%	-2.15%	20.45%	22.99%	-2.54%	11.96%	11.96%	0.00%
East Central	9.15%	8.62%	0.52%	10.41%	9.40%	1.01%	10.37%	9.45%	0.92%	12.48%	12.48%	0.00%
Southern	25.97%	26.55%	-0.58%	21.49%	24.52%	-3.03%	13.59%	16.74%	-3.15%	22.84%	22.84%	0.00%
Southwest	7.20%	6.81%	0.39%	9.31%	9.15%	0.16%	11.59%	9.06%	2.53%	9.65%	9.65%	0.00%
Totals	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%

**Table 2. 2010 and 2016 PRO RATE PERCENTAGE DIFFERENCE**

**PRO RATA PERCENTAGE DIFFERENCE BY AAA**

	PRO RATA PERCENTAGE DIFFERENCE BY AAA											PROPOSED 2019 FUNDING FORMULA	
	60 + POPULATION			60 + BELOW POVERTY			60 + MINORITY BELOW POVERTY			60 + RURAL *			
	2016	2010		2016	2010		2016	2010		2010	2010		
	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata		Difference
<b>Weights * AAA</b>	<b>0.30</b>	<b>0.30</b>		<b>0.25</b>	<b>0.30</b>		<b>0.30</b>	<b>0.20</b>		<b>0.15</b>	<b>0.20</b>		
North Delta	2.644%	2.485%	0.16%	1.738%	2.005%	-0.27%	2.276%	1.347%	0.93%	1.042%	1.390%	-0.35%	0.07700302
South Delta	1.177%	1.221%	-0.04%	1.440%	1.922%	-0.48%	2.730%	1.962%	0.77%	0.460%	0.613%	-0.15%	0.05805952
North Central	1.510%	1.475%	0.03%	1.695%	2.251%	-0.56%	2.649%	1.993%	0.66%	0.816%	1.088%	-0.27%	0.06669988
Golden Triangle	1.729%	1.804%	-0.07%	1.617%	1.962%	-0.35%	2.423%	1.585%	0.84%	1.008%	1.344%	-0.34%	0.06776459
Three Rivers	2.909%	2.995%	-0.09%	2.096%	2.897%	-0.80%	1.580%	1.206%	0.37%	1.807%	2.409%	-0.60%	0.08391194
Northeast	1.682%	1.792%	-0.11%	1.305%	1.996%	-0.69%	0.872%	0.705%	0.17%	1.328%	1.771%	-0.44%	0.05187841
Central	5.756%	5.534%	0.22%	4.392%	4.605%	-0.21%	6.896%	4.090%	2.81%	1.795%	2.393%	-0.60%	0.18838059
East Central	2.587%	2.744%	-0.16%	2.270%	3.123%	-0.85%	2.836%	2.075%	0.76%	1.871%	2.495%	-0.62%	0.09564188
Southern	7.965%	7.791%	0.17%	6.152%	6.446%	-0.29%	5.021%	2.718%	2.30%	3.426%	4.568%	-1.14%	0.22563439
Southwest	2.042%	2.160%	-0.12%	2.295%	2.792%	-0.50%	2.718%	2.319%	0.40%	1.447%	1.929%	-0.48%	0.08502580
Totals	30.000%	30.000%	0.000%	25.000%	30.000%	-5.000%	30.000%	20.000%	10.000%	15.000%	20.000%	-5.000%	100.000%

\* Based on the 2016 Census for Mississippi there is no information available for the 60 + rural population.

**HOW THE FUNDING FORMULA IS CALCULATED:**

**VARIABLES:**

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

**\* WEIGHTS:**

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

**FUNDING FORMULA:**

**$((60 + \text{Pop } \%) \times .30) + ((60 + \text{Below Poverty } \%) \times .25) + ((60 + \text{Minority Below Poverty } \%) \times .30) + ((60 + \text{Rural } \% \times .15) = \text{Funding Formula } \%$   
 This is calculated for each AAA to determine their share of the federal allocation.**

**TABLE 3. 2010 and 2016 FUNDING FORMULA AND CALCULATION COMPARISON**

AAA	2010	2016 Estimated	Difference	2014	2017	Difference
	FUNDING FORMULA	Population FUNDING FORMULA		Dollars	Dollars	
North Delta	0.07219252	0.076941009	0.47%	712,939	759,833	46,894
South Delta	0.06225702	0.058008143	-0.42%	614,821	572,861	(41,960)
North Central	0.07156624	0.066639394	-0.49%	706,754	658,099	(48,655)
Golden Triangle	0.06823369	0.067706882	-0.05%	673,843	668,641	(5,203)
Three Rivers	0.09025281	0.083837132	-0.64%	891,294	827,935	(63,358)
Northeast	0.05841159	0.051831834	-0.66%	576,845	511,866	(64,979)
Central	0.17301150	0.188223873	1.52%	1,708,579	1,858,809	150,230
East Central	0.10329945	0.096452966	-0.68%	1,020,136	952,523	(67,613)
Southern	0.20665628	0.225414877	1.88%	2,040,839	2,226,090	185,251
Southwest	0.09411891	0.084943900	-0.92%	929,473	838,865	(90,608)
	100.000%	1.0000000	0.00%	9,875,522	9,875,522	(0)

**FFY 2019-2022 Mississippi State Plan  
Attachment D  
BUDGET**

The budget includes the following parts:

1. State Agency Operating Budget - Fiscal Year 2017
2. Fiscal Year 2018 Projected Title III Allocation by PSA
3. Fiscal Year 2018 Projected Title VII Allocation by PSA
4. State Program Allocations by Planning and Service Areas for Fiscal Year 2018.

**State Agency Operating Budget – Federal Fiscal Year 2018**

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING AND ADULT SERVICES (DAAS) STATE AGENCY OPERATIONS BUDGET FFY 2018			
TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION:			
	FEDERAL	STATE	TOTAL AGENCY BUDGET
Title III: DAAS Administration	\$582,816	\$194,272	\$777,088
Title III: (Part B) Long-Term Care Ombudsman Program	\$60,000	\$10,588	\$70,588
Title VII: Ombudsman	\$114,902		
Title VII: Ombudsman set aside funds	\$25,000		
Title VII: Elder Abuse	\$45,198		
Title VII Total	\$185,100	\$0	\$185,100
Other Funds	\$1,779,740	\$	\$1,779,740
<b>Total</b>	<b>\$2,607,656</b>	<b>\$204,860</b>	<b>\$2,607,656</b>

**TITLE III FEDERAL FISCAL YEAR 2018 PROJECTED BY PSA/AAA****State: Mississippi State Agency: Mississippi Department of Human Services, Division of Aging and Adult Services**

<b>PSA/AAA</b>	<b>Area Plan Administration \$</b>	<b>Supportive Services \$</b>	<b>Congregate Meals \$</b>	<b>Home Delivered Meals \$</b>	<b>Preventive Health \$</b>	<b>Caregiver Services \$</b>	<b>Total Title III \$</b>
<b>Central</b>	167,996	535,671	144,659	648,972	31,483	182,659	1,711,440
<b>East Central</b>	100,305	413,478	187,354	192,850	18,797	109,059	1,021,843
<b>Golden Triangle</b>	66,255	179,150	109,505	235,605	12,416	72,038	674,969
<b>North Central</b>	69,491	168,814	260,016	121,035	13,023	75,557	707,936
<b>Northeast MS</b>	56,719	282,889	59,620	106,302	10,624	61,671	577,824
<b>North Delta</b>	70,099	246,113	66,658	241,906	13,137	76,218	714,131
<b>South Delta</b>	60,451	266,642	110,096	101,601	11,331	65,730	615,851
<b>Southern MS</b>	200,665	696,290	412,515	479,001	37,605	218,180	2,044,256
<b>Southwest MS</b>	91,395	312,384	183,527	227,234	17,133	99,367	931,040
<b>Three Rivers</b>	87,636	304,091	135,118	254,231	16,423	95,285	892,784
<b>Total State of MS</b>	971,012	3,405,522	1,669,068	2,608,737	181,972	1,055,764	9,892,074

**Source: Department of Health and Human Services, Administration on Aging (AoA) FFY 2017 Allocation.  
TITLE VII FEDERAL FISCAL YEAR 2018 PROJECTED BY PSA/AAA**

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

<b>PSA/AAA</b>	<b>Title VII-Ombudsman \$</b>	<b>Title VII-Elder Abuse \$</b>
<b>Central</b>	<b>19,879</b>	<b>7,820</b>
<b>East Central</b>	<b>11,869</b>	<b>4,669</b>
<b>Golden Triangle</b>	<b>7,840</b>	<b>3,084</b>
<b>North Central</b>	<b>8,223</b>	<b>3,235</b>
<b>Northeast MS</b>	<b>6,714</b>	<b>2,640</b>
<b>North Delta</b>	<b>8,295</b>	<b>3,263</b>
<b>South Delta</b>	<b>7,153</b>	<b>2,814</b>
<b>Southern MS</b>	<b>23,745</b>	<b>9,340</b>
<b>Southwest MS</b>	<b>10,814</b>	<b>4,254</b>
<b>Three Rivers</b>	<b>10,370</b>	<b>4,079</b>
<b>Total State of MS</b>	<b>114,902</b>	<b>45,198</b>

**Source: Department of Health and Human Services, Administration on Aging (AoA) FFY 2017 Allocation.**

## Additional Funding:

DAAS receives \$6.8 Million from the Social Services Block Grant Funds. The proposed Budget for FFY 2018 follows:

**MDHS/DIVISION OF AGING AND ADULT SERVICES**  
**FFY17 TITLE XX/SSBG BUDGET NARRATIVE**

**DAAS ADMINISTRATION**

**SALARIES \$ 170,000** **170,000**

Estimated salary of \$340,000 for 9 staff @ 50%

**FRINGE BENEFITS** **51,000**

Salaries of \$170,000 x 30%

**COMMODITIES** **5,000**

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

**CONTRACTUAL SERVICES** **165,541**

<u>PER-RATE SHARE</u>	<u>PER MONTH</u>	<u>PER YEAR</u>
Office space and machines	416.67	5,000
Telephone cost	341.67	4,100
Postage	176.42	2,117
Share of legal and auditing fees	445.83	5,350
Estimated MDHS allocation	12,415	<u>148,974</u>
		\$ 165,541

**TRAVEL** **11,370**

7,070 miles @ \$0.50 per mile	3,535
IN-STATE: Hotel: 20 days @ \$70 per day	1,400
Meals: 20 days @ \$35 per day	735
OUT-OF STATE: Hotel: 20 days @ \$110 per day	2,200
Meals: 21 days @ \$40 per day	840
Registration fees for conferences and workshops	<u>870</u>
	\$ 11,370

**TOTAL DAAS ADMINISTRATION: \$ 402,911**

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

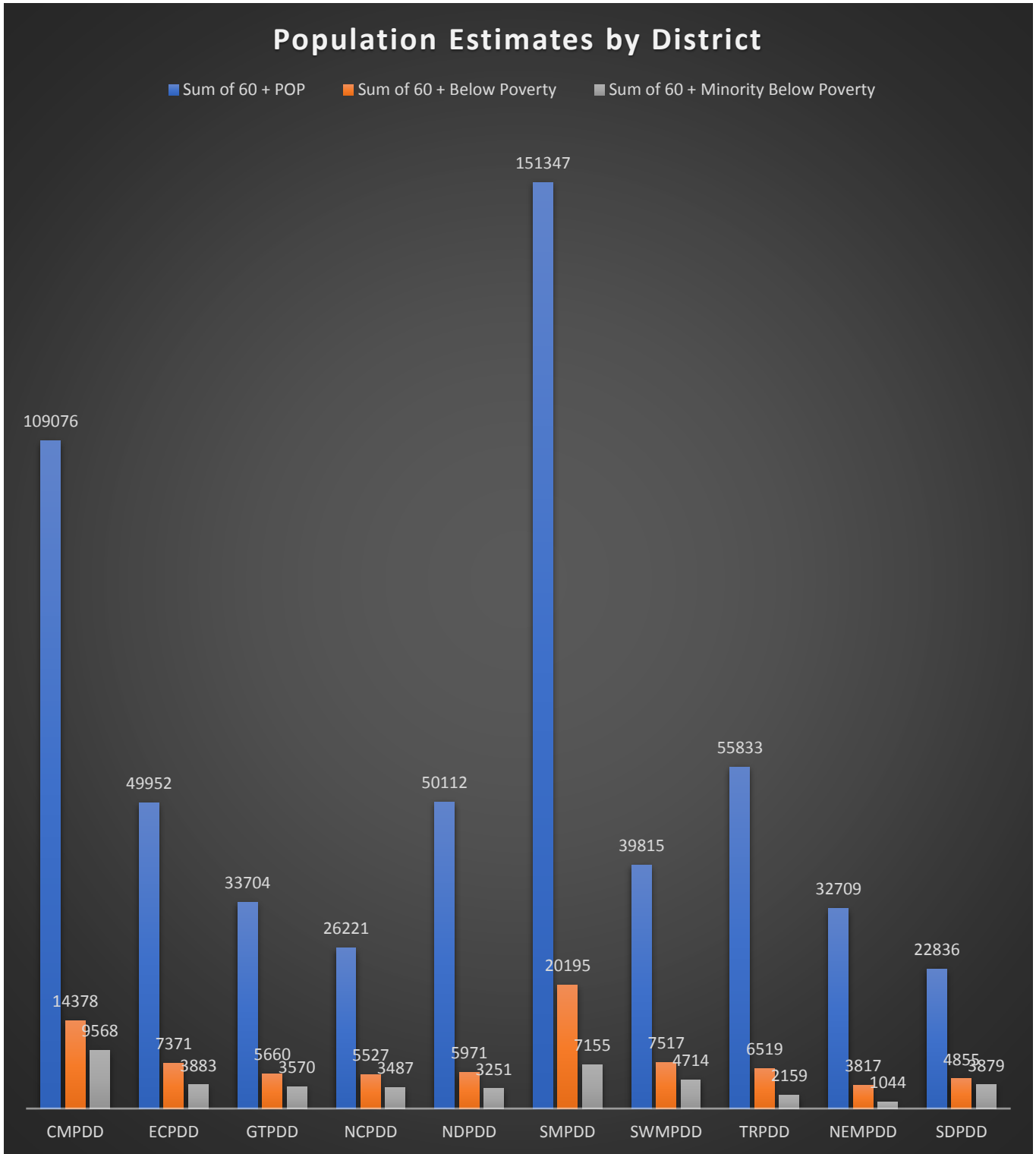
Social Services Block Grant funds assist the Aging Network to provide services to meet the needs of older Mississippians.

SERVICE	FEDERAL ALLOCATION	%	CLIENTS / PARTICIPANTS	UNITS OF SERVICE
Adult Day Care	\$ 345,990	5.07%	90	10,979
Case Management	71,683	1.05%	239	4254
Home Delivered Meals	1,307,792	19.17%	4371	449,961
Homemaker / Health Services	1,971,335	28.9%	2319	131,936
Information & Assistance (PAP)	231,420	3.39%	4	1806
Ombudsman	175,399	2.57%	1241	1241
Respite	31,589	.46%	36	500
Transportation	883,125	12.95%	914	134863
Emergency Response	1,080	.02%		
Adult Protective Services	1,000,000	14.66%	3255	
<b>SUB-TOTAL: SERVICES</b>	<b>\$6,019,413</b>	<b>100%</b>	<b>12,469</b>	<b>735540</b>
		<b>88.26%</b>		
AAA Administration	398,089	5.84%		
DAAS Administration	402,911	5.91%		
<b>TOTAL: FEDERAL ALLOCATION</b>	<b>\$6,820,413</b>	<b>100%</b>		



## FFY 2018-2022 Mississippi State Plan Attachment E

### POPULATION ESTIMATES

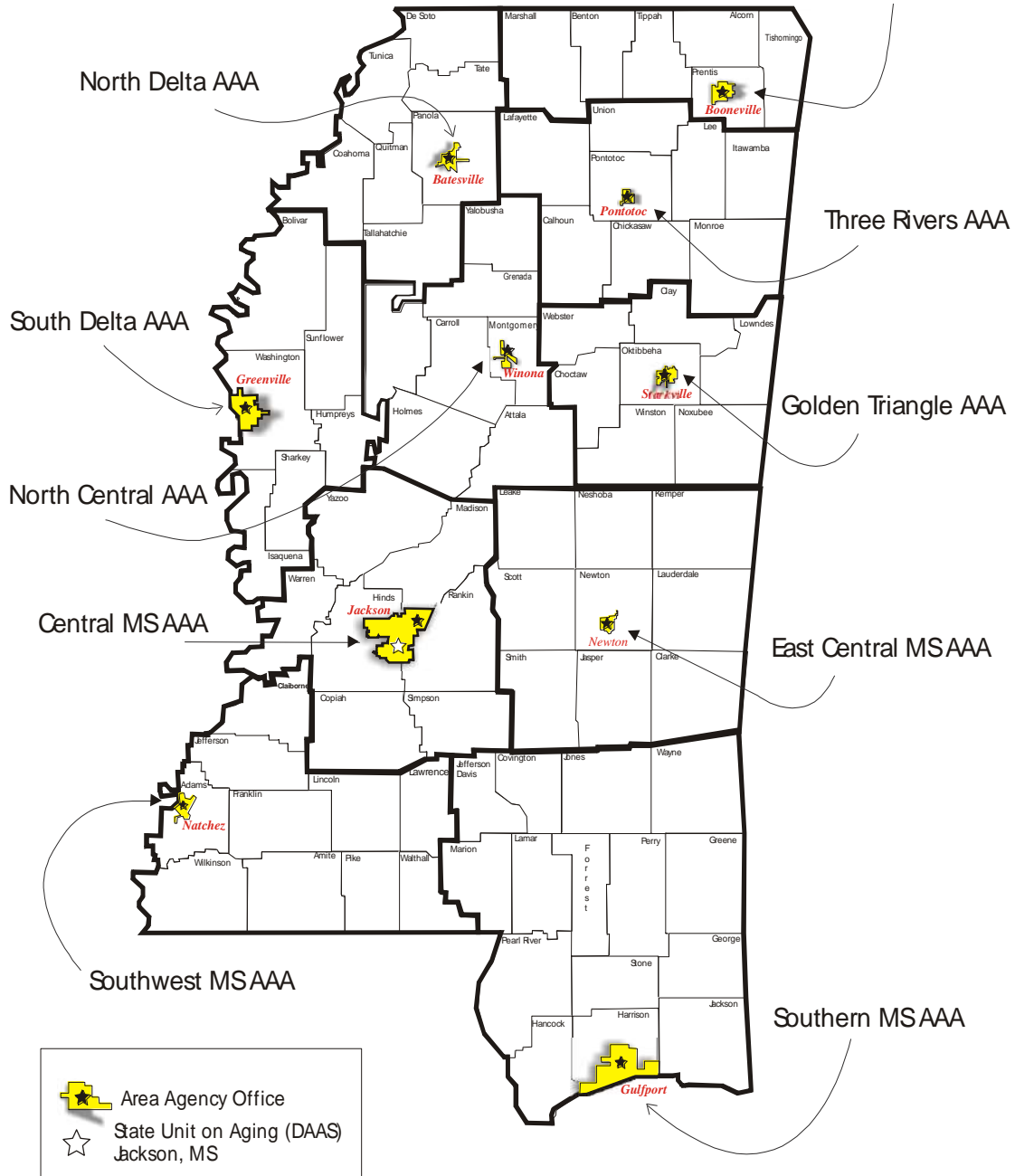


# FFY 2018-2022 Mississippi State Plan Attachment F

## AREA AGENCIES ON AGING MAP

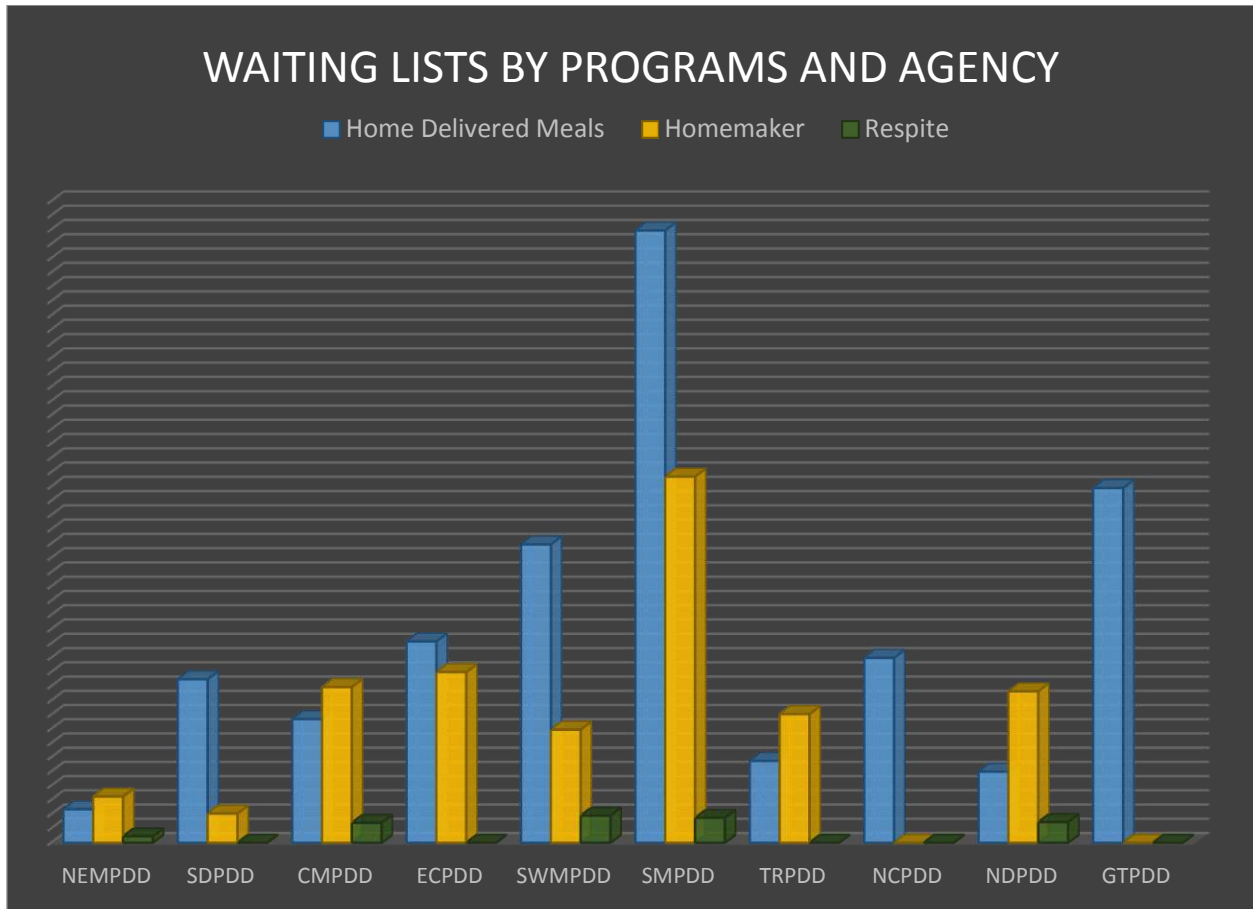
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF AGING AND ADULT SERVICES  
AREA AGENCIES ON AGING

Northeast MSAAA



## FFY 2018-2022 Mississippi State Plan Attachment G

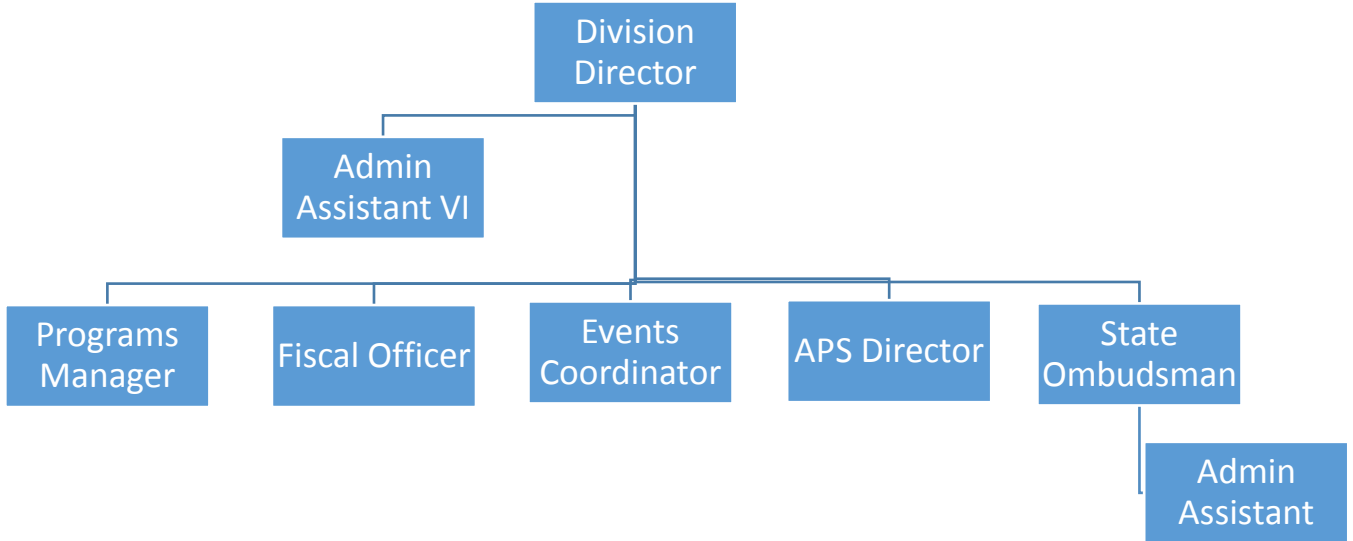
### WAITING LIST DATA

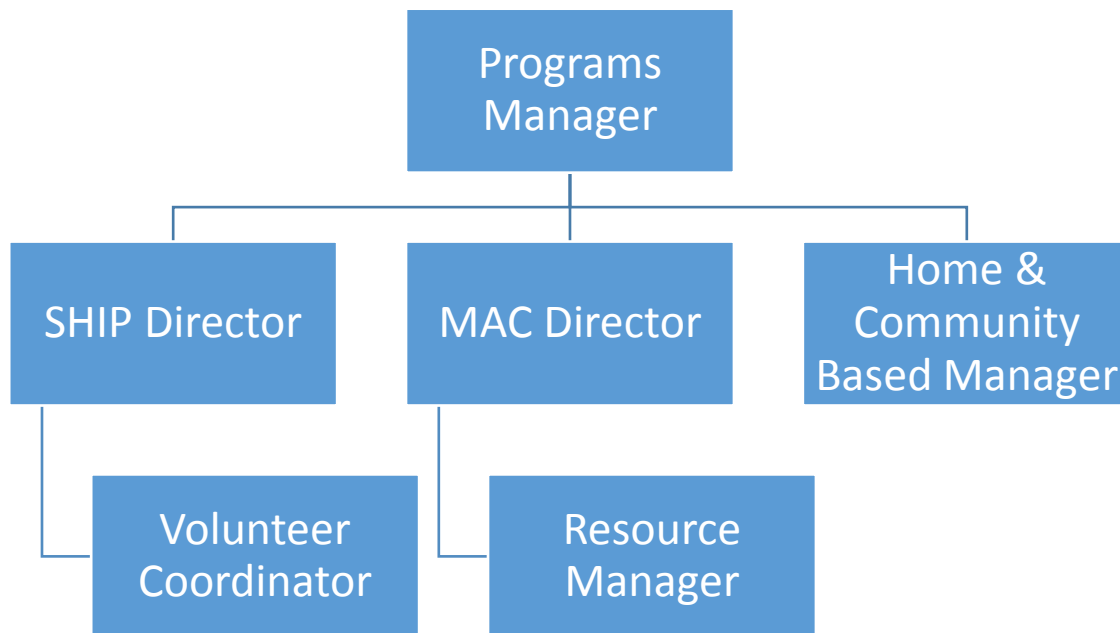


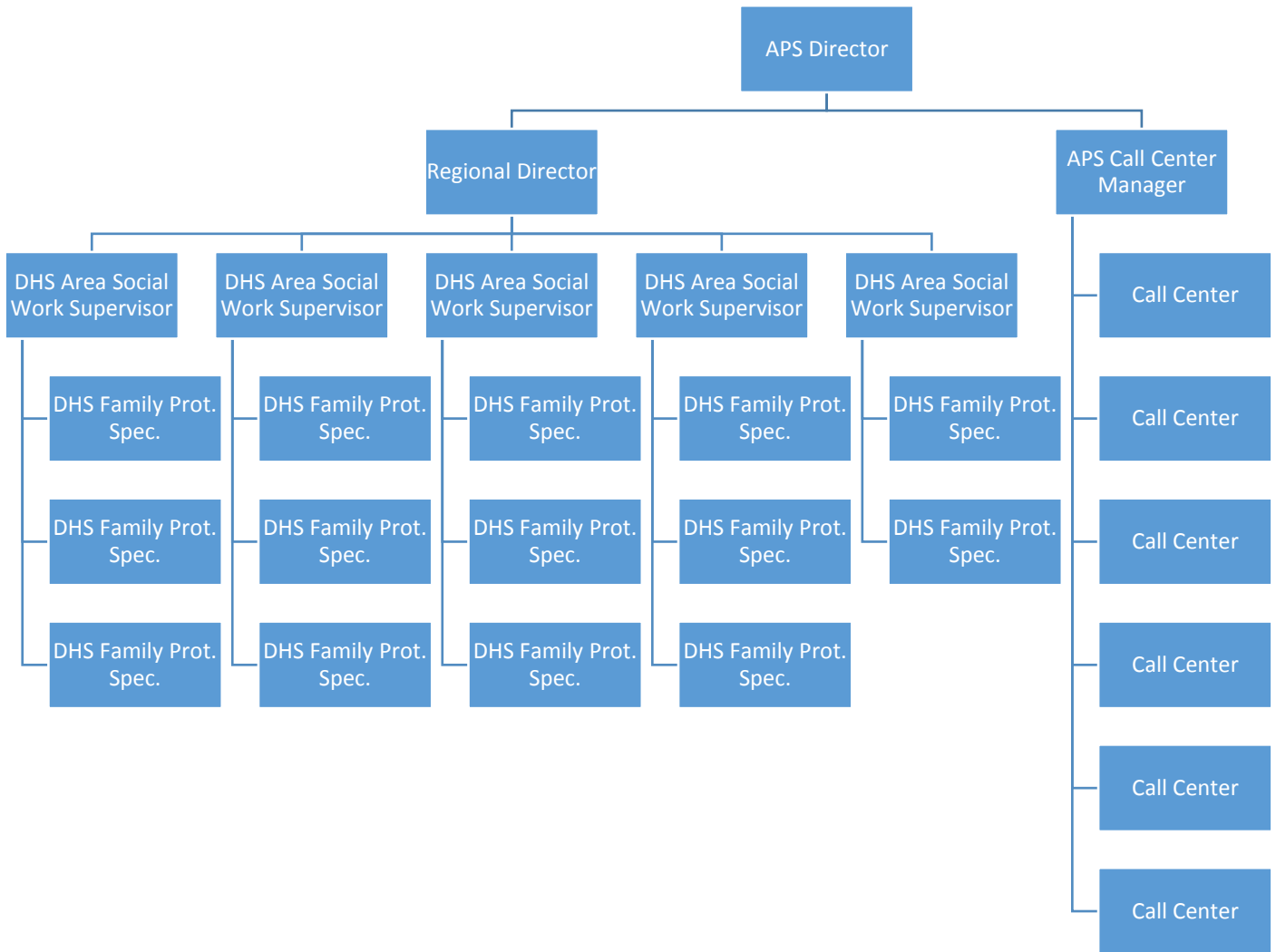
<b>Waiting Lists by Programs and Agency</b>			
<b>AGENCY</b>	<b>Home Delivered Meals</b>	<b>Homemaker</b>	<b>Respite</b>
NEMPDD	47	65	9
SDPDD	230	41	0
CMPDD	174	219	28
ECPDD	283	240	0
SWMPDD	419	159	38
SMPDD	859	514	35
TRPDD	115	181	0
NCPDD	260	0	0
NDPDD	100	213	29
GTPDD	498	0	0
<b>STATE TOTALS</b>	<b>2985</b>	<b>1632</b>	<b>139</b>

**FFY 2018-2022 Mississippi State Plan  
Attachment H**

**ORGANIZATIONAL CHART**







**Request for Proposals (RFP)**



**Robert G. Anderson**  
**Executive Director**

## **REQUEST FOR PROPOSALS (RFP)**

RFP Number: 20210511 DAAS Needs Assessment

RFx Number(s): 3180001360 / 3120002223

To Provide: Needs Assessment

Issue Date: May 11, 2021

### **CLOSING LOCATION**

Mississippi Department of Human Services  
200 South Lamar Street  
Jackson, Mississippi 39201

### **PROPOSAL COORDINATOR**

Bryan C. Wardlaw, Chief Procurement Officer

Telephone: (601) 359-4500

E-Mail: [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov)

### **CLOSING DATE AND TIME**

Proposals must be received by June 11, 2021, 2:00 PM, CT



## SECTION 1

### 1.1 Proposal Acceptance Period

Respondents shall submit in a labeled binder one (1) original, signed proposal package and one (1) electronic copy of the proposal package (**both compiled according to the instructions and requirements below and in Section 4.3 of this RFP**), in a sealed envelope or package to the following (mailed or hand-delivered), no later than the time and date specified for receipt of proposals and labeled as:

**MDHS Procurement Services**  
**RFP No. 20210511 DAAS Needs Assessment**  
**RFx Numbers: 3180001360 / 3120002223**  
**Opening Date: June 11, 2021; 2:30 PM CT**  
**200 South Lamar Street**  
**Jackson, Mississippi 39201**  
**SEALED PROPOSAL – DO NOT OPEN**

**Original Proposal (physical copy - in labeled binder) shall include four (4) Tabs dividing appropriate sections of Respondent’s proposal as further described in Section 4.3 of this RFP.** The contents of each Tab shall contain the following:

Tab 1 (physical copy)/File Folder 1 (electronic copy)	Entire proposal package not redacted pursuant to 4.3.A.
Tab 2 (physical copy)/File Folder 2 (electronic copy)	Price and Financial data redacted pursuant to 4.3.B.
Tab 3(physical copy)/File Folder 3 (electronic copy)	Technical data redacted pursuant to 4.3.C.
Tab 4 (physical copy)/File Folder 4 (electronic copy)	Management data not redacted pursuant to 4.3.D.

**Electronic copy of proposal shall be stored on a thumb drive that includes separate PDF file folders of each required Tab as designated in the table above and further described in Section 4.3 of this RFP.**

Electronic files shall not be password protected, shall be in .PDF format, and shall be capable of being copied to other media including a readable version of Microsoft Word.

Proposals submitted via facsimile (fax) machine will not be accepted. It is suggested that if a proposal is mailed to the agency, it should be posted in certified mail with a return receipt requested. The agency will not be responsible for mail delays, lost mail, or any other delivery failure. All risk of late arrival due to unanticipated delay – whether delivered by hand, U.S. Postal Service, courier or other delivery service or method – is entirely on the respondent. All respondents are urged to take the possibility of delay into account when submitting a proposal package.

Timely submission is the responsibility of the respondent. Proposal packages received after the specified time shall be rejected and maintained unopened as part of the procurement file. A proposal received at the place designated in the solicitation for receipt of proposals after the exact time specified for receipt will not be considered unless it has been determined by the agency that the late receipt was due solely to mishandling by the agency after receipt at the specified address.

**The envelope or package shall be marked with the proposal opening date and time, and the number of the RFP.** The time and date of receipt shall be indicated on the envelope or package by MDHS staff. The only acceptable evidence to establish the time of receipt at the office identified for proposal opening is the time and date stamp of that office on the proposal or other documentary evidence of receipt used by that office.

Modifications or additions to any portion of the procurement document may be cause for rejection of the proposal. MDHS reserves the right to decide, on a case-by-case basis, whether to reject a proposal with modifications or additions as non-responsive. As a precondition to proposal acceptance, MDHS may request the respondent to withdraw or modify those portions of the proposal deemed non-responsive that do not affect quality, quantity, price, or delivery of the service.

The RFP is comprised of the base RFP document, any attachments, any amendments issued prior to the submission deadline, and any other documents released before contract award.

The resultant contract from this RFP shall consist of this RFP and any amendments, the respondent’s proposal, and/or respondent’s best and final offer (as applicable).

**1.1.1 Timeline**

Request for Proposals Issue Date:	May 11, 2021
Written Questions and Requests for Clarification to MDHS Deadline:	May 25, 2021
Anticipated Posting of Written Answers:	May 28, 2021
Proposal Package Submission Deadline:	June 11, 2021; 2:00 PM, CT
Proposal Opening:	June 11, 2021; 2:30 PM, CT
Anticipated Date of the Notice of Intent to Award:	July 16, 2021
Anticipated Post Award Debriefing Request Due Date:	July 21, 2021; 5:00 PM, CT
Anticipated Post Award Debriefing Held By Date:	July 26, 2021; 5:00 PM, CT
Anticipated Protest Deadline Date:	July 23, 2021; 1:00 PM

*Note: The MDHS reserves the right to adjust this schedule as it deems necessary. MDHS also has the right to reject any and all proposals during any step of the procurement or awarding process (even after negotiations have begun).*

### **1.1.2 Rejection of Proposals**

Proposals which do not conform to the requirements set forth in this RFP may be rejected by MDHS. Proposals may be rejected for reasons which include, but are not limited to, the following:

- 1.1.2.1 The proposal contains unauthorized amendments to the requirements of the RFP.
- 1.1.2.2 The proposal is conditional.
- 1.1.2.3 The proposal is incomplete or contains irregularities which make the proposal indefinite or ambiguous.
- 1.1.2.4 The proposal is received late. Late proposals will be maintained unopened in the procurement file.
- 1.1.2.5 The proposal is not signed by an authorized representative of the party.
- 1.1.2.6 The proposal contains false or misleading statements or references.
- 1.1.2.7 The proposal does not offer to provide all services required by the RFP.

### **1.2 Expenses Incurred in Preparing Offers**

The MDHS accepts no responsibility for any expense incurred by any respondent in the preparation and presentation of an offer. Such expenses shall be borne exclusively by the respondent.

### **1.3 Proprietary Information**

The respondent should mark any and all pages of the proposal package considered to be proprietary information which may remain confidential in accordance with Mississippi Code Annotated §§ 25-61-9 and 79-23-1 (1972, as amended). Any pages not marked accordingly will be subject to review by the general public after award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. The respondent shall submit a completed Proprietary Information Form, attached to this RFP as Attachment C.

### **1.4 Registration with Mississippi Secretary of State**

By submitting a proposal, the respondent certifies that it is registered to do business in the State of Mississippi as prescribed by Mississippi law and the Mississippi Secretary of State or, if not already registered, that it will do so within five (5) business days of being notified by the agency that it has been selected for contract award. Sole proprietors are not required to register with the Mississippi Secretary of State.

### **1.5 Debarment**

By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi or federal government and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi or federal government. The respondent shall submit a completed MDHS Debarment Verification Form, attached to this RFP as Attachment B. Attachment B shall be received by the MDHS, in the proposal submitted by the respondent, no later than 2:00 PM CT, on June 11, 2021. The MDHS reserves the

right to deem any proposal not containing an executed MDHS Debarment Verification Form as non-responsive to the RFP.

**1.6 Registration with Mississippi’s Accountability System for Governmental Information and Collaboration (MAGIC)**

If the respondent is not already registered as a supplier in MAGIC, the respondent should register as a supplier with the State of Mississippi. Registering as a supplier with the State of MS allows businesses to register for upcoming opportunity notifications by the products they supply, search the system for upcoming solicitations, respond to solicitations electronically, and receive purchase orders via e-mail. The registration can be completed at the following link: <http://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/supplier-self-service/>

**1.7 Competitive Proposals**

Discussions may be conducted with respondents who submit proposals determined to be reasonably susceptible of being selected for award; however, proposals or qualifications may be accepted without such discussions. Likewise, MDHS also reserves the right to accept any proposal as submitted for contract award, without substantive negotiation of proposed terms, services or prices. For these reasons, all parties are advised to propose their most favorable terms initially.

**1.8 Additional Information**

Respondents must carefully review this solicitation, the contract, risk management provisions, and all attachments for defects, questionable, or objectionable material. Following review, potential respondents may have questions to clarify or interpret the RFP in order to submit the best proposal possible. To accommodate the questions and requests for clarifications, potential respondents shall submit all questions and requests for clarifications concerning this procurement document in writing via e-mail to Bryan C. Wardlaw at [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov) by the deadline reflected in Section 1.1.1.

MDHS will not be bound by any verbal or written information that is not contained within this RFP unless formally noticed and issued by MDHS. Respondents are cautioned that any statements made by contact persons that cause a material change to any portion of the procurement document shall not be relied upon unless subsequently ratified by a formal written amendment to the procurement document. At no time shall any respondent or its personnel contact, or attempt to contact, any MDHS staff regarding this RFP except the contact person as set forth and in the manner prescribed in this section. Unauthorized contact regarding the RFP with other employees of the agency may result in the potential respondent being disqualified, and the potential respondent may also be suspended or disbarred from the State.

When submitting questions and requests for clarifications, “DAAS Needs Assessment RFX No. 3180001360/3120002223 Questions” should be the subject for the email. Question submittals should include a reference to the applicable RFP section and be submitted in the format shown below:

	<b>RFP Section, Page Number</b>	<b>Question/Request for Clarification</b>
1.		

Official responses will be provided only for questions submitted as described above and only to clarify information already included in the RFP. The identity of the organization submitting the question(s) will not be revealed. All questions and answers will be published on the Mississippi Contract/Procurement Opportunity Search Portal website and the agency's website as an amendment to the RFP by the date and time reflected in Section 1.1.1.

**1.9 Acknowledgement of Amendments**

Should an amendment to the RFP be issued, it will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the MDHS website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view. Further, respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on the amendment, or by letter. The acknowledgment should be received by the MDHS by the time and at the place specified for receipt of proposals as reflected in Section 1.1. It is the respondent’s sole responsibility to monitor the websites for any updates or amendments to the RFP.

This RFP, all questions, requests for clarification, and answers will be published on the Mississippi Contract/Procurement Opportunity Search Portal and the Mississippi Department of Human Services (hereinafter “MDHS”) website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view by the dates reflected in Section 1.1.1.

**1.10 Type of Contract**

Compensation for services will be in the form of a firm-fixed price agreement. MDHS will issue payment for services described herein on a Cost Reimbursement upon MDHS acceptance of completed Tasks as outlined in Sec. 2.2(C) of this RFP.

The successful respondent will bill MDHS upon completion and MDHS acceptance of each Task as outlined in Sec. 2.2(C) of this RFP. Following the satisfactory completion of its services, as determined by MDHS, successful respondent shall submit invoices electronically for work performed to MDHS via email at [invoices@mdhs.ms.gov](mailto:invoices@mdhs.ms.gov). Appropriate documentation supporting the amount invoiced shall be submitted with each invoice.

**1.11 Written Proposals**

All proposals shall be in writing. **RESPONDENTS MAY NOT IDENTIFY THEMSELVES IN THE PROPOSAL SECTIONS DESIGNATED AS “REDACTED.” THE RESPONDENTS MAY IDENTIFY THEMSELVES ONLY IN SECTIONS DESIGNATED AS “UNREDACTED.”** Respondent’s proposal shall be *redacted* so that no *Respondent Identifiable Information* is included in proposal sections labeled as “**REDACTED.**” Identifiable information includes, but is not limited to, the

following: any prior, current and future names, acronym, or addresses of the respondent; any names of incumbent staff, any prior, current and future logos, watermarks, and company colors; any information, which identifies the respondent as an incumbent; and any other information, which would affect the blind evaluation of technical or cost factors. If any exhibits or attachments to respondent's proposal identify or distinguish the respondent in any way, the proposal may be immediately rejected and may not be considered for award.

Specific sections of respondent's proposal shall be REDACTED (according to the above instructions) based on the designations provided in this RFP. Examples of RFP Sections and Subsections on which redactions should be based contain the following designations: **"MANAGEMENT FACTOR – NOT REDACTED"**; **"TECHNICAL FACTOR – REDACTED"**; **"PROJECT PRICING – REDACTED"**; and **"FINANCIAL INFORMATION – REDACTED."** Respondent's proposal shall separate **"REDACTED"** proposal sections/subsections from **"NOT REDACTED"** sections/subsections so that a **"REDACTED"** section/subsection is not comingled with a **"NOT REDACTED"** section/subsection or vice-versa. This may be accomplished through separate packaging or use of definitive dividers for each respective section/subsection. Electronic copies of respondent's proposal shall contain separate, individual files distinguishing **"REDACTED"** from **"NOT REDACTED"** sections/subsections. The submission format of Section 4.3 shall be used.

### **1.12 Exceptions**

Respondents taking exception to any part or section of the solicitation shall indicate such exceptions on the RFP Exception(s) form, **Attachment D**. Failure to indicate any exception will be interpreted as the respondent's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part. The proposal must contain a high degree of acceptance of contract terms and conditions listed in **Attachments G and H** of this RFP.

### **1.13 Informalities and Irregularities**

MDHS has the right to waive minor defects or variations of a proposal from the exact requirements of the specifications that do not affect the price, quality, quantity, delivery, or performance time of the services being procured. If insufficient information is submitted by a respondent with the proposal for MDHS to properly evaluate the proposal, MDHS has the right to require such additional information as it may deem necessary after the time set for receipt of proposals, provided that the information requested does not change the price, quality, quantity, delivery, or performance time of the services being procured.

## **SECTION 2**

### **2.1 Purpose**

The MDHS is seeking to establish one (1) contract for developing the 2022 Mississippi Needs Assessment for the MDHS Division of Aging and Adult Services. It is understood that any contract resulting from this RFP may require approval by the Public Procurement

Review Board (PPRB). If any contract resulting from this RFP is not approved by the MDHS and/or PPRB (if required), it is void and no payment shall be made.

## **2.2 Scope of Services**

The Mississippi Department of Human Services, Division of Aging and Adult Services (DAAS), in fulfilling the mandates set forth in the Older Americans Act of 1965 (as amended in 2016), desires to develop the 2022 Mississippi Needs Assessment. The goal of the project is to assist the Aging network in obtaining information about the needs of the aging adults currently served and potentially served as well as obtaining further data regarding the developing need for services over the next several years. The project will follow the example of the 2011 Mississippi Needs Assessment and use telephonic surveys to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions of Mississippians over 55 from a randomized sample of current participants, service providers, and individuals on the waiting list within a 5% margin of error.

The data collected and its analysis will be used to create a report, in collaboration with DAAS, to be published for the Aging network personnel to inform program planning and policy development including incorporation into the Mississippi State Plan for Aging and Adult Services.

The 2011 Mississippi Needs Assessment is attached as an example; however, MDHS is seeking several updates and requesting use of innovative technology and techniques to be applied in the final report of the 2022 Mississippi Needs Assessment.

### **A. Project Management – MANAGEMENT FACTOR (NOT REDACTED)**

Respondent shall provide an overall Project Management Plan detailing its approach in developing a final report to MDHS DAAS for utilization within the Mississippi State Plan for Aging and Adult Services. Respondent's Project Management Plan shall include, but not be limited to the following:

1. Detailed timeline outlining ability to meet the project tasks as further described in Sec. 2.2(C) of this RFP. Timeline description may include unique or innovative approaches to accomplishing project deliverables;
2. Description of dedicated resources to include, but not be limited to, number and qualifications of personnel and other resources utilized to provide required deliverables as outlined in Sec. 2.2(B) of this RFP; and
3. Description of respondent's prior efforts to provide this type of data, analysis, and report (or similar data, analysis, and report) to another governmental agency/entity to include how those prior efforts will benefit MDHS for this project.

### **B. Deliverables – TECHNICAL FACTOR (REDACTED)**

Respondent, through its proposal, shall demonstrate its ability to provide services, and otherwise do all things necessary for or incidental to the performance of work and may include unique or innovative approaches, as set forth below:

1. Contractor shall describe in detail its ability to provide a Statewide assessment of current and unmet needs as determined by a telephonic survey to include, but not be limited to, the following:
  - a. at least 3,000 older Mississippians (age 55 and older) as the primary data source (List of Contact Information for 3,000+ Mississippians age 55 and older will be provided by MDHS)
  - b. Combine ten (10) sets of random samples of 300 participants from each of the ten (10) Planning and Development District Area Agencies on Aging (AAA) service areas
  - c. Random sample with over sample of minority and rural populations
  - d. Telephonic contact shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall notate and no longer contact the person.
2. Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs for service providers to include, but not be limited to, the following:
  - a. Mail Provider survey to all service providers taken from the list of providers as provided by MDHS.
3. Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs among those Older Mississippians on waiting lists for services to include, but not be limited to, the following:
  - a. Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state's ten (10) Planning and Development Districts Area Agencies on Aging.
  - b. Telephonic contact with a waiting list Older Mississippian shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall document the attempted telephonic contact and then resume attempts to contact another participant from MDHS provided list.
4. Contractor shall describe in detail its ability to provide a Statewide assessment of COVID inquiries for impact to participants (current participants and waiting list participants ) to include, but not be limited to, the following:
  - a. Has participant or family member contracted COVID?
  - b. Does participant have any needs as it relates to COVID?
5. Contractor shall describe in detail its ability to provide an analysis of social and economic variables taken into consideration which include, but are not limited to, the following:
  - a. age, sex, income, residential setting (i.e., rural/urban/suburban), type of dwelling, lifestyle, volunteer work, employment, voting, family, relatives, health status, service awareness, AAA awareness, specific service need, meal contributions, contentment, legal assistance, transportation, crime, mistreatment/abuse, loneliness.
6. Contractor shall describe in detail its ability to provide Representation of ten (10) AAA. Statewide Needs Assessment data shall be submitted that



includes data from ALL ten (10) Area Agencies on Aging. Representation of all AAAs means the Contractor will be provided with all participants from all Planning and Service Areas (by MDHS) and the Contractor is required to survey participants from each planning and service area.

7. Contractor shall describe in detail its ability to provide an analysis/assessment reflecting a margin of error no greater than 5%.
8. Respondent shall describe in detail its ability to provide a draft report (must include graphs and charts) for DAAS' review and approval before final report is submitted.
9. Respondent shall describe in detail its ability to provide The Needs Assessment that shall reflect an increase in services or decrease based on projected population of older adults using empirical data.
10. Respondent shall describe in detail its ability to provide a formal written report (must be in Word and PDF format).
11. Respondent shall describe in detail its ability to provide raw data in Excel format.
12. Respondent shall describe in detail its ability and approach to facilitate a meeting with MDHS to review draft report of Needs Assessment and any supporting data before final submission.

**C. Timeline – MANAGEMENT FACTOR (NOT REDACTED)**

Respondent shall describe in detail its ability to meet the below projected timeline for various aspects of projects:

Project Tasks	Anticipated Duration
Statewide assessment of current and unmet need	7 weeks
Statewide assessment of projected need for service providers	3 weeks
Statewide assessment of projected needs among those on waiting lists for services	2 weeks
Analysis and initial report drafting	1 month
MDHS/DAAS review of draft report	2 weeks
Final report drafted and published	1 month

*The above projected timeline may be adjusted upon contract award only upon prior written approval from MDHS.*

**D. MDHS Responsibilities**

1. To facilitate the respondent in delivery of the above referenced project components, MDHS hereby agrees to provide respondent with the following:
  - a. 2021 Mississippi Older Adult Needs Assessment and Waiting List Survey (Attachment J)
  - b. Contact List for the AAA (Attachment K)
  - c. Map (Attachment L)
  - d. 2011 Mississippi Needs Assessment (Attachment M)
  - e. Most recent MS DAAS State Plan (Attachment N)

2. To facilitate the respondent in delivery of the above referenced project components, MDHS hereby agrees to provide respondent with the following upon final contract execution:
  - a. Contact List for AAA Service Providers
  - b. Contact List for current participants
  - c. Contact List for Older Mississippians on waiting lists for services
3. MDHS will request for AAA contacts to notify service providers identified on the Contact List for AAA Service Providers that the Assessment will be forthcoming in order to ensure a better response rate.

### **2.3 Term**

The estimated period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about October 1, 2021, and to end on March 31, 2022.

## **SECTION 3**

### **3.1 Insurance**

The successful respondent shall maintain at least the minimum level of workers' compensation insurance, comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All workers' compensation, comprehensive general liability, and professional liability, will provide coverage to the MDHS as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance.

The respondent shall be prepared to provide evidence of required insurance upon request by the MDHS at any point during the contract period and should consult with legal counsel regarding its obligations.

Contractor shall submit to Agency within five (5) business days of notification of intent to award, a certificate of insurance and/or bond which outlines the coverage and limits defined in the procurement and contract. There are no provisions for exceptions to this requirement. Failure to provide the certificates of insurance within five (5) business days may be cause for your proposal to be declared non-responsive or for your contract to be cancelled.

Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires.

The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts.

In no event shall the requirement for an insurance, bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.

**SECTION 4**

**4.1 Written Proposals Shall Contain the Following Minimum Information:**

- 4.1.1 The respondent should identify itself by name; location of respondent’s principal place of business and, if different the place of performance of services as outlined herein; and telephone number in Attachment A to accompany its proposal.
- 4.1.2 the age of the respondent’s business and average number of employees over the past three (3) years;
- 4.1.3 resume's listing abilities, qualifications and experience of all other individuals who will be assigned to provide the required services;
- 4.1.4 listing of three (3) references for contracts or projects under which services similar in scope, size, or discipline to the herein required services were performed or undertaken during the past three (3) years, including the names and addresses of the projects and the scope of the projects. Also, include the name of the organization, length of contract or project, a brief summary of the work, and the name, address, e-mail address, and telephone number of a responsible contact. These references must be familiar with the respondent’s abilities in the areas involved with this RFP. MDHS will use these references to determine the respondent’s ability to perform the services. It is the responsibility of the respondent to ensure that the reference contact information is correct and current. Respondents should verify before submitting their response that the contact person and phone number are correct for each reference. MDHS staff must be able to reach at least two (2) references for a respondent within two (2) business days of proposal opening. The respondent may submit as many references as desired. MDHS will begin contacting references at the top of the list and will continue down the list until MDHS completes a Reference Score Sheet for two (2) references. (See Attachments E and F).
- 4.1.5 A plan giving as many details as is practical explaining how the services will be performed pursuant to Sec. 2.2, Scope of Services;
- 4.1.6 **REDACTED (as part of Tab 2)** Project pricing to provide services shall be adequately documented and presented in the following format:

<b>PROJECT TASKS</b>	<b>TOTAL COST</b>
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$ _____
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$ _____
Final report drafted and published	\$ _____
<b>TOTAL COST OF PROJECT:</b>	<b>\$ _____</b>

*\*Note any respondent pricing provided that differs from the above required format may be deemed as non-responsive. Respondents shall not include any additional cost categories other than those outlined above.*

4.1.7 **REDACTED (as part of Tab 2)** your company's financial information as required in Section 4.3.A.8.

## 4.2 Evaluation Procedure

### 4.2.1 Step One:

Proposals will be reviewed to assure compliance with the minimum specifications to determine that the proposal is **Responsive** and if the proposal demonstrates that the respondent is **Responsible**. Proposals that do not comply with the minimum specifications may be deemed **Non-Responsive** or **Not Responsible** and rejected immediately, receiving no further consideration. The respondent shall be notified in writing if their proposal is deemed **Non-Responsive** and/or **Not Responsible** and is thereby rejected.

#### 4.2.1.1 Responsive Respondent

Respondent must submit a proposal which conforms in all material respects to this RFP, as determined by MDHS.

#### 4.2.1.2 Responsible Respondent

Respondent must have capability in all respects to perform fully the contract requirements and the integrity and reliability which will assure good faith performance, as determined by MDHS.

### 4.2.2 Step Two:

Proposals that satisfactorily complete Step One will be reviewed and analyzed by an evaluation committee to determine if the proposal adequately meets the needs of MDHS. Factors to be considered are as follows:

#### 4.2.2.1 Cost Factor: Price to provide the services – (Section 4.1.6) **35 Points**

Points awarded for price will be calculated utilizing Attachment I.

#### 4.2.2.2 Cost Factor: Assessment of Cost – **20 Points Total** as follows:

- (a) comparison of cost to other responsive proposals (10 points);
- (b) price appears reasonable, is adequately documented and presented in appropriate format (Section 4.1.6) (5 points);
- (c) Respondent appears to have sufficient financial resources to meet requirements of RFP (Sections 4.1.7 & 4.3.A.8) (5 points).

#### 4.2.2.3 Technical Factor: Proposed Methodology to complete the project – **20 Points Total** to reflect the following:

- (a) proposal demonstrates clear understanding of scope of work and related objectives. Section 2.2 B (10 points);
- (b) proposal is complete and responsive to RFP. Section 2.2 B (5 points);

(c) proposal presents innovative technology and techniques (5 points)

**4.2.2.4 Management Factor: Assessment of Project Management – 25 Points**

**Total** to reflect the following:

(a) description of project timeline, Sections 2.2.A, 2.2 C (10 points);

(b) dedication of resources to project Sections 2.2.A, 4.1.1, 4.1.2, 4.1.3, 4.3.A.1, 4.3.A.3, 4.3.A.4, and Attachment A (10 points);

(c) prior efforts on similar projects Sections 4.1.4 and 4.3.A.5, Attachment E, References, and reference checks completed by MDHS utilizing Attachment F (5 points).

**Total: 100 Points**

**4.2.3 Step Three:**

The MDHS Executive Director or his/her designee will contact the respondent with the proposal which best meets MDHS needs (based on factors evaluated in Step Two) and attempt to negotiate an agreement that is deemed acceptable to both parties.

**4.3 The Following Response Format Shall Be Used for All Submitted Proposal Packages:**

**A. TAB 1 of Binder and File Folder 1 For USB Flash Drive – ENTIRE PROPOSAL PACKAGE NOT REDACTED**

- 1) **Management Summary:** Complete Attachment A indicating the underlying philosophy of the firm in providing the service and also includes: organization name, DUNS number, physical address, contact name and title, phone number, fax number, and email address. This Attachment must be signed by the person authorized to represent the respondent. (include Attachments A – C in this section of your response)
- 2) **Proposal:** Describe in detail how the service will be provided. Include a description of major tasks and subtasks.
- 3) **Corporate experience and capacity:** Describe the experience of the firm in providing the service, give number of years that the service has been delivered, and provide a statement on the extent of any corporate expansion required to handle the service.
- 4) **Personnel:** Attach resumes' of all those who will be involved in the delivery of service (from principals to field technicians) that include their experience in this area of service delivery. Indicate the level of involvement by principals of the firm in the day-to-day operation of the contract.
- 5) **References:** Give at least three (3) references for contracts of similar size and scope, including at least two (2) references for current contracts or those awarded during the past three (3) years. Include the name of the organization, the length of the contract, a brief summary of the work, and the name and telephone number of a responsible contact person. See Section 4.1.4.(Attachment E, References)
- 6) **Acceptance of conditions:** Indicate any exceptions to the general terms and conditions of the proposal document and to insurance, bonding, and any other requirements listed. (Attachment D, Exceptions)

7) **Cost data:** Estimate the cost of the service as directed in Section 4.1.6. Cost data submitted at this stage is binding, but is subject to being negotiated down if your firm is chosen as a finalist. MDHS reserves the right to solicit a Best and Final Offer (BAFO) from respondents that provided a responsible proposal but whose proposed cost exceeds MDHS' anticipated funding for the anticipated contract. Respondents are encouraged to provide their best proposed cost and/or pricing in their initial response to the RFP. Should MDHS decide to exercise its right to solicit a BAFO, MDHS will provide in writing the requirements, process, and schedule for submitting a BAFO response.

8) **Financial Information:**

- Attach Organization's financial statement for the last two (2) years audited financial statements complete with the notes and opinion letter from respondent's auditor and/or other proof, acceptable to MDHS, of financial responsibility.

For organizations that expended \$750,000 or more in federal funds over the last two (2) fiscal years, please provide your organization's Single Audit for each year pursuant to 2 C.F.R. §200.501. For organizations that expended under \$750,000 in federal funds over the last two (2) fiscal years, Respondent must submit an IRS status letter and the organization's most recent year-end financial statements. Newly formed organizations must submit either their most recent tax returns and/or management reports provided that expended funds does not exceed \$750,000.

In order to assure financial responsibility in performing the requirements of this RFP, MDHS reserves the right to require a current financial statement prepared and certified by an independent auditing firm.

Respondents, including the parent corporation of any subsidiary corporation submitting a response, must include in their proposal evidence of financial responsibility and stability for the performance of the Contract resulting from this RFP.

- Attach a signed statement addressing the below. All items must be addressed. If the item(s) do not apply, the Respondent is still responsible for addressing with Not Applicable.

In the event that a respondent is either substantially or wholly owned by another corporate entity, the proposal must also include the most recent detailed financial report of the parent organization, and a written guarantee by the parent organization that it will unconditionally guarantee performance by the respondent of each and every term, covenant, and condition of such contract as may be executed by the parties.

Disclose if and when respondent has filed for bankruptcy within the last seven (7) years under its name or the sole proprietor's name in a related business. For

respondents that are partnerships or corporations, respondents must disclose whether any of its principals, partners or officers have filed bankruptcy within the last seven (7) years in a related business.

Disclose any company restructurings, mergers, and acquisitions over the past three (3) years that have impacted any products or services the respondent has included in this proposal.

The State reserves the right to request any additional information to assure itself of respondent's financial status.

**B. TAB 2 of Binder and File Folder 2 For USB Flash Drive (REDACTED) (SECTION 1.11):**

- Price and Financial Data. Any information included in response to meet the 4.2.2.1 and 4.2.2.2 Scoring Sections of Cost Factors, includes 4.1.6, 4.1.7, 4.3.7, and 4.3.8.

**C. TAB 3 of Binder and File Folder 3 For USB Flash Drive (REDACTED) (SECTION 1.11):**

- Technical Data. Any information included in response to meet the 4.2.2.3 Scoring Section of Technical Factors, includes response to Section 2.2.B.

**D. TAB 4 of Binder and File Folder 4 For USB Flash Drive NOT REDACTED**

- Management Data. Any information included in response to meet the 4.2.2.4 Scoring Section of Management Factors, includes Attachment A, Sections 2.2.A, 2.2.C, 4.3.A.1, 4.3.A.3, 4.3.A.4, 4.3.A.5, and 4.3.A.6.

**4.4 Nonconforming Terms and Conditions**

A proposal response that includes terms and conditions that do not conform to the terms and conditions in the proposal document is subject to rejection as non-responsive. The MDHS reserves the right to permit the respondent to withdraw nonconforming terms and conditions from its proposal response prior to a determination by the MDHS of non-responsiveness based on the submission of nonconforming terms and conditions.

**4.5 Conditioning Proposal Upon Other Awards**

Any proposal which is conditioned upon receiving award of both the particular contract being solicited and another Mississippi contract shall be deemed non-responsive and not acceptable.

**4.6 Award**

Award shall be made to the responsible respondent whose proposal is determined in writing, to be the most advantageous to the State taking into consideration price and the

evaluation factors set forth in the RFP. No other factors or criteria shall be used in the evaluation.

#### **4.6.1 Notification**

Award for this procurement will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the agency website at <http://www.mdhs.ms.gov>. Respondents will be notified via e-mail of the awards. Additionally, a letter will be sent to all respondents.

##### **4.6.1.1 Notice of Intent to Award**

All participating respondents will be notified in writing of MDHS' intent to award a contract. In addition, MDHS will identify the selected respondent. Notice of Intent to Award is also made available to the public.

##### **4.6.1.2 Notice of Contract Award**

Following issuance of the Notice of Intent to Award and successful negotiation of the contract, MDHS will issue to awarded respondent and make available to the public a Notice of Contract Award.

#### **4.7 Negotiating with Next-Ranked Vendor**

Should the State cease doing business with any respondent selected through this RFP process, for any reason, the State reserves the right to initiate negotiations with the next ranked respondent.

#### **4.8 Valid Contract Required to Begin Work**

Any work performed by the awarded respondent prior to the contract start date of October 1, 2021 is done at respondent's sole risk. The State is under no obligation to pay for work performed prior to contract start date of October 1, 2021.

## **SECTION 5**

#### **5.1 Post-Award Vendor Debriefing**

A respondent, successful or unsuccessful, may request a post-award debriefing, in writing, by U.S. mail or electronic submission. The written request must be received by the Executive Director of the MDHS within three (3) business days of notification of the contract award. A post-award debriefing is a meeting and not a hearing; therefore, legal representation is not required. A debriefing typically occurs within three (3) business days of receipt of the request. If a respondent prefers to have legal representation present, the respondent must notify the Executive Director of the MDHS in writing and identify its attorney by name, address, and telephone number. The MDHS will schedule and/or suspend and reschedule the meeting at a time when a Representative of the Office of the Mississippi Attorney General can be present. For additional information regarding Post-Award Debriefing, as well as the information that may be provided and excluded, please see Section 7-113 through 7-113.07, Post-Award Vendor Debriefing, of the *Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations* as updated and replaced by PPRB.



## 5.2 Protests

Any actual or prospective respondent or contractor who is aggrieved in connection with this solicitation or the outcome of the RFP may file a protest with the Chief Procurement Officer, Bryan C. Wardlaw. The protest shall be submitted in writing within seven (7) calendar days of notification of the contract award after such aggrieved person or entity knows or should have known of the facts giving rise thereto, but in no event later than seven (7) days after solicitation posting or award. All protests must be in writing, dated, signed by the respondent or an individual authorized to sign contracts on behalf of the protesting respondent, and contain a statement of the reason(s) for protest, citing the law(s), rule(s) or regulation(s), and/or procedure(s) on which the protest is based. The written protest letter shall contain an explanation of the specific basis for the protest. The protesting respondent must provide facts and evidence to support the protest. A protest is considered filed when received by Bryan C. Wardlaw, Chief Procurement Officer, via either U.S. mail, postage prepaid, or personal delivery. (Protests submitted via either electronic mail or facsimile will not be accepted). Protests filed after the filing deadline will not be considered.

## 5.3 Required Contract Terms and Conditions

Any contract entered into between MDHS and a vendor/respondent pursuant to this RFP shall include the required clauses found in **Attachment G** and those required by the *Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations* as updated and replaced by PPRB. MDHS discourages exceptions from these required clauses. Such exceptions may cause a proposal to be rejected as non-responsive. Proposals which condition the proposal based upon the State accepting other terms and conditions not found in the RFP, or which take exception to the State's terms and conditions, may be found non-responsive, and no further consideration of the proposal will be given.

## 5.4 Optional Contract Terms and Conditions

Any contract entered into between MDHS and a vendor/respondent pursuant to this RFP may have, at the discretion of the MDHS, the optional clauses found in **Attachment H** and those within the *Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations* as updated and replaced by PPRB. The agency discourages exceptions from these optional clauses. Such exceptions may cause a proposal to be rejected as non-responsive. Proposals which condition the proposal based upon the State accepting other terms and conditions not found in the RFP, or which take exception to the State's terms and conditions, may be found non-responsive, and no further consideration of the proposal will be given.

## 5.5 Mississippi Contract/Procurement Opportunity Search Portal and MDHS Website

This RFP, and answers concerning this RFP, and the Notice of Intent to Award will be posted on the Contract/Procurement Opportunity Search Portal website and the MDHS website at [www.mdhs.ms.gov](http://www.mdhs.ms.gov).

## **5.6 Attachments**

The attachments to this RFP are made a part of this RFP as if copied herein in words and figures.

## **5.7 MDHS Rights Reserved**

By and through this RFP, MDHS hereby reserves its rights to the following:

- 1) Reject any and/or all proposals received in response to this RFP.
- 2) Waive minor irregularities if MDHS determines that waiver would be in its best interest and would not result in an unfair advantage for other respondents and potential respondents.
- 3) Reject any timely and properly submitted proposal in its entirety for failing to meet any of the MANDATORY requirements identified herein.
- 4) Select for contract or for negotiations, a proposal other than that with the lowest cost.
- 5) If negotiations fail to result in a contract or agreement prior to the anticipated contract start date, MDHS may terminate negotiations and take such other action as MDHS deems appropriate.

**ATTACHMENT A  
PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES**

Organization Name: \_\_\_\_\_

Organization's Physical Address: \_\_\_\_\_

Organization's Mailing Address: \_\_\_\_\_

Organization's Principal Place of Business: \_\_\_\_\_

Organization's Place of Performance of Services (if different): \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

Contact Person's Phone No.: \_\_\_\_\_

Contact Person's Fax No.: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Age of business \_\_\_\_\_ Average number of employees over the past three (3) years: \_\_\_\_\_

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned \_\_\_\_\_ Women-Owned \_\_\_\_\_

Indicate the underlying philosophy of the firm in providing the services required within this solicitation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at its own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it **has not** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
9. **REPRESENTATION REGARDING GRATUITIES**  
The Contractor represents that it **has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.
10. **INDEPENDENT PRICE DETERMINATION**  
The respondent certifies that the prices submitted in response to the solicitation **have** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.

**11. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES**

The prospective Contractor represents as a part of such Contractor's proposal that such Contractor **has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** \_\_\_\_\_

**Printed Name and Title of Representative:** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

*Note: Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.*

**ATTACHMENT B  
DEBARMENT VERIFICATION FORM**

Subgrantee's/Contractor's Name	
Authorized Official's Name	
DUNS Number	
Address	
Phone Number	
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	
*Registration Status (Type Active or Inactive)	
*Active Exclusions (Type Yes or No)	

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

**Federal Debarment Certification:**

By signing below, I hereby certify that \_\_\_\_\_ is not on the list  
(Subgrantee's Name/Contractor's Name)  
for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that \_\_\_\_\_ is not on the list  
(Subgrantee's Name/Contractor's Name)  
for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

\_\_\_\_\_  
Date

**ATTACHMENT C  
PROPRIETARY INFORMATION FORM**

The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word “CONFIDENTIAL.” Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. **If this is not applicable, please indicate with “N/A” below.**

- 1.
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

\_\_\_\_\_  
Signature of Authorized Official/ Title  
(No stamped signature)

\_\_\_\_\_  
Date

**ATTACHMENT D  
PROPOSAL EXCEPTION SUMMARY FORM**

List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below.

**Indicate “N/A”, if there are no exceptions.**

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent’s intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

RFP Reference	Respondent Proposal Reference	Brief Explanation of Exception	MDHS Acceptance (sign here only if accepted)
(Reference specific outline point to which exception is taken)	(Page, section, items in respondent’s proposal where exception is explained)	(Short description of exception being made)	
1			
2			
3			
4			
5			
6			
7			

\_\_\_\_\_  
Signature of Authorized Official/ Title

\_\_\_\_\_  
Date



**ATTACHMENT E  
REFERENCES**

Respondents may submit as many references as desired by submitting as many additional copies of Attachment E, References, as deemed necessary. References will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed for each of the two (2) references. No further references will be contacted; however, respondents are encouraged to submit additional references to ensure that at least two (2) references are available for interview. MDHS staff must be able to contact two (2) references within two (2) business days of proposal opening to be considered responsive.

**REFERENCE 1**

Name of Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCE 2**

Name of Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCE 3**

Name of Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCE 4**

Name of Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCE 5**

Name of Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: \_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT F  
REFERENCE SCORE SHEET**

**\*\*TO BE COMPLETED BY MDHS STAFF ONLY\*\***

Name of Respondent: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Person Contacted, Title/Position: \_\_\_\_\_

Date/Time Contacted: \_\_\_\_\_

Contacted By: \_\_\_\_\_ Position: \_\_\_\_\_

Questions	Response (Circle One)	
	Yes	No
Able to provide <b>Needs Assessment</b> Services when requested?	Yes	No
Satisfied with the services provided? If no, please explain.	Yes	No
Vendor easy to work with when scheduling <b>Needs Assessment</b> Services?	Yes	No
Was the Needs Assessment Services completed on time and within budget?	Yes	No
Vendor listened when you had an issue and readily offered a solution? (If never had an issue, please check here ____.)	Yes	No
Would you enter into a contract/project with them again?	Yes	No
Would you recommend them?	Yes	No
Services From/To Dates: _____		

Respondent must have a minimum of 6 “yes” answers on the questions above from two (2) references (total of 12 “yes” answers) to be considered responsible and for its proposal to be considered.

**Score:** Pass/Fail

Do you have any business, professional or personal interest in the respondent’s organization? If yes, please explain.	Yes	No
-----------------------------------------------------------------------------------------------------------------------	-----	----

A “yes” to the above question may result in an automatic disqualification of the provided reference; therefore, resulting in a score of zero as responses to previous questions become null and void.

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACHMENT G**  
**REQUIRED CLAUSES FOR SERVICE CONTRACTS RESULTING FROM THIS RFP**

1. Applicable Law. The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws, provisions, and any litigation with respect thereto shall be brought in the courts of the State. Contractor shall comply with applicable federal, state, and local laws and regulations.
2. Approval Clause. It is understood that if this contract requires approval by the Public Procurement Review Board and/or the Mississippi Department of Finance and Administration Office of Personal Service Contract Review, and this contract is not approved by the PPRB and/or OPSCR, it is void and no payment shall be made hereunder.
3. Availability of Funds. It is expressly understood and agreed that the obligation of the MDHS to proceed under this agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided or if funds are not otherwise available to the MDHS, the MDHS shall have the right upon ten (10) working days written notice to Contractor, to terminate this agreement without damage, penalty, cost or expenses to the MDHS of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.
4. Compliance with Laws. Contractor understands that the MDHS is an equal opportunity employer and therefore, maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and Contractor agrees during the term of the agreement that Contractor will strictly adhere to this policy in its employment practices and provision of services. Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.
5. E-Payment. Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. The MDHS agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," which generally provides for payment of undisputed amounts by the MDHS within forty-five (45) days of receipt of invoice. Mississippi Code Annotated § 31-7-301 *et seq.*
6. E-Verification. If applicable, Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification system for all newly hired employees. Mississippi Code Annotated §§ 71-11-1 *et seq.* The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification

system” means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor agrees to maintain records of such compliance. Upon request of the State and after approval of the Social Security Administration or Department of Homeland Security when required, Contractor agrees to provide a copy of each such verification. Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws. The breach of this agreement may subject Contractor to the following:

- a. termination of this contract for services and ineligibility for any state or public contract in Mississippi for up to three (3) years with notice of such cancellation/termination being made public;
- b. the loss of any license, permit, certification or other document granted to Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or,
- c. both.

In the event of such cancellation/termination, Contractor would also be liable for any additional costs incurred by the State due to Contract cancellation or loss of license or permit to do business in the State.

7. Insurance. Contractor represents that it will maintain workers’ compensation insurance as required by the State of Mississippi which shall inure to the benefit of all Contractor’s personnel provided hereunder; and comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All workers’ compensation, comprehensive general liability, and professional liability insurance will provide coverage to the State of Mississippi as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement and upon request by MDHS at any time during the contract period. Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires. The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts. In no event shall the requirement for an insurance, bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.
8. Paymode. Payments by state agencies using the State’s accounting system shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of Contractor’s choice. The State may, at its sole

discretion, require Contractor to electronically submit invoices and supporting documentation at any time during the term of this Agreement. Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

9. Procurement Regulations. The contract shall be governed by the applicable provisions of the *Mississippi Public Procurement Review Board, Office of Personal Service Contract Review Rules and Regulations*, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at <http://www.dfa.ms.gov>.
10. Representation Regarding Contingent Fees. Contractor represents that it has not retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
11. Representation Regarding Gratuities. Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the *Mississippi Public Procurement Review Board, Office of Personal Service Contract Review Rules and Regulations*.
12. Stop Work Order.
  - a. *Order to Stop Work*: The Chief Procurement Officer, may, by written order to Contractor at any time, and without notice to any surety, require Contractor to stop all or any part of the work called for by this contract. This order shall be for a specified period not exceeding 90 days after the order is delivered to Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, Contractor shall forthwith comply with its terms and take all reasonable steps to minimize the occurrence of costs allocable to the work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the Chief Procurement Officer shall either:
    - i. cancel the stop work order; or,
    - ii. terminate the work covered by such order as provided in the Termination for Default clause or the Termination for Convenience clause of this contract.
  - b. *Cancellation or Expiration of the Order*: If a stop work order issued under this clause is canceled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, Contractor shall have the right to resume work. An appropriate adjustment shall be made in the delivery schedule or Contractor price, or both, and the contract shall be modified in writing accordingly, if:
    - i. the stop work order results in an increase in the time required for, or in Contractor's cost properly allocable to, the performance of any part of this contract; and,

- ii. Contractor asserts a claim for such an adjustment within 30 days after the end of the period of work stoppage; provided that, if the Chief Procurement Officer decides that the facts justify such action, any such claim asserted may be received and acted upon at any time prior to final payment under this contract.
- c. *Termination of Stopped Work:* If a stop work order is not canceled and the work covered by such order is terminated for default or convenience, the reasonable costs resulting from the stop work order shall be allowed by adjustment or otherwise.
- d. *Adjustment of Price:* Any adjustment in contract price made pursuant to this clause shall be determined in accordance with the Price Adjustment clause of this contract.

13. Termination for Convenience.

- a. *Termination.* The MDHS Executive Director or designee may, when the interests of the State so require, terminate this contract in whole or in part, for the convenience of the State. The MDHS Executive Director or designee shall give written notice of the termination to Contractor specifying the part of the contract terminated and when termination becomes effective.
- b. *Contractor's Obligations.* Contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination Contractor will stop work to the extent specified. Contractor shall also terminate outstanding orders and subcontracts as they relate to the terminated work. Contractor shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated work. The MDHS Executive Director or designee may direct Contractor to assign Contractor's right, title, and interest under terminated orders or subcontracts to the State. Contractor must still complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

14. Termination for Default.

- a. *Default.* If Contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract or any extension thereof, or otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the MDHS Executive Director or designee may notify Contractor in writing of the delay or nonperformance and if not cured in ten (10) days or any longer time specified in writing by the MDHS Executive Director or designee, such officer may terminate Contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform. In the event of termination in whole or in part, the MDHS Executive Director or designee may procure similar supplies or services in a manner and upon terms deemed appropriate by the MDHS Executive Director or designee. Contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

- b. *Contractor's Duties.* Notwithstanding termination of the contract and subject to any directions from the Chief Procurement Officer, Contractor shall take timely, reasonable, and necessary action to protect and preserve property in the possession of Contractor in which the State has an interest.
  - c. *Compensation.* Payment for completed services delivered and accepted by the State shall be at the contract price. The State may withhold from amounts due Contractor such sums as the MDHS Executive Director or designee deems to be necessary to protect the State against loss because of outstanding liens or claims of former lien holders and to reimburse the State for the excess costs incurred in procuring similar goods and services.
  - d. *Excuse for Nonperformance or Delayed Performance.* Except with respect to defaults of subcontractors, Contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by Contractor to make progress in the prosecution of the work hereunder which endangers such performance) if Contractor has notified the MDHS Executive Director or designee within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of the public enemy; acts of the State and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, Contractor shall not be deemed to be in default, unless the services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit Contractor to meet the contract requirements. Upon request of Contractor, the MDHS Executive Director or designee shall ascertain the facts and extent of such failure, and, if such officer determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, Contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly, subject to the rights of the State under the clause entitled (in fixed-price contracts, "Termination for Convenience" in cost-reimbursement contracts, "Termination"). (As used in this Paragraph of this clause, the term "subcontractor" means subcontractor at any tier).
  - e. *Erroneous Termination for Default.* If, after notice of termination of Contractor's right to proceed under the provisions of this clause, it is determined for any reason that the contract was not in default under the provisions of this clause, or that the delay was excusable under the provisions of Paragraph (4) (Excuse for Nonperformance or Delayed Performance) of this clause, the rights and obligations of the parties shall, if the contract contains a clause providing for termination for convenience of the State, be the same as if the notice of termination had been issued pursuant to such clause.
  - f. *Additional Rights and Remedies.* The rights and remedies provided in this clause are in addition to any other rights and remedies provided by law or under this contract.
15. Termination Upon Bankruptcy. This contract may be terminated in whole or in part by MDHS upon written notice to Contractor, if Contractor should become the subject of bankruptcy or receivership proceedings, whether voluntary or involuntary, or upon the execution by Contractor of an assignment for the benefit of its creditors. In the event of such termination, Contractor shall be entitled to recover just and equitable compensation for



satisfactory work performed under this contract, but in no case shall said compensation exceed the total contract price.

16. Trade Secrets, Commercial and Financial Information. It is expressly understood that Mississippi law requires that the provisions of this contract which contain the commodities purchased or the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret or confidential commercial or financial information and shall be available for examination, copying, or reproduction.
17. Transparency. This contract, including any accompanying exhibits, attachments, and appendices, is subject to the “Mississippi Public Records Act of 1983,” and its exceptions. See Mississippi Code Annotated §§ 25-61-1 *et seq.* and Mississippi Code Annotated § 79-23-1. In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008. Mississippi Code Annotated §§ 27-104-151 *et seq.* Unless exempted from disclosure due to a court-issued protective order, a copy of this executed contract is required to be posted to the Department of Finance and Administration’s independent agency contract website for public access at <http://www.transparency.mississippi.gov>. Information identified by Contractor as trade secrets, or other proprietary information, including confidential vendor information or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes, will be redacted.

**ATTACHMENT H**  
**OPTIONAL CLAUSES FOR USE IN SERVICE CONTRACTS RESULTING FROM**  
**THIS RFP**

1. Anti-assignment/Subcontracting. Contractor acknowledges that it was selected by the State to perform the services required hereunder based, in part, upon Contractor's special skills and expertise. Contractor shall not assign, subcontract, or otherwise transfer this agreement, in whole or in part, without the prior written consent of the State, which the State may, in its sole discretion, approve or deny without reason. Any attempted assignment or transfer of its obligations without such consent shall be null and void. No such approval by the State of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of the State in addition to the total fixed price agreed upon in this agreement. Subcontracts shall be subject to the terms and conditions of this agreement and to any conditions of approval that the State may deem necessary. Subject to the foregoing, this agreement shall be binding upon the respective successors and assigns of the parties.
2. Attorney's Fees and Expenses. Subject to other terms and conditions of this agreement, in the event Contractor defaults in any obligations under this agreement, Contractor shall pay to the State all costs and expenses (including, without limitation, investigative fees, court costs, and attorney's fees) incurred by the State in enforcing this agreement or otherwise reasonably related thereto. Contractor agrees that under no circumstances shall the customer be obligated to pay any attorney's fees or costs of legal action to Contractor.
3. Authority to Contract. Contractor warrants: (a) that it is a validly organized business with valid authority to enter into this agreement; (b) that it is qualified to do business and in good standing in the State of Mississippi; (c) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind; and, (d) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings or prospective legal proceedings, either voluntary or otherwise, which may adversely affect its ability to perform its obligations under this agreement.
4. Information Designated by Contractor as Confidential. Any disclosure of those materials, documents, data, and other information which Contractor has designated in writing as proprietary and confidential shall be subject to the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1. As provided in the contract, the personal or professional services to be provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information.

Any liability resulting from the wrongful disclosure of confidential information on the part of Contractor or its subcontractor shall rest with Contractor. Disclosure of any confidential information by Contractor or its subcontractor without the express written approval of the MDHS shall result in the immediate termination of this agreement.

5. Confidentiality. Notwithstanding any provision to the contrary contained herein, it is recognized that MDHS is a public agency of the State of Mississippi and is subject to the

Mississippi Public Records Act. Mississippi Code Annotated §§ 25-61-1 *et seq.* If a public records request is made for any information provided to MDHS pursuant to the agreement and designated by the Contractor in writing as trade secrets or other proprietary confidential information, MDHS shall follow the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1 before disclosing such information. The MDHS shall not be liable to the Contractor for disclosure of information required by court order or required by law.

6. Contractor Personnel. The MDHS shall, throughout the life of the contract, have the right of reasonable rejection and approval of staff or subcontractors assigned to the work by Contractor. If the MDHS reasonably rejects staff or subcontractors, Contractor must provide replacement staff or subcontractors satisfactory to the MDHS in a timely manner and at no additional cost to the MDHS. The day-to-day supervision and control of Contractor's employees and subcontractors is the sole responsibility of Contractor.
7. Debarment and Suspension. Contractor certifies to the best of its knowledge and belief, that it:
  - (1) is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any federal department or agency or any political subdivision or agency of the State of Mississippi;
  - (2) has not, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;
  - (3) has not, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against it for a violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (4) is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of these offenses enumerated in paragraphs two (2) and (3) of this certification; and,
  - (5) has not, within a three-year period preceding this proposal, had one or more public transactions (federal, state, or local) terminated for cause or default.
8. Disclosure of Confidential Information. In the event that either party to this agreement receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information that party shall promptly inform the other party and thereafter respond in conformity with such subpoena to the extent mandated by law. This section shall survive the termination or completion of this agreement. The parties agree that this section is subject to and superseded by Mississippi Code Annotated §§ 25-61-1 *et seq.*
9. Exceptions to Confidential Information. Contractor and the State shall not be obligated to treat as confidential and proprietary any information disclosed by the other party ("disclosing party") which:

- (1) is rightfully known to the recipient prior to negotiations leading to this agreement, other than information obtained in confidence under prior engagements;
  - (2) is generally known or easily ascertainable by nonparties of ordinary skill in the business of the customer;
  - (3) is released by the disclosing party to any other person, firm, or entity (including governmental agencies or bureaus) without restriction;
  - (4) is independently developed by the recipient without any reliance on confidential information;
  - (5) is or later becomes part of the public domain or may be lawfully obtained by the State or Contractor from any nonparty; or,
  - (6) is disclosed with the disclosing party's prior written consent
10. Errors in Extension. If the unit price and the extension price are at variance, the unit price shall prevail.
  11. Failure to Deliver. In the event of failure of Contractor to deliver services in accordance with the contract terms and conditions, the MDHS, after due oral or written notice, may procure the services from other sources and hold Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies that the MDHS may have.
  12. Failure to Enforce. Failure by the MDHS at any time to enforce the provisions of the contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the contract or any part thereof or the right of the MDHS to enforce any provision at any time in accordance with its terms.
  13. Final Payment. Upon satisfactory completion of the work performed under this contract, as a condition before final payment under this contract, or as a termination settlement under this contract, Contractor shall execute and deliver to the MDHS a release of all claims against the State arising under, or by virtue of, the contract, except claims which are specifically exempted by Contractor to be set forth therein. Unless otherwise provided in this contract, by state law, or otherwise expressly agreed to by the parties in this contract, final payment under the contract or settlement upon termination of this contract shall not constitute waiver of the State's claims against Contractor under this contract.
  14. Force Majeure. Each party shall be excused from performance for any period and to the extent that it is prevented from performing any obligation or service, in whole or in part, as a result of causes beyond the reasonable control and without the fault or negligence of such party and/or its subcontractors. Such acts shall include without limitation acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, earthquakes, floods, or other natural disasters ("force majeure events"). When such a cause arises, Contractor shall notify the State immediately in writing of the cause of its inability to perform, how it affects its performance, and the anticipated duration of the inability to perform. Delays in delivery or in meeting completion dates due to force majeure events shall automatically extend such dates for a period equal to the duration of the delay

caused by such events, unless the State determines it to be in its best interest to terminate the agreement.

15. Indemnification. To the fullest extent allowed by law, Contractor shall indemnify, defend, save and hold harmless, protect, and exonerate the agency, its commissioners, board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including, without limitation, court costs, investigative fees and expenses, and attorney's fees, arising out of or caused by Contractor and/or its partners, principals, agents, employees and/or subcontractors in the performance of or failure to perform this agreement. In the State's sole discretion, Contractor may be allowed to control the defense of any such claim, suit, etc. In the event Contractor defends said claim, suit, etc., Contractor shall use legal counsel acceptable to the State. Contractor shall be solely responsible for all costs and/or expenses associated with such defense, and the State shall be entitled to participate in said defense. Contractor shall not settle any claim, suit, etc. without the State's concurrence, which the State shall not unreasonably withhold.
16. Independent Contractor Status. Contractor shall, at all times, be regarded as and shall be legally considered an independent contractor and shall at no time act as an agent for the State. Nothing contained herein shall be deemed or construed by the State, Contractor, or any third party as creating the relationship of principal and agent, master and servant, partners, joint ventures, employer and employee, or any similar such relationship between the State and Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any acts of the State or Contractor hereunder creates, or shall be deemed to create a relationship other than the independent relationship of the State and Contractor. Contractor's personnel shall not be deemed in any way, directly or indirectly, expressly or by implication, to be employees of the State. Neither Contractor nor its employees shall, under any circumstances, be considered servants, agents, or employees of the MDHS, and the MDHS shall be at no time legally responsible for any negligence or other wrongdoing by Contractor, its servants, agents, or employees. The MDHS shall not withhold from the contract payments to Contractor any federal or state unemployment taxes, federal or state income taxes, Social Security tax, or any other amounts for benefits to Contractor. Further, the MDHS shall not provide to Contractor any insurance coverage or other benefits, including Worker's Compensation, normally provided by the State for its employees.
17. Integrated Agreement/Merger. This agreement, including all contract documents, represents the entire and integrated agreement between the parties hereto and supersedes all prior negotiations, representations or agreements, irrespective of whether written or oral. This agreement may be altered, amended, or modified only by a written document executed by the State and Contractor. Contractor acknowledges that it has thoroughly read all contract documents and has had the opportunity to receive competent advice and counsel necessary for it to form a full and complete understanding of all rights and obligations herein. Accordingly, this agreement shall not be construed or interpreted in favor of or against the State or Contractor on the basis of draftsmanship or preparation hereof.

18. Modification or Renegotiation. This agreement may be modified only by written agreement signed by the parties hereto. The parties agree to renegotiate the agreement if federal and/or state revisions of any applicable laws or regulations make changes in this agreement necessary.
19. No Limitation of Liability. Nothing in this agreement shall be interpreted as excluding or limiting any tort liability of Contractor for harm caused by the intentional or reckless conduct of Contractor or for damages incurred through the negligent performance of duties by Contractor or the delivery of products that are defective due to negligent construction.
20. Notices. All notices required or permitted to be given under this agreement must be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom the notice should be given at the address set forth below. Notice shall be deemed given when actually received or when refused. The parties agree to promptly notify each other in writing of any change of address.

For the MDHS:	For Contractor:
[Name, Title]	[Name, Title]
MDHS	[Contractor Name]
[Address]	[Address]
[City, State, Zip]	[City, State, Zip]

21. Non-solicitation of Employees. Each party to this agreement agrees not to employ or to solicit for employment, directly or indirectly, any persons in the full-time or part-time employment of the other party until at least six (6) months after this agreement terminates unless mutually agreed to in writing by the State and Contractor.
22. Oral Statements. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this contract. All modifications to the contract must be made in writing by the MDHS and agreed to by Contractor.
23. Ownership of Documents and Work Papers. MDHS shall own all documents, files, reports, work papers and working documentation, electronic or otherwise, created in connection with the project which is the subject of this agreement, except for Contractor's internal administrative and quality assurance files and internal project correspondence. Contractor shall deliver such documents and work papers to MDHS upon termination or completion of the agreement. The foregoing notwithstanding, Contractor shall be entitled to retain a set of such work papers for its files. Contractor shall be entitled to use such work papers only after receiving written permission from MDHS and subject to any copyright protections.
24. Priority. The contract consists of this agreement with exhibits, the Request for Proposals [number] and any amendments and Best and Final Offers (as applicable) (hereinafter referred to as RFP, and the response dated [date] by [CONTRACTOR NAME] (hereinafter referred to as Proposal). Any ambiguities, conflicts or questions of interpretation of this contract shall be resolved by first, reference to this agreement with exhibits and, if still unresolved, by reference to the RFP and, if still unresolved, by reference to the Proposal. Omission of any

term or obligation from this agreement or RFP or Proposal shall not be deemed an omission from this contract if such term or obligation is provided for elsewhere in this contract.

25. Quality Control. Contractor shall institute and maintain throughout the contract period a properly documented quality control program designed to ensure that the services are provided at all times and in all respects in accordance with the contract. The program shall include providing daily supervision and conducting frequent inspections of Contractor's staff and ensuring that accurate records are maintained describing the disposition of all complaints. The records so created shall be open to inspection by the MDHS.
26. Record Retention and Access to Records. Provided Contractor is given reasonable advance written notice and such inspection is made during normal business hours of Contractor, the State or any duly authorized representatives shall have unimpeded, prompt access to any of Contractor's books, documents, papers, and/or records which are maintained or produced as a result of the project for the purpose of making audits, examinations, excerpts, and transcriptions. All records related to this agreement shall be retained by Contractor for three (3) years after final payment is made under this agreement and all pending matters are closed; however, if any audit, litigation or other action arising out of or related in any way to this project is commenced before the end of the three-year period, the records shall be retained for one (1) year after all issues arising out of the action are finally resolved or until the end of the three-year period, whichever is later.
27. Recovery of Money. Whenever, under the contract, any sum of money shall be recoverable from or payable by Contractor to the MDHS, the same amount may be deducted from any sum due to Contractor under the contract or under any other contract between Contractor and the MDHS. The rights of the MDHS are in addition and without prejudice to any other right the MDHS may have to claim the amount of any loss or damage suffered by the MDHS on account of the acts or omissions of Contractor.
28. Right to Audit. Contractor shall maintain such financial records and other records as may be prescribed by the MDHS or by applicable federal and state laws, rules, and regulations. Contractor shall retain these records for a period of three (3) years after final payment, or until they are audited by the MDHS, whichever event occurs first. These records shall be made available during the term of the contract and the subsequent three-year period for examination, transcription, and audit by the Mississippi State Auditor's Office, its designees, or other authorized bodies.
29. Right to Inspect Facility. The State may, at reasonable times, inspect the place of business of a Contractor or any subcontractor which is related to the performance of any contract awarded by the State.
30. Severability. If any part of this agreement is declared to be invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of the agreement that can be given effect without the invalid or unenforceable provision, and to this end the provisions hereof are severable. In such event, the parties shall amend the agreement as necessary to

reflect the original intent of the parties and to bring any invalid or unenforceable provisions in compliance with applicable law.

31. State Property. Contractor will be responsible for the proper custody and care of any state-owned property furnished for Contractor's use in connection with the performance of this agreement. Contractor will reimburse the State for any loss or damage, normal wear and tear excepted.
32. Third Party Action Notification. Contractor shall give the customer prompt notice in writing of any action or suit filed, and prompt notice of any claim made against Contractor by any entity that may result in litigation related in any way to this agreement.
33. Unsatisfactory Work. If, at any time during the contract term, the service performed or work done by Contractor is considered by the MDHS to create a condition that threatens the health, safety, or welfare of the citizens and/or employees of the State of Mississippi, Contractor shall, on being notified by the MDHS, immediately correct such deficient service or work. In the event Contractor fails, after notice, to correct the deficient service or work immediately, the MDHS shall have the right to order the correction of the deficiency by separate contract or with its own resources at the expense of Contractor.
34. Waiver. No delay or omission by either party to this agreement in exercising any right, power, or remedy hereunder or otherwise afforded by contract, at law, or in equity shall constitute an acquiescence therein, impair any other right, power or remedy hereunder or otherwise afforded by any means, or operate as a waiver of such right, power, or remedy. No waiver by either party to this agreement shall be valid unless set forth in writing by the party making said waiver. No waiver of or modification to any term or condition of this agreement will void, waive, or change any other term or condition. No waiver by one party to this agreement of a default by the other party will imply, be construed as or require waiver of future or other defaults.
35. Requirements Contract. During the period of the contract, Contractor shall provide all the service described in the contract. Contractor understands and agrees that this is a requirements contract and that the MDHS shall have no obligation to Contractor if no services are required. Any quantities that are included in the scope of work reflect the current expectations of the MDHS for the period of the contract. The amount is only an estimate and Contractor understands and agrees that the MDHS is under no obligation to Contractor to buy any amount of the services as a result of having provided this estimate or of having any typical or measurable requirement in the past. Contractor further understands and agrees that the MDHS may require services in an amount less than or in excess of the estimated annual contract amount and that the quantity actually used, whether in excess of the estimate or less than the estimate, shall not give rise to any claim for compensation other than the total of the unit prices in the contract for the quantity actually used.
36. Disputes. Any dispute concerning a question of fact under this Contract which is not disposed of by agreement shall be decided by the Deputy Executive Director of Age Related Services. This decision shall be reduced to writing and a copy thereof mailed or furnished to the Contractor and shall be final and conclusive, unless within thirty (30) days from the date of



the decision, Contractor mails or furnishes to the MDHS Executive Director a written request for review. Pending final decision of the MDHS Executive Director or designee of a dispute hereunder, the Contractor shall proceed in accordance with the decision of the Deputy Executive Director of Age Related Services. In a review before the MDHS Executive Director or designee, the Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its position on the question and decision under review. The decision of the MDHS Executive Director on the review shall be final and conclusive unless determined by a court of competent jurisdiction in Hinds County, State of Mississippi, to have been fraudulent, capricious, so grossly erroneous as necessarily to imply bad faith, or is not supported by substantial evidence.

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**ATTACHMENT I  
FORMULA FOR EVALUATING PRICE**

1. **Company A = \$150,000**      **Company A = 35**
  
2. **Company B = \$160,000**      **Company B =  $150,000/160,000 = .9375 \times 35 = 32.8125$**
  
3. **Company C = \$180,000**      **Company C =  $150,000/180,000 = .8333 \times 35 = 29.1655$**

**Company A is the lowest respondent; therefore, the total evaluation points for price = 35**

**ATTACHMENT J**  
**2021 MISSISSIPPI OLDER ADULT NEEDS ASSESSMENT AND WAITING LIST**  
**SURVEY**

*Hello my name is \_\_\_\_\_ and I am from (vendor name). We are conducting a survey for the Mississippi Department of Human Services, Division of Aging and Adult Services that focuses on the health and service needs of adults age 55 and older in the state of Mississippi. This study is part of a federal requirement and your input would be very helpful to us as we try to gain insight into the daily lives of this portion of Mississippi's population. Are you or is anyone in your household 55 or older and would any of you be interested in participating?*

**Transportation**

- 1) For most of your local trips, how do you travel? (Pick the one used most often)
  - a) Walk
  - b) Drive my own car
  - c) Ride with family
  - d) Ride with friends
  - e) Use Public Transportation
  - f) Use church provided transportation
  - g) Take a senior van, shuttle, or minibus
  - h) Take a taxi
  - i) Not Applicable – Unable to leave house
  - j) Not Applicable – Have no form of transportation
  
- 2) How big of a problem has a lack of transportation been for you over the last 12 months?  
(If Answer Is 'c' Skip To Question 4)
  - a) Major problem
  - b) Minor problem
  - c) Not a problem
  
- 3) What are some of the difficulties you face in getting the transportation you need? Check all that apply.
  - a) Public transportation is not available in my area or community
  - b) Can't afford it
  - c) Don't know who to call
  - d) Transportation does not go where I need to go

**Diet and Food Security**

- 4) Are you currently on a special diet prescribed by your doctor?
  - a) Yes
  - b) No
  
- 5) Do you eat at least 2 complete meals a day?
  - a) Yes
  - b) No

- 6) In the past 12 months, how often have the following statements been true? Please indicate your answer by responding with either *Frequently*, *Sometimes*, or *Never*.
- a) I was not able to afford enough food to eat
  - b) I was not able to afford the kinds of food we wanted to eat
  - c) I was not able to afford to eat healthier meals

### **Family and Social Support**

- 7) How many of your relatives or in-laws live within approximately 25 miles from you?
- a) None
  - b) 1-2
  - c) 3-9
  - d) 10 or more
- 8) What relative lives closest to you?
- a) Parent
  - b) Child
  - c) Brother/Sister
  - d) Cousin
  - e) Aunt/Uncle
  - f) In-Law
- 9) Do you feel you have a reliable contact in case of an emergency?
- a) Yes
  - b) No

### **Quality of Life and Lifestyle**

- 10) On a scale of 1 to 5, how would you rate your overall Quality of Life? A score of '1' will indicate the lowest score possible, while a score of '5' will indicate the highest score possible.
- 11) On a scale of 1 to 5 please rate how much of a problem the following issues are for you. A score of '1' will indicate that this is not a problem, while a score of '5' will indicate it is a major problem.
- a) Your physical health
  - b) Suitable housing
  - c) Adequate health care
  - d) Transportation
  - e) Feeling lonely or isolated
  - f) Having enough food to eat
  - g) Affordable medications
  - h) Financial problems
  - i) Depression
  - j) Physical or emotional abuse

- k) Being financially exploited
- l) Being a victim of crime
- m) Dealing with legal issues
- n) Everyday activities like bathing or preparing meals
- o) Boredom
- p) Caregiving

12) How often do you spend time doing the following activities?

Do you participate in these activities *Daily, Weekly, Monthly, Yearly, or Never?*

- a) Participating in volunteer activities
- b) Participating in a club or civic group
- c) Participating in a religious or spiritual activity
- d) Visiting with family (in person or on the phone)
- e) Visiting with friends (in person or on the phone)
- f) Providing help to others
- g) Caring for a pet
- h) Participating in a hobby
- i) Exercising
- j) Traveling outside of your community
- k) Dining out at a restaurant
- l) Using the Internet

### **Caregiving**

13) Do you provide care for family members or friends on a regular basis?

- a) Yes
- b) No (If No, Skip this section)

14) For whom do you provide this care? Check all that apply.

- a) Spouse
- b) Parent
- c) Friend/Neighbor
- d) Adult Child
- e) Grandchild
- f) Other Family Member

15) Approximately how many hours per week do you spend providing care for others?

- a) 1-5 hours
- b) 6-10 hours
- c) 11-20 hours
- d) More than 20 hours

### **Waiting List**

16) Are you currently on a waiting list for any of the following services provided to older adults?

Check all that apply.

- a) Home Delivered Meals
- b) Food Stamp Programs
- c) Tax Preparation
- d) Financial Planning
- e) Home Health Care
- f) Counseling Services
- g) Homemaker Services (help with chores)
- h) Repair Services
- i) Legal Assistance
- j) Job Placement
- k) Senior Discount Programs
- l) Information and Referral Services
- m) Telephone Reassurance
- n) Transportation Services
- o) Shopping Services
- p) Adult Day Care
- q) Health Screening
- r) Physical Fitness/Exercise Programs
- s) Support Groups
- t) Medication Management Education
- u) Nutrition Counseling
- v) Case Management
- w) Congregate Meals (Senior home meals)
- x) Respite care (Relief for care givers)

17) For those services you are waiting for how many months have you been waiting?

18) On a scale of '1' to '5' please rate your level or urgency for receiving each of the services you are waiting for. A score of '1' will indicate the lowest level of urgency, while a score of '5' will indicate the highest level of urgency.

19) What are some of the ways you are coping with this lack of service? Check all that Apply.

- a) Just doing without at this time
- b) Getting help from friends
- c) Getting help from family
- d) Getting help from church
- e) Getting help from community groups
- f) I have hired someone to help me

### **Health Status**

20) On a scale of 1 to 5, how would you rate your overall health status? A score of '1' will indicate poor health, while a score of '5' will indicate excellent health.

- 21) On a scale of 1 to 5, how much does your physical health interfere with your normal daily activities? A score of '1' will indicate little to no interference, while a score of '5' will indicate the highest level of interference.
- 22) Which of the following kinds of health insurance do you have? Check all that apply.
- a) Private insurance
  - b) Medicaid
  - c) Medicare
  - d) None
- 23) Do you have someone you consider to be your doctor or primary health care provider?
- a) Yes
  - b) No (If No Skip To Question 26)
- 24) Have you visited your doctor or primary health care provider in the past 12 months?
- a) Yes
  - b) No
- 25) Have you been hospitalized at any time over the last 2 years?
- a) Yes
  - b) No (If No Skip The Next 3 Questions and Resume at Question 30)
- 26) Were you hospitalized multiple times?
- a) Yes
  - b) No
- 27) What was the duration of your last hospitalization? (i.e. How long were you in the hospital?)
- a) Left the same day
  - b) Stayed Over night
  - c) More than 1 day
  - d) 1 Week
  - e) Longer than 1 Week
  - f) 1 Month
  - g) Longer than a month
- 28) Upon being released from the hospital, was any kind of at-home assistance made available to you?
- a) Yes
  - b) No
  - c) I did not require any assistance
- 29) Have you ever been in need of medical care but decided not to seek medical help?
- a) Yes
  - b) No (If No Skip To Question 32)

30) What are some the reasons you decided not to seek medical help? Check all that apply.

- a) No transportation
- b) Cost of medical care
- c) Could not get an appointment
- d) My insurance would not be accepted
- e) Unable to leave home
- f) Decided to treat myself

31) Have you had any of the following tests or examinations in the past 12 months? Check all that apply.

- a) Eye Exam
- b) Hearing Exam
- c) Dental Exam
- d) Physical Exam

32) How many prescription medications are you currently taking? \_\_\_\_\_

33) How many non-prescription medications are you taking on a regular basis? \_\_\_\_\_

34) Have you recently needed any of the following, but could not afford them? Check all that apply.

- a) Prescription medications
- b) Eyeglasses
- c) Hearing aids
- d) Dentures
- e) Walkers, wheelchair, or canes
- f) Ramps

35) Do you smoke cigarettes?

- a) Yes
- b) No

36) On average, how many alcoholic beverages do you consume in a typical week?

- a) None
- b) 1-2
- c) 3 or more

37) Which of the following health conditions have you had in the past two years? Check all that apply.

- a) Heart problems
- b) High blood pressure
- c) Arthritis
- d) Bursitis
- e) Stroke
- f) Hardening of arteries
- g) Rheumatism



- h) Diabetes
- i) Chest pains
- j) Cancer
- k) Stomach or digestion problems
- l) Kidney or urinary problems
- m) Liver problems
- n) Joint problems
- o) Vision problems
- p) Hearing problems
- q) Trouble sleeping
- r) Shaking problems
- s) Mental illness
- t) Memory loss
- u) Skin problems
- v) Back pain
- w) Amputations
- x) Phlebitis
- y) Paralysis

### **Living Arrangements**

38) Which of the following best describes the type of home you live in?

(If Answer is 'd', 'e', 'f', or 'g' Skip To Question 40)

- a) Single Family House
- b) Mobile Home
- c) Condominium/Apartment
- d) Senior Independent Apartment
- e) Assisted Living
- f) Nursing Home
- g) Group Home
- h) Other

39) Do you rent or own your home?

- a) Rent
- b) Own
- c) Not Applicable

40) Including yourself, how many people live with you? (If Answer Is 'a' Skip To Question 42)

- a) 1
- b) 2-3
- c) 4 or more

41) Who lives with you? Check all that apply.

- a) Spouse or Significant Other
- b) Children

- c) Relative
- d) Grandchildren
- e) Other Relatives
- f) Unrelated Adults (Friend or Roommate)

42) On a scale of 1 to 5, how satisfied are you with your current living arrangement. A score of '1' will indicate the lowest level of satisfaction, while a score of '5' will indicate the highest level of satisfaction.

### **Future Concerns**

43) Looking ahead over the next 5+ years, on a scale of 1 to 5, please rate your level of concern with the following items. A score of '1' will indicate the lowest level of concern, while a score of '5' will indicate the highest level of concern.

- a) Physical health
- b) Mental health
- c) Finding employment
- d) Retaining current employment
- e) Driving on your own
- f) Lack of transportation
- g) Affording basic needs (like food or rent)
- h) Affording medications
- i) Affording health care
- j) Living independently
- k) Ability to care for others
- l) Not having someone to care for you

### **Income**

44) What was your estimated total household income before taxes last year? Please include all sources of income for all persons living in your household \$\_\_\_\_\_

45) Please indicate whether you currently receive any of the following sources of income by answering 'Yes' or 'No.'

- a) Earnings from Employment
- b) State or Federal Retirement Funds
- c) Social Security
- d) Supplementary Security Income
- e) Food Stamps
- f) Home Energy Assistance
- g) Rent Payments from Tenants
- h) Income from Savings or Investments
- i) Veteran's Assistance or Pension
- j) Disability Compensation
- k) Railroad Retirement
- l) Unemployment Insurance

- m) Employee Pension Plan (401 K)
- n) Aid to Dependent Children
- o) Gifts from Friends/Relatives

46) Does your current income make it difficult for you to meet your basic needs?

- a) Yes
- b) No

### **Demographics**

47) In what year were you born?

48) Gender of Respondent (Ask only if not obvious)

- a) Male
- b) Female

49) Race of Respondent

- a) White/ Caucasian
- b) Black/ African American
- c) American Indian or Alaska Native
- d) Asian
- e) Native Hawaiian and Other Pacific Islander
- f) Two or More Races

50) Are you of Hispanic or Latino Ethnicity?

- a) Yes
- b) No

51) What is your highest level of educational attainment?

- a) Less than High School
- b) High School Diploma
- c) Some College (No Degree)
- d) Associate's or Technical Degree
- e) Bachelor's Degree
- f) Master's Degree
- g) Doctoral Degree
- h) Professional Degree (medical, vet, dental, law)

52) What is your marital status?

- a) Single (Never Married)
- b) Married
- c) Divorced
- d) Separated
- e) Widowed
- f) Cohabiting

53) Which of the following best describes your current employment status?

- a) Working full-time
- b) Working part-time
- c) Unemployed, but looking for work
- d) Unemployed, not looking for work
- e) Retired

54) Are you a veteran of the armed forces (either active, National Guard, or reserves)?

- a) Yes
- b) No

55) Are you a Registered Voter?

- a) Yes
- b) No (If No End Survey)
- c) Not Sure

56) Did you vote in the most recent presidential election?

- a) Yes
- b) No

### **COVID-19**

57) Has participant or family member contracted COVID-19? Yes or No

58) Does participant have any needs as it relates to COVID-19? Yes or No

59) Has COVID-19 impacted your Aging services? Yes or No

Thank you so much for your time today.

**ATTACHMENT K**  
**CONTACT LIST MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICTS**

<p><b>704--Central Mississippi PDD/AAA</b>  1020 Centre Pointe Blvd  Pearl, MS 39208  PDD Director: Michael Monk <a href="mailto:mmonk@cmpdd.org">mmonk@cmpdd.org</a>  AAA Director: Chelsea Crittle <a href="mailto:ccrittle@cmpdd.org">ccrittle@cmpdd.org</a>  Fiscal Officer: <b>Sonya Banes</b> <a href="mailto:sbanes@cmpdd.org">sbanes@cmpdd.org</a>  Ph: 601-981-1511, 866-981-1511, Fax: 601-981-1515</p> <p>Counties: Copiah, Hinds Madison, Rankin, Simpson, Warren, Yazoo</p>	<p><b>709--South Delta PDD/AAA</b>  P. O. Box 1776  Greenville, MS 38702  PDD Director: Thomas L. Goodwin, <a href="mailto:tgoodwin@sdpdd.com">tgoodwin@sdpdd.com</a>  AAA Director: <b>Daryl D. Richards, Jr</b> <a href="mailto:drichards@sdpdd.com">drichards@sdpdd.com</a>  Fiscal Officer <b>Nickie Moore</b> <a href="mailto:nmoore@sdpdd.com">nmoore@sdpdd.com</a>  Melissa Hazlewood <a href="mailto:mhazlewood@sdpdd.com">mhazlewood@sdpdd.com</a>  Ph: 662-378-3831, 800-898-3055, Fax: 662-378-3834-  Counties Bolivar, Humphreys, Issaquena, Sharkey, Sunflower, Washington</p>
<p><b>705--East Central PDD/AAA</b>  P. O. Box 499  Newton, MS 39345  PDD Director: John Mike Blount <a href="mailto:mblount@ecpdd.org">mblount@ecpdd.org</a>  AAA Director: Rosie Coleman <a href="mailto:rjcoleman@ecpdd.org">rjcoleman@ecpdd.org</a>  Fiscal Officer:  Ph: 601-683-2007, 800-264-2007, Fax: 601-683-7873</p> <p>Counties: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith</p>	<p><b>710--Southern Mississippi PDD/AAA</b>  10441 Corporate Drive, Ste. 1  Gulfport, MS 39503  PDD Director: Leonard Bentz <a href="mailto:lbentz@smpdd.com">lbentz@smpdd.com</a>  AAA Director: Robert Moore <a href="mailto:rmoore@smpdd.com">rmoore@smpdd.com</a>  Fiscal Officer: <b>Laurie Hyde</b> <a href="mailto:lhyde@smpdd.com">lhyde@smpdd.com</a>  Ph: 228-868-2311, 800-444-8014, -Fax: 228-868-7094  Counties: Covington, Forrest, George, Greene, Harrison, Hancock, Jackson, Stone, Wayne, Lamar, Jefferson Davis, Jones, Marion, Pearl River, Perry</p>
<p><b>706 --Golden Triangle PDD/AAA</b>  P. O. Box 828  Starkville, MS 39760  PDD Director: Rupert L. "Rudy" Johnson  <a href="mailto:rjohnson@gtpdd.com">rjohnson@gtpdd.com</a>  AAA Director: <b>Bobby Gann</b> <a href="mailto:bgann@gtpdd.com">bgann@gtpdd.com</a>  Ph: 662-324-7860, 888-324-9000, Fax: 662-324-7328  Counties: Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston</p>	<p><b>711--Southwest Mississippi PDD/AAA</b>  100 South Wall Street, Natchez, MS 39120  PDD Director: Wirt Peterson <a href="mailto:wpeterson1@bellsouth.net">wpeterson1@bellsouth.net</a>  AAA Director: Yolanda Campbell <a href="mailto:yolanda@swmpdd.com">yolanda@swmpdd.com</a>  Fiscal Officer: <b>Sophronia Hughes</b>  <a href="mailto:sophronia@digiply.com">sophronia@digiply.com</a>  Ph: 601-446-6044, 800-338-2049, Fax: 601-446-6071  Counties: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, Wilkinson</p>
<p><b>707--North Central PDD/AAA</b>  28 Industrial Park Blvd  Winona, MS 38967  PDD Director: Stephen Russell <a href="mailto:srussell@ncpdd.org">srussell@ncpdd.org</a>  AAA Director: Darlena Allen <a href="mailto:dallen@ncpdd.org">dallen@ncpdd.org</a>  Lenon Butts <a href="mailto:lbutts@ncpdd.org">lbutts@ncpdd.org</a>  Fiscal Officer: Tony Green <a href="mailto:tgreen@ncpdd.org">tgreen@ncpdd.org</a>  <b>Jessica Simmons</b> <a href="mailto:jsimmons@ncpdd.org">jsimmons@ncpdd.org</a>  Ph: 662-283-2675, 888-427-0714, Fax: 662-283-5875  Counties: Attala, Carroll, Holmes, Grenada, Leflore, Montgomery, Yalobusha</p>	<p><b>712--Three Rivers PDD/AAA</b>  P. O. Box 690  Pontotoc, MS 38863  PDD Director: Randy Kelley <a href="mailto:bkelly@trpdd.com">bkelly@trpdd.com</a>  AAA Director: Kelleigh Riddle <a href="mailto:KRiddle@trpdd.com">KRiddle@trpdd.com</a>  Fiscal Officer: <b>Bridget Brown</b> <a href="mailto:bbrown@trpdd.com">bbrown@trpdd.com</a>  Ph: 662-489-2415, 877-489-6911, Fax: 662-489-6815</p> <p>Counties: Calhoun, Chickasaw, Itawamba, Lafayette, Lee, Monroe, Pontotoc, Union</p>
<p><b>708-North Delta PDD/AAA</b>  P. O. Box 1488  Batesville, MS 38606  PDD Director: James W. Curcio, <a href="mailto:jcurcio@ndpdd.com">jcurcio@ndpdd.com</a>  AAA Director: Roderick Gordon,  <a href="mailto:rgordon@ndpdd.com">rgordon@ndpdd.com</a>  District FO: <b>Don Wilkerson</b>, <a href="mailto:dwilkerson@ndpdd.com">dwilkerson@ndpdd.com</a>  PH: 662-561-4100, 800-844-2433, Fax:662-561-4112  Counties: Coahoma, DeSoto, Panola, Quitman, Tallahatchie, Tate, Tunica</p>	<p><b>713--Northeast Mississippi PDD/AAA</b>  P. O. Box 600  Booneville, MS 38829  PDD Director: Sharon Gardner <a href="mailto:sgardner@nempdd.com">sgardner@nempdd.com</a>  AAA Director: Carla Newman <a href="mailto:cnewman@nempdd.com">cnewman@nempdd.com</a>  Fiscal Officer: <b>Lisa Mitchell</b> <a href="mailto:lmitchell@nempdd.com">lmitchell@nempdd.com</a>  Ph: 662-728-6248, 800-745-6961, Fax: 662-728-2417  Counties: Alcorn, Benton, Marshall, Prentiss, Tippah, Tishomingo</p>

## **PUBLIC NOTICE (RFP)**

- Proof Posted to Mississippi Contract/Procurement Opportunity Search Portal
- Proof Posted to MDHS Website
- Proof of Publication in Clarion Ledger



# to Government in Mississippi

MISSISSIPPI SUPPLIERS (VENDORS)

TRANSPARENCY MS

BUYING FOR MISSISSIPPI

## Procurement Opportunity And Public Notification Search

Search for Bid Opportunities and Public Notifications (Sole Source, Intent to Award, and Protective Order Request) using **Keyword** or **Advanced Search Options**. State Government Bid Opportunities will be posted to this page as defined by State Law. Sole Source, Intent to Award, and Protective Order Request notifications are not bid opportunities, but are posted in accordance with State Law to provide transparency to the public.

3120002223

SEARCH

[ADVANCED SEARCH OPTIONS](#)

Agency	Smart Number	RFx Number	Description	Status	Advertised Date	Submission Date	RFx Opening Date	
MS DEPT OF HUMAN SERVICES	<a href="#">1651-21-R-RFPR-00002</a>	<a href="#">3120002223</a>	Major Procurement PERSONNEL SERVICES NON-IT  Pursuant to PPRB approval for RFx 3180001360, this is a RFP ...  <a href="#">Attachment - RFP 20210511 DAAS 2022 Needs Assessment RFx 3120002223</a>	Open	05/11/2021	06/11/2021	06/11/2021	<a href="#">View Contact</a>

Back to top



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2



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4



**Robert G. Anderson**  
Executive Director

## **REQUEST FOR PROPOSALS (RFP)**

RFP Number: 20210511 DAAS Needs Assessment  
RFx Number(s): 3180001360 / 3120002223  
To Provide: Needs Assessment  
Issue Date: May 11, 2021

**CLOSING LOCATION**  
Mississippi Department of Human Services  
200 South Lamar Street  
Jackson, Mississippi 39201

**PROPOSAL COORDINATOR**  
Bryan C. Wardlaw, Chief Procurement Officer  
Telephone: (601) 359-4500  
E-Mail: [Procurement.Services@mdhs.ms.gov](mailto:Procurement.Services@mdhs.ms.gov)

**CLOSING DATE AND TIME**





English Español Tiếng Việt

BUSINESS OPPORTUNITIES SERVICES INFO & RESOURCES MY RESOURCES EA DOCUMENT UPLOAD

- RFP No. 20210511 DAAS 2022 Needs Assessment
- RFP No. 20201201 CSELS Child Support Enforcement Legal Services
  - Amendment No. 1 RFP No. 20201201 CSELS

Search ...

- > BUSINESS OPPORTUNITIES
- > SERVICES
  - > Report Fraud
  - > Child Care Payment System
  - > Child Support Application

Show all x



RFP No. 20210511....pdf ^



1



2



3



**Robert G. Anderson**  
**Executive Director**

# **REQUEST FOR PROPOSALS (RFP)**

RFP Number: 20210511 DAAS Needs Assessment  
RFx Number(s): 3180001360 / 3120002223  
To Provide: Needs Assessment  
Issue Date: May 11, 2021

**CLOSING LOCATION**

**Re: Please post the Needs Assessment RFP to website**

Procurement Services &lt;Procurement.Services@mdhs.ms.gov&gt;

Tue 5/11/2021 8:43 AM

To: Vicki Hathcock &lt;Vicki.Hathcock@mdhs.ms.gov&gt;

Done.

Thanks,  
Procurement Services

---

**From:** Vicki Hathcock <Vicki.Hathcock@mdhs.ms.gov>**Sent:** Tuesday, May 11, 2021 8:35 AM**To:** Procurement Services <Procurement.Services@mdhs.ms.gov>**Subject:** Fw: Please post the Needs Assessment RFP to website

Please attach the following RFP to the MDHS website.

*Business Opportunities > Service Solicitations > Request for Proposals (RFP)*

- RFP No. 20210511 DAAS 2022 Needs Assessment

Thanks,  
Vicki

---

**From:** Wendy Wilson <Wendy.Wilson@mdhs.ms.gov>**Sent:** Tuesday, May 11, 2021 8:20 AM**To:** Vicki Hathcock <Vicki.Hathcock@mdhs.ms.gov>; Jennifer Austin <Jennifer.Austin@mdhs.ms.gov>**Subject:** Please post the Needs Assessment RFP to website

**AFFIDAVIT OF PUBLICATION  
THE CLARION-LEDGER**

TO: MS. PRESS  
371 EDGEWOOD TERRACE DR  
JACKSON, MS 39206  
Acct# TCL-H18230

**This is not an invoice**

# of Affidavits 1

Ad Number: 0004727869

STATE OF WISCONSIN  
COUNTY OF BROWN

Before the undersigned authority personally appeared, who on oath says that he or she is a Legal Advertising Representative of The Clarion-Ledger, a newspaper as defined and prescribed in Sections 13-3-31 and 13-3-32, of the Mississippi Code of 1972, amended, who, being duly sworn, states that the notice, a true copy of which is hereto attached, appeared in the issues of said newspaper as follows:

Was published in said newspaper in the issue(s) of:

05/11/2021, 05/18/2021

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Published: 2 time(s)

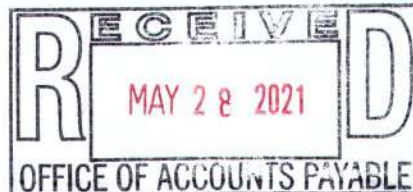
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Authorized Clerk of The Clarion-Ledger

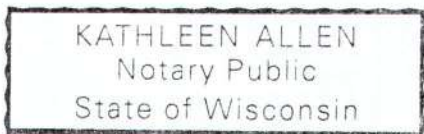
SWORN to and subscribed before me on May 18, 2021.

Kathleen Allen  
Notary Public, State of Wisconsin, County of Brown

1-7-25  
My commission expires



(SEAL)



**Legal Notice  
Request for Proposals (RFP)**

The Mississippi Department of Human Services (MDHS) will accept sealed proposals during the business hours of 8:00 AM – 5:00 PM (Central Time) until Friday, June 11, 2021, 2:00 PM (Central Time) at 200 South Lamar Street, Jackson, Mississippi 39201, for development of the 2022 Mississippi Needs Assessment for the Division of Aging and Adult Services (DAAS), RFP No. 20210511 DAAS Needs Assessment / RFx No. 3120002223. Proposal opening will be Friday, June 11, 2021, at 2:30 PM (Central Time). Detailed specifications may be obtained by accessing [www.mdhs.ms.gov](http://www.mdhs.ms.gov) or contacting Bryan C. Wardlaw, Chief Procurement Officer at [ProcurementServices@mdhs.ms.gov](mailto:ProcurementServices@mdhs.ms.gov) or (601) 359-4500.  
5/11, 5/18/2021

0004727869-01



## **PROPOSALS**

**PUBLIC KNOWLEDGE – FILE FOLDER 1 – ENTIRE PROPOSAL PACKAGE NOT  
REDACTED PURSUANT TO 4.3.A (NOT PROVIDED TO EVALUATION COMMITTEE)**



**PUBLIC  
KNOWLEDGE®**

600 Airport Rd  
Lakewood, NJ, 08701-5995

June 11, 2021

Dear Mr. Wardlaw:

Public Knowledge® (PK) is pleased to propose a solution for the Mississippi Department of Human Services (MDHS), Division of Adult and Aging Services (DAAS) 2022 Needs Assessment. We have received, read, and accepted RFP #20210511 DAAS Needs Assessment (RFx #3180001360, #3120002223), its attachments, and amendment. A signed copy of Amendment No. 1 is included in Appendix A.

We understand that MDHS requires a needs assessment to determine the current and future needs of the state's 55-and-over population. The survey will expand upon the 2011 assessment to include discrete contact methods and gather new information, including details regarding COVID-19, which has been devastating to older citizens. We will also review available state and federal National Adult Maltreatment Reporting System (NAMRS) data for context. We understand MDHS expects reports based on analysis of the data and opinions garnered from current service participants, those awaiting services, and service providers.

PK has performed dozens of assessments for health and human services agencies, including similar work recently in North Carolina. We have proven methodologies to work efficiently and with necessary client input. Our experienced Business Intelligence and Impact Team allows us to innovate and work with data in new ways.

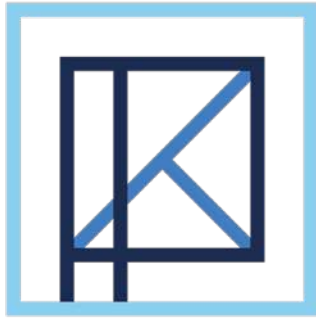
As PK President, I am authorized to submit this response and make representations on PK's behalf. Elizabeth Black is the Regional Vice President, and you may contact her for further information or clarification of this response at [eblack@pubknow.com](mailto:eblack@pubknow.com) or (615) 415-7847. Lamar Smith is our proposed project manager and will serve as your primary point of contact for the project duration.

PK's response to RFP #20210511 DAAS Needs Assessment (RFx #3180001360, #3120002223) and pricing are valid for 180 days. In submitting this response, Public Knowledge® accepts all RFP terms and conditions, including Amendment #1. We certify that we meet all RFP minimum qualifications and that information provided in this response is true and complete. We are capable, willing, and able to perform these services in the prescribed timeframe. We look forward to working with you on this important Needs Assessment project.

Sincerely,

Stacey Obrecht, President





# PUBLIC KNOWLEDGE®

YOUR CATALYST FOR POSITIVE OUTCOMES

Proposal to:

Mississippi Department of Human Services

For:

Division of Aging and Adult Services  
Needs Assessment

TAB 1 or FILE FOLDER 1

In response to RFP #20210511 DAAS  
Needs Assessment (RFx #3180001360,  
#3120002223)

June 11, 2021, 2:30 PM CT

Public Knowledge®  
600 Airport Rd  
Lakewood, NJ, 08701-5995  
[www.pubknow.com](http://www.pubknow.com)



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# 1 Management Summary

[Ref. RFP § 4.3.A.1]

Management Summary: Complete Attachment A indicating the underlying philosophy of the firm in providing the service and also includes: organization name, DUNS number, physical address, contact name and title, phone number, fax number, and email address. This Attachment must be signed by the person authorized to represent the respondent. (include Attachments A - C in this section of your response)

Attachment A, Proposal Cover Sheet with Certifications and Assurances, Attachment B, Debarment Verification Form, and Attachment C, Proprietary Information Form in this section.

Remainder of page left blank intentionally.



# 1.1 Attachment A: Proposal Cover Sheet

**ATTACHMENT A  
PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES**

Organization Name: Public Knowledge®

Organization's Physical Address: 600 Airport Rd., Lakewood, NJ, 08701-5995

Organization's Mailing Address: 600 Airport Rd., Lakewood, NJ, 08701-5995

Organization's Principal Place of Business: United States

Organization's Place of Performance of Services (if different): NA

Contact Person's Name: Stacey Obrecht

Contact Person's Title: President

Contact Person's Phone No.: (307) 287-8941

Contact Person's Fax No.: (720) 684-5571

Contact Person's Email Address: sobrecht@pubknow.com

Tax I.D. Number: 91-1439347

DUNS Number: 11-177-6852

Age of business: 34 years      Average number of employees over the past three (3) years: 60

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned \_\_\_\_\_ Women-Owned \_\_\_\_\_

Indicate the underlying philosophy of the firm in providing the services required within this solicitation: We perform independent program evaluations, organizational reviews, readiness assessments, and needs assessments. Our assessments provide an understanding of root causes, strengths, barriers, and a realistic path forward to meet a specific challenge or to begin planning for a specific initiative. Needs assessments and feasibility studies to support alternative comparison are especially useful when your path forward is unclear.



By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at its own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it **has not** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
9. **REPRESENTATION REGARDING GRATUITIES**  
The Contractor represents that it **has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.
10. **INDEPENDENT PRICE DETERMINATION**  
The respondent certifies that the prices submitted in response to the solicitation **have** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.



**11. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING  
CONTINGENT FEES**

The prospective Contractor represents as a part of such Contractor's proposal that such Contractor **has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** Public Knowledge®

**Printed Name and Title of Representative:** Stacey Obrecht, President

**Signature/Date:**  June 8, 2021

*Note: Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.*



## **1.2 Attachment B: Debarment Verification Form**

Remainder of page intentionally left blank.



ATTACHMENT B  
DEBARMENT VERIFICATION FORM

Subgrantee's/Contractor's Name	Public Knowledge®
Authorized Official's Name	Stacey Obrecht
DUNS Number	11-177-6852
Address	600 Airport Rd., Lakewood, NJ, 08701-5995
Phone Number	(732) 942-3999
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	No

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

Federal Debarment Certification:

By signing below, I hereby certify that Public Knowledge® is not on the list  
(Subgrantee's Name/Contractor's Name)  
for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

State of Mississippi Debarment Certification:

By signing below, I hereby certify that Public Knowledge® is not on the list  
(Subgrantee's Name/Contractor's Name)  
for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

Partnership Debarment Certification:

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

  
\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

June 8, 2021  
\_\_\_\_\_  
Date



## **1.3 Attachment C: Proprietary Information Form**

Remainder of page intentionally left blank.

ATTACHMENT C  
PROPRIETARY INFORMATION FORM


The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. *If this is not applicable, please indicate with "N/A" below.*

1. All Financial Information: Section 8.2 and Appendix C
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

  
\_\_\_\_\_  
Signature of Authorized Official/ Title  
*(No stamped signature)*

June 8, 2021  
Date

## 2 Proposal (Approach to Services)

[Ref. RFP §§ 4.3.A.2, 2.2B]

Proposal: Describe in detail how the service will be provided. Include a description of major tasks and subtasks.

### B. Deliverables – TECHNICAL FACTOR (REDACTED)

Respondent, through its proposal, shall demonstrate its ability to provide services, and otherwise do all things necessary for or incidental to the performance of work and may include unique or innovative approaches, as set forth below:

### Introduction

Public Knowledge® (PK) is well-prepared and excited to assist the Mississippi Department of Human Services (MDHS) Division of Aging and Adult Services (DAAS) to improve older citizens' lives. We know that MDHS is mandated to fulfill Older Americans Act of 1965 provisions with a 2022 Needs Assessment to understand the state's current and future 55-and-older population. Surveys will solicit information from older citizens DAAS serves now, those waiting to obtain services, and those providing services – in all ten service areas. MDHS intends to expand on subjects the 2011 questionnaire broached, including information regarding the COVID-19 pandemic impact. We will also refer to National Adult Maltreatment Reporting System (NAMRS) data to provide additional context for our findings and survey results. We will coalesce analyzed data into detailed draft and final reports.

Figure 1. What Sets Public Knowledge® Apart



PK brings both familiar and innovative methods to this project, decades of experience, and a team of human services and technology experts. PK can deliver efficient and accurate results. We have recent experience with assessing North Carolina’s Division of Aging and Adult Services. We have provided recent human services assessments in multiple states and counties, including for Nebraska’s Division of Child and Family Services. Notably, our Business Intelligence and Impact Team (BIIT) brings new ideas and means to explore and provide information for your strategic planning. Alongside our attention to accurate data, PK keeps personal interactions at the core of how we operate, as they are at MDHS’ mission center. Whether interviewing stakeholders by telephone, conducting focus groups in person or via Zoom, or meeting MDHS leadership for project updates, we communicate clearly and often.

#### The PK Business Intelligence and Impact Team, or BIIT

- PK believes that evidence-based outcomes demonstrate impact.
- Our BIIT will help you establish best practices and develop effective and efficient tools for data gathering and generating objective measures.
- Our team of seasoned management consultants have a variety of experiences and strong project know-how.
- Our goal is to generate the evidence that drives awareness for change.

For more than 30 years, we have helped our clients achieve their goals by understanding their needs and objectives. This approach is the foundation of our process. On January 1, 2021, PK merged with the Center for the Support of Families (CSF) and the Center for Systems Integrity (CSI), collectively known as SLI Government Solutions (SLI). Now we are one firm with deeper and broader expertise, and additional service offerings. Table 1 describes additional advantages PK brings to your project.

Table 1. What Else Sets Us Apart

<b>We have Aging and Adult Service experience and assessments experience.</b>	PK has knowledge and experience with older adults and aging and adult services. Our project in North Carolina was part of an extensive social services assessment that we followed with secondary contracts to continue work with visioning and next steps. Our assessments have included human services agencies in jurisdictions across the country, such as Nebraska, California, and Louisiana to name a few. Section 3 details our experience more fully.
<b>We have extensive public sector experience.</b>	PK has supported government agencies for decades, and our merger with SLI gives us even broader expertise



	<p>in organizational assessment and design. Our public-sector focus gives us an understanding of how organizational changes are affected by policy, political realities, environmental pressures, and state and federal funding opportunities. We partner with colleagues at all levels of government to better understand the challenges that develop and the solutions that are tested so we can fashion solutions that work best for you.</p>
<p><b>We have a proven assessment and improvement methodology.</b></p>	<p>We use our five-step Collaborative Solutions Framework to foster cross-agency collaboration and buy-in. Our Engage-Analyze-Envision-Synthesize-Empower approach lays the foundation for lasting organizational transformation and improved service delivery and outcomes. Our approach is objective, participative, data-driven, and based on industry best practices. It results in actionable recommendations and a unified, empowered leadership team.</p>
<p><b>We use Technology of Participation group facilitation methods.</b></p>	<p>Facilitation is not just a way of running a meeting. It is how we bring our team to your project through accountability, transparency, collaboration, and efficiencies. We facilitate meetings using an inclusive and engaging approach that increases effectiveness and follow-through after the meeting. PK consultants are trained and experienced in the Institute of Cultural Affairs Technology of Participation (ToP) facilitation methods. ToP methods emphasize a shared vision while identifying and acknowledging the barriers to implementation. The process provides a strategy to overcome barriers and restore ownership, commitment, and accountability for action, achieve consensus, and move groups to action.</p>
<p><b>We are known for our collaborative, mentoring consulting style.</b></p>	<p>We believe that our work is carried out not <i>for</i>, but <i>with</i> government agencies. Our consulting methodology includes participative and collaborative approaches that incorporate your input and keep you in the loop. We use our extensive experience to guide you through the process and avoid common pitfalls as you implement solutions. This results in customized strategies and documents that you understand, as well as policies and procedures that you</p>



	can successfully deploy and monitor on your own after our contract ends.
We are experts in designing engaging and productive online work sessions.	When not supporting our clients on-site, our consultants have worked remotely. When the COVID-19 pandemic required a transition to fully online consulting, we met the challenge with creative approaches that provide an engaging, personal experience even when we cannot be there in person. With the right processes, skills, and tools, the flexibility and functionality of virtual engagements can save time and money, foster collaboration and inclusivity, enhance technical skills, and improve retention. We can also help you design and facilitate virtual or hybrid meetings, revise your processes to accommodate virtual collaboration, develop communication materials, and identify tools and processes to increase effectiveness and productivity.

For more information on how we approach this type of work, please see our North Carolina Case Study: <https://pubknow.com/case-studies/improve-service-delivery-families/>. We also provide example reports via links in Section 3, Corporate Experience and Capacity.

## 2.1 Statewide Assessment of Current and Unmet Needs

[Ref. RFP § 2.2(B),1]

1. Contractor shall describe in detail its ability to provide a Statewide assessment of current and unmet needs as determined by a telephonic survey to include, but not be limited to, the following:

To conduct the statewide assessment of current and unmet needs, PK will develop and implement two approaches to engage Mississippians aged 55 and older who are currently receiving services through the Planning and Development District Area Agencies on Aging service areas (AAAs). We will call this group **Population A**.

We will collaborate with MDHS to review and finalize updated versions of adult and aging services network assessment surveys to determine the met and unmet needs of Population A.

In **Approach #1**, we will initiate telephonic contact no more than once per day for a total of three days.

- **Population A** = MS residents 55+ currently receiving services
- **Population B** = MS service providers
- **Population C** = MS residents 55+ waiting for services



While telephonic engagement has been the traditional method for conducting surveys, implementing a second, more innovative, approach could yield a higher response rate. A greater response to network surveys would result in a wider range of citizen feedback, providing MDHS and its provider network with a more comprehensive perspective of Population A. Therefore, where participant data and capacity are available, we will initiate a second approach concurrently with Approach #1.

In **Approach #2**, we will disseminate web-based surveys. Using the information obtained from MDHS, where email addresses are available or can be provided, we will create an email distribution list. We will use the list to email surveys to citizens. As with the telephonic process, a PK team member will monitor responses via the web application and reconcile them with the sample list at large.

As web-based surveys are completed, PK will reconcile reports and remove participants from the call list. We will implement quality control measures to monitor the data collection process using tools that include programs from Microsoft® (MS) Office Suite, as shown in Table 2.

Table 2. Quality Control Measures to Monitor Data Collection in Population A

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**Response rates**

- Use Excel to track the number of completed and uncompleted telephonic surveys
- Use Excel to track the number of returned and unreturned web-based surveys

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**Reconciliation of daily call logs**

- Create daily contact threshold logs to track the number of citizens who could not be engaged after three attempts

---

**Information Integrity**

- Use MS Office Suite tools to support the efficiency and fidelity of data collected
  - Use protocol developed by the PK BIIT to establish data integrity methods and controls
- 

### **2.1.1 Statewide Telephonic Survey to at Least 3,000 Mississippians Aged 55 and Older**

[Ref. RFP § 2.2(B),1.a]

a. at least 3,000 older Mississippians (age 55 and older) as the primary data source (List of Contact Information for 3,000+ Mississippians age 55 and older will be provided by MDHS)





PK will administer the MDHS DAAS Adult and Aging Services Network Assessment Survey via telephone to 3,000 people in Population A. Section 2.7 describes how our survey approach provides accurate results.

### **2.1.2 Statewide Telephonic Survey Combining Ten Sets of 300 Participants from Each of the Ten AAAs**

[Ref. RFP § 2.2(B),1.b]

b. Combine ten (10) sets of random samples of 300 participants from each of the ten (10) Planning and Development District Area Agencies on Aging (AAA) service areas

PK's BIIT will support PK's project team members to implement quality control measures with fidelity, using information from MDHS to survey a random sampling of 300 participants from each of the ten AAAs.

### **2.1.3 Statewide Telephonic Survey with Over-Sample of Minority and Rural Populations**

[Ref. RFP § 2.2(B),1.c]

c. Random sample with over sample of minority and rural populations

PK's survey team will call program participants representing an equitable over-sampling of minority and rural program participants. We will call no more than once per day for a total of three days to initiate and complete the survey.

### **2.1.4 Statewide Telephonic Survey, Attempting Contact at Least Three Times, Once per Day**

[Ref. RFP § 2.2(B),1.d]

d. Telephonic contact shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall notate and no longer contact the person.

PK's survey team will call program participants (**Population A**) and citizens on the waiting list for services (**Population C**) no more than once per day for a total of three days to initiate and complete the surveys. We will maintain contact threshold logs to track the number of citizens we could not engage after three unsuccessful attempts. Once we reach the maximum number of attempts, we will replace the citizen's name on the list.



## 2.2 Statewide Assessment of Projected Needs for Service Providers

[Ref. RFP § 2.2(B),2]

2. Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs for service providers to include, but not be limited to, the following:

PK will use three approaches to engage Mississippi service providers, **Population B**. We will collaborate with MDHS to develop or finalize Adult and Aging Services Network Assessment Surveys. We will help MDHS form planning teams to design and prepare for provider information-gathering events and Envisioning sessions to determine service providers’ projected needs.

In **Approach #1**, we will initiate survey dissemination to service providers via the United States Postal Service (USPS). While the USPS has been the standard means of distributing provider surveys, this project requires timely and reliable survey distribution and information collection. To mitigate issues, we will implement two additional approaches to increase the probability that providers will (1) receive the survey quickly, (2) respond, and (3) actively share their projected needs.

In **Approach #2**, we will distribute web-based surveys.

In **Approach #3**, we will convene virtual information gathering events (envisioning sessions). Our trainer facilitators will guide service providers in discussions, polling, and breakout sessions to collect information about the existing landscape and AAA projected needs.

PK will implement quality control measures to monitor the survey and event-based data collection process using MS Office Suite tools, as shown in Table 3.

Table 3. Quality Control Measures to Monitor Data Collection in Population B

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### **Response rates (track the number citizens engagement by Approach #1 or #2)**

- Use Excel to track the number of completed and uncompleted USPS surveys
- Use Excel to track the number of returned and unreturned web-based surveys

---

### **Use MS Office Suite tools to support efficiency and fidelity of data collected**

- Meeting Composition lists (participants):
    - All providers invited
    - All providers invited and confirmed intent to attend
    - All providers who attend engagement session
  - Meetings Notes:
    - Assigned PK project team members will document meetings
-



Table 3. Quality Control Measures to Monitor Data Collection in Population B

**Technology:**

- Collect real-time polling results with the use of innovative software during engagement sessions
- Collect an audio file by recording Team or Zoom sessions
- Use protocol developed by the PK BIIT to establish data integrity methods and controls

### 2.2.1 Provide a Mail Provider Survey to All Service Providers as Provided by MDHS (2.2.a)

[Ref. RFP § 2.2(B),2.a]

a. Mail Provider survey to all service providers taken from the list of providers as provided by MDHS.

PK will use the list MDHS provides to distribute the survey to **Population B** via the USPS and a web-based survey platform. We will create mailing list(s) and generate mailers that include return postage to increase the probability of responses. The hard copy surveys will include a prompt to encourage online completion of the survey.

## 2.3 Statewide Assessment of Projected Needs Among Older Mississippians Waiting for Services

[Ref. RFP § 2.2(B),3]

3. Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs among those Older Mississippians on waiting lists for services to include, but not be limited to, the following:

PK will use two approaches to engage older Mississippians on waiting lists for services provided by AAAs, **Population C**. We will collaborate with MDHS to develop and finalize the surveys to determine Population C's projected needs. We will disseminate the surveys using the following two methods.

In **Approach #1**, we will initiate telephonic contact no more than once per day for a total of three days.

In **Approach #2**, we will initiate the electronic distribution of web-based surveys. Using the information MDHS provides, where email addresses are available or can be provided, we will create an email distribution list. We will then use that list to email surveys to citizens. As with the telephonic process, a team member will monitor responses via the web application and reconcile responses with the sample list at large. As web-based surveys are



completed, we will reconcile reports and remove participants from the “call” list. PK will implement quality control measures to monitor the data collection process using tools that include programs from MS Office Suite, as shown in Table 4.

Table 4. Quality Control Measures to Monitor Data Collection in Population C

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**Response rates**

- Use Excel to track the number of completed and uncompleted telephone surveys
- Use Excel to track the number of returned and unreturned web-based surveys

---

**Reconciliation of call logs**

- Create contact threshold logs to track the number of citizens who could not be engaged after three attempts

---

**Information integrity**

- Use MS Office Suite tools to support the efficiency and fidelity of data collected
  - Use protocol developed by the PK BIIT to establish data integrity methods and controls
- 

### **2.3.1 Telephone Survey of Citizens on the Waiting List for Services Provided by the Directors of the State’s AAAs**

[Ref. RFP § 2.2(B),3.a]

a. Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state’s ten (10) Planning and Development Districts Area Agencies on Aging.

PK will administer the finalized MDHS DAAS Adult and Aging Services Network Assessment Survey to Mississippians aged 55 and older who are on the waiting list for services, **Population C**, via telephone as we describe above.

### **2.3.2 Statewide Telephonic Survey, Attempting Contact at Least Three Times, Once per Day**

[Ref. RFP § 2.2(B),3.b]

b. Telephonic contact with a waiting list Older Mississippian shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall document the attempted telephonic contact and then resume attempts to contact another participant from MDHS provided list.



PK will call citizens on the waiting list for services no more than once per day for a total of three days to initiate and complete the surveys. We will maintain contact thresholds logs to track the number of citizens who could not be engaged after three attempts.

## 2.4 Statewide Assessment of COVID Inquiries for Impact to Participants

[Ref. RFP § 2.2(B),4]

4. Contractor shall describe in detail its ability to provide a Statewide assessment of COVID inquiries for impact to participants (current participants and waiting list participants) to include, but not be limited to, the following:

- a. Has participant or family member contracted COVID?
- b. Does participant have any needs as it relates to COVID?

Our BIIT has provided technical assistance to states and other jurisdictions to assist with coordinated responses to COVID-19. BIIT's work positions PK to develop and or review a comprehensive list of questions that examine how Mississippi's 55-and-older population is navigating the pandemic. PK will include COVID-19-focused questions in the finalized version of the survey that will disseminated to **Populations A and C**.

## 2.5 Analysis of Social and Economic Variables

[Ref. RFP § 2.2(B),5]

5. Contractor shall describe in detail its ability to provide an analysis of social and economic variables taken into consideration which include, but are not limited to, the following:

- a. age, sex, income, residential setting (i.e., rural/urban/suburban), type of dwelling, lifestyle, volunteer work, employment, voting, family, relatives, health status, service awareness, AAA awareness, specific service need, meal contributions, contentment, legal assistance, transportation, crime, mistreatment/ abuse, loneliness.

PK's BIIT has skilled survey design specialists experienced in developing survey procedures, analyzing results, supporting interviewers, tracing respondents, and managing data quality. Our BIIT is well-versed in conducting multimodal surveys, combining in-person, telephone, mail, and web-based methods that are increasingly required for successful data collection projects, including with this demographic. Additionally, our team understands how to apply these survey methodologies to data collection projects involving a broad range of respondent populations, including age, gender, income, residential setting (i.e. rural, suburban, and urban), dwelling type, lifestyle, volunteer work, employment status, voting history, family, relatives, health status, service awareness, AAA



awareness, specific service need, meal contributions, contentment, legal assistance, transportation, crime, mistreatment or abuse, loneliness, racial or ethnic minority groups, and respondents with limited or no English language skills.

Based on the survey data from **Populations A and C**, PK will show the proportions of the older citizens who are receiving different services and those with unmet needs in each of the ten AAAs. We will further analyze the data through bivariate analysis and multivariate correlational methods by considering the correspondents' social and economic attributes, including age, gender, income, residential areas, health, family structure, AAA service awareness. The bivariate analysis, which we will present in tables and graphs, will indicate whether and how the

“The Public Knowledge® reports validated issues that had been raised by both the State and the Counties. Public Knowledge®, as an independent third party, did a good job of capturing both perspectives.”

~North Carolina County DSS Leader

service needs of the participants vary significantly across the subgroups defined by demographic and social economic status. Available state NAMRS or APS data might provide additional or comparative detail.

The multivariate analysis will further refine our examination by including all relevant factors in our analysis. It will help identify the most salient protective and risk factors affecting service needs, such as health, residential setting, income, lifestyle, and family connections.

We anticipate conducting the analysis and presenting our results in tables and charts using specialized software including MS Excel, Statistical Analysis System (SAS), Power Business Intelligence (BI) Geographic Information System (GIS) mapping tool, etc.

## 2.6 Representation of All Ten Area Agencies on Aging

[Ref. RFP § 2.2(B),6]

6. Contractor shall describe in detail its ability to provide Representation of ten (10) AAA. Statewide Needs Assessment data shall be submitted that includes data from ALL ten (10) Area Agencies on Aging. Representation of all AAAs means the Contractor will be provided with all participants from all Planning and Service Areas (by MDHS) and the Contractor is required to survey participants from each planning and service area.

PK will use the list of ten AAAs provided by MDHS in the following ways: to confirm, track, and reconcile “respondents” and “attempted respondents,” as well as “confirmed participants” and “invited participants” for inclusion and equitable surveying and engagement representation. The AAA designations will be used as an identifier for each of the three populations:



1. Older Mississippians currently participating in services (**Population A**)
2. Current service providers (**Population B**)
3. Older Mississippians on the services waiting list (**Population C**)

## 2.7 Accurate Analysis and Assessment

[Ref. RFP § 2.2(B),7]

7. Contractor shall describe in detail its ability to provide an analysis/assessment reflecting a margin of error no greater than 5%.

The minimum sample size for estimating population proportions, such as in this statewide assessment of current and unmet needs, within a margin of error no more than five percent, can be calculated with the equation:

$$n = (z/M)^2 p(1-p)$$

where  $M$  is the margin of error and  $p$  is an estimated value of the proportion. For a margin of error  $M=0.05$ , the minimum sample size can be found at  $p=0.5$  (most conservative), then:  $n = (1.96/0.05)^2 0.5(1-0.5) = 385$ . That is, with a minimum sample size of 385, we can construct a 95 percent confidence interval for any proportions of residents with various current and unmet needs of the elderly with a margin of error equal or less than five percent.

PK's BIIT provides further accuracy and innovation.

With a statewide sample of 3,000 respondents, we can achieve more accuracy (less than five percent margin of error) in the assessment of the current and unmet needs of older Mississippians. We can gain similar accuracy with bivariate subgroup analysis, in which we assess the respondents' needs with different demographic, social, and economic characteristics such as gender, ethnicity, residential setting, income, and health status.

As the sample in each the ten AAA areas is only 300, not all the AAA-specific assessments of current and unmet needs can achieve the margin of error five percent. However, since the sample size we calculated is based on the conservative method ( $p=0.5$ ), we expect that some proportion estimates (i.e.,  $p <= 0.3$  or  $p >= 0.7$ ) can achieve better precision within the margin of error of five percent.

PK's statistical analysis tools, such as SAS and Stata, can provide the assessment with clear documentation of the margins of error.

## 2.8 Draft Report for DAAS Review

[Ref. RFP § 2.2(B),8]



8. Respondent shall describe in detail its ability to provide a draft report (must include graphs and charts) for DAAS’ review and approval before final report is submitted.

PK brings recent experience to this adult and aging services systems work. Because we understand the landscape, we can better understand the existing network of providers, current needs of those being served, and projected needs of those who might be served in Mississippi. Our previous engagements have educated us about how needs can span services, just as services often need to share information to better serve clients.

The information we gather, through telephonic, mailed, web-based surveys, and virtual service provider engagement or envisioning sessions, will allow us to produce a precise

“They held listening sessions, showcased good work, and looped in county officials before the final report was issued. County officials and stakeholders knew they had input, felt involved in the process, and recognized that the recommendations were impartial. Ultimately, in response to everyone’s feedback, they reduced the number of recommendations and reframed some to provide clearer direction and priorities.”

~North Carolina State DHHS Leader

assessment of Mississippi’s Adult and Aging Services Network. This assessment might include aging and adult services opportunities and areas for improvement, investment, and innovation. Additionally, our report will specify in detail (through narrative and charted data) the articulated needs of Mississippi’s older citizens being served now, those on waiting lists, and the providers who serve them.

Our team has extensive experience in assessing system strengths and opportunities for improvement, identifying root causes of complex problems, providing recommendations for enhancements, and planning for successful implementation and oversight. We also deliver plans designed to inform and supplement other aspects of an agency’s work, such as federally required state plans and program improvement plans. We detail this experience providing similar such reports in Section 3, Corporate Experience and Capacity. We are prepared to provide MDHS with the requested draft report, and we include examples of previous reports we have provided in Section 3.1.

## **2.9 Needs Assessment Reflecting Increase or Decrease in Services Based on Projected Older Adult Population**

[Ref. RFP § 2.2(B),9]





9. Respondent shall describe in detail its ability to provide The Needs Assessment that shall reflect an increase in services or decrease based on projected population of older adults using empirical data.

We will analyze the information we collect through NAMRS, surveys, and other engagements and use it to formulate comparison data and highlight system trends. We will focus on service utilization rates, stakeholder engagement, and the specific needs of large and sub-populations within Mississippi's Adult and Aging Services Network. Our report will include dynamic visual illustrations to convey details of our results.

## **2.10 Formal Written Report**

[Ref. RFP § 2.2(B),10]

10. Respondent shall describe in detail its ability to provide a formal written report (must be in Word and PDF format).

We have the technological capabilities to prepare and submit draft and final formal written reports in MS Word and Portable Document Format (PDF). Using our available technology, the project team and BIIT will collaborate to blend quantitative and qualitative data with clear and concise narrative into a comprehensive report. We will be able to present the Mississippi Adult and Aging Services Network's to-date status clearly. The report will reflect both current and future, met and unmet needs of Mississippi's Population A, Population B, and Population C. Our internal quality control process includes successive internal reviews to check for clarity and understanding prior to submission. Our proposed project schedule reflects a submission date for the final report before RFP-required date.

## **2.11 Raw Data in Excel Format**

[Ref. RFP § 2.2(B),11]

11. Respondent shall describe in detail its ability to provide raw data in Excel format.

PK has access to the full MS Office Suite, including Excel, and additional tools to capture data. Our BIIT will support the project team with the technological capabilities to transfer information captured through telephonic, USPS, web-based surveys, and in-person engagement into Excel spreadsheets, tables, and workbooks. Our Information Technology policy is to store files securely, per detailed data security storage protocols. We can make the Excel sheets containing survey and other gathered information available to MDHS upon request.



## **2.12 Meeting Facilitation with MDHS to Review Draft Report and Supporting Data Before Final Submission**

[Ref. RFP § 2.2(B),12]

12. Respondent shall describe in detail its ability and approach to facilitate a meeting with MDHS to review draft report of Needs Assessment and any supporting data before final submission.

We facilitate meetings using an inclusive and engaging approach that increases effectiveness and follow-through after the meeting. Our proposed project manager is trained in the Institute of Cultural Affairs Technology of Participation (ToP) facilitation methods. ToP methods emphasize a shared vision while identifying and acknowledging the barriers to implementation. To guide meetings, we use pre-distributed agendas with clear action items, roles, and responsibilities. We also send work products that need to be considered jointly in advance. Meetings can be virtual or in-person, depending on availability and safety protocols, though we understand that MDHS would like to hold these review meetings in person. PK, in collaboration with MDHS, will develop a reporting schedule for draft and final report submission and discussion.

## **2.13 Detailed Project Management and Work Plan**

[Ref. RFP § 2.2 A]

Project Management – MANAGEMENT FACTOR (NOT REDACTED)

Respondent shall provide an overall Project Management Plan detailing its approach in developing a final report to MDHS DAAS for utilization within the Mississippi State Plan for Aging and Adult Services. Respondent's Project Management Plan shall include, but not be limited to the following:

1. Detailed timeline outlining ability to meet the project tasks as further described in Sec. 2.2(C) of this RFP. Timeline description may include unique or innovative approaches to accomplishing project deliverables;
2. Description of dedicated resources to include, but not be limited to, number and qualifications of personnel and other resources utilized to provide required deliverables as outlined in Sec. 2.2(B) of this RFP; and
3. Description of respondent's prior efforts to provide this type of data, analysis, and report (or similar data, analysis, and report) to another governmental agency/entity to include how those prior efforts will benefit MDHS for this project.

### **2.13.1 Detailed Project Timeline**

[Ref. RFP § 2.2(A),1, 2.2(C)]



2.2(A),1. Detailed timeline outlining ability to meet the project tasks as further described in Sec. 2.2(C) of this RFP. Timeline description may include unique or innovative approaches to accomplishing project deliverables.

**C. Timeline – MANAGEMENT FACTOR (NOT REDACTED)**

Respondent shall describe in detail its ability to meet the below projected timeline for various aspects of projects:

• Project Tasks	Anticipated Duration
• Statewide assessment of current and unmet need	7 weeks
• Statewide assessment of projected need for service providers	3 weeks
• Statewide assessment of projected needs among those on waiting lists for services	2 weeks
• Analysis and initial report drafting	1 month
• MDHS/DAAS review of draft report	2 weeks
• Final report drafted and published	1 month

The above projected timeline may be adjusted upon contract award only upon prior written approval from MDHS.

We have estimated our proposed timeline of project activities for the DAAS Needs Assessment based upon the project timeline provided in the RFP #20210511 DAAS Needs Assessment (RFx #3180001360, 3120002223), Section 2.2.C.

Figure 2 provides the proposed project timeline, upon which we will build further with MDHS DAAS input. As noted above, our proposed schedule reflects a final report submission date preceding the RFP–required date.



Figure 2. Proposed Project Timeline



### Project Management

To manage client projects, we supplement the Project Management Institute’s (PMI) Project Management Body of Knowledge (PMBOK) guidelines with our proprietary DitDah™ Method.

“It was very reassuring that during the first six months I had almost daily contact with Public Knowledge® staff, who took a hands-on approach to shared project management.”

~North Carolina State DHHS Leader

Our methodology is named after the dots (Dits) and dashes (Dahs) of Morse Code, which revolutionized communication and business practices and bridged gaps of time and space to bring people together. The DitDah™ Method strengthens PMBOK’s task-based approach to project strategy with a focus on the people side of projects through

strategic partnerships, healthy project teams, and individual contributions. We also draw on more than 30 years of project management experience to customize and improve on PMBOK’s performance reporting techniques and repeatable project management processes.



Figure 3. PK DitDah™ Method



- **Strategic Partnerships.** Being a trusted advisor and respected partner to all stakeholders within a project.
- **Individual Contributions.** Being lifelong learners, constantly developing our individual knowledge and skills, and committing to full participation.
- **Healthy Project Teams.** Building and sustaining high performing project teams.
- **Repeatable Project Management Processes.** Setting project strategy and using repeatable processes to rigorously manage to desired project outcomes.
- **Predictive Performance Reporting.** Collecting, reporting, and using data on project scope, performance, tasks, and predictive analytics for informed and strategic decision-making

**Strategic Partnerships.** Focusing on client and stakeholder relationships builds the trust needed to make informed decisions and resolve issues quickly. We communicate clearly and regularly, and we use a collaborative consulting approach, involving the right people at the right time.

**Healthy Project Teams.** Attending to team dynamics, behaviors, and relationships increases project efficiency and quality. We use participative facilitation methods and other collaborative tools and processes to build effective internal, client, and joint project teams.

**Individual Contributions.** Building personal capacity fosters innovation, creative problem solving, and team effectiveness. We promote individual growth through regular feedback, coaching, mentoring, one-on-one meetings, and opportunities for professional development.

**Predictive Performance Reporting.** Data-driven project monitoring, measuring, and reporting helps our clients make informed and strategic decisions. We supplement PMBOK's approach with additional industry-leading data tools and techniques to provide accurate and predictive project insight.

**Repeatable Project Management Processes.** A well-defined strategy and rigorous application of sound processes keeps projects on track to achieve the desired outcomes. We adapt our proven tools and techniques, which are rooted in PMBOK best practices, to meet each client's unique needs.

Table 5 outlines our specific project management tasks.



Table 5. Project Management

<b>Estimated Hours</b>	200 hours total, disbursed across the project
<b>Expected Duration</b>	October 4, 2021 to March 21, 2022
<b>Representative Activities</b>	<p><b>PMI Phases 1 and 2 (Initiate and Plan):</b>  <b>Monday, October 4, 2021 – Friday, October 15, 2021</b>  (1) Mississippi Older Adults Needs Assessment and Waiting List Survey, (2) Contact List for AAAs, (3) Map of Service Areas, (4) 2011 Mississippi Needs Assessment, and (5) Most Recent Mississippi Division of Adult and Aging Services State Plan</p> <ul style="list-style-type: none"> <li>• Convene and facilitate an in-person kickoff meeting to: (1) define project scope; (2) schedule; (3) deliverables; and (4) protocols for status reporting and deliverable submission</li> </ul> <p><b>PMI Phase 3 (Execute):</b>  <b>Monday, October 18, 2021 – Friday, March 18, 2022</b></p> <ul style="list-style-type: none"> <li>• Execute project management plan (conducting surveys, data analysis, and drafting and developing draft and final reports</li> </ul> <p><b>PMI Phase 4 (Control):</b>  <b>Monday, October 18, 2021 – Friday, March 18, 2022</b></p> <ul style="list-style-type: none"> <li>• Weekly internal sync meetings</li> <li>• Data integrity huddles with BIIT</li> <li>• Check in meetings with MDHS DAAS contact(s)</li> </ul> <p><b>PMI Phase 5 (Close):</b>  <b>Monday, March 21, 2022 – Thursday, March 31, 2022</b></p> <ul style="list-style-type: none"> <li>• Verify MDHS DAAS has received the final report</li> <li>• Confirm that PK has met the terms of the written agreement and finalize outstanding issues</li> </ul>
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Confirmation of required documents</li> <li>• Kickoff meeting agenda and minutes</li> <li>• Final timeline and task plan</li> <li>• Work products and artifacts</li> <li>• Agendas and minutes for project status meetings</li> <li>• Project plan or scope updates</li> </ul>



Table 5. Project Management

	<ul style="list-style-type: none"> <li>• Closeout letter</li> <li>• Lessons learned report</li> </ul>
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### Task 1: Surveying and Engagement

During this task, we gather the information required to develop the assessment report for MDHS DAAS. We will use several approaches to extract information from the three targeted populations.

Table 6. Surveying and Engagement

<b>Estimated Hours</b>	870 hours
<b>Expected Duration</b>	October 18, 2021 to January 7, 2022
<b>Representative Activities</b>	<ul style="list-style-type: none"> <li>• Receive data representing Populations A, B, and C from MDHS (PK BIIT)</li> <li>• Work with MDHS point(s) of contact to develop or finalize survey questions</li> <li>• Submit survey questions to MDHS for review and approval</li> <li>• Extract a sample, with an over-representation of minority and rural citizens, and compile into lists for survey engagement</li> <li>• Conduct telephonic and web-based surveys, using established and validated collection methods, to Populations A and C</li> <li>• Prepare hard copy survey for distribution via the USPS to Population B (PK surveyors)</li> <li>• Convene team to plan for virtual engagement of service providers (PK project manager)</li> <li>• Conduct internal sync meetings</li> <li>• Hold collaborative planning meetings with MDHS project points of contact</li> <li>• Facilitate of Envisioning sessions</li> </ul>
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• The PK project team members will facilitate two two-hour collaborative planning meetings with MDHS points of contacts.</li> <li>• The PK project team will hold 12 one-hour internal planning and sync meetings.</li> </ul>



Table 6. Surveying and Engagement

	<ul style="list-style-type: none"> <li>• The PK project team will facilitate one two-hour Envisioning session with MDHS points of contact and representation from all ten AAAs.</li> </ul>
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Survey Questionnaire: Telephonic interview guide tool</li> <li>• Survey Questionnaire: Web-based</li> <li>• Survey Questionnaire: Mailer (hard copy)</li> <li>• Meeting agendas</li> <li>• PowerPoint Presentations</li> <li>• Meeting notes</li> </ul>

### Task 2: Analysis and First Report Draft

The PK project team will collaborate with the BIIT to implement fidelity quality control measures during the surveying phase of this project. When the surveys are complete, BIIT will analyze the data, identify trends, and provide varied presentation styles to convey feedback from the targeted populations. The project manager and other team members will prepare the first draft report for submission to MDHS DAAS.

Table 7. Analysis and First Report Draft

<b>Estimated Hours</b>	160 hours
<b>Expected Duration</b>	November 8, 2021 to Monday, February 7, 2022
<b>Representative Activities</b>	<ul style="list-style-type: none"> <li>• Use MS Office Suite tools to collect survey information</li> <li>• Gather information daily</li> <li>• Hold data collection integrity and control meetings at 3, 6, 9, 12 weeks during the surveying phase (BIIT meets with project team)</li> <li>• Evaluate data integrity and collection and trend analysis (Project Manager and BIIT)</li> <li>• Review all information collected at end of survey phase</li> <li>• Commence data charting and graphing</li> <li>• Prepare a draft of report</li> <li>• Submit draft report to MDHS DAAS</li> </ul>
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• PK BIIT and project teams will hold four one-hour data integrity, collection, and analysis meetings.</li> <li>• BIIT's Christoph Hansel and Lijun Chen will spend two days analyzing and reviewing data.</li> <li>• The PK project team will write a draft report.</li> </ul>
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Submission of draft report</li> </ul>



### Task 3: Final Report

During this stage, we will review comments and engage MDHS DAAS point(s) of contact regarding revisions to the draft report.

Table 8. Final Report

<b>Estimated Hours</b>	80 hours
<b>Expected Duration</b>	February 21, 2022 to March 21, 2022
<b>Representative Activities</b>	<ul style="list-style-type: none"> <li>• Review returned draft from MDHS DAAS point(s) of contact for comments</li> <li>• Convene project team for revisions to report</li> <li>• Convene BIIT for revisions to data presentation</li> <li>• Submit report for internal review and approval</li> <li>• Submit final report to MDHS DAAS</li> </ul>
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• PK will hold two one-hour check-in meetings with MDHS DAAS points of contact.</li> <li>• PK will hold four one-hour internal project team sync meetings.</li> </ul>
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Close-out Meeting</li> <li>• Submission of Final Report</li> </ul>

#### 2.13.2 Dedicated Resources to Provide Required Deliverables

[Ref. RFP § 2.2(A),2]

2. Description of dedicated resources to include, but not be limited to, number and qualifications of personnel and other resources utilized to provide required deliverables as outlined in Sec. 2.2(B) of this RFP;

PK has assembled a strong team for this project, a unique combination of seasoned consultants with rich human and social services knowledge and analytical expertise. Team members have worked on adult and aging services projects in the past or are currently engaged in work in Mississippi. Collectively, the project team and BIIT bring hands-on experience tailored to aging services, assessment projects, system reviews, and leadership engagement. We present greater detail on staff qualifications and proposed responsibilities in Section 4, Personnel, and in Appendix B, Resumes.



### **2.13.3 Prior Efforts to Provide This Type of Data, Analysis, and Report to Another Governmental Agency or Entity**

[Ref. RFP § 2.2(A),3]

3. Description of respondent's prior efforts to provide this type of data, analysis, and report (or similar data, analysis, and report) to another governmental agency/entity to include how those prior efforts will benefit MDHS for this project.

PK has provided this type of work for multiple other state and county agencies both recently and over our 30-year history. The relevant experience of our firm and our proposed staff allows us to move quickly and efficiently, as the requested schedule requires. It also means that we can anticipate issues or questions, communicate fully, and use proven methods to resolve issues quickly. We discuss our specific project experience in detail in Section 3, Corporate Experience and Capacity, next.

### 3 Corporate Experience and Capacity

[Ref. RFP § 4.3.A.3]

Corporate experience and capacity: Describe the experience of the firm in providing the service, give number of years that the service has been delivered, and provide a statement on the extent of any corporate expansion required to handle the service.

PK has spent 30 years conducting organizational assessments and reviews for a range of state, county, and local human services agencies. Our recent experience for the State of North Carolina spanned the capacity of the social services program, including Aging and Adult Services (AAS), and the child welfare program. We conducted assessments and created preliminary and final reports offering recommendations for reform. North Carolina has since engaged us in additional contracts to help AAS with further visioning and practice standards and to begin implementation of our recommendations for child welfare. Our recent experience spans the United States. Nebraska; Louisiana; and Mendocino, Santa Clara, San Joaquin, and Yolo Counties in California have asked us to return, even years later, to provide additional assessment services.

- PK has recent relevant experience
- PK knows assessment work
- PK knows Mississippi

“Public Knowledge® was successful because of the expertise they brought to the table. They brought the best of both worlds—consultants who had national expertise but also people who understood the complexities of our state and local system and our operational nuances.”

~North Carolina State DHHS Leader

We have spent the past 12 years working with the State of Mississippi, in continuing contracts for the Department of Child Protection Services (DCPS). We first helped DCPS create a practice model for the child welfare program, and we are now helping to implement that as part of a reform process.

A selection of relevant project examples follows. We are pleased to provide further information or additional examples upon request, and we include links to work examples in Section 3.1.



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
<p><b>North Carolina Aging and Adult Services</b></p> <p>North Carolina Department of Health and Human Services, Division of Aging and Adult Services</p> <p>9/2020 to 2/2021</p>	<p>During unprecedented challenges brought on by the COVID-19 epidemic, PK provided support services to the North Carolina Aging and Adult Services (AAS) programs in the Department of Health and Human Services (DHHS). Support services included:</p> <ul style="list-style-type: none"> <li>• Reviewing and assessing AAS reports, case findings, curriculum and training documents, and other available documentation</li> <li>• Reviewing staffing and caseload data to identify gaps in services</li> <li>• Planning and facilitating a two-day envisioning session to explore challenges and opportunities and to develop specific recommendations for strategies for improvement</li> <li>• Administering surveys to gather information associated with service delivery to adults at risk</li> <li>• Facilitating working sessions with DHHS staff and program leaders to focus on challenges and initial recommendations to improve service delivery to adults at risk</li> <li>• Developing a final report to serve as an action plan detailing opportunities, challenges, and recommendations</li> </ul>
<p><b>North Carolina Social Services Reform and Child Welfare Reform Plans</b></p> <p>North Carolina State Office of Budget and Management; Division of Social Services, Department of Health and Human Services</p> <p>3/2018 to 7/2020</p>	<p>Beginning in 2018, PK (formerly known as (f.k.a.) CSF) conducted a comprehensive review of North Carolina’s social services and child welfare systems and developed recommendations as set forth in SL2017-41 [House Bill 630], a broad social services reform. This included Aging and Adult Services, Child Support, Child Welfare, Food and Nutrition Services (SNAP), and Work First (TANF). The assessment included both individual and group interviews, surveying North Carolina’s 100 counties, and analyzing staffing and salaries for all 100 counties providing social services locally. PK has</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	<p>continued to provide the North Carolina DHHS implementation support to</p> <ul style="list-style-type: none"> <li>• Develop a publicly available data dashboard</li> <li>• Conduct an analysis and create a set of recommendations related to Aging and Adult Services</li> <li>• Maximize child welfare financing, develop a statewide practice model, and engage a broad array of stakeholders into the improvement process</li> </ul>
<p><b>Nebraska Child Welfare Assessment</b>            Nebraska Division of Child and Family Services            12/2019 to 3/2021;            8/2021 to 12/2012</p>	<p>Nebraska’s DHHS, Division of Children and Family Services provided a high-level assessment in a fast four-month period. PK’s work included reviewing documents, analyzing child welfare assessments and processes, identifying trends, researching organizational structures, fiscal control, and financial management, and offering recommendations on critical focus areas for the new DHHS Director of Children and Family Services. PK (f.k.a. CSF) previously provided an assessment in 2012 focusing on three aspects of the child welfare services provided by the Division of Children and Family Services to the State of Nebraska.</p>
<p><b>Mississippi Child Welfare Reform: Practice Model and Practice Model Implementation</b>            Mississippi Department of Child Protection Services            2/2009 to 11/2022</p>	<p>PK has assisted DCPS (originally contracted under DHS) since 2009 in developing comprehensive statewide child welfare practice model designed to guide caseworker interventions with children and families. We are now working with DCPS on implementation. We developed and produced facilitators’ manuals, PowerPoint presentations, and practice and participant guides for six major practice model components. We are providing training, coaching, and technical assistance to the state’s regional service delivery network and are working with DCPS to implement a quality</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	improvement process including the development of valid data indicators. We have also guided DCPS in engaging stakeholders to strengthen their partnerships with community resources and have assisted in developing statewide policy governing the practice model.
<p><b>New Jersey Child Welfare System Innovation/Alia</b> New Jersey Department of Children and Family Services/Alia 11/2019 to 12/2024</p>	Under this project, PK is assisting New Jersey Child Welfare through Alia to completely reform the state’s approach to providing child welfare services through innovation and partnering.
<p><b>Tennessee Child Welfare Redesign</b> Tennessee Department of Children's Services/Casey Family 1/2019 to 12/2021</p>	PK is assisting the Tennessee Department of Children’s Services to implement and evaluate their Child Protective Services redesign of response to reports of child abuse and neglect, particularly from mandated reporters. We are using the evaluation to guide the state in its goal to reducing foster care entries.
<p><b>Missouri Child Welfare Redesign</b> Missouri Department of Children's Services/Casey Family 1/2019 to 12/2021</p>	PK is providing consultation and technical assistance to support a multi-system approach in Missouri to enhance understanding and implementation of a new service array supportive of the Family First Prevention Services Act (FFPSA) and Qualified Residential Treatment Program (QRTP) requirements. This includes facilitating a public-private partnership for strategic planning, including the Missouri Children’s Division, service providers, and the judiciary and court system.
<p><b>Louisiana Good Support Assessment</b> Louisiana Support Enforcement Services 4/2021 – 9/2021</p>	PK is assessing a Louisiana child support family-centered program, “Good Support,” currently operating in one parish, to determine its effectiveness. PK will also assist the child support



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	agency with program expansion planning, should the agency decide to expand the program.
<p><b>Louisiana Child Support Enforcement Operational Assessment 2020 (A Policy Framework for Family-Centered Child Support Services)</b></p> <p>Louisiana Support Enforcement Services</p> <p>9/2020 – 2/2021</p>	<p>Funded by the Kresge Foundation, the State of Louisiana hired PK to do an operational assessment to provide family-centered policy recommendations and serve as a roadmap for a ‘whole family’ child support program model. PK produced a final report with recommendations drawn from best practices in whole-family and two-generation approaches to child support service delivery. It was also based on a review of DCFS’ current state policies, practices and available state and federal IV-D performance data. PK gathered and analyzed qualitative feedback from various IV-D stakeholders, including child support customers, judicial and district attorneys, community partners and other social service organizations. The final report recommendations included data collection, analysis, and performance monitoring to inform DCFS plans to modernize its child support database in the future. The report also outlined implementation steps for DCFS’ consideration as it continues to align its policies, practices, and data system to best serve all families across Louisiana effectively.</p>
<p><b>Allegheny County, Pennsylvania, Child Support Intergovernmental Case Processing Innovation</b></p> <p>Allegheny County, Pennsylvania, Family Division, Adult Section</p> <p>4/2020 to 3/2021</p>	<p>PK recently provided an assessment to help Allegheny County improve intergovernmental child support case processing. PK completed a thorough review of the Pennsylvania child support enforcement program’s interstate training, business processes, and relationships with other states.</p>
<p><b>North Dakota/Three Affiliated Tribes Intergovernmental Improvement Grant</b></p>	<p>PK recently provided an assessment to help the North Dakota improve intergovernmental child support case processing. PK completed a detailed analysis of intergovernmental cases in both North</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
<p>North Dakota Division of Child Support 2/2020 to 1/2021</p>	<p>Dakota and the Three Affiliated Tribes under a section 1115 federal grant. Our team assessed both current and historic problems in cases where one parent lives outside of North Dakota. We developed new tools and procedures to improve business processing for these cases, including increased use of technology and helping North Dakota and the Tribe implement those business processing changes. Our team also evaluated the effectiveness of the new case processing with data analytics.</p>
<p><b>Tri-County (Colusa, Sutter, and Yolo Counties, California) Child Support Services Organizational Assessment</b> Yolo County, California, Department of Child Support Services 10/2019 to 4/2020</p>	<p>PK recently completed an assessment of the Colusa, Sutter, and Yolo Counties, California, child support programs, looking for ways they could improve the services they provide the children and families in the area. Staff also helped the counties consider whether regionalizing their three operations would further improve the efficiency and effectiveness of the services the agencies provide. PK looked both within and outside California for best practices the three county agencies might want to adopt.</p>
<p><b>Mendocino County, California, Organizational Assessment</b> Mendocino County, California, Department of Child Support Services 7/2018 to 9/2018</p>	<p>The county engaged PK (f.k.a. CSF) to conduct an outside assessment of the organization and identify opportunities for improvement that a new permanent director could consider. The assessment focused on staffing and structure and required a fast-paced schedule. After conducting onsite interviews with staff, the PK team documented reporting relationships and primary job duties by position and team. We completed a needs assessment, focused on resource needs such as training. The final Assessment Report documented the “As Is” regarding the current organization and structure, as well as recommendations for Mendocino County’s consideration, based on child support industry standards from both within the</p>





Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	California child support structure and best practices from other state child support programs.
<p><b>San Joaquin County, California, Child Support Organizational Assessment Review (BPR)</b> San Joaquin County, California, Department of Child Support Services 6/2017 to 7/2017</p>	<p>PK (f.k.a. CSF) provided a review of the San Joaquin County, California, Department of Child Support Services’ internal business assessment. This involved a review of the agency’s assessment process, alignment with department and national program goals, and how well planned activities support desired goals and outcomes. It concluded with an Envision session and written report.</p>
<p><b>California Judicial Review of Uniform Child Support Guideline</b> Judicial Council of California Center for Families, Children and the Courts 1/2017 to 6/2017</p>	<p>The Judicial Council of California Center for Families, Children &amp; the Courts contracted PK (f.k.a. CSF) to provide a comprehensive review of the California uniform child support guideline. This was a fast-paced six-month-long research project that culminated in recommendations to the Judicial Council and the California DCSS regarding considerations for updating their child support guideline calculator. The recommendations focused particularly on low-income families involved in the child support program.</p>
<p><b>Santa Clara County, California, Operational Assessment</b> Santa Clara County, California, Department of Child Support Services 7/2015 to 12/2015</p>	<p>PK (f.k.a. CSF) completed a comprehensive assessment of the Santa Clara County Department of Child Support Services’ operations to identify measures to create a transformed, sustainable business model aligned with agency funding that would better serve the county’s children and families. PK reviewed and documented agency policies, business processes, and workflow; evaluated effectiveness of current business operations; developed business process maps; performed a staffing analysis; reviewed industry best practices; and developed findings and recommendations to result in cost savings, improved operational efficiencies, more responsive,</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	timely customer service, while meeting all regulatory, legal, and program compliance requirements.
<p><b>Solano County, California, Child Support Business Process Review and Training</b></p> <p>Solano County, California, Department of Child Support Services</p> <p>5/2015 to 6/2015; 10/2015 to 12/2015</p>	<p>Building on the successful training on collaborative negotiations for child support, Solano County asked PK (f.k.a. CSF) to assess the processes of the court team in the county and make recommendations for enhancement to use collaborative negotiation techniques more effectively in meetings with parents in the establishment process. To assist managers and supervisors in working with staff as they implement new procedures, PK developed and delivered a special course on Collaborative Negotiations for Managers and Supervisors.</p>
<p><b>New Hampshire Quality Assurance Review of the Division of Children, Youth, and Family Services</b></p> <p>New Hampshire Division of Children, Youth, and Family Services</p> <p>3/2016 to 12/2016</p>	<p>PK (f.k.a. CSF) conducted a quality assurance review of New Hampshire’s Division of Children, Youth, and Family Services (DCYF) to better understand the practices and capacity of the Division to protect the health, safety, and life of children under its care and/or responsibility. The review focused on safety and child protection when children come to the attention of DCYF, and during the time that they remain under the care and responsibility of DCYF, including using data collected to understand practice and performance and to make recommendations based on that understanding.</p>
<p><b>Capacity Building Center for States Children’s Bureau, U.S.</b></p> <p>Department of Health and Human Services (subcontractor with ICF Inc.)</p> <p>9/2019 to 9/2024</p>	<p>The federal government funds ICF, Inc. to operate the Capacity Building Center for States, which is the primary technical assistance entity for state child welfare systems, and which replaced the former network of National Child Welfare Resource Centers funded by the federal government. PK operates under a contract with ICF, Inc., to develop technical assistance resources for state child welfare agencies to use in developing, strengthening, and operating</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	<p>their child welfare continuous quality improvement functions. PK has developed training curricula for use nationally in Continuous Quality Improvement in public child welfare agencies and provides technical assistance to state child welfare agencies seeking to improve their CQI programs.</p>
<p><b>Capacity Building Center for Courts</b> Children’s Bureau, U.S. Department of Health and Human Services (subcontractor with American Bar Association) 8/2015 to Ongoing</p>	<p>The Capacity Building Center for Courts supports advances in child welfare practices and administration through state and tribal court improvement programs. PK provides technical assistance and training so states and tribes can better meet federal standards and requirements; improve child welfare practices; and achieve safety, permanency, and well-being outcomes for children, youth, and families.</p>
<p><b>Georgia State University Court Monitoring Project</b> Board of Regents of the University System of Georgia by and on behalf of Georgia State University 7/2019 to 12/2025</p>	<p>PK, in partnership with other members of the Monitoring and Technical Assistance Team (MTAT) serves on the Monitoring and Technical Assistance Team (MTAT) for the “Kenny A.” Consent Decree; monitored the progress of the Department of Human Resources toward meeting the goals of the Decree; assists DHR in meeting those goals; and prepares reports detailing DHR’s progress.</p>
<p><b>Permanency Innovations Initiative Training and Technical Assistance Project (PII–TTAP)</b> JBS International, Inc. 9/2010 to 9/2016</p>	<p>PK (f.k.a. CSF), in this subcontract with JBS International, Inc., and in conjunction with the National Implementation Research Network (NIRN), served as the PII–TTAP Team to provide integrated and coordinated training and technical assistance to the six grantees that were funded by the Children’s Bureau, Administration for Children and Families, to improve outcomes for subgroups of children that have the most serious barriers to permanency. This project’s focus was to provide training and technical assistance at the organization and systems levels to address strategic planning, infrastructure</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	development, effective collaboration, organizational and systems development, change management, leadership, and implementation science.
<p><b>Forsyth County, North Carolina, Child Support Program Performance Analysis and Assessment</b></p> <p>Forsyth County, North Carolina, Department of Social Services</p> <p>4/2008 to 6/2009</p>	<p>PK (f.k.a. CSF) completed a study to determine whether current minimum performance expectations were realistic and the causes of what appeared to be poor program performance and made specific recommendations to significantly improve program performance. As part of this study, PK conducted individual and group interviews, reviewed county performance data, analyzed the data, developed findings and recommendations, conducted a program design workshop and synthesized work in the final report.</p>
<p><b>Maryland Child Support Business Process Re-engineering</b></p> <p>Maryland Department of Human Services, Child Support Administration</p> <p>6/2013 to 1/2014</p>	<p>PK (f.k.a. CSF) was part of a team that performed an analysis of the child support program in the four metropolitan counties of Maryland to determine both short and long-term improvements in policy, process, and organization to improve the ability of the program to provide more effective and efficient services to families. The team conducted interviews and data collection in the counties, developed recommendations, analyzed impact of changes, and designed and developed material to implement recommendations.</p>
<p><b>Massachusetts External Review and Recommendations to the Department of Social Services</b></p> <p>Massachusetts Department of Social Services</p> <p>6/2008 to 12/2008</p>	<p>PK (f.k.a. CSF) worked with the Massachusetts Department of Children and Families (MA DCF) to assess child welfare practice regarding safety and risk, and the administration of these programs in the Commonwealth. The study focused on the front-end of Massachusetts’ safety system and evaluated DCF’s capacity to assess the needs of children and families who come to its attention and to provide services that address identified safety concerns. PK structured the inquiry and analysis to</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	<p>provide insight into the connections among recognized best practices in child welfare, DCF agency interventions at the safety level, and outcomes in the areas of safety, permanency, and well-being. Activities included and electronic survey PK developed in collaboration with DCF, case reviews, stakeholder interviews, review of selected data, policies, procedures and tools, and the agency’s quality assurance findings. The study generated specific recommendations that linked the findings of the study to actions that DCF can consider in pursuit of its organizational goals.</p>
<p><b>Louisiana Child Support Enforcement Evaluation and Early Intervention Implementation</b> Louisiana Support Enforcement Services 3/2005 to 3/2006; 12/2007 to 11/2010</p>	<p>PK (f.k.a. CSF) conducted a comprehensive evaluation of Louisiana’s child support program. The approach incorporated PK’s program evaluation and improvement methodology and Life of the Case review and analysis model. This included gathering and analyzing documentation concerning policies and procedures, program performance, and program budgets and funding. Project staff visited 19 state regions and district attorney offices, interviewing staff to identify issues and validate case processing and service delivery practices. The assessment phase of the project provided findings that informed program design and modeling workshops, which provided the basis for recommendations for program improvements and implementation strategies.</p> <p>Louisiana then won a federal section 1115 grant to test some of PK’s recommendations PK made in its evaluation of the Louisiana child support program. The pilot took place in the Amite district; PK served as the technical assistance contractor working with the state. PK researched policy options, recommended procedures, and assisted in implementation of an early intervention program</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	that includes expedited court processes and incorporates technological enhancements to the current program.
<p><b>Administration for Children and Families Reorganization Assessment</b> Federal Administration for Children and Families, Department of Health and Human Services 9/2009 to 9/2010</p>	<p>PK (f.k.a. CSF) worked with LMI on a project to assess the organization and functioning of the Administration for Children and Families (ACF) in the Department of Health and Human Services. As requested by the new Assistant Secretary for ACF, Carmen Nazario, we looked at ACF’s operations, structure, processes, and competencies to see how ACF can better serve its customers. Teams surveyed and talked to ACF staff at all levels in the Central Office and in all the regional offices, and additionally interviewed stakeholders in the states and in some national organizations.</p>
<p><b>Michigan Child Welfare Practice Assessment</b> Michigan Department of Health and Human Services 1/2012 to 12/2016</p>	<p>PK (f.k.a. CSF) completed an assessment of MDHS child welfare system as it related to requirements and outcomes described in the Michigan Modified Settlement Agreement (MSA) and the Federal Child and Family Services Review Program Improvement Plan in Michigan. The methodology PK used to conduct the assessment included document review, electronic staff survey, structured interviews, focus groups, case reviews, and compilation of Continuous Quality Improvement findings. We developed and recommended strategies to improve service delivery performance and outcomes for children and families based on assessment activities and pursuant to MSA requirements. We synthesized this work into a final report including assessment findings and related recommendations for making improvements to the child welfare system.</p>



### 3.1 Work Examples

Table 10 provides links to examples of materials we produced for related projects. Because the materials were created before PK and SLI merged, the reports, courses, or surrounding narrative are identified with Center for the Support of Families or CSF, instead of PK. Many of the staff proposed for the DAAS Needs Assessment also participated on these projects.

Table 10. Work Examples

<b>North Carolina Social Services and Child Welfare Reform Plans</b>	<a href="https://www.osbm.nc.gov/stewardship-services/social-services-and-child-welfare-reform-reports">https://www.osbm.nc.gov/stewardship-services/social-services-and-child-welfare-reform-reports</a>
<b>New Hampshire Quality Assurance Review of the Division of Children, Youth, and Family Services</b>	<a href="https://www.dhhs.nh.gov/dcyf/documents/interim-staffing-rpt.pdf">https://www.dhhs.nh.gov/dcyf/documents/interim-staffing-rpt.pdf</a>
<b>California Judicial Review of Uniform Child Support Guideline</b>	<a href="https://www.courts.ca.gov/documents/lr-2018-JC-review-of-statewide-CS-guideline-2017-Fam-4054a.pdf">https://www.courts.ca.gov/documents/lr-2018-JC-review-of-statewide-CS-guideline-2017-Fam-4054a.pdf</a>
<b>Santa Clara County, California, Operational Assessment Analysis</b>	The full Santa Clara County report is not publicly available, but if you would like to see a copy, please contact Santa Clara County’s child support director, Ignacio Guerrero, <a href="mailto:ignacio.guerrero@css.sccgov.org">ignacio.guerrero@css.sccgov.org</a> .
<b>Mississippi Child Welfare Supervisory Training Modules</b>	(1) Adoption; (2) Supervisors: <a href="https://csf.articulate-online.com/3216655067">https://csf.articulate-online.com/3216655067</a> <a href="https://csf.articulate-online.com/3216631702">https://csf.articulate-online.com/3216631702</a>

## 4 Personnel

[Ref. RFP § 4.3.A.4]

Personnel: Attach resumes of all those who will be involved in the delivery of service (from principals to field technicians) that include their experience in this area of service delivery. Indicate the level of involvement by principals of the firm in the day-to-day operation of the contract.

Our team boasts human services experts who have performed work like the DAAS Needs Assessment. We are providing MDHS the best possible team: they have done the work, they

We value the partnership we have created with [PK]. Their staff is top notch and the deliverables are consistently provided in a timely manner and are of the upmost quality. [PK] staff listens to our needs and collaborates with us to provide innovative services that meet our needs and exceed our expectations.

~Veronica Riley, Assistant Director, San Joaquin County, California, Department of Child Support Services

know the questions to ask, and they know the resources and methodologies to employ.

Lamar Smith, our proposed project manager, was an experienced Well-Being Director for the Georgia Division of Family and Children Services before he joined PK. He is currently working on PK's longstanding child welfare reform project in Mississippi and he provided key facilitation sessions for PK's recent Aging and Adult Services work in North Carolina.

A snapshot of proposed staff responsibilities and qualifications follows in Table 11. Full resumes are provided in Appendix B.

Table 11. Staff Responsibilities and Qualifications


Consultant	Responsibilities	Summary of Qualifications
 Elizabeth Black, MSW Engagement Vice President	<ul style="list-style-type: none"> <li>• Ultimately accountable for project delivery</li> <li>• Completes final review and approval of formal deliverables</li> <li>• Facilitates the resolution of critical issues as requested by our project manager or MDHS</li> <li>• Facilitates executive-level information sharing</li> </ul>	Elizabeth's work has concentrated in leadership and management, public policy, and systems implementation, including implementation science-informed approaches in child welfare, family services, and social justice. She has focused on work that helps families to remain intact whenever that is possible. She





Table 11. Staff Responsibilities and Qualifications

Consultant	Responsibilities	Summary of Qualifications
<p>PK Vice President for Region 1</p>	<ul style="list-style-type: none"> <li>• Acts in an advisory role to our project manager</li> <li>• Oversees development and implementation of the approach</li> <li>• Identifies issues and risks</li> </ul>	<p>was previously the Executive Director of the Office of Child Permanency at the Tennessee Department of Children’s Services.</p> <p>Elizabeth served as PK’s team lead for conducting a review of North Carolina’s social services programs, including Aging and Adult Services, and child welfare system. The team developed recommendations as part of a broad social services reform effort and has continued providing follow-on services to the state.</p>
 <p>Lamar Smith Project Manager</p>	<ul style="list-style-type: none"> <li>• Serves as the project manager and the primary point of contact for MDHS</li> <li>• Works with MDHS and project team to prepare deliverables for review and approval</li> <li>• Manages coordination between MDHS and project team in the preparation of deliverables for review and approval</li> <li>• Facilitates cross functional work between the project team and BIIT</li> <li>• Manages the project to forecast requirements and adjustments to mitigate issues and risks</li> </ul>	<p>Lamar has been a family services and child welfare practitioner and leader for the past 20 years with experience in state government in New Jersey and Georgia. He served as Well-Being Services Director for the Georgia Division of Family and Children Services leading a dynamic team of professionals managing statewide programming and partnerships. That work focused on in-home services, independent living programs, physical and behavioral health, early childhood services, education, and youth development.</p>



Table 11. Staff Responsibilities and Qualifications


Consultant	Responsibilities	Summary of Qualifications
		<p>Lamar is passionate about collaborating with state, local, and national agencies to achieve positive outcomes for children and families. He was an integral part of PK’s assessment on Aging and Adult Services in North Carolina, for which he facilitated visioning sessions to develop recommendations. He currently works with PK’s coaching team in Mississippi for our long-term child welfare contract with the Department of Child Protection Services.</p>
 <p>Lijun Chen, PhD, MA Lead Researcher, Business Intelligence and Impact Team</p>	<ul style="list-style-type: none"> <li>• Establishes data quality control measures</li> <li>• Extracts citizen information for contact sample(s)</li> <li>• Analyzes information collected through survey and engagement activities</li> <li>• Creates data reports</li> <li>• Participates in project team meetings</li> </ul>	<p>Lijun Chen has nearly 20 years of experience conducting policy research to improve the well-being of vulnerable children and their families in the U.S. and other countries. He has worked with various survey and administrative data sets from child welfare systems of several states to generate research evidence. His research findings have helped inform policy and practice in improving the performance of child welfare agencies and providers in delivering quality services to children and families.</p>



Table 11. Staff Responsibilities and Qualifications




Consultant	Responsibilities	Summary of Qualifications
 <p>Christoph Hansel, MBA, PMP Business Intelligence and Impact Team PK Vice President for Region 2</p>	<ul style="list-style-type: none"> <li>• Completes final review of data collection methods</li> <li>• Facilitates the resolution of critical data integrity issues as requested by our project manager or RVP</li> <li>• Acts in an advisory role to our project manager</li> <li>• Identifies technological issues and risks</li> </ul>	<p>Christoph has over 20 years of experience in IT and management consulting for multiple industries and countries, including extensive system development and implementation, business analysis, quality assurance, and project and program management using various lifecycle methodologies for IT implementations. He has strong analytical skills and extensive business analysis and quality assurance experience, and he excels at creating and integrating systems for program use.</p>
 <p>Ann Clements Management Consultant, Envision Sessions, Phone Surveyor</p>	<ul style="list-style-type: none"> <li>• Assists with development of the “Network Survey”</li> <li>• Conducts surveys</li> <li>• Assists with the coordination and facilitation of provider engagement event (Envisioning Session)</li> <li>• Assists with development of the Adult and Aging Services Network Assessment Report</li> <li>• Participates in project team meetings</li> </ul>	<p>Ann has more than 25 years of experience in social services and in the child support program, in both the state and private sectors. She has worked to develop procedures and methods to manage child support cases so they meet state and federal guidelines and project goals. She has compiled, analyzed, and utilized performance data to identify best practices, opportunities for improvement in processes, performance gaps, and training needs. Her skills include research, training development, individual and</p>



Table 11. Staff Responsibilities and Qualifications

Consultant	Responsibilities	Summary of Qualifications
		<p>team training, flow chart development, and report development.</p> <p>Ann was part of PK’s team providing Aging and Adult Services work for North Carolina, both initial and follow-up contracts. She conducted individual and group interviews, data research and analysis, survey creation, data gathering, and participated in the Zoom envisioning sessions.</p>
 <p>Jessica Dill Management Consultant, Envision Sessions, Phone Surveyor</p>	<ul style="list-style-type: none"> <li>• Assists with development of the “Network Survey”</li> <li>• Conducts surveys</li> <li>• Assists with the coordination and facilitation of provider engagement event (Envisioning Session)</li> <li>• Assists with development of the Adult and Aging Services Network Assessment Report</li> <li>• Participates in project team meetings</li> </ul>	<p>Jessica is solution focused and enjoys asking questions and connecting the dots. She brings recent experience in information technology (IT) planning and procurement for public health agencies. Her background also includes IT Roadmap development, alternatives analysis, feasibility studies, RFP writing, stakeholder engagements, and requirements gathering. Jessica is a strong writer who can present technical information in a way that non-technical staff can quickly understand. She is a Prosci® Certified Change Management Practitioner and a master facilitator.</p>

## 5 References

[Ref. RFP §§ 4.1.4, 4.3.A.5]

References: Give at least three (3) references for contracts of similar size and scope, including at least two (2) references for current contracts or those awarded during the past three (3) years. Include the name of the organization, the length of the contract, a brief summary of the work, and the name and telephone number of a responsible contact person. See Section 4.1.4.(Attachment E, References)

We include the following references for contracts of similar size and scope, including contracts awarded during the past three years. Table 12 presents client and project information for easy reference; Attachment E follows on the next pages with full requested information.

Table 12. Reference Information

Client, Reference Name, Phone	Project Name, Dates, Description
<p>North Carolina Department of Health and Human Services, Division of Aging and Adult Services</p> <p>Joyce Massey Smith, Director, Division of Aging and Adult Services</p> <p>2101 Mail Service Center Raleigh, NC 27699 – 2101 (919) 855-3400</p>	<p><b>North Carolina Aging and Adult Services Assessment</b></p> <p>9/2020 to 2/2021</p> <p>PK provided assessment services to the North Carolina DHHS AAS programs, including:</p> <ul style="list-style-type: none"> <li>• Reviewing and assessing AAS reports, case findings, curriculum and training documents, and other available documentation</li> <li>• Reviewing staffing and caseload data to identify gaps in services</li> <li>• Planning and facilitating a two-day envisioning session to explore challenges and opportunities and to develop specific recommendations for strategies for improvement</li> <li>• Administering surveys to gather information associated with service delivery to adults at risk</li> <li>• Facilitating working sessions with DHHS staff and program leaders to focus on challenges and initial recommendations to improve service delivery to adults at risk</li> </ul>



Table 12. Reference Information

Client, Reference Name, Phone	Project Name, Dates, Description
<p>Mississippi Department of Child Protection Services Andrea Sanders, Commissioner, Commissioner, Department of Child Protection Services 750 N State St, Jackson, MS 39202 (601) 359-4368 Direct: (601) 359-9669</p>	<ul style="list-style-type: none"> <li>Developing a final report to serve as an action plan detailing opportunities, challenges, and recommendations</li> </ul> <p><b>Mississippi Child Welfare Reform: Practice Model and Practice Model Implementation</b> 2/2009 to 11/2022 PK has assisted DCPS (originally contracted under the Department of Human Services) since 2009 in developing comprehensive statewide child welfare practice model designed to guide caseworker interventions with children and families. We are now working with DCPS on implementation. We developed and produced facilitators’ manuals, PowerPoint presentations, and practice and participant guides for six major practice model components. We are providing training, coaching, and technical assistance to the state’s regional service delivery network and are working with DCPS to implement a quality improvement process including the development of valid data indicators. We have also guided DCPS in engaging stakeholders to strengthen their partnerships with community resources and have assisted in developing statewide policy governing the practice model.</p>
<p>North Carolina State Office of Budget and Management; Division of Social Services, Department of Health and Human Services Lisa Cauley, Deputy Director for Child Welfare Services 2401 Mail Service Center Raleigh, NC 27699 – 2401 (919) 527-6401</p>	<p><b>North Carolina Social Services and Child Welfare Reform Plans, including Aging and Adult Services</b> 3/2018 to 7/2020 Beginning in 2018, PK (f.k.a. CSF) conducted a comprehensive review of North Carolina’s social services and child welfare systems and developed recommendations as set forth in SL2017-41 [House Bill 630], a broad social services reform. A critical component of PK’s work was to develop detailed child welfare recommendations focused on child</p>



Table 12. Reference Information

Client, Reference Name, Phone	Project Name, Dates, Description
<p>Nebraska Department of Health and Human Services, Division of Children and Family Services  Dannette Smith, CEO, Nebraska Department of Health and Human Services  301 Centennial Mall S, Lincoln, NE 68508  (402) 471-3121 or  (mobile) (704) 726-7265</p>	<p>protective services; in-home services; the placement process; reunification and permanency services; medical, dental, mental health and educational services; and services to older youth in foster care. PK has continued to provide the North Carolina Department of Health and Human Services implementation support to</p> <ul style="list-style-type: none"> <li>• Develop a publicly available data dashboard</li> <li>• Conduct an analysis and create a set of recommendations related to Aging and Adult Services</li> <li>• Maximize child welfare financing, develop a statewide practice model, and engage a broad array of stakeholders into the improvement process</li> </ul> <p><b>Nebraska Child Welfare Assessment</b>  12/2019 to 3/2020  Nebraska’s Department of Health and Human Services, Division of Children and Family Services provided a high-level assessment in a fast four-month period. PK’s work included reviewing documents, analyzing child welfare assessments and processes, identifying trends, researching organizational structures, fiscal control, and financial management, and offering recommendations on critical focus areas for the new DHHS Director of Children and Family Services. PK (f.k.a. CSF) previously provided an assessment in 2012 focusing on three aspects of the child welfare services provided by the Division of Children and Family Services to the State of Nebraska.</p>



**ATTACHMENT E  
REFERENCES**

Respondents may submit as many references as desired by submitting as many additional copies of Attachment E, References, as deemed necessary. References will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed for each of the two (2) references. No further references will be contacted; however, respondents are encouraged to submit additional references to ensure that at least two (2) references are available for interview. MDHS staff must be able to contact two (2) references within two (2) business days of proposal opening to be considered responsive.

**REFERENCE 1**

**North Carolina Social Services Reform and Child Welfare Reform Plans**

**Name of Company:** State of North Carolina, State Office of Budget and Management, Division of Social Services, North Carolina Department of Health and Human Services

**Dates of Service:** 3/2018 to 7/2020

**Contact Person:** Lisa Cauley, Deputy Director for Child Welfare Services

**Address:** 820 S. Boylan Avenue, 2406 Mail Service Center

**City/State/Zip:** Raleigh, NC 27699-2406

**Telephone Number:** (919) 527-6401

**Cell Number:** NA

**E-mail:** Lisa.Cauley@dhhs.nc.gov

**Alternative Contact Person (optional):** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**E-mail:**

**Summary of Project/Contract:** Beginning in 2018, PK (formerly known as (f.k.a.) CSF) conducted a comprehensive review of North Carolina’s social services and child welfare systems and developed recommendations as set forth in SL2017-41 [House Bill 630], a broad social services reform. This included Aging and Adult Services, Child Support, Child Welfare, Food and Nutrition Services (SNAP), and Work First (TANF). The assessment included both individual and group interviews, surveying North Carolina’s 100 counties, and analyzing staffing and salaries for all 100 counties providing social services locally. PK has continued to provide the North Carolina Department of Health and Human Services implementation support to develop a publicly available data dashboard, conduct an analysis and create a set of recommendations related to Aging and Adult Services, and maximize child welfare financing, develop a statewide practice model, and engage a broad array of stakeholders into the improvement process.

**REFERENCE 2**

**North Carolina Aging and Adult Services Assessment**

**Name of Company:** State of North Carolina, Department of Health and Human Services, Division of Aging and Adult Services

**Dates of Service:** 9/2020 to 2/2021

**Contact Person:** Joyce Massey-Smith, Director, Division of Aging and Adult Service

**Address:** 2101 Mail Service Center

**City/State/Zip:** Raleigh, NC 27699 - 2101

20210511 DAAS Needs Assessment (RFx 3120002223)

26





Telephone Number: (919) 733-4534

Cell Number: NA

E-mail: joyce.massey-smith@dhhs.nc.gov

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail:

Summary of Project/Contract: PK provided assessment services to the North Carolina Department of Health and Human Services (DHHS) Division of Aging and Adult Services (AAS) programs, including reviewing and assessing AAS reports, case findings, curriculum and training documents, and other available documentation, reviewing staffing and caseload data to identify gaps in services, and planning and facilitating a two-day envisioning session to explore challenges and opportunities and to develop specific recommendations for strategies for improvement. We also administered surveys to gather information associated with service delivery to adults at risk, facilitated working sessions with DHHS staff and program leaders to focus on challenges and initial recommendations to improve service delivery to adults at risk, and developed a final report to serve as an action plan detailing opportunities, challenges, and recommendations.

**REFERENCE 3**

**Mississippi Child Welfare Reform: Practice Model and Practice Model Implementation**

Name of Company: State of Mississippi, Department of Child Protection Services

Dates of Service: 11/2017 to 11/2022

Contact Person: Commissioner Andrea Sanders

Address: 750 North State Street

City/State/Zip: Jackson, MS 39202

Telephone Number:

MAIN: (601) 359-4368

DIRECT: (601) 359-9669

E-mail: andrea.sanders@mdcps.ms.gov

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail:

Summary of Project/Contract: PK is assisting the state of Mississippi by providing training, coaching, and technical assistance in implementing the MDCPS child welfare practice model with all levels of field staff and judicial stakeholders, supporting MDCPS Leadership’s efforts to build a prevention focused and trauma informed child welfare system, and providing fiscal operations technical assistance, providing an assessment, trainings and literacy to accurately utilize existing funding and enhance funding opportunities. PK has assisted DCPS (originally contracted under the Department of Human Services) since 2009 in developing comprehensive statewide child welfare practice model designed to guide caseworker interventions with children and families. We are now working with DCPS on implementation. We developed and produced facilitators’ manuals, PowerPoint presentations, and practice and participant guides for six major practice model components. We are providing training, coaching, and technical assistance to the state’s regional service delivery network and are working with DCPS to implement a quality improvement process including the development of valid data indicators. We have also guided DCPS in engaging stakeholders to strengthen their partnerships with community resources and



have assisted in developing statewide policy governing the practice model.

**REFERENCE 4**

**Nebraska Division of Children and Family Services Assessment**

Name of Company: State of Nebraska, Department of Health and Human Services, Division of Children and Family Services

Dates of Service: 12/2019 to 3/2020

Contact Person: Danette Smith

Address: 301 Centennial Mall South

City/State/Zip: Lincoln, NE 68509

Telephone Number: (402) 471-3121

Cell Number: (704) 726-7265

E-mail: Dannette.Smith@Nebraska.gov

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail:

Summary of Project/Contract: Nebraska’s Department of Health and Human Services, Division of Children and Family Services provided a high-level assessment in a fast four-month period. PK’s work included reviewing documents, analyzing child welfare assessments and processes, identifying trends, researching organizational structures, fiscal control, and financial management, and offering recommendations on critical focus areas for the new DHHS Director of Children and Family Services. PK (f.k.a. CSF) previously provided an assessment in 2012 focusing on three aspects of the child welfare services provided by the Division of Children and Family Services to the State of Nebraska.

## 6 Acceptance of Conditions

[Ref. RFP § 4.3.A.6]

Acceptance of conditions: Indicate any exceptions to the general terms and conditions of the proposal document and to insurance, bonding, and any other requirements listed. (Attachment D, Exceptions)

We do not have any exception now that Amendment 1 changed the language regarding additional insured status to the Worker's Compensation policy.

**ATTACHMENT D  
PROPOSAL EXCEPTION SUMMARY FORM**

List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below.

Indicate "N/A", if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

RFP Reference	Respondent Proposal Reference	Brief Explanation of Exception	MDHS Acceptance (sign here only if accepted)
(Reference specific outline point to which exception is taken)	(Page, section, items in respondent's proposal where exception is explained)	(Short description of exception being made)	
1.			
2.			
3.			
4.			
5.			
6.			
7.			



Signature of Authorized Official/ Title

June 8, 2021

Date



# 7 Cost Data

[Ref. RFP §§ 4.3.A.7, 4.1.6]

Cost data: Estimate the cost of the service as directed in Section 4.1.6. Cost data submitted at this stage is binding, but is subject to being negotiated down if your firm is chosen as a finalist. MDHS reserves the right to solicit a Best and Final Offer (BAFO) from respondents that provided a responsible proposal but whose proposed cost exceeds MDHS' anticipated funding for the anticipated contract. Respondents are encouraged to provide their best proposed cost and/or pricing in their initial response to the RFP. Should MDHS decide to exercise its right to solicit a BAFO, MDHS will provide in writing the requirements, process, and schedule for submitting a BAFO response.

4.1.6 REDACTED (as part of Tab 2) Project pricing to provide services shall be adequately documented and presented in the following format:

PROJECT TASKS	TOTAL COST
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$_____
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$_____
Final report drafted and published	\$_____
<b>TOTAL COST OF PROJECT:</b>	<b>\$_____</b>

*\*Note any respondent pricing provided that differs from the above required format may be deemed as non-responsive. Respondents shall not include any additional cost categories other than those outlined above.*

Table 13 presents project pricing as directed in RFP Sections 4.3.A.7 and 4.1.6.

Table 13. Project Tasks and Total Cost

Project Tasks	Total Cost
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$121,365.00
Analysis and initial report drafting for MDHS DAAS review of draft report	\$34,380.00
Final report drafted and published	\$14,495.00
<b>TOTAL COST OF PROJECT</b>	<b>\$170,240.00</b>

## 8 Financial Information

[Ref. RFP §§ 4.3.A.8, 4.1.7]

4.1.7 REDACTED (as part of Tab 2) your company's financial information as required in Section 4.3.A.8.

### 8.1 Financial Statements for the Last Two Years

- Attach Organization's financial statement for the last two (2) years audited financial statements complete with the notes and opinion letter from respondent's auditor and/or other proof, acceptable to MDHS, of financial responsibility.

For organizations that expended \$750,000 or more in federal funds over the last two (2) fiscal years, please provide your organization's Single Audit for each year pursuant to 2 C.F.R. §200.501. For organizations that expended under \$750,000 in federal funds over the last two (2) fiscal years, Respondent must submit an IRS status letter and the organization's most recent year-end financial statements. Newly formed organizations must submit either their most recent tax returns and/or management reports provided that expended funds does not exceed \$750,000.

In order to assure financial responsibility in performing the requirements of this RFP, MDHS reserves the right to require a current financial statement prepared and certified by an independent auditing firm.

Respondents, including the parent corporation of any subsidiary corporation submitting a response, must include in their proposal evidence of financial responsibility and stability for the performance of the Contract resulting from this RFP.

Due to the document length, we include the past two years' corporate financial statements in Appendix C. Please also see the company statement in Section 8.2 regarding ownership, which explains the appearance of the GLI Capital Group (GLI) name on these financial statements.



## **8.2 Statement Regarding Ownership, Status, Bankruptcy, and Restructuring, Acquisition, or Merger**

- Attach a signed statement addressing the below. All items must be addressed.

If the item(s) do not apply, the Respondent is still responsible for addressing with Not Applicable.

In the event that a respondent is either substantially or wholly owned by another corporate entity, the proposal must also include the most recent detailed financial report of the parent organization, and a written guarantee by the parent organization that it will unconditionally guarantee performance by the respondent of each and every term, covenant, and condition of such contract as may be executed by the parties.

Disclose if and when respondent has filed for bankruptcy within the last seven (7) years under its name or the sole proprietor's name in a related business. For respondents that are partnerships or corporations, respondents must disclose whether any of its principals, partners or officers have filed bankruptcy within the last seven (7) years in a related business.

Disclose any company restructurings, mergers, and acquisitions over the past three (3) years that have impacted any products or services the respondent has included in this proposal.

The State reserves the right to request any additional information to assure itself of respondent's financial status.

We include the requested signed statement addressing corporate ownership, bankruptcy, financials, restructuring, mergers, and acquisitions, on the following page.



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KNOWLEDGE®**  
YOUR CATALYST FOR POSITIVE OUTCOMES

4720 Independence Street  
Wheat Ridge, CO 80033

Mailing address:  
600 Airport Road  
Lakewood, NJ 08701

May 19, 2021

Re: Mississippi Department of Human Services  
RFP No. 202110511 DAAS 2022  
Response to 4.3 (8) Financial Information

Dear Sir or Madam,

Public Knowledge LLC (PK) is wholly owned by GLI Capital Group Inc. (GLI) GLI acquired PK on January 1, 2020. As members of the GLI® Group, PK has significant financial strength and broad access to resources that make them a safe and stable partner.

On January 1, 2021, GLI merged PK with SLI Government Solutions (SLI). Now they are one firm with deeper and broader expertise and additional service offerings.

For purposes of audited financials and taxes, all financial information is prepared by and consolidated under GLI. GLI has substantial financial resources to support PK. Both GLI and PK have substantial capital resources to support delivery of services typical of multiyear government contracts.

Enclosed with the proposal is a copy of GLI Capital Group Inc.'s audited financial report for 2019 (with comparative to 2018). GLI's 2020 audit report is currently in progress. Accordingly, we have included the 2020 consolidated PK/SLI internal financial statements.

PK has expended under \$750,000 in federal funds over the last two years.

Neither GLI nor PK, or any of their members or officers, have ever filed for bankruptcy.

GLI Capital Group Inc. will unconditionally guarantee PK's performance for each term, covenant, and condition of any contracts that may be executed as a result of this RFP.

Please let me know if you have any questions or require additional information to assure our financial status.

James R. Maida  
President, GLI Capital Group Inc.



# Appendix A: Signed Amendments

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**AMENDMENT #1**  
**REQUEST FOR PROPOSALS (RFP) NO. 20210511 DAAS NEEDS ASSESSMENT**  
**RFX NUMBER(S): 3180001360 / 3120002223**  
**DIVISION OF AGING AND ADULT SERVICES 2022 NEEDS ASSESSMENT**

Amendments to the RFP are as follows:

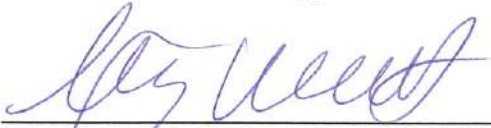
1. Regarding Proposal Opening Date and Time:
  - a. Section 1.1 Opening Date: June 11, 2021; 2:30 PM CT ~~3:00 PM CT~~
  - b. Section 1.1.1 Timeline, Proposal Opening: June 11, 2021; 2:30 PM CT ~~3:00 PM CT~~
  - c. Mississippi Contract/Procurement Opportunity Search Portal for this RFP, RFX Opening Date: 06/11/2021; 2:30 PM CT ~~3:00 PM CT~~.
  
2. Regarding Insurance:
  - a. 3.1 Insurance, 1<sup>st</sup> Paragraph: The successful respondent shall maintain at least the minimum level of workers' compensation insurance, comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All ~~workers' compensation~~, comprehensive general liability and professional liability will provide coverage to the MDHS as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance.
  - b. Attachment G, No. 7. Insurance: Contractor represents that it will maintain workers' compensation insurance as required by the State of Mississippi which shall inure to the benefit of all Contractor's personnel provided hereunder; and comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All ~~workers' compensation~~, comprehensive general liability, and professional liability insurance will provide coverage to the State of Mississippi as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement and upon request by MDHS at any time during the contract period. Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires. The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts. In no event shall the requirement for an insurance bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.
  
3. Questions and Answers attached.



Please acknowledge receipt of Amendment #1 by returning it, along with your proposal package, by June 11, 2021, at 2:00 PM, CT. This acknowledgement should be enclosed in your proposal package. **Failure to submit this acknowledgement may result in rejection of the proposal package.**

Public Knowledge®  
Name of Company

Stacey Obrecht, President  
Authorized Official's Typed Name/Title



Signature of Authorized Official  
(No stamped signature)

June 8, 2021  
Date

Should an amendment to the RFP be issued, it will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the MDHS website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view. Further, respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on the amendment, or by letter. The acknowledgment should be received by the MDHS by the time and at the place specified for receipt of proposals. It is the respondent's sole responsibility to monitor the websites for any updates or amendments to the RFP.

**QUESTIONS AND ANSWERS**  
**RFP NO. 20210511 DAAS NEEDS ASSESSMENT**  
**DIVISION OF AGING AND ADULT SERVICES 2022 NEEDS ASSESSMENT**

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
1	Page 9	2.2.B.1.c	<p>The RFP states, “Random sample with over sample of minority and rural populations”.</p> <ul style="list-style-type: none"> <li>• Is this sample selected in addition to the 3000 phone surveys from the 10 Planning Districts?</li> <li>• Will a list of people for this be supplied by the MDHS?</li> <li>• Will a total list of people served, including their demographics, be supplied by the MDHS?</li> </ul> <p><b>ANSWER:</b>  1. No. This sample is not an addition to the 3000 surveys.  2. Yes. A list of older adults will be provided by MDHS/DAAS.  3. No. A total list of older adults will not be supplied including their demographics. However, MDHS will supply the 3000, older adults for the random sample. The vendor is required to collect all demographic information for the survey which is included in survey # 47-56. (Please refer to Attachment J of the RFP)</p>
2	Page 9, Attachment J, Page 53	2.2.B.4	<p>The RFP states, “Contractor shall describe in detail its ability to provide a statewide assessment of COVID inquiries for impact to participants (current and waiting list participants) to include, but not be limited to, the following...”</p> <ul style="list-style-type: none"> <li>• Does the state anticipate there will be any additional questions related to COVID-19 that are not already included in the survey in Attachment J?</li> </ul> <p><b>ANSWER:</b>  No. MDHS does not anticipate adding any other COVID-19 questions.</p>
3	Page 9	2.2.B.1.d and 3.b	<p>In reference to the 3000 telephonic surveys of older Mississippians, the RFP (1.d) states, “If after the third attempt no answer is received, Contractor shall notate and no longer contact the person.”</p> <p>(3.b). In reference to the wait list survey, the RFP states, "If after the third attempt no answer is received, Contractor shall document the attempted telephonic contact and then resume attempts to contact another participant from MDHS provided list.”</p> <ul style="list-style-type: none"> <li>• Do these statements imply that we are required to attempt or actually complete 3000 phone surveys?</li> <li>• If the person declines to participate or does not respond to 3 attempts to contact him/her, do we replace the person from an oversample list?</li> </ul>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<ul style="list-style-type: none"> <li>• Are the two samples (people receiving services and those on the waitlist) treated differently relative to the use of an oversample?</li> <li>• Is an oversample used for both samples or only the waitlist sample?</li> </ul> <p><b>ANSWER:</b></p> <p>1. 3000 older adults will be supplied to ensure a satisfactory sample of minority and rural populations. However, MDHS does understand out of the 3000 some older adults may not answer their phones or may opt-out of participating.</p> <p>2. Yes. After 3 attempts the original survey older adult may be replaced from the oversample list.</p> <p>3. The 3000 older adults will be considered an oversample to ensure that MDHS obtains an adequate data pool. The waiting list will not be an oversample because it varies from Area Agencies on Aging (AAA) to AAA. The waiting list names provided will be the actual names on the waiting list. MDHS only requires that the vendor sample as many as possible to yield representative results from the minority and rural populations.</p> <p>4. The 3000 older adults will be considered an oversample to ensure that MDHS obtains an adequate data pool. The waiting list will not be an oversample because it varies from AAA to AAA. The waiting list names provided will be the actual names on the waiting list. MDHS only requires that the vendor sample as many as possible to yield representative results from the minority and rural populations.</p>
4	Page 9	2.2.B.2.a	<p>The RFP states, "Mail Provider survey to all service providers taken from the list of providers as provided by MDHS."</p> <ul style="list-style-type: none"> <li>• What is the total number of surveys the State anticipates having to be mailed?</li> <li>• How many direct service providers are there who serve the aging population?</li> </ul> <p><b>ANSWER:</b></p> <p>1. The vendor is responsible for providing these surveys to the providers, via postal service, telephonic, or emailed to the provider. The end result is to collect data with the most feasible method.</p> <p>2. Please see provider list attached.</p>
5	Page 9	2.2.B.2.a	<p>The RFP states, "Mail Provider survey to all service providers taken from the list of providers as provided by MDHS."</p> <ul style="list-style-type: none"> <li>• Please provide a copy of the mailed survey for providers.</li> </ul> <p><b>ANSWER:</b></p> <p>See attached provider survey.</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
6	Page 9	2.2.B.2.a	<p>The RFP states, "Mail Provider survey to all service providers taken from the list of providers as provided by MDHS."</p> <ul style="list-style-type: none"> <li>Are all service providers required to complete the survey?</li> </ul> <p><b>ANSWER:</b> The Division of Aging only requires a sample that is representative of all the Planning and Service Areas (PSA), meaning there should at least be a response from all 10 PSA.</p>
7	Page 9	2.2.B.3.a	<p>The RFP states, "Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state's ten (10) Planning and Development Districts Area Agencies on Aging."</p> <ul style="list-style-type: none"> <li>How many people are on the waiting list?</li> </ul> <p><b>ANSWER:</b> The number varies.</p>
8	Page 11	2.2.D.3	<p>This section of the RFP states, "MDHS will request for AAA contacts to notify service providers identified on the Contact List for AAA Service Providers that the Assessment will be forthcoming in order to ensure a better response rate."</p> <ul style="list-style-type: none"> <li>Does this mean the AAA is contacting service providers about the mail survey or contacting them about the phone interviews for people who receive services from them?</li> </ul> <p><b>ANSWER:</b> Yes. The AAAs will contact the individuals above to notify them that the Division of Aging has selected a vendor to complete a needs assessment of the State's aging population.</p>
9	Page 11, Attachment G, Page 30	3.1 and 7	<p>The RFP states, "The Contractor is responsible for ensuring subcontractors provide adequate insurance and/or bond coverage for activities arising out of subcontracts."</p> <ul style="list-style-type: none"> <li>In the event Contractor works with individual persons as independent contractors administering surveys, what types and levels of insurance would the State of Mississippi deem to be adequate?</li> </ul> <p><b>ANSWER:</b> At a minimum, the same insurance requirements required of the RFP.</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
10	Page 11, Attachment G, Page 30	3.1 and 7	<p>This section of the RFP states, “All workers’ compensation, comprehensive general liability, and professional liability, will provide coverage to the MDHS as an additional insured.”</p> <ul style="list-style-type: none"> <li>The Contractor’s insurance broker has advised that Workers Compensation policies will not provide additional insured status to other parties. Please clarify the requirement.</li> </ul> <p><b>ANSWER: Please refer to Number 2 of the Amendment.</b></p>
11	Pages 12-13	4.1.6	<p>This section of the RFP states, “Project pricing to provide services shall be adequately documented and presented in the following format:...”</p> <p>Please clarify the requirement “adequately documented”.</p> <ul style="list-style-type: none"> <li>Does this mean to say the Pricing Form provided in the RFP is adequate documentation?</li> <li>Or does the State require additional document(s)? If so, please clarify the type of document(s) required.</li> </ul> <p><b>ANSWER:</b></p> <ol style="list-style-type: none"> <li>Respondent shall provide pricing in the format outlined in Sec. 4.1.6;</li> <li>Respondent may provide additional documentation detailing each “Total Cost” line item within Sec. 4.1.6 format as a further breakdown of each “Total Cost” line item.</li> </ol>
12	Page 13	4.2.2.2 Cost Factor, (b)	<p>This section of the RFP states, “(b) price appears reasonable, is adequately documented and presented in appropriate format (Section 4.1.6) (5 points)”.</p> <ul style="list-style-type: none"> <li>Please clarify the term “adequately documented”.</li> <li>Does this mean to say the Pricing Form provided in the RFP is adequate documentation?</li> <li>Or does the State require additional document(s)? If so, please clarify the type of document(s) required.</li> </ul> <p><b>ANSWER:</b> <b>See response to Question 11.</b></p>
13	Page 14 Page 16	4.3.A 4.3.C	<p>Section 4.3.A. indicates Tab 1 should <u>not be redacted</u>. So, should Tab 2 (Price and Financial Data) and Tab 3 (Technical Data) be an exact copy of the price and financial and technical response information included in Tab 1 but be a redacted version?</p> <p><b>ANSWER:</b> <b>Yes.</b></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
14	Page 11	2.2.D.2.b. & c.	<p>The RFP states, “To facilitate the respondent in delivery of the above referenced project components, MDHS hereby agrees to provide respondent with the following upon final contract execution:</p> <ul style="list-style-type: none"> <li>• Contact List for current participants</li> <li>• Contact List for Older Mississippians on waiting lists for services”</li> <li>• What type of demographic information will be provided by MDHS for the telephonic surveys?</li> </ul> <p><b>ANSWER:</b></p> <p>1. Yes. A current list of older adults will be provided.</p> <p>2. Yes. A current list of older adults will be provided from the waiting list. Please be aware that some of these participants may be duplicates.</p> <p>3. The vendor is responsible for collecting all demographic information from all older adults.</p>
15	Page 10	2.2.D.1. c-e	<p>The RFP states, “To facilitate the respondent in delivery of the above referenced project components, MDHS hereby agrees to provide respondent with the following: These attachments were not included in the RFP.</p> <ul style="list-style-type: none"> <li>• Map (Attachment L)</li> <li>• 2011 Mississippi Needs Assessment (Attachment M)</li> <li>• Most recent MS DAAS State Plan (Attachment N)”</li> </ul> <p><b>ANSWER:</b></p> <p>Attachments L – M are attached and included as part of this Amendment.</p>
16	Page 15	4.3.A.8	<p>Section 4.3.A.8 requires two year of audited financial statements. We are a private, for profit LLC located in and licensed to do business in MS. The company has had a dozen successful contracts (most of which were for an amount more than what our bid for this project will be) over 20 years with MS state agencies and have never had to produce audited financial statements.</p> <ul style="list-style-type: none"> <li>• Is this a requirement now to be considered a responsive bidder?</li> <li>• Is there another way to prove our ability to perform and produce under this contract?</li> <li>• Would not our references, itemized work history, contract history with stat government, annual company budget size, clean financial history (no bankruptcies, disbarments, or unsatisfied/unfinished contracts) or similar address this question?</li> </ul> <p><b>ANSWER:</b></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<p>1. Yes – this information is required to determine responsiveness and responsibility of respondent’s proposal since this project is paid for with federal funding.</p> <p>2. No.</p> <p>3. The information identified in the above 3<sup>rd</sup> bullet will be considered to determine responsiveness and responsibility in addition to other requirements identified through the RFP specifications.</p>
17			<p>Has this survey been conducted in the past? If so, who conducted it, and is a copy of the prior report and survey methodology available and can it be provided?</p> <p><b>ANSWER:</b> Yes, Please refer to the 2011 Mississippi Needs Assessment (Attachment M).</p>
18			<p>What is the maximum budget for this project?</p> <p><b>ANSWER:</b> MDHS will not provide this information. MDHS may require a Best and Final Offer (BAFO) pursuant to the RFP if the anticipated maximum budget is exceeded.</p>
19			<p>Is DAAS open to other methods of data collection, specifically multi-mode approaches that combine phone, mail, and online approaches?</p> <p><b>ANSWER:</b> Yes.</p>
20	Page 9	2.B.1.a	<p>B.1.a It is stated the contractor will be provided with, “at least 3000 older Mississippians (55 and older) as the primary data source (List of Contract Information for 3000+ Mississippians age 55 and older will be provided by MDHS).”</p> <ul style="list-style-type: none"> <li>Does this mean you want 3000 completed surveys, or that a list of 3000 Mississippians will be provided from which as many surveys should be completed based on calling specifications? If the list is 3000 residents, what is the target number of completes for the projects If 3000 completes are needed, will a list of sufficient size be provided (to completed 3,000 surveys may take 10,000 -15,000 records depending on the accuracy of the list).</li> </ul> <p><b>ANSWER:</b> Yes. MDHS only requires that the vendor sample as many as possible to yield representative results from the minority and rural populations.</p>
21	Page 9	2.B.1.b	<p>B.1.b. states: “Combine ten (10) sets of random samples of 300 participants from each of the ten (10) Planning and Development District Area Agencies on Aging (AAA) service areas”</p>



Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<ul style="list-style-type: none"> <li>• Will DAAS provide these random samples or is the vendor responsible for obtaining the sample of residents aged 55 and older?</li> <li>• Does this mean that DAAS required 300 completed surveys in each of the 10 districts or that each sample file should have 300 records from which as many surveys should be completed per the calling specifications?</li> </ul> <p><b>ANSWER:</b></p> <p>1. Yes, a list of older adults will be provided for the random sample by MDHS/DAAS.</p> <p>2. DAAS only requires that vendor survey as many older adults as possible to yield an acceptable representation of all 10 districts.</p>
22	Page 9	2.B.1.c	<p>B.1.c states “Random Sample with oversample of minority and rural populations.”</p> <ul style="list-style-type: none"> <li>• Is this over sample included in random samples described in B.1.b?</li> <li>• Which minority groups should be over sampled?</li> <li>• Which rural populations should be over samples?</li> <li>• What is the target number of completes for the ethnic and rural population over samples?</li> </ul> <p><b>ANSWER:</b></p> <p>1. Yes.</p> <p>2. African Americans, Hispanic, Asian Americans, American Indians, Pacific Islanders, and Vietnamese (if applicable).</p> <p>3. African Americans, Hispanic, Asian Americans, American Indians, Pacific Islanders, and Vietnamese (if applicable).</p> <p>4. DAAS does not have a target number; however, MDHS encourages the vendor to sample as many older adults as possible to obtain representative data.</p>
23	Page 9	2.B.2	<p>B.2 states “Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs for service providers to include, but not be limited to, the following:</p> <p>a. Mail Provider survey to all service providers taken from the list of providers as provided by MDHS.”</p> <ul style="list-style-type: none"> <li>• How many service providers will be included in the mail survey?</li> <li>• What is the target number of completes for service providers overall and within each district?</li> </ul> <p><b>ANSWER:</b></p> <p>1. Please see attached provider list.</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<p>2. DAAS does not have a target number for provider; MDHS encourages the vendor to sample as many providers as possible to obtain representative data from each provider.</p>
24	Page 9	2.B.3	<p>B.3 states “Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs among those Older Mississippians on waiting lists for services to include, but not be limited to, the following:</p> <p>a. Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state’s ten (10) Planning and Development Districts Area Agencies on Aging.”</p> <ul style="list-style-type: none"> <li>• <b>How many people are currently of waiting lists for services?</b></li> <li>• <b>What is the target number of completes to complete among citizens on the waiting lists overall and within each district?</b></li> </ul> <p><b>ANSWER:</b>  1. The waiting list varies from AAA to AAA.  2. DAAS will provide the target number of older adults on the waiting list when the vendor is selected.</p>
25	Page 10	2.B.7	<p>B.7 states: “Contractor shall describe in detail its ability to provide an analysis/assessment reflecting a margin of error no greater than 5%.”</p> <ul style="list-style-type: none"> <li>• <b>Is this margin of errors required for each survey? That is, is this margin of error required for each of the surveys specified in B.1.a, B.1.b, B.1.c, B2, and B.3?</b></li> </ul> <p><b>ANSWER:</b>  Yes, the margin of error is for each survey to ensure the percentage of point results will differ from real value.</p>
26	Page 10	2.B.12	<p>B.12 states “Respondent shall describe in detail its ability and approach to facilitate a meeting with MDHS to review draft report of Needs Assessment and any supporting data before final submission.</p> <ul style="list-style-type: none"> <li>• <b>Does DAAS anticipate this meeting will be in person?</b></li> </ul> <p><b>ANSWER:</b>  Yes, this meeting will be in person to ensure that the vendor is meeting the specific requirements set forth per the Older American Act.</p>
27	Page 2	1.1	<p>1.1 states “Respondents shall submit in a labeled binder one (1) original, signed proposal package and one (1) electronic copy of the proposal package (<b>both compiled according to the instructions and requirements below and in Section 4.3 of this RFP</b>), in a sealed envelope or package to the following (mailed or hand-delivered), no</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<p>later than the time and date specified for receipt of proposals and labeled...”</p> <ul style="list-style-type: none"> <li>• <b>Due to the pandemic, are we still required to mail our proposal submission?</b></li> </ul> <p><b>ANSWER:</b> Please refer to Section 1.1 of the RFP, wherein it states, “mailed or hand-delivered”.</p>
28	Pages 8-10	2.2B	<p>Regarding the 3,000 older adults to be contacted, is there a minimum number of people with whom the successful bidder is to have actually made connection?</p> <p><b>ANSWER:</b> No, DAAS requires that the vendor survey as many participants as possible to warrant representative data per PSA.</p>
29	Page 9	2.2.B.3	<p>How many citizens must be we contact who are identified as being on the “waiting list”?</p> <p><b>ANSWER:</b> DAAS encourages all older adults on the waiting list be contacted. However, DAAS understands that some older adults may not want to participate.</p>

## 2021 Mississippi Older Adult Needs Assessment Provider Survey

Hello my name is \_\_\_\_\_ and I'm from (vendor name). We are conducting a survey for the Mississippi Department of Human Services, Division of Aging and Adult Services that focuses on the health and service needs of adults age 55 and older in the state of Mississippi. This study is part of a federal requirement and your input would be very helpful to us as we try to gain insight into the daily lives of this portion of Mississippi's population. As a service provider for one of the ten (10) MS Area Agencies on Aging, can you please answer the following questions?

1. Are you a Home and Community Based Service provider for older adults? If so, please select all that may apply?
  - a. Transportation
  - b. Meals
  - c. Homemaker
  - d. Adult Day Care (ADC)
  - e. Senior Center
  - f. Respite
  - g. Legal Assistance
  - h. Information and Referral/Assistance
  - i. Case Management
  - j. Outreach
  - k. Emergency Services
2. Do you provide healthy foods to older adults?
  - a. Yes
  - b. No
3. Does your agency promote socialization to reduce loneliness of older adults?
  - a. Yes
  - b. No
4. Does your agency provide education materials to older adults about health promotion?
  - a. Yes
  - b. No
5. Does your agency provide education materials to older adults about fall prevention?
  - a. Yes
  - b. No
6. Looking back over the last few months, how often do you have contact with older adult participants?
  - a. Daily or almost daily
  - b. Once or twice a week
  - c. Once or twice a month
  - d. Less than a month
  - e. Don't know
7. What level of participation would you say your agency has with older adults?
  - a. Maximum
  - b. Medium
  - c. Low
8. Was your agency impacted by COVID-19? If yes, please elaborate.
  - a. Yes
  - b. No
  - c. \_\_\_\_\_
9. Does your agency provide community outreach about available services in your planning and services area (PSA)?

- a. *Yes*
  - b. *No*
10. *How long has your agency provided Home and Community Based Services to older adults?*
- a. *One-year or less*
  - b. *Five years*
  - c. *Ten years*
  - d. *Twenty years plus*
11. *Does your agency feel in the next five to ten-years' service delivery for older adults will look different due to the COVID-19 pandemic?*
- a. *Yes*
  - b. *No*
12. *Do you want to share anything else about your agency and providing services?*
- a. \_\_\_\_\_  
\_\_\_\_\_

**Aaron E. Henry Community Health Center In**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**ABC Home Care**

**Business:** (601) 555-9871  
**Business:** 123 Capital Street  
 Jackson, MS, 39201, Hinds  
[www.abchomecare.org](http://www.abchomecare.org)  
**Serving:** Jackson, Pearl  
 Provides in home services for clients in the Jackson area. Specializes in services to Veterans.  
**Services:** Homemaker Services, Respite Care  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**Addus HealthCare, Inc.**

**Services:** Respite Care  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Alcorn Human Resource Agency**

**Services:** Adult Day Care, Adult Day Care Meals, Case Management, Congregate Meals, Home Delivered Meals, Homemaker Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Respite Care, Respite Meals  
**Hours:** SUN: (Unspecified) To (Unspecified), MON: 08:00 To 16:30, TUE: 08:00 To 16:30, WED: 08:00 To 16:30, THU: 08:00 To 16:30, FRI: 08:00 To 16:30, SAT: (Unspecified) To (Unspecified)

**Attala County**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**Baptist Adult Health Services**

**Business:** (601) 926-1222  
**Business:** (601) 956-7794  
**Business Fax:** (601) 206-8094  
**Business Fax:** (601) 924-3907  
**Business:** 6250 Old Canton Road  
 Jackson, MS, 39211, Hinds  
**Business:** 503 Northside Drive  
 Clinton, MS, 39056, Hinds  
**Services:** Adult Day Care, Respite Care  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Bodies Under Construction Atheltics**

**Services:** Preventive Health  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**Bolivar County Community Action Program**

**Services:** Congregate Meals, Home Delivered Meals, Homemaker Services, Respite Care  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Bolivar County Council on Aging**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Calhoun County Transportation**

**Services:** Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Central MS Planning and Development Distr**

**Business:** (601) 981-1516

**Business Fax:** (601) 981-1515

**Business:** 1170 Lakeland Drive  
Jackson, MS, 39296, Hinds

**Services:** Case Management, Congregate Meals, Emergency Response, Emergency Services, FCSP Access Assistance, FCSP Caregiver Support, Grocery Boxes, Home Delivered Meals, Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Ombudsman, Preventive Health, Supplemental Services

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**City of Jackson**

**Business:** (601) 960-0335

**Business Fax:** (601) 960-1572

**Mailing:** P.O. Box 17  
Jackson, MS, 39205, Hinds

**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Outreach, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Caring Hearts and Hands**

**Services:** Homemaker Services, Respite Care

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**City of Grenada**

**Services:** Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**City of Natchez / Natchez Senior Center**

**Services:** Adult Day Care, Congregate Meals, Grocery Boxes, Home Delivered Meals, Senior Center, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Carroll County**

**Services:** Case Management, Home Delivered Meals

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**City of Itta Bena**

**Services:** Home Delivered Meals

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Claiborne County Human Resources Agency**

**Services:** Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Clinton Community Christian Corporation**

**Business:** (601) 924-9436  
**Business Fax:** (601) 925-6033  
**Mailing:** P.O. Box 21  
 Clinton, MS, 39056, Hinds  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Community Development, Inc.**

**Services:** Adult Day Care, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**District IV Department of Health**

**Services:** Case Management  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Comfort Keepers**

**Services:** Homemaker Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Conversion Provider**

**Services:** Adult Day Care, Adult Day Care Meals, Adult Day Health/Social Care, Adult Day Services, Case Management, Congregate Meals, Elder Abuse Prevention, Emergency Services, FCSP Access Assistance, FCSP Caregiver Support, FCSP Supplemental Services, Home Delivered Meals, Homemaker Services, Information & Referral, Legal Services, Medicaid Eligibility, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education, Ombudsman, Outreach, Respite Care, Senior Center, Telephone Reassurance, Transportation  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Community Council of Warren County**

**Business:** (601) 638-7441  
**Business Fax:** (601) 661-8606  
**Business:** 3204 Wisconsin Ave.  
 Vicksburg, MS, 39180, Warren  
**Services:** Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Homemaker Services, Ombudsman, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Copiah County Human Resource Agency**

**Business:** (601) 894-4788  
**Business Fax:** (601) 894-6191  
**Mailing:** P.O. Box 448  
 Hazlehurst, MS, 39083, Copiah  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Homemaker Services, Information & Referral, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21



**East Central Area Agency on Aging**

**Services:** Congregate Meals, Elder Abuse Prevention, Home Delivered Meals, Homemaker Services, Incontinence Supplies, Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Transportation

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Grenada County 1**

**Services:** Case Management, Home Delivered Meals

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Harrison County**

**Services:** Adult Day Care, Adult Day Care Meals, Adult Day Care Snacks, Congregate Meals, Senior Center, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Five County Child Development Program, In**

**Services:** Congregate Meals, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Grenada County 2**

**Services:** Case Management, Home Delivered Meals

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Help at Home**

**Business:** (601) 894-5882

**Business:** (601) 982-7462

**Business:** (601) 982-7311

**Business:** 3828 I-55 North Jackson, MS, 39211, Hinds

**Corporate Offi** 1 North State Street, Suite 800 Chicago, IL, 60602, Cook

**Residence:** Chunky, MS, 39323, Newton

**Services:** Homemaker Services, Respite Care

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Golden Triangle Area Agency on Aging**

**Services:** Case Management, Congregate Meals, Elder Abuse Prevention, Health Promotion, Home Delivered Meals, Homemaker Services, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education, Ombudsman, Outreach, Respite Care, Transportation

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Hancock County Human Resources Agency**

**Services:** Congregate Meals, Senior Center, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Hinds County Board of Supervisors**

**Business:** (601) 973-5550

**Business:** (601) 878-6984

**Mailing:** P.O. Box 686 Jackson, MS, 39205, Hinds

**Services:** Outreach, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Hinds County Human Resource Agency**

**Business:** (601) 923-3930  
**Business Fax:** (601) 923-3928  
**Mailing:** P.O. Box 22657  
 Jackson, MS, 39205, Hinds  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Holmes County 2**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Lee County Multi-purpose**

**Services:** Adult Day Care, Congregate Meals, Home Delivered Meals, Senior Center, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Lowndes County Council on Aging / Dial-A-Ride**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**HOL Family Life and Resources Center**

**Services:** Adult Day Care, Adult Day Care Meals, Adult Day Care Snacks  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Jackson County Civic Action Committee, Inc**

**Services:** Congregate Meals, Senior Center, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Leflore County 1**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Madison County Citizens Services Agency**

**Business:** (601) 855-5701  
**Business Fax:** (601) 855-5662  
**Mailing:** P.O. Box 1358  
 Canton, MS, 39046, Madison  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Information & Referral, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Holmes County 1**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Jones County**

**Services:** Congregate Meals  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Leflore County 2**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Mallory Clinic Transportation**

**Services:** Transportation  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Mississippi Center for Legal Services**

**Business:** (601) 948-6752  
**Business:** 414 South State Street, Suite 300  
 Jackson, MS, 39205, Hinds  
**Services:** Legal Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Montgomery County 1**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**New Zion United Methodist Church**

**Services:** Congregate Meals  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Mississippi Methodist Senior Services, Inc.**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Montgomery County 2**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**North Central Area Agency on Aging**

**Services:** Case Management, Congregate Meals, Home Delivered Meals, Homemaker Services, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Transportation  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**Mississippi Valley State University**

**Services:** Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**Multi-County Community Services Agency**

**Services:** Home Delivered Meals, NSIP Home Delivered Meals  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

**North Delta Area Agency on Aging**

**Business:** 220 Power Drive  
 PO Box 1488  
 Batesville, MS, 38606, Panola  
**Services:** Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education, Ombudsman, Outreach  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: 08:00 To 17:00

**North Delta Planning and Development Dist**

**Business:** 220 Power Drive  
PO Box 1488  
Batesville, MS, 38606, Panola

**Services:** Information & Referral, Ombudsman, Outreach

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**North Mississippi Rural Legal Services**

**Services:** Legal Services

**Hours:** SUN: (Unspecified) To (Unspecified), MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: (Unspecified) To (Unspecified)

**Northeast Mississippi Community Services**

**Services:** Adult Day Care, Adult Day Care Meals, Case Management, Congregate Meals, Home Delivered Meals, Homemaker Services, Incontinence Supplies, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Respite Care, Respite Meals, SSBG Incontinence Supplies, Transportation

**Hours:** SUN: (Unspecified) To (Unspecified), MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI: 08:00 To 17:00, SAT: (Unspecified) To (Unspecified)

**Northeast MS Area Agency on Aging**

**Services:** Health Promotion, Incontinence Supplies, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Preventive Health, Respite Care

**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Northeast MS Planning and Development Di**

**Services:** Case Management

**Hours:** SUN: (Unspecified) To (Unspecified), MON: 08:00 To 16:30, TUE: 08:00 To 16:30, WED: 08:00 To 16:30, THU: 08:00 To 16:30, FRI: 08:00 To 16:30, SAT: (Unspecified) To (Unspecified)

**Noxubee County Human Resource Agency**

**Services:** Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Pearl River Valley Opportunity, Inc.**

**Services:** Congregate Meals

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Pearl Senior Center**

**Business:** (601) 556-6743  
**Business:** 87 Main Street  
 Pearl, MS, 39208, Rankin  
 www.pearlsoniorcenter.org

**Serving:** Rankin, Jackson, Pearl  
 Pearl Senior Center provides various activities for seniors including exercise classes, board and card games, and other socialization services. Also provided are onsite congregate hot meals at lunch and dinner time.

**Services:** Congregate Meals, Nutrition Education, SCEP, Senior Center  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Pine Belt Mental Healthcare Resources**

**Services:** Adult Day Care Meals, Adult Day Care Snacks, Congregate Meals, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Senior Center of South Pearl River County**

**Services:** Congregate Meals, Senior Center  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Pearl Senior Services**

**Business:** (601) 863-3229  
**Business Fax:** (601) 932-3590  
**Mailing:** P.O. Box 5948  
 Pearl, MS, 39208, Rankin

**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Rankin County Human Resource Agency**

**Business:** (601) 825-1309  
**Business Fax:** (601) 824-0036  
**Business:** 1545 W. Government St.  
 Brandon, MS, 39042, Rankin

**Services:** Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Outreach, Transportation

**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Petal Association for Families**

**Services:** FCSP Caregiver Support  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**River Bend, Inc.**

**Services:** Respite Care  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**SLA Jones Activity Center**

**Services:** Adult Day Care, Emergency Information & Referral - ADC, Emergency Information & Referral - Senior Center, Home Delivered Meals, Home Delivered Meals/A DC, Home Delivered Meals/Senior Center, Preventive Health, Senior Center, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**South Central Community Action Agency, In**

**Business:** (601) 847-5552  
**Business:** 110 Fourth Street  
 D Lo, MS, 39062, Simpson  
**Services:** Congregate Meals, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Information & Referral, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**South Delta Area Agency on Aging**

**Services:** Elder Abuse Prevention, Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Preventive Health, Respite Care  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Southeast Mississippi Legal Services Corpor**

**Services:** Legal Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Southern MS Area Agency on Aging**

**Services:** Case Management, Congregate Meals - Nutrition Education, FCSP Access Assistance, FCSP Service Information, Health Promotion, Home Delivered Meals - Nutrition Education, Home Modification, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Ombudsman, Outreach  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Southern MS Planning and Development Dis**

**Services:** Case Management, Congregate Meals, Consumer Directed Care, FCSP Supplemental Services, Home Delivered Meals  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Southwest MS Area Agency on Aging**

**Services:** Information & Referral  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Southwest MS Planning & Development Dis**

**Services:** Adult Day Care, CACFP, Case Management, Congregate Meals, Grocery Boxes, Home Delivered Meals, Homemaker Services, Information & Referral, Legal Services, NSIP Congregate Meals, NSIP Home Delivered Meals, Nutrition Education/Congregate Meals, Nutrition Education/Home Delivered Meals, Ombudsman, Outreach, Respite Care, Senior Center, Transportation  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Sunflower Humphreys Community Action Ag**

**Services:** Congregate Meals, Home Delivered Meals, Homemaker Services, Respite Care, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Three Rivers Planning and Development Dis**

**Services:** Congregate Meals, Home Delivered Meals, Information & Referral, NSIP Congregate Meals, NSIP Home Delivered Meals, Ombudsman, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**TRIO Community Meals**

**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Home Delivered Meals/ADC, Home Delivered Meals/Senior Center  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Yalobusha County**

**Services:** Case Management, Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Total Health Care**

**Services:** Homemaker Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Tunica Mid State**

**Services:** Home Delivered Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Yazoo County Human Resource Agency**

**Business:** (662) 746-1222  
**Business Fax:** (662) 746-2023  
**Mailing:** P.O. Box 208  
 Yazoo City, MS, 39194, Yazoo  
**Services:** Congregate Meals, Congregate Meals - Nutrition Education, Grocery Boxes, Home Delivered Meals, Home Delivered Meals - Nutrition Education, Homemaker Services, Information & Referral, Outreach, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

**Town of Mt. Olive**

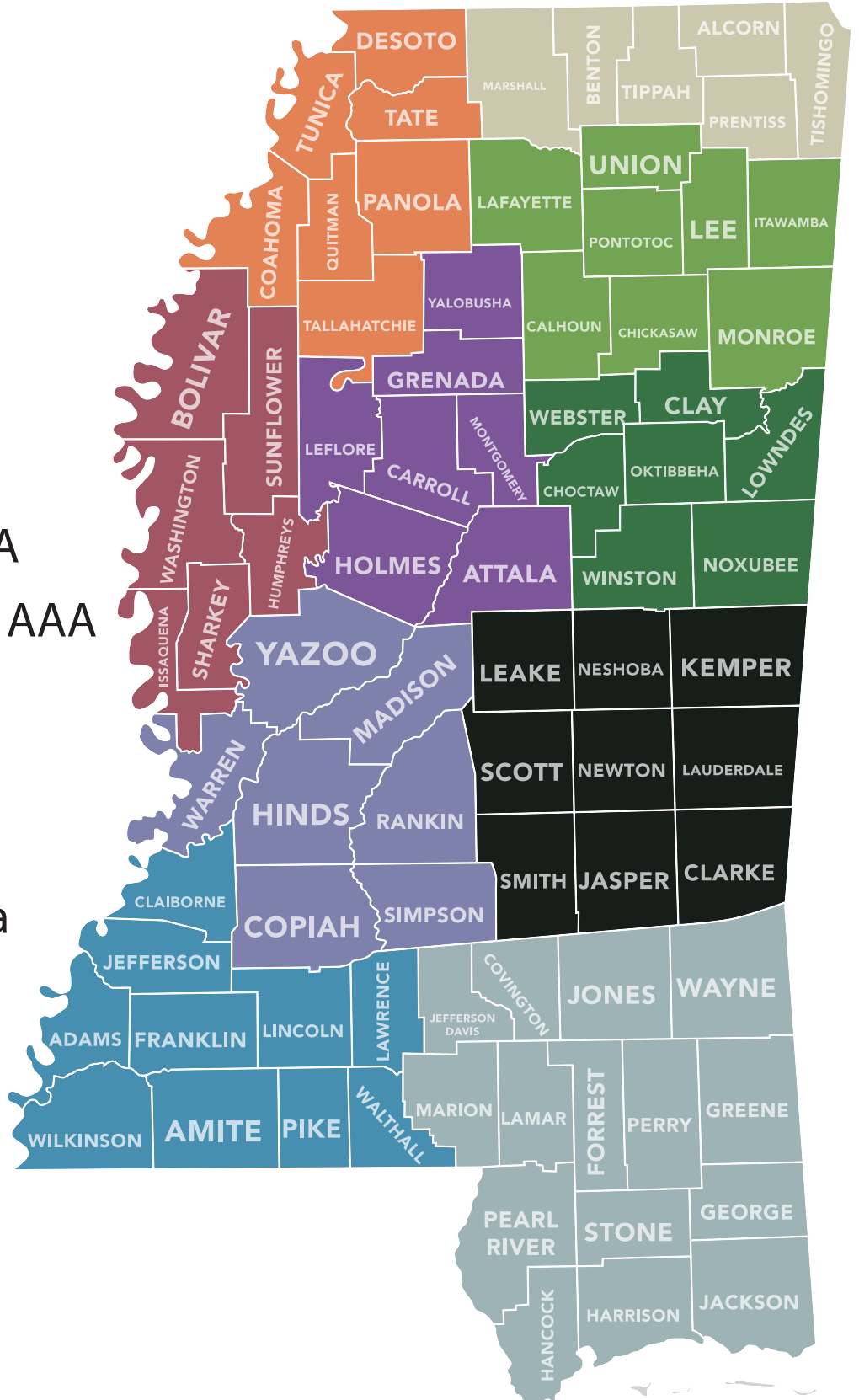
**Services:** Congregate Meals  
**Hours:** SUN: 08:00 To 17:00, MON: 08:00 To 17:00, TUE: 08:00 To 17:00, WED: 08:00 To 17:00, THU: 08:00 To 17:00, FRI : 08:00 To 17:00, SAT: 08:00 To 17:00

**Warren-Washington-Issaquena-Sharkey CA**

**Services:** Adult Day Care, Adult Day Care Meals, Adult Day Care Snacks, Congregate Meals, Home Delivered Meals, Homemaker Services, Respite Care, Telephone Reassurance, Transportation  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI : 14:21 To 14:21, SAT: 14:21 To 14:21

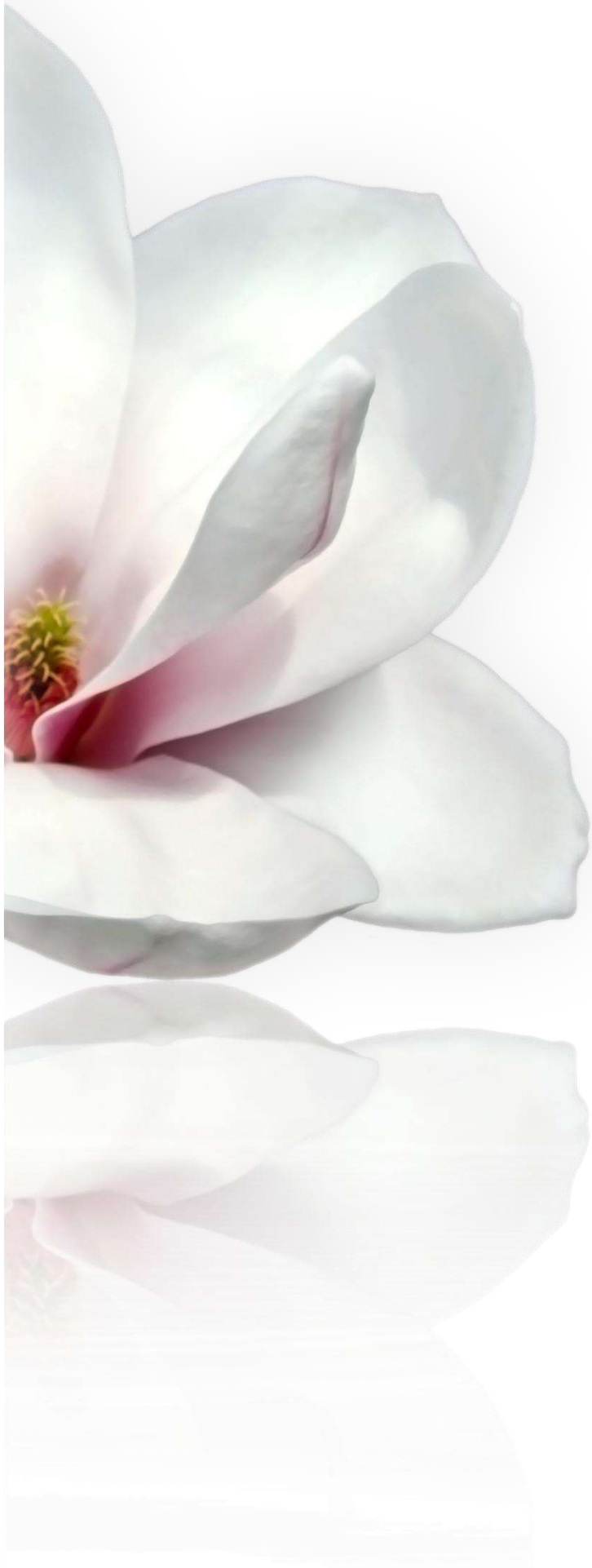
# Division of Aging and Adult Services Planning and Development Districts

- North Delta AAA
- North Central
- South Delta
- Central MS AAA
- Southwest MS AAA
- Southern MS Area AAA
- East Central
- Golden Triangle
- Three Rivers
- Northeast MS Area





ATTACHMENT M  
2011 MISSISSIPPI NEEDS ASSESSMENT



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF AGING & ADULT SERVICES

.....  
**2011 OLDER ADULTS  
NEEDS ASSESSMENT**



NATIONAL STRATEGIC PLANNING  
& ANALYSIS RESEARCH CENTER  
**MISSISSIPPI STATE UNIVERSITY**

# ACKNOWLEDGMENTS

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## ABOUT NSPARC

The National Strategic Planning & Analysis Research Center (nSPARC) at Mississippi State University specializes in designing and implementing science-based strategies using state-of-the-art information technology and analytical procedures. nSPARC brings together scientific and technical expertise from the private, public, philanthropic, and academic sectors to develop and support basic and applied research and promote innovative information management to increase economic competitiveness at state, regional, and national levels.

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# I. EXECUTIVE SUMMARY

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This report presents the results of a study conducted to evaluate the needs of the elderly population along with information that highlights strengths and weaknesses of the services provided to senior citizens in the state. The data came from multiple sources, including the most recent Census data, national and state epidemiological data, and administrative data. Data were also collected through two telephone surveys and a computer-assisted focus group to provide information on the awareness and use of services provided by the Mississippi Department of Human Services Division of Aging and Adult Services (DAAS) and on the developing need for services over the next 10 years to meet projected changes in the aging population. The telephone surveys and focus group were conducted during February and March 2011. Data collected from the telephone surveys included health, well-being, and economic and social support variables on the general 55-and-older population in the state and from a sample of seniors awaiting services from DAAS.

The data reveal several straightforward conclusions regarding population characteristics, health, services, and needs.

## POPULATION CHARACTERISTICS

- Mississippi's elderly population will increase by 30 percent by 2020 and double by 2050
- Thirteen percent of those 65 and older continue to be actively engaged in the workforce
- On average, the elderly population earns just over \$25,000 per year
- Seventeen percent of the elderly population lives in poverty

## HEALTH

- An appreciative number of the elderly are disabled
- Obesity and diabetes are becoming the most prevalent health issues among the elderly

## SERVICES

- Twenty-nine thousand elderly were served in 2009, an increase of 32 percent from 2006
- Home-delivered meals is the most prevalent service provided
- Congregate meal service needs are growing at a faster rate than other service needs

## NEEDS

- Current and future concerns center on personal physical health and financial well-being
- Lack of affordable, accessible, and reliable healthcare and transportation
- Senior discount programs, repair services, home delivered meals, home healthcare, and information and referral services are top-ranked service needs
- Those who seek assistance are among the most vulnerable elderly population in the state
- Clear lack of awareness of services available to seniors

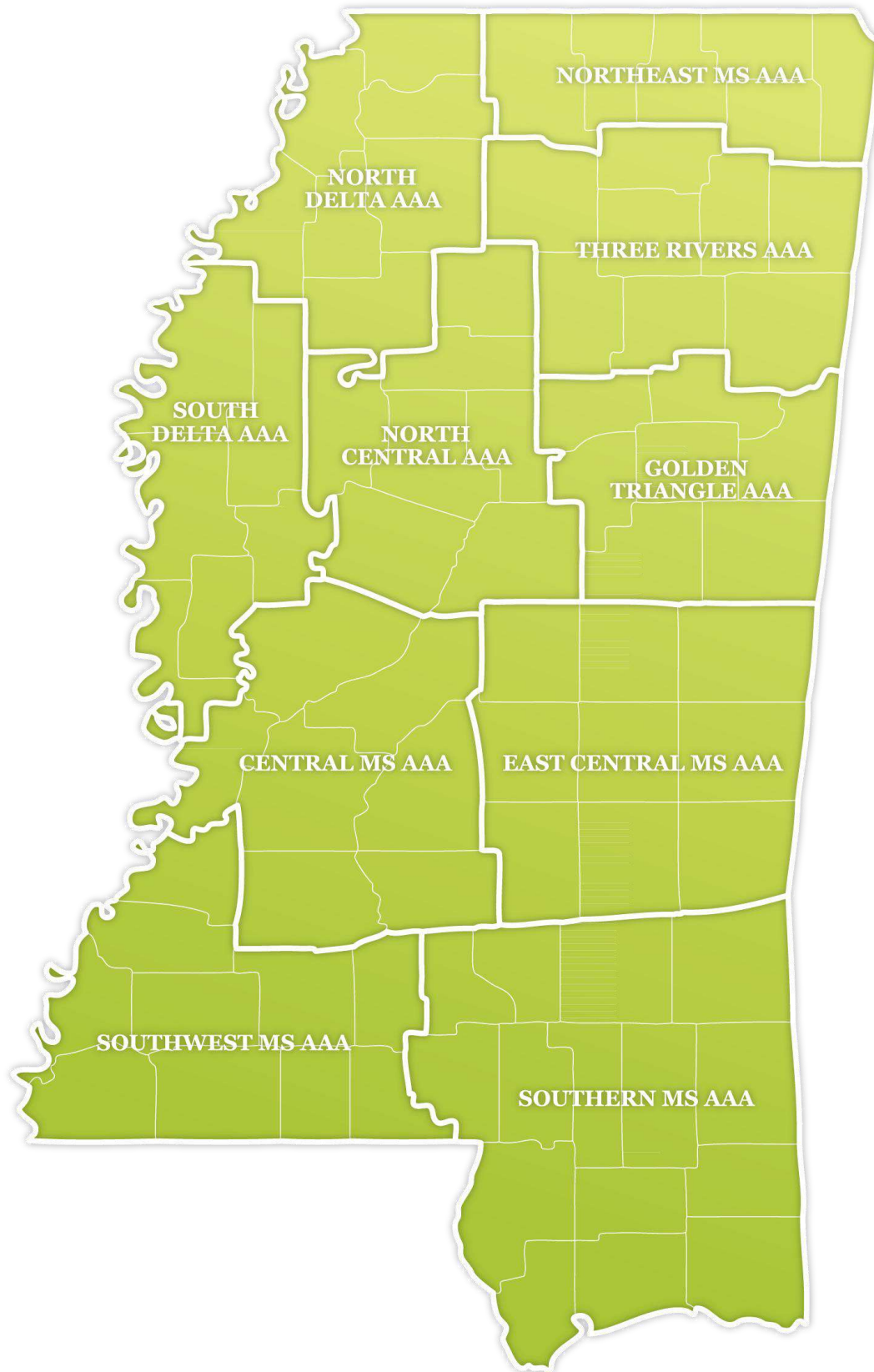
## RECOMMENDATIONS

In sum, the 2011 Mississippi Older Adults Needs Assessment shows that older adults have greatly varying needs and that no single service or program will be an answer to every individual. There are, however, recommendations that can help the state better meet the needs of the aging population in Mississippi:

- Increase capacity to absorb the growing elderly population along with the increased demand for services
- Develop capacity to provide home healthcare assistance
- Develop programs to include repair services and referral services
- Develop appropriate workforce to meet the demands for jobs serving the elderly
- Develop marketing campaign for raising awareness of services provided to seniors
- Build strong and sustainable partnerships with for-profit and nonprofit organizations
- Develop educational campaign about aging and the role of the elderly in the community

# MISSISSIPPI AREA AGENCIES ON AGING

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## II. INTRODUCTION

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The 2011 Mississippi Older Adults Needs Assessment paints a picture of the health, family and social networks, economic situation, and quality of life of those 55 years and older in Mississippi. This assessment was undertaken to fulfill requirements set forth in the Older Americans Act of 1965 and to gain insight into the services provided through the Area Agencies on Aging (AAA).

The Older Americans Act of 1965 established the Administration on Aging at the federal level and Area Agencies on Aging (AAA) at the local level. The goal of these aging agencies is to provide comprehensive services for adults 60 and older. In Mississippi, there are ten AAAs, each associated with one of the state's Planning and Development Districts (see Map). The AAAs are coordinated by DAAS whose vision is each older citizen living the best life possible. The mission of DAAS is to "protect the rights of older citizens while expanding their opportunities and access to quality services."

This study is of critical importance as the elderly population continues to grow over the next half-century. In fact, the most recent Census projections for 2020 predict a 45 percent increase in Mississippians aged 65 and older, while those aged 85 and older are projected to increase over 36 percent (U.S. Census 2005). The information generated through this study will help the DAAS and the AAAs better accomplish their objectives and keep pace with change in the state's aging population.

## III. GOALS AND OBJECTIVES

---

The overall goal of the 2011 Mississippi Older Adults Needs Assessment and this report is to provide insight into factors that affect Mississippi's ability to meet the added demands of an increasing aging population and to address the requirements of the Older Americans Act of 1965. Specifically:

1. Project the change in the number of older individuals in the state.
2. Analyze how such changes may affect individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency.
3. Analyze how programs, policies, and services provided by the state can be improved, including coordinating with Area Agencies on Aging (AAA), and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the state.
4. Analyze how the change in the number of individuals aged 85 and older in the state is expected to affect the need for supportive services.

## IV. METHODS

---

### *Data:*

Data for the 2011 Mississippi Older Adults Needs Assessment were collected from several primary and secondary sources in order to fully address the goals and objectives of the study. Primary data were collected through a telephone survey – the General Needs Assessment Survey – of Mississippians 55 and older, a telephone survey – the Waiting List Needs Assessment Survey – of Mississippians currently on a waiting list for DAAS services, and a focus group of service providers. All primary data collection was undertaken during the months of February and March 2011 (see Appendix I, II, III, and IV for copies of the respective instruments and their results).

Additional data included administrative and secondary sources consisting of population estimates and projections from the U.S. Census Bureau, socioeconomic and demographic data from the Current Population Survey, health indicator data from the Centers for Disease Control and Prevention, and service trend data from the Administration on Aging. These supporting sources of data were vital in meeting and fully addressing the goals and objectives of the study because they allowed comparisons to be made between state and national trends and provided a more complete picture of the aging population, its specific characteristics, and the daily challenges they face.

The minimum age for inclusion in the GNAS component of the assessment was 55 years rather than 60, the age when individuals are eligible for services. This was done so agencies can begin planning not only for those currently eligible for services but for those who will become eligible in the next five years. Respondents were selected using list-assisted random-digit-dialing (RDD), which includes both listed and unlisted telephone numbers. A representative sample of 1,025 Mississippians 55 and older completed the survey. There was equal representation of survey respondents from each of the ten AAAs, and the margin of error was +/- 3 percent for responses.

For both telephone surveys, information was gathered on a variety of topics, including the health, well-being, economic situation, and social support status of respondents.

### *Sample Characteristics:*

The characteristics of the sampled populations are reported in Table 1. The sampled group for the GNAS is an accurate representation of Mississippi's overall population of people 55 and older and the population served by DAAS when comparing national data and previous research. The WLNAS sample is more representative of low-income Mississippians, a group that is underrepresented in the GNAS. The underrepresentation of the aging population with low income in the GNAS does not affect results.

*Gender.* Mississippi's 55-and-older population has a gender breakdown of 53.9 percent male and 46.1 percent female (Current Population Survey 2008-2010). Over 70 percent of AAA clients were female (Preliminary MDHS 2010 Data). Like most surveys, there was a much higher percentage of female participation compared to male participation. The GNAS included 279 males (27 percent) and 744 females (73 percent). The WLNAS included 50 males (17.7 percent) and 229 females (80.9 percent).

*Race.* Mississippi's 55-and-older population is 73 percent white and 26 percent African-American (Current Population Survey). The GNAS mirrors this breakdown, while the WLNAS has just over 60 percent of respondents as white and about 37 percent as African-American. Administrative data from the Mississippi Department of Human Services for Fiscal Year 2010 reports that over half of clients were African-American while less than 48 percent were white.

**TABLE 1. RESPONDENTS' DEMOGRAPHIC CHARACTERISTICS (GENERAL AND WAITING LIST SURVEYS)**

	General Survey		Waiting List Survey	
	N	Percent	N	Percent
<b>Gender</b>				
Male	279	27.2	50	17.7
Female	744	72.6	229	80.9
<b>Race/ethnicity</b>				
White/Caucasian	743	72.5	170	60.1
African American	264	25.8	104	36.7
Hispanic	7	0.7	2	0.7
Other	20	1.9	2	0.8
<b>Level of Education</b>				
Less than High School	172	16.8	78	27.6
High School Diploma	338	33.0	97	34.3
Some College	193	18.8	47	16.6
Associate's Degree	77	7.5	26	9.2
Bachelor's	113	11.0	10	3.5
Graduate/Professional	115	11.2	2	0.8
<b>Marital Status</b>				
Married	530	51.7	74	26.1
Widowed	262	25.6	127	44.9
Divorced	115	11.2	41	14.5
Single (never married)	93	9.1	24	8.5
Separated	9	0.9	10	3.5
Co-Habitating	2	0.2	2	0.7
<b>Age</b>				
55-59	154	15.0	17	6.0
60-64	198	19.0	36	12.7
65-69	200	19.5	37	13.1
70-74	157	15.3	55	19.4
75-84	212	20.7	84	29.7
85+	71	6.9	46	16.3
<b>Employment Status</b>				
Retired	648	63.2	206	72.8
Full-time	161	15.7	2	0.7
Unable to work	88	8.6	41	14.5
Part-time	58	5.7	4	1.4
Unemployed, looking	29	2.8	3	1.1
Unemployed, not looking	27	2.6	23	8.1
<b>Residential Status</b>				
Rural	784	76.5	232	82.0
Urban	241	23.5	51	18.0



*Education.* Twenty-five percent of Mississippians do not have a high school diploma, 34 percent only have a high school diploma, 13 percent have some college, 8 percent have earned an associate's degree, 12 percent have earned a bachelor's degree, and 8 percent have at least some graduate education (CPS). The GNAS captures more of the aging population with a higher level of education than the general population: 17 percent of respondents did not complete high school, 33 percent completed high school, just over 25 percent had some college or a technical degree, and just over 20 percent had at least a bachelor's degree. The WLNAS sample reveals a population with significantly less education: Over 27 percent of respondents did not complete high school, over 34 percent completed high school, over 16 percent had some college education but no degree, 9 percent had an associate's or a technical degree, 3.5 percent had a bachelor's or master's degree, and less than one percent of respondents had a graduate or professional degree.

*Marital Status.* Most Mississippians aged 55 and older are married (63%), while 20 percent are widowed, 11 percent are divorced, 2 percent are separated, and 3 percent are single (CPS). Both surveys captured more respondents who were single and widowed and fewer who were married compared to the general population of 55-and-older Mississippians. Just over 26 percent of survey respondents were married, while 8.5 percent were single, 14.5 percent were divorced, and nearly 45 percent were widowed. Preliminary administrative data from MDHS for Fiscal Year 2010 shows that over 55 percent of clients lived alone compared to over 23 percent who lived with a spouse. Just over 50 percent of WLNAS respondents were married, while 9 percent were single, 11 percent were divorced, and 26 percent were widowed.

*Age.* The average age of Mississippians older than 55 is 66.5, and the average age of individuals who received services through AAA was approximately 77 years old (Preliminary DHS 2010 Data). In comparison, the average age of the GNAS respondents was 69, and the average age of WLNAS respondents was 74. The age cohort breakdowns are reasonably similar to the population of Mississippi, though the GNAS does capture more elderly Mississippians between the ages of 65 and 79 and fewer between the ages of 55 and 64.

*Employment Status.* National data shows that 36.3 percent of Mississippians aged 55 and older were in the labor force, and 77 percent worked full-time. Most of the GNAS respondents were retired (63%), while 16 percent were working full-time, 6 percent were working half-time, and almost nine percent were unable to work. In contrast, less than one percent of the WLNAS respondents were working full-time. Furthermore, just over one percent of WLNAS respondents were working part-time. Just over one percent reported they were unemployed and looking for work. The majority of WLNAS respondents were retired (72.8 percent), a higher percentage (14%) were unable to work, and 8 percent were unemployed and not looking for work.

*Residential Status.* Census figures report that over 55 percent of Mississippi's population resided in rural areas in 2009. Over 76 percent of GNAS respondents resided in rural areas, while just over 23 percent of respondents resided in urban areas. WLNAS respondents were even more likely to be rural (82%), while fewer were urban (18%). The oversampling of rural respondents is in line with one of the goals of the project, which is to assess how the change in the older adult population will affect rural residents.

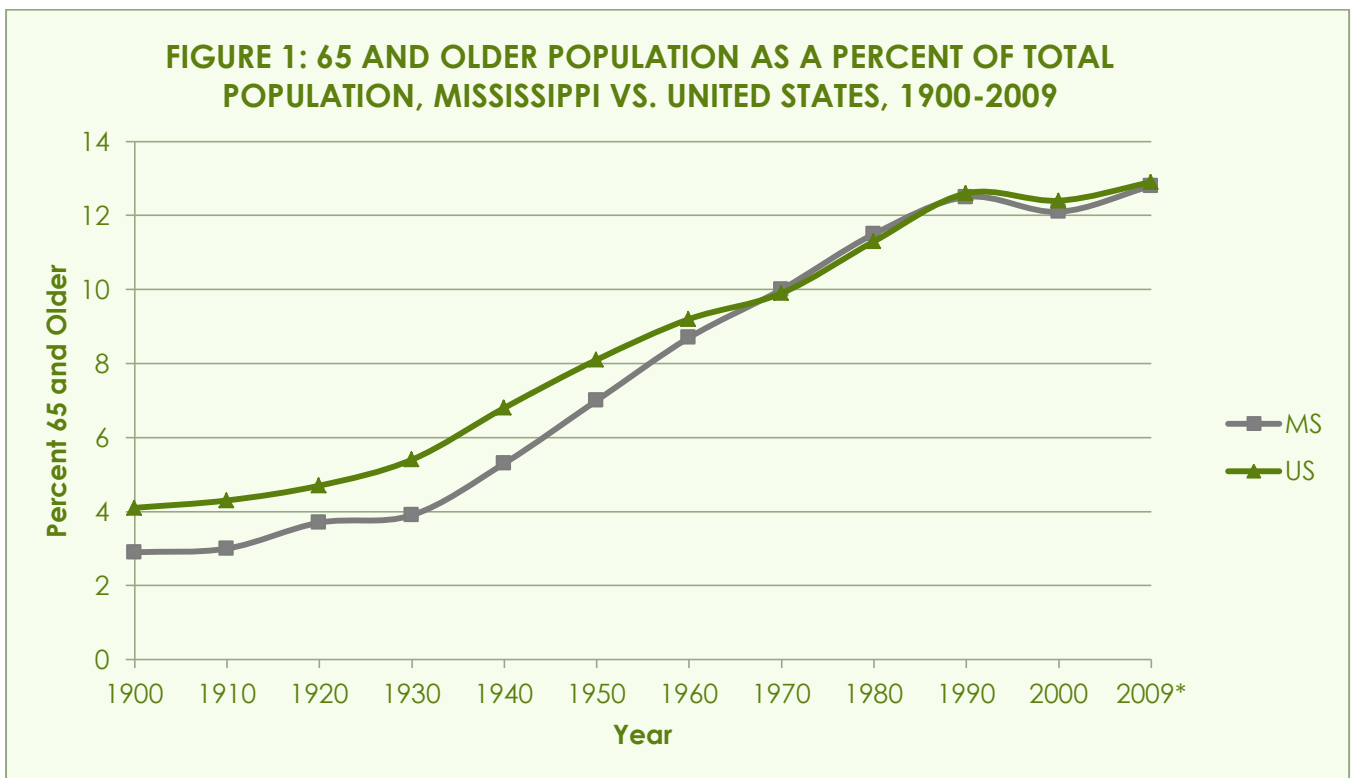
*Income.* On both surveys, over 20 percent of respondents declined to report household income. Over 40 percent of GNAS respondents reported incomes of less than \$30,000. The GNAS appears to undersample low-income individuals: almost 20 percent of Mississippi's aging population has income less than \$10,000 in the GNAS, whereas the survey sample figure is just below 14 percent. Additionally, almost 30 percent of Mississippi's aging population has income between \$10,000 and \$20,000, whereas the GNAS sample has just under 14 percent. Of the WLNAS respondents who reported their income, over 65 percent have income under \$20,000: 32 percent of respondents have household incomes of less than \$10,000, and 35 percent of respondents have household incomes between \$10,000 and \$20,000. The majority of respondents (65 percent) reported having difficulties meeting basic needs with current income. The WLNAS results are a much more consistent depiction of the current client base of DAAS, which predominately serves low-income individuals living near or below the official poverty line.

*Sources of Income.* The majority of respondents (52.1 percent) reported receiving Social Security benefits. Other major sources of income included employment earnings (21.1 percent) and income earned from state and federal retirement programs (20.7 percent). A much higher percentage of WLNAS respondents reported receiving Social Security benefits (89.8). Other major sources of income for WLNAS respondents included food stamps (20 percent) and income earned from state and federal retirement programs (18.2 percent).

# V. GENERAL BACKGROUND

## POPULATION CHARACTERISTICS

Mississippi, and the country as a whole, is aging, and this will bring new challenges for those who serve the older population. The needs of older adults are often interrelated, so it is important to understand who makes up the aging population and how a state's aging population compares to the nation as a whole. In Mississippi, the characteristics of the general 55-and-older population tend to mirror those in the nation as a whole. Even when trends in Mississippi are more pronounced, they follow essentially the same path as the nation. In fact, historical population trends at the state level show that Mississippi's older adult population has similar growth patterns to those of the nation. According to U.S. Census figures, between 1900 and 2000 the number of adults aged 65 and older in Mississippi increased by more than 600 percent from 45,000 to more than 343,000 individuals. Mississippians aged 65 and older grew from less than 3 percent of the state's population in 1900 to nearly 13 percent of the state's population today (see Figure 1).



Source: U.S. Census Bureau

Current census projections indicate that the number of Americans aged 65 and older will more than double between 2010 and 2050. If this projection holds true, older adults will account for approximately 20 percent of the country's population by as early as 2030 (Vincent and Velkoff 2010). These same estimates project the number of Mississippians aged 65 and older to increase from approximately 343,000 in 2000 to over 499,000 in 2020. This is an increase of over 45 percent in twenty years (U.S. Census 2005). Also by 2020, Mississippians aged 85 and older are projected to increase from approximately 43,000 in 2000 to nearly 60,000, an increase of over 39 percent (U.S. Census 2005). Table 2 displays the projected growth of each age cohort 55 and over based on 2009 population estimates and 2020 projections for Mississippi.

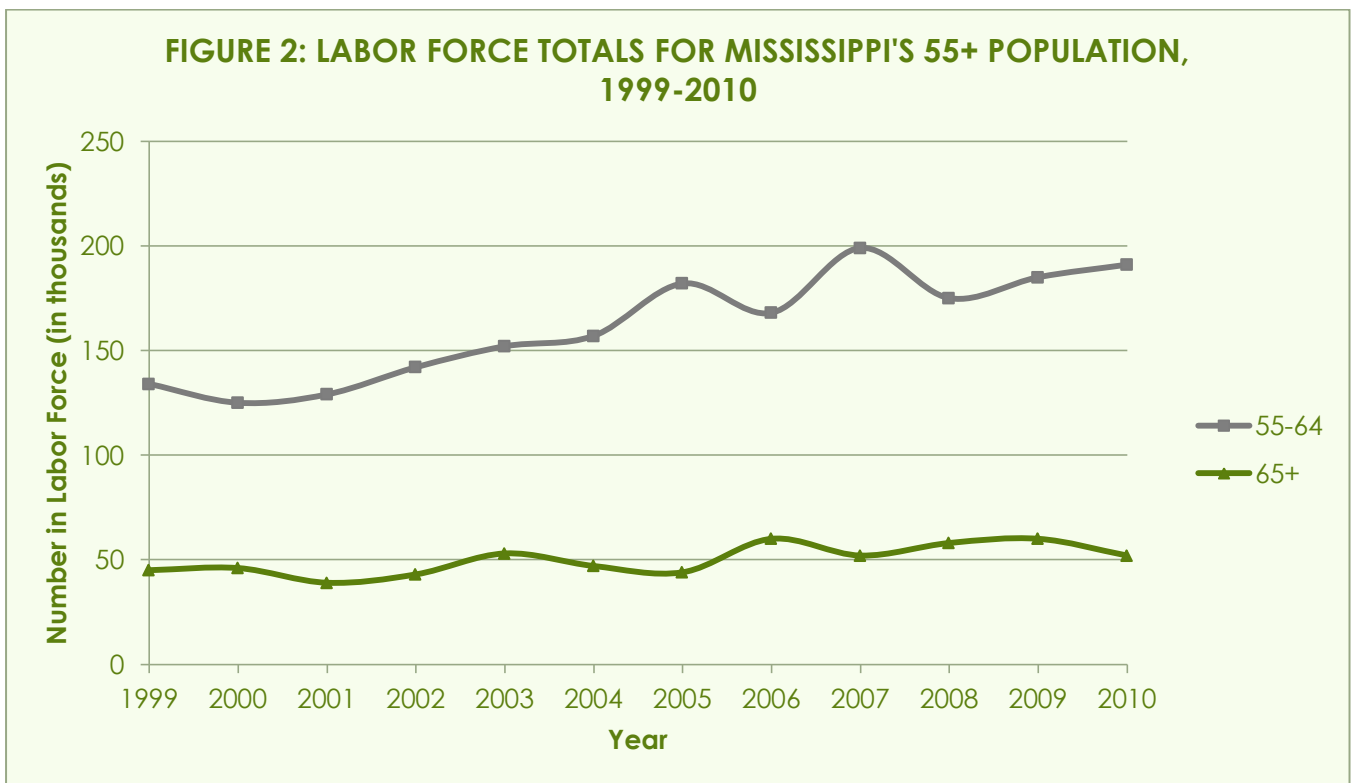
**TABLE 2. PROJECTIONS FOR MISSISSIPPI'S 55 AND OLDER POPULATION, 2009-2020.**

Age Cohort	Population 2009	Pct. of Population	Population 2020	Percent Change
55 to 59	176,904	6.0	210,908	19.2%
60 to 64	148,519	5.0	204,445	37.7%
65 to 69	113,242	3.8	170,187	50.3%
70 to 74	89,706	3.0	131,955	47.1%
75 to 79	70,066	2.4	84,058	20.0%
80 to 84	53,882	1.8	54,360	0.9%
85 and Older	50,019	1.7	58,630	17.2%
Totals	702,338	23.7%	914,543	30.2%

Sources: U.S. Census Bureau, Population Estimates 2009.  
 U.S. Census Bureau, Interim State Projections, 2005.

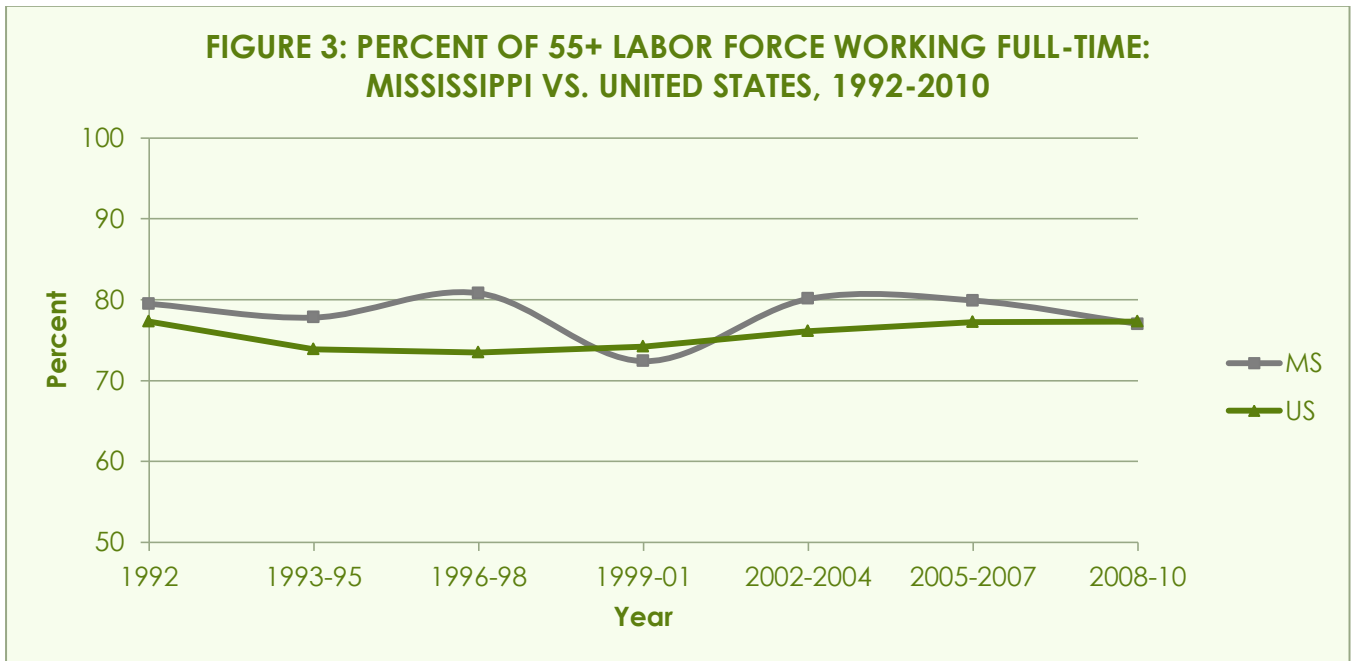
Workforce participation is another important characteristic of the aging population. Employment data from the Bureau of Labor Statistics provide information on the employment situation for older adults in Mississippi. In 2010 those between the ages of 55-64 recorded a workforce participation rate of 55.5 percent compared to 13.6 percent for those 65 and older. Both rates are lower than the national rate, as adults between the ages of 55 to 64 reported a workforce participation rate of nearly 65 percent, while those 65 and older reported a rate of over 17 percent.

**FIGURE 2: LABOR FORCE TOTALS FOR MISSISSIPPI'S 55+ POPULATION, 1999-2010**



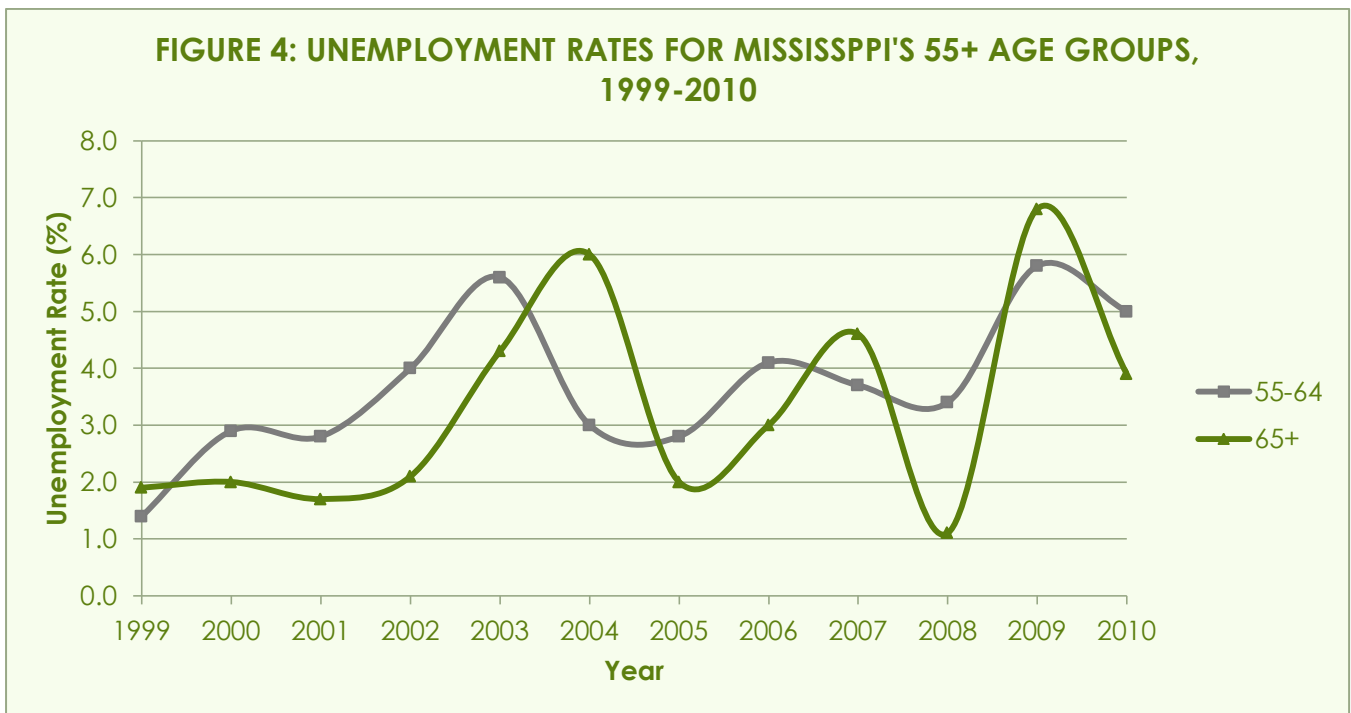
Source: U.S. Department of Labor, Bureau of Labor Statistics

The figures below display CPS data on the prevalence of full-time workers in the 55 and older age group. Data for the most recent three year averages show that the prevalence of full-time workers in Mississippi for this age group is consistent with the nation and that Mississippi generally records a higher rate of full-time workers than the national average for this age group.



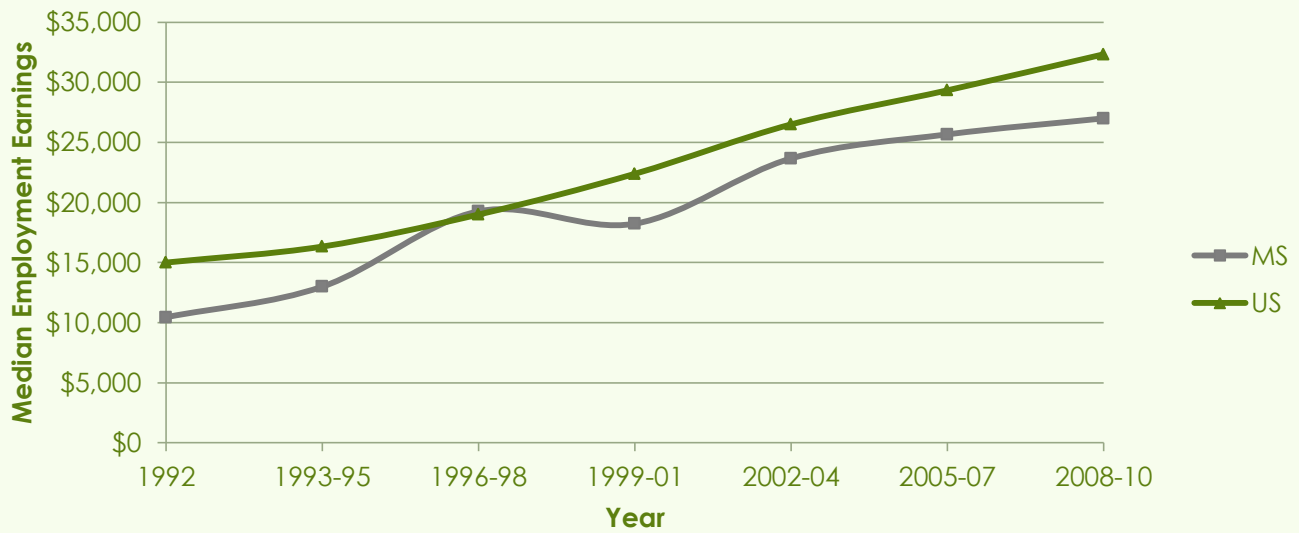
Source: U.S. Census Bureau, Current Population Survey

Regarding unemployment, Mississippians 55 to 64 had an unemployment rate of 5 percent compared to 7 percent for the nation in 2010. Mississippians aged 65 and older had an unemployment rate of 4 percent compared to nearly 7 percent for the nation. The chart below displays the unemployment rates for these age groups from 1999 to 2010.



Source: U.S. Census Bureau, Current Population Survey

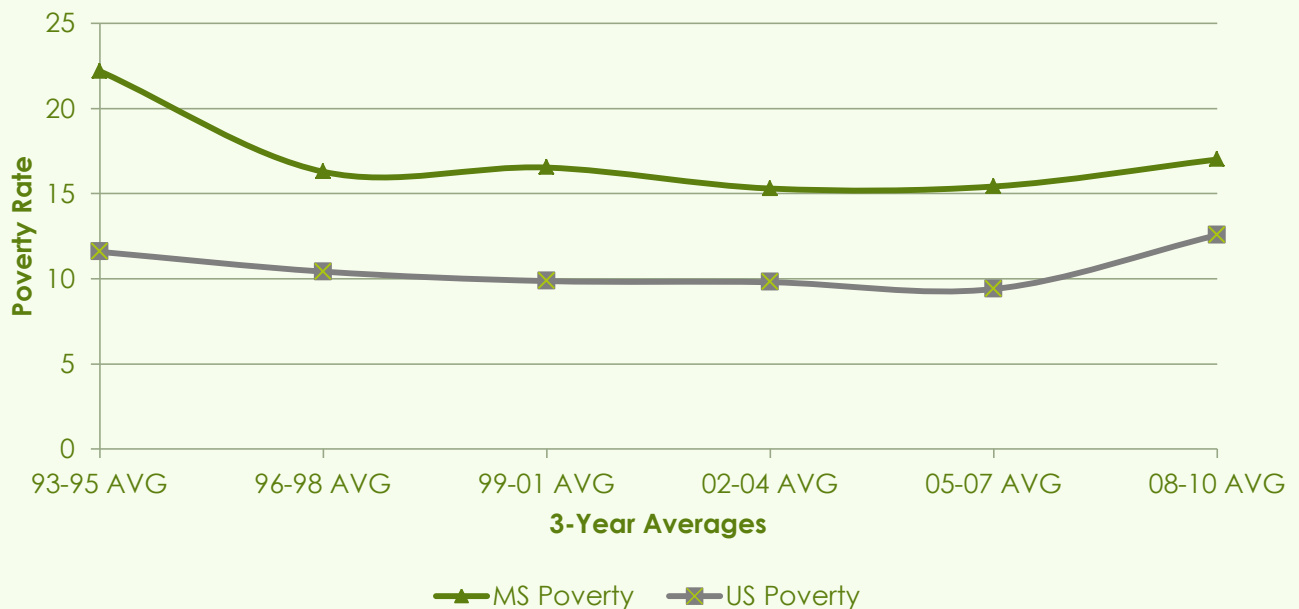
**FIGURE 5: MEDIAN EMPLOYMENT EARNINGS FOR ADULTS 55+: MISSISSIPPI VS. UNITED STATES, 1992-2010**



Source: U.S. Census Bureau, Current Population Survey

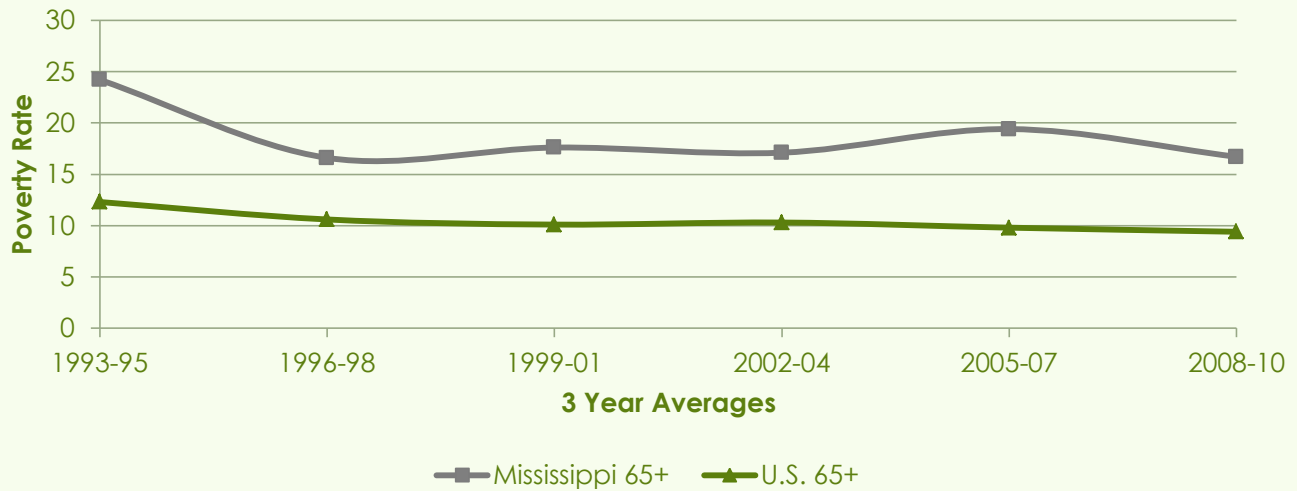
Poverty can have tremendous impacts on a variety of factors, including health, well-being, and demand for services. Current Population Survey data show that poverty among older adults in Mississippi has been consistently higher than that of the nation, which follows historical trends for overall poverty. Most recent averages from 2008-2010 indicate a poverty rate of 17 percent for those adults aged 55 and older compared to 12.6 percent for the nation.

**FIGURE 6: POVERTY RATE FOR 55+ POPULATION: MISSISSIPPI VS. U.S.**



Source: U.S. Census Bureau, Current Population Survey

**FIGURE 7: POVERTY RATES: 65 AND OLDER POPULATION, MISSISSIPPI VS. U.S., 1993-2010**



Source: U.S. Census Bureau, Current Population Survey

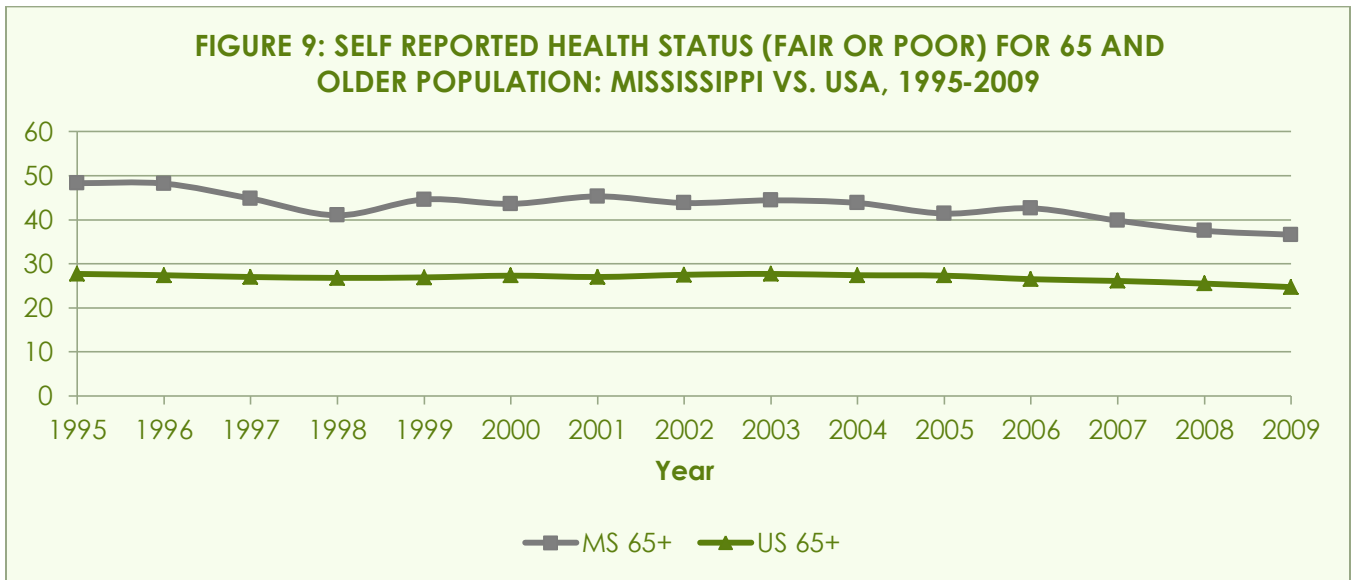
**HEALTH**

While the general population trends in the state and the nation mirror one another, so do the trends in health for the aging population. In terms of self-reported health status of older adults, Figures 8 and 9 show that Mississippians are more likely than the rest of the nation to classify their health status as either 'Fair' or 'Poor.' Estimates from the Behavioral Risk Factor Surveillance Survey (2009) show that over 31 percent of 55 to 64-year-olds and nearly 40 percent of those aged 65 and older rated their health as 'Fair' or 'Poor' compared to 20 percent and 26.1 percent for the nation. Results from the GNAS show that over 15 percent of respondents rated their health as 'Fair' or 'Poor.' By comparison, nearly 40 percent of WLNAS respondents rated their health as 'Fair' or 'Poor.'

**FIGURE 8: SELF REPORTED HEALTH STATUS (FAIR OR POOR) FOR 55-64 POPULATION: MISSISSIPPI VS. USA, 1995-2009**

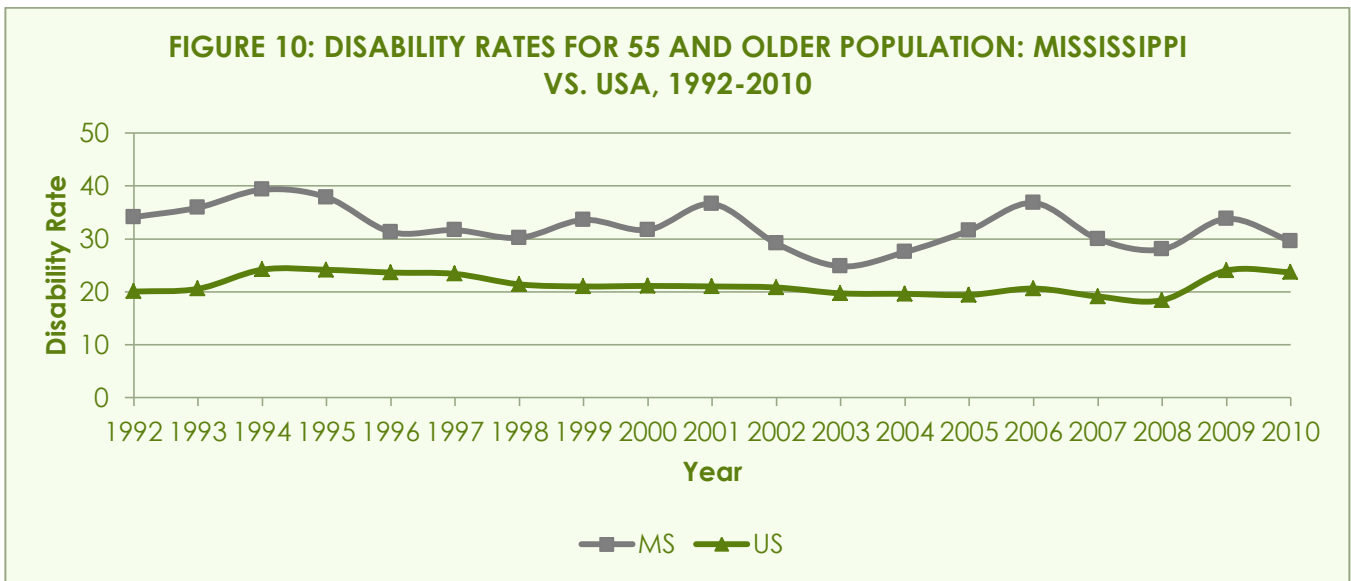


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009

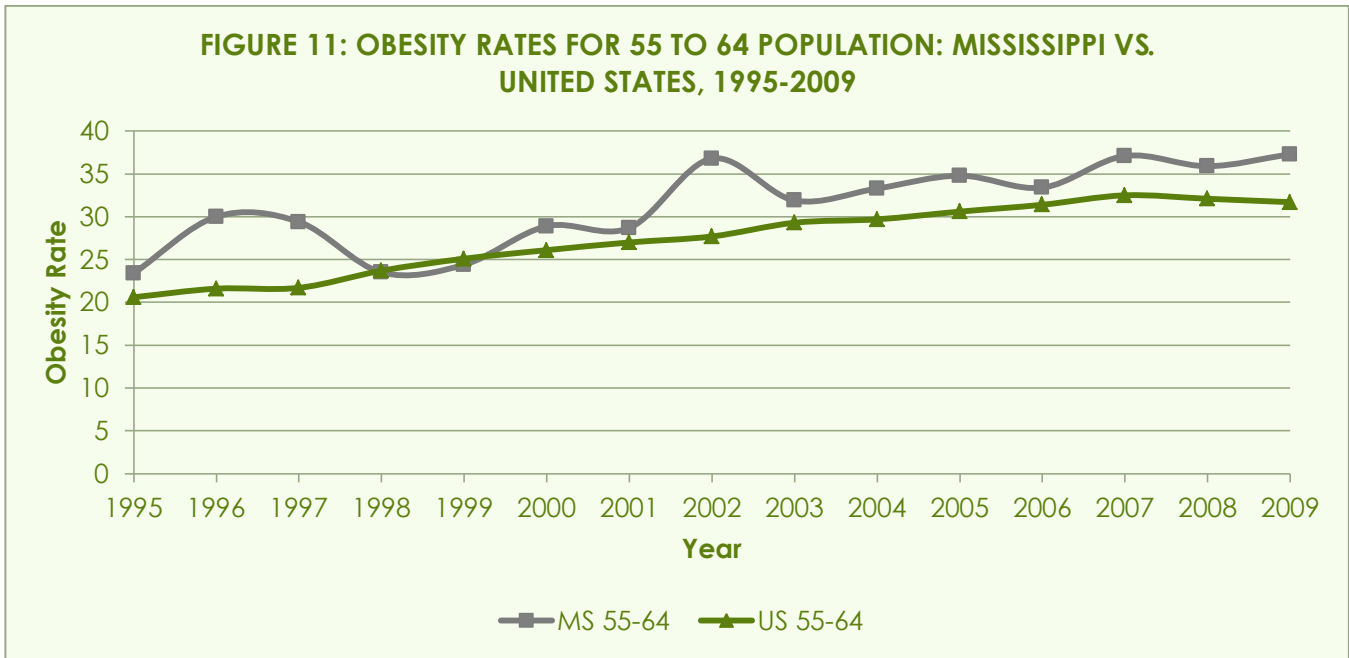
Data related to other major health indicators show that older adults in Mississippi tend to fair worse than the nation as a whole. Disability rates from the Current Population Survey show that over 29 percent of older Mississippians reported living with a disability in 2010 compared to 24 percent of older adults nationwide.



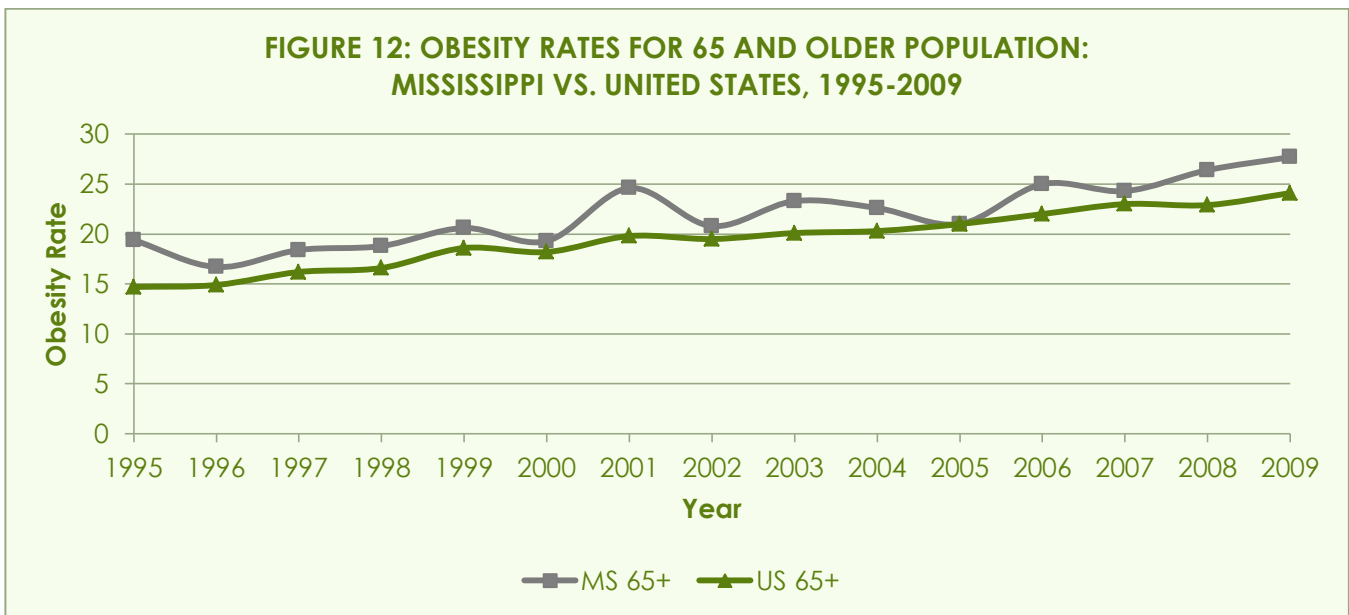
Source: U.S. Census Bureau, Current Population Survey March Supplement, 1992-2010.



Obesity and diabetes are two major future health concerns facing the aging population. Historic data trends show that obesity is already a concern in Mississippi, as state-level rates consistently exceed those of the nation. Figures 11 and 12 show that over 37 percent of Mississippians aged 55 to 64 and nearly 28 percent of Mississippians aged 65 and older are classified as obese compared to national rates of 32 percent and 24 percent, respectively.

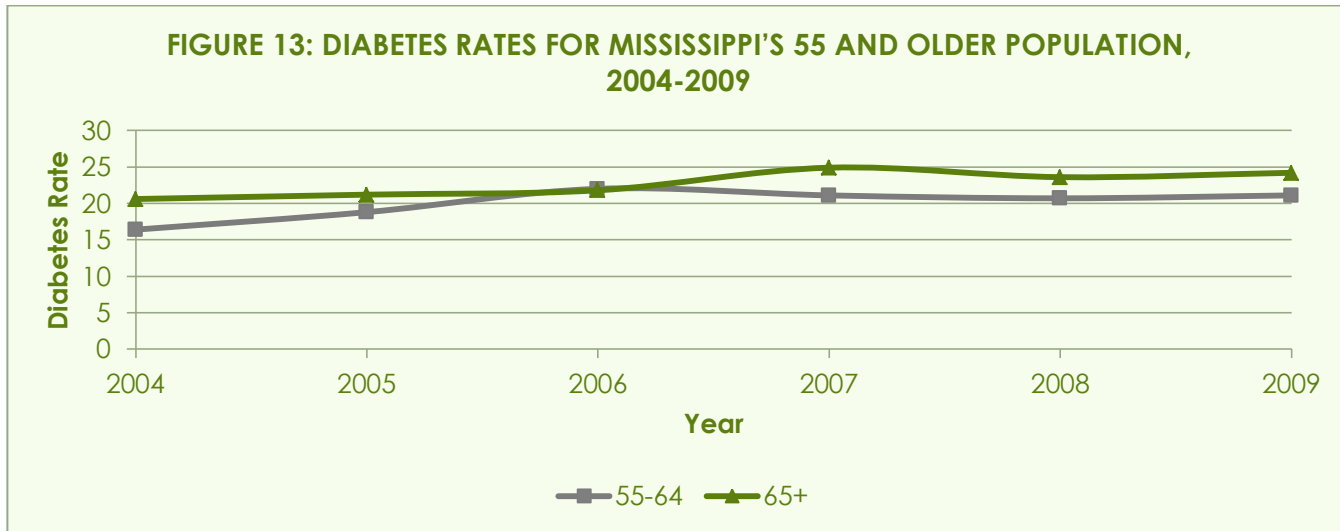


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 1995-2009

High rates of obesity in Mississippi have been accompanied by high rates of diabetes. As Figure 13 shows, over 21 percent of 55 to 64 year olds and over 24 percent of adults aged 65 and over reported being diagnosed with diabetes.



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2004-2009

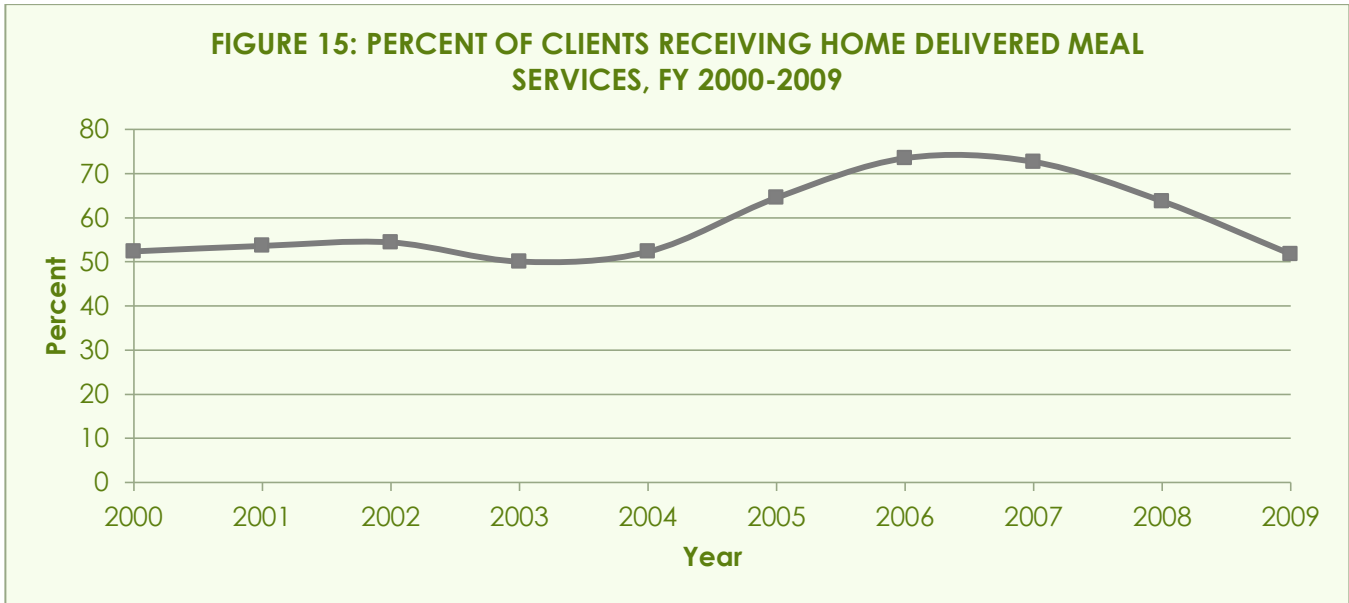
**SERVICE**

Population estimates for 2009 report that there were over 525,000 Mississippians aged 60 and older, which comprised nearly 18 percent of the state's population (U.S. Census 2010). The Administration on Aging's Aging Integrated Database (AGID) show that MDHS's Division of Aging and Adult Services has served over 26,000 clients in 2009 (Administration on Aging 2011), which is approximately six percent of the state's 60 and older population. Assuming six percent represents the most needy elderly Mississippians, DAAS can expect an increase of 14,000 clients by 2020.



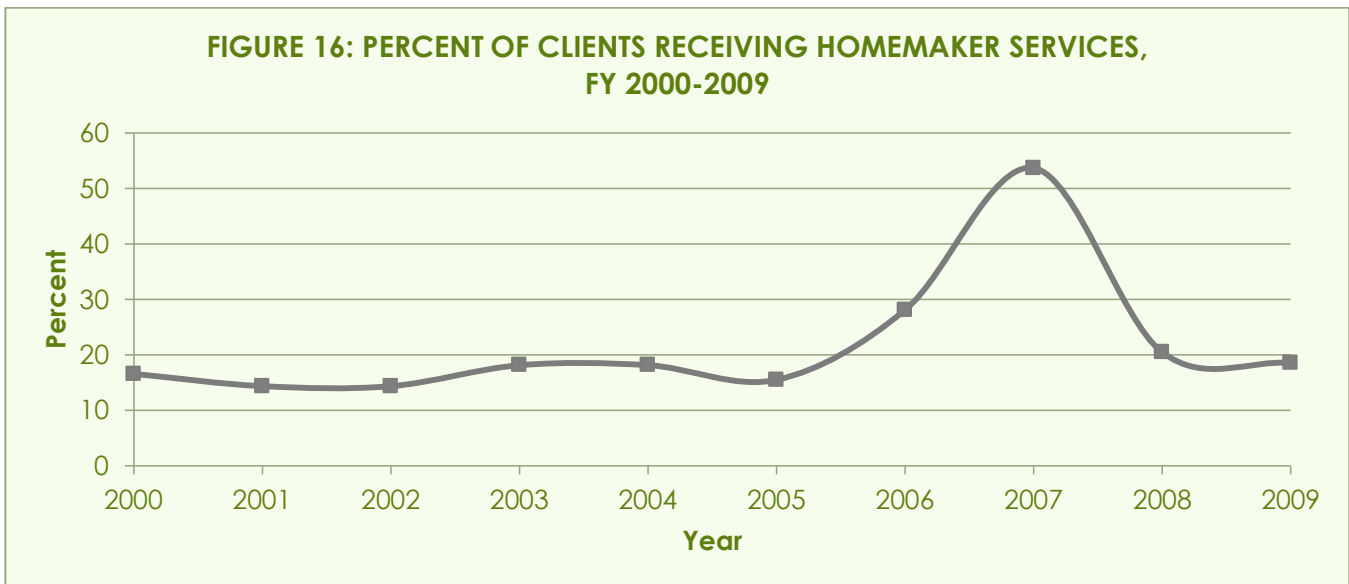
Source: Administration on Aging, Aging Integrated Database, 2011.

A review of the specific services provided shows that the most used service of AAA is Home Delivered Meals (HDM). Between 2000 and 2009, approximately three percent of Mississippians over 60 received HDM. Assuming these conditions persist, DAAS can expect to see an increase of 7,000 clients seeking Home Delivered Meals by 2020.



Source: Administration on Aging, Aging Integrated Database, 2011.

Homemaker Services is the second-most accessed service provided by AAA. Between 2000 and 2009, approximately one percent of Mississippians over 60 received Homemaker Services. Assuming these conditions persist, DAAS can expect to see an increase in demand for Homemaker Services of close to 2,300 by 2020.



Source: Administration on Aging, Aging Integrated Database, 2011.

Though trending down, Congregate Meals is the third-most popularly received service provided by AAA. Between 2000 and 2009, just under one percent of Mississippians over 60 received Congregate Meals. Assuming these conditions persist, DAAS can expect to see an increase in demand for Congregate Meals of just over 2,000 by 2020.



Source: Administration on Aging, Aging Integrated Database, 2011.

## 2011 MISSISSIPPI OLDER ADULTS NEEDS ASSESSMENT RESULTS

The 2011 Mississippi Older Adults Needs Assessment surveyed adults aged 55 and older on a variety of topics, including service awareness, everyday activities, health status, living arrangements, quality of life, and future concerns. In order to gain greater perspective into the everyday lives and unmet needs of older Mississippians, two telephone surveys of adults aged 55 and older were conducted. The first was a random sample survey of the state's older adult population (GNAS), and the second was a survey of individuals who are currently on waiting lists for DAAS services (WLNAS). The minimum age was set at 55 so that the needs and concerns of this age group could be documented to help agencies prepare not only for those who are currently eligible for services but for those who will become eligible for services in the next five years.

A general set of questions was developed for both surveys and were asked of the GNAS and WLNAS respondents. WLNAS respondents were, however, asked additional questions specific to how long they have been waiting for services, their level of urgency for receiving services, and how they were coping with the lack of service. Results for the two surveys and the focus group session are provided below.

### ASSESSMENT SURVEYS

Overall, the results of the GNAS show that Mississippi's older adult population report high scores on quality of life and health status. Specifically, 94 percent of respondents ranked their quality of life as "good" or better with 76 percent ranking their quality of life as very good or excellent. In general these respondents were less dependent on alternative sources of transportation, had lower levels of food insecurity, and were less concerned with being able to meet their basic needs.

Concerns arise, however, with the examination of the WLNAS results, which show striking differences between the two survey populations. These results encapsulate the major issues that face the state's aging population. WLNAS respondents fared much worse on self-reported quality of life and health assessment scores, and they also reported higher levels of dependence on transportation and much higher levels of food insecurity than those from the GNAS.

With the projected increase of older adults in Mississippi, the state can expect an increase in the number of older adults who have difficulty meeting basic needs without assistance. As the results of these two surveys demonstrate, this is especially true for older adults living on low incomes and those who reside in rural areas. Special attention should also be paid to older adults who provide care for others, as an increase in older adults could also result in an increase in caregivers who may be in need of some type of relief.

Ultimately, potential clients will need to know what services are available and how and where these services can be accessed. The DAAS currently serves a small share of the state's aging population. An increase in awareness, especially among low-income and rural individuals, could result in more people receiving the services and assistance they need.

The following sections highlight some of the key findings from each of the survey's topic areas and directly address the goals and objectives of the Older Americans Act of 1965. Full results for both surveys are available in Appendix I-IV.

## **QUALITY OF LIFE AND LIFESTYLE**

### **GNAS**

- Seventy-six percent of respondents reported their Quality of Life as being Very Good or Excellent.
- Physical health was the most pressing quality of life concern among GNAS respondents, as over 46 percent of respondents reported a high level of concern for this indicator.
- Other major concerns included Financial Problems (26.6 percent), Access to Adequate Healthcare (21.3 percent), Affordable Medications (20.3 percent), and Depression (18.2 percent).
- Physical Health was a major quality of life concern for Low Income Respondents (60.2 percent). In contrast, only 23 percent of High Income Respondents saw their current Physical Health as a major concern.

### **WLNAS**

- In contrast to the GNAS results, only 40 percent of respondents reported their Quality of Life as being Very Good or Excellent.
- Physical Health (79.5 percent) and Financial Problems (50.2 percent) were the most pressing quality of life concerns for WLNAS respondents.
- WLNAS respondents were more concerned with issues related to Loneliness and Isolation, the Ability to Perform Everyday Activities like bathing or preparing meals, and Accessing Transportation than those who participated in the GNAS.

## **FAMILY AND SOCIAL SUPPORT**

### **GNAS**

- Ninety-eight percent of respondents believed that they had a reliable contact in the case of an emergency.
- Over 11 percent of respondents reported having no family members living within 25 miles of their residence.

### **WLNAS**

- Ninety-one percent of respondents believed that they had a reliable contact in the case of an emergency.
- Almost 12 percent of respondents reported having no family members living within 25 miles of their residence.

## **CAREGIVING**

### **GNAS**

- Over 33 percent of respondents reported that they provide care for a family member or friend on a regular basis.
- Seventy-four percent of caregiving respondents were female.
- About 30 percent of respondents spent more than 20 hours per week providing care for others.

- Eight percent of caregivers reported a high need for respite care.
- Twenty-three percent of caregivers reported that their future ability to care for others was a major concern.

#### WLNAS

- Twenty-two percent of respondents reported that they provide care for a family member or friend on a regular basis.
- Eighty-three percent of caregiving respondents were female.
- Over 37 percent of caregivers spent more than 20 hours per week providing care for others.
- Over 33 percent of caregivers reported that their future ability to care for others was a major concern.

## LIVING ARRANGEMENTS

#### GNAS

- Nearly 73 percent of respondents reported they were Very Satisfied with their current living arrangements.
- Over 24 percent of respondents reported that the ability to continue living independently was a major concern for them as they continue to age over the next five or more years.
- Eighty-nine percent of High Income Respondents (those with Household Incomes of \$75,000 or greater) were Very Satisfied with their Living Arrangements, compared to less than 63 percent of Low Income Respondents (those with Household Incomes of \$20,000 or less).

#### WLNAS

- Over 44 percent of respondents reported they were Very Satisfied with their current living arrangements.
- Nearly 47 percent of respondents reported that the ability to continue living independently was a major concern for them as they continue to age over the next five or more years.

## DIET AND FOOD SECURITY

#### GNAS

- Nearly 12 percent of the sample reported that there had been times over the last year when they were unable to afford enough food to eat.
- The inability to afford food was a major issue for low-income groups. Over 38 percent of respondents with household incomes below \$10,000 reported that the inability to afford enough food to eat had been a problem for them over the last year.
- Over 24 percent of respondents were unable to afford the kinds of foods they wanted to eat at one time or another over the last 12 months, and for 6 percent of respondents this was a frequent occurrence.
- Over 20 percent of respondents were unable to afford to eat healthier meals over the last 12 months. This was a frequent problem for nearly 6 percent of respondents.
- The ability to afford basic needs like food and rent was a major future concern for nearly 23 percent of respondents.
- Nearly 15 percent of respondents reported a high level of need for Food Stamps.
- Nearly 23 percent of African-American Respondents claimed that there had been times over the last year when they were unable to afford enough food. This was a problem for only 8.3 percent of White Respondents.

#### WLNAS

- Over 49 percent of the sample reported that there had been times over the last year when they were unable to afford enough food to eat.
- Over 66 percent of respondents were unable to afford the kinds of foods they wanted to eat at one time or another over the last 12 months.
- Over 63 percent of respondents were unable to afford to eat healthier meals over the last 12 months.
- The ability to afford basic needs like food and rent was a major future concern for 46 percent of respondents.

## TRANSPORTATION

### GNAS

- Approximately 15 percent of respondents reported that they did not use their own vehicle as a primary means of transportation for most local trips.
- Of those respondents who did not use their own vehicle as a primary means of transportation:
  - Over 47 percent reported that a lack of transportation was a problem for them over the last year.
  - Nearly 49 percent resided in rural areas.
  - Over 53 percent reported household incomes of less than \$10,000 in 2010.
- Nine percent of respondents reported a high level of need for transportation services.
- Twenty-three percent of respondents reported a high level of future concern with their ability to drive on their own.
- Sixteen percent of respondents had high levels of concern with the availability of adequate transportation over the next five or more years.

### WLNAS

- Nearly 53 percent of the sample reported that they did not use their own vehicle as a primary means of transportation for most local trips.
- Over 74 percent of respondents reported that a lack of transportation was a problem for them over the last year.
- Over 28 percent of respondents reported a high level of future concern with their ability to drive on their own.
- Nearly 37 percent of respondents had high levels of concern with the availability of adequate transportation over the next five or more years.

## HEALTH STATUS

### GNAS

- Over 54 percent of respondents reported being in Very Good or Excellent health.
- Over 40 percent of respondents reported that their physical health did not interfere with their ability to perform basic daily activities.
- High Blood Pressure was the most common health condition, as nearly 64 percent of respondents reported they had been diagnosed with this condition within the last two years.
- Some of the other major health concerns included Arthritis (58 percent), Vision Problems (38.8 percent), Back Pain (36.4 percent), and other Joint Problems (32.0 percent).
- 13 percent of the sample reported there had been times when they needed medical attention but elected not to seek it.
- Of those who decided not to seek medical attention, over 54 percent reported cost issues, over 27 percent decided to treat themselves, and nearly 16 percent reported other reasons for not seeking medical attention, such as nursing experience and not being able to miss work.
- Over 75 percent of High Income Respondents reported their overall health as being Very Good or Excellent. In contrast, slightly over 43 percent of Low Income Respondents reported their overall health as being Very Good or Excellent.
- Over 76 percent of African-American Respondents reported being diagnosed with High Blood Pressure, and nearly 32 percent had been diagnosed with diabetes. These percentages were at 64 percent and 25 percent for the GNAS as a whole, respectively.

### WLNAS

- Nearly 23 percent of respondents reported being in Very Good or Excellent health.
- Nearly 63 percent of respondents reported that their physical health made it difficult to perform basic daily activities like bathing or preparing meals.
- High Blood Pressure was the most common health condition, as nearly 79 percent of respondents reported they had been diagnosed with this condition within the last two years.
- Some of the other major health concerns among respondents included Arthritis (77.4 percent), Back Pain (61.1 percent), Vision Problems (58.0 percent), and other Joint Problems (54.1 percent).
- 24 percent of the sample reported there had been times when they needed medical attention but elected not to seek it.

- Of those who decided not to seek medical attention, over 44 percent reported cost issues, over 23 percent claimed they had no means of transportation, and over 19 percent decided to treat themselves.

## SERVICE NEED AND AWARENESS

### GNAS

- Nearly 68 percent of respondents claimed to be unaware of the services provided and facilitated through the Area Agencies on Aging.
- Of those respondents who were aware of the Area Agencies on Aging, nearly 34 percent did not know how to get in contact with local Area Agency on Aging representatives.
- Senior Discount Programs were found to be the greatest need among respondents, as over 31 percent reported a high level of need for this service.
- Other services that scored high on the list were Repair Services (22.4 percent), Physical Fitness and Exercise Programs (18.5 percent), Tax Preparation (15.9 percent), and Information and Referral Services (15 percent).
- Over 77 percent of Low Income Respondents were unaware of the services provided by DAAS, compared to 44 percent of High Income Respondents claiming to be unaware.
- Senior Discount Programs (44.8 percent) and Food Stamps (34.4 percent) were the greatest service needs among Low Income Respondents. In contrast, the greatest service needs of High Income Respondents were Exercise Programs (17.6 percent) and Repair Services (17.6 percent).

### WLNAS

- Over 64 percent of respondents were on waiting lists for Home Delivered Meals.
- Other services for which respondents were waiting for included Homemaker Services (27.6 percent), Home Healthcare (17.3 percent), Congregate Meals (8.1 percent), and Repair Services (7.8 percent).
- Repair Services (63.6 percent) was reported as the most urgent need among WLNAS respondents.
- Help from family was the most consistent coping mechanism used among respondents waiting for services.
- Many respondents reported there were times they were forced to do without a service when alternative sources of support were not available.

## FUTURE CONCERNS

### GNAS

- Physical health (58.5 percent) was reported as the greatest future concern.
- Affording Healthcare (31.3 percent), Affording Medications (29.5 percent), Mental Health (28.5 percent), and the Ability to Care for Others (25.2 percent) were among the other major concerns.
- Declining Physical Health was the most pressing concern for the entire sample (58.5 percent); this was especially true for Low Income (66.3 percent) and Female Respondents (61 percent).

### WLNAS

- Physical health (68.2 percent) was reported as the greatest future concern.
- Affording Healthcare (46.9 percent), the Ability to Live Independently (46.7 percent), Affording Basic Needs, and Affording Medications (44.9 percent) were among the other major concerns.



## SERVICE PROVIDER FOCUS GROUP

A computer-assisted focus group consisting of 25 service providers from the 10 AAAs was conducted in order to gain insight on the strengths and weaknesses of the current service delivery method and what the state needed to do to prepare for the increase in the aging population. Participants were made up of directors of AAAs, directors of non-profits, and a variety of field specialists. The focus group used innovative web-based technology that gathers information in a way that gives everyone a voice in the process while still getting the benefits of sharing ideas in a group setting. Focus group materials are available in Appendix V.

### *Current and Future Needs Assessment*

Overall results from the focus group and the surveys indicate that service providers and elderly Mississippians share the same vision of current and future needs. Both agree that home repair services are the biggest need for today's clients. Both agree that preventative services for health and finances are the greatest needs of tomorrow's clients. Both agree that Mississippians need more awareness of available services. Both agree that caregiving is very difficult.

Participants were asked about the greatest unmet needs of their community. Service providers see keeping individuals in their homes as the biggest priority in improving the lives of older Mississippians. In order to do this, service providers are in agreement that currently general home repairs is the greatest unmet need of seniors. Specific home repairs stated included roofs and wheel chair ramps. Participants were asked about the effect of the retirement of the Baby Boom on services. Service providers agree that Baby Boomers are more active, independent, and more educated than previous elderly generations. Thus, there will be a need for preventative services, including exercise opportunities and nutrition, and financial education on home-delivered meals, homemaking services, and transportation.

Service providers also agree that Mississippians need more training on how to get informed about the services that are available to elders, including AAA services. GNAS results show that almost 70 percent of Mississippians were not aware of AAA services. Service providers had many ideas on how to reach clients effectively. The channels of trusted information most cited were, in order, churches, wellness centers, doctors, and family members. Targeting adult children was mentioned as a strategy as well as pharmacists, senior centers, mass media, pamphlets, community meetings, health fairs, places of employment, and utility companies.

Service providers agree that Mississippians of all ages need an education campaign for all Mississippians that serves to prepare people for the stages of the aging process. Service providers think that many people are in denial about the aging process. There was general agreement that being able to communicate about aging, death, dying, the stages of grief, and costs of long-term and hospice care would help people to make choices that better prepare themselves for retirement. The educational campaign would focus on good health and financial practices throughout life so that people reach retirement more physically and financially fit. Service providers were united in the thought that successful aging starts early in life.

Service providers agreed that providing training to caregivers is a top priority. Caregivers will have an expanded role as the Baby Boomer population ages, increasing the need for caregiver training. Research on care giving shows the detrimental impacts on the caregiver. Participants overwhelmingly said that in order to prevent burn-outs, caregivers need to learn coping skills and the importance of self-care. Coping skills include stress and anger management and sensitivity to elders in terms of understanding what it feels like to be dependent on someone else. Self-care includes understanding one's limits and how to get help or find support groups. In addition to training on how to physically care for loved ones, caregivers also need training on how to make decisions that are in the best interests of the family as a whole.

### *Service Delivery Method and Increasing Capacity*

AAA directors report that though the majority of their staffs are not trained in geriatrics, their staffs work well as a team. AAA personnel value shaping the process of improving service delivery through collaboration, are loyal to the needs of Mississippi's aging population, and enjoy interacting with the seniors they serve. The service providers at the focus group are willing to learn and desire to be active in shaping the process of improving lives of the elderly in Mississippi. Most participants in the focus group know they need more training and welcomed training opportunities. Service providers would like to see and know that DAAS personnel is personally involved and understands the plight of some of their most needy clients, especially rural individuals.

Service providers agreed that more and better communication was needed from DAAS both within and between districts. There was a strong desire for more regular meetings and for a significant increase in communication from DAAS that is timely and well-thought out. Currently, information is centralized with the directors and may not be consistent or consistently disseminated.

Service providers overwhelmingly report a "figure it out myself" approach to accomplishing their job duties. Lessons learned are not shared which maximizes the work effort. Service providers agreed that more training for all levels of personnel was a top priority. As Baby Boomer AAA directors retire, an important window of opportunity for reshaping the culture of each AAA will open. DAAS needs to be ready for the exodus of expertise.

Service providers agree that current service provision is done in "silos" with no resources spent to increase awareness of services because they have no capacity to increase services. Service providers view churches, wellness centers, doctors, and family members as trusted channels of information that would be good partners.

There was also a consensus among service providers that budgetary flexibility would increase capacity to serve more elderly Mississippians. For example, being able to switch funds from Congregate Meals to Home Delivered Meals would enable local providers to match the funds more in line with local needs.

### **RECOMMENDATIONS AND CONCLUSIONS**

As the population continues to age, the impact on housing, transportation, health, and human services will have an impact on all facets of our state. This report presents the results of a study conducted to evaluate the needs of the elderly population along with information that highlights strengths and weaknesses of the services provided to senior citizens in the state.

The data came from multiple sources, including the most recent Census data, national and state epidemiological data, and administrative data. Data were also collected through two telephone surveys and a computer-assisted focus group to provide information on the awareness and use of services provided by the Mississippi Department of Human Services Division of Aging and Adult Services (DAAS) and on the developing need for services over the next 10 years to meet projected changes in the aging population. The telephone surveys and focus group were conducted during February and March 2011. Data collected from the telephone surveys included health, well-being, and economic and social support variables on the general 55-and-older population in the state and from a sample of seniors awaiting services from DAAS.

The data reveal several straightforward conclusions regarding population characteristics, health, services, and needs. These are highlighted below.

## **POPULATION CHARACTERISTICS**

- Mississippi's elderly population will increase by 30 percent by 2020 and double by 2050
- Thirteen percent of those aged 65 and older continue to be actively engaged in the workforce
- On average, the elderly population earns just over \$25,000 per year
- Seventeen percent of the elderly population lives in poverty

## **HEALTH**

- An appreciative number of the elderly are disabled
- Obesity and diabetes are becoming the most prevalent health issues among the elderly

## **SERVICES**

- Twenty-nine thousand elderly were served in 2009, a 32 percent increase from 2006
- Home-delivered meals is the most prevalent service provided
- Congregate meal service needs are growing at a faster rate than other service needs

## **NEEDS**

- Current and future concerns center on personal physical health and financial well-being
- Lack of affordable, accessible, and reliable healthcare and transportation
- Senior discount programs, repair services, home delivered meals, home healthcare, and information and referral services are top-ranked service needs
- Those who seek assistance are among the most vulnerable elderly population in the state
- Clear lack of awareness of services available to seniors

## **RECOMMENDATIONS**

In sum, the 2011 Mississippi Older Adults Needs Assessment shows that older adults have greatly varying needs and that no single service or program will be an answer to every individual. The role the state plays in managing the competing needs of older Mississippians in light of the projected increase in the number of older individuals in the State, especially those 85 and older, and the commensurate increase in demand for services, can be strengthened by:

- Increasing capacity to absorb the growing elderly population along with the increased demand for services
- Developing capacity to provide home healthcare assistance
- Developing programs to include repair services and information and referral services
- Developing the appropriate workforce to meet the demands for jobs serving the elderly
- Developing a marketing campaign for raising the awareness of services provided to seniors
- Building strong and sustainable partnerships with for-profit and non-profit organizations
- Developing and educational campaign about aging and the role of the elderly in the community

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VII. APPENDIX I:

# GENERAL SURVEY RESULTS

1.) For MOST Of Your Local Trips, How Do You Travel? (Select The One Used Most Often)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Walk	5	.5	.5	.5
	Drive My Own Car	870	84.9	84.9	85.4
	Ride With Family	102	10.0	10.0	95.3
	Ride With Friends	11	1.1	1.1	96.4
	Use Public Transportation	14	1.4	1.4	97.8
	Use Church Provided Transportation	2	.2	.2	98.0
	Take A Senior Van, Shuttle, Or Minibus	7	.7	.7	98.6
	Take A Taxi	1	.1	.1	98.7
	Not Applicable - Unable To Leave House	6	.6	.6	99.3
	Not Applicable - Have No Form Of Transportation	3	.3	.3	99.6
	Hired Driver	1	.1	.1	99.7
	Don't Know/Not Sure	3	.3	.3	100.0
	Total	1025	100.0	100.0	

2.) How big a problem has a lack of transportation been for you over the last 12 months?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major problem	33	3.2	21.3	21.3
	Minor problem	40	3.9	25.8	47.1
	Not a problem	80	7.8	51.6	98.7
	Don't know/Not Sure	1	.1	.6	99.4
	Refused	1	.1	.6	100.0
	Total	155	15.1	100.0	
Missing		870	84.9		
Total		1025	100.0		

**3.) What are some of the difficulties you face in getting the transportation you need?  
Public transportation is not available in my area or community**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	2.1	2.3	2.3
	No	914	89.2	96.9	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	943	92.0	100.0	
Missing		82	8.0		
Total		1025	100.0		

**4.) What are some of the difficulties you face in getting the transportation you need?  
Can't afford it**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	1.8	1.9	1.9
	No	918	89.6	97.3	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	943	92.0	100.0	
Missing		82	8.0		
Total		1025	100.0		

**5.) What are some of the difficulties you face in getting the transportation you need?  
Don't know who to call**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	1.1	1.2	1.2
	No	925	90.2	98.1	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	943	92.0	100.0	
Missing		82	8.0		
Total		1025	100.0		

**6.) What are some of the difficulties you face in getting the transportation you need?  
Transportation does not go where I need to go**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.1	.1	.1
	No	935	91.2	99.2	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	943	92.0	100.0	
Missing		82	8.0		
Total		1025	100.0		

**7.) Are you currently on a special diet prescribed by your doctor?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	228	22.2	22.2	22.2
	No	796	77.7	77.7	99.9
	Don't Know/Not sure	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**8.) Do you eat at least 2 complete meals a day?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	941	91.8	91.8	91.8
	No	83	8.1	8.1	99.9
	Don't Know/Not sure	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**9.) In the past 12 months how often have the following statements been true?  
I was not able to afford enough food to eat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	31	3.0	3.0	3.0
	Sometimes	91	8.9	8.9	11.9
	Never	897	87.5	87.5	99.4
	Don't Know	4	.4	.4	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**10.) In the past 12 months how often have the following statements been true?  
I was not able to afford the kinds of food we wanted to eat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	62	6.0	6.0	6.0
	Sometimes	191	18.6	18.6	24.7
	Never	762	74.3	74.3	99.0
	Don't Know	8	.8	.8	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**11.) In the past 12 months how often have the following statements been true?  
I was not able to afford to eat healthier meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	58	5.7	5.7	5.7
	Sometimes	151	14.7	14.7	20.4
	Never	808	78.8	78.8	99.2
	Don't Know	6	.6	.6	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**12.) How many of your relatives or in-laws live within 25 miles from you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	116	11.3	11.3	11.3
	1 - 2	288	28.1	28.1	39.4
	3 - 9	335	32.7	32.7	72.1
	10 or more	276	26.9	26.9	99.0
	Don't Know/ Not Sure	8	.8	.8	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	



### 13.) How are you related to the relative who lives closest to you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Parent	135	13.2	13.2	13.2
	Child	447	43.6	43.6	56.8
	Brother/Sister	231	22.5	22.5	79.3
	Cousin	61	6.0	6.0	85.3
	Aunt/Uncle	33	3.2	3.2	88.5
	In-Law	90	8.8	8.8	97.3
	Don't Know/Not Sure	17	1.7	1.7	98.9
	Refused	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

### 14.) Do you feel you have someone reliable to contact in case of an emergency?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1004	98.0	98.0	98.0
	No	20	2.0	2.0	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

### 15.) On a scale of 1 to 5, how would you rate your overall quality of life, with ONE indicating the worst quality of life and FIVE indicating the best quality of life?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	23	2.2	2.2	2.2
	2	36	3.5	3.5	5.8
	3	175	17.1	17.1	22.8
	4	306	29.9	29.9	52.7
	5	470	45.9	45.9	98.5
	Don't Know/Not Sure	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**16.) Your physical health: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	353	34.4	34.4	34.4
	2	192	18.7	18.7	53.2
	3	238	23.2	23.2	76.4
	4	119	11.6	11.6	88.0
	5	119	11.6	11.6	99.6
	Don't Know/Not Sure	3	.3	.3	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**17.) Suitable housing: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	797	77.8	77.8	77.8
	2	73	7.1	7.1	84.9
	3	73	7.1	7.1	92.0
	4	31	3.0	3.0	95.0
	5	50	4.9	4.9	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**18.) Adequate health care: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	709	69.2	69.2	69.2
	2	91	8.9	8.9	78.0
	3	86	8.4	8.4	86.4
	4	53	5.2	5.2	91.6
	5	79	7.7	7.7	99.3
	Don't Know/Not Sure	6	.6	.6	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**19.) Transportation: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	821	80.1	80.1	80.1
	2	55	5.4	5.4	85.5
	3	61	6.0	6.0	91.4
	4	30	2.9	2.9	94.3
	5	54	5.3	5.3	99.6
	Don't Know/Not Sure	3	.3	.3	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**20.) Feeling lonely and isolated: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	746	72.8	72.8	72.8
	2	96	9.4	9.4	82.1
	3	99	9.7	9.7	91.8
	4	35	3.4	3.4	95.2
	5	43	4.2	4.2	99.4
	Don't Know/Not Sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**21.) Having enough food to eat: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	855	83.4	83.4	83.4
	2	48	4.7	4.7	88.1
	3	54	5.3	5.3	93.4
	4	23	2.2	2.2	95.6
	5	42	4.1	4.1	99.7
	Don't Know/Not Sure	2	.2	.2	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**22.) Affordable medications: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	739	72.1	72.1	72.1
	2	75	7.3	7.3	79.4
	3	88	8.6	8.6	88.0
	4	46	4.5	4.5	92.5
	5	74	7.2	7.2	99.7
	Don't Know/Not Sure	2	.2	.2	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**23.) Financial problems: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	635	62.0	62.0	62.0
	2	113	11.0	11.0	73.0
	3	120	11.7	11.7	84.7
	4	66	6.4	6.4	91.1
	5	87	8.5	8.5	99.6
	Don't Know/Not Sure	1	.1	.1	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**24.) Depression: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	733	71.5	71.5	71.5
	2	101	9.9	9.9	81.4
	3	99	9.7	9.7	91.0
	4	37	3.6	3.6	94.6
	5	50	4.9	4.9	99.5
	Don't Know/Not Sure	1	.1	.1	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**25.) Physical or emotional abuse: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	973	94.9	94.9	94.9
	2	15	1.5	1.5	96.4
	3	8	.8	.8	97.2
	4	8	.8	.8	98.0
	5	17	1.7	1.7	99.6
	Don't Know/Not Sure	1	.1	.1	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**26.) Being financially exploited: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	880	85.9	85.9	85.9
	2	52	5.1	5.1	90.9
	3	34	3.3	3.3	94.2
	4	19	1.9	1.9	96.1
	5	31	3.0	3.0	99.1
	Don't Know/Not Sure	4	.4	.4	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**27.) Being a victim of a crime: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	954	93.1	93.1	93.1
	2	31	3.0	3.0	96.1
	3	13	1.3	1.3	97.4
	4	5	.5	.5	97.9
	5	20	2.0	2.0	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**28.) Dealing with legal issues: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	908	88.6	88.6	88.6
	2	45	4.4	4.4	93.0
	3	34	3.3	3.3	96.3
	4	11	1.1	1.1	97.4
	5	22	2.1	2.1	99.5
	Don't Know/Not Sure	4	.4	.4	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**29.) Everyday activities like bathing or preparing meals: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	887	86.5	86.5	86.5
	2	46	4.5	4.5	91.0
	3	51	5.0	5.0	96.0
	4	11	1.1	1.1	97.1
	5	28	2.7	2.7	99.8
	Don't Know/Not Sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**30.) Boredom: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	797	77.8	77.8	77.8
	2	95	9.3	9.3	87.0
	3	80	7.8	7.8	94.8
	4	22	2.1	2.1	97.0
	5	28	2.7	2.7	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**31.) Care giving: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	883	86.1	86.1	86.1
	2	48	4.7	4.7	90.8
	3	46	4.5	4.5	95.3
	4	13	1.3	1.3	96.6
	5	26	2.5	2.5	99.1
	Don't Know/Not Sure	7	.7	.7	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**32.) Participating in volunteer activities: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	72	7.0	7.0	7.0
	Weekly	206	20.1	20.1	27.1
	Monthly	222	21.7	21.7	48.8
	Yearly	61	6.0	6.0	54.7
	Never	452	44.1	44.1	98.8
	Don't Know	12	1.2	1.2	100.0
	Total	1025	100.0	100.0	

**33.) Participating in a club or civic group: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	19	1.9	1.9	1.9
	Weekly	119	11.6	11.6	13.5
	Monthly	207	20.2	20.2	33.7
	Yearly	29	2.8	2.8	36.5
	Never	647	63.1	63.1	99.6
	Don't Know	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**34.) Participating in a religious group or spiritual activity: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	81	7.9	7.9	7.9
	Weekly	678	66.1	66.1	74.0
	Monthly	121	11.8	11.8	85.9
	Yearly	13	1.3	1.3	87.1
	Never	130	12.7	12.7	99.8
	Don't Know	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**35.) Visiting with family (in person or on the phone): How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	608	59.3	59.3	59.3
	Weekly	324	31.6	31.6	90.9
	Monthly	58	5.7	5.7	96.6
	Yearly	13	1.3	1.3	97.9
	Never	18	1.8	1.8	99.6
	Don't Know	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**36.) Visiting with friends (in person or on the phone): How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	515	50.2	50.2	50.2
	Weekly	357	34.8	34.8	85.1
	Monthly	84	8.2	8.2	93.3
	Yearly	15	1.5	1.5	94.7
	Never	49	4.8	4.8	99.5
	Don't Know	5	.5	.5	100.0
	Total	1025	100.0	100.0	



**37.) Providing help to others: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	285	27.8	27.8	27.8
	Weekly	330	32.2	32.2	60.0
	Monthly	162	15.8	15.8	75.8
	Yearly	32	3.1	3.1	78.9
	Never	171	16.7	16.7	95.6
	Don't Know	44	4.3	4.3	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**38.) Caring for a pet: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	495	48.3	48.3	48.3
	Weekly	30	2.9	2.9	51.2
	Monthly	13	1.3	1.3	52.5
	Yearly	7	.7	.7	53.2
	Never	470	45.9	45.9	99.0
	Don't Know	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**39.) Participating in a hobby: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	322	31.4	31.4	31.4
	Weekly	265	25.9	25.9	57.3
	Monthly	119	11.6	11.6	68.9
	Yearly	32	3.1	3.1	72.0
	Never	277	27.0	27.0	99.0
	Don't Know	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**40.) Exercising: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	378	36.9	36.9	36.9
	Weekly	324	31.6	31.6	68.5
	Monthly	106	10.3	10.3	78.8
	Yearly	17	1.7	1.7	80.5
	Never	189	18.4	18.4	98.9
	Don't Know	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

**41.) Traveling outside of your community: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	94	9.2	9.2	9.2
	Weekly	303	29.6	29.6	38.7
	Monthly	334	32.6	32.6	71.3
	Yearly	139	13.6	13.6	84.9
	Never	144	14.0	14.0	98.9
	Don't Know	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

**42.) Dining out at a restaurant: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	52	5.1	5.1	5.1
	Weekly	386	37.7	37.7	42.7
	Monthly	369	36.0	36.0	78.7
	Yearly	71	6.9	6.9	85.7
	Never	137	13.4	13.4	99.0
	Don't Know	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

#### 43.) Using the Internet: How often do you spend time participating in the following activities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	380	37.1	37.1	37.1
	Weekly	82	8.0	8.0	45.1
	Monthly	41	4.0	4.0	49.1
	Yearly	7	.7	.7	49.8
	Never	506	49.4	49.4	99.1
	Don't Know	9	.9	.9	100.0
	Total	1025	100.0	100.0	

#### 44.) Do you provide care for family members or friends on a regular basis?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	344	33.6	33.6	33.6
	No	678	66.1	66.1	99.7
	Don't Know/Not sure	2	.2	.2	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

#### 45.) Spouse: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	6.1	18.3	18.3
	No	279	27.2	81.1	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 46.) Parent: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	90	8.8	26.2	26.2
	No	252	24.6	73.3	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 47.) Friend/Neighbor: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51	5.0	14.8	14.8
	No	291	28.4	84.6	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 48.) Adult Child: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	5.2	15.4	15.4
	No	289	28.2	84.0	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 49.) Grandchild: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	90	8.8	26.2	26.2
	No	252	24.6	73.3	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

#### 50.) Other family member: For whom do you provide this care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	59	5.8	17.2	17.2
	No	283	27.6	82.3	99.4
	Refused	2	.2	.6	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

**51.) Approximately how many hours per week do you spend providing care for others?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 - 5 hours	113	11.0	32.8	32.8
	6 - 10 hours	61	6.0	17.7	50.6
	11 - 20 hours	50	4.9	14.5	65.1
	More than 20 hours	102	10.0	29.7	94.8
	Don † Know/Not Sure	15	1.5	4.4	99.1
	Refused	3	.3	.9	100.0
	Total	344	33.6	100.0	
Missing		681	66.4		
Total		1025	100.0		

**52.) Home Delivered Meals: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	897	87.5	87.5	87.5
	2	17	1.7	1.7	89.2
	3	37	3.6	3.6	92.8
	4	22	2.1	2.1	94.9
	5	49	4.8	4.8	99.7
	Don † Know/Not Sure	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**53.) Food Stamp Programs: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	848	82.7	82.7	82.7
	2	18	1.8	1.8	84.5
	3	40	3.9	3.9	88.4
	4	26	2.5	2.5	90.9
	5	87	8.5	8.5	99.4
	Don † Know/Not Sure	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**54.) Tax Preparation: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	817	79.7	79.7	79.7
	2	36	3.5	3.5	83.2
	3	62	6.0	6.0	89.3
	4	19	1.9	1.9	91.1
	5	82	8.0	8.0	99.1
	Don't Know/Not Sure	9	.9	.9	100.0
	Total	1025	100.0	100.0	

**55.) Financial Planning: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	835	81.5	81.5	81.5
	2	49	4.8	4.8	86.2
	3	72	7.0	7.0	93.3
	4	22	2.1	2.1	95.4
	5	37	3.6	3.6	99.0
	Don't Know/Not Sure	9	.9	.9	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**56.) Home Health Care: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	895	87.3	87.3	87.3
	2	24	2.3	2.3	89.7
	3	42	4.1	4.1	93.8
	4	17	1.7	1.7	95.4
	5	41	4.0	4.0	99.4
	Don't Know/Not Sure	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**57.) Counseling Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	935	91.2	91.2	91.2
	2	21	2.0	2.0	93.3
	3	34	3.3	3.3	96.6
	4	13	1.3	1.3	97.9
	5	19	1.9	1.9	99.7
	Don't Know/Not Sure	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**58.) Homemaker Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	846	82.5	82.5	82.5
	2	47	4.6	4.6	87.1
	3	56	5.5	5.5	92.6
	4	23	2.2	2.2	94.8
	5	48	4.7	4.7	99.5
	Don't Know/Not Sure	4	.4	.4	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**59.) Repair Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	709	69.2	69.2	69.2
	2	78	7.6	7.6	76.8
	3	120	11.7	11.7	88.5
	4	34	3.3	3.3	91.8
	5	76	7.4	7.4	99.2
	Don't Know/Not Sure	7	.7	.7	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**60.) Legal Assistance: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	884	86.2	86.2	86.2
	2	55	5.4	5.4	91.6
	3	36	3.5	3.5	95.1
	4	11	1.1	1.1	96.2
	5	33	3.2	3.2	99.4
	Don't Know/Not Sure	5	.5	.5	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**61.) Job Placement: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	954	93.1	93.1	93.1
	2	12	1.2	1.2	94.2
	3	18	1.8	1.8	96.0
	4	8	.8	.8	96.8
	5	27	2.6	2.6	99.4
	Don't Know/Not Sure	3	.3	.3	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**62.) Senior Discount Programs: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	624	60.9	60.9	60.9
	2	59	5.8	5.8	66.6
	3	100	9.8	9.8	76.4
	4	58	5.7	5.7	82.0
	5	164	16.0	16.0	98.0
	Don't Know/Not Sure	18	1.8	1.8	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	



**63.) Information and Referral Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	799	78.0	78.0	78.0
	2	49	4.8	4.8	82.7
	3	73	7.1	7.1	89.9
	4	27	2.6	2.6	92.5
	5	54	5.3	5.3	97.8
	Don't Know/Not Sure	20	2.0	2.0	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**64.) Telephone Reassurance: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	840	82.0	82.0	82.0
	2	39	3.8	3.8	85.8
	3	56	5.5	5.5	91.2
	4	30	2.9	2.9	94.1
	5	33	3.2	3.2	97.4
	Don't Know/Not Sure	24	2.3	2.3	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**65.) Transportation Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	918	89.6	89.6	89.6
	2	10	1.0	1.0	90.5
	3	27	2.6	2.6	93.2
	4	13	1.3	1.3	94.4
	5	52	5.1	5.1	99.5
	Don't Know/Not Sure	3	.3	.3	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**66.) Shopping Services: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	920	89.8	89.8	89.8
	2	27	2.6	2.6	92.5
	3	34	3.3	3.3	95.8
	4	8	.8	.8	96.6
	5	30	2.9	2.9	99.5
	Don't Know/Not Sure	4	.4	.4	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**67.) Adult Day Care: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	975	95.1	95.2	95.2
	2	11	1.1	1.1	96.3
	3	13	1.3	1.3	97.6
	4	5	.5	.5	98.0
	5	17	1.7	1.7	99.7
	Don't Know/Not Sure	2	.2	.2	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**68.) Health Screening: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	851	83.0	83.1	83.1
	2	42	4.1	4.1	87.2
	3	60	5.9	5.9	93.1
	4	24	2.3	2.3	95.4
	5	42	4.1	4.1	99.5
	Don't Know/Not Sure	3	.3	.3	99.8
	Refused	2	.2	.2	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**69.) Physical Fitness/Exercise Programs: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	772	75.3	75.4	75.4
	2	55	5.4	5.4	80.8
	3	91	8.9	8.9	89.6
	4	30	2.9	2.9	92.6
	5	69	6.7	6.7	99.3
	Don't Know/Not Sure	5	.5	.5	99.8
	Refused	2	.2	.2	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**70.) Support Groups: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	864	84.3	84.4	84.4
	2	48	4.7	4.7	89.1
	3	59	5.8	5.8	94.8
	4	18	1.8	1.8	96.6
	5	33	3.2	3.2	99.8
	Don't Know/Not Sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**71.) Medication Management Education: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	919	89.7	89.7	89.7
	2	26	2.5	2.5	92.3
	3	29	2.8	2.8	95.1
	4	14	1.4	1.4	96.5
	5	30	2.9	2.9	99.4
	Don't Know/Not Sure	5	.5	.5	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**72.) Nutrition Counseling: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	881	86.0	86.0	86.0
	2	37	3.6	3.6	89.6
	3	49	4.8	4.8	94.4
	4	21	2.0	2.1	96.5
	5	31	3.0	3.0	99.5
	Don't Know/Not Sure	4	.4	.4	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**73.) Case Management: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	935	91.2	91.3	91.3
	2	22	2.1	2.1	93.5
	3	25	2.4	2.4	95.9
	4	9	.9	.9	96.8
	5	20	2.0	2.0	98.7
	Don't Know/Not Sure	12	1.2	1.2	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**74.) Congregate Meals: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	934	91.1	91.2	91.2
	2	29	2.8	2.8	94.0
	3	28	2.7	2.7	96.8
	4	6	.6	.6	97.4
	5	21	2.0	2.1	99.4
	Don't Know/Not Sure	4	.4	.4	99.8
	Refused	2	.2	.2	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**75.) Respite care: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	946	92.3	92.4	92.4
	2	23	2.2	2.2	94.6
	3	17	1.7	1.7	96.3
	4	7	.7	.7	97.0
	5	23	2.2	2.2	99.2
	Don't Know/Not Sure	7	.7	.7	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**76.) State Health Insurance Counseling: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	918	89.6	89.6	89.6
	2	31	3.0	3.0	92.7
	3	24	2.3	2.3	95.0
	4	10	1.0	1.0	96.0
	5	31	3.0	3.0	99.0
	Don't Know/Not Sure	9	.9	.9	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**77.) Senior Medicare Patrol: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	910	88.8	88.9	88.9
	2	22	2.1	2.1	91.0
	3	33	3.2	3.2	94.2
	4	11	1.1	1.1	95.3
	5	29	2.8	2.8	98.1
	Don't Know/Not Sure	18	1.8	1.8	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**78.) Ombudsman: On a scale of 1 to 5, please rate your level of need for each of the following services: ONE indicates the least amount of need and FIVE indicates the greatest amount of need.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	930	90.7	90.8	90.8
	2	27	2.6	2.6	93.5
	3	21	2.0	2.1	95.5
	4	12	1.2	1.2	96.7
	5	19	1.9	1.9	98.5
	Don't Know/Not Sure	14	1.4	1.4	99.9
	Refused	1	.1	.1	100.0
	Total	1024	99.9	100.0	
Missing		1	.1		
Total		1025	100.0		

**79.) Are you aware of the Area Agencies on Aging?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	322	31.4	31.4	31.4
	No	696	67.9	67.9	99.3
	Not sure	7	.7	.7	100.0
	Total	1025	100.0	100.0	

**80.) Do you know how to get in contact with your local representative from the Area Agency on Aging?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	210	20.5	65.2	65.2
	No	109	10.6	33.9	99.1
	Don't Know/Not sure	3	.3	.9	100.0
	Total	322	31.4	100.0	
Missing		703	68.6		
Total		1025	100.0		



**81.) On a scale of 1 to 5, how would you rate your overall health? ONE indicates poor health and FIVE indicates excellent health.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	61	6.0	6.0	6.0
	2	94	9.2	9.2	15.1
	3	305	29.8	29.8	44.9
	4	356	34.7	34.7	79.6
	5	203	19.8	19.8	99.4
	Don't Know/Not Sure	5	.5	.5	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**82.) On a scale of 1 to 5, how much does your physical health interfere with your normal daily activities? ONE indicates little to no interference and FIVE indicates the highest level of interference.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	411	40.1	40.1	40.1
	2	172	16.8	16.8	56.9
	3	206	20.1	20.1	77.0
	4	120	11.7	11.7	88.7
	5	108	10.5	10.5	99.2
	Don't Know/Not Sure	7	.7	.7	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**83.) Private Insurance: Which of the following kinds of health insurance do you have?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	567	55.3	55.3	55.3
	No	447	43.6	43.6	98.9
	Don't Know/Not sure	1	.1	.1	99.0
	Refused	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**84.) Medicaid: Which of the following kinds of health insurance do you have?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	183	17.9	17.9	17.9
	No	831	81.1	81.1	98.9
	Don't Know/Not sure	1	.1	.1	99.0
	Refused	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**85.) Medicare: Which of the following kinds of health insurance do you have?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	636	62.0	62.0	62.0
	No	378	36.9	36.9	98.9
	Don't Know/Not sure	1	.1	.1	99.0
	Refused	10	1.0	1.0	100.0
	Total	1025	100.0	100.0	

**86.) Do you have someone you consider to be your doctor or primary health care provider?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	945	92.2	92.2	92.2
	No	74	7.2	7.2	99.4
	Don't Know/Not sure	3	.3	.3	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**87.) Have you visited your doctor or primary health care provider in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	908	88.6	96.1	96.1
	No	37	3.6	3.9	100.0
	Total	945	92.2	100.0	
Missing		80	7.8		
Total		1025	100.0		

**88.) Have you been hospitalized any time in the past 2 years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	299	29.2	29.2	29.2
	No	721	70.3	70.3	99.5
	Don't Know/Not sure	2	.2	.2	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**89.) Were you hospitalized multiple times?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	113	11.0	37.8	37.8
	No	185	18.0	61.9	99.7
	Don't Know/Not sure	1	.1	.3	100.0
	Total	299	29.2	100.0	
Missing		726	70.8		
Total		1025	100.0		

**90.) What was the duration of your last hospitalization (How long were you in the hospital)?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Left the same day	46	4.5	15.4	15.4
	Stayed over night	59	5.8	19.7	35.1
	More than 1 day	100	9.8	33.4	68.6
	1 week	50	4.9	16.7	85.3
	Longer than 1 week	30	2.9	10.0	95.3
	1 month	4	.4	1.3	96.7
	Longer than a month	8	.8	2.7	99.3
	Don't Know/Not Sure	2	.2	.7	100.0
	Total	299	29.2	100.0	
Missing		726	70.8		
Total		1025	100.0		

**91.) Upon being released from the hospital, was any kind of at-home assistance made available to you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	83	8.1	27.8	27.8
	No	129	12.6	43.1	70.9
	I did not require any assistance	85	8.3	28.4	99.3
	Don't Know/Not sure	2	.2	.7	100.0
	Total	299	29.2	100.0	
Missing		726	70.8		
Total		1025	100.0		

**92.) Have you ever been in need of medical care but decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	133	13.0	13.0	13.0
	No	884	86.2	86.2	99.2
	Don't Know/Not sure	5	.5	.5	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**93.) No transportation: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	.8	6.0	6.0
	No	123	12.0	92.5	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**94.) Cost of medical care: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	72	7.0	54.1	54.1
	No	59	5.8	44.4	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**95.) Could not get appointment: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	.4	3.0	3.0
	No	127	12.4	95.5	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**96.) Insurance would not be accepted: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	1.4	10.5	10.5
	No	117	11.4	88.0	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**97.) Unable to leave home: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	.6	4.5	4.5
	No	125	12.2	94.0	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**98.) Decided to treat myself: What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	3.5	27.1	27.1
	No	95	9.3	71.4	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**99.) Other (please specify): What are some reasons you decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	2.0	15.8	15.8
	No	110	10.7	82.7	98.5
	Don't Know/Not sure	2	.2	1.5	100.0
	Total	133	13.0	100.0	
Missing		892	87.0		
Total		1025	100.0		

**Other (please specify)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1004	98.0	98.0	98.0
	Being a nurse, I thought I could do it myself	1	.1	.1	98.0
	can't stand needles	1	.1	.1	98.1
	Can't take off work	1	.1	.1	98.2
	caring for someone else	1	.1	.1	98.3
	could not afford even with group insurance from employer	1	.1	.1	98.4
	Decided not to go	1	.1	.1	98.5
	did not have insurance at the time	1	.1	.1	98.6
	Did not need to go to the hospital	1	.1	.1	98.7
	Didn't feel like going	1	.1	.1	98.8
	didn't have insurance	1	.1	.1	98.9
	Doctor doesn't really do that much	1	.1	.1	99.0
	don't like doctors	1	.1	.1	99.1
	felt too bad to go	1	.1	.1	99.2
	got tired of going to hospital	1	.1	.1	99.3
	Had to go to a specialist	1	.1	.1	99.4
	It was snowing outside and couldn't get medical help	1	.1	.1	99.5
	NO REASON GIVEN	2	.2	.2	99.7
	symptoms subsided	2	.2	.2	99.9
	too long to wait for appointment	1	.1	.1	100.0
Total		1025	100.0	100.0	

**100.) Eye exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	626	61.1	61.1	61.1
	No	390	38.0	38.0	99.1
	Don't Know/Not sure	8	.8	.8	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**101.) Hearing exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	199	19.4	19.4	19.4
	No	817	79.7	79.7	99.1
	Don't Know/Not sure	8	.8	.8	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**102.) Dental exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	460	44.9	44.9	44.9
	No	556	54.2	54.2	99.1
	Don't Know/Not sure	8	.8	.8	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**103.) Physical exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	773	75.4	75.4	75.4
	No	243	23.7	23.7	99.1
	Don't Know/Not sure	8	.8	.8	99.9
	Refused	1	.1	.1	100.0
	Total	1025	100.0	100.0	

**104.) How many prescription medications are you currently taking?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	104	10.1	10.1	10.1
	1	98	9.6	9.6	19.7
	2	130	12.7	12.7	32.4
	3	167	16.3	16.3	48.7
	4	124	12.1	12.1	60.8
	5	119	11.6	11.6	72.4
	6	77	7.5	7.5	79.9
	7	48	4.7	4.7	84.6
	8	46	4.5	4.5	89.1
	9	18	1.8	1.8	90.8
	10	22	2.1	2.1	93.0
	11	5	.5	.5	93.5
	12	13	1.3	1.3	94.7
	13	2	.2	.2	94.9
	14	5	.5	.5	95.4
	15	11	1.1	1.1	96.5
	16	2	.2	.2	96.7
	17	2	.2	.2	96.9
	18	1	.1	.1	97.0
	20	7	.7	.7	97.7
	21	1	.1	.1	97.8
	25	3	.3	.3	98.0
	Don't Know/Not Sure	12	1.2	1.2	99.2
Refused	8	.8	.8	100.0	
Total	1025	100.0	100.0		



**105.) How many non-prescription medications are you taking on a regular basis?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	382	37.3	37.3	37.3
	1	296	28.9	28.9	66.1
	2	158	15.4	15.4	81.6
	3	86	8.4	8.4	90.0
	4	44	4.3	4.3	94.2
	5	25	2.4	2.4	96.7
	6	8	.8	.8	97.5
	7	3	.3	.3	97.8
	8	4	.4	.4	98.1
	10	4	.4	.4	98.5
	13	2	.2	.2	98.7
	14	1	.1	.1	98.8
	Don't Know/Not Sure	7	.7	.7	99.5
	Refused	5	.5	.5	100.0
Total	1025	100.0	100.0		

**106.) Prescription medications: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	107	10.4	10.4	10.4
	No	890	86.8	86.8	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**107.) Eyeglasses: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	140	13.7	13.7	13.7
	No	857	83.6	83.6	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**108.) Hearing aids: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	3.5	3.5	3.5
	No	961	93.8	93.8	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**109.) Dentures: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	93	9.1	9.1	9.1
	No	904	88.2	88.2	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**110.) Walkers, wheelchair, or canes: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	19	1.9	1.9	1.9
	No	978	95.4	95.4	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**111.) Ramps: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	1.6	1.6	1.6
	No	981	95.7	95.7	97.3
	Don't Know/Not sure	13	1.3	1.3	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**112.) Do you smoke cigarettes?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	115	11.2	11.2	11.2
	No	906	88.4	88.4	99.6
	Don't Know/Not sure	1	.1	.1	99.7
	Refused	3	.3	.3	100.0
	Total	1025	100.0	100.0	

**113.) On average, how many alcoholic drinks do you consume in a typical week?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	890	86.8	86.8	86.8
	1 - 2	71	6.9	6.9	93.8
	3 or more	56	5.5	5.5	99.2
	Don't Know/Not Sure	2	.2	.2	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**114.) Heart problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	223	21.8	21.8	21.8
	No	796	77.7	77.7	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**115.) High blood pressure: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	655	63.9	63.9	63.9
	No	364	35.5	35.5	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**116.) Arthritis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	594	58.0	58.0	58.0
	No	425	41.5	41.5	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**117.) Bursitis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	88	8.6	8.6	8.6
	No	931	90.8	90.8	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**118.) Stroke: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	60	5.9	5.9	5.9
	No	959	93.6	93.6	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**119.) Hardening of arteries: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	5.1	5.1	5.1
	No	967	94.3	94.3	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**120.) Rheumatism: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	126	12.3	12.3	12.3
	No	893	87.1	87.1	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**121.) Diabetes: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	256	25.0	25.0	25.0
	No	763	74.4	74.4	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**122.) Chest pains: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	150	14.6	14.6	14.6
	No	869	84.8	84.8	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**123.) Cancer: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	86	8.4	8.4	8.4
	No	933	91.0	91.0	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**124.) Stomach or digestion problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	289	28.2	28.2	28.2
	No	730	71.2	71.2	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**125.) Kidney or urinary problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	171	16.7	16.7	16.7
	No	848	82.7	82.7	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**126.) Liver problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	38	3.7	3.7	3.7
	No	981	95.7	95.7	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**127.) Joint problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	337	32.9	32.9	32.9
	No	682	66.5	66.5	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**128.) Vision problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	398	38.8	38.8	38.8
	No	621	60.6	60.6	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**129.) Hearing problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	176	17.2	17.2	17.2
	No	843	82.2	82.2	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**130.) Trouble sleeping: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	317	30.9	30.9	30.9
	No	702	68.5	68.5	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**131.) Shaking problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	98	9.6	9.6	9.6
	No	921	89.9	89.9	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**132.) Mental illness: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	3.3	3.3	3.3
	No	985	96.1	96.1	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**133.) Memory loss: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	179	17.5	17.5	17.5
	No	840	82.0	82.0	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**134.) Skin problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	125	12.2	12.2	12.2
	No	894	87.2	87.2	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**135.) Back pain: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	373	36.4	36.4	36.4
	No	646	63.0	63.0	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	



**136.) Amputations: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	1.2	1.2	1.2
	No	1007	98.2	98.2	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**137.) Phlebitis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	1.5	1.5	1.5
	No	1004	98.0	98.0	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**138.) Paralysis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	1.7	1.7	1.7
	No	1002	97.8	97.8	99.4
	Don't Know/Not sure	2	.2	.2	99.6
	Refused	4	.4	.4	100.0
	Total	1025	100.0	100.0	

**139.) Which of the following best describes the type of home you live in:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single family home	885	86.3	86.3	86.3
	Mobile home	71	6.9	6.9	93.3
	Condominium/apartment	44	4.3	4.3	97.6
	Senior independent apartment	9	.9	.9	98.4
	Assisted living	4	.4	.4	98.8
	Nursing home	4	.4	.4	99.2
	Don't Know/Not Sure	2	.2	.2	99.4
	Refused	6	.6	.6	100.0
Total	1025	100.0	100.0		

### 140.) Do you own or rent your home?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rent	81	7.9	8.0	8.0
	Own	891	86.9	88.4	96.4
	Neither	26	2.5	2.6	99.0
	Don't Know/Not sure	1	.1	.1	99.1
	Refused	9	.9	.9	100.0
	Total	1008	98.3	100.0	
	Missing	17	1.7		
Total		1025	100.0		

### 141.) Including yourself, how many people live with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	375	36.6	36.6	36.6
	2 - 3	507	49.5	49.5	86.0
	4 or more	117	11.4	11.4	97.5
	Don't Know/Not Sure	13	1.3	1.3	98.7
	Refused	13	1.3	1.3	100.0
	Total	1025	100.0	100.0	

### 142.) Spouse or significant other: Who lives with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	497	48.5	79.6	79.6
	No	127	12.4	20.4	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

### 143.) Children: Who lives with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	128	12.5	20.5	20.5
	No	496	48.4	79.5	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**144.) Relative: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	2.0	3.4	3.4
	No	603	58.8	96.6	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**145.) Grandchildren: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	6.4	10.6	10.6
	No	558	54.4	89.4	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**146.) Other relatives: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	2.4	4.0	4.0
	No	599	58.4	96.0	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**147.) Unrelated Adult(s) (Friend or Roommate): Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	.7	1.1	1.1
	No	617	60.2	98.9	100.0
	Total	624	60.9	100.0	
Missing		401	39.1		
Total		1025	100.0		

**148.) On a scale of 1 to 5, how satisfied are you with your current living arrangement? ONE indicates the lowest level of satisfaction and FIVE indicates the highest level of satisfaction.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	25	2.4	2.4	2.4
	2	19	1.9	1.9	4.3
	3	72	7.0	7.0	11.3
	4	156	15.2	15.2	26.5
	5	744	72.6	72.6	99.1
	Don't Know	2	.2	.2	99.3
	Refused	7	.7	.7	100.0
	Total	1025	100.0	100.0	

**149.) Physical Health: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	305	29.8	29.8	29.8
	2	90	8.8	8.8	38.5
	3	195	19.0	19.0	57.6
	4	118	11.5	11.5	69.1
	5	287	28.0	28.0	97.1
	Don't Know	24	2.3	2.3	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**150.) Mental health: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	613	59.8	59.8	59.8
	2	96	9.4	9.4	69.2
	3	100	9.8	9.8	78.9
	4	58	5.7	5.7	84.6
	5	133	13.0	13.0	97.6
	Don't Know	19	1.9	1.9	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**151.) Finding employment: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	907	88.5	88.5	88.5
	2	22	2.1	2.1	90.6
	3	21	2.0	2.0	92.7
	4	17	1.7	1.7	94.3
	5	41	4.0	4.0	98.3
	Don't Know	11	1.1	1.1	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**152.) Retaining current employment: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	909	88.7	88.7	88.7
	2	30	2.9	2.9	91.6
	3	15	1.5	1.5	93.1
	4	16	1.6	1.6	94.6
	5	32	3.1	3.1	97.8
	Don't Know	16	1.6	1.6	99.3
	Refused	7	.7	.7	100.0
	Total	1025	100.0	100.0	

**153.) Driving on your own: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	699	68.2	68.2	68.2
	2	60	5.9	5.9	74.0
	3	87	8.5	8.5	82.5
	4	47	4.6	4.6	87.1
	5	106	10.3	10.3	97.5
	Don't Know	20	2.0	2.0	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**154.) Lack of transportation: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	808	78.8	78.8	78.8
	2	33	3.2	3.2	82.0
	3	43	4.2	4.2	86.2
	4	29	2.8	2.8	89.1
	5	88	8.6	8.6	97.7
	Don't Know	19	1.9	1.9	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**155.) Affording basic needs (like food or rent): Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	720	70.2	70.2	70.2
	2	48	4.7	4.7	74.9
	3	81	7.9	7.9	82.8
	4	49	4.8	4.8	87.6
	5	103	10.0	10.0	97.7
	Don't Know	18	1.8	1.8	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**156.) Affording medications: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	646	63.0	63.0	63.0
	2	58	5.7	5.7	68.7
	3	102	10.0	10.0	78.6
	4	61	6.0	6.0	84.6
	5	138	13.5	13.5	98.0
	Don't Know	15	1.5	1.5	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**157.) Affording health care: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	629	61.4	61.4	61.4
	2	50	4.9	4.9	66.2
	3	99	9.7	9.7	75.9
	4	58	5.7	5.7	81.6
	5	163	15.9	15.9	97.5
	Don't Know	20	2.0	2.0	99.4
	Refused	6	.6	.6	100.0
	Total	1025	100.0	100.0	

**158.) Living independently: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	678	66.1	66.1	66.1
	2	69	6.7	6.7	72.9
	3	73	7.1	7.1	80.0
	4	47	4.6	4.6	84.6
	5	128	12.5	12.5	97.1
	Don't Know	25	2.4	2.4	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**159.) Ability to care for others: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	664	64.8	64.8	64.8
	2	77	7.5	7.5	72.3
	3	91	8.9	8.9	81.2
	4	58	5.7	5.7	86.8
	5	109	10.6	10.6	97.5
	Don't Know	21	2.0	2.0	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**160.) Not having someone to care for you: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	702	68.5	68.5	68.5
	2	55	5.4	5.4	73.9
	3	77	7.5	7.5	81.4
	4	42	4.1	4.1	85.5
	5	128	12.5	12.5	98.0
	Don't Know	16	1.6	1.6	99.5
	Refused	5	.5	.5	100.0
	Total	1025	100.0	100.0	

**161.) 2010 Household Income Before Taxes**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 10,000	139	13.6	13.6	13.6
	Between \$10,000 and \$20,000	140	13.7	13.7	27.2
	Between \$20,000 and \$30,000	135	13.2	13.2	40.4
	Between \$30,000 and \$40,000	90	8.8	8.8	49.2
	Between \$40,000 and \$50,000	71	6.9	6.9	56.1
	Between \$50,000 and \$75,000	85	8.3	8.3	64.4
	Between \$75,000 and \$100,000	50	4.9	4.9	69.3
	Between \$100,000 and \$150,000	27	2.6	2.6	71.9
	Over \$150,000	14	1.4	1.4	73.3
	Don't Know/Not Sure	79	7.7	7.7	81.0
	Refused	195	19.0	19.0	100.0
	Total	1025	100.0	100.0	

**162.) Earnings from Employment: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	216	21.1	28.8	28.8
	No	533	52.0	71.0	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		



**163.) State or Federal Retirement Funds: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	212	20.7	28.2	28.2
	No	535	52.2	71.2	99.5
	Don't Know/Not sure	3	.3	.4	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**164.) Social Security: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	534	52.1	71.1	71.1
	No	215	21.0	28.6	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**165.) Supplementary Security Income: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	65	6.3	8.7	8.7
	No	680	66.3	90.5	99.2
	Don't Know/Not sure	5	.5	.7	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**166.) Food Stamps: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	6.2	8.5	8.5
	No	685	66.8	91.2	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**167.) Home Energy Assistance: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	2.0	2.7	2.7
	No	729	71.1	97.1	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**168.) Rent Payments from Tenants: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	3.2	4.4	4.4
	No	716	69.9	95.3	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**169.) Income from Savings or Investments: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	200	19.5	26.6	26.6
	No	549	53.6	73.1	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**170.) Veteran's Assistance or Pension: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	75	7.3	10.0	10.0
	No	674	65.8	89.7	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**171.) Disability Compensation: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	84	8.2	11.2	11.2
	No	665	64.9	88.5	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**172.) Railroad Retirement: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	1.2	1.6	1.6
	No	737	71.9	98.1	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**173.) Unemployment Insurance: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	1.0	1.3	1.3
	No	739	72.1	98.4	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**174.) Employee Pension Plan (401 K): Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	109	10.6	14.5	14.5
	No	640	62.4	85.2	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**175.) Aid to Dependent Children: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	.5	.7	.7
	No	744	72.6	99.1	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**176.) Gifts from Friends/Relatives: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	3.6	4.9	4.9
	No	712	69.5	94.8	99.7
	Don't Know/Not sure	1	.1	.1	99.9
	Refused	1	.1	.1	100.0
	Total	751	73.3	100.0	
Missing		274	26.7		
Total		1025	100.0		

**177.) Is it difficult for you to meet your basic needs with your current income?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	297	29.0	29.0	29.0
	No	708	69.1	69.1	98.0
	Don't Know/Not sure	9	.9	.9	98.9
	Refused	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

### 178.) In what year were you born?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1914	1	.1	.1	.1
	1915	1	.1	.1	.2
	1917	4	.4	.4	.6
	1918	2	.2	.2	.8
	1919	2	.2	.2	1.0
	1920	4	.4	.4	1.4
	1921	6	.6	.6	2.0
	1922	14	1.4	1.4	3.3
	1923	10	1.0	1.0	4.3
	1924	10	1.0	1.0	5.3
	1925	8	.8	.8	6.0
	1926	9	.9	.9	6.9
	1927	13	1.3	1.3	8.2
	1928	23	2.2	2.2	10.4
	1929	18	1.8	1.8	12.2
	1930	14	1.4	1.4	13.6
	1931	18	1.8	1.8	15.3
	1932	28	2.7	2.7	18.0
	1933	26	2.5	2.5	20.6
	1934	13	1.3	1.3	21.9
	1935	28	2.7	2.7	24.6
	1936	31	3.0	3.0	27.6
	1937	27	2.6	2.6	30.2
	1938	31	3.0	3.0	33.3
	1939	30	2.9	2.9	36.2
	1940	31	3.0	3.0	39.2
	1941	38	3.7	3.7	42.9
	1942	39	3.8	3.8	46.7
	1943	33	3.2	3.2	50.0
	1944	49	4.8	4.8	54.7
	1945	39	3.8	3.8	58.5
	1946	40	3.9	3.9	62.4
	1947	37	3.6	3.6	66.0
	1948	35	3.4	3.4	69.5
	1949	38	3.7	3.7	73.2
	1950	46	4.5	4.5	77.7
	1951	42	4.1	4.1	81.8
	1952	44	4.3	4.3	86.0
	1953	32	3.1	3.1	89.2
	1954	36	3.5	3.5	92.7
1955	32	3.1	3.1	95.8	
1956	10	1.0	1.0	96.8	
Missing	33	3.2	3.2	100.0	
Total	1025	100.0	100.0		

**179.) GENDER**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	279	27.2	27.2	27.2
	Female	744	72.6	72.6	99.8
	Refused	2	.2	.2	100.0
	Total	1025	100.0	100.0	

**180.) What is your race or ethnicity? Would you say...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	743	72.5	72.5	72.5
	African-American	264	25.8	25.8	98.2
	Asian or Pacific Islander	1	.1	.1	98.3
	Multi-racial	2	.2	.2	98.5
	Refused	15	1.5	1.5	100.0
	Total	1025	100.0	100.0	

**181.) Are you of Hispanic or Latino ethnicity?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	.7	.7	.7
	No	1003	97.9	97.9	98.5
	Don't Know/Not sure	1	.1	.1	98.6
	Refused	14	1.4	1.4	100.0
	Total	1025	100.0	100.0	

### 182.) What is the highest level of education you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than High School	172	16.8	16.8	16.8
	High School Diploma	338	33.0	33.0	49.8
	Some College (No Degree)	193	18.8	18.8	68.6
	Associate's or Technical Degree	77	7.5	7.5	76.1
	Bachelor's Degree	113	11.0	11.0	87.1
	Master's Degree	87	8.5	8.5	95.6
	Doctoral Degree	14	1.4	1.4	97.0
	Professional Degree (medical, vet, dental, law)	14	1.4	1.4	98.3
	Don't Know/Not Sure	1	.1	.1	98.4
	Refused	16	1.6	1.6	100.0
	Total	1025	100.0	100.0	

### 183.) What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single (Never Married)	93	9.1	9.1	9.1
	Married	530	51.7	51.7	60.8
	Divorced	115	11.2	11.2	72.0
	Separated	9	.9	.9	72.9
	Widowed	262	25.6	25.6	98.4
	Co-habiting	2	.2	.2	98.6
	Don't Know/Not Sure	2	.2	.2	98.8
	Refused	12	1.2	1.2	100.0
	Total	1025	100.0	100.0	

### 184.) Which of the following best describes your current employment status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Working full-time	161	15.7	15.7	15.7
	Working part-time	58	5.7	5.7	21.4
	Unemployed, but looking for work	29	2.8	2.8	24.2
	Unemployed, not looking for work	27	2.6	2.6	26.8
	Retired	648	63.2	63.2	90.0
	Don't know/Not sure	3	.3	.3	90.3
	Refused	11	1.1	1.1	91.4
	Unable to work	88	8.6	8.6	100.0
Total	1025	100.0	100.0		



**185.) Are you a veteran of the U.S. armed forces (either Active, National Guard, or Reserves)?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	132	12.9	12.9	12.9
	No	881	86.0	86.0	98.8
	Don't Know/Not sure	1	.1	.1	98.9
	Refused	11	1.1	1.1	100.0
	Total	1025	100.0	100.0	

**186.) Are you a Registered Voter?**

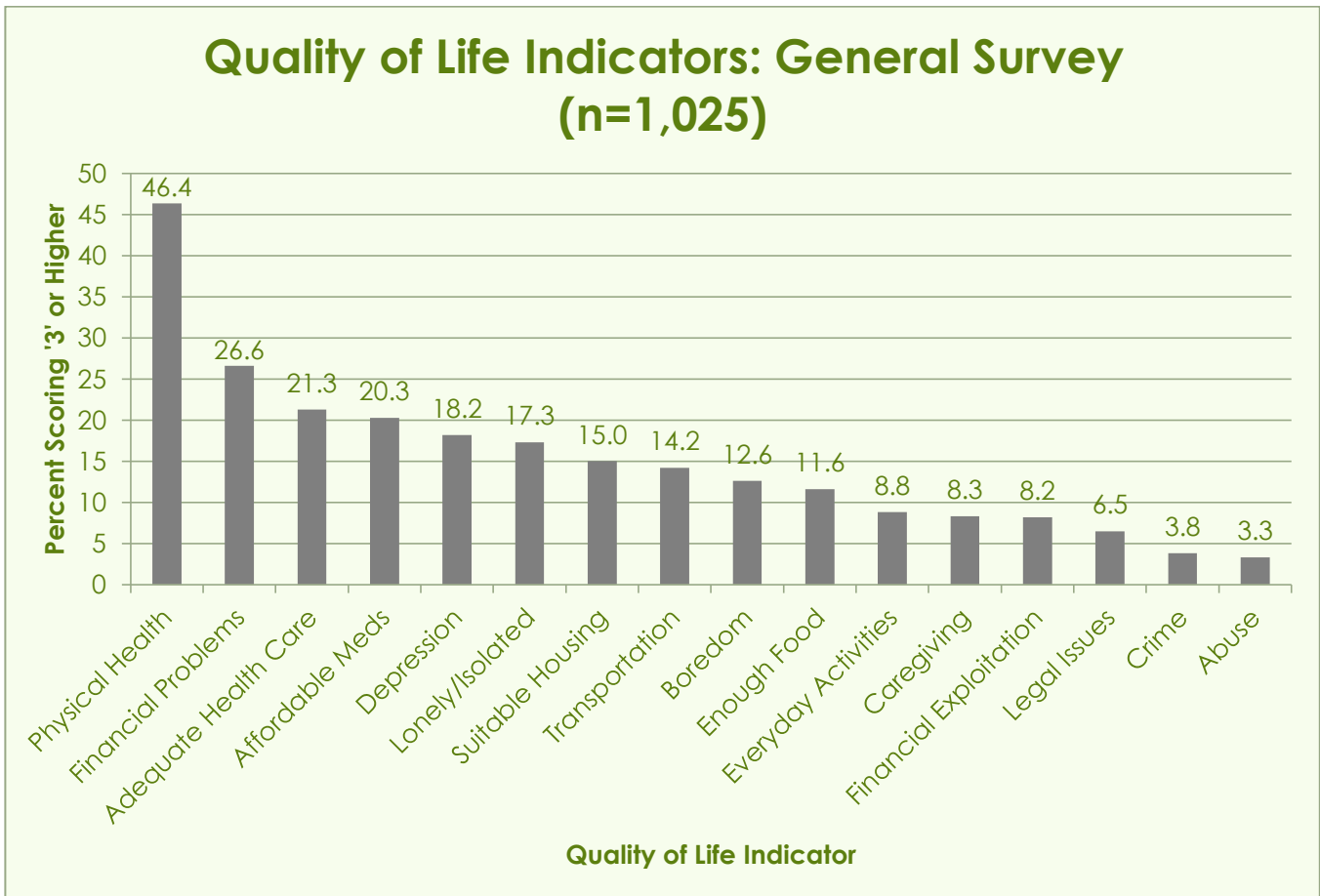
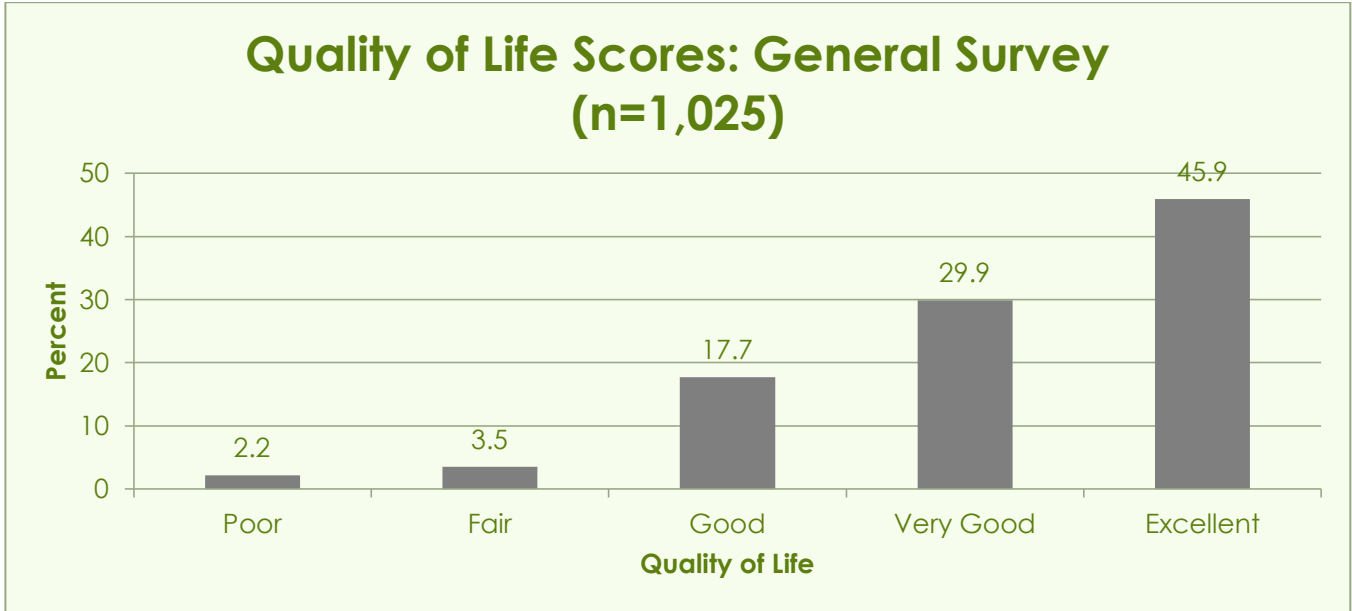
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	944	92.1	92.1	92.1
	No	66	6.4	6.4	98.5
	Don't Know/Not sure	2	.2	.2	98.7
	Refused	13	1.3	1.3	100.0
	Total	1025	100.0	100.0	

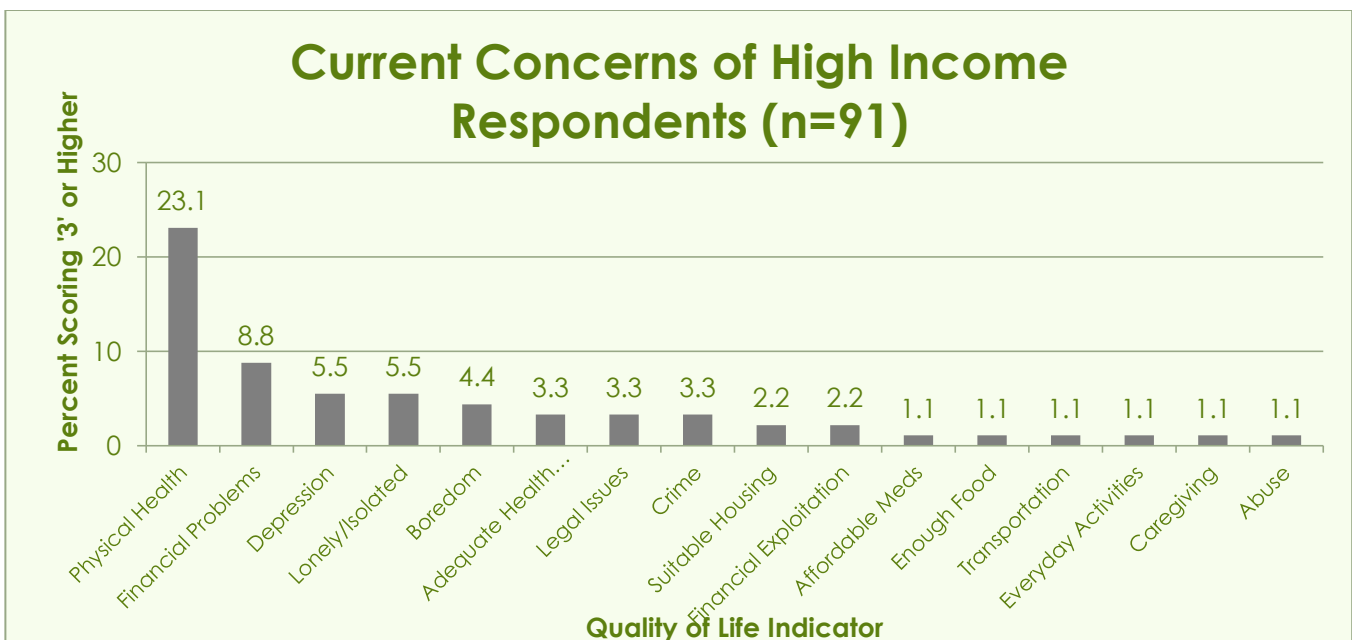
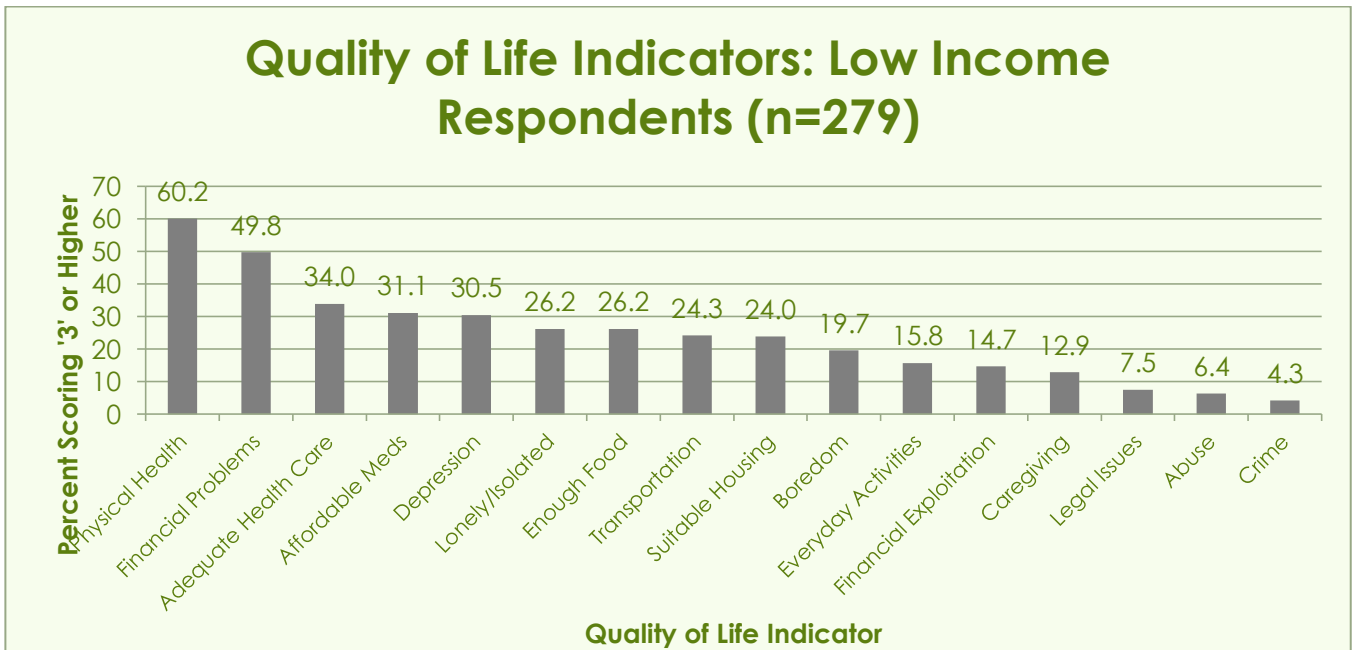
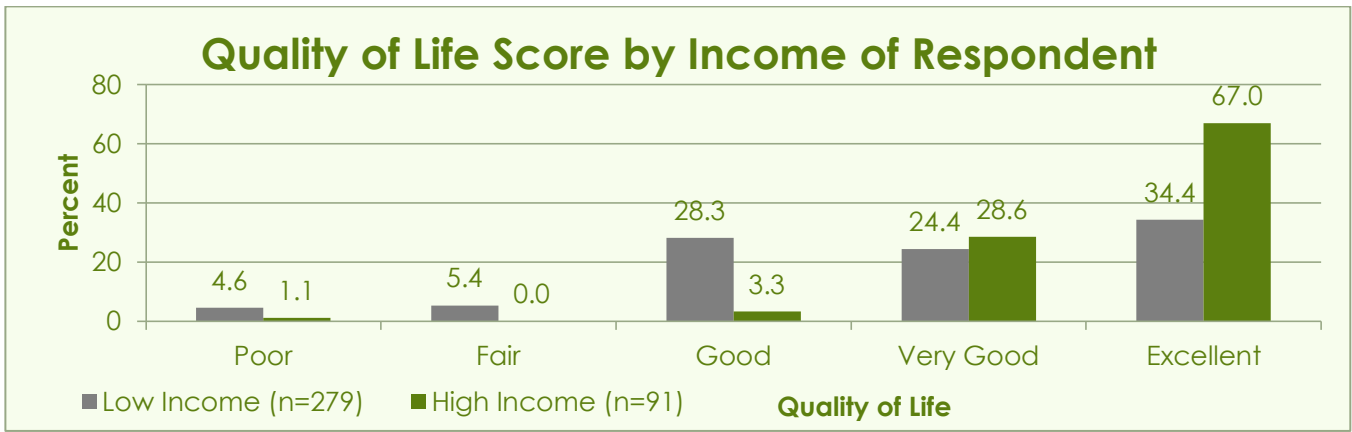
**187.) Did you vote in the most recent presidential election?**

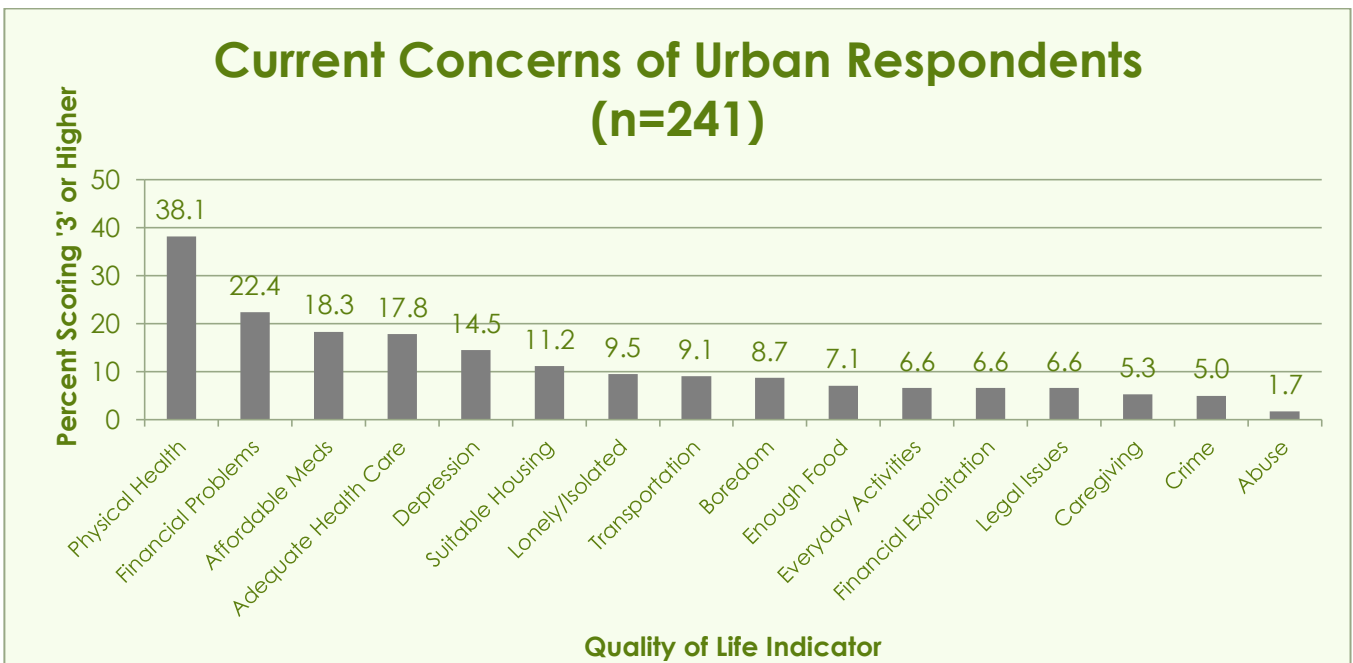
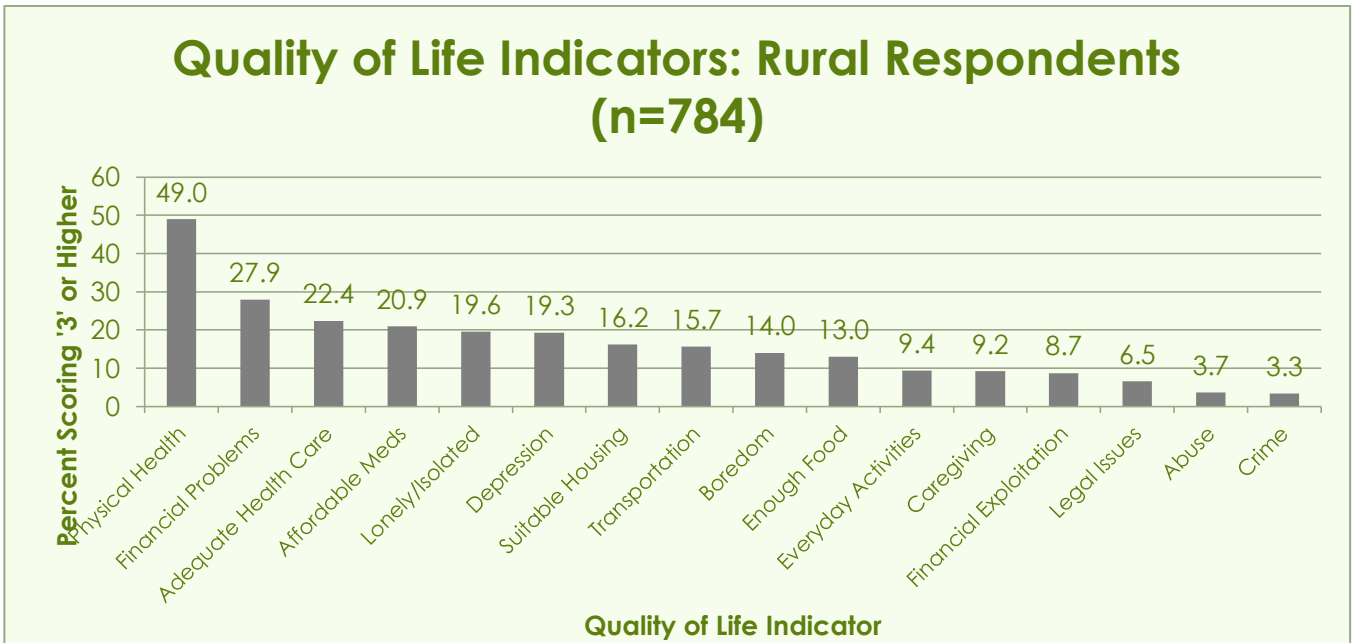
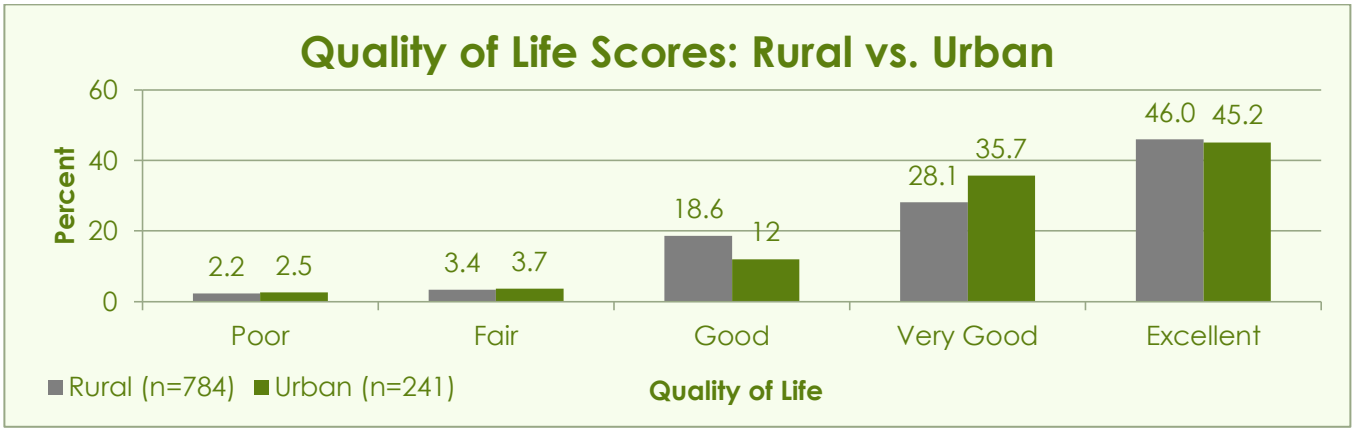
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	868	84.7	91.9	91.9
	No	75	7.3	7.9	99.9
	Refused	1	.1	.1	100.0
	Total	944	92.1	100.0	
Missing		81	7.9		
Total		1025	100.0		

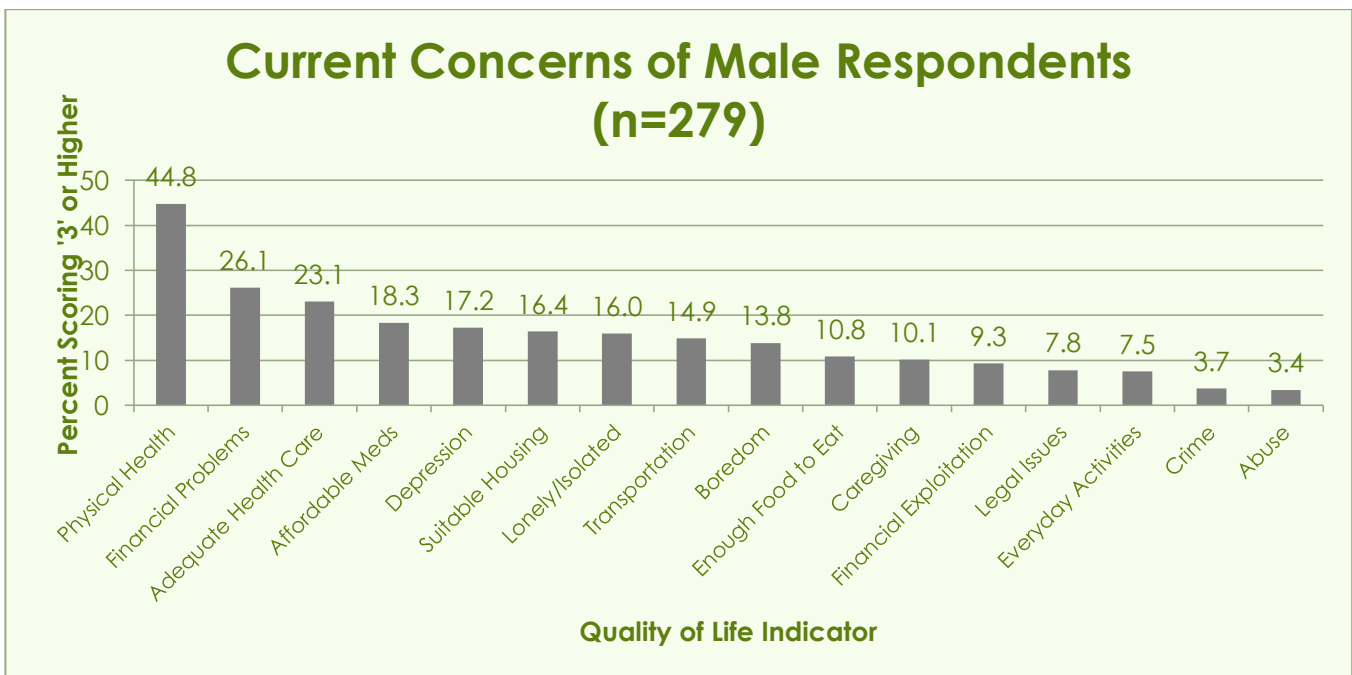
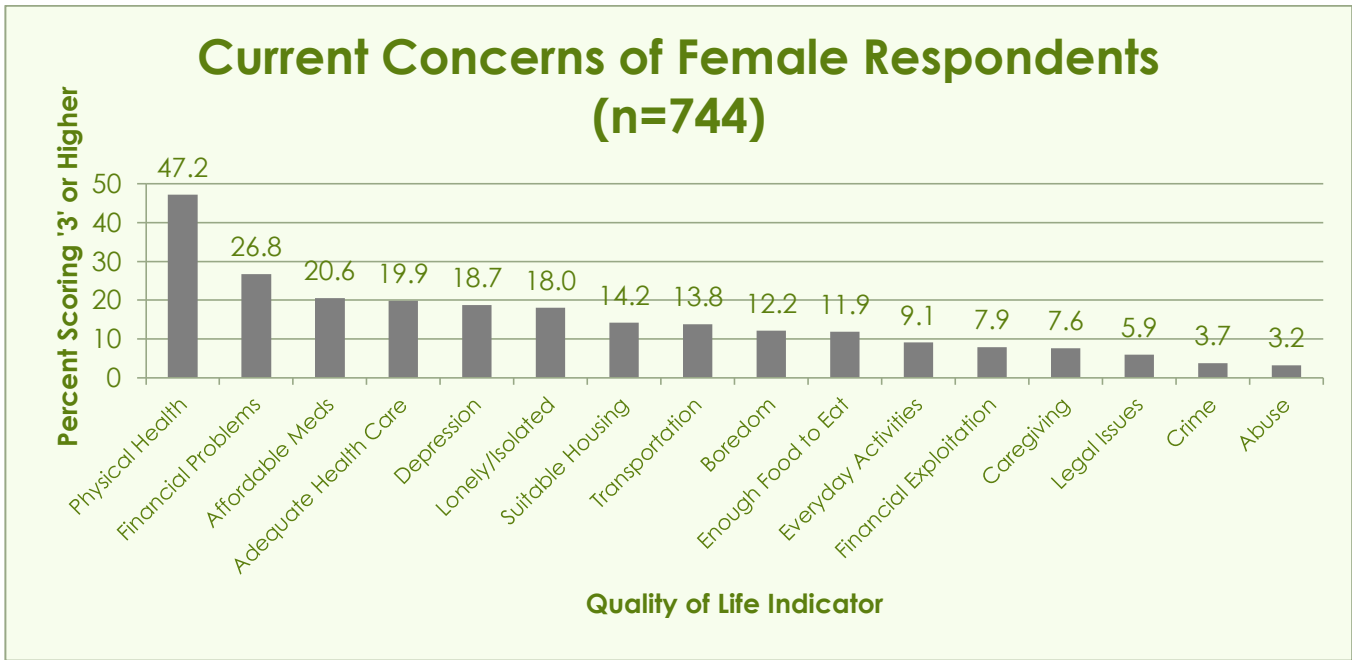
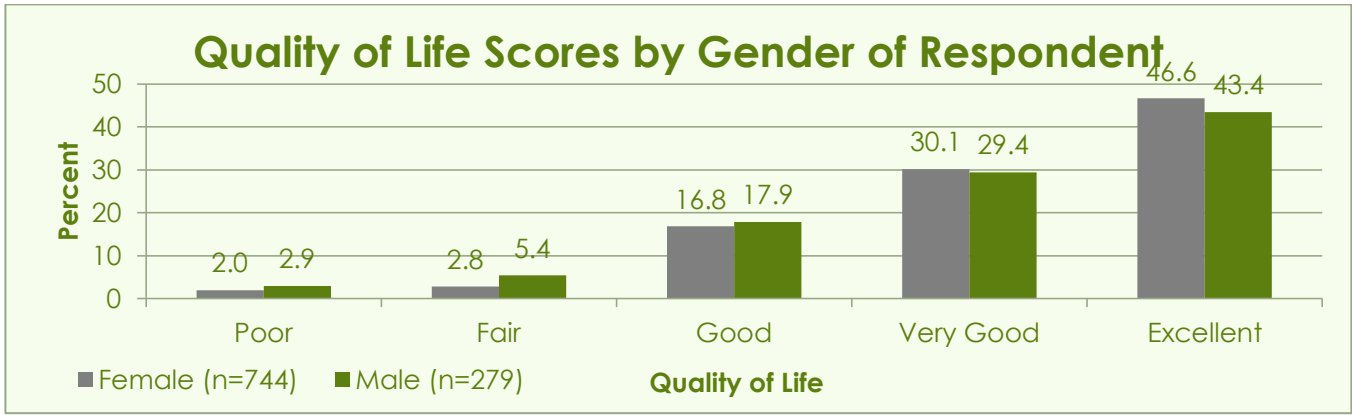
# GENERAL SURVEY GRAPHS

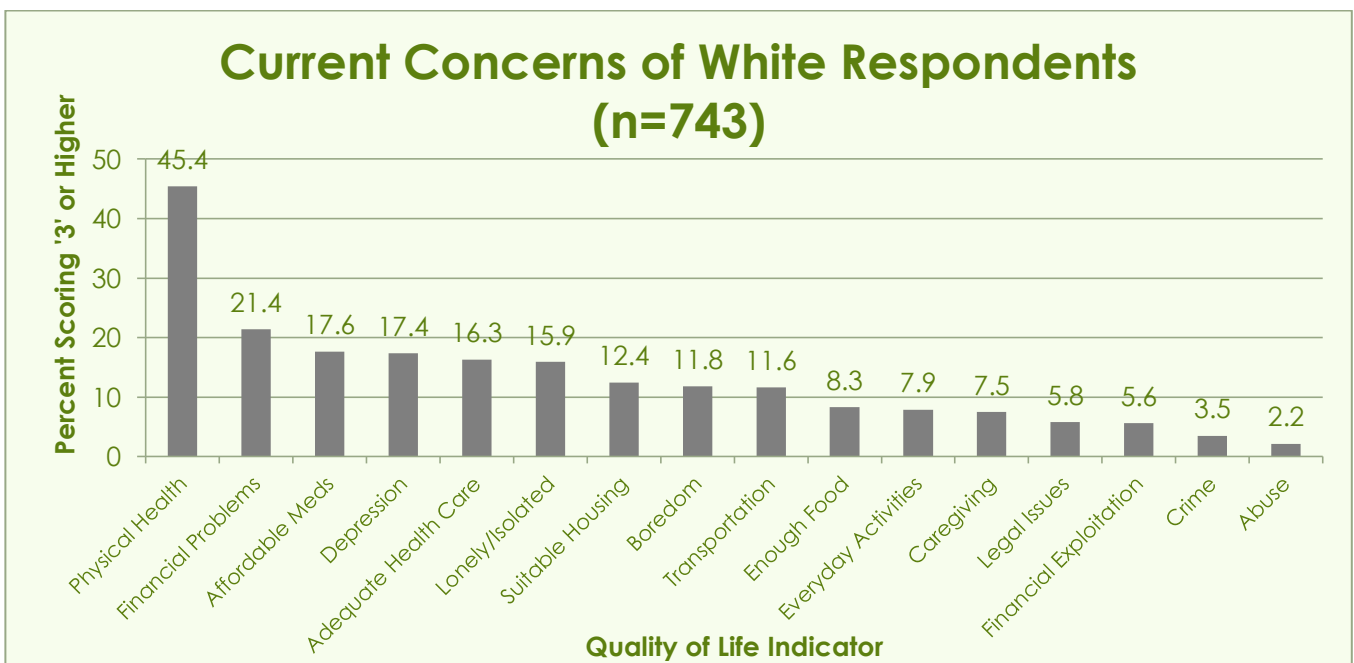
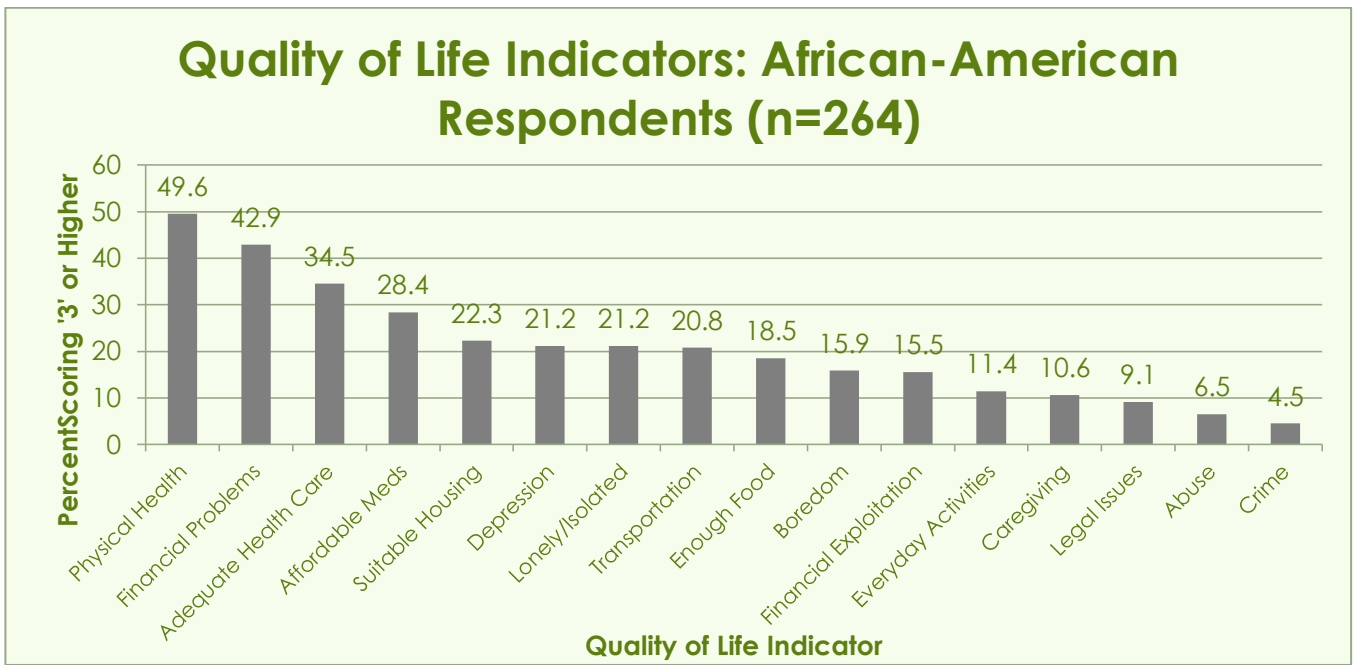
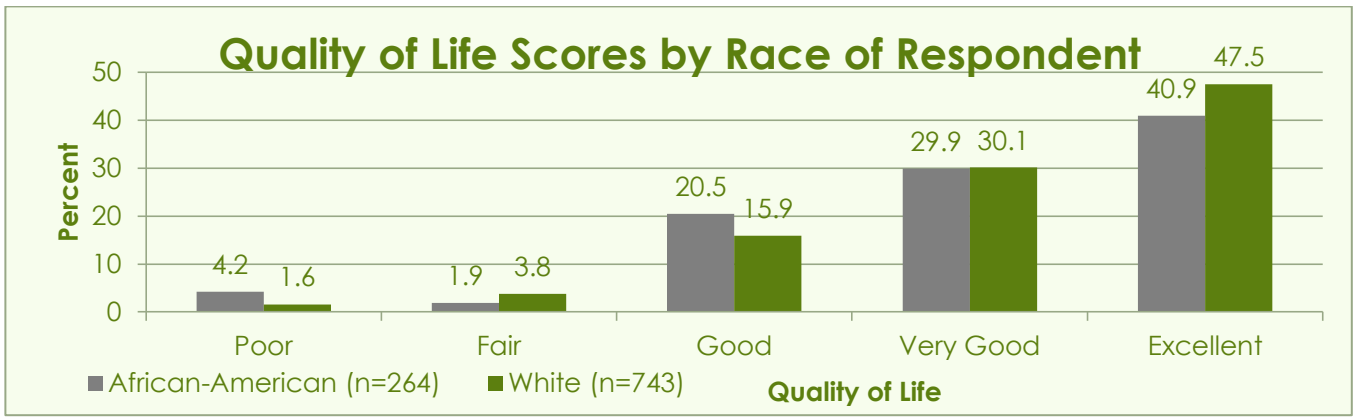
## I. QUALITY OF LIFE AND LIFESTYLE

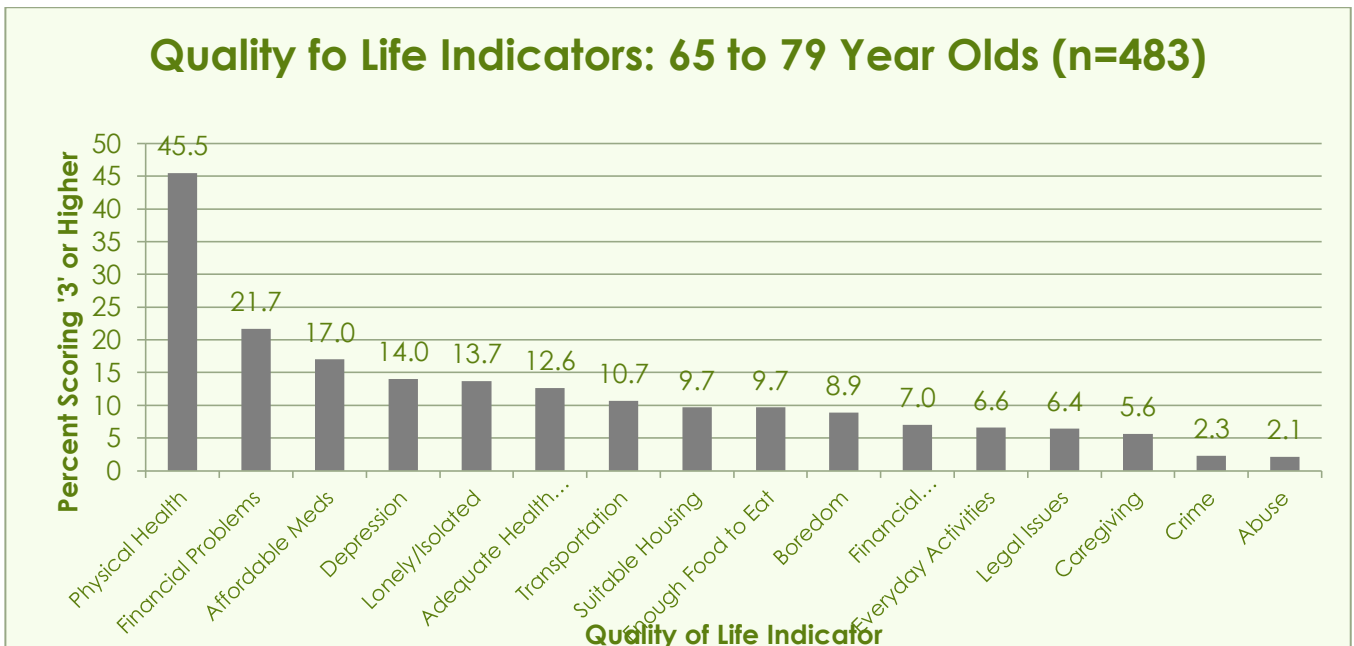
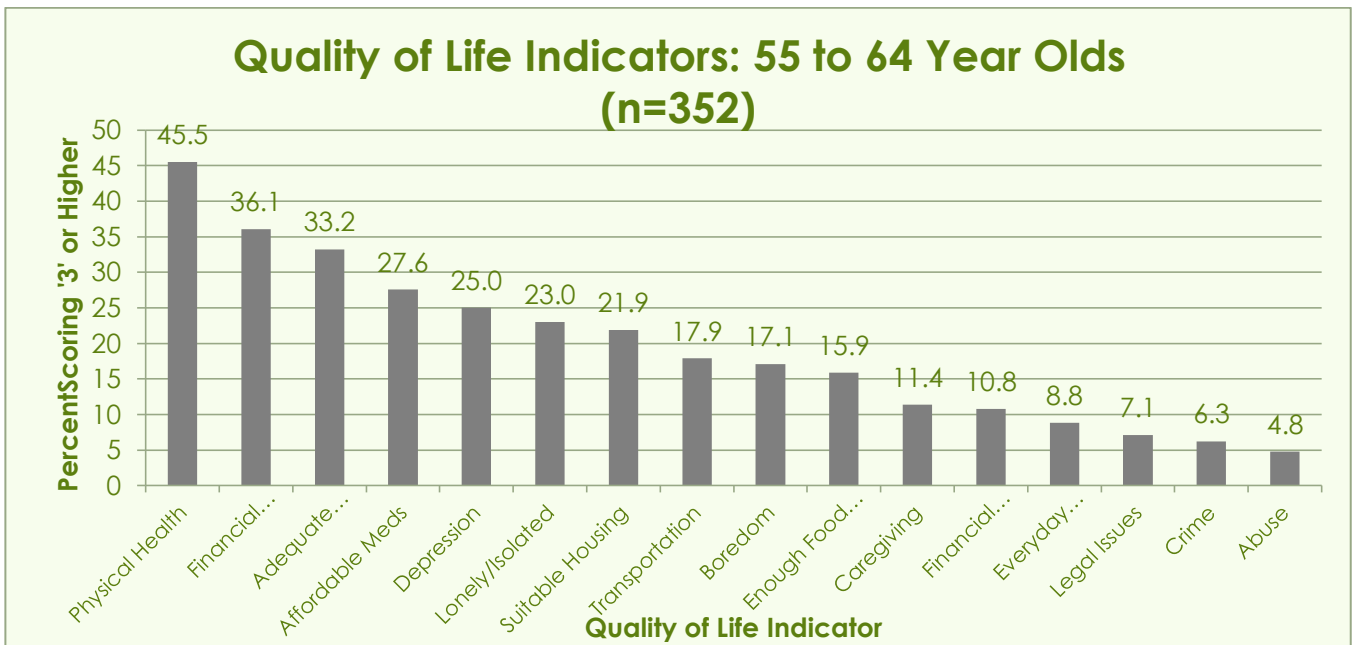
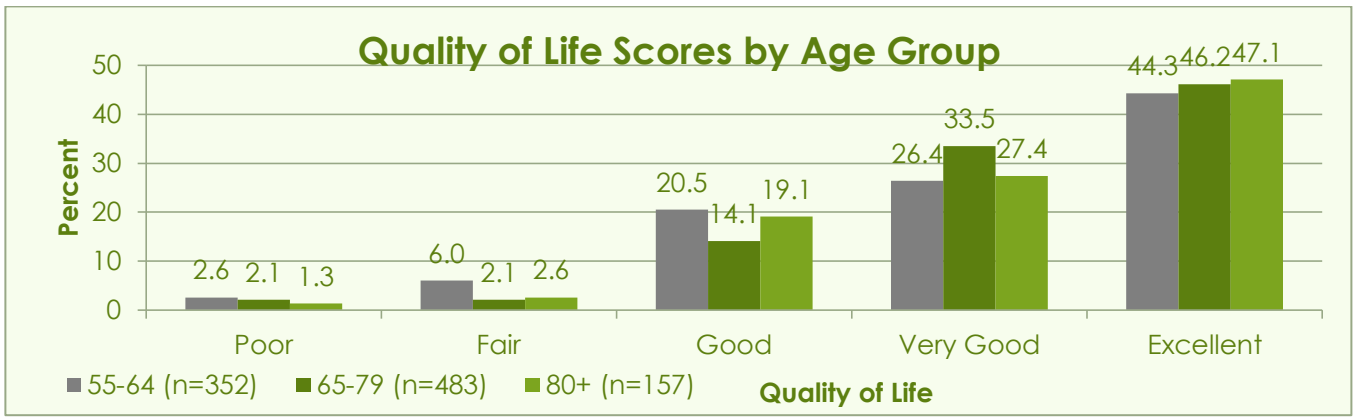




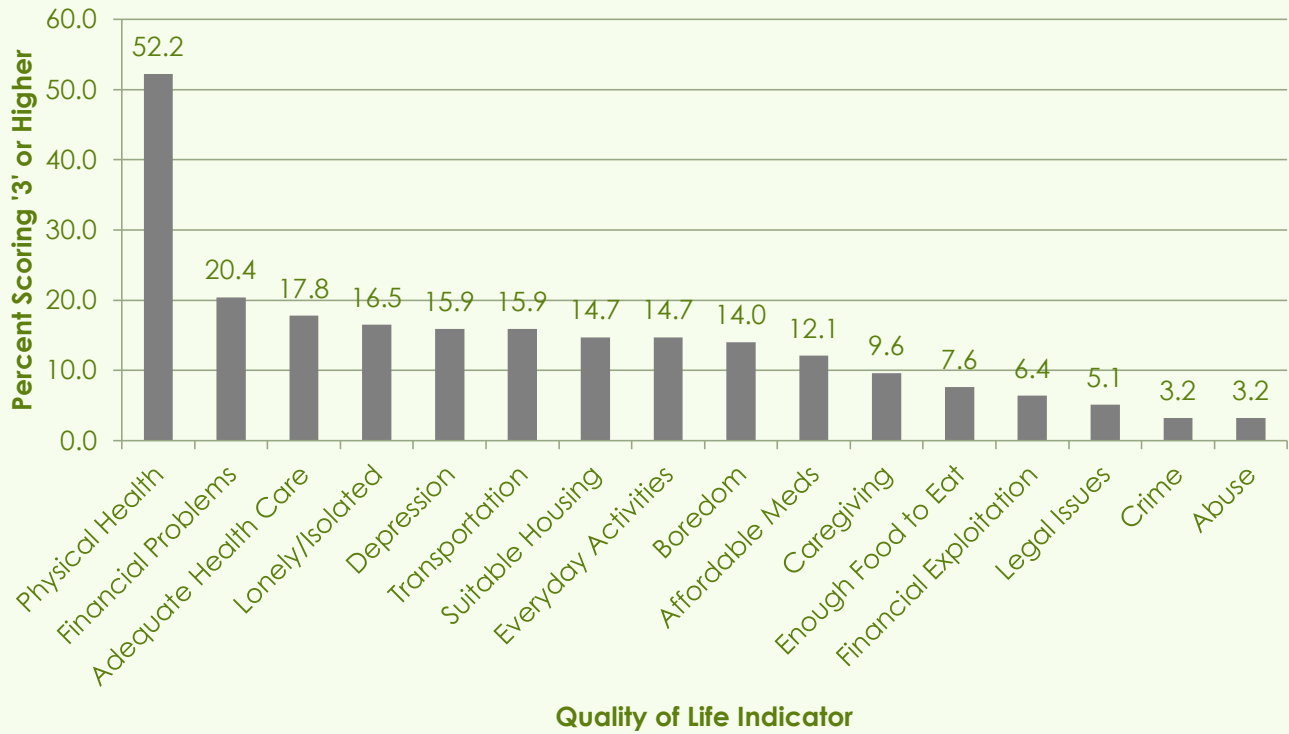






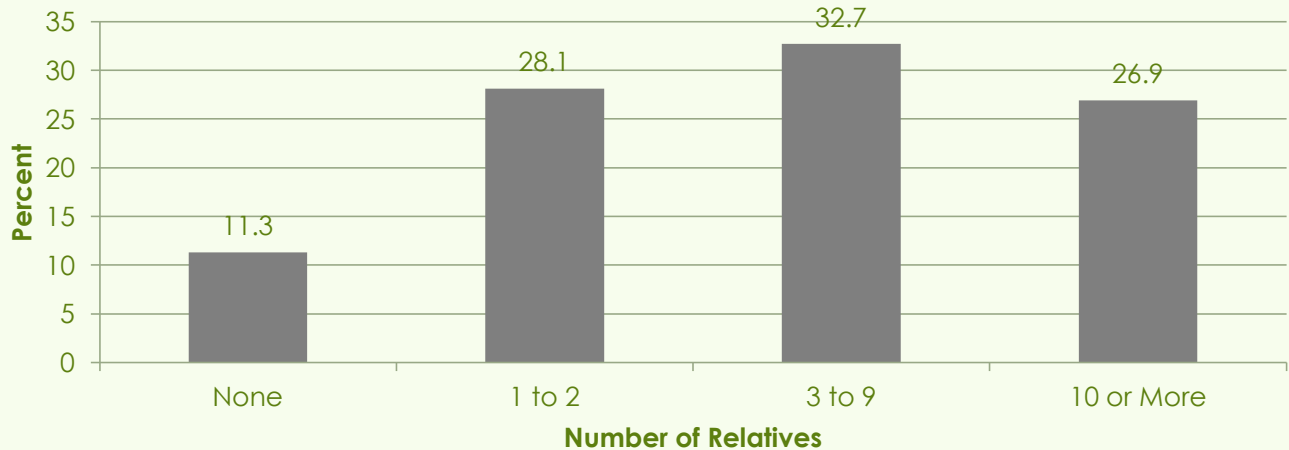


## Quality of Life Indicators: 80+ Age Group (n=157)



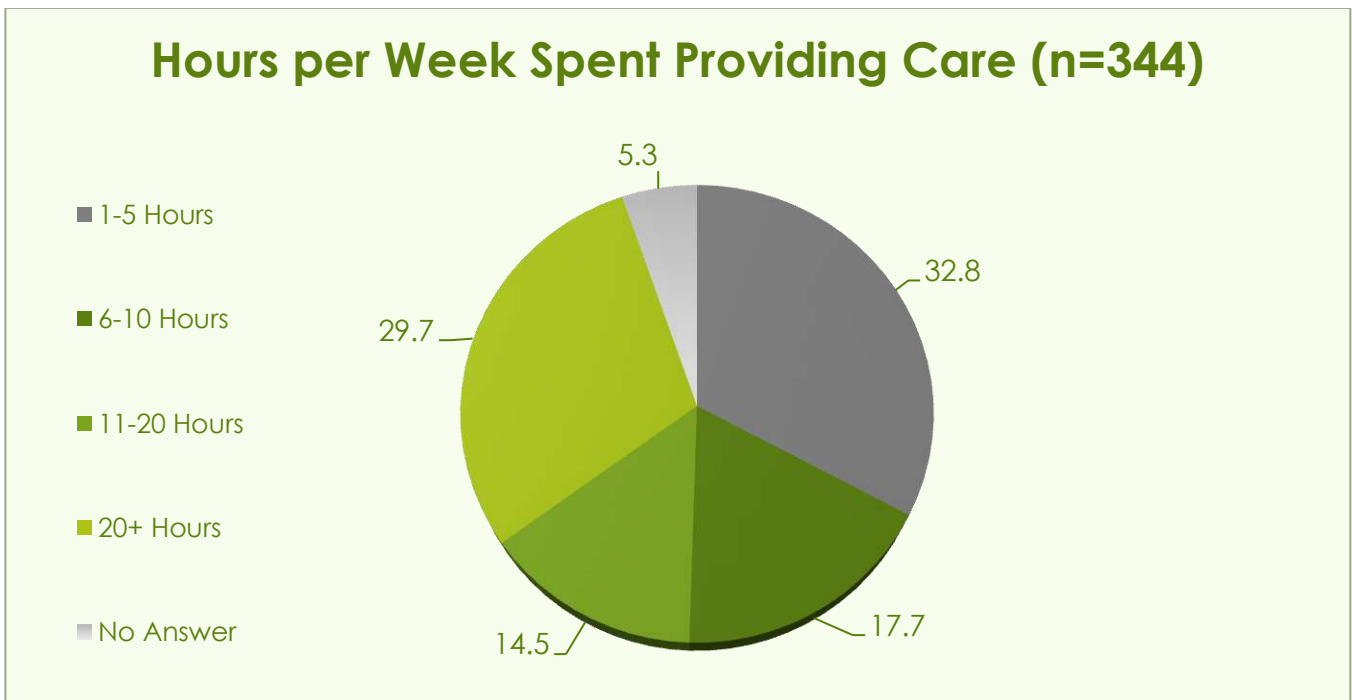
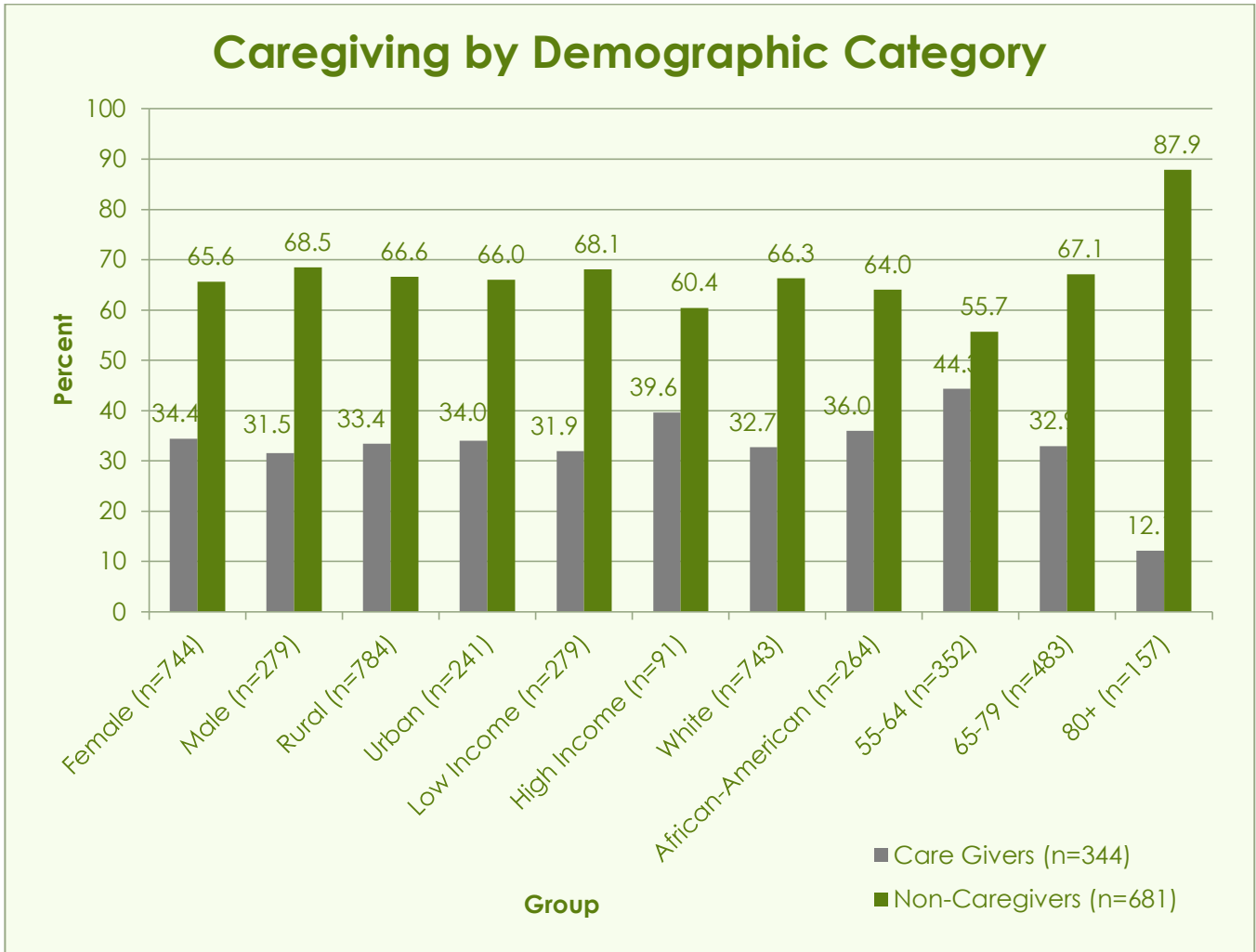
## II. FAMILY AND SOCIAL SUPPORT

### Relatives Within 25 Miles (n=1,025)

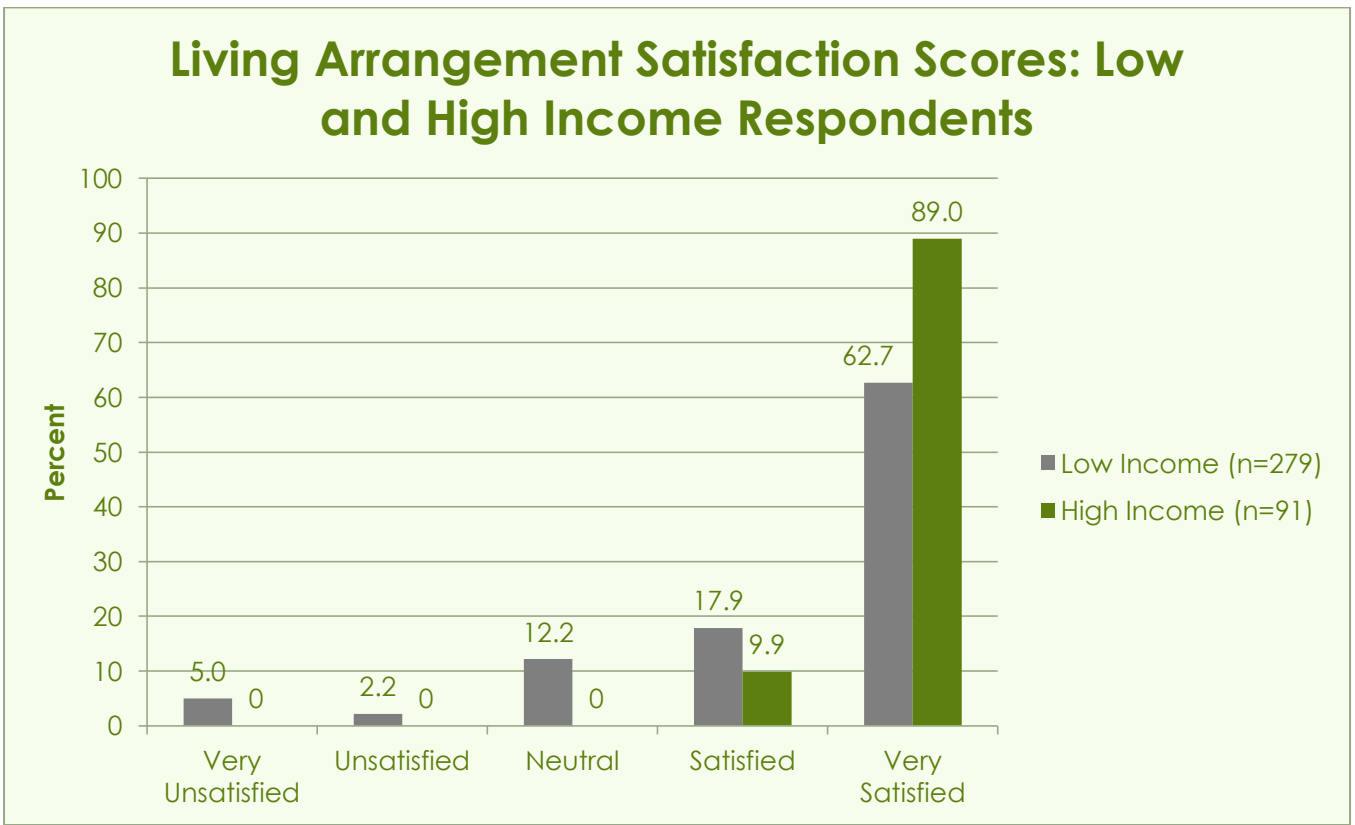
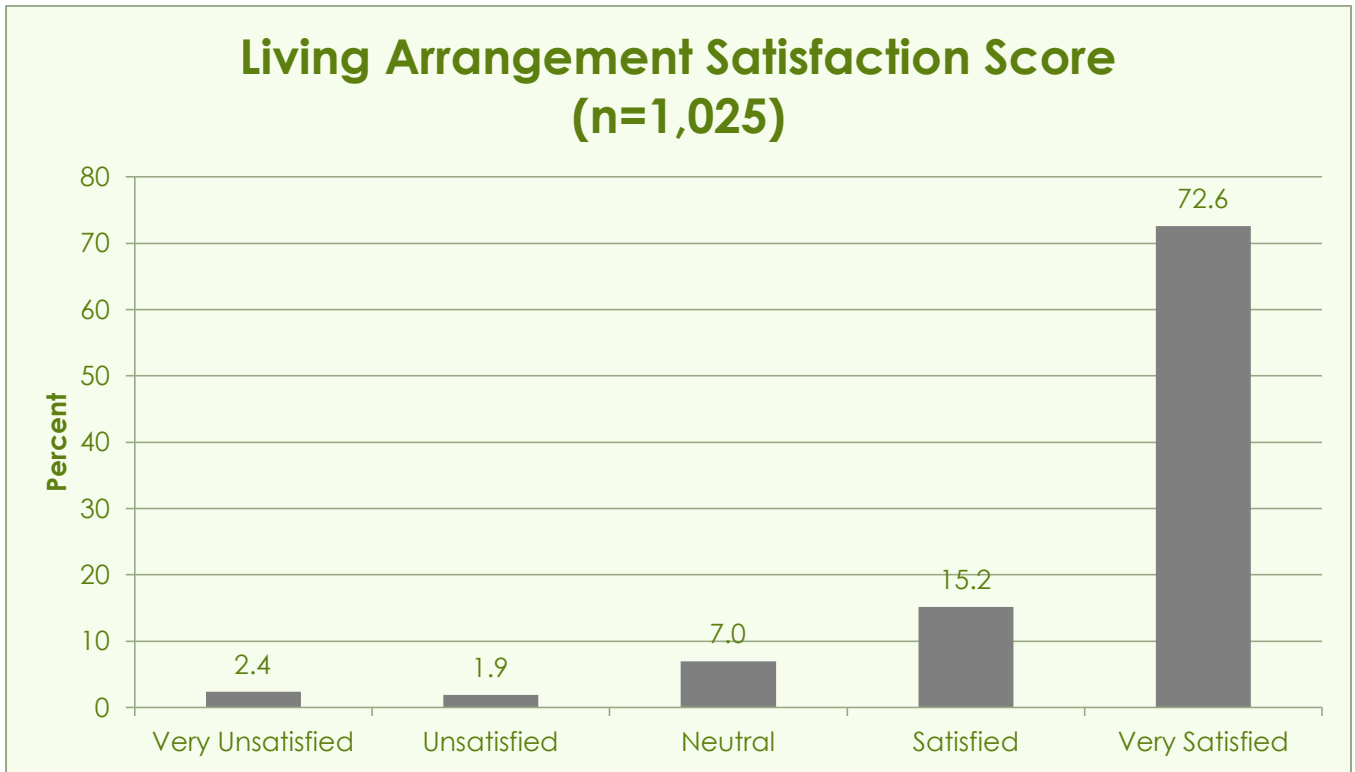




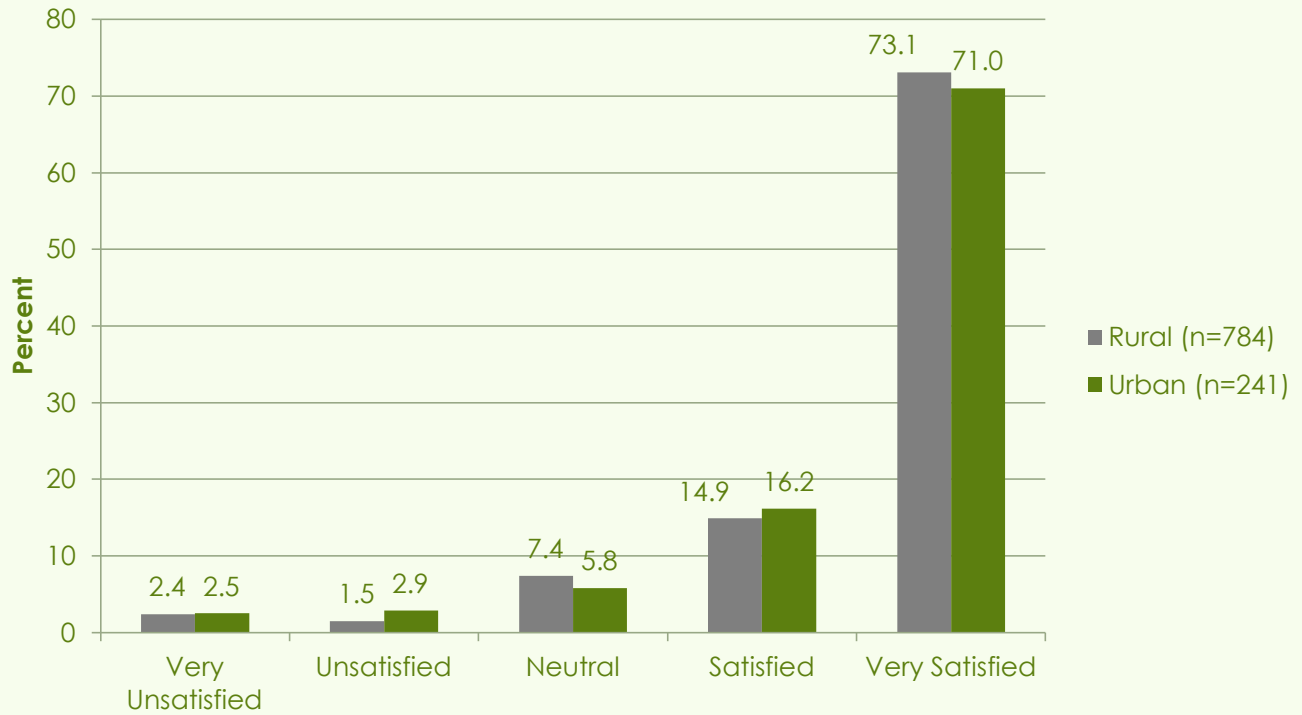
### III. CAREGIVING



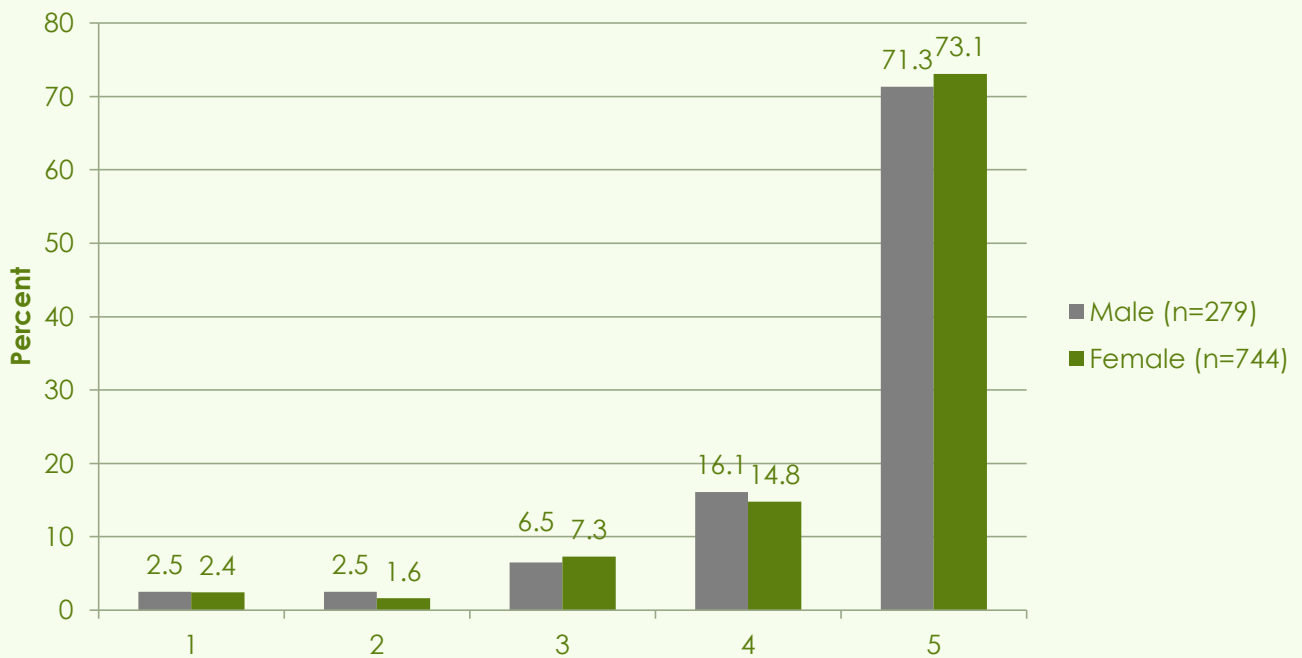
IV. LIVING ARRANGEMENTS



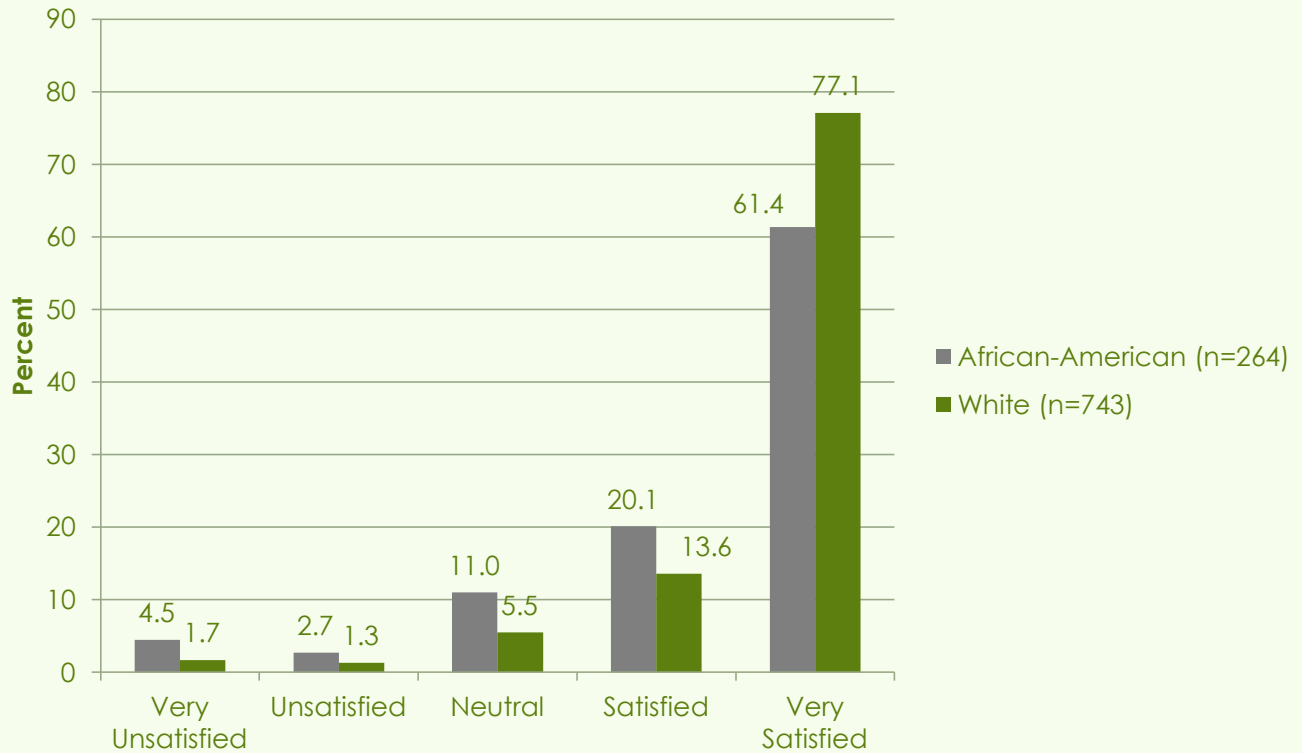
## Living Arrangement Satisfaction Scores: Rural vs. Urban Respondents



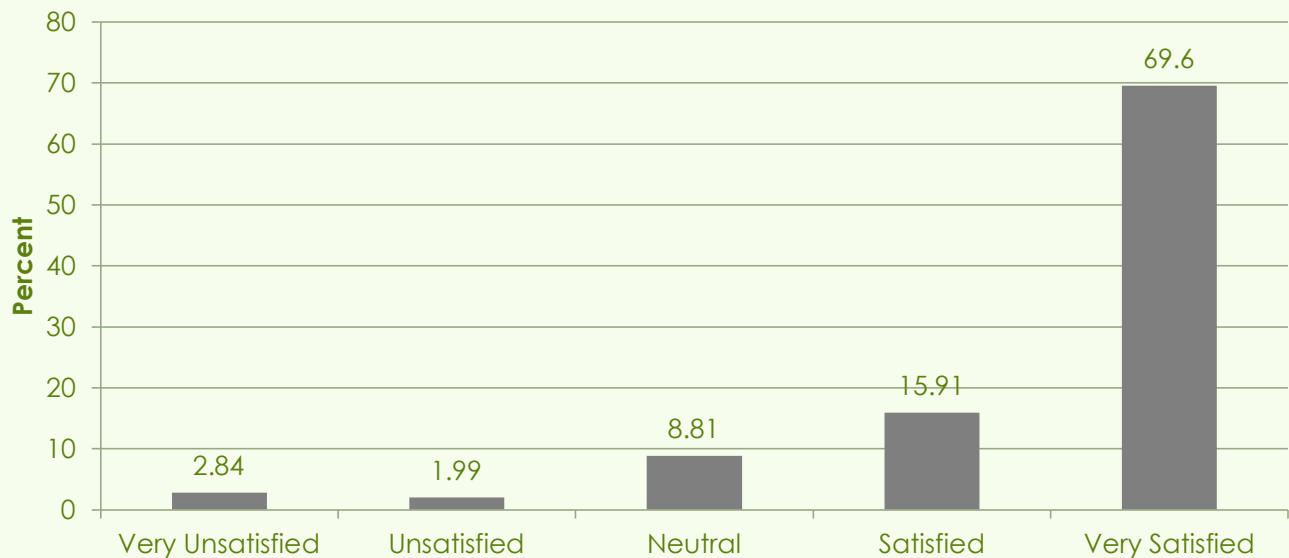
## Living Arrangement Satisfaction Scores by Gender of Respondents



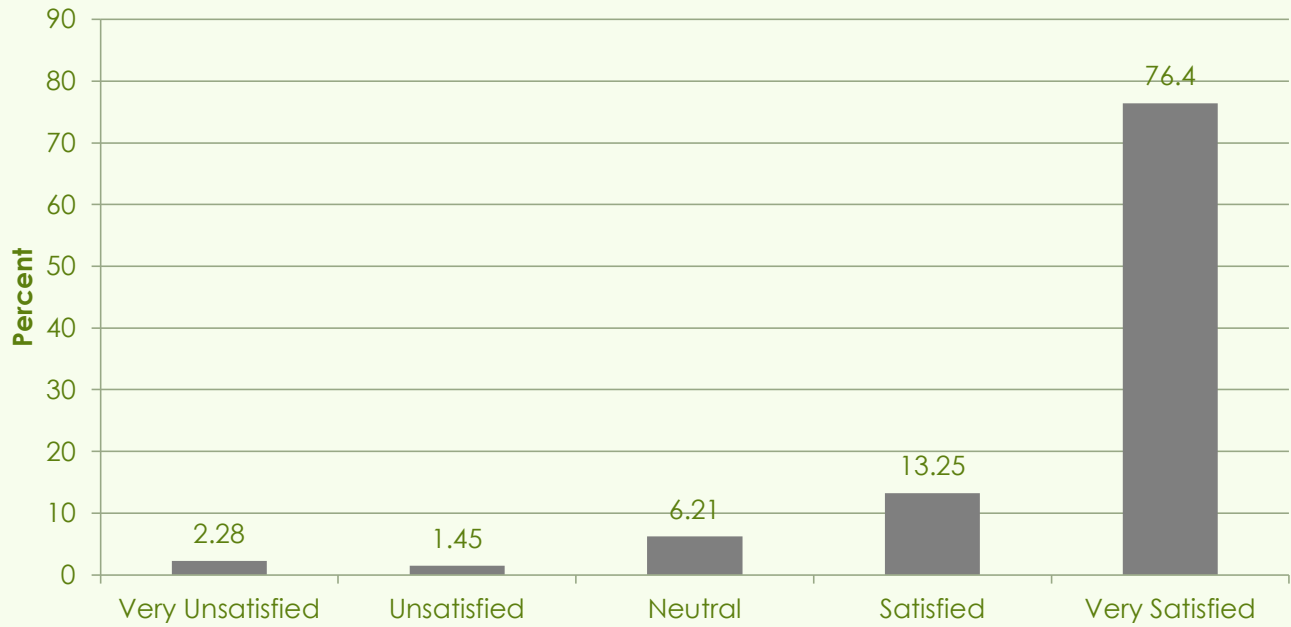
## Living Arrangement Satisfaction Scores by Race of Respondents



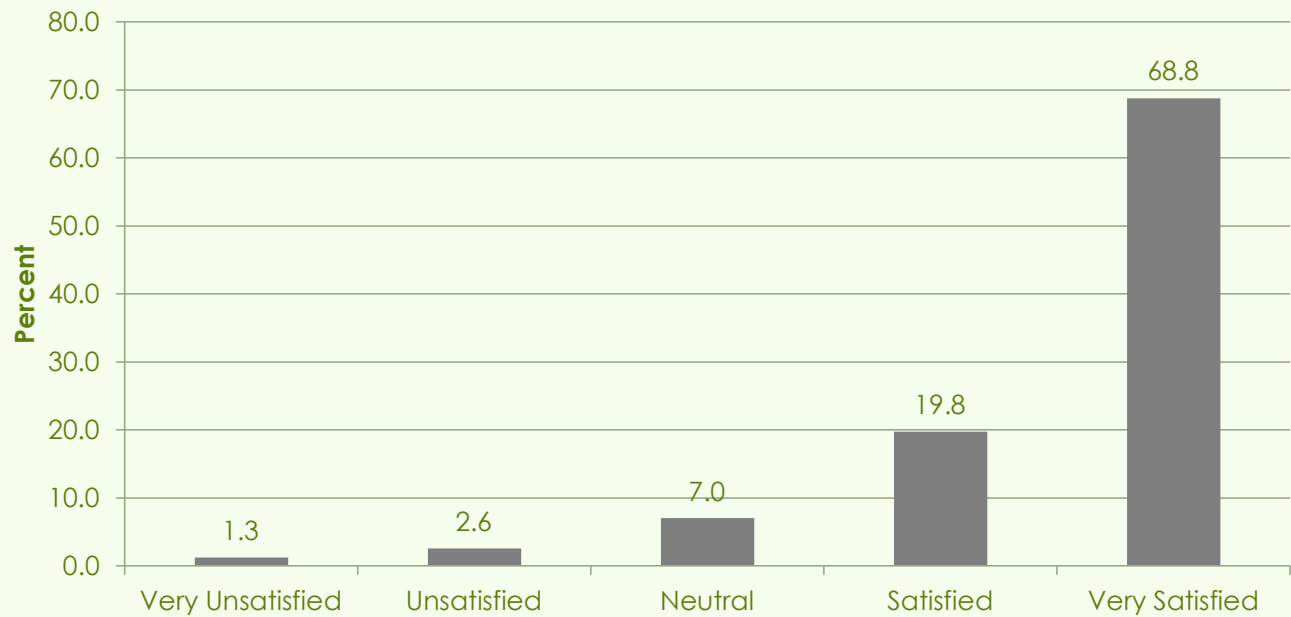
## Living Arrangement Satisfaction Scores of 55 to 64 Year Olds (n=352)



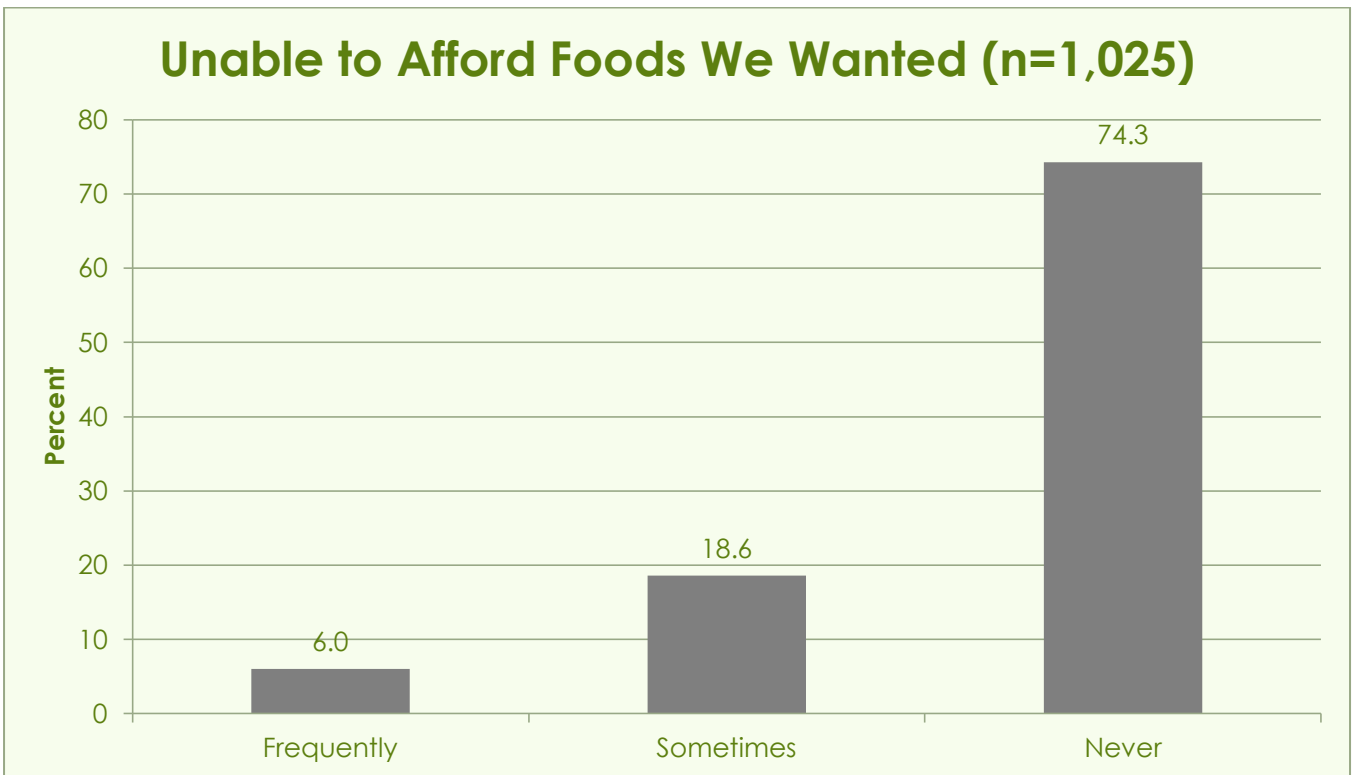
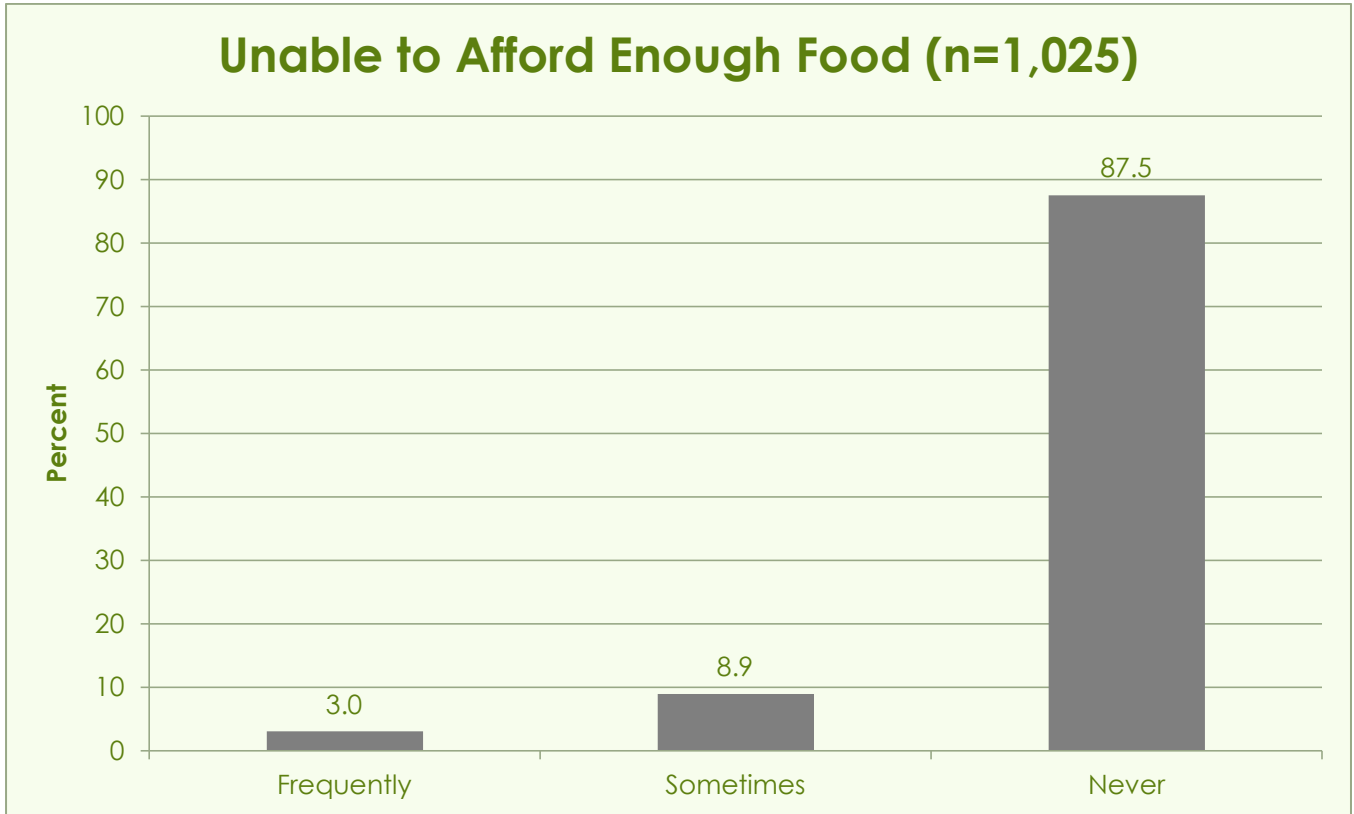
## Living Arrangement Satisfaction Scores of 65 to 79 Year Olds (n=483)



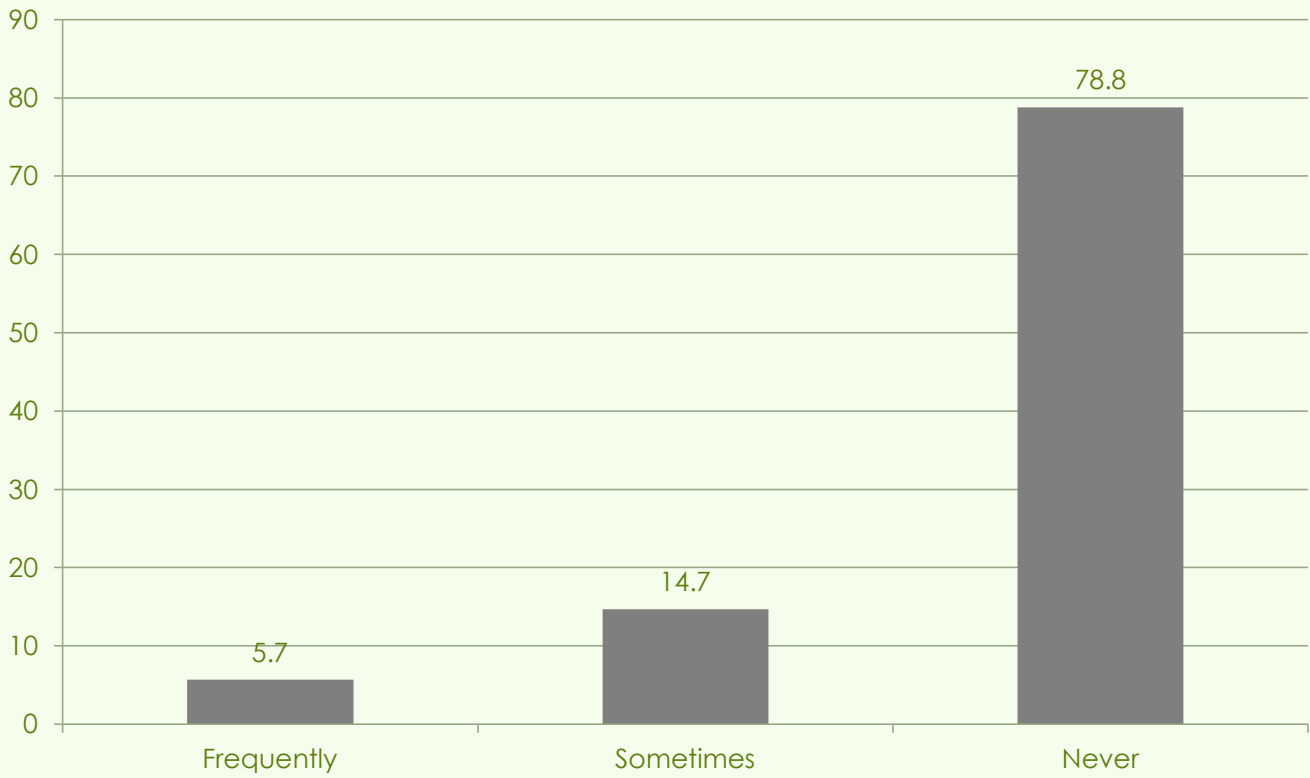
## Living Arrangement Satisfaction Scores for 80+ Age Group (n=157)



V. DIET AND FOOD SECURITY



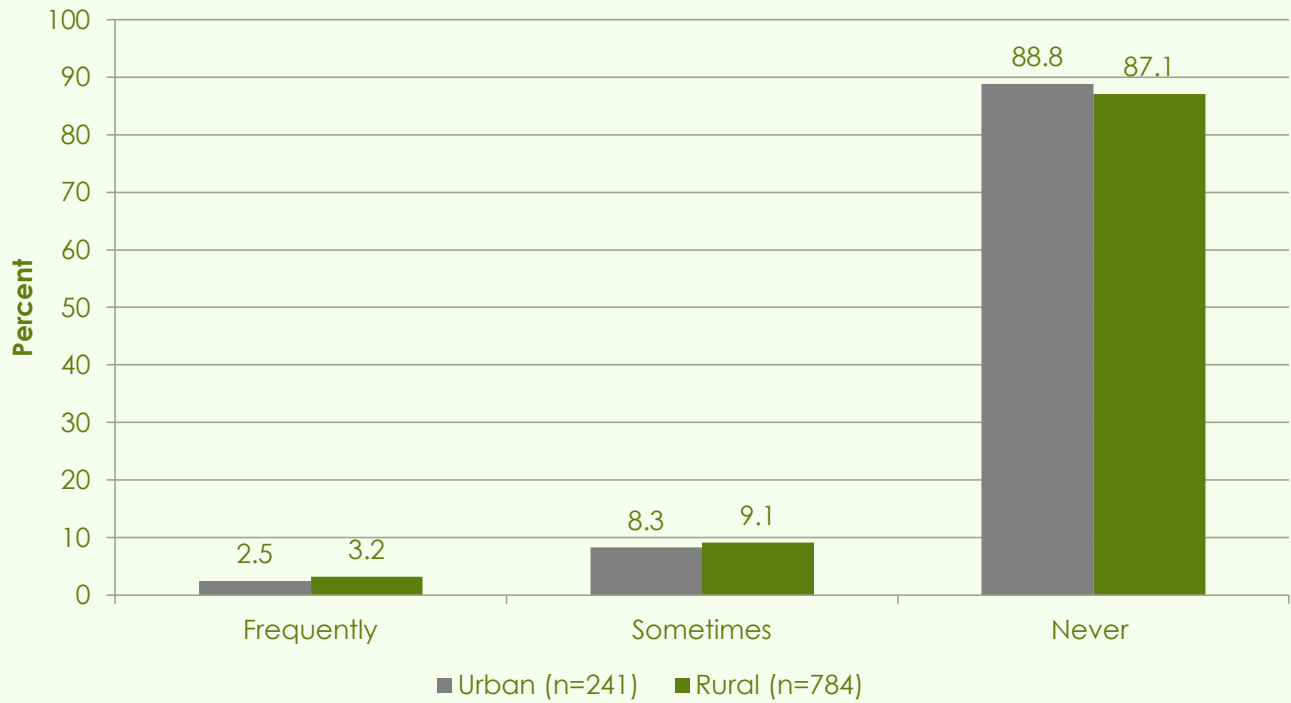
## Unable to Afford Healthier Meals (n=1,025)



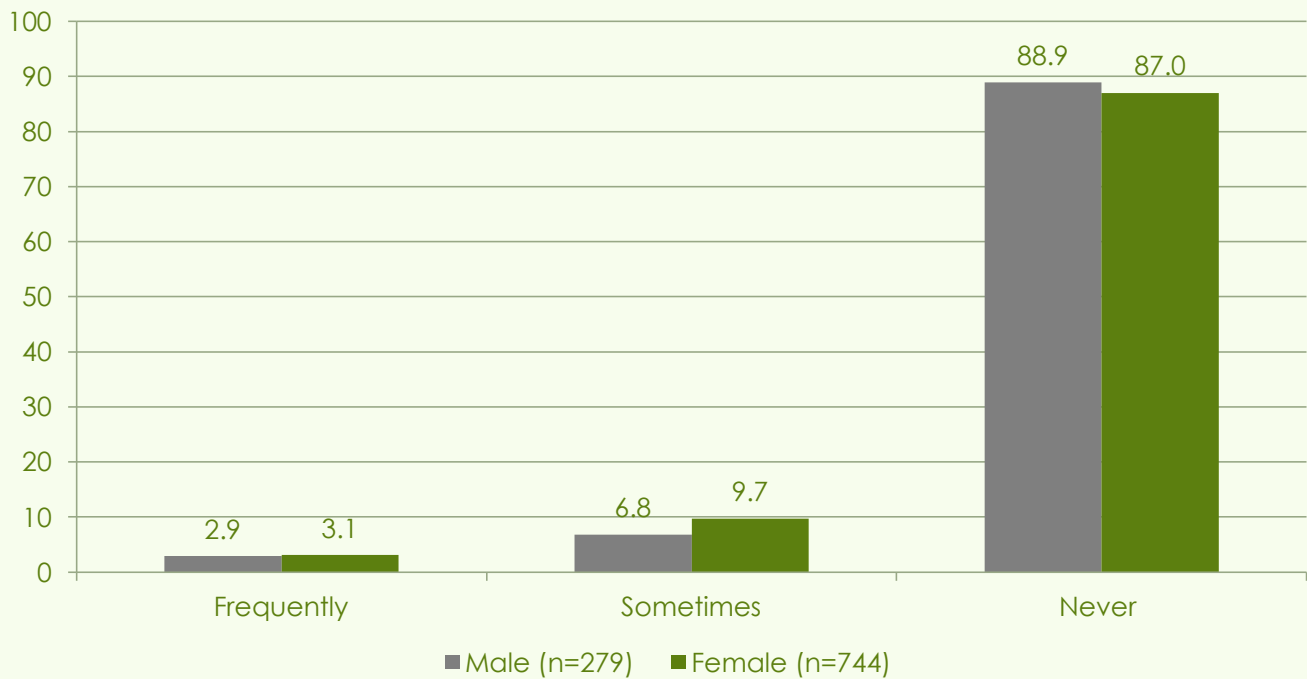
## Prevalence of Food Insecurity by Income of Respondents



## Prevalence of Food Security: Urban vs. Rural

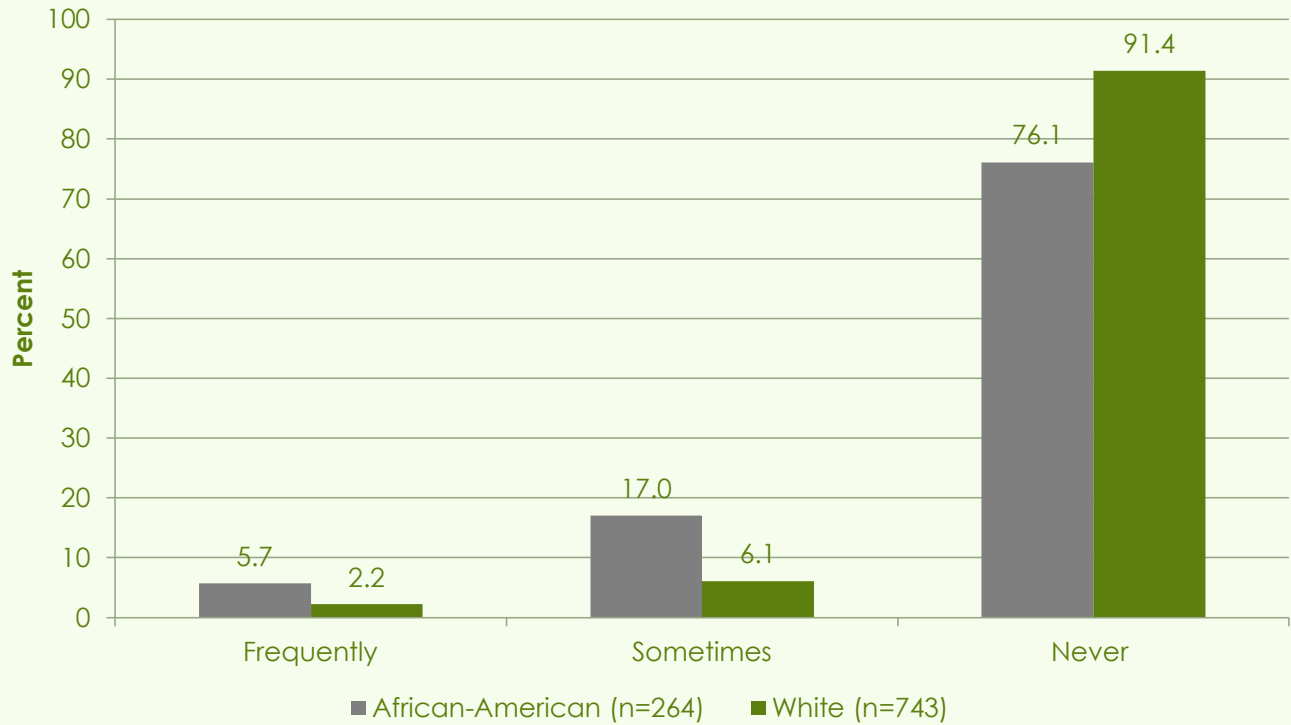


## Prevalence of Food Insecurity by Gender of Respondents

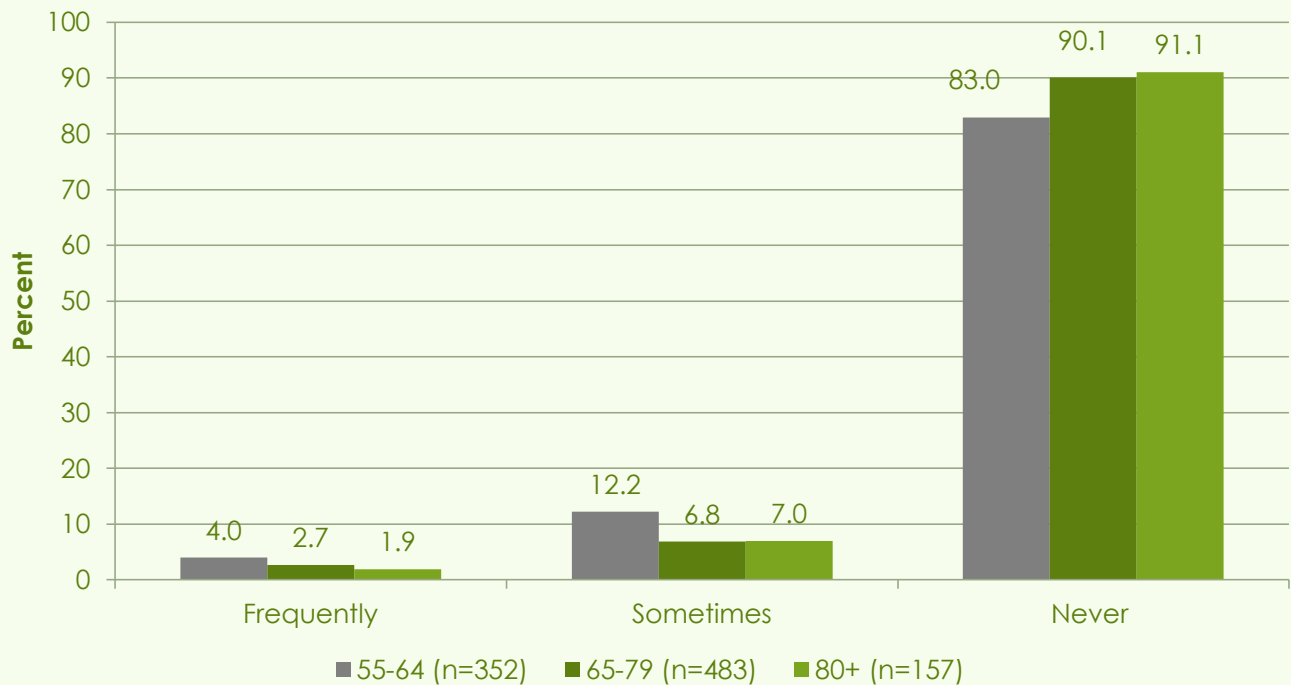




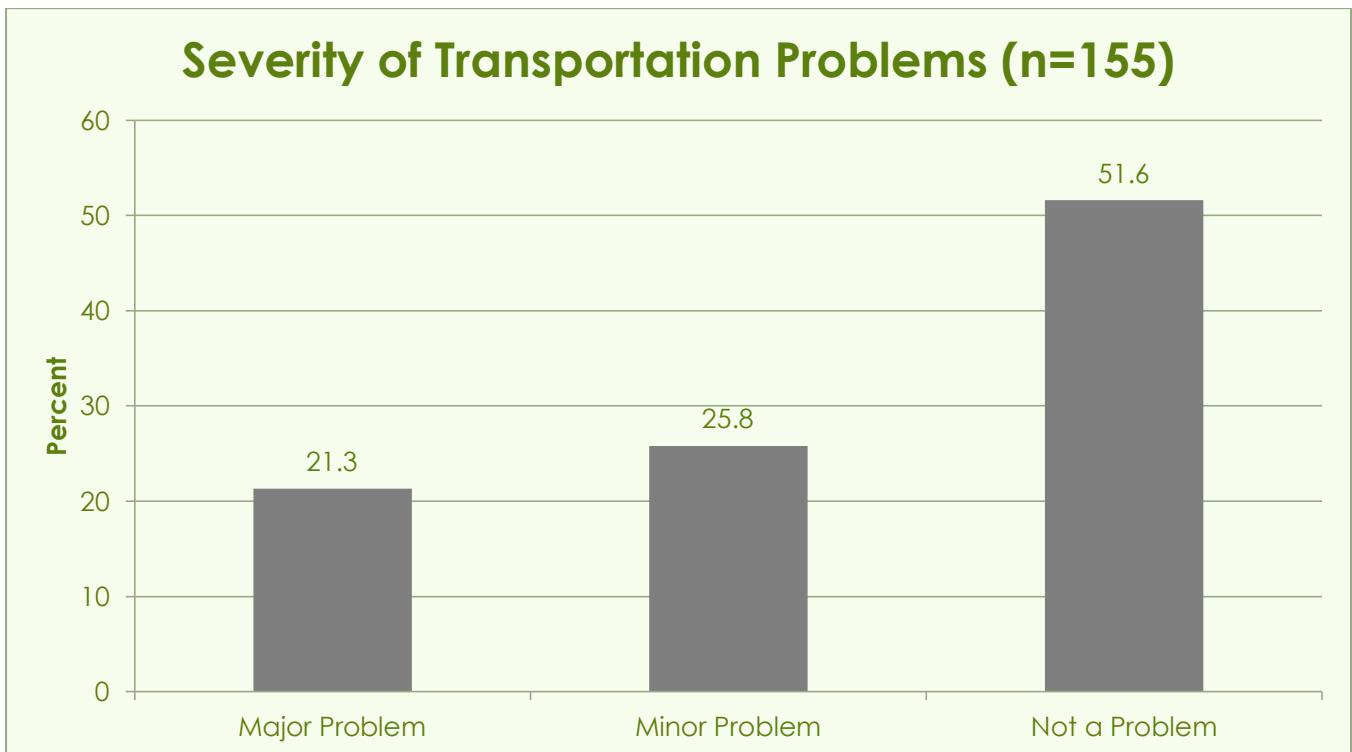
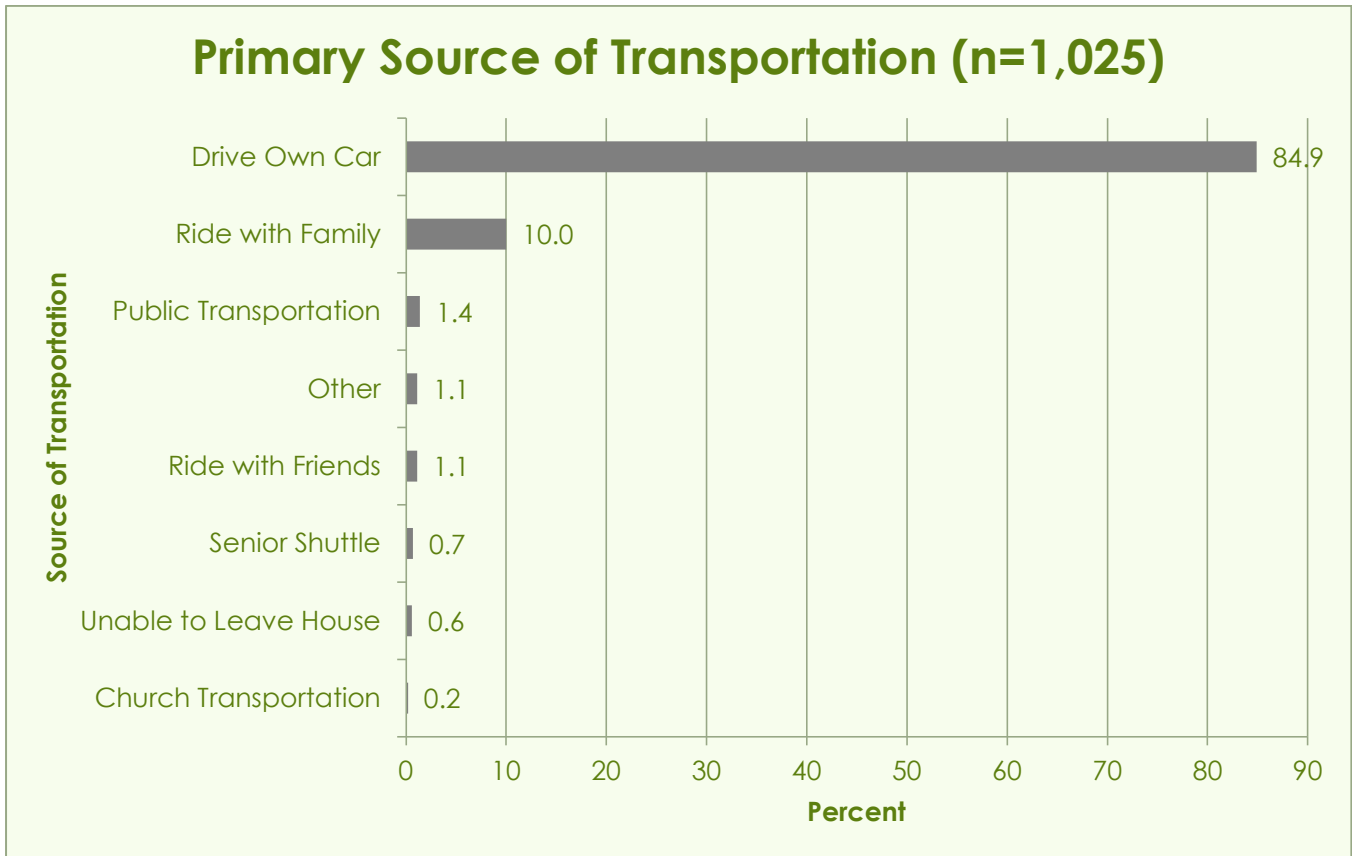
## Prevalence of Food Insecurity by Race of Respondents



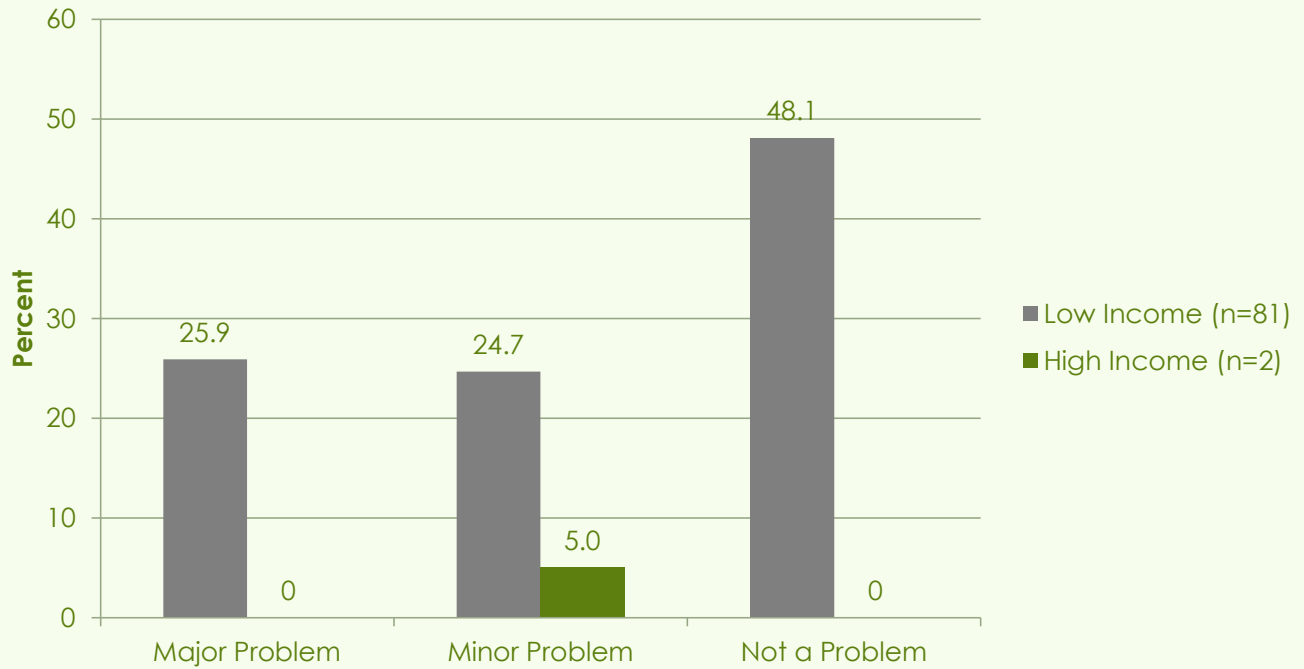
## Prevalence of Food Insecurity by Age Group



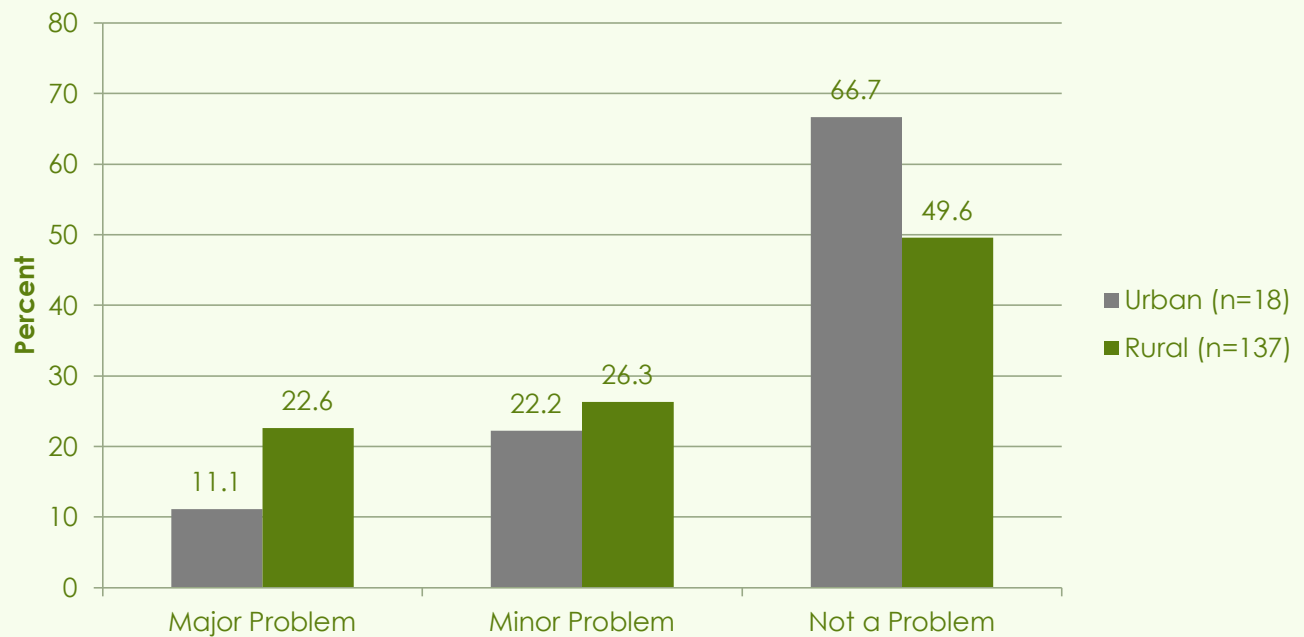
## VI. TRANSPORTATION



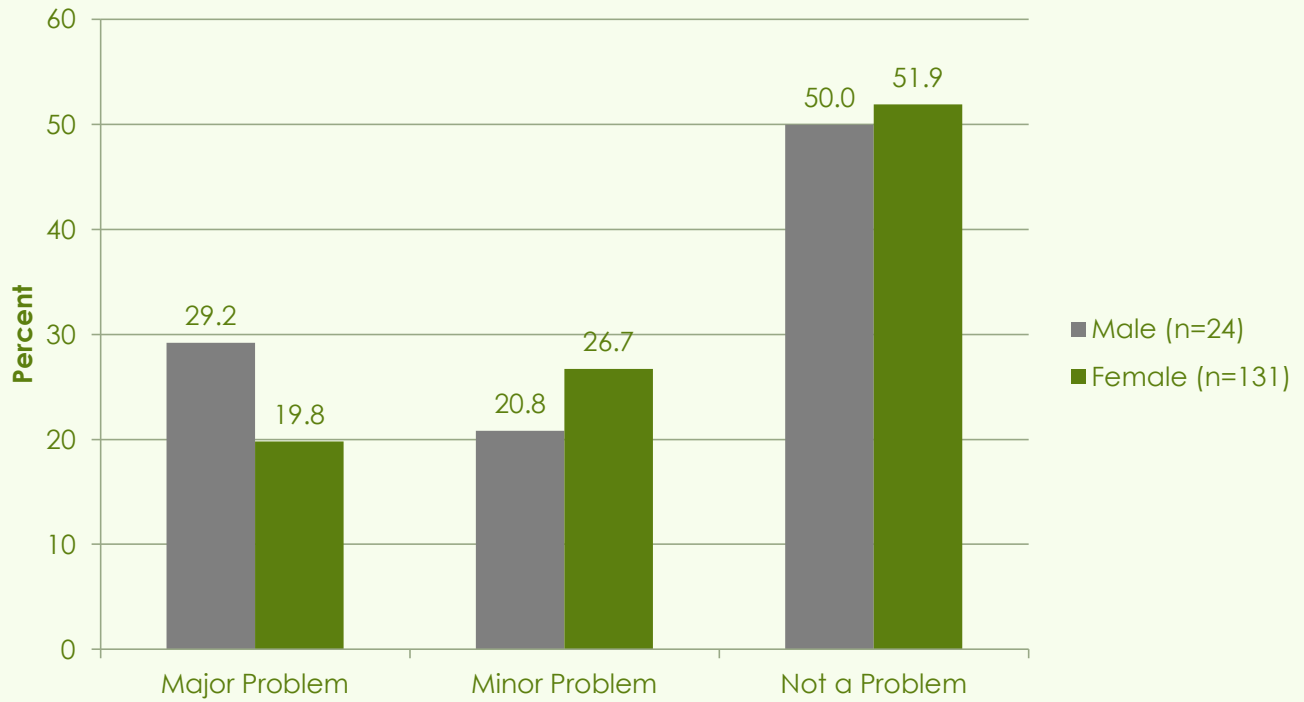
## Severity of Transportation Problems by Income of Respondents



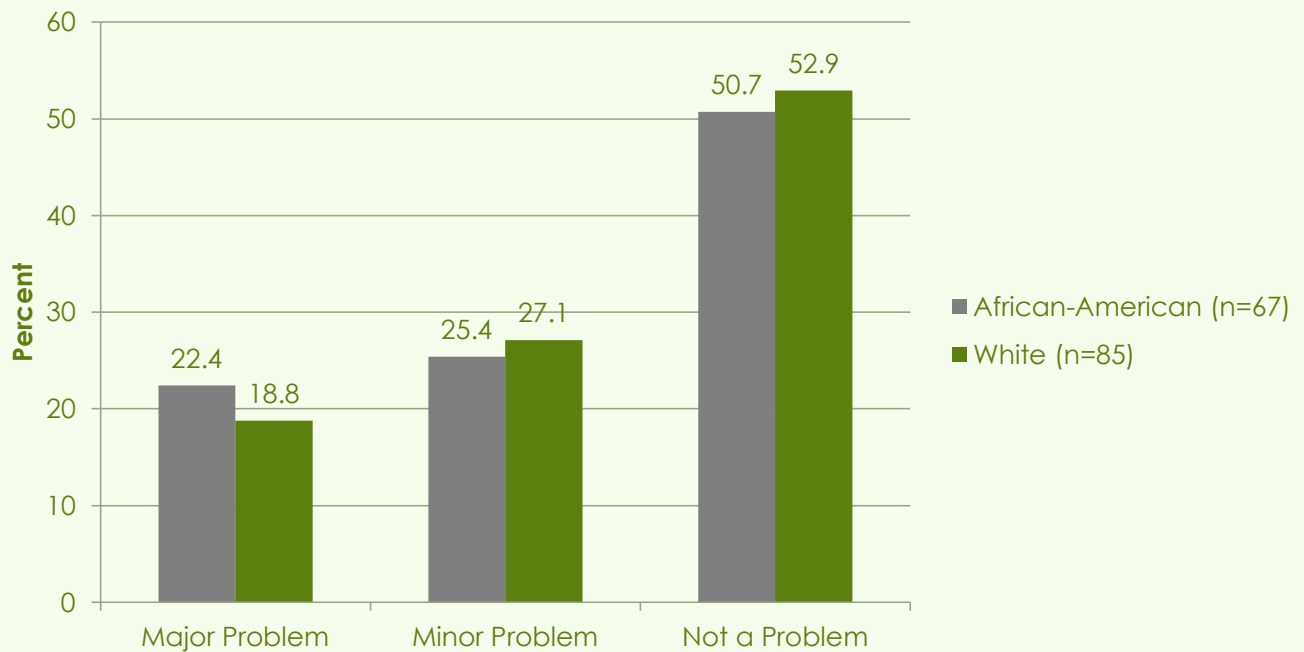
## Severity of Transportation Problems by Residential Status



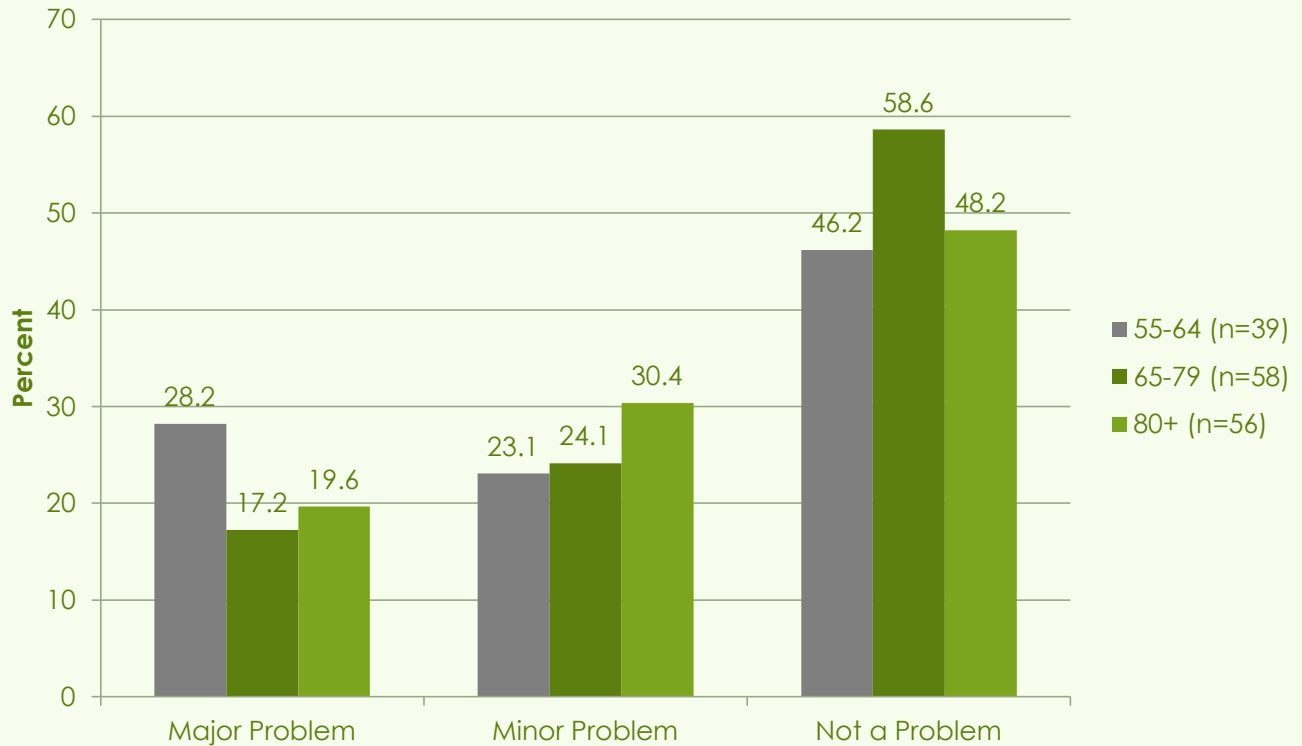
## Severity of Transportation Problems by Gender



## Severity of Transportation Problems by Race of Respondents

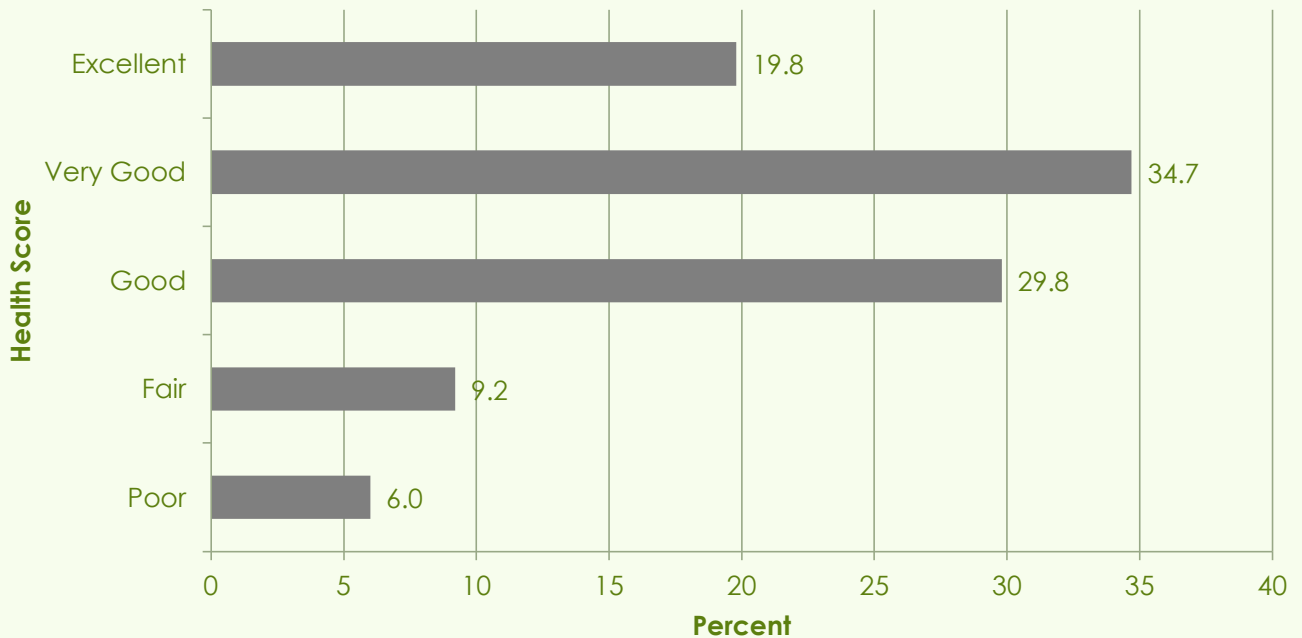


## Severity of Transportation Problems by Age Group

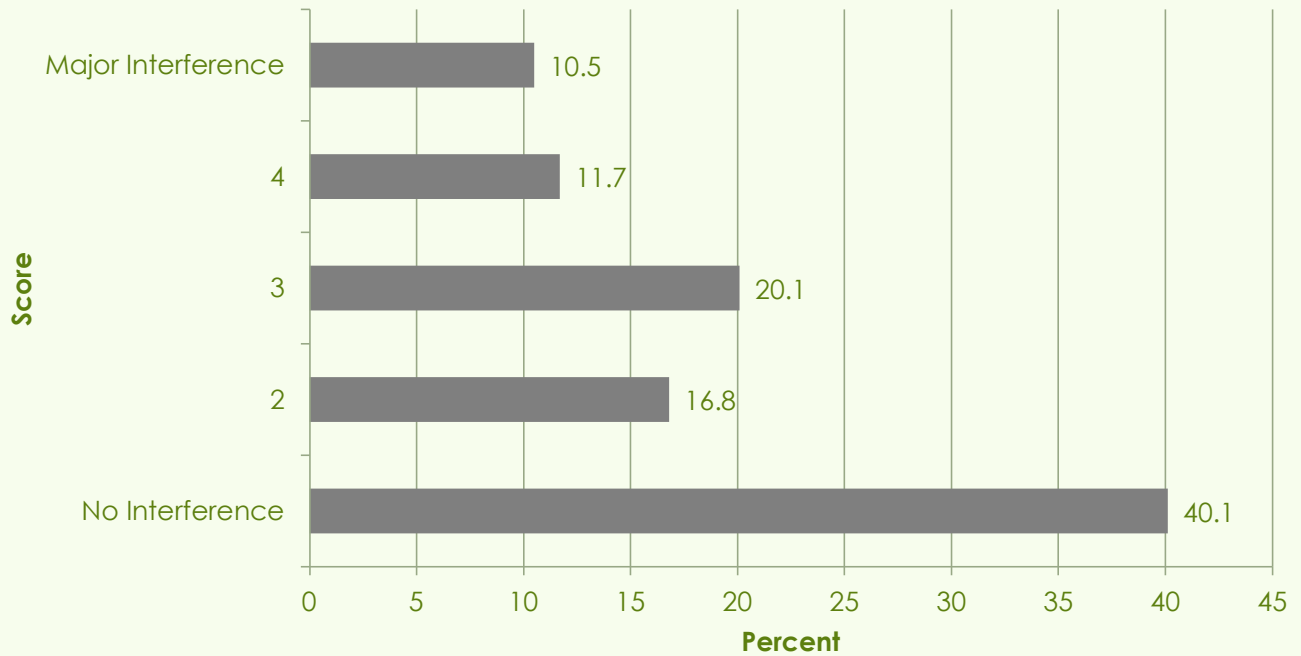


### VII. HEALTH STATUS

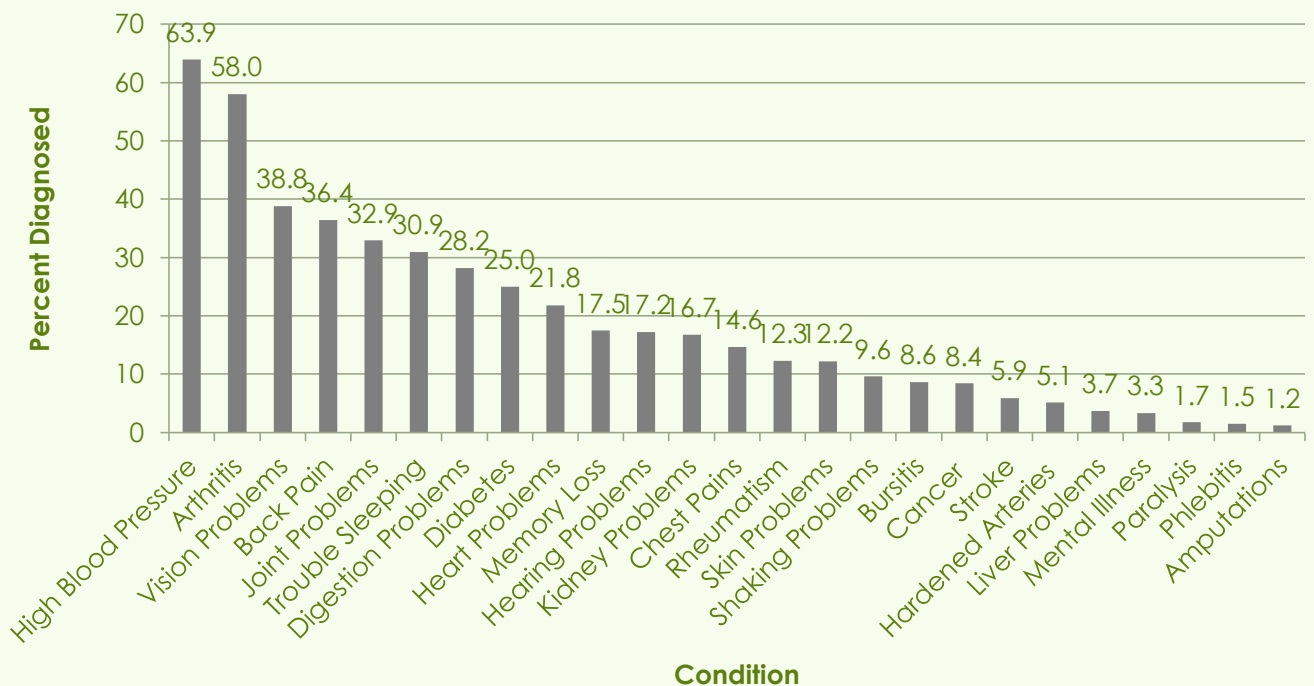
## Self-Reported Health Scores (n=1,025)



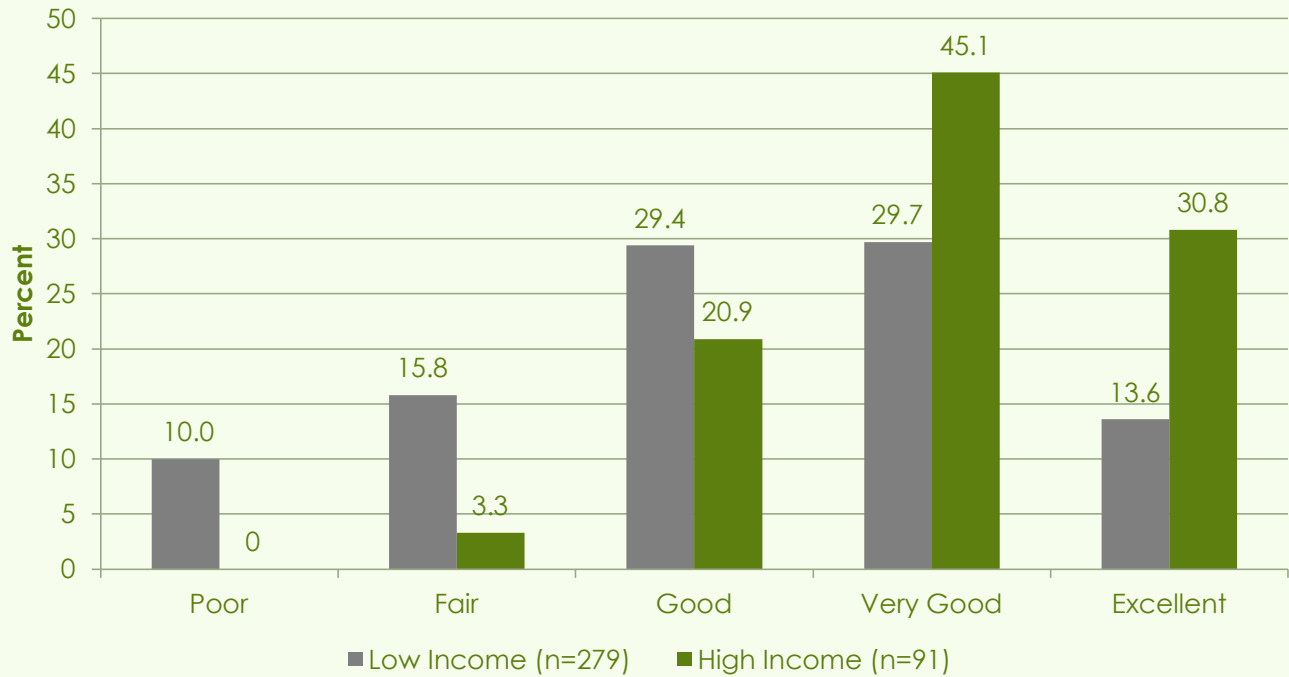
## Physical Health Interfering with Daily Activities (n=1,025)



## Health Conditions of General Survey Respondents



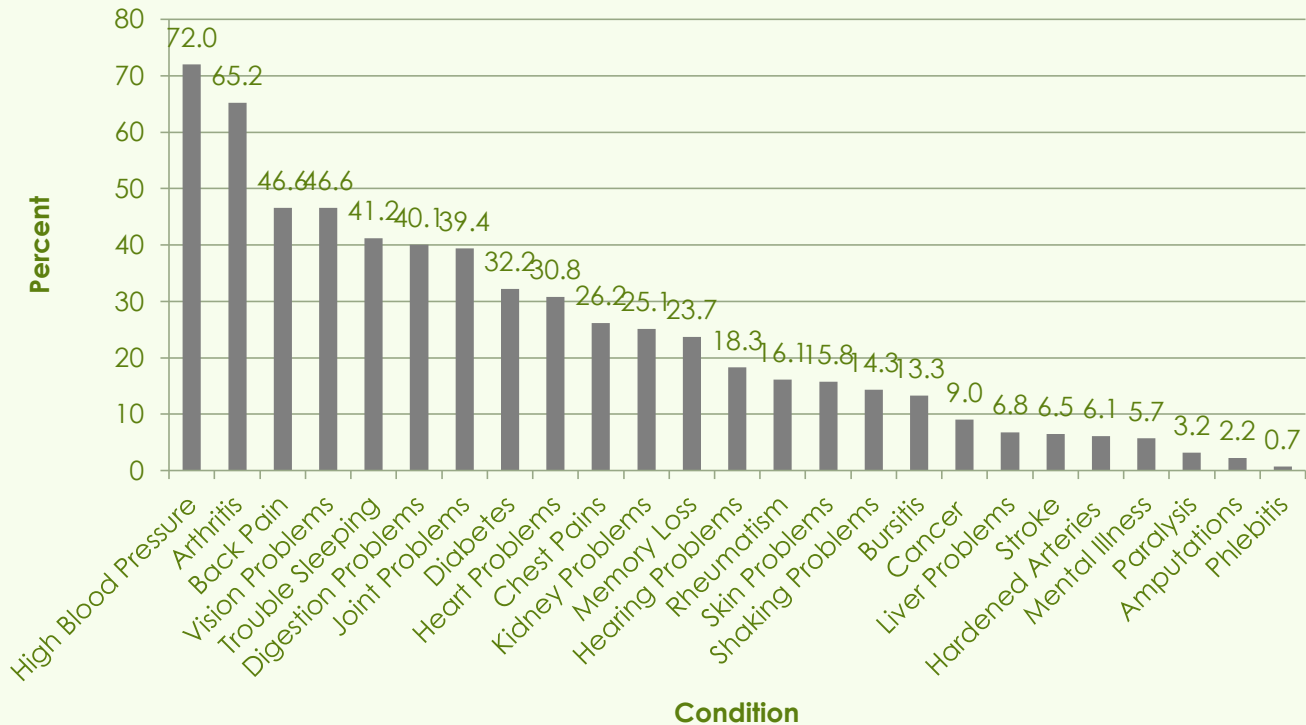
## Self-Reported Health Scores: Low and High Income Respondents



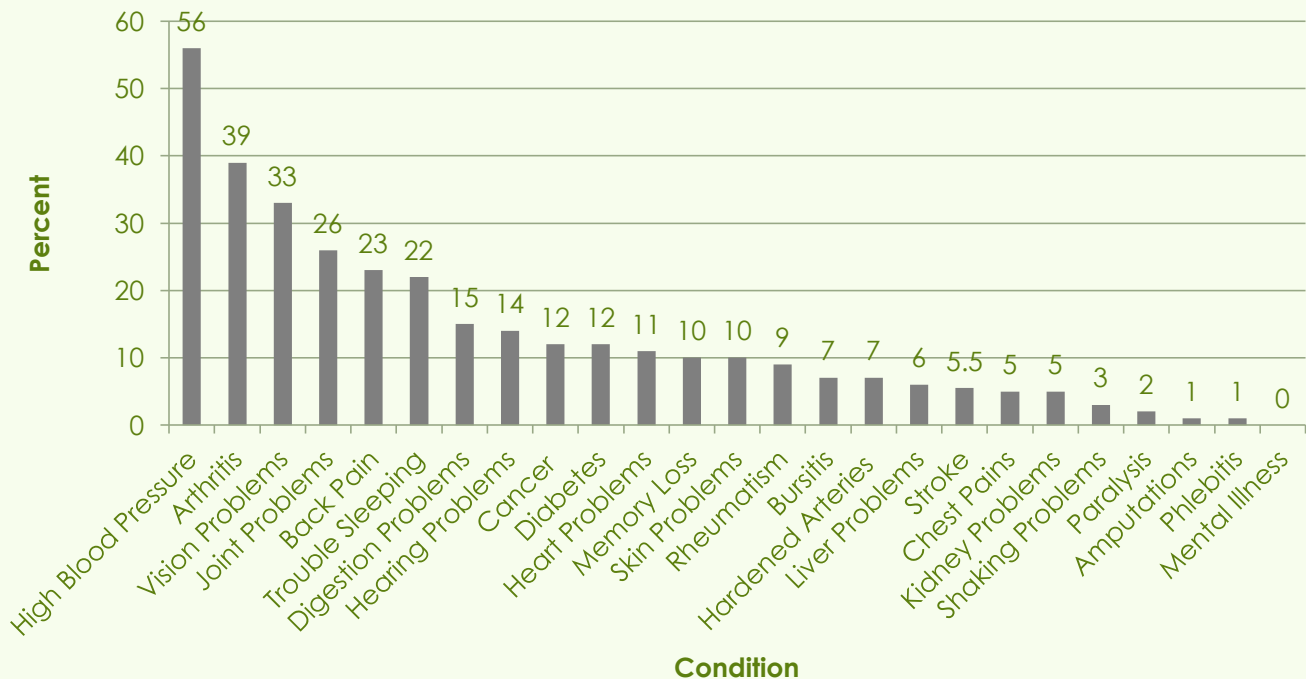
## Income of Respondents: Physical Health Interfering with Daily Activities



## Health Conditions of Low Income Respondents (n=279)

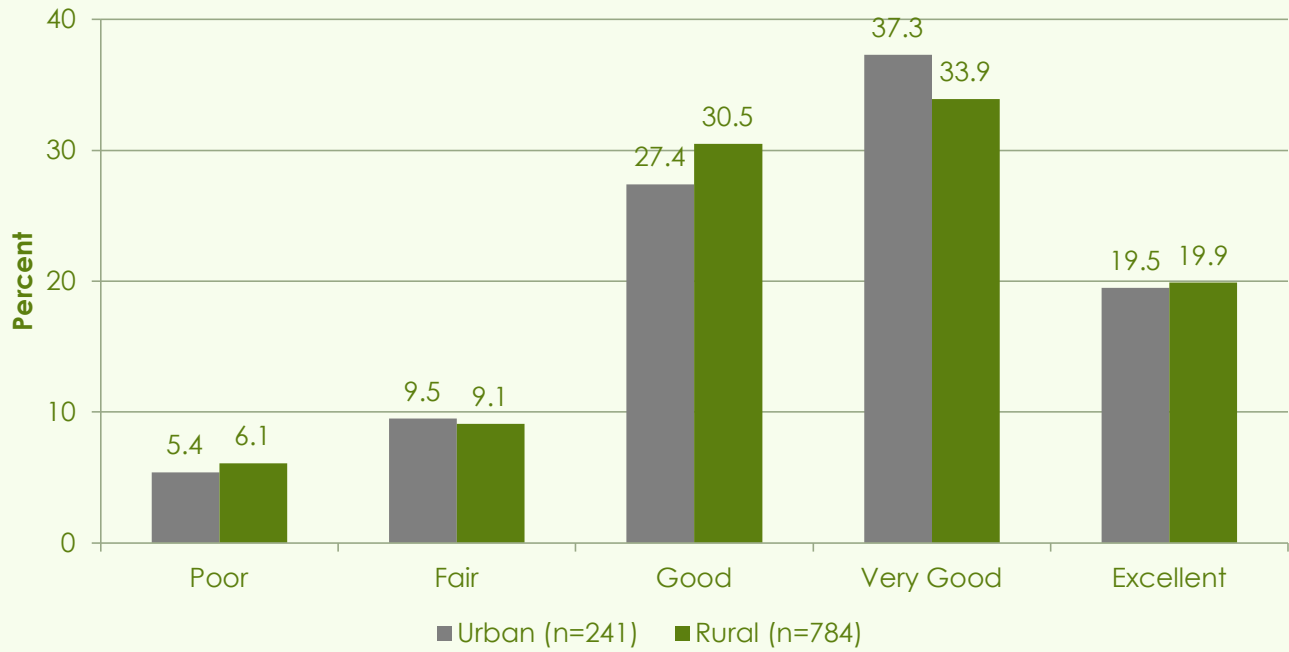


## Health Conditions of High Income Respondents (n=91)

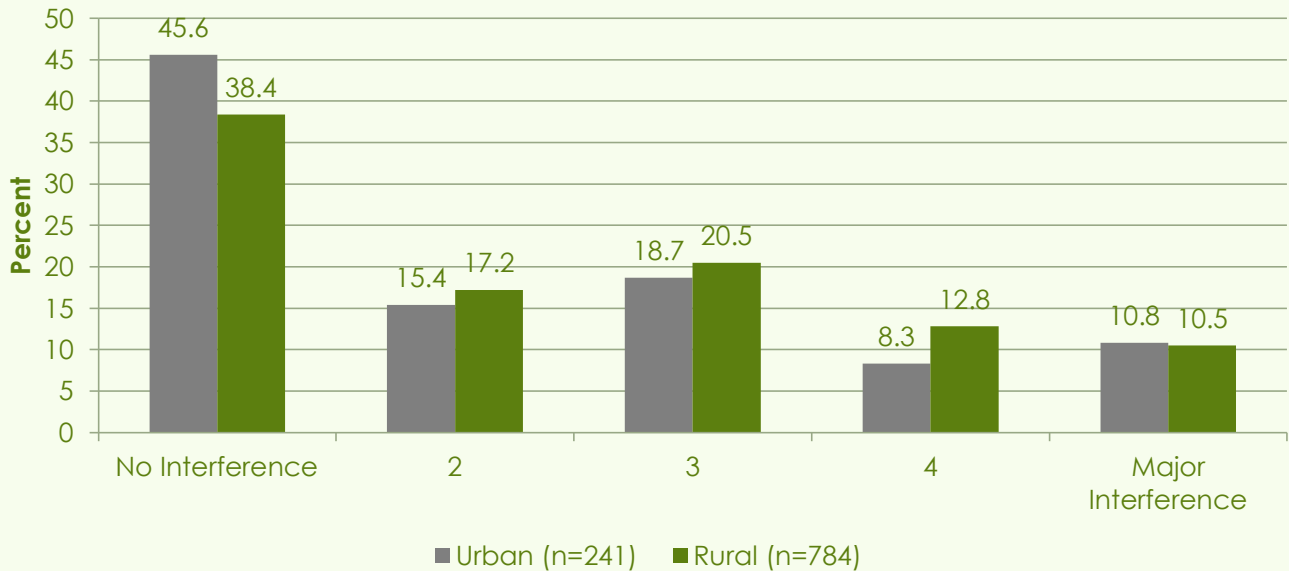




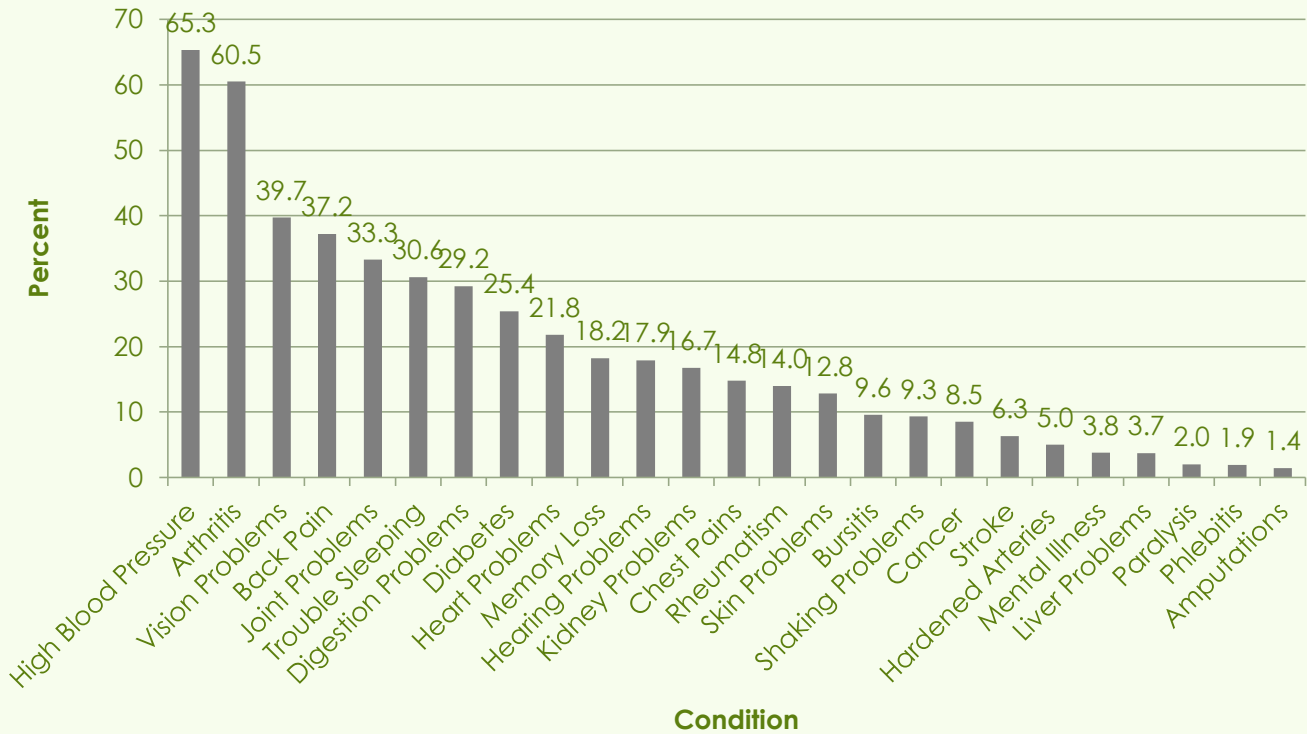
## Self-Reported Health Scores: Urban vs. Rural Respondents



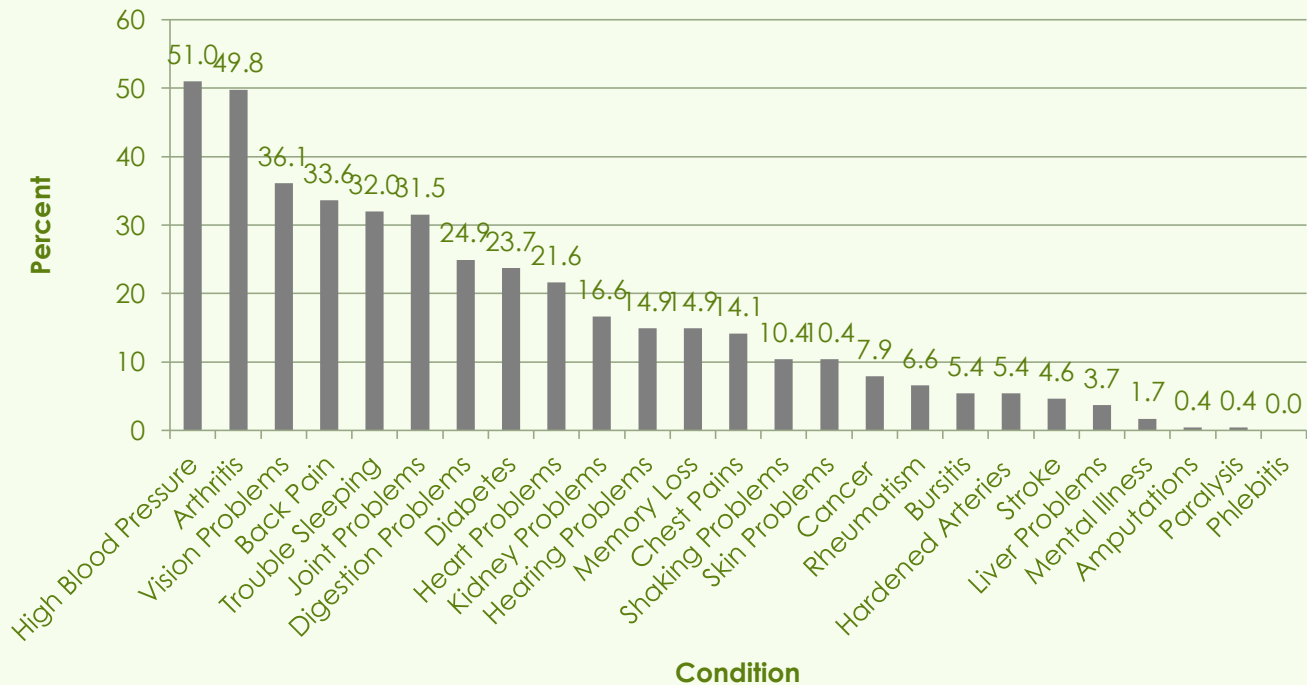
## Residential Status: Physical Health Interfering with Daily Activities



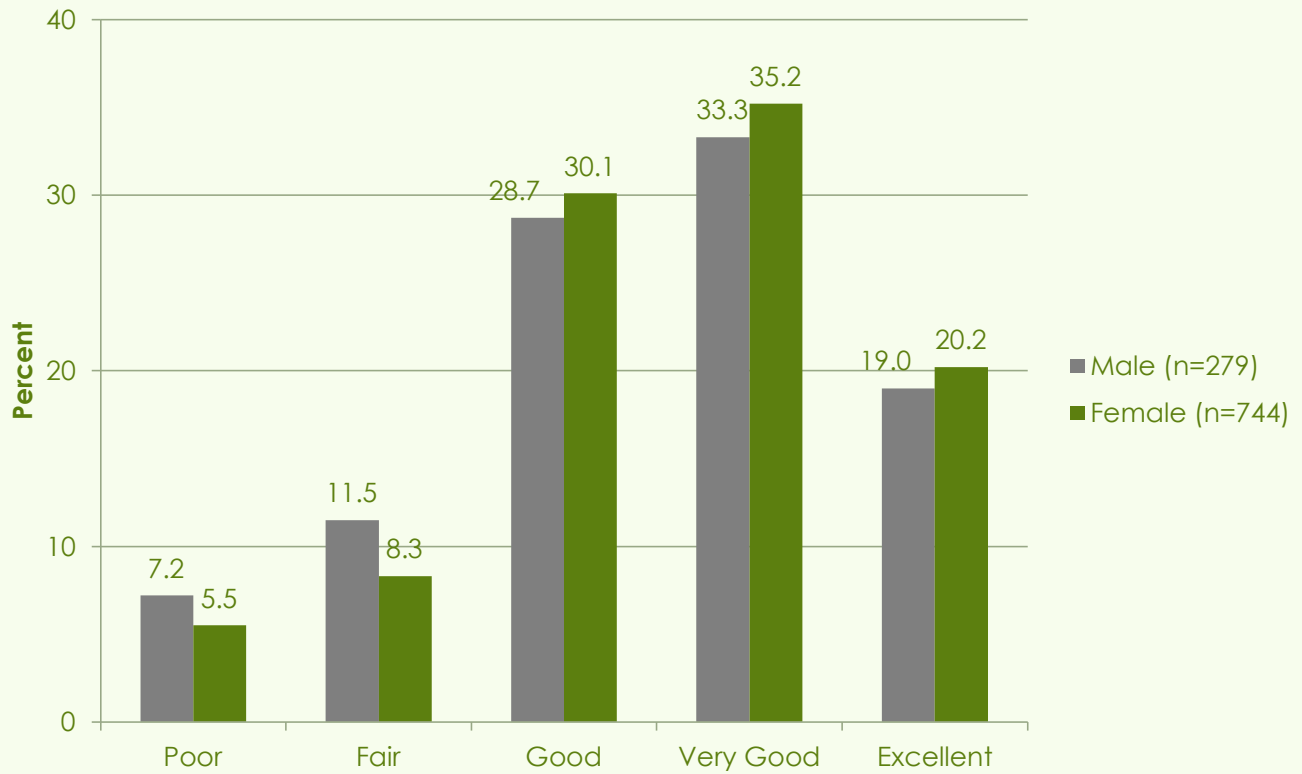
## Health Conditions of Rural Respondents (n=784)



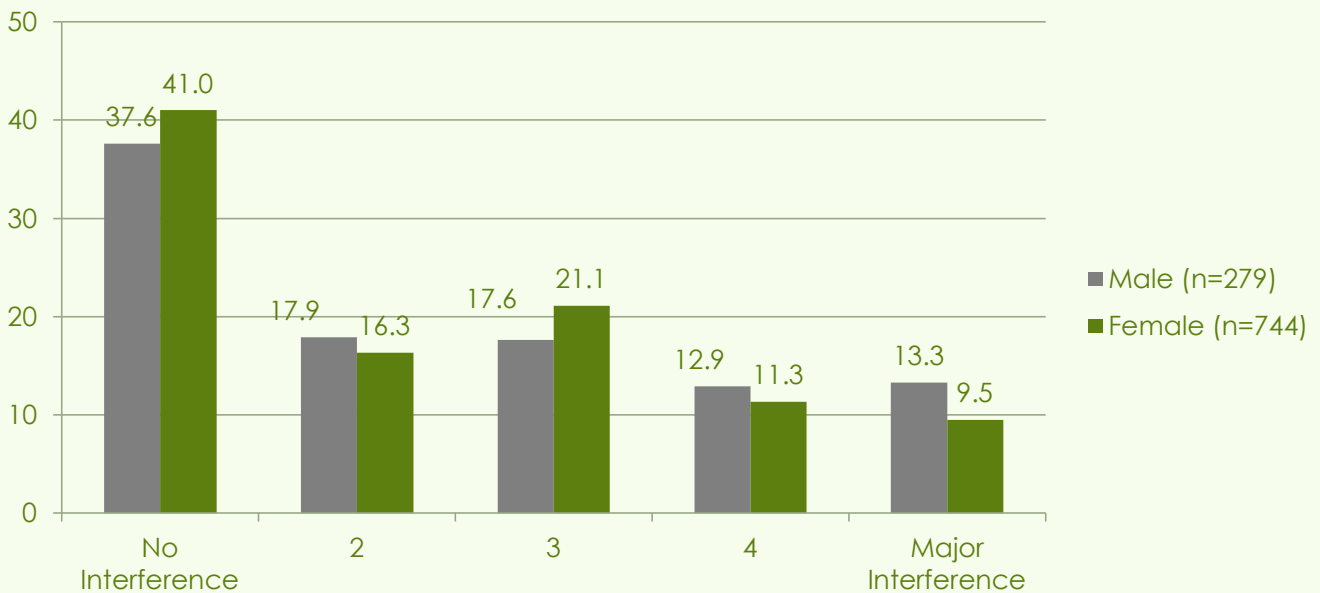
## Health Conditions of Urban Respondents (n=241)



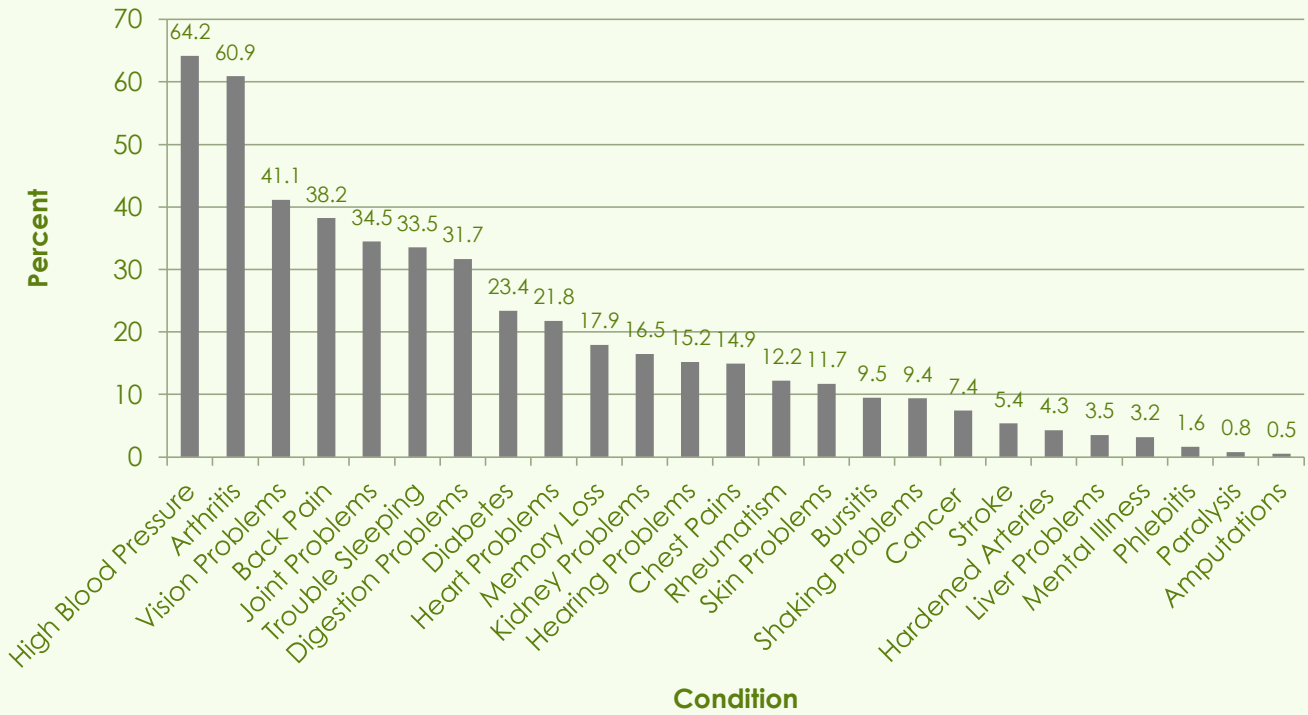
## Self-Reported Health Scores: Gender



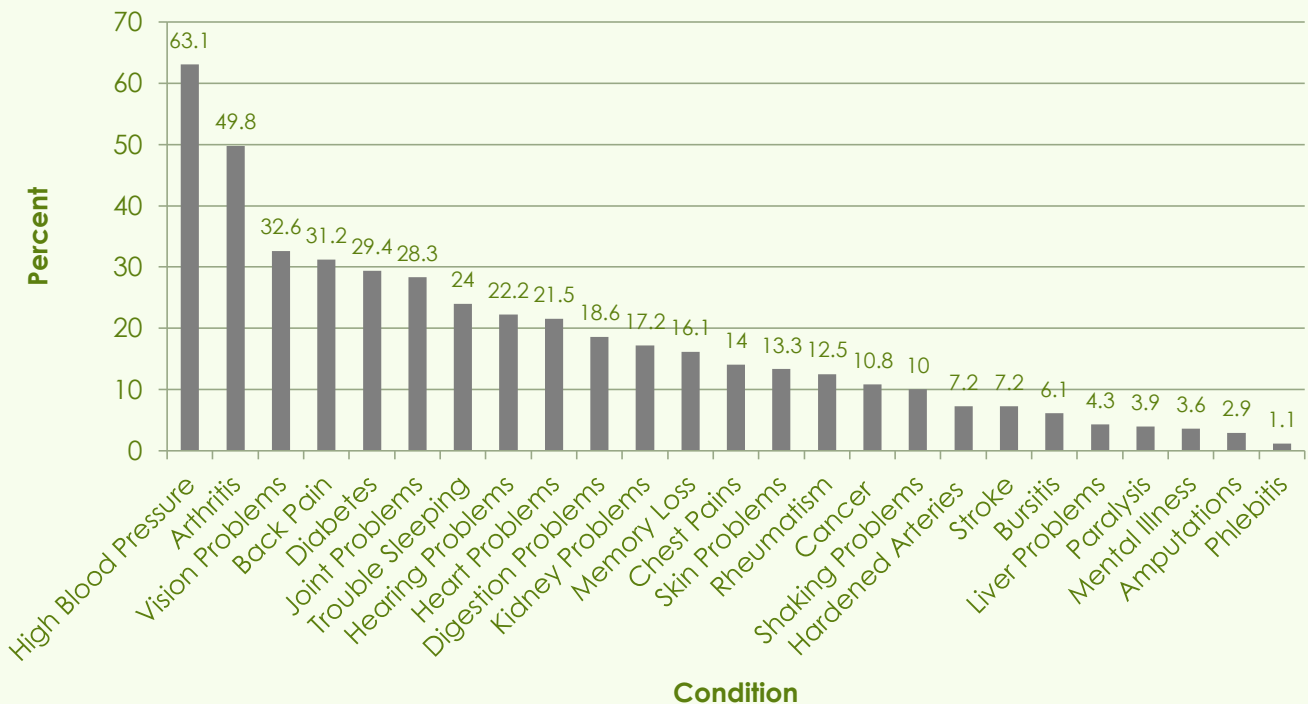
## Gender: Physical Health Interfering with Daily Activities



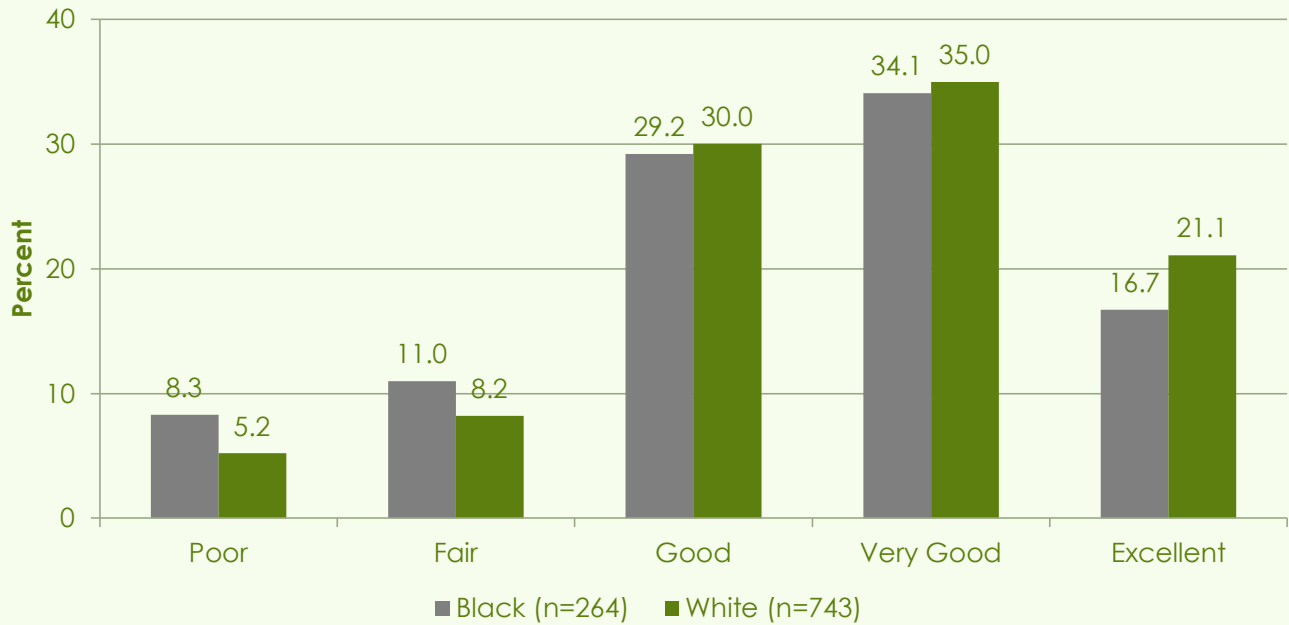
## Health Conditions of Female Respondents (n=744)



## Health Conditions of Male Respondents (n=279)



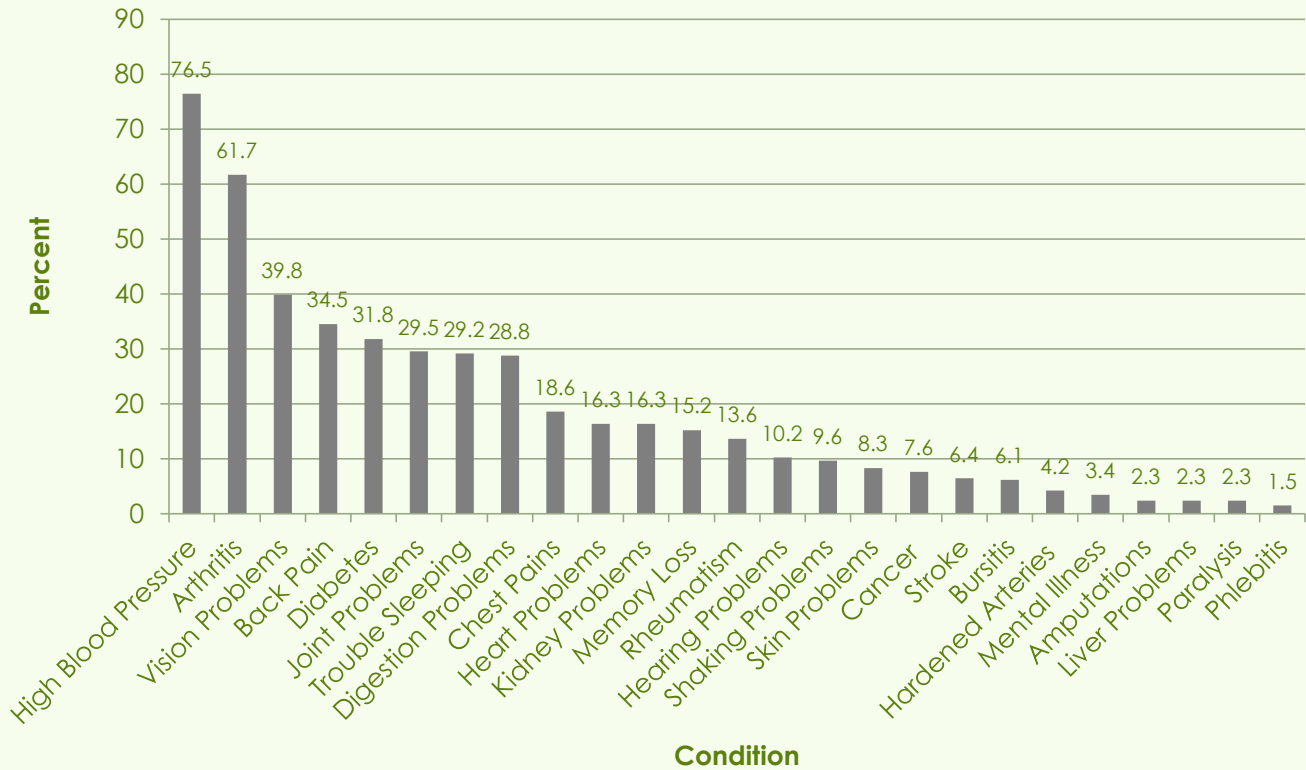
## Self-Reported Health Scores by Race of Respondent



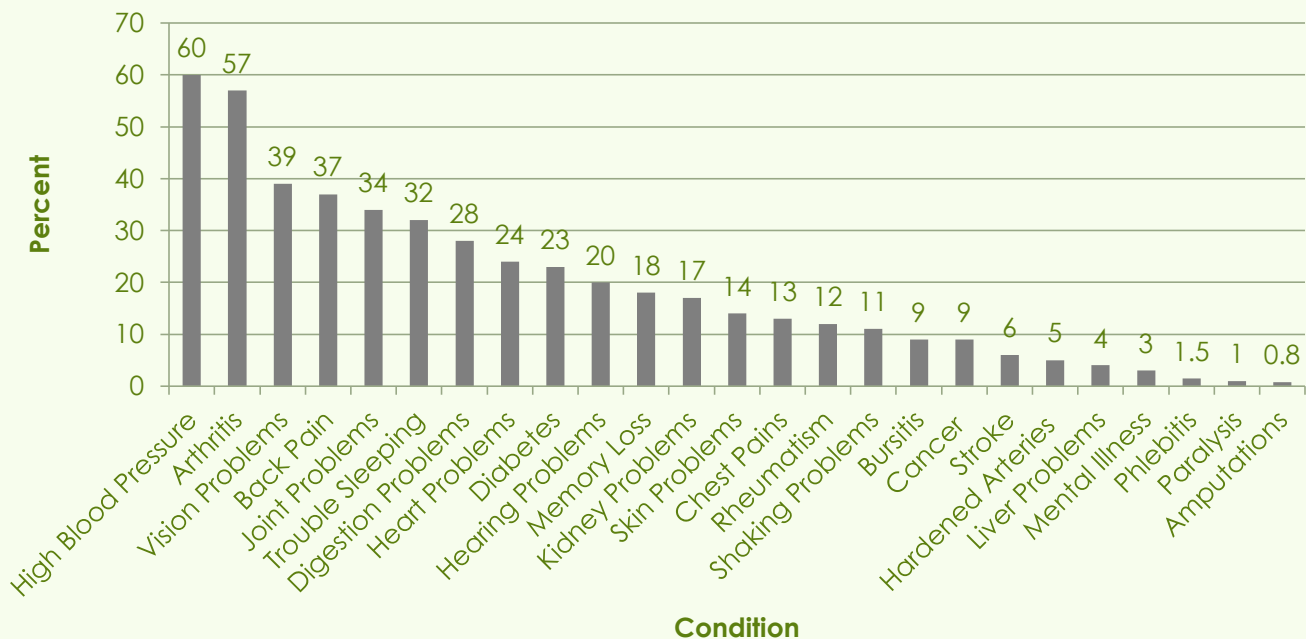
## Race of Respondents: Physical Health Interfering with Daily Activities



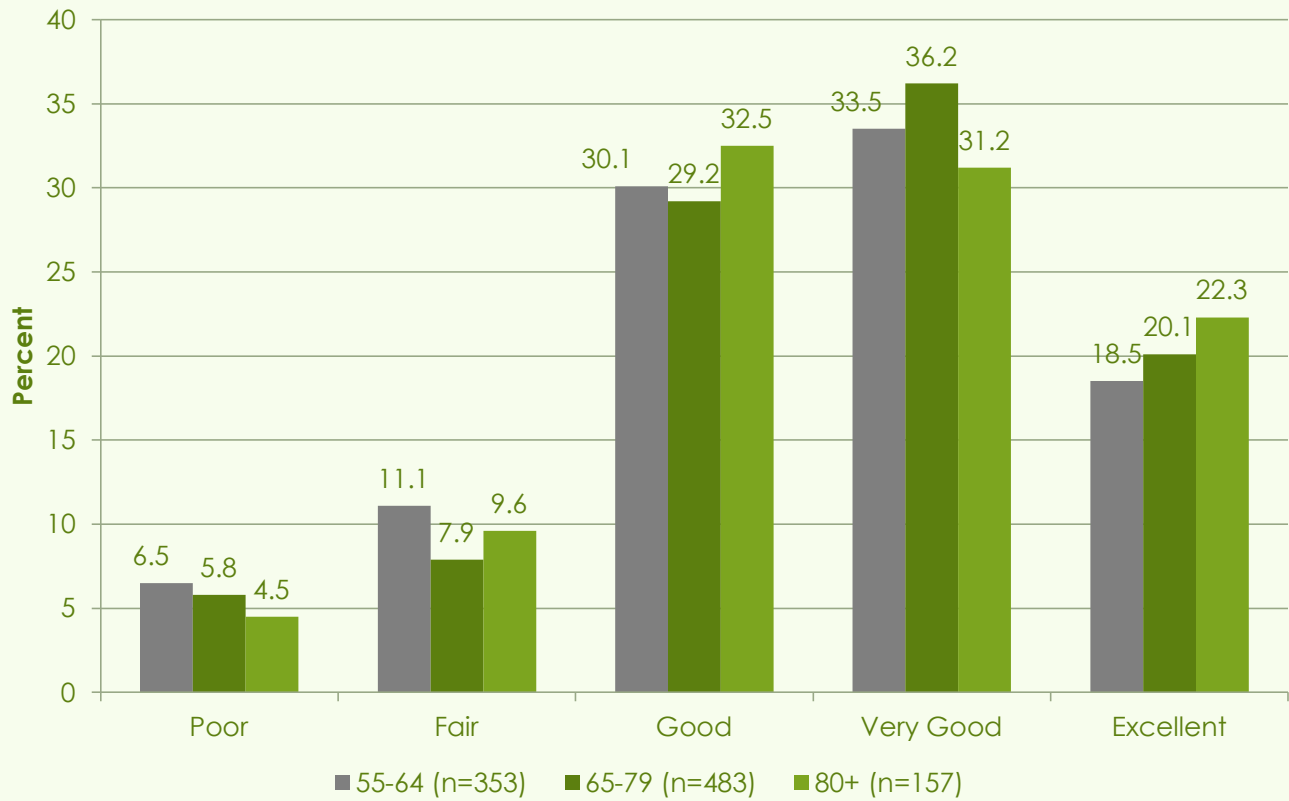
## Health Conditions of African-American Respondents (n=264)



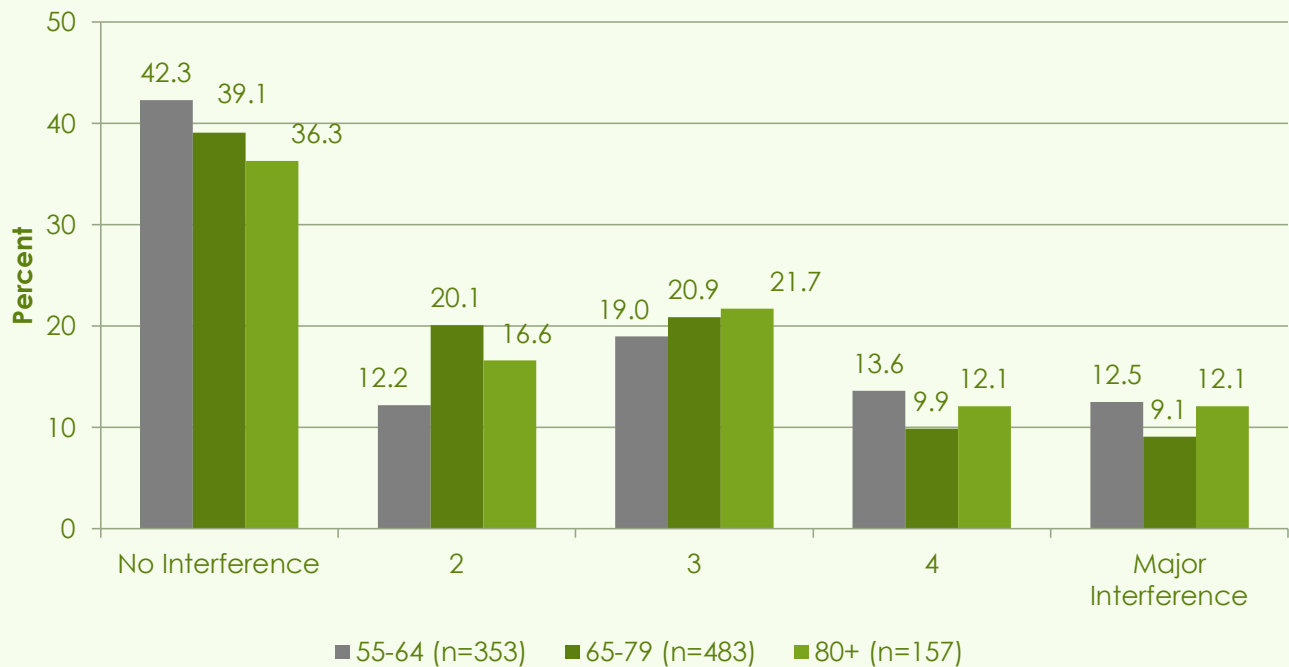
## Health Conditions of White Respondents (n=743)



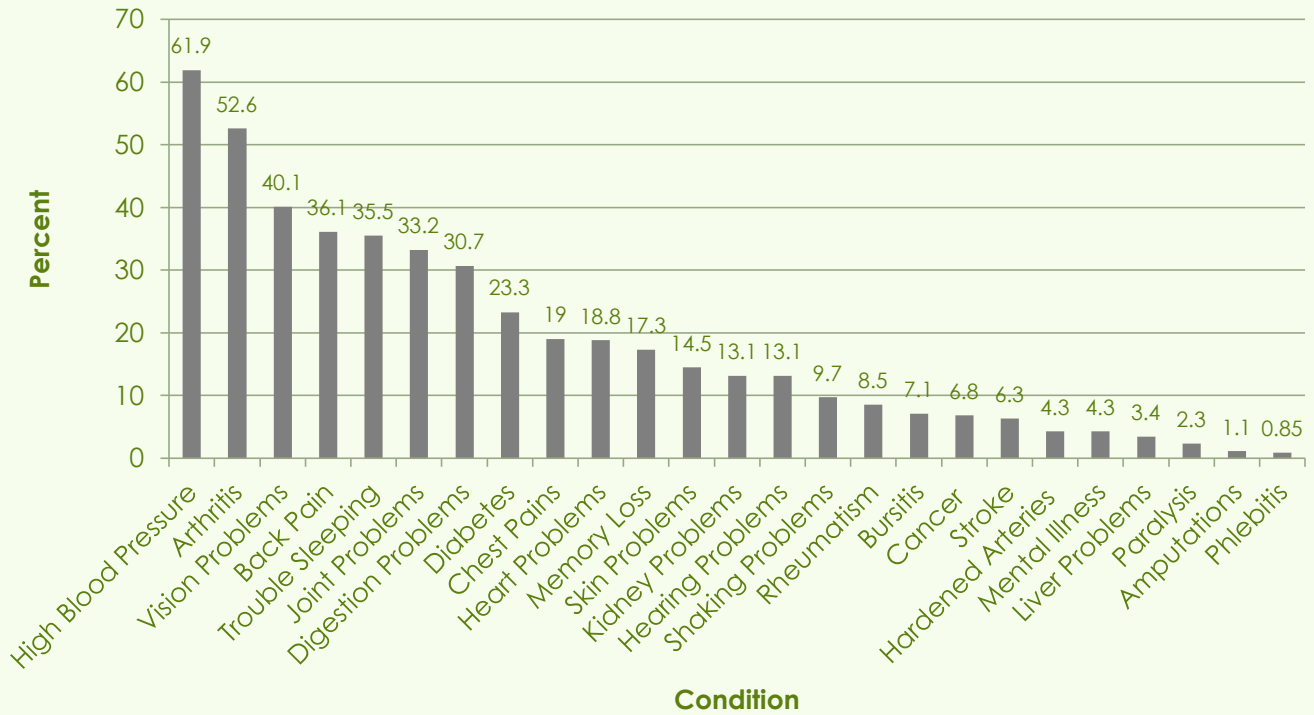
## Self-Reported Health Scores: Age Groups



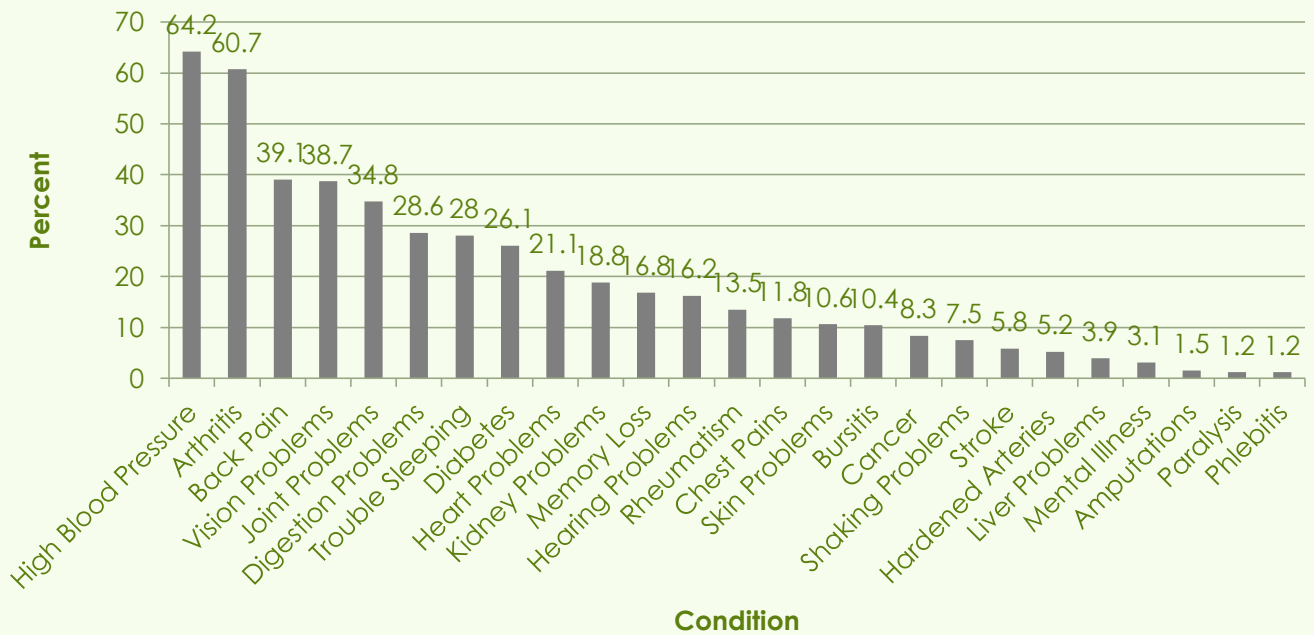
## Age Groups: Physical Health Interfering with Daily Activities



## Health Conditions of 55 to 64 Year Olds (n=353)

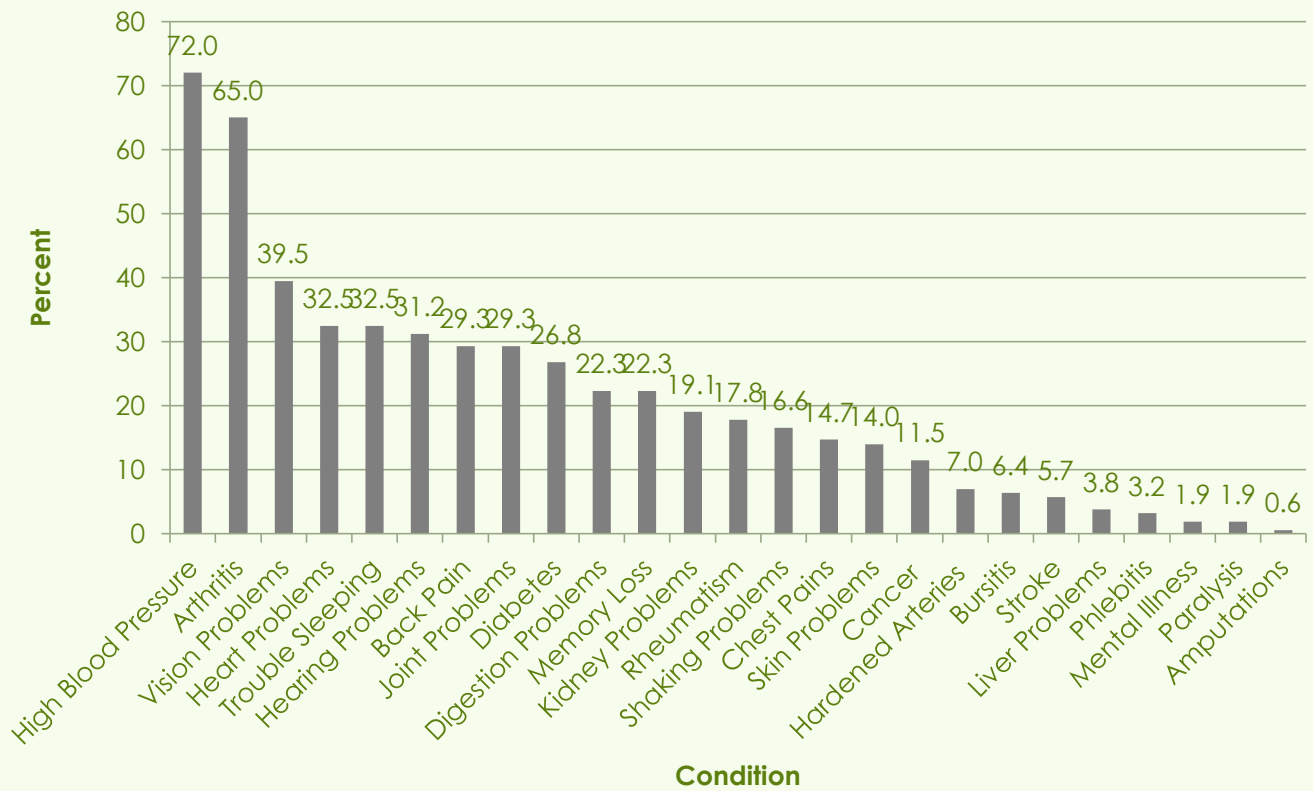


## Health Conditions of 65 to 74 Year Olds (n=483)

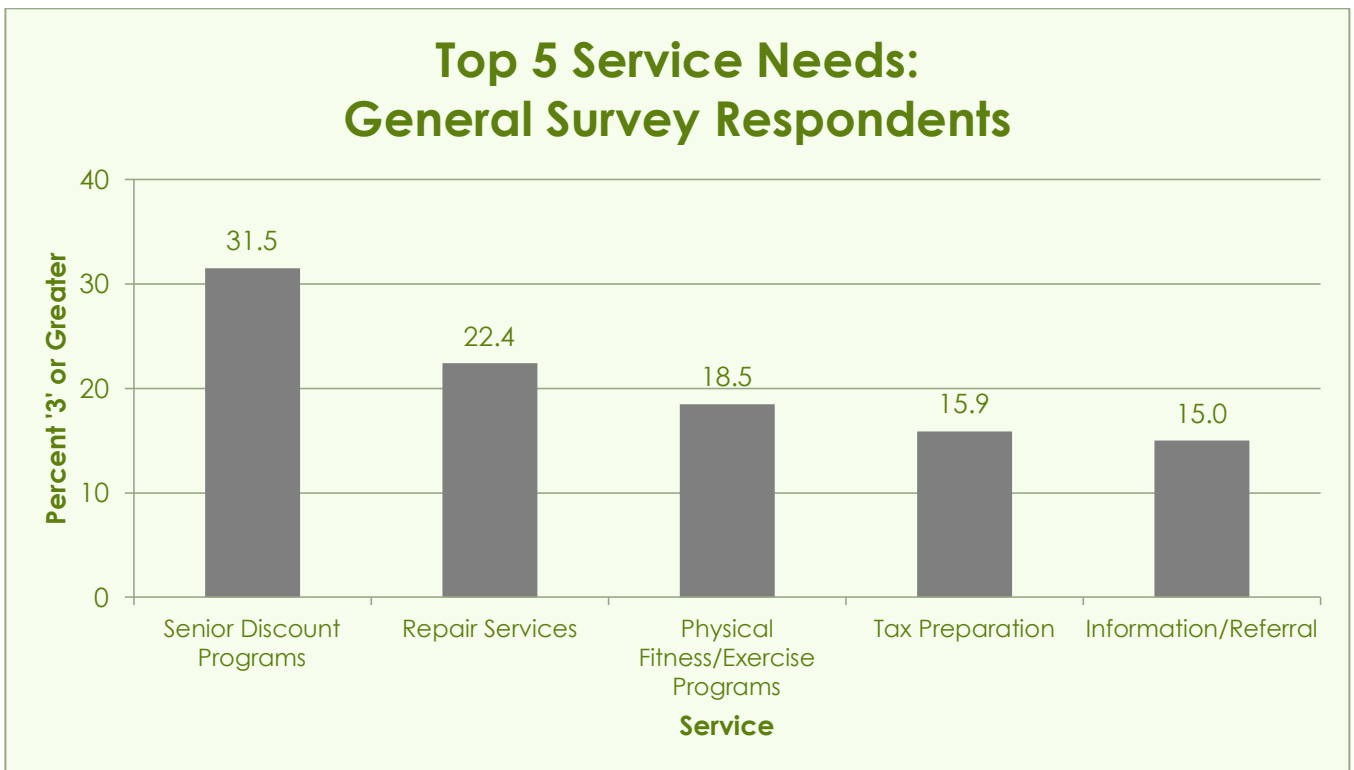
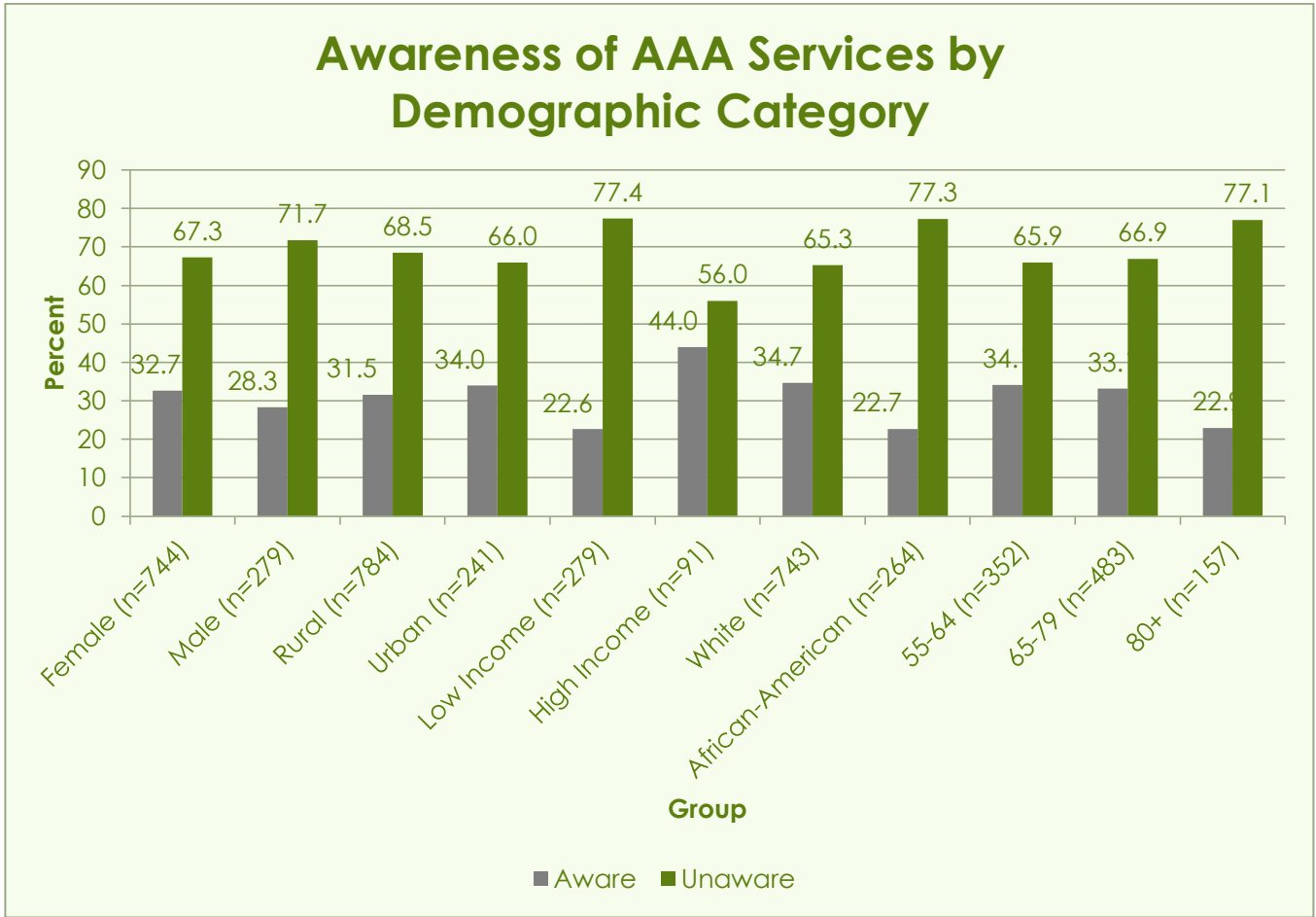




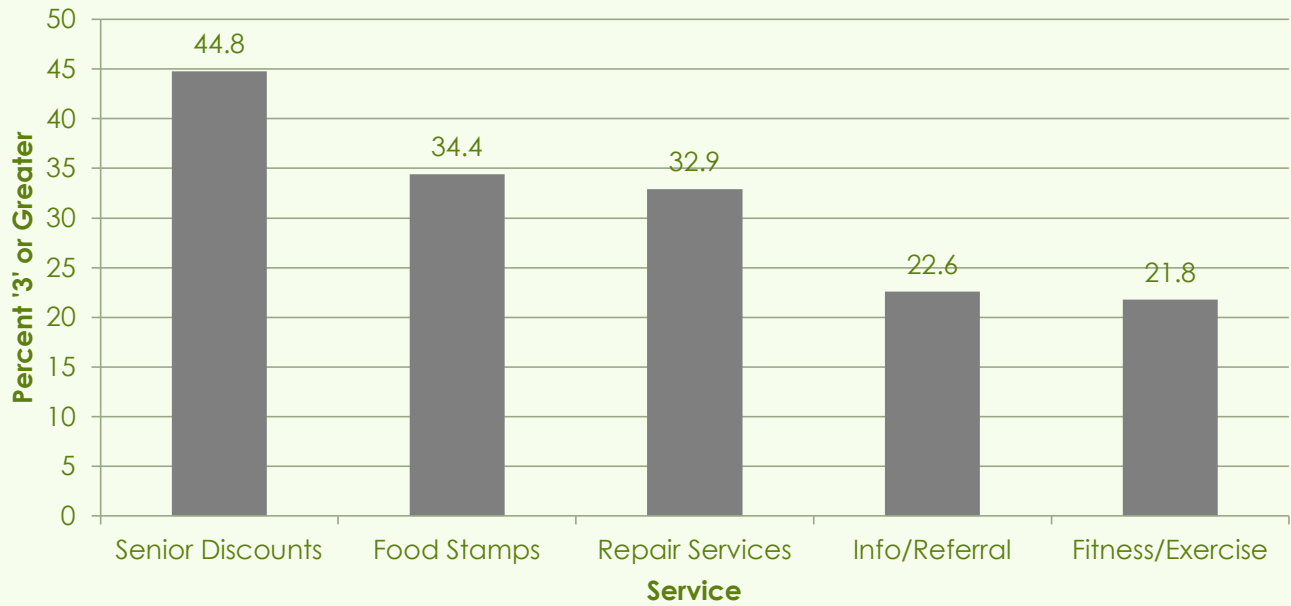
## Health Conditions of 80+ Age Group (n=157)



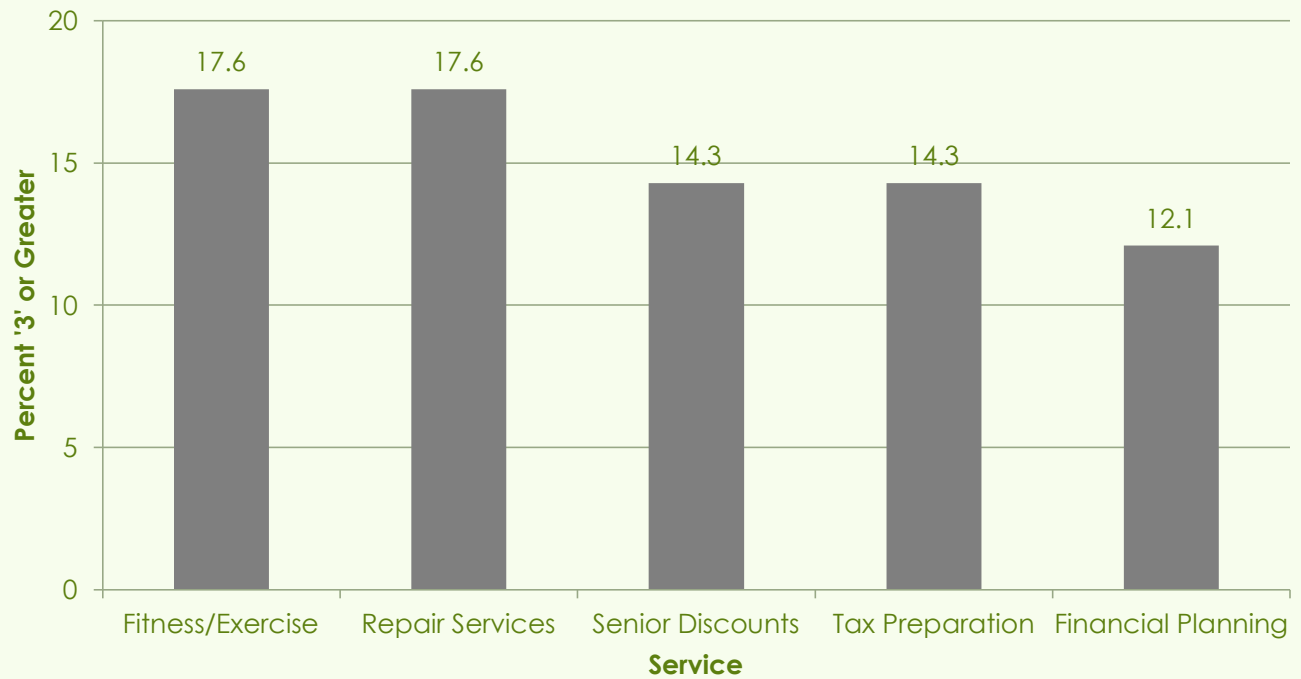
VIII. SERVICE NEED AND AWARENESS



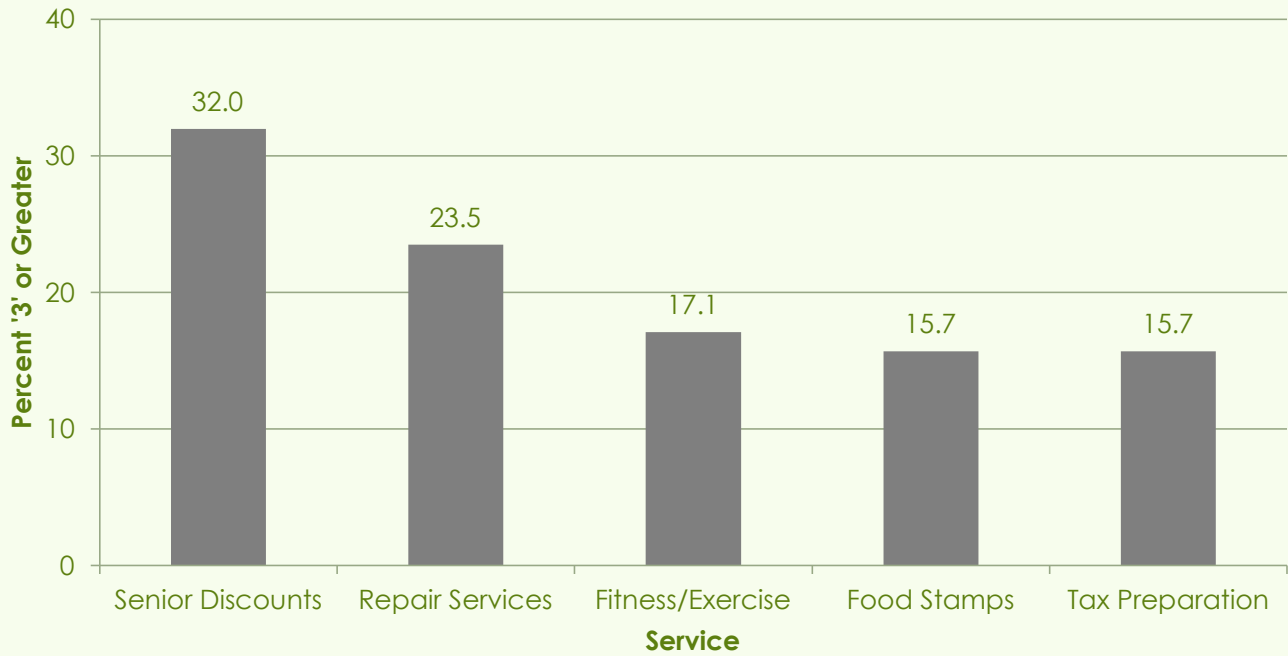
### Top 5 Service Needs of Low Income Respondents (n=279)



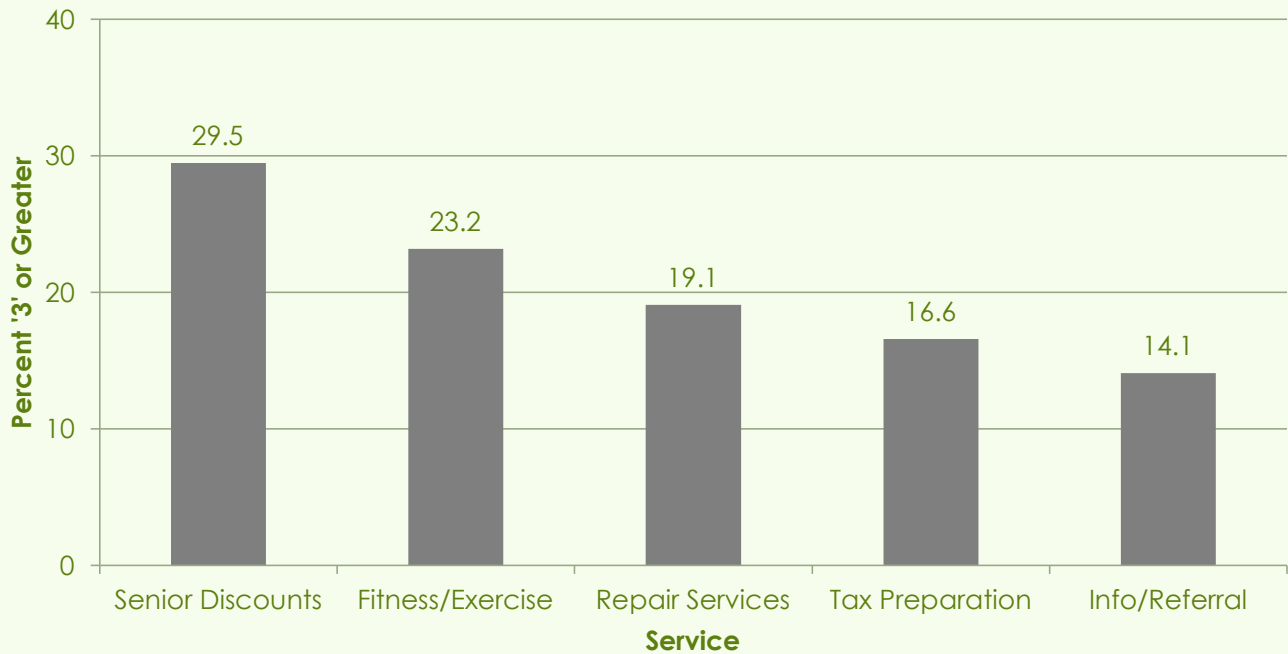
### Top 5 Service Needs of High Income Respondents (n=91)



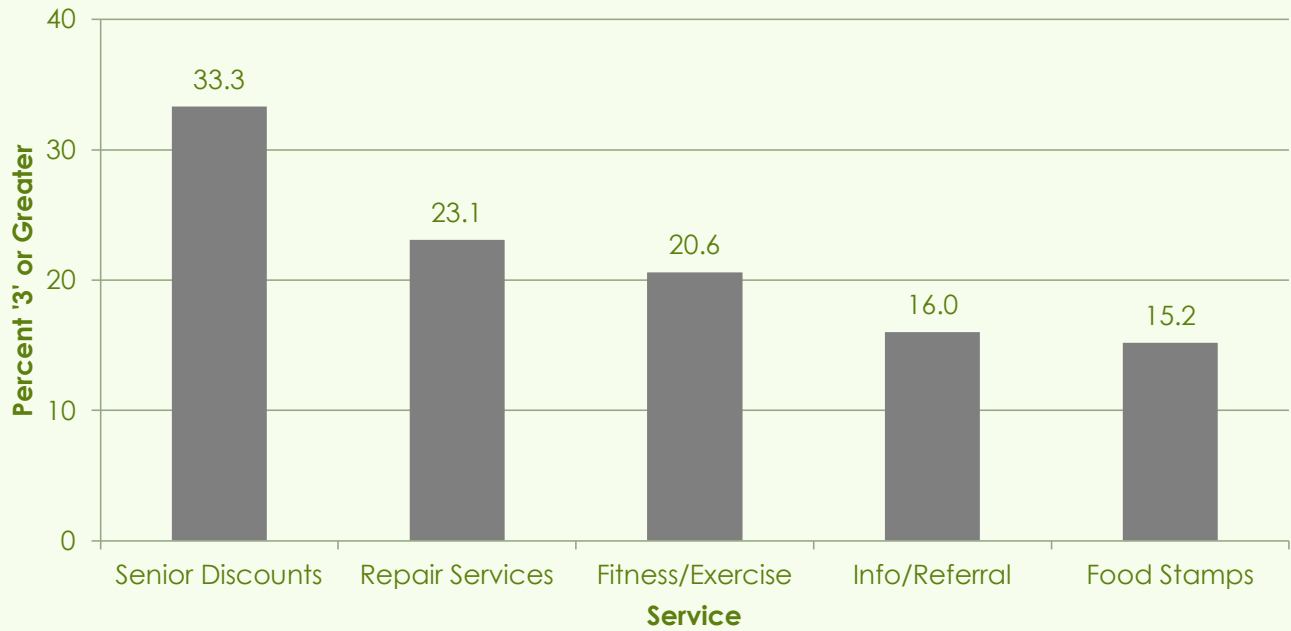
## Top 5 Service Needs of Rural Respondents (n=784)



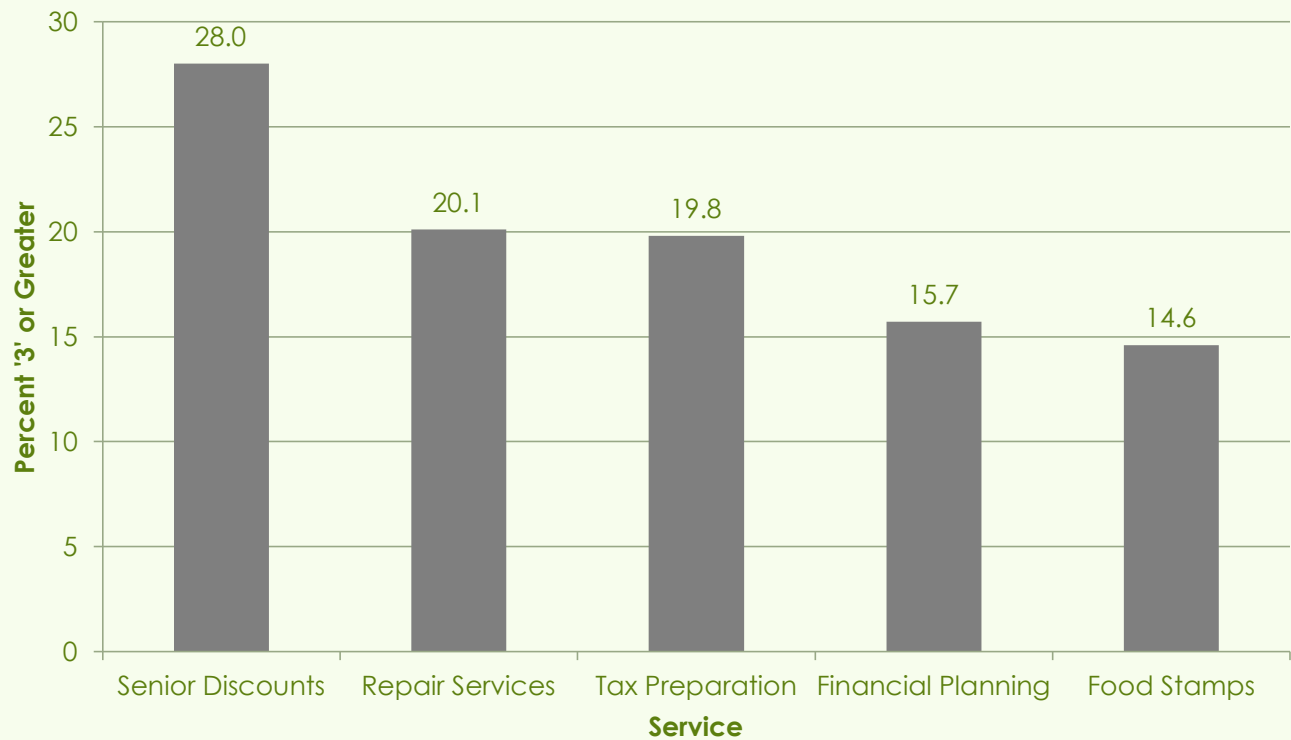
## Top 5 Service Needs of Urban Respondents (n=241)



## Top 5 Service Needs of Female Respondents (n=744)



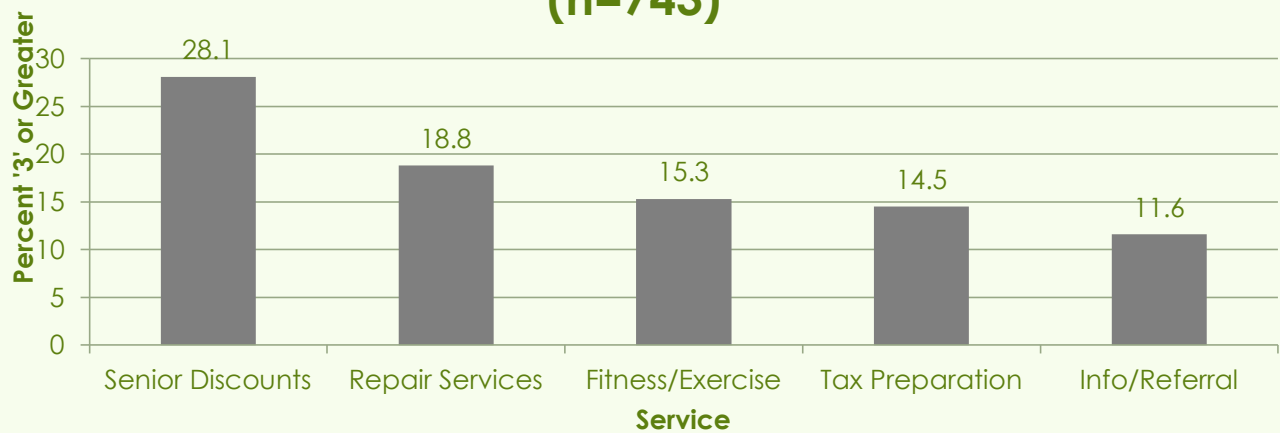
## Top 5 Service Needs of Male Respondents (n=279)



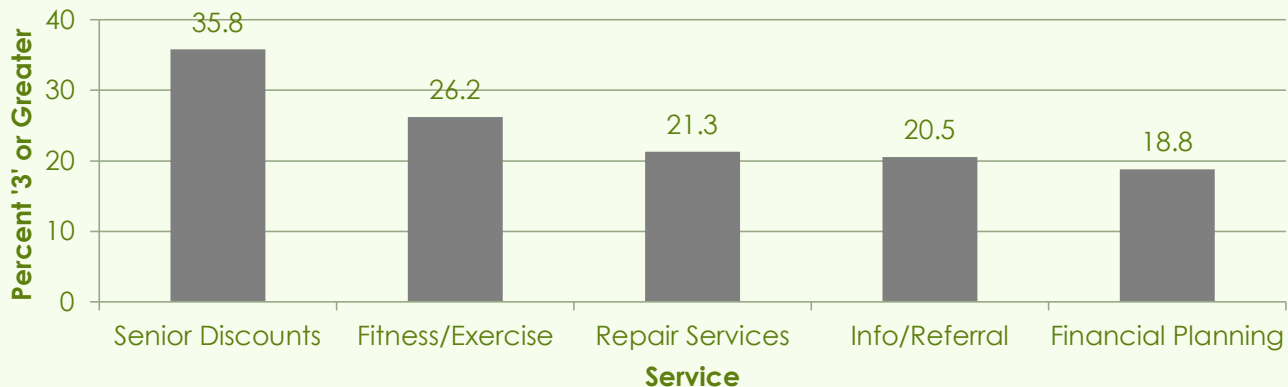
### Top 5 Service Needs of African-American Respondents (n=264)



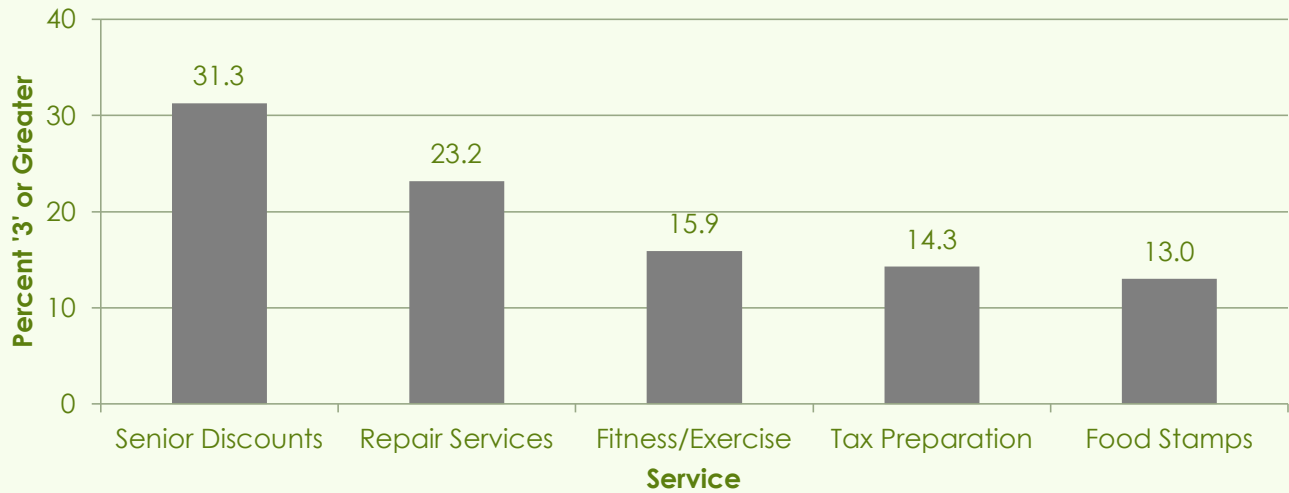
### Top 5 Service Needs of White Respondents (n=743)



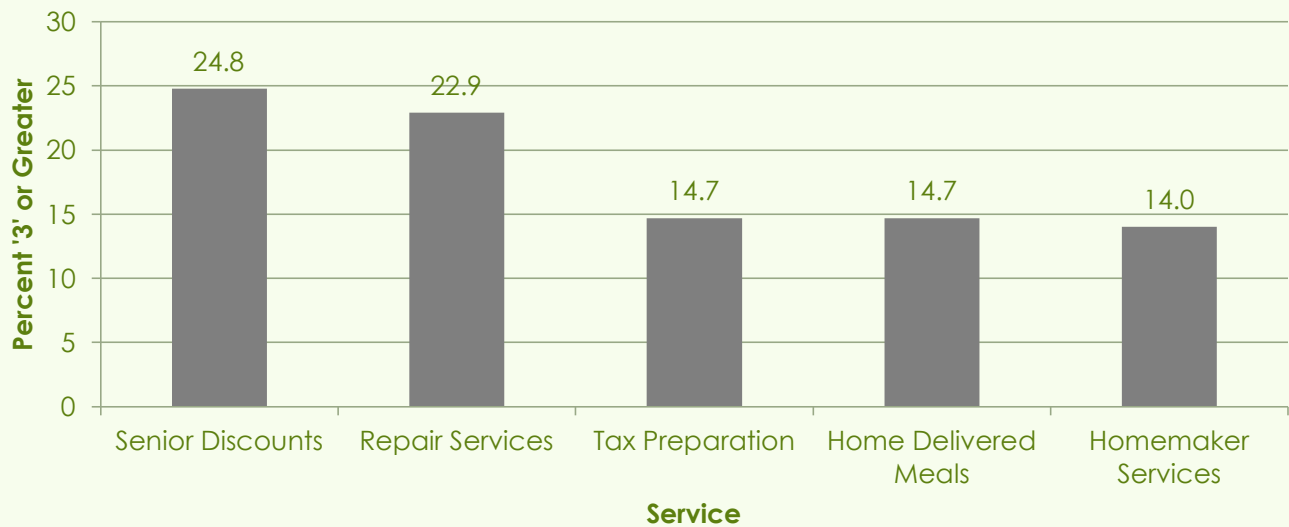
### Top 5 Service Needs of 55 to 64 Year Olds (n=352)



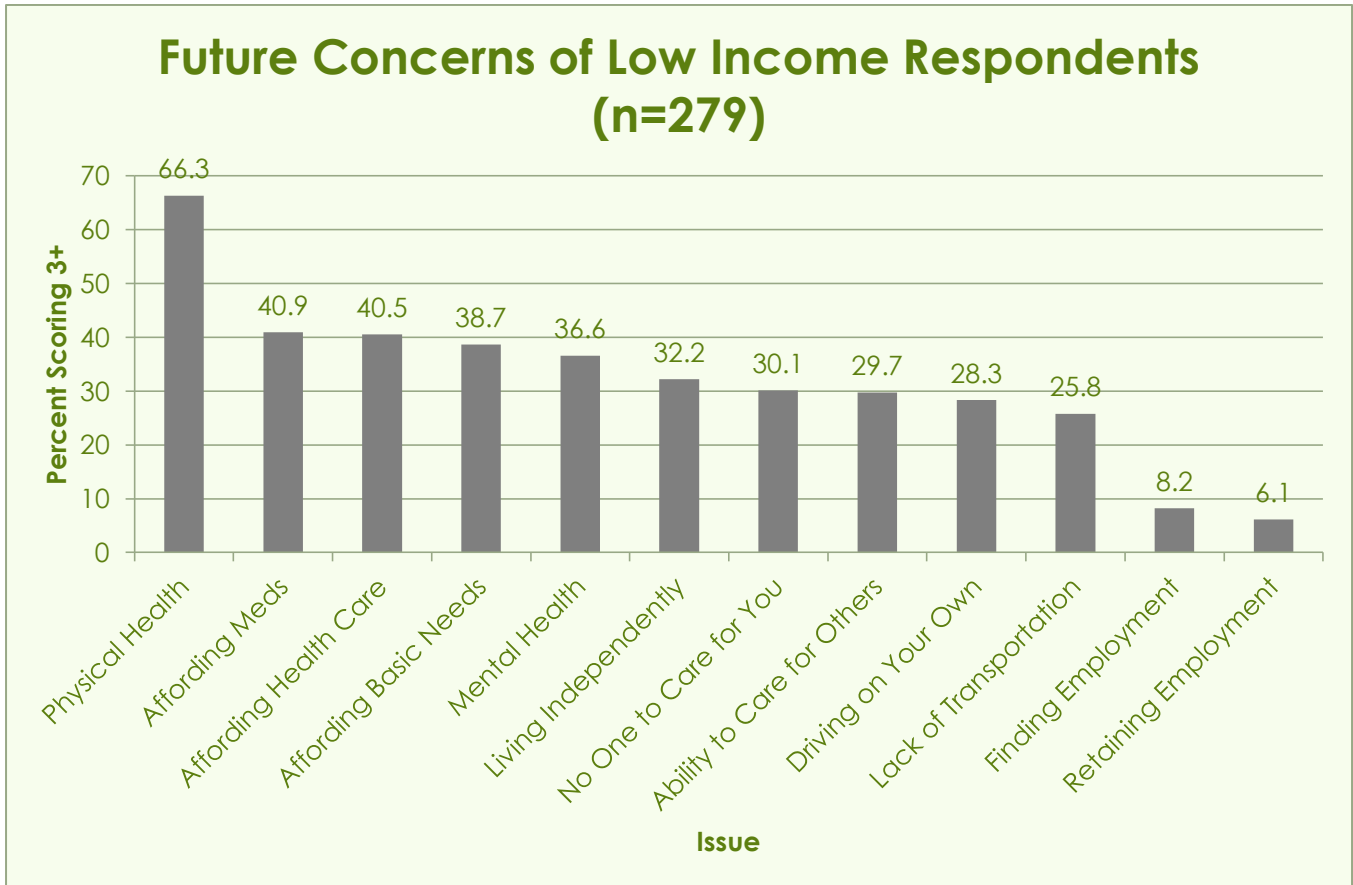
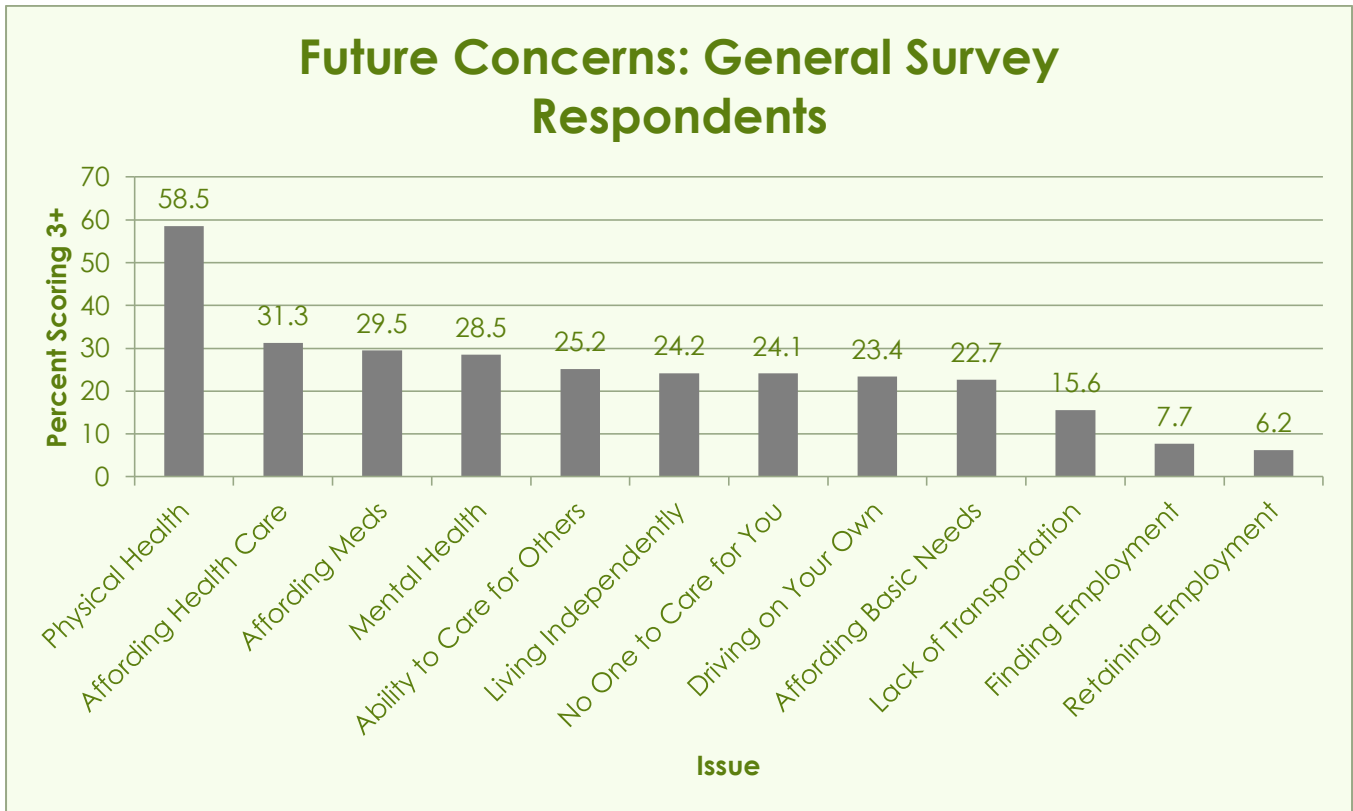
## Top 5 Service Needs of 65 to 79 Year Olds (n=483)



## Top 5 Service Needs of 80+ Age Group (n=157)

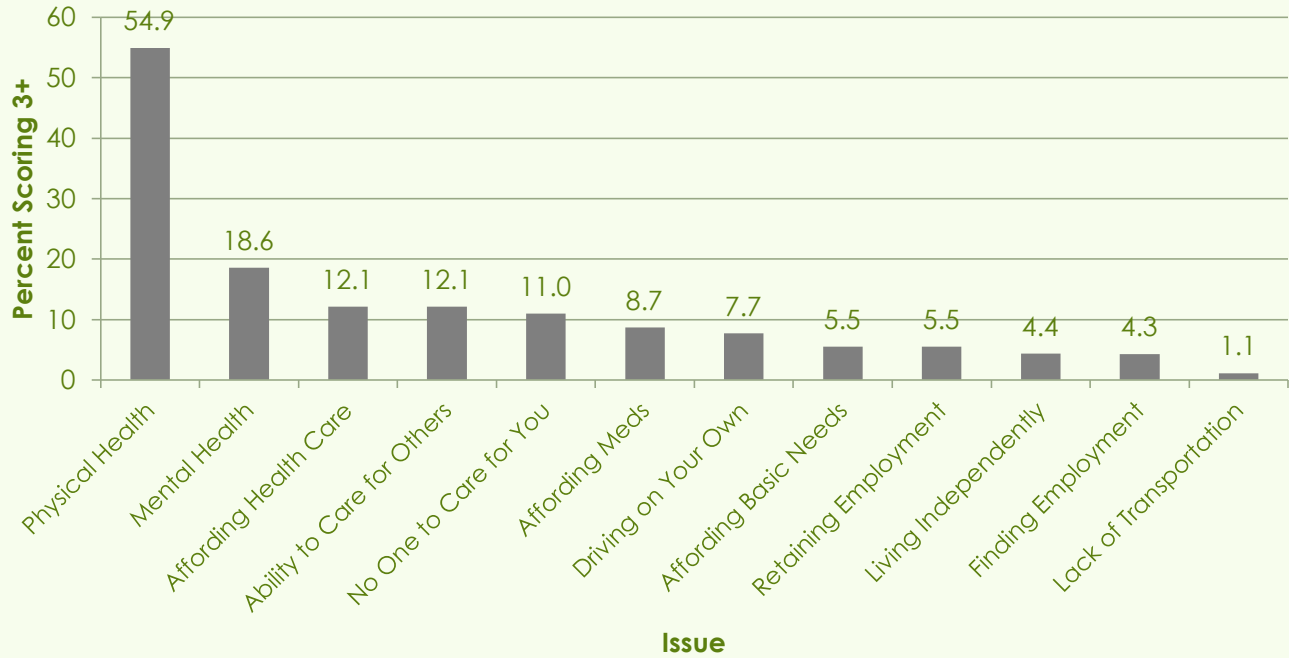


**IX. FUTURE CONCERNS**

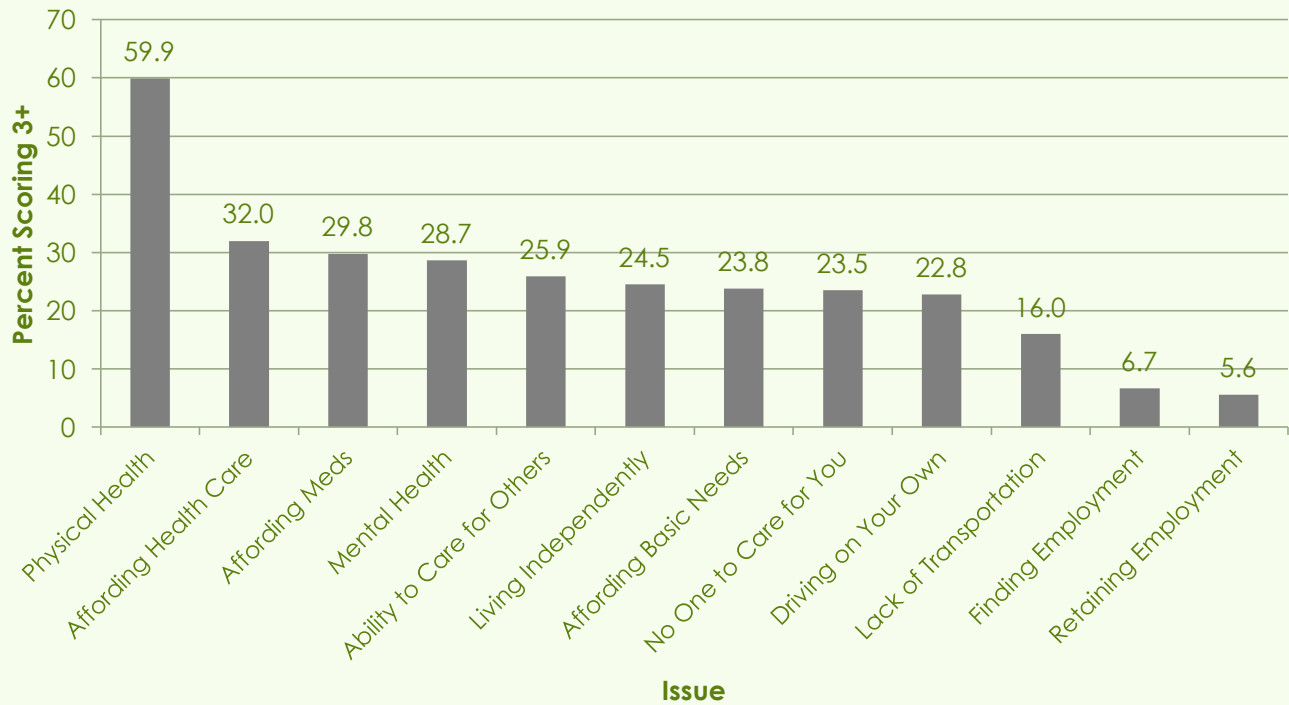




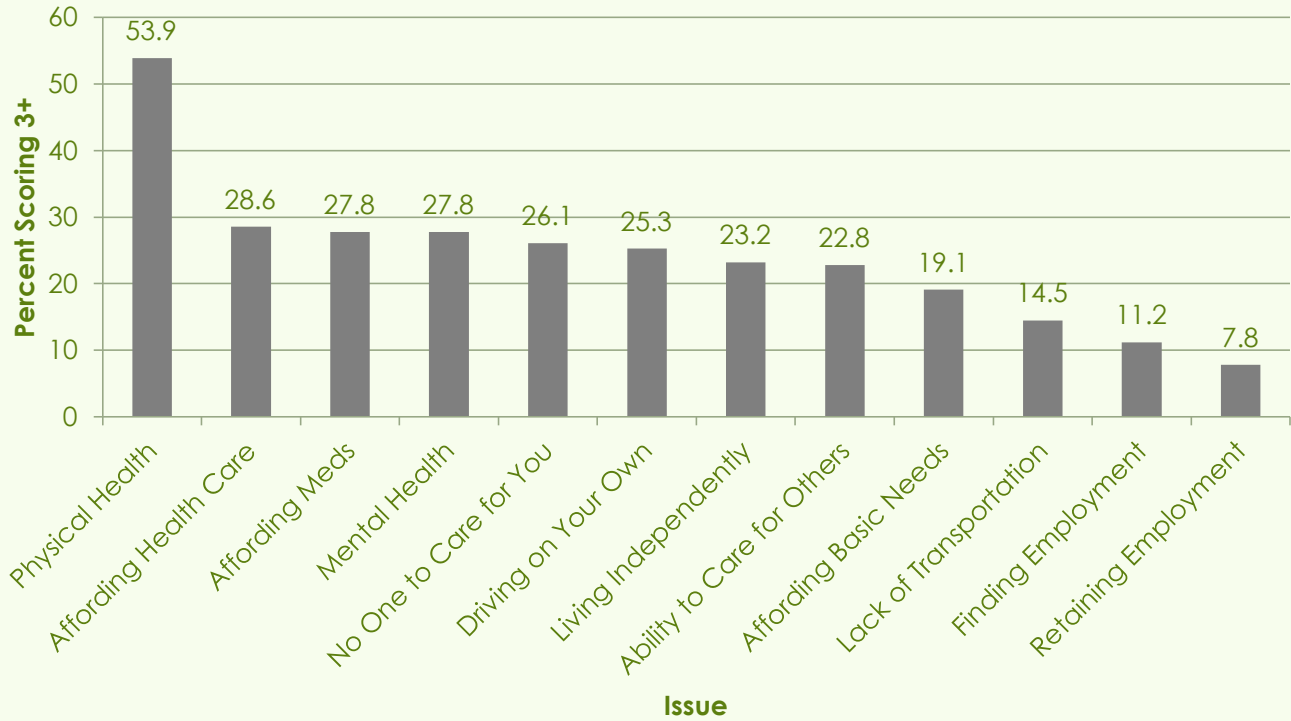
## Future Concerns of High Income Respondents (n=91)



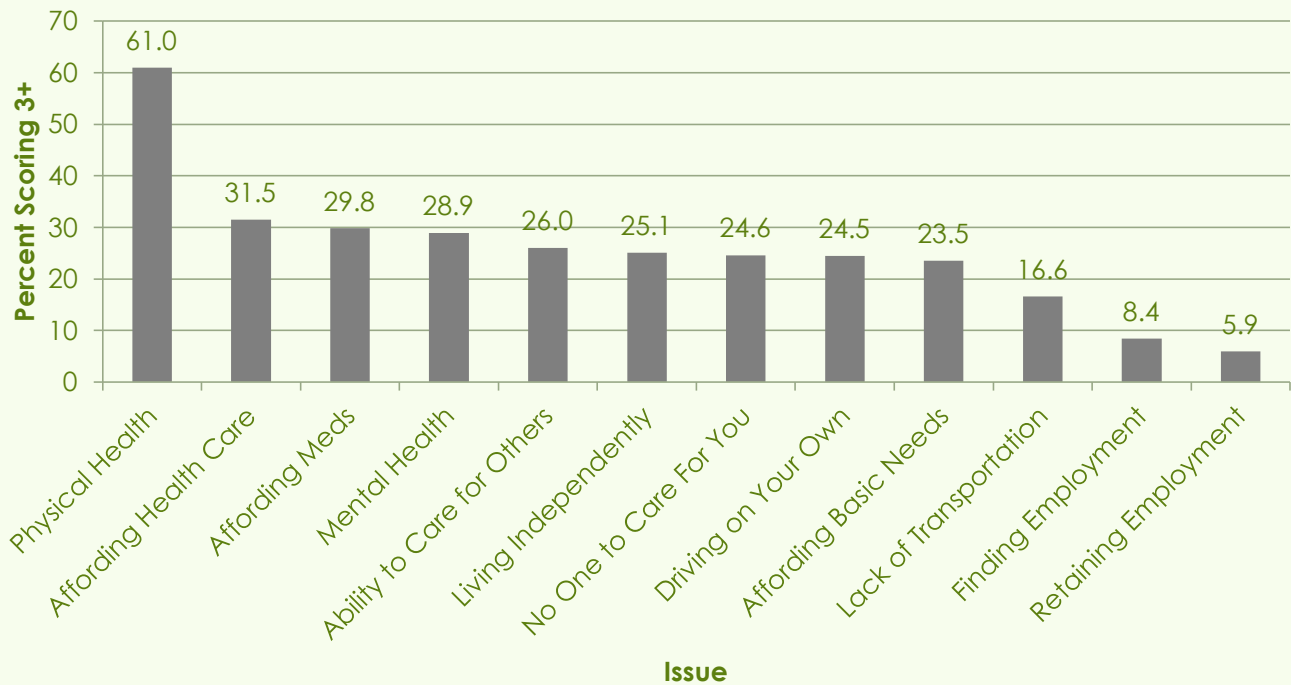
## Future Concerns of Rural Respondents (n=784)



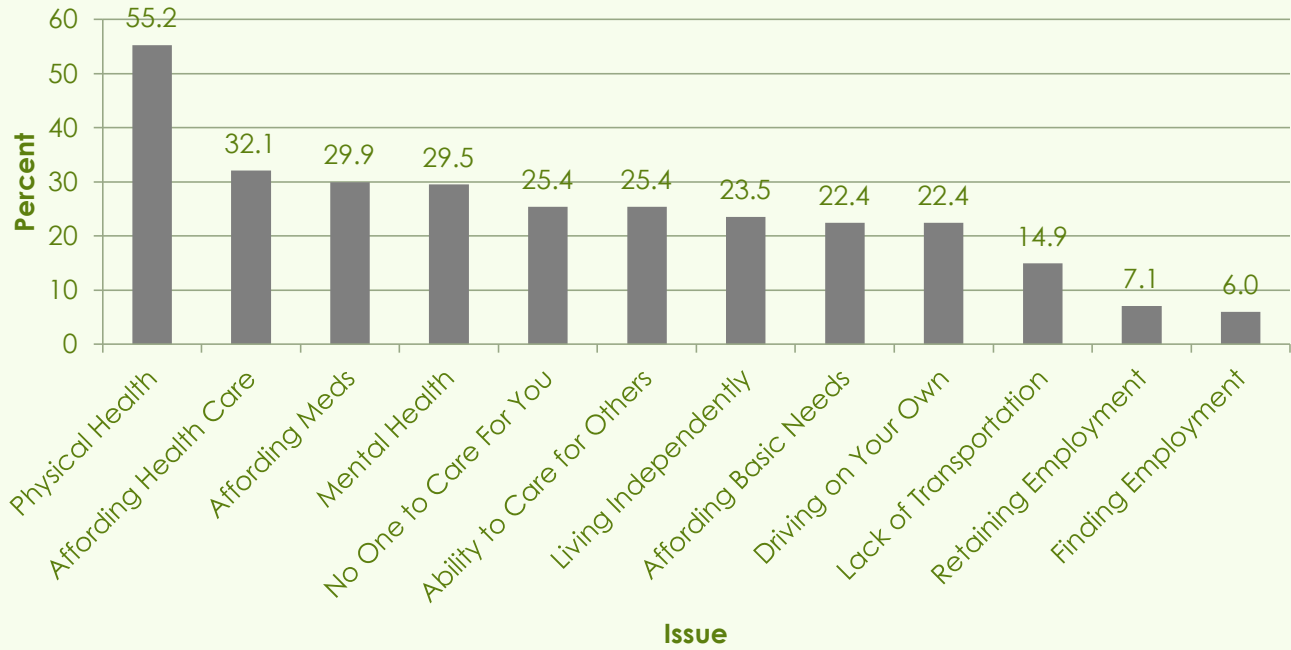
## Future Concerns of Urban Respondents (n=241)



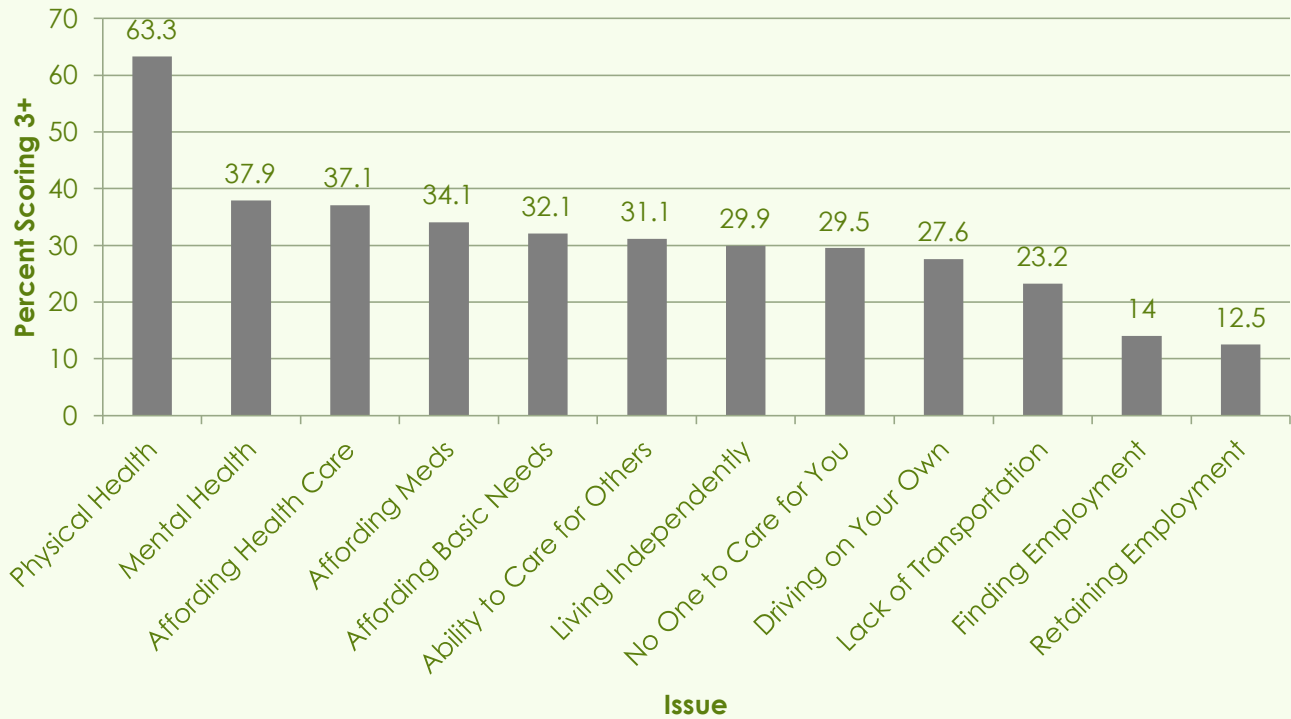
## Future Concerns of Female Respondents (n=744)



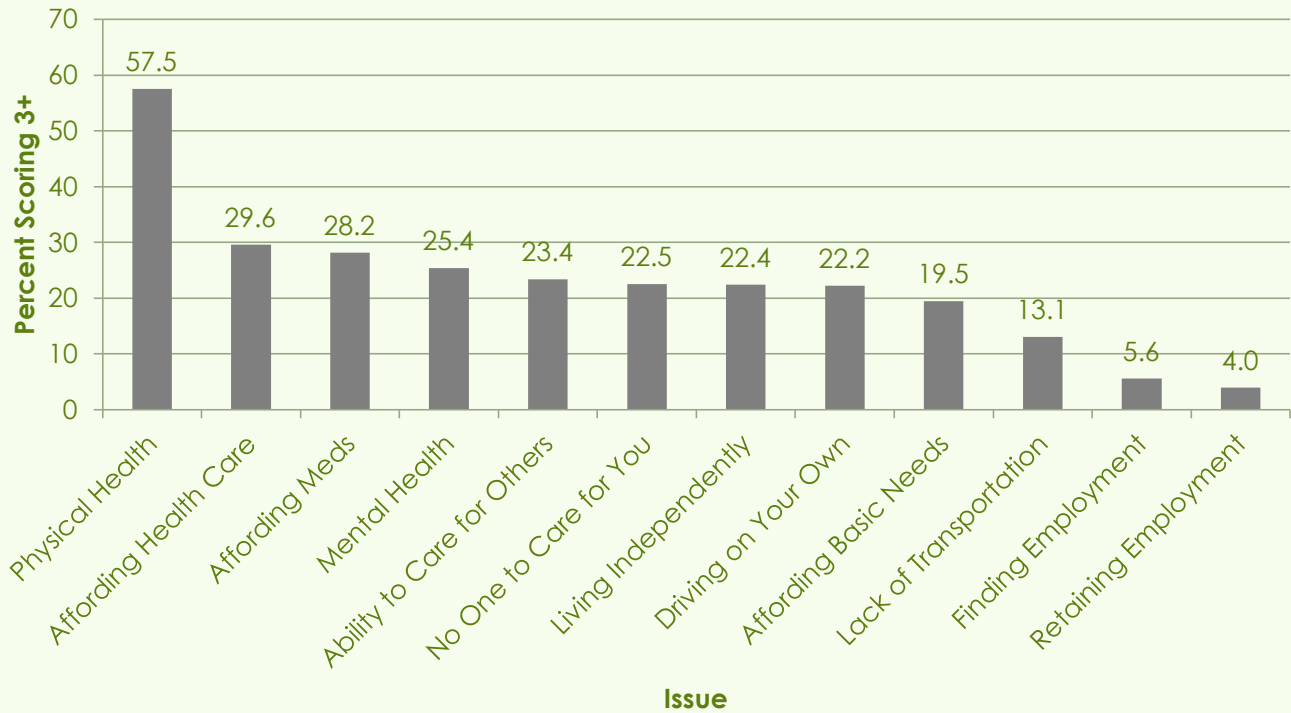
## Future Concerns of Male Respondents (n=279)



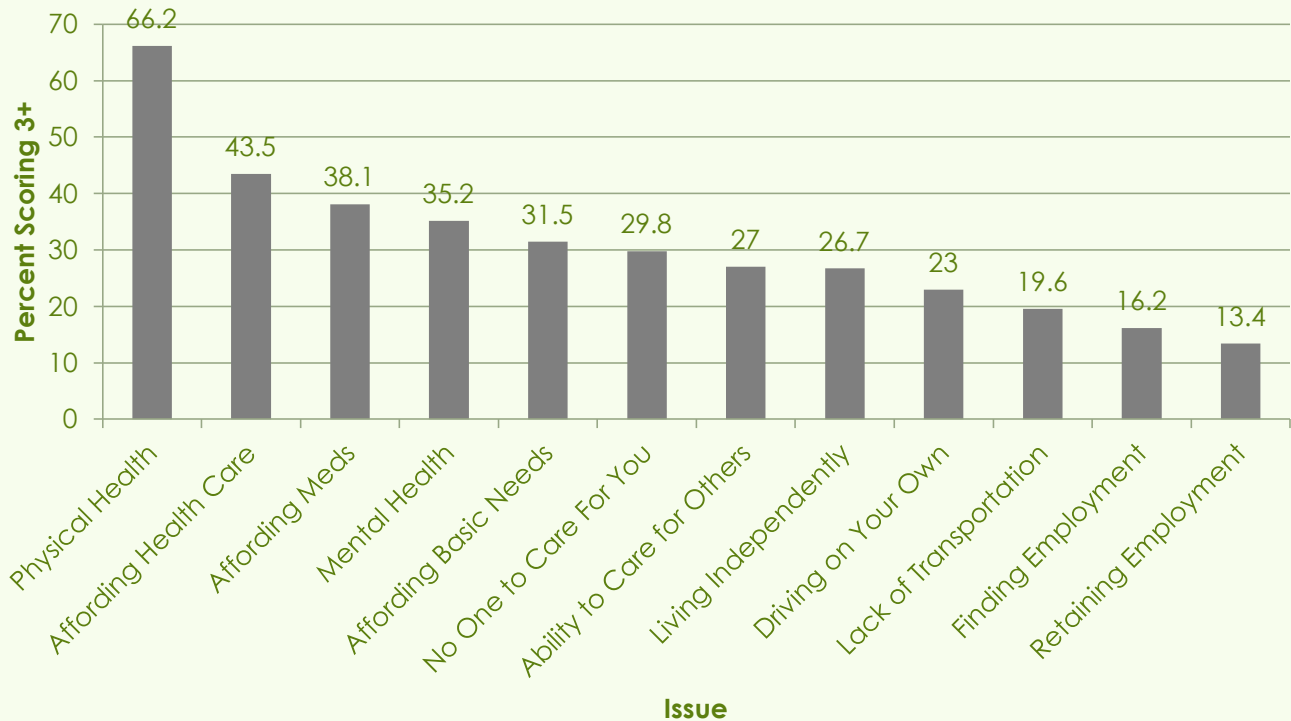
## Future Concerns of African-American Respondents (n=264)



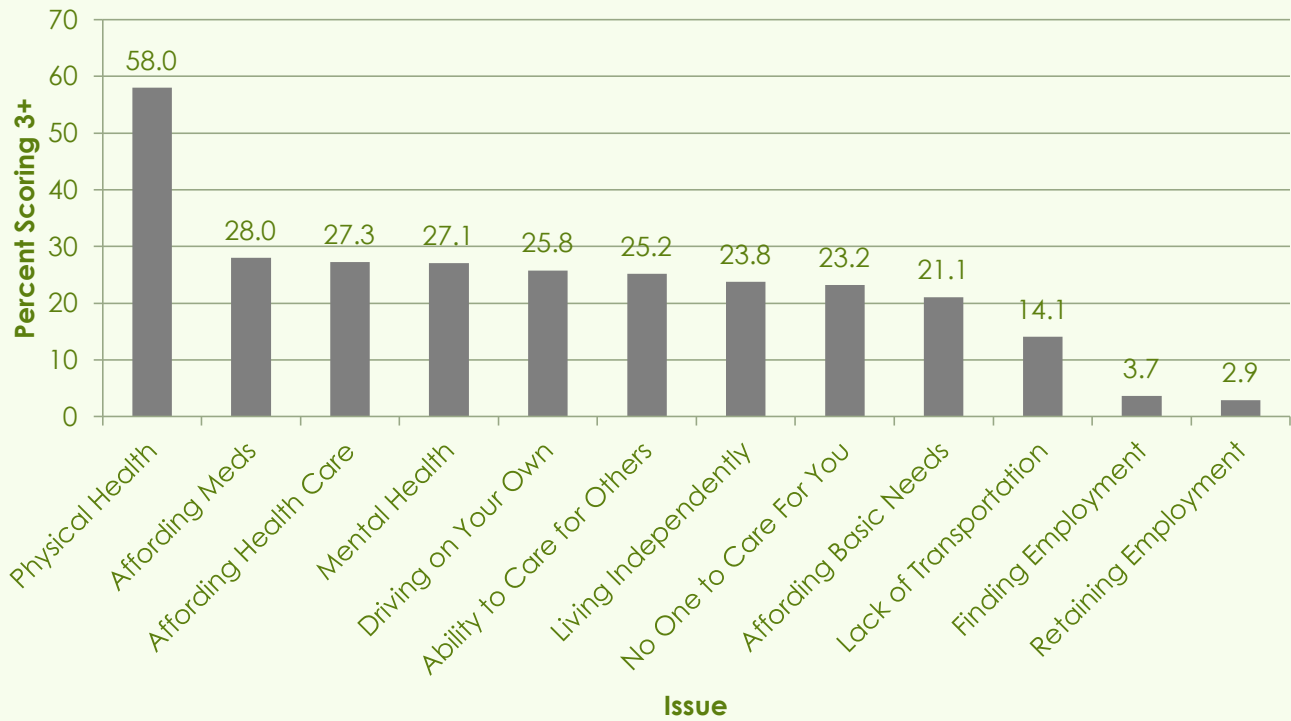
## Future Concerns of White Respondents (n=743)



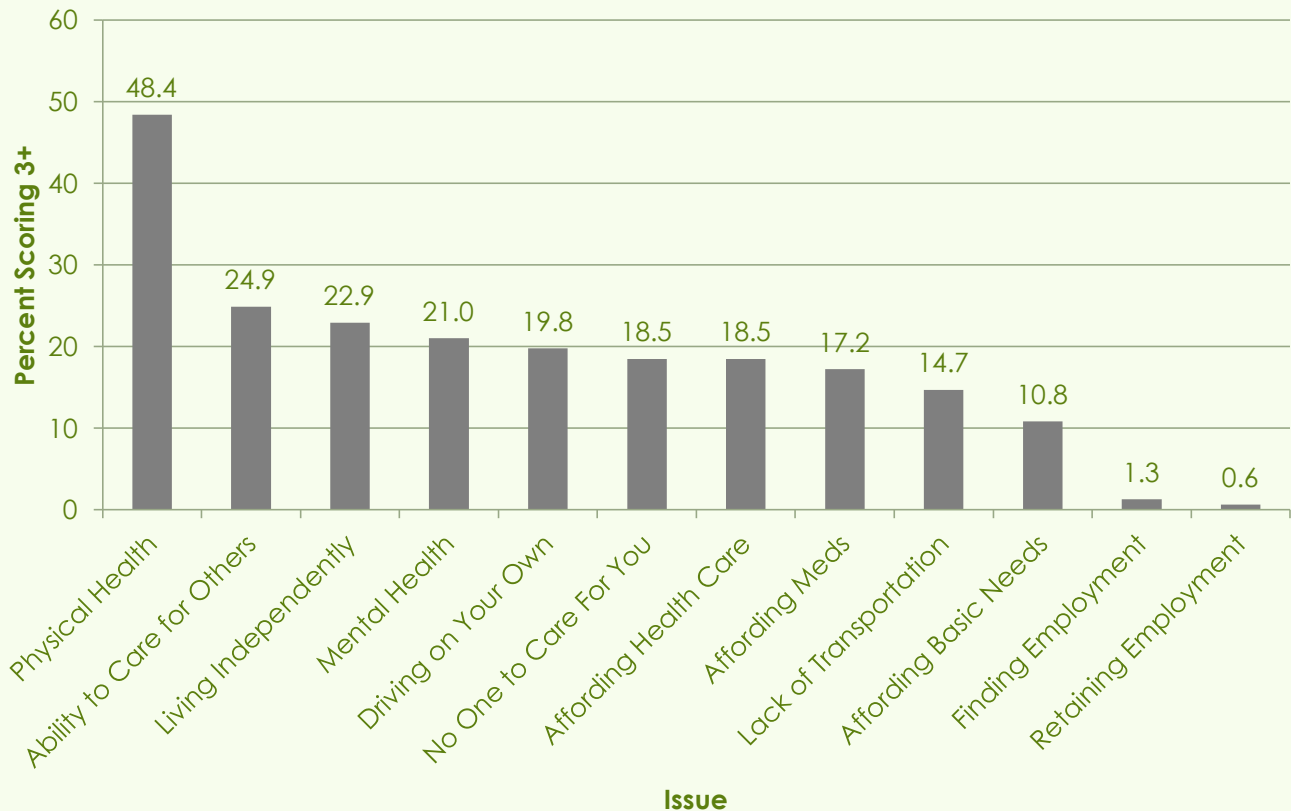
## Future Concerns of 55 to 64 Year Olds (n=352)



## Future Concerns of 65 to 79 Year Olds (n=483)



## Future Concerns of 80+ Age Group (n=157)



# WAITING LIST SURVEY RESULTS

## 1.) For MOST of your local trips, how do you travel? (Select the one used most often.)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Drive my own car	132	46.6	46.6	46.6
	Ride with family	98	34.6	34.6	81.3
	Ride with friends	28	9.9	9.9	91.2
	Use public transportation	12	4.2	4.2	95.4
	Take a senior van, shuttle, or minibus	3	1.1	1.1	96.5
	Not Applicable - Unable to leave house	7	2.5	2.5	98.9
	Not Applicable - Have no form of transportation	1	.4	.4	99.3
	Other	1	.4	.4	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

## Other: Please Specify

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		282	99.6	99.6	99.6
	pay someone to take me	1	.4	.4	100.0
	Total	283	100.0	100.0	

## 2.) How big a problem has a lack of transportation been for you over the last 12 months?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Major problem	68	24.0	45.0	45.0
	Minor problem	44	15.5	29.1	74.2
	Not a problem	39	13.8	25.8	100.0
	Total	151	53.4	100.0	
Missing		132	46.6		
Total		283	100.0		

## 3.) What are some of the difficulties you face in getting the transportation you need? Public transportation is not available in my area or community

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	10.6	10.6	10.6
	No	239	84.5	84.5	95.1
	Don't Know/Not Sure	13	4.6	4.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**4.) What are some of the difficulties you face in getting the transportation you need? Can't afford it**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	9.9	9.9	9.9
	No	241	85.2	85.2	95.1
	Don't Know/Not Sure	13	4.6	4.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**5.) What are some of the difficulties you face in getting the transportation you need? Don't know who to call**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	9.2	9.2	9.2
	No	243	85.9	85.9	95.1
	Don't Know/Not Sure	13	4.6	4.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**6.) What are some of the difficulties you face in getting the transportation you need? Transportation does not go where I need to go**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	7.4	7.4	7.4
	No	248	87.6	87.6	95.1
	Don't Know/Not Sure	13	4.6	4.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**7.) Are you currently on a special diet prescribed by your doctor?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	127	44.9	44.9	44.9
	No	156	55.1	55.1	100.0
	Total	283	100.0	100.0	

**8.) Do you eat at least 2 complete meals a day?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	219	77.4	77.4	77.4
	No	64	22.6	22.6	100.0
	Total	283	100.0	100.0	

**9.) In the past 12 months how often have the following statements been true? I was not able to afford enough food to eat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	28	9.9	9.9	9.9
	Sometimes	111	39.2	39.2	49.1
	Never	135	47.7	47.7	96.8
	Don't Know	8	2.8	2.8	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**10.) In the past 12 months how often have the following statements been true? I was not able to afford the kinds of food we wanted to eat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	62	21.9	21.9	21.9
	Sometimes	126	44.5	44.5	66.4
	Never	88	31.1	31.1	97.5
	Don't Know	7	2.5	2.5	100.0
	Total	283	100.0	100.0	

**11.) In the past 12 months how often have the following statements been true? I was not able to afford to eat healthier meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frequently	51	18.0	18.0	18.0
	Sometimes	129	45.6	45.6	63.6
	Never	96	33.9	33.9	97.5
	Don't Know	7	2.5	2.5	100.0
	Total	283	100.0	100.0	

**12.) How many of your relatives or in-laws live within 25 miles from you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	36	12.7	12.7	12.7
	1 - 2	141	49.8	49.8	62.5
	3 - 9	79	27.9	27.9	90.5
	10 or more	27	9.5	9.5	100.0
	Total	283	100.0	100.0	



**13.) How are you related to the relative who lives closest to you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Parent	34	12.0	12.0	12.0
	Child	151	53.4	53.4	65.4
	Brother/Sister	45	15.9	15.9	81.3
	Cousin	13	4.6	4.6	85.9
	Aunt/Uncle	8	2.8	2.8	88.7
	In-Law	17	6.0	6.0	94.7
	Don't Know/Not Sure	12	4.2	4.2	98.9
	Refused	3	1.1	1.1	100.0
Total		283	100.0	100.0	

**14.) Do you feel you have someone reliable to contact in case of an emergency?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	259	91.5	91.5	91.5
	No	23	8.1	8.1	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**15.) On a scale of 1 to 5, how would you rate your overall quality of life, with ONE indicating the worst quality of life and FIVE indicating the best quality of life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	20	7.1	7.1	7.1
	2	36	12.7	12.7	19.8
	3	105	37.1	37.1	56.9
	4	65	23.0	23.0	79.9
	5	49	17.3	17.3	97.2
	Don't Know/Not Sure	8	2.8	2.8	100.0
	Total	283	100.0	100.0	

**16.) Your physical health: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	30	10.6	10.6	10.6
	2	25	8.8	8.8	19.4
	3	61	21.6	21.6	41.0
	4	70	24.7	24.7	65.7
	5	94	33.2	33.2	98.9
	Don't Know/Not Sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**17.) Suitable housing: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	175	61.8	61.8	61.8
	2	25	8.8	8.8	70.7
	3	35	12.4	12.4	83.0
	4	18	6.4	6.4	89.4
	5	30	10.6	10.6	100.0
	Total	283	100.0	100.0	

**18.) Adequate health care: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	146	51.6	51.6	51.6
	2	34	12.0	12.0	63.6
	3	38	13.4	13.4	77.0
	4	30	10.6	10.6	87.6
	5	35	12.4	12.4	100.0
	Total	283	100.0	100.0	

**19.) Transportation: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	125	44.2	44.2	44.2
	2	33	11.7	11.7	55.8
	3	44	15.5	15.5	71.4
	4	24	8.5	8.5	79.9
	5	55	19.4	19.4	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**20.) Feeling lonely and isolated: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	106	37.5	37.5	37.5
	2	36	12.7	12.7	50.2
	3	69	24.4	24.4	74.6
	4	35	12.4	12.4	86.9
	5	37	13.1	13.1	100.0
	Total	283	100.0	100.0	

**21.) Having enough food to eat: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	161	56.9	56.9	56.9
	2	36	12.7	12.7	69.6
	3	37	13.1	13.1	82.7
	4	23	8.1	8.1	90.8
	5	26	9.2	9.2	100.0
	Total	283	100.0	100.0	

**22.) Affordable medications: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	149	52.7	52.7	52.7
	2	32	11.3	11.3	64.0
	3	42	14.8	14.8	78.8
	4	19	6.7	6.7	85.5
	5	40	14.1	14.1	99.6
	Don't Know/Not Sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**23.) Financial problems: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	112	39.6	39.6	39.6
	2	29	10.2	10.2	49.8
	3	42	14.8	14.8	64.7
	4	33	11.7	11.7	76.3
	5	67	23.7	23.7	100.0
	Total	283	100.0	100.0	

**24.) Depression: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	130	45.9	45.9	45.9
	2	34	12.0	12.0	58.0
	3	50	17.7	17.7	75.6
	4	26	9.2	9.2	84.8
	5	41	14.5	14.5	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**25.) Physical or emotional abuse: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	244	86.2	86.2	86.2
	2	12	4.2	4.2	90.5
	3	14	4.9	4.9	95.4
	4	6	2.1	2.1	97.5
	5	7	2.5	2.5	100.0
	Total	283	100.0	100.0	

**26.) Being financially exploited: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	228	80.6	80.6	80.6
	2	13	4.6	4.6	85.2
	3	23	8.1	8.1	93.3
	4	4	1.4	1.4	94.7
	5	13	4.6	4.6	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**27.) Being a victim of a crime: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	246	86.9	86.9	86.9
	2	11	3.9	3.9	90.8
	3	14	4.9	4.9	95.8
	4	3	1.1	1.1	96.8
	5	8	2.8	2.8	99.6
	Don't Know/Not Sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**28.) Dealing with legal issues: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	240	84.8	84.8	84.8
	2	12	4.2	4.2	89.0
	3	16	5.7	5.7	94.7
	4	6	2.1	2.1	96.8
	5	9	3.2	3.2	100.0
	Total	283	100.0	100.0	

**29.) Everyday activities like bathing or preparing meals: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	124	43.8	43.8	43.8
	2	25	8.8	8.8	52.7
	3	53	18.7	18.7	71.4
	4	36	12.7	12.7	84.1
	5	43	15.2	15.2	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**30.) Boredom: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	154	54.4	54.4	54.4
	2	26	9.2	9.2	63.6
	3	43	15.2	15.2	78.8
	4	28	9.9	9.9	88.7
	5	30	10.6	10.6	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**31.) Care giving: On a scale of 1 to 5, please rate how much problem the following issues are for you: ONE indicates the issue is less of a problem and FIVE indicates the issue is a major problem.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	199	70.3	70.3	70.3
	2	24	8.5	8.5	78.8
	3	19	6.7	6.7	85.5
	4	15	5.3	5.3	90.8
	5	25	8.8	8.8	99.6
	Don't Know/Not Sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**32.) Participating in volunteer activities: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	8	2.8	2.8	2.8
	Weekly	16	5.7	5.7	8.5
	Monthly	25	8.8	8.8	17.3
	Yearly	6	2.1	2.1	19.4
	Never	226	79.9	79.9	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**33.) Participating in a club or civic group: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	2	.7	.7	.7
	Weekly	6	2.1	2.1	2.8
	Monthly	16	5.7	5.7	8.5
	Yearly	4	1.4	1.4	9.9
	Never	251	88.7	88.7	98.6
	Don't Know	2	.7	.7	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**34.) Participating in a religious group or spiritual activity: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	15	5.3	5.3	5.3
	Weekly	154	54.4	54.4	59.7
	Monthly	31	11.0	11.0	70.7
	Yearly	7	2.5	2.5	73.1
	Never	73	25.8	25.8	98.9
	Don't Know	1	.4	.4	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**35.) Visiting with family [in person or on the phone.): How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	170	60.1	60.1	60.1
	Weekly	68	24.0	24.0	84.1
	Monthly	17	6.0	6.0	90.1
	Yearly	6	2.1	2.1	92.2
	Never	18	6.4	6.4	98.6
	Don't Know	2	.7	.7	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**36.) Visiting with friends [in person or on the phone.): How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	125	44.2	44.2	44.2
	Weekly	79	27.9	27.9	72.1
	Monthly	37	13.1	13.1	85.2
	Yearly	4	1.4	1.4	86.6
	Never	34	12.0	12.0	98.6
	Don't Know	2	.7	.7	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**37.) Providing help to others: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	50	17.7	17.7	17.7
	Weekly	38	13.4	13.4	31.1
	Monthly	26	9.2	9.2	40.3
	Yearly	5	1.8	1.8	42.0
	Never	153	54.1	54.1	96.1
	Don't Know	9	3.2	3.2	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	



### 38.) Caring for a pet: How often do you spend time participating in the following activities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	135	47.7	47.7	47.7
	Weekly	7	2.5	2.5	50.2
	Monthly	2	.7	.7	50.9
	Yearly	1	.4	.4	51.2
	Never	135	47.7	47.7	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

### 39.) Participating in a hobby: How often do you spend time participating in the following activities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	58	20.5	20.5	20.5
	Weekly	44	15.5	15.5	36.0
	Monthly	23	8.1	8.1	44.2
	Yearly	12	4.2	4.2	48.4
	Never	144	50.9	50.9	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

### 40.) Exercising: How often do you spend time participating in the following activities?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	77	27.2	27.2	27.2
	Weekly	89	31.4	31.4	58.7
	Monthly	18	6.4	6.4	65.0
	Yearly	2	.7	.7	65.7
	Never	95	33.6	33.6	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**41.) Traveling outside of your community: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	15	5.3	5.3	5.3
	Weekly	30	10.6	10.6	15.9
	Monthly	89	31.4	31.4	47.3
	Yearly	34	12.0	12.0	59.4
	Never	112	39.6	39.6	98.9
	Don't Know	1	.4	.4	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**42.) Dining out at a restaurant: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	13	4.6	4.6	4.6
	Weekly	34	12.0	12.0	16.6
	Monthly	79	27.9	27.9	44.5
	Yearly	42	14.8	14.8	59.4
	Never	112	39.6	39.6	98.9
	Don't Know	1	.4	.4	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**43.) Using the Internet: How often do you spend time participating in the following activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	36	12.7	12.7	12.7
	Weekly	11	3.9	3.9	16.6
	Monthly	4	1.4	1.4	18.0
	Yearly	5	1.8	1.8	19.8
	Never	224	79.2	79.2	98.9
	Don't Know	1	.4	.4	99.3
	Refused	2	.7	.7	100.0
	Total	283	100.0	100.0	

**44.) Do you provide care for family members or friends on a regular basis?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	62	21.9	21.9	21.9
	No	221	78.1	78.1	100.0
	Total	283	100.0	100.0	

**45.) Spouse: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	9.5	43.5	43.5
	No	35	12.4	56.5	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**46.) Parent: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	4.2	19.4	19.4
	No	50	17.7	80.6	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**47.) Friend/Neighbor: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	2.8	12.9	12.9
	No	54	19.1	87.1	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**48.) Adult Child: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	2.5	11.3	11.3
	No	55	19.4	88.7	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**49.) Grandchild: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	6.5	6.5
	No	58	20.5	93.5	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**50.) Other family member: For whom do you provide this care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	9.7	9.7
	No	56	19.8	90.3	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**51.) Approximately how many hours per week do you spend providing care for others?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 - 5 hours	12	4.2	19.4	19.4
	6 - 10 hours	12	4.2	19.4	38.7
	11 - 20 hours	10	3.5	16.1	54.8
	More than 20 hours	23	8.1	37.1	91.9
	Don't Know/Not Sure	5	1.8	8.1	100.0
	Total	62	21.9	100.0	
Missing		221	78.1		
Total		283	100.0		

**52.) Are you currently on a waiting list for any of the following services: Home Delivered Meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	182	64.3	64.3	64.3
	No	101	35.7	35.7	100.0
	Total	283	100.0	100.0	

### 53.) How long have you been waiting to receive this service?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	5	1.8	2.7	2.7
	1	4	1.4	2.2	4.9
	2	15	5.3	8.2	13.2
	3	19	6.7	10.4	23.6
	4	11	3.9	6.0	29.7
	5	11	3.9	6.0	35.7
	6	22	7.8	12.1	47.8
	7	1	.4	.5	48.4
	8	9	3.2	4.9	53.3
	9	1	.4	.5	53.8
	11	1	.4	.5	54.4
	12	28	9.9	15.4	69.8
	13	2	.7	1.1	70.9
	14	3	1.1	1.6	72.5
	15	3	1.1	1.6	74.2
	16	2	.7	1.1	75.3
	18	3	1.1	1.6	76.9
	23	1	.4	.5	77.5
	24	20	7.1	11.0	88.5
	29	1	.4	.5	89.0
	30	2	.7	1.1	90.1
	32	1	.4	.5	90.7
	34	1	.4	.5	91.2
36	6	2.1	3.3	94.5	
48	2	.7	1.1	95.6	
53	1	.4	.5	96.2	
60	1	.4	.5	96.7	
96	1	.4	.5	97.3	
	Don't know	5	1.8	2.7	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**54.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	13	4.6	7.1	7.1
	2	11	3.9	6.0	13.2
	3	61	21.6	33.5	46.7
	4	40	14.1	22.0	68.7
	5	56	19.8	30.8	99.5
	Don't Know	1	.4	.5	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**55.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	80	28.3	44.0	44.0
	No	98	34.6	53.8	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**56.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	14.5	22.5	22.5
	No	137	48.4	75.3	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**57.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	84	29.7	46.2	46.2
	No	94	33.2	51.6	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**58.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	4.2	6.6	6.6
	No	166	58.7	91.2	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**59.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	3.3	3.3
	No	172	60.8	94.5	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**60.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	1.1	1.1
	No	176	62.2	96.7	97.8
	Don't Know/Not sure	2	.7	1.1	98.9
	Refused	2	.7	1.1	100.0
	Total	182	64.3	100.0	
Missing		101	35.7		
Total		283	100.0		

**61.) Are you currently on a waiting list for any of the following services: Food Stamp Programs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	3.2	3.2
	No	272	96.1	96.1	99.3
	Don't Know/Not sure	1	.4	.4	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**62.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	11.1	11.1
	1	2	.7	22.2	33.3
	5	2	.7	22.2	55.6
	6	1	.4	11.1	66.7
	12	1	.4	11.1	77.8
	14	1	.4	11.1	88.9
	Don't know	1	.4	11.1	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**63.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	5	1.8	55.6	55.6
	4	2	.7	22.2	77.8
	5	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		



**64.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	22.2	22.2
	No	5	1.8	55.6	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**65.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	22.2	22.2
	No	5	1.8	55.6	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**66.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	55.6	55.6
	No	2	.7	22.2	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**67.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	11.1	11.1
	No	6	2.1	66.7	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**68.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	7	2.5	77.8	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**69.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	7	2.5	77.8	77.8
	Refused	2	.7	22.2	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**70.) Are you currently on a waiting list for any of the following services: Tax Preparation**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	281	99.3	99.3	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**71.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**72.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**73.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**74.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**75.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**76.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**77.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**78.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**79.) Are you currently on a waiting list for any of the following services: Financial Planning**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	282	99.6	99.6	100.0
	Total	283	100.0	100.0	

**80.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**81.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**82.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**83.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**84.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**85.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**86.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**87.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**88.) Are you currently on a waiting list for any of the following services: Home Health Care**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	49	17.3	17.3	17.3
	No	232	82.0	82.0	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**89.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	3	1.1	6.1	6.1
	1	1	.4	2.0	8.2
	2	9	3.2	18.4	26.5
	3	6	2.1	12.2	38.8
	4	3	1.1	6.1	44.9
	5	2	.7	4.1	49.0
	6	4	1.4	8.2	57.1
	7	2	.7	4.1	61.2
	8	2	.7	4.1	65.3
	9	2	.7	4.1	69.4
	11	1	.4	2.0	71.4
	12	9	3.2	18.4	89.8
	18	2	.7	4.1	93.9
	24	2	.7	4.1	98.0
	30	1	.4	2.0	100.0
Total	49	17.3	100.0		
Missing		234	82.7		
Total		283	100.0		

**90.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	2.0	2.0
	2	5	1.8	10.2	12.2
	3	14	4.9	28.6	40.8
	4	7	2.5	14.3	55.1
	5	22	7.8	44.9	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**91.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	5.7	32.7	32.7
	No	31	11.0	63.3	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**92.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	4.2	24.5	24.5
	No	35	12.4	71.4	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**93.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	7.8	44.9	44.9
	No	25	8.8	51.0	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**94.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	10.2	10.2
	No	42	14.8	85.7	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**95.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	4.1	4.1
	No	45	15.9	91.8	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**96.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	2.0	2.0
	No	46	16.3	93.9	95.9
	Refused	2	.7	4.1	100.0
	Total	49	17.3	100.0	
Missing		234	82.7		
Total		283	100.0		

**97.) Are you currently on a waiting list for any of the following services: Counseling Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	279	98.6	98.6	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**98.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**99.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**100.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**101.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		



**102.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**103.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**104.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**105.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**106.) Are you currently on a waiting list for any of the following services: Homemaker Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	78	27.6	27.6	27.6
	No	202	71.4	71.4	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**107.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	4	1.4	5.1	5.1
	1	2	.7	2.6	7.7
	2	1	.4	1.3	9.0
	3	8	2.8	10.3	19.2
	4	3	1.1	3.8	23.1
	5	4	1.4	5.1	28.2
	6	10	3.5	12.8	41.0
	7	3	1.1	3.8	44.9
	8	3	1.1	3.8	48.7
	10	1	.4	1.3	50.0
	11	1	.4	1.3	51.3
	12	14	4.9	17.9	69.2
	15	3	1.1	3.8	73.1
	18	2	.7	2.6	75.6
	24	10	3.5	12.8	88.5
	30	1	.4	1.3	89.7
	36	4	1.4	5.1	94.9
	48	1	.4	1.3	96.2
	Don't know	3	1.1	3.8	100.0
Total	78	27.6	100.0		
Missing		205	72.4		
Total		283	100.0		

**108.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4	1.4	5.1	5.1
	2	4	1.4	5.1	10.3
	3	18	6.4	23.1	33.3
	4	18	6.4	23.1	56.4
	5	34	12.0	43.6	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**109.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	38	13.4	48.7	48.7
	No	39	13.8	50.0	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**110.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	5.7	20.5	20.5
	No	61	21.6	78.2	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**111.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	35	12.4	44.9	44.9
	No	42	14.8	53.8	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**112.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	5.1	5.1
	No	73	25.8	93.6	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**113.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	1.3	1.3
	No	76	26.9	97.4	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**114.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	7.7	7.7
	No	71	25.1	91.0	98.7
	Refused	1	.4	1.3	100.0
	Total	78	27.6	100.0	
Missing		205	72.4		
Total		283	100.0		

**115.) Are you currently on a waiting list for any of the following services: Repair Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	7.8	7.8	7.8
	No	260	91.9	91.9	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**116.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	4.5	4.5
	1	4	1.4	18.2	22.7
	2	3	1.1	13.6	36.4
	3	1	.4	4.5	40.9
	7	2	.7	9.1	50.0
	8	1	.4	4.5	54.5
	12	2	.7	9.1	63.6
	24	3	1.1	13.6	77.3
	36	1	.4	4.5	81.8
	48	1	.4	4.5	86.4
	64	1	.4	4.5	90.9
	96	1	.4	4.5	95.5
	Don't know	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**117.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	5	1.8	22.7	22.7
	4	3	1.1	13.6	36.4
	5	14	4.9	63.6	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**118.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.4	81.8	81.8
	No	3	1.1	13.6	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**119.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	4.5	4.5
	No	20	7.1	90.9	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**120.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	4.5	4.5
	No	20	7.1	90.9	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**121.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	4.5	4.5
	No	20	7.1	90.9	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**122.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	21	7.4	95.5	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**123.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	9.1	9.1
	No	19	6.7	86.4	95.5
	Refused	1	.4	4.5	100.0
	Total	22	7.8	100.0	
Missing		261	92.2		
Total		283	100.0		

**124.) Are you currently on a waiting list for any of the following services: Legal Assistance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	279	98.6	98.6	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**125.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	33.3	33.3
	1	1	.4	33.3	66.7
	14	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**126.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	33.3	33.3
	4	1	.4	33.3	66.7
	5	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**127.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**128.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**129.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**130.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**131.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**132.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		



**133.) Are you currently on a waiting list for any of the following services: Job Placement**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	282	99.6	99.6	100.0
	Total	283	100.0	100.0	

**134.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**135.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**136.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**137.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**138.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**139.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**140.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**141.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**142.) Are you currently on a waiting list for any of the following services: Senior Discount Programs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	2.1	2.1
	No	273	96.5	96.5	98.6
	Don't Know/Not sure	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**143.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	2	.7	33.3	33.3
	4	1	.4	16.7	50.0
	6	1	.4	16.7	66.7
	24	1	.4	16.7	83.3
	Don't know	1	.4	16.7	100.0
	Total	6	2.1	100.0	
Missing		277	97.9		
Total		283	100.0		

**144.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	16.7	16.7
	3	2	.7	33.3	50.0
	5	3	1.1	50.0	100.0
	Total	6	2.1	100.0	
Missing		277	97.9		
Total		283	100.0		

**145.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	83.3	83.3
	No	1	.4	16.7	100.0
	Total	6	2.1	100.0	
Missing		277	97.9		
Total		283	100.0		

**146.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	2.1	100.0	100.0
Missing		277	97.9		
Total		283	100.0		

**147.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	33.3	33.3
	No	4	1.4	66.7	100.0
	Total	6	2.1	100.0	
Missing		277	97.9		
Total		283	100.0		

**148.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	2.1	100.0	100.0
Missing		277	97.9		
Total		283	100.0		

**149.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	2.1	100.0	100.0
Missing		277	97.9		
Total		283	100.0		

**150) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	2.1	100.0	100.0
Missing		277	97.9		
Total		283	100.0		

**151.) Are you currently on a waiting list for any of the following services: Information and Referral Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	279	98.6	98.6	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**152.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12	2	.7	66.7	66.7
	Don't know	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**153.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**154.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**155.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**156.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**157.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**158.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**159.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**160.) Are you currently on a waiting list for any of the following services: Telephone Reassurance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	279	98.6	98.6	98.6
	Don't Know/Not sure	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**161.) Are you currently on a waiting list for any of the following services: Transportation Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	3.2	3.2
	No	273	96.5	96.5	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**162.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	11.1	11.1
	2	1	.4	11.1	22.2
	3	1	.4	11.1	33.3
	4	1	.4	11.1	44.4
	7	1	.4	11.1	55.6
	12	3	1.1	33.3	88.9
	24	1	.4	11.1	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**163.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	3	1.1	33.3	33.3
	5	6	2.1	66.7	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**164.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	33.3	33.3
	No	6	2.1	66.7	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**165.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	22.2	22.2
	No	7	2.5	77.8	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**166.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	55.6	55.6
	No	4	1.4	44.4	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**167.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9	3.2	100.0	100.0
Missing		274	96.8		
Total		283	100.0		

**168.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	11.1	11.1
	No	8	2.8	88.9	100.0
	Total	9	3.2	100.0	
Missing		274	96.8		
Total		283	100.0		

**169.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9	3.2	100.0	100.0
Missing		274	96.8		
Total		283	100.0		

**170.) Are you currently on a waiting list for any of the following services: Shopping Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	1.4	1.4
	No	277	97.9	97.9	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**171.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8	1	.4	25.0	25.0
	12	1	.4	25.0	50.0
	18	1	.4	25.0	75.0
	36	1	.4	25.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**172.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	2	.7	50.0	50.0
	5	2	.7	50.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**173.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	50.0	50.0
	No	2	.7	50.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**174.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	25.0	25.0
	No	3	1.1	75.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		



**175.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	50.0	50.0
	No	2	.7	50.0	100.0
	Total	4	1.4	100.0	
Missing		279	98.6		
Total		283	100.0		

**176.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4	1.4	100.0	100.0
Missing		279	98.6		
Total		283	100.0		

**177.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4	1.4	100.0	100.0
Missing		279	98.6		
Total		283	100.0		

**178.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4	1.4	100.0	100.0
Missing		279	98.6		
Total		283	100.0		

**179.) Are you currently on a waiting list for any of the following services: Adult Day Care**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	280	98.9	98.9	100.0
	Total	283	100.0	100.0	

**180.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	33.3	33.3
	12	1	.4	33.3	66.7
	24	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**181.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**182.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**183.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**184.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	66.7	66.7
	No	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**185.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**186.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**187.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**188.) Are you currently on a waiting list for any of the following services: Health Screening**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	283	100.0	100.0	100.0

**189.) Are you currently on a waiting list for any of the following services: Physical Fitness/Exercise Programs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	280	98.9	98.9	100.0
	Total	283	100.0	100.0	

**190.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	33.3	33.3
	1	1	.4	33.3	66.7
	32	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**191.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.4	33.3	33.3
	5	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**192.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**193.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**194.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**195.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**196.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**197.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**198.) Are you currently on a waiting list for any of the following services: Support Groups**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	282	99.6	99.6	100.0
	Total	283	100.0	100.0	

**199.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**200.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**201.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**202.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**203.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**204.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**205.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**206.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**207.) Are you currently on a waiting list for any of the following services: Medication Management Education**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	282	99.6	99.6	100.0
	Total	283	100.0	100.0	

**208.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	24	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**209.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**210.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**211.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**212.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**213.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**214.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**215.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**216.) Are you currently on a waiting list for any of the following services: Nutrition Counseling**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	281	99.3	99.3	100.0
	Total	283	100.0	100.0	

**217.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.4	50.0	50.0
	12	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**218.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.4	50.0	50.0
	5	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		



**219.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**220.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**221.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**222.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**223.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**224.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**225.) Are you currently on a waiting list for any of the following services: Case Management**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	279	98.6	98.6	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**226.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6	1	.4	50.0	50.0
	10	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**227.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	1	.4	50.0	50.0
	5	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**228.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**229.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**230.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**231.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**232.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**234.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**235.) Are you currently on a waiting list for any of the following services: Congregate Meals**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	8.1	8.1	8.1
	No	260	91.9	91.9	100.0
	Total	283	100.0	100.0	

**236.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 month	1	.4	4.3	4.3
	2	1	.4	4.3	8.7
	3	4	1.4	17.4	26.1
	6	1	.4	4.3	30.4
	8	2	.7	8.7	39.1
	11	2	.7	8.7	47.8
	12	7	2.5	30.4	78.3
	24	2	.7	8.7	87.0
	26	1	.4	4.3	91.3
	30	1	.4	4.3	95.7
	60	1	.4	4.3	100.0
Total		23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**237.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	3	1.1	13.0	13.0
	3	4	1.4	17.4	30.4
	4	2	.7	8.7	39.1
	5	14	4.9	60.9	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**238.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	21.7	21.7
	No	18	6.4	78.3	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**239.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	26.1	26.1
	No	17	6.0	73.9	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**240.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	3.5	43.5	43.5
	No	13	4.6	56.5	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**241.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	13.0	13.0
	No	20	7.1	87.0	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**242.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	4.3	4.3
	No	22	7.8	95.7	100.0
	Total	23	8.1	100.0	
Missing		260	91.9		
Total		283	100.0		

**243.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	23	8.1	100.0	100.0
Missing		260	91.9		
Total		283	100.0		

**244.) Are you currently on a waiting list for any of the following services: Respite care**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.1	1.1
	No	279	98.6	98.6	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	283	100.0	100.0	

**245.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	.4	33.3	33.3
	4	1	.4	33.3	66.7
	12	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**246.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	33.3	33.3
	4	1	.4	33.3	66.7
	5	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**247.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	66.7	66.7
	No	1	.4	33.3	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**248.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**249.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**250.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	33.3	33.3
	No	2	.7	66.7	100.0
	Total	3	1.1	100.0	
Missing		280	98.9		
Total		283	100.0		

**251.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**256.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3	1.1	100.0	100.0
Missing		280	98.9		
Total		283	100.0		

**257.) Are you currently on a waiting list for any of the following services: State Health Insurance Counseling**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	280	98.9	98.9	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**258.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**259.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**260.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**261.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**262.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**263.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**264.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		

**265.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	.4	100.0	100.0
Missing		282	99.6		
Total		283	100.0		



**266.) Are you currently on a waiting list for any of the following services: Senior Medicare Patrol**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	278	98.2	98.2	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**267.) How long have you been waiting to receive this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	.4	50.0	50.0
	24	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**268.) On a scale of 1 to 5, please rate your level of urgency for receiving this service.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**269.) Doing without at this time: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**270.) Getting help from friends: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**271.) Getting help from family: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	50.0	50.0
	No	1	.4	50.0	100.0
	Total	2	.7	100.0	
Missing		281	99.3		
Total		283	100.0		

**272.) Getting help from Church: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**273.) Getting help from community groups: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**274.) I have hired someone to help me: What are some of the ways you are coping without this service?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.7	100.0	100.0
Missing		281	99.3		
Total		283	100.0		

**275.) Are you currently on a waiting list for any of the following services: Ombudsman**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	280	98.9	98.9	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**276.) On a scale of 1 to 5, how would you rate your overall health**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	61	21.6	21.6	21.6
	2	51	18.0	18.0	39.6
	3	104	36.7	36.7	76.3
	4	51	18.0	18.0	94.3
	5	14	4.9	4.9	99.3
	Don't Know	2	.7	.7	100.0
	Total	283	100.0	100.0	

**277.) On a scale of 1 to 5, how much does your physical health interfere with your normal daily activities?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	27	9.5	9.5	9.5
	2	24	8.5	8.5	18.0
	3	52	18.4	18.4	36.4
	4	83	29.3	29.3	65.7
	5	95	33.6	33.6	99.3
	Don't Know	2	.7	.7	100.0
	Total	283	100.0	100.0	

**278.) Private insurance: Which of the following kinds of health insurance do you have? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	24.0	24.0	24.0
	No	214	75.6	75.6	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**279.) Medicaid: Which of the following kinds of health insurance do you have? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	93	32.9	32.9	32.9
	No	189	66.8	66.8	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**280.) Medicare: Which of the following kinds of health insurance do you have? [Check all that apply.)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	237	83.7	83.7	83.7
	No	45	15.9	15.9	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**281.) Do you have someone you consider to be your doctor or primary health care provider?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	265	93.6	93.6	93.6
	No	18	6.4	6.4	100.0
	Total	283	100.0	100.0	

**282.) Have you visited your doctor or primary health care provider in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	253	89.4	95.5	95.5
	No	12	4.2	4.5	100.0
	Total	265	93.6	100.0	
Missing		18	6.4		
Total		283	100.0		

**283.) Have you been hospitalized any time in the past 2 years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	151	53.4	53.4	53.4
	No	132	46.6	46.6	100.0
	Total	283	100.0	100.0	

**284.) Were you hospitalized multiple times?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	92	32.5	60.9	60.9
	No	58	20.5	38.4	99.3
	Don't Know/Not sure	1	.4	.7	100.0
	Total	151	53.4	100.0	
Missing		132	46.6		
Total		283	100.0		

**285.) What was the duration of your last hospitalization [How long were you in the hospital .)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Left the same day	13	4.6	8.6	8.6
	Stayed over night	14	4.9	9.3	17.9
	More than 1 day	52	18.4	34.4	52.3
	1 week	36	12.7	23.8	76.2
	Longer than 1 week	30	10.6	19.9	96.0
	1 month	1	.4	.7	96.7
	Longer than a month	4	1.4	2.6	99.3
	Don t Know/Not Sure	1	.4	.7	100.0
	Total	151	53.4	100.0	
Missing		132	46.6		
Total		283	100.0		

**286.) Upon being released from the hospital, was any kind of at-home assistance made available to you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	54	19.1	35.8	35.8
	No	84	29.7	55.6	91.4
	I did not require any assistance	13	4.6	8.6	100.0
	Total	151	53.4	100.0	
Missing		132	46.6		
Total		283	100.0		

**287.) Have you ever been in need of medical care but decided not to seek medical help?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	24.0	24.0	24.0
	No	212	74.9	74.9	98.9
	Don t Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**288.) No transportation: What are some reasons you decided not to seek medical help? [Check all that apply.)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	5.7	5.7	5.7
	No	267	94.3	94.3	100.0
	Total	283	100.0	100.0	

**289.) Cost of medical care: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	10.6	10.6	10.6
	No	253	89.4	89.4	100.0
	Total	283	100.0	100.0	

**290.) Could not get an appointment: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	281	99.3	99.3	100.0
	Total	283	100.0	100.0	

**291.) Insurance would not be accepted: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	1.4	1.4
	No	279	98.6	98.6	100.0
	Total	283	100.0	100.0	

**292.) Unable to leave home: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	3.2	3.2
	No	274	96.8	96.8	100.0
	Total	283	100.0	100.0	

**293.) Decided to treat myself: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	4.6	4.6	4.6
	No	270	95.4	95.4	100.0
	Total	283	100.0	100.0	

**294.) Other reason [Please specify.]: What are some reasons you decided not to seek medical help? [Check all that apply.]**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	4.2	4.2	4.2
	No	271	95.8	95.8	100.0
	Total	283	100.0	100.0	

**294\_other.) Other please specify:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		271	95.8	95.8	95.8
	Afraid to find out what was wrong	1	.4	.4	96.1
	Caring for sick parents	1	.4	.4	96.5
	does not have a regular doctor/reg dr on leave	1	.4	.4	96.8
	doesn't want to ask for help	1	.4	.4	97.2
	felt like I was too old for surgery.	1	.4	.4	97.5
	Frustration	1	.4	.4	97.9
	no insurance	1	.4	.4	98.2
	personal reasons. she does not like to go the the dr	1	.4	.4	98.6
	personal choice not to have a 2nd hip replacement	1	.4	.4	98.9
	Thought the problem would go away.	1	.4	.4	99.3
	to stubborn	1	.4	.4	99.6
	wait around to see if things will get better.	1	.4	.4	100.0
	Total	283	100.0	100.0	

**295.) Eye exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	162	57.2	57.2	57.2
	No	119	42.0	42.0	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**296.) Hearing exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	22.6	22.6	22.6
	No	217	76.7	76.7	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**297.) Dental exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	59	20.8	20.8	20.8
	No	222	78.4	78.4	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**298.) Physical exam: Have you had any of the following tests or examinations in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	202	71.4	71.4	71.4
	No	79	27.9	27.9	99.3
	Don't Know/Not sure	2	.7	.7	100.0
	Total	283	100.0	100.0	

**299.) How many prescription medications are you currently taking?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	5	1.8	1.8	1.8
	1	11	3.9	3.9	5.7
	2	19	6.7	6.7	12.4
	3	15	5.3	5.3	17.7
	4	28	9.9	9.9	27.6
	5	37	13.1	13.1	40.6
	6	26	9.2	9.2	49.8
	7	31	11.0	11.0	60.8
	8	28	9.9	9.9	70.7
	9	11	3.9	3.9	74.6
	10	24	8.5	8.5	83.0
	11	7	2.5	2.5	85.5
	12	14	4.9	4.9	90.5
	13	6	2.1	2.1	92.6
	14	5	1.8	1.8	94.3
	15	5	1.8	1.8	96.1
	16	2	.7	.7	96.8
	20	1	.4	.4	97.2
	21	1	.4	.4	97.5
	22	1	.4	.4	97.9
24	1	.4	.4	98.2	
28	1	.4	.4	98.6	
	Don't Know/Not Sure	4	1.4	1.4	100.0
	Total	283	100.0	100.0	



**300.) How many non-prescription medications are you taking on a regular basis?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	103	36.4	36.4	36.4
	1	87	30.7	30.7	67.1
	2	43	15.2	15.2	82.3
	3	20	7.1	7.1	89.4
	4	11	3.9	3.9	93.3
	5	9	3.2	3.2	96.5
	6	4	1.4	1.4	97.9
	8	2	.7	.7	98.6
	10	2	.7	.7	99.3
	Don't Know/Not Sure	2	.7	.7	100.0
Total	283	100.0	100.0		

**301.) Prescription medications: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	22.6	22.6	22.6
	No	216	76.3	76.3	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**302.) Eyeglasses: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	86	30.4	30.4	30.4
	No	194	68.6	68.6	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**303.) Hearing aids: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	9.9	9.9	9.9
	No	252	89.0	89.0	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**304.) Dentures: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	22.3	22.3	22.3
	No	217	76.7	76.7	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**305.) Walkers, wheelchair, or canes: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	11.0	11.0	11.0
	No	249	88.0	88.0	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**306.) Ramps: Have you recently needed any of the following, but could not afford them?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.4	6.4	6.4
	No	262	92.6	92.6	98.9
	Don't Know/Not sure	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**307.) Do you smoke cigarettes?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	14.5	14.5	14.5
	No	241	85.2	85.2	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**308.) On average, how many alcoholic drinks do you consume in a typical week?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	264	93.3	93.3	93.3
	1 - 2	10	3.5	3.5	96.8
	3 or more	6	2.1	2.1	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**309.) Heart problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	124	43.8	43.8	43.8
	No	159	56.2	56.2	100.0
	Total	283	100.0	100.0	

**310.) High blood pressure: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	223	78.8	78.8	78.8
	No	60	21.2	21.2	100.0
	Total	283	100.0	100.0	

**311.) Arthritis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	219	77.4	77.4	77.4
	No	64	22.6	22.6	100.0
	Total	283	100.0	100.0	

**312.) Bursitis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	22.6	22.6	22.6
	No	219	77.4	77.4	100.0
	Total	283	100.0	100.0	

**313.) Stroke: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	54	19.1	19.1	19.1
	No	229	80.9	80.9	100.0
	Total	283	100.0	100.0	

**314.) Hardening of arteries: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	15.2	15.2	15.2
	No	240	84.8	84.8	100.0
	Total	283	100.0	100.0	

**315.) Rheumatism: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	26.1	26.1	26.1
	No	209	73.9	73.9	100.0
	Total	283	100.0	100.0	

**316.) Diabetes: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	98	34.6	34.6	34.6
	No	185	65.4	65.4	100.0
	Total	283	100.0	100.0	

**317.) Chest pains: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	103	36.4	36.4	36.4
	No	180	63.6	63.6	100.0
	Total	283	100.0	100.0	

**318.) Cancer: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	34	12.0	12.0	12.0
	No	249	88.0	88.0	100.0
	Total	283	100.0	100.0	

**319.) Stomach or digestion problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	133	47.0	47.0	47.0
	No	150	53.0	53.0	100.0
	Total	283	100.0	100.0	

**320.) Kidney or urinary problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	108	38.2	38.2	38.2
	No	175	61.8	61.8	100.0
	Total	283	100.0	100.0	

**321.) Liver problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.4	6.4	6.4
	No	265	93.6	93.6	100.0
	Total	283	100.0	100.0	

**322.) Joint problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	153	54.1	54.1	54.1
	No	130	45.9	45.9	100.0
	Total	283	100.0	100.0	

**323.) Vision problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	164	58.0	58.0	58.0
	No	119	42.0	42.0	100.0
	Total	283	100.0	100.0	

**324.) Hearing problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	86	30.4	30.4	30.4
	No	197	69.6	69.6	100.0
	Total	283	100.0	100.0	

**325.) Trouble sleeping: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	149	52.7	52.7	52.7
	No	134	47.3	47.3	100.0
	Total	283	100.0	100.0	

**326.) Shaking problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	70	24.7	24.7	24.7
	No	213	75.3	75.3	100.0
	Total	283	100.0	100.0	

**327.) Mental illness: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	35	12.4	12.4	12.4
	No	248	87.6	87.6	100.0
	Total	283	100.0	100.0	

**328.) Memory loss: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	115	40.6	40.6	40.6
	No	168	59.4	59.4	100.0
	Total	283	100.0	100.0	

**329.) Skin problems: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	26.1	26.1	26.1
	No	209	73.9	73.9	100.0
	Total	283	100.0	100.0	

**328.) Back pain: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	173	61.1	61.1	61.1
	No	110	38.9	38.9	100.0
	Total	283	100.0	100.0	

**329.) Amputations: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	3.2	3.2
	No	274	96.8	96.8	100.0
	Total	283	100.0	100.0	

**330.) Phlebitis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	4.9	4.9	4.9
	No	269	95.1	95.1	100.0
	Total	283	100.0	100.0	

**331.) Paralysis: Which of the following health conditions have you had in the past two years?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	6.0	6.0	6.0
	No	266	94.0	94.0	100.0
	Total	283	100.0	100.0	

**332.) Which of the following best describes the type of home you live in:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single family home	211	74.6	74.6	74.6
	Mobile home	39	13.8	13.8	88.3
	Condominium/apartment	21	7.4	7.4	95.8
	Senior independent apartment	9	3.2	3.2	98.9
	Assisted living	1	.4	.4	99.3
	Group home	1	.4	.4	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**333.) Do you own or rent your home?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rent	41	14.5	15.1	15.1
	Own	220	77.7	80.9	96.0
	Neither	10	3.5	3.7	99.6
	Refused	1	.4	.4	100.0
	Total	272	96.1	100.0	
Missing		11	3.9		
Total		283	100.0		

**334.) Including yourself, how many people live with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	140	49.5	49.5	49.5
	2 - 3	132	46.6	46.6	96.1
	4 or more	10	3.5	3.5	99.6
	Refused	1	.4	.4	100.0
	Total	283	100.0	100.0	

**335.) Spouse or significant other: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	76	26.9	26.9	26.9
	No	207	73.1	73.1	100.0
	Total	283	100.0	100.0	

**336.) Children: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	18.7	18.7	18.7
	No	230	81.3	81.3	100.0
	Total	283	100.0	100.0	

**337.) Relative: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	4.9	4.9	4.9
	No	269	95.1	95.1	100.0
	Total	283	100.0	100.0	

**338.) Grandchildren: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	6.0	6.0	6.0
	No	266	94.0	94.0	100.0
	Total	283	100.0	100.0	

**339.) Other relatives: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	2.8	2.8	2.8
	No	275	97.2	97.2	100.0
	Total	283	100.0	100.0	

**340.) Unrelated Adults [Friend or Roommate]: Who lives with you?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.8	1.8	1.8
	No	278	98.2	98.2	100.0
	Total	283	100.0	100.0	

**341.) On a scale of 1 to 5, how satisfied are you with your current living arrangement? ONE indicates the lowest level of satisfaction and FIVE indicates the highest level of satisfaction.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	21	7.4	7.4	7.4
	2	15	5.3	5.3	12.7
	3	52	18.4	18.4	31.1
	4	66	23.3	23.3	54.4
	5	126	44.5	44.5	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	



**342.) Physical Health: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	54	19.1	19.1	19.1
	2	20	7.1	7.1	26.1
	3	37	13.1	13.1	39.2
	4	34	12.0	12.0	51.2
	5	122	43.1	43.1	94.3
	Don't Know	13	4.6	4.6	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**343.) Mental health: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	115	40.6	40.6	40.6
	2	27	9.5	9.5	50.2
	3	30	10.6	10.6	60.8
	4	31	11.0	11.0	71.7
	5	62	21.9	21.9	93.6
	Don't Know	15	5.3	5.3	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**344.) Finding employment: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	249	88.0	88.0	88.0
	2	4	1.4	1.4	89.4
	3	3	1.1	1.1	90.5
	4	3	1.1	1.1	91.5
	5	13	4.6	4.6	96.1
	Don't Know	8	2.8	2.8	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**345.) Retaining current employment: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	251	88.7	88.7	88.7
	2	4	1.4	1.4	90.1
	3	3	1.1	1.1	91.2
	4	2	.7	.7	91.9
	5	12	4.2	4.2	96.1
	Don't Know	8	2.8	2.8	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**346.) Driving on your own: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	175	61.8	61.8	61.8
	2	13	4.6	4.6	66.4
	3	25	8.8	8.8	75.3
	4	17	6.0	6.0	81.3
	5	39	13.8	13.8	95.1
	Don't Know	11	3.9	3.9	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**347.) Lack of transportation: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	143	50.5	50.5	50.5
	2	21	7.4	7.4	58.0
	3	29	10.2	10.2	68.2
	4	16	5.7	5.7	73.9
	5	59	20.8	20.8	94.7
	Don't Know	12	4.2	4.2	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**348.) Affording basic needs [like food or rent.]: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	115	40.6	40.6	40.6
	2	22	7.8	7.8	48.4
	3	45	15.9	15.9	64.3
	4	31	11.0	11.0	75.3
	5	54	19.1	19.1	94.3
	Don't Know	13	4.6	4.6	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**349.) Affording medications: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	120	42.4	42.4	42.4
	2	19	6.7	6.7	49.1
	3	24	8.5	8.5	57.6
	4	38	13.4	13.4	71.0
	5	65	23.0	23.0	94.0
	Don't Know	14	4.9	4.9	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**350.) Affording health care: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	107	37.8	37.8	37.8
	2	25	8.8	8.8	46.6
	3	29	10.2	10.2	56.9
	4	30	10.6	10.6	67.5
	5	74	26.1	26.1	93.6
	Don't Know	15	5.3	5.3	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**351.) Living independently: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	117	41.3	41.3	41.3
	2	14	4.9	4.9	46.3
	3	22	7.8	7.8	54.1
	4	32	11.3	11.3	65.4
	5	78	27.6	27.6	92.9
	Don't Know	17	6.0	6.0	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**352.) Ability to care for others: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	152	53.7	53.7	53.7
	2	18	6.4	6.4	60.1
	3	17	6.0	6.0	66.1
	4	18	6.4	6.4	72.4
	5	59	20.8	20.8	93.3
	Don't Know	15	5.3	5.3	98.6
	Refused	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**356.) Not having someone to care for you: Looking ahead over the next 5 years, please rate each of the following items. ONE indicates the LOWEST level of concern and FIVE the HIGHEST level of concern.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	128	45.2	45.2	45.2
	2	14	4.9	4.9	50.2
	3	27	9.5	9.5	59.7
	4	31	11.0	11.0	70.7
	5	68	24.0	24.0	94.7
	Don't Know	12	4.2	4.2	98.9
	Refused	3	1.1	1.1	100.0
	Total	283	100.0	100.0	

**357.) 2010 HOUSEHOLD INCOME BEFORE TAXES**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 10,000	92	32.5	32.5	32.5
	Between \$10,000 and \$20,000	99	35.0	35.0	67.5
	Between \$20,000 and \$30,000	18	6.4	6.4	73.9
	Between \$30,000 and \$40,000	8	2.8	2.8	76.7
	Between \$40,000 and \$50,000	2	.7	.7	77.4
	Between \$50,000 and \$75,000	3	1.1	1.1	78.4
	Between \$75,000 and \$100,000	2	.7	.7	79.2
	Over \$150,000	1	.4	.4	79.5
	Don't Know/Not Sure	24	8.5	8.5	88.0
	Refused	34	12.0	12.0	100.0
Total	283	100.0	100.0		

**358.) Earnings from Employment: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	3.9	4.9	4.9
	No	214	75.6	95.1	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**359.) State or Federal Retirement Funds: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	14.5	18.2	18.2
	No	184	65.0	81.8	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**360.) Social Security: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	202	71.4	89.8	89.8
	No	22	7.8	9.8	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**361.) Supplementary Security Income: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	9.9	12.4	12.4
	No	197	69.6	87.6	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**362.) Food Stamps: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	45	15.9	20.0	20.0
	No	180	63.6	80.0	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**363.) Home Energy Assistance: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	4.9	6.2	6.2
	No	211	74.6	93.8	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**364.) Rent Payments from Tenants: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	1.8	1.8
	No	221	78.1	98.2	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**365.) Income from Savings or Investments: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	4.6	5.8	5.8
	No	212	74.9	94.2	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**366.) Veteran's Assistance or Pension: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	6.4	8.0	8.0
	No	207	73.1	92.0	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**367.) Disability Compensation: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	10.6	13.3	13.3
	No	195	68.9	86.7	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**368.) Railroad Retirement: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.4	1.8	1.8
	No	220	77.7	97.8	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**369.) Unemployment Insurance: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.1	1.3	1.3
	No	222	78.4	98.7	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**370.) Employee Pension Plan [401 K.): Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.2	4.0	4.0
	No	215	76.0	95.6	99.6
	Don't Know/Not sure	1	.4	.4	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**371.) Aid to Dependent Children: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	.4	.4
	No	224	79.2	99.6	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**378.) Gifts from Friends/Relatives: Please tell me if you currently receive any income from following sources:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	7.8	9.8	9.8
	No	203	71.7	90.2	100.0
	Total	225	79.5	100.0	
Missing		58	20.5		
Total		283	100.0		

**379.) Is it difficult for you to meet your basic needs with your current income?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	184	65.0	65.0	65.0
	No	90	31.8	31.8	96.8
	Don't Know/Not sure	3	1.1	1.1	97.9
	Refused	6	2.1	2.1	100.0
	Total	283	100.0	100.0	



**380.) In what year were you born?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1915	1	.4	.4	.4
	1916	1	.4	.4	.7
	1917	2	.7	.7	1.4
	1918	1	.4	.4	1.8
	1919	2	.7	.7	2.5
	1920	6	2.1	2.1	4.6
	1921	3	1.1	1.1	5.7
	1922	8	2.8	2.8	8.5
	1923	3	1.1	1.1	9.5
	1924	5	1.8	1.8	11.3
	1925	7	2.5	2.5	13.8
	1926	7	2.5	2.5	16.3
	1927	4	1.4	1.4	17.7
	1928	9	3.2	3.2	20.8
	1929	6	2.1	2.1	23.0
	1930	11	3.9	3.9	26.9
	1931	8	2.8	2.8	29.7
	1932	7	2.5	2.5	32.2
	1933	8	2.8	2.8	35.0
	1934	9	3.2	3.2	38.2
	1935	7	2.5	2.5	40.6
	1936	15	5.3	5.3	45.9
	1937	8	2.8	2.8	48.8
	1938	12	4.2	4.2	53.0
	1939	16	5.7	5.7	58.7
	1940	9	3.2	3.2	61.8
	1941	10	3.5	3.5	65.4
	1942	11	3.9	3.9	69.3
1943	6	2.1	2.1	71.4	
1944	5	1.8	1.8	73.1	
1945	9	3.2	3.2	76.3	
1946	6	2.1	2.1	78.4	

**380 cont.) In what year were you born?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1947	11	3.9	3.9	82.3
	1948	10	3.5	3.5	85.9
	1949	7	2.5	2.5	88.3
	1950	4	1.4	1.4	89.8
	1951	4	1.4	1.4	91.2
	1952	3	1.1	1.1	92.2
	1953	2	.7	.7	92.9
	1954	3	1.1	1.1	94.0
	1955	2	.7	.7	94.7
	1956	2	.7	.7	95.4
	1957	1	.4	.4	95.8
	1958	1	.4	.4	96.1
	1960	1	.4	.4	96.5
	1961	1	.4	.4	96.8
	1964	1	.4	.4	97.2
	Missing	8	2.8	2.8	100.0
	Total	283	100.0	100.0	

**381.) Are you of Hispanic or Latino ethnicity?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	.7	.7	.7
	No	276	97.5	97.5	98.2
	Refused	5	1.8	1.8	100.0
	Total	283	100.0	100.0	

**382.) What is your race or ethnicity? Would you say...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	170	60.1	60.1	60.1
	African-American	104	36.7	36.7	96.8
	Asian or Pacific Islander	1	.4	.4	97.2
	American Indian or Alaska Native?	1	.4	.4	97.5
	Refused	7	2.5	2.5	100.0
	Total	283	100.0	100.0	

### 383.) What is the highest level of education you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than High School	78	27.6	27.6	27.6
	High School Diploma	97	34.3	34.3	61.8
	Some College (No Degree)	47	16.6	16.6	78.4
	Associate's or Technical Degree	26	9.2	9.2	87.6
	Bachelor's Degree	10	3.5	3.5	91.2
	Master's Degree	10	3.5	3.5	94.7
	Doctoral Degree	1	.4	.4	95.1
	Professional Degree (medical, vet, dental, law)	1	.4	.4	95.4
	Don't Know/Not Sure	5	1.8	1.8	97.2
	Refused	8	2.8	2.8	100.0
Total	283	100.0	100.0		

### 384.) What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single (Never Married)	24	8.5	8.5	8.5
	Married	74	26.1	26.1	34.6
	Divorced	41	14.5	14.5	49.1
	Separated	10	3.5	3.5	52.7
	Widowed	127	44.9	44.9	97.5
	Co-habiting	2	.7	.7	98.2
	Refused	5	1.8	1.8	100.0
	Total	283	100.0	100.0	

### 385.) Which of the following best describes your current employment status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Working full-time	2	.7	.7	.7
	Working part-time	4	1.4	1.4	2.1
	Unemployed, but looking for work	3	1.1	1.1	3.2
	Unemployed, not looking for work	23	8.1	8.1	11.3
	Retired	206	72.8	72.8	84.1
	Refused	4	1.4	1.4	85.5
	Unable to work	41	14.5	14.5	100.0
	Total	283	100.0	100.0	

**386.) Are you a veteran of the U.S. armed forces [either Active, National Guard, or Reserves.]?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	10.2	10.2	10.2
	No	250	88.3	88.3	98.6
	Refused	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**387.) Are you a Registered Voter?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	256	90.5	90.5	90.5
	No	22	7.8	7.8	98.2
	Don't Know/Not sure	1	.4	.4	98.6
	Refused	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

**388.) Did you vote in the most recent presidential election?**

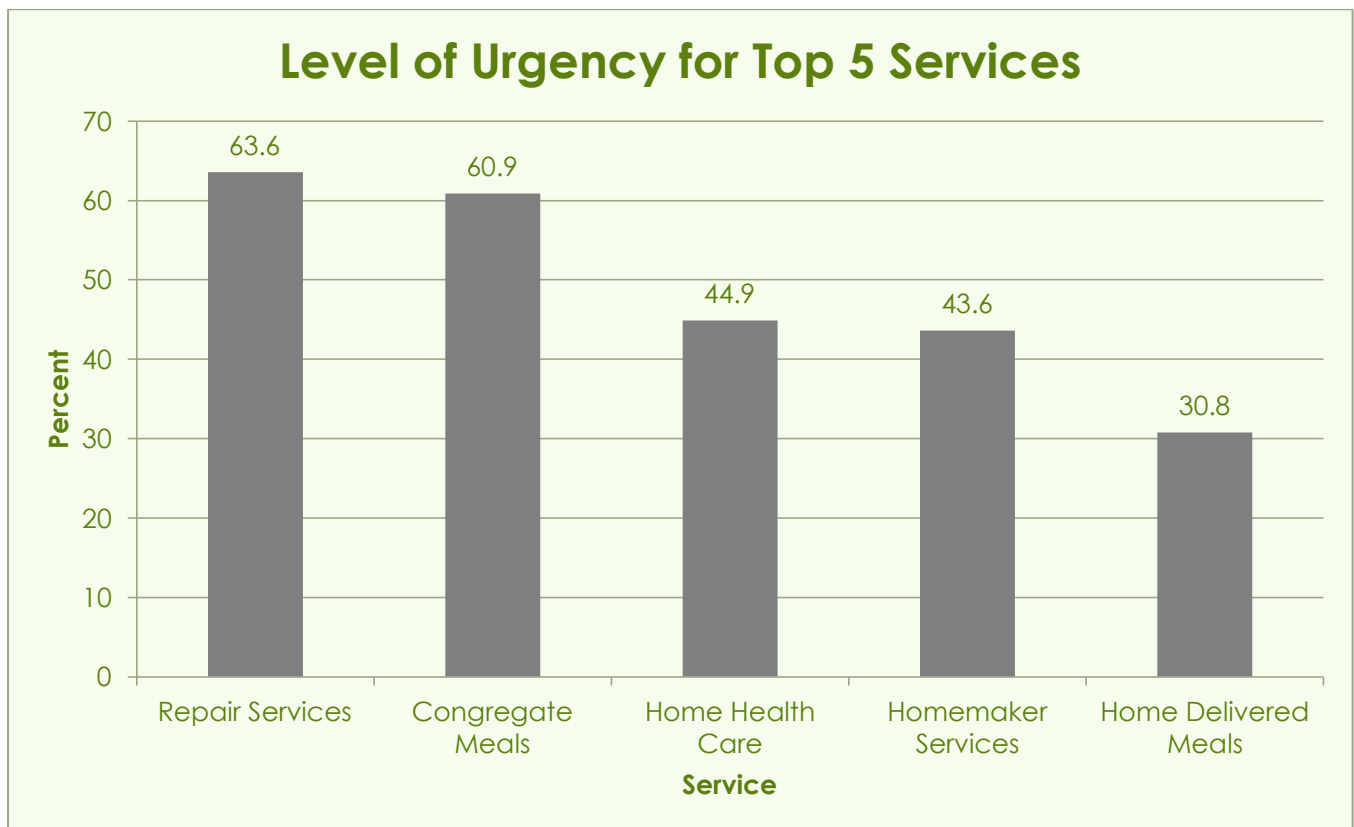
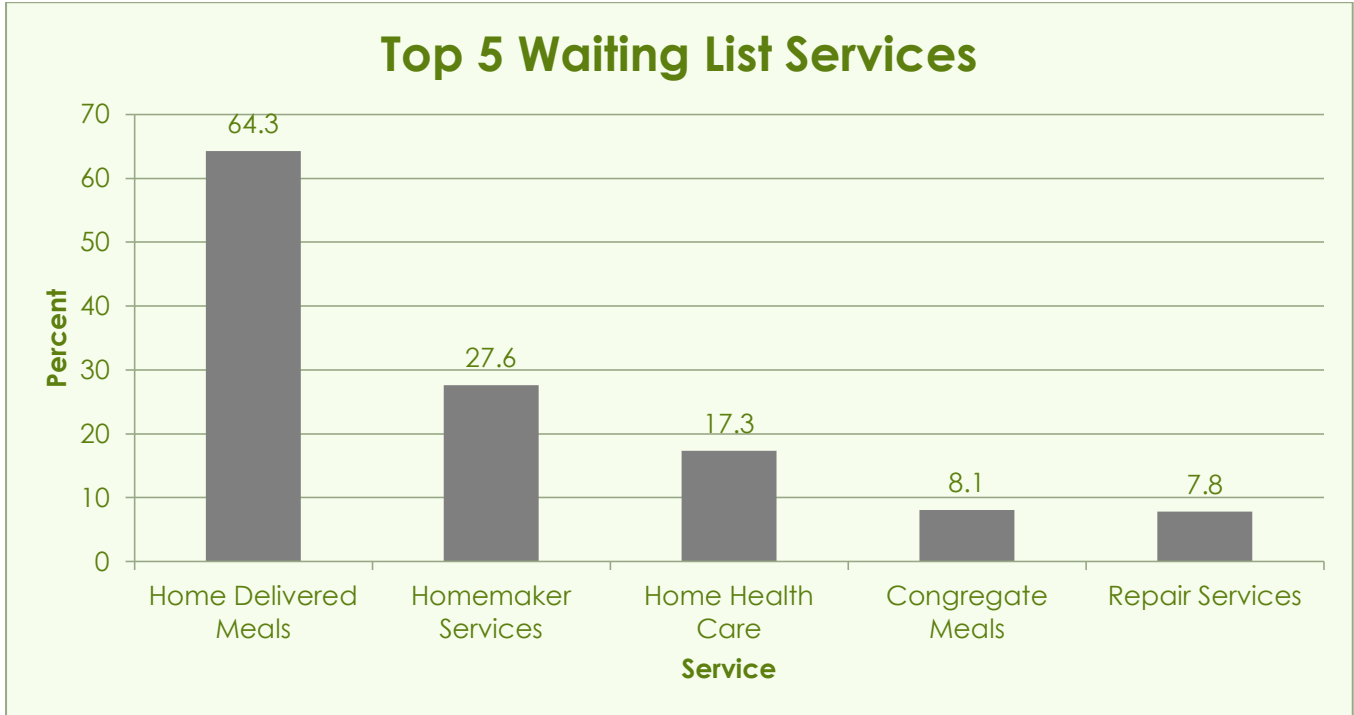
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	201	71.0	78.5	78.5
	No	50	17.7	19.5	98.0
	Don't Know/Not sure	4	1.4	1.6	99.6
	Refused	1	.4	.4	100.0
	Total	256	90.5	100.0	
Missing		27	9.5		
Total		283	100.0		

**399.) GENDER**

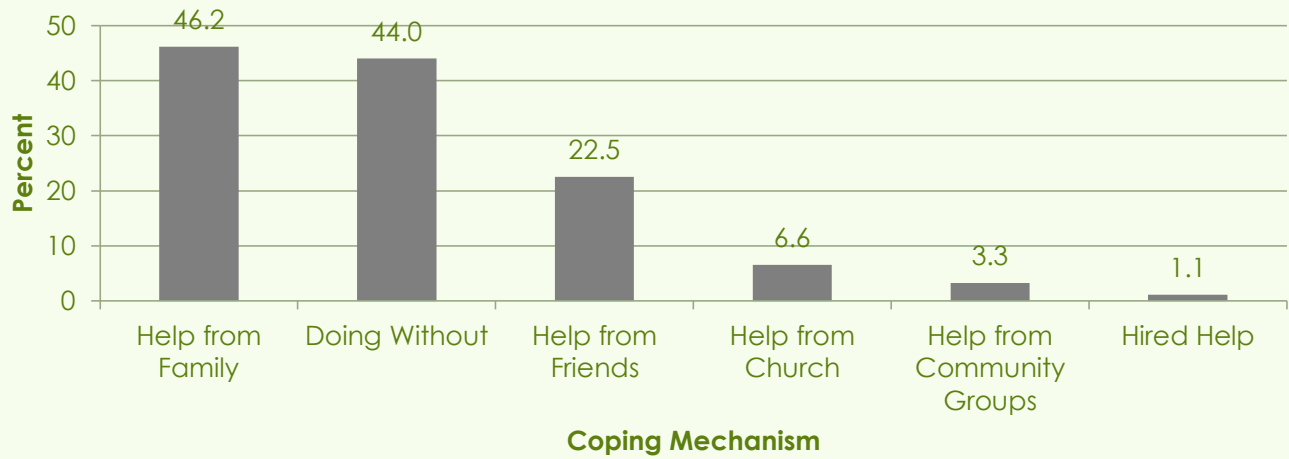
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	50	17.7	17.7	17.7
	Female	229	80.9	80.9	98.6
	Refused	4	1.4	1.4	100.0
	Total	283	100.0	100.0	

# WAITING LIST SURVEY GRAPHS

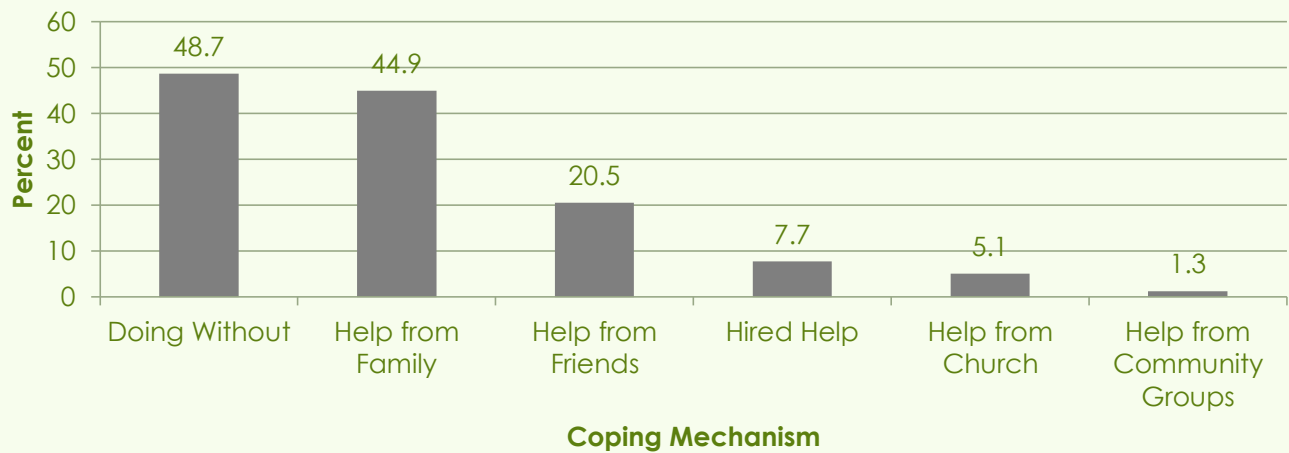
## I. SERVICE PROFILE



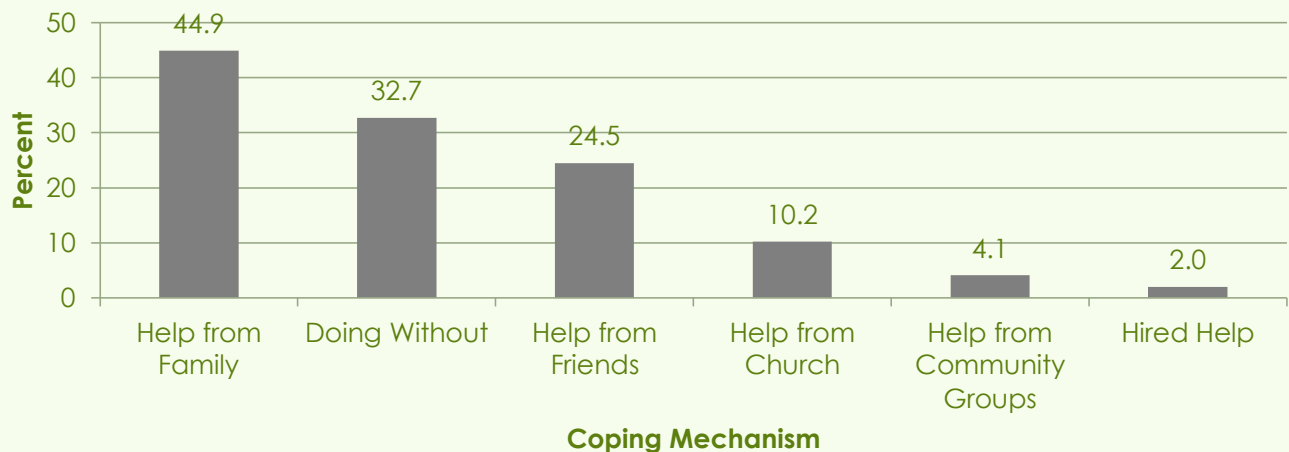
## Coping Mechanisms: Home Delivered Meals



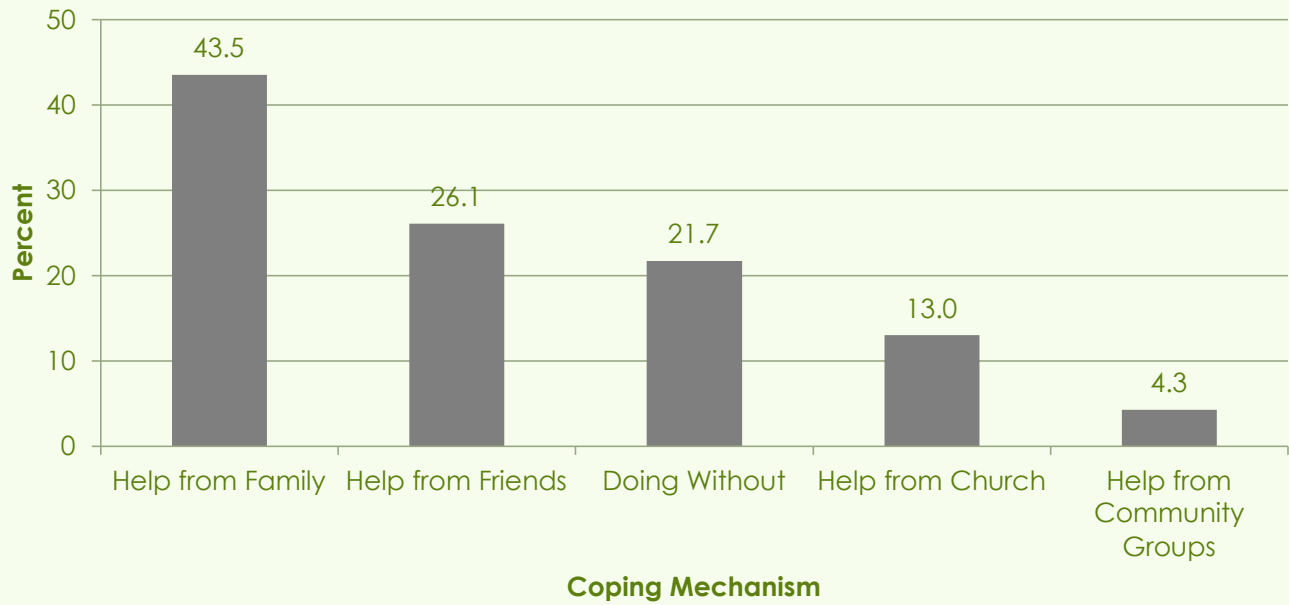
## Coping Mechanisms: Homemaker Services



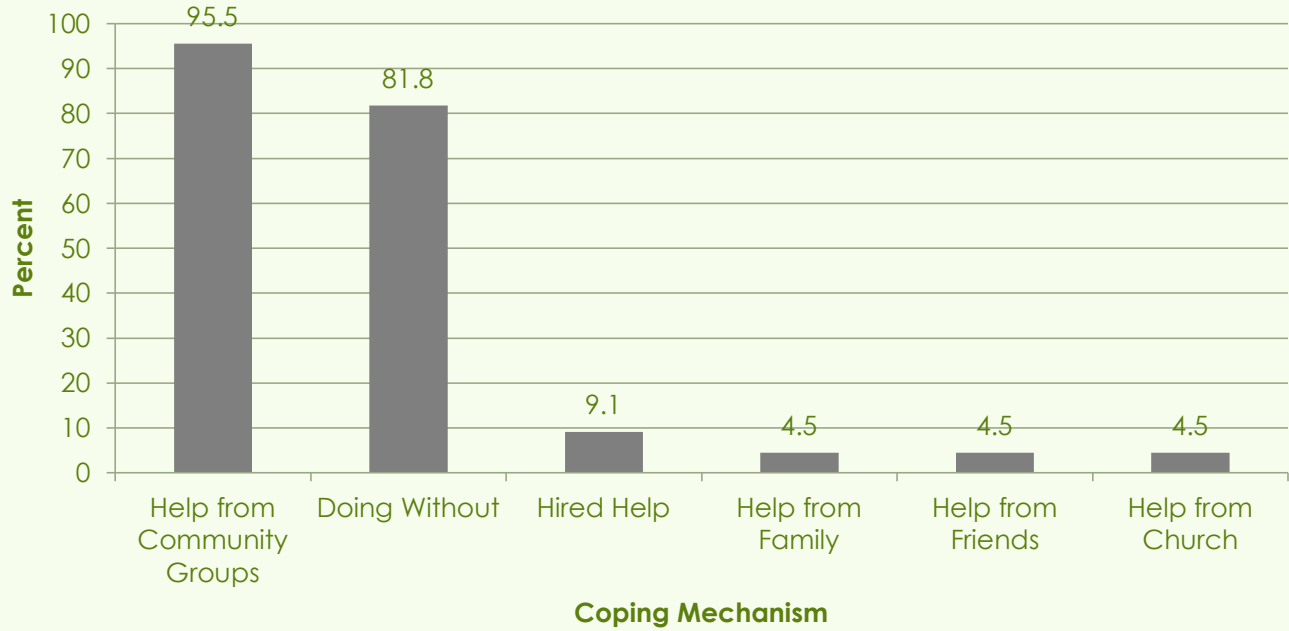
## Coping Mechanisms: Home Health Care



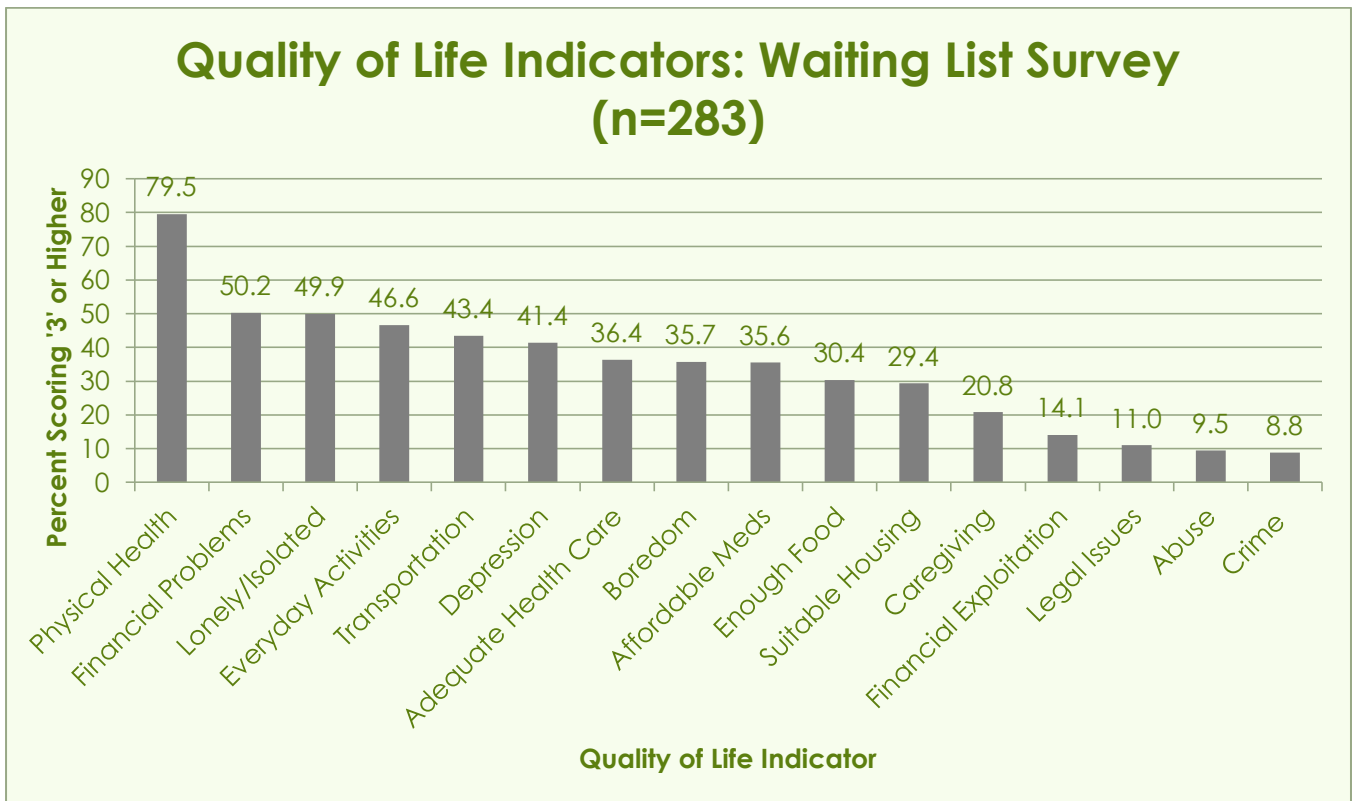
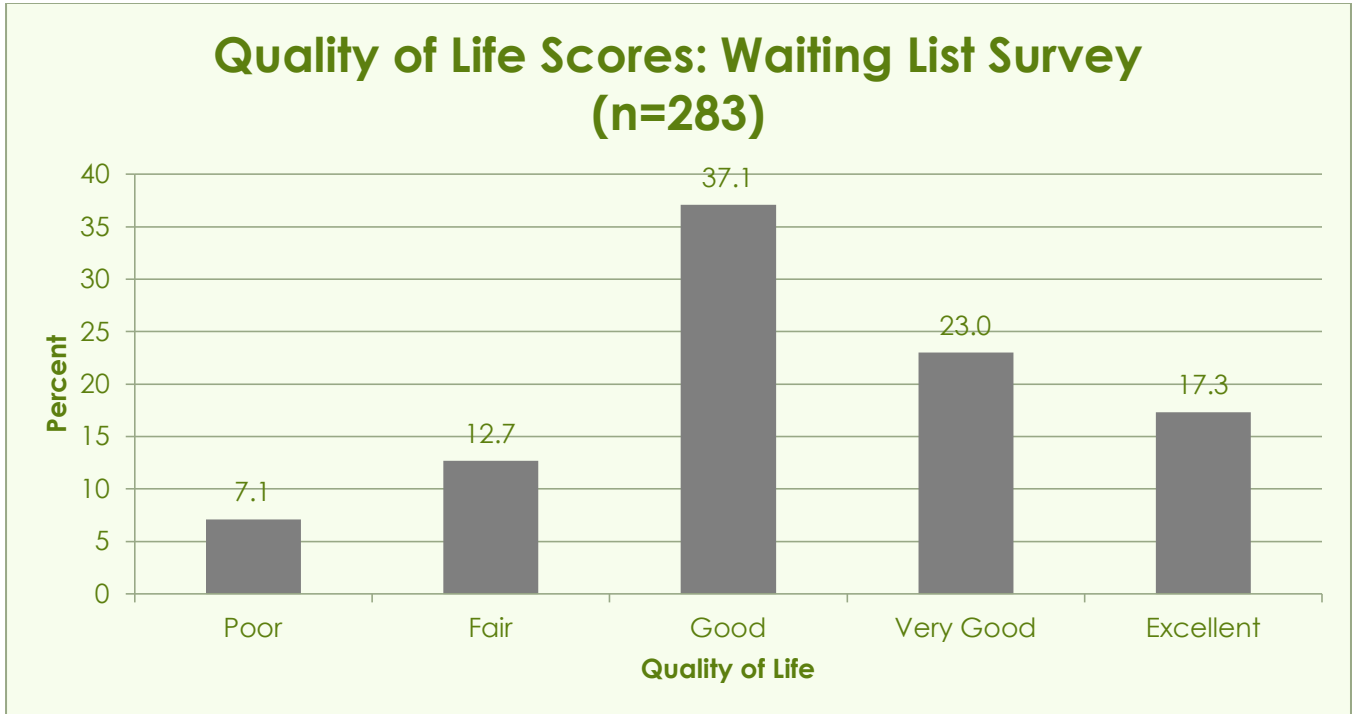
## Coping Mechanisms: Congregate Meals



## Coping Mechanisms: Repair Services

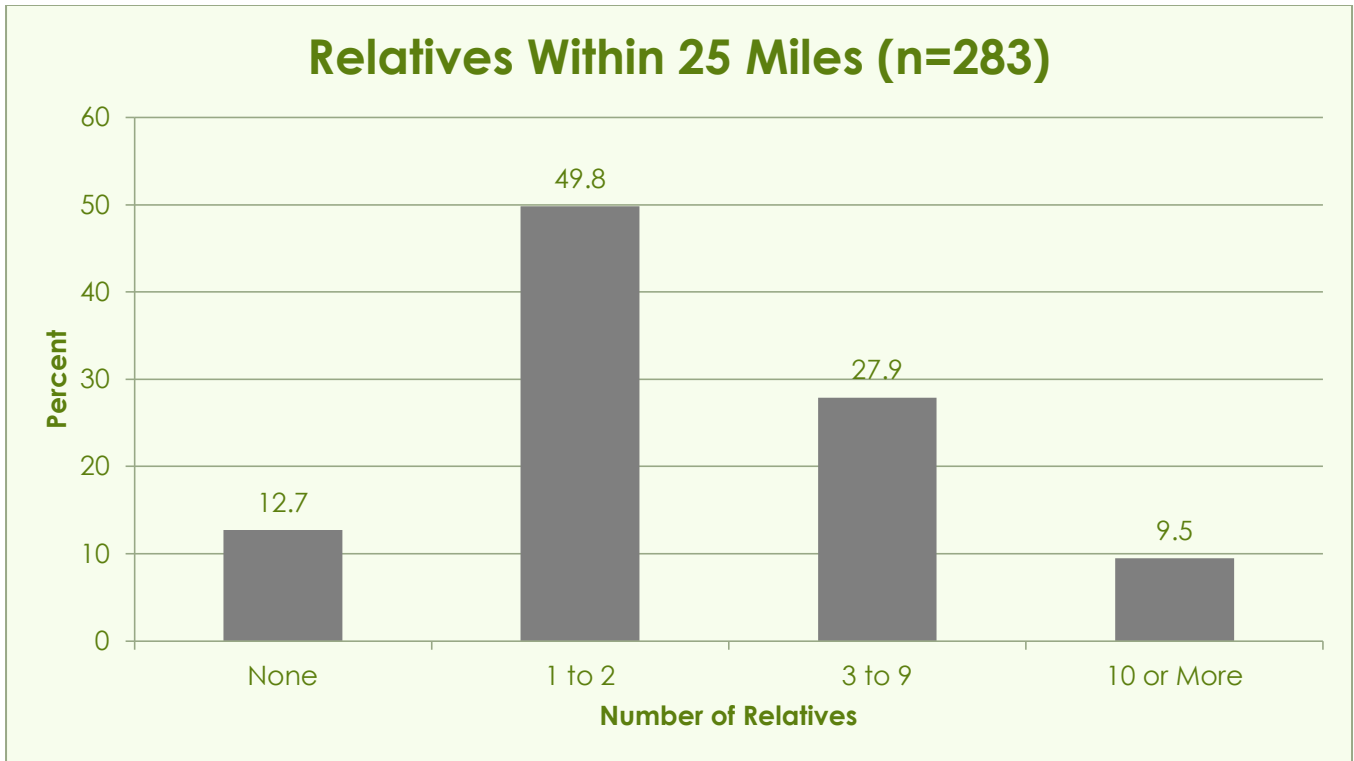


## II. QUALITY OF LIFE AND LIFESTYLE

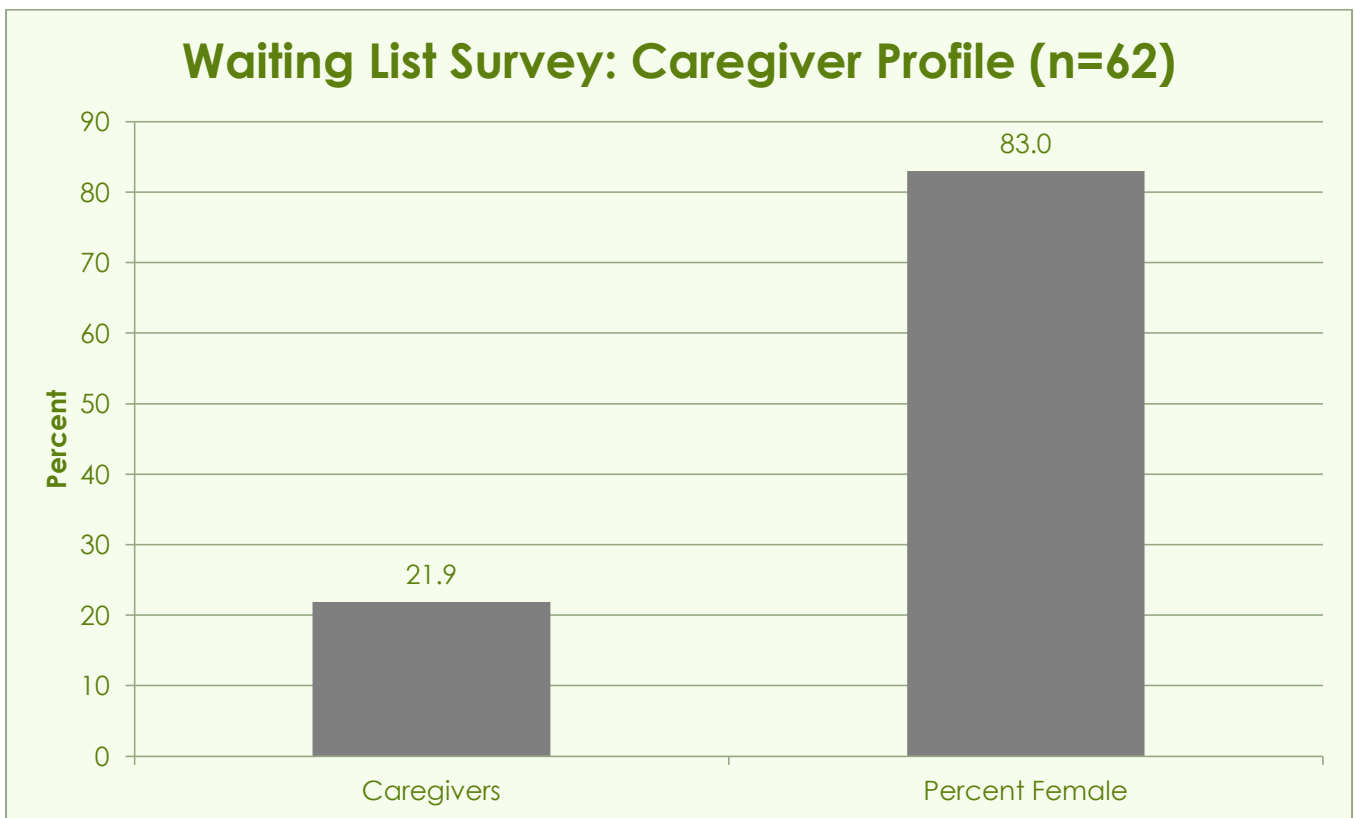




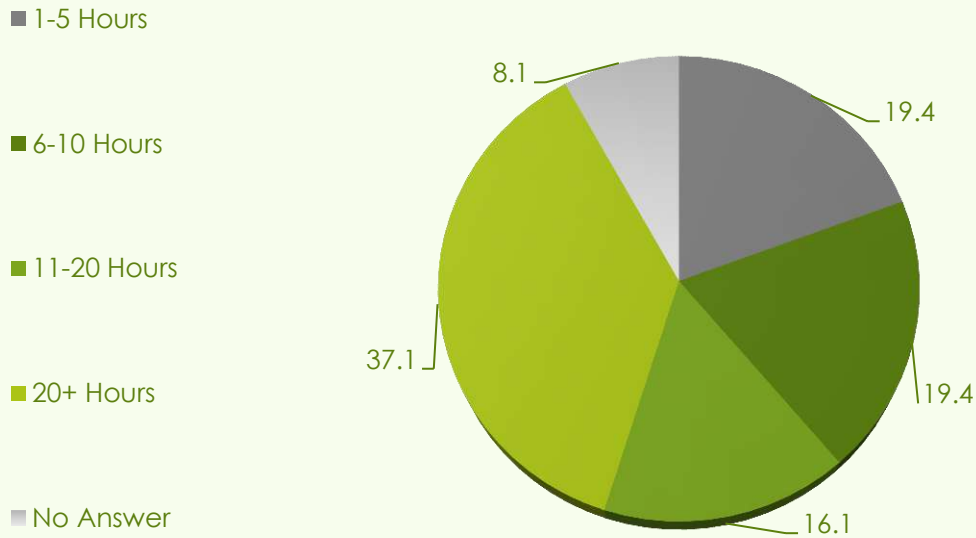
### III. FAMILY AND SOCIAL SUPPORT



### IV. CAREGIVING

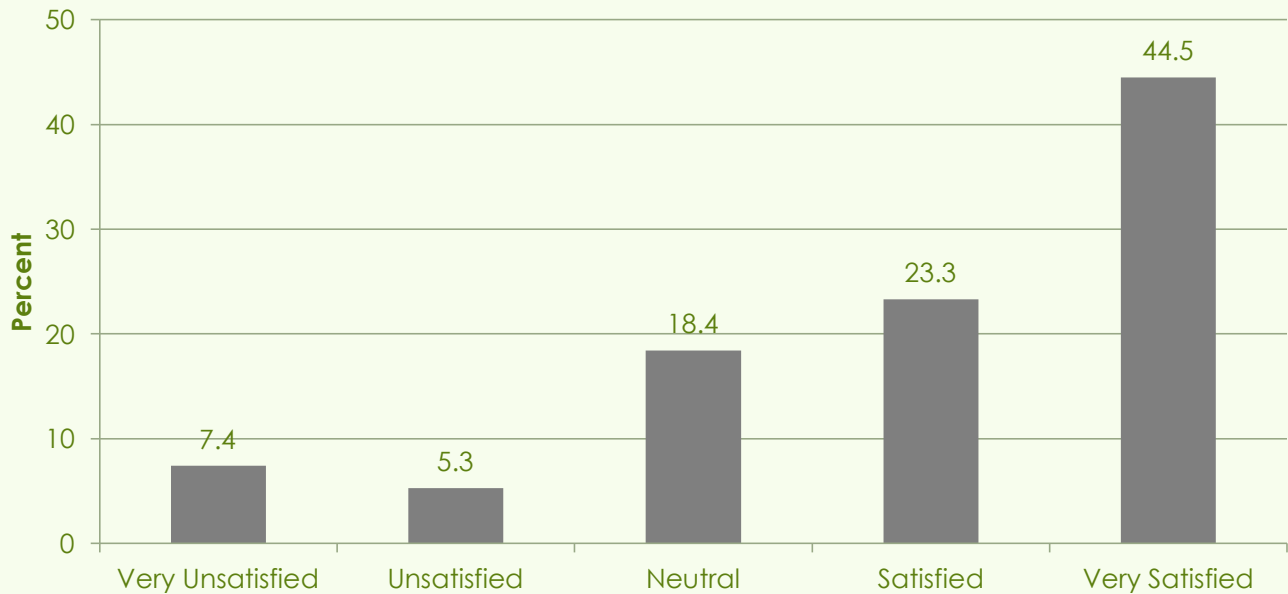


## Waiting List Survey: Hours per Week Spent Providing Care (n=62)

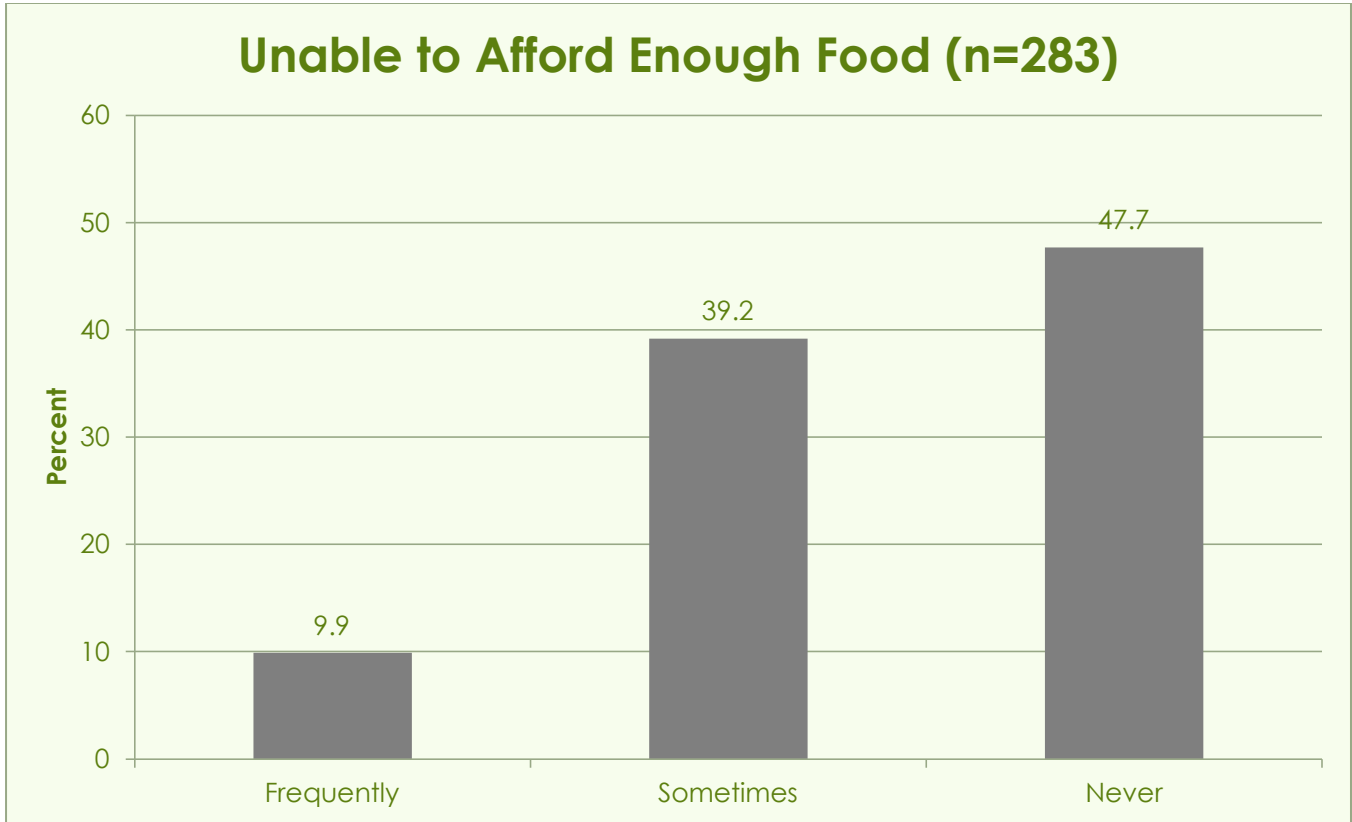


### V. LIVING ARRANGEMENTS

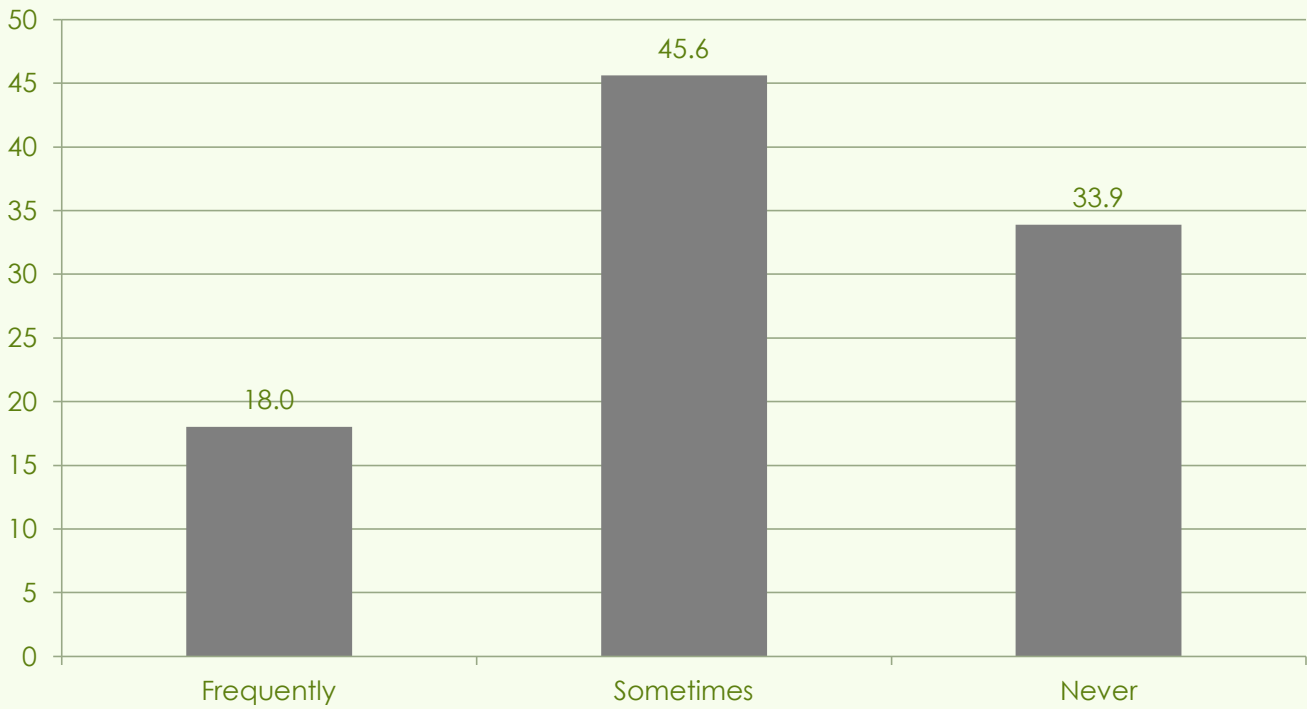
## Living Arrangement Satisfaction Scores (n=283)



VI. DIET AND FOOD SECURITY

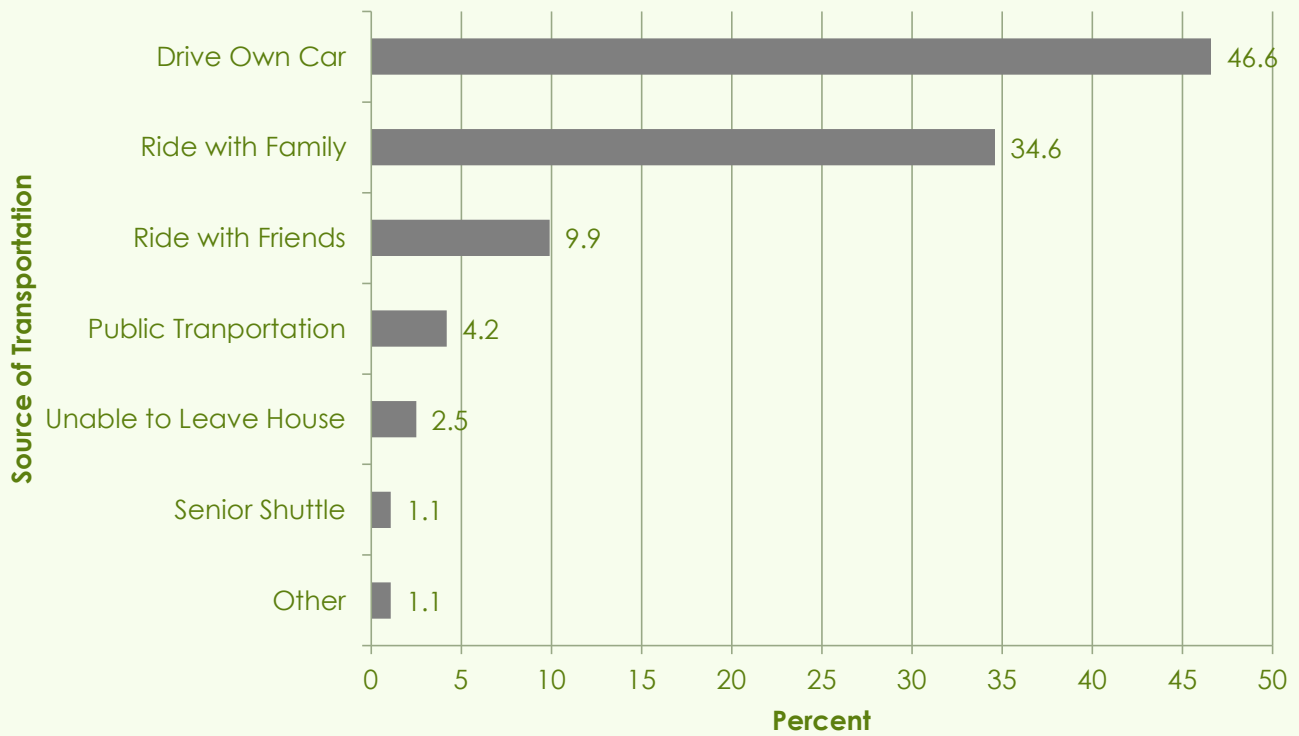


### Unable to Afford Healthier Meals (n=283)

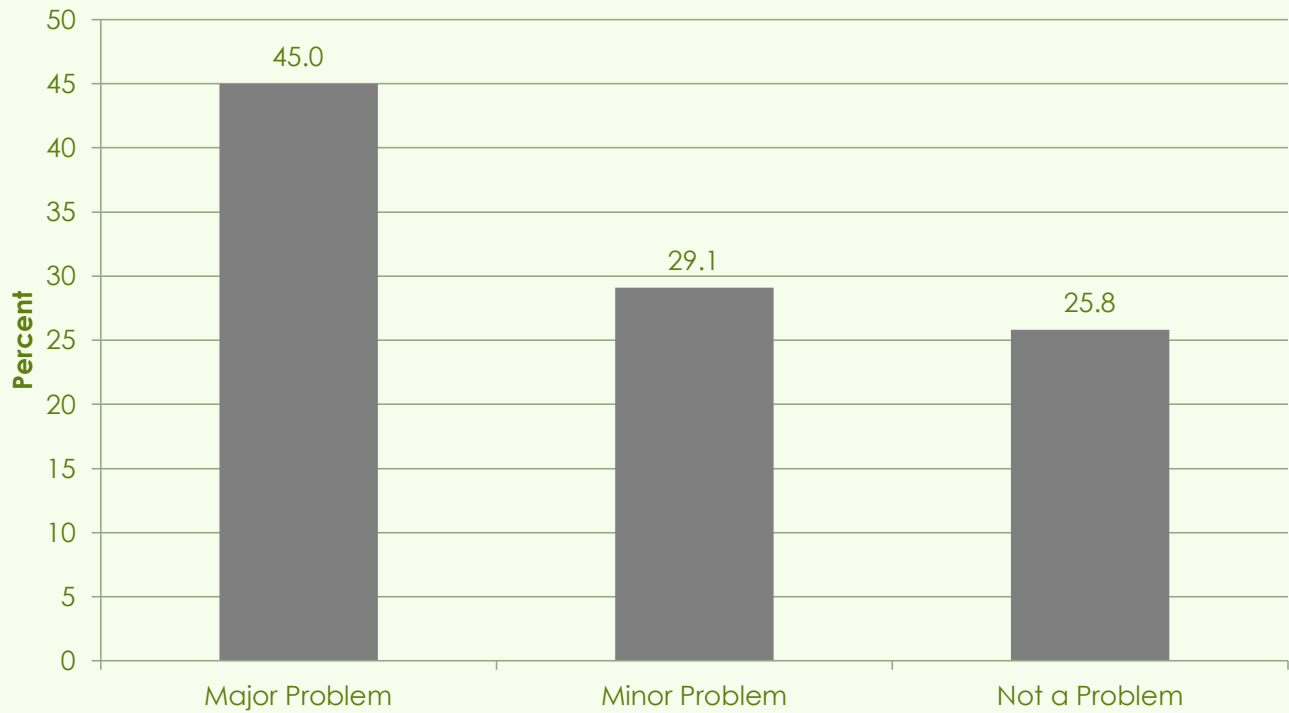


### VII. TRANSPORTATION

### Primary Source of Transportation (n=283)



### Severity of Transportation Problems (n=132)

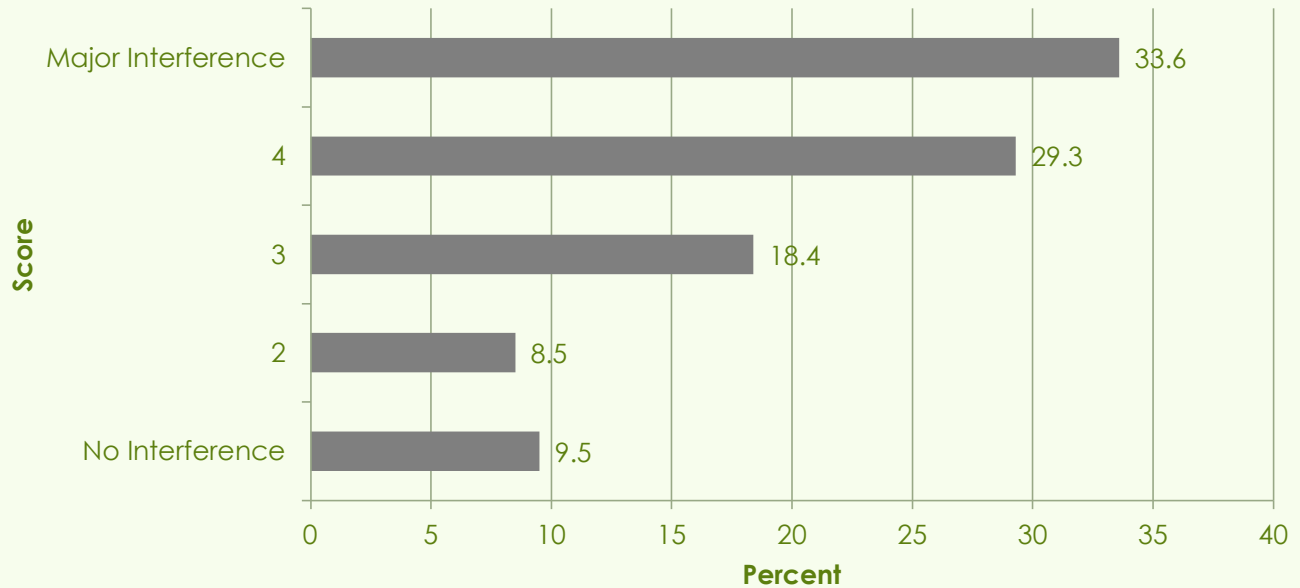


### VIII. HEALTH STATUS

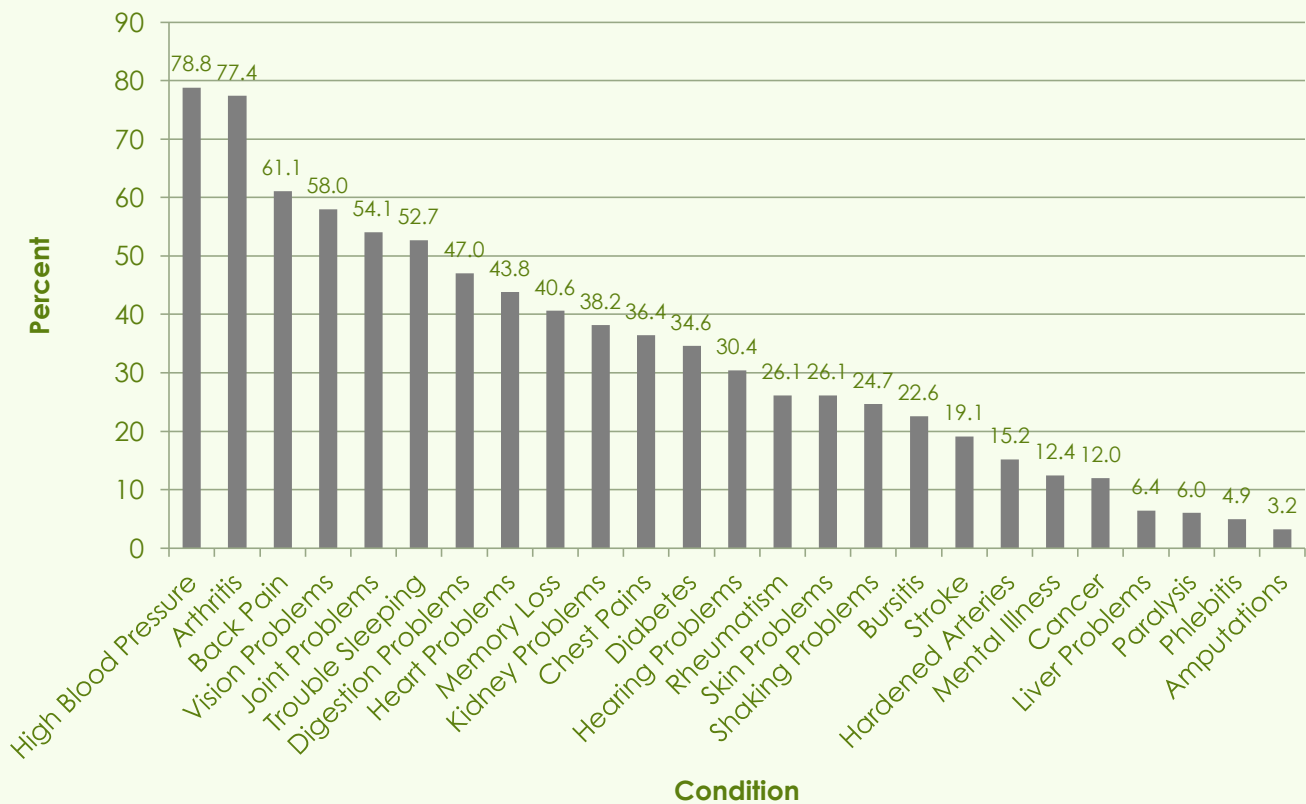
### Waiting List Survey: Self-Reported Health Scores (n=283)



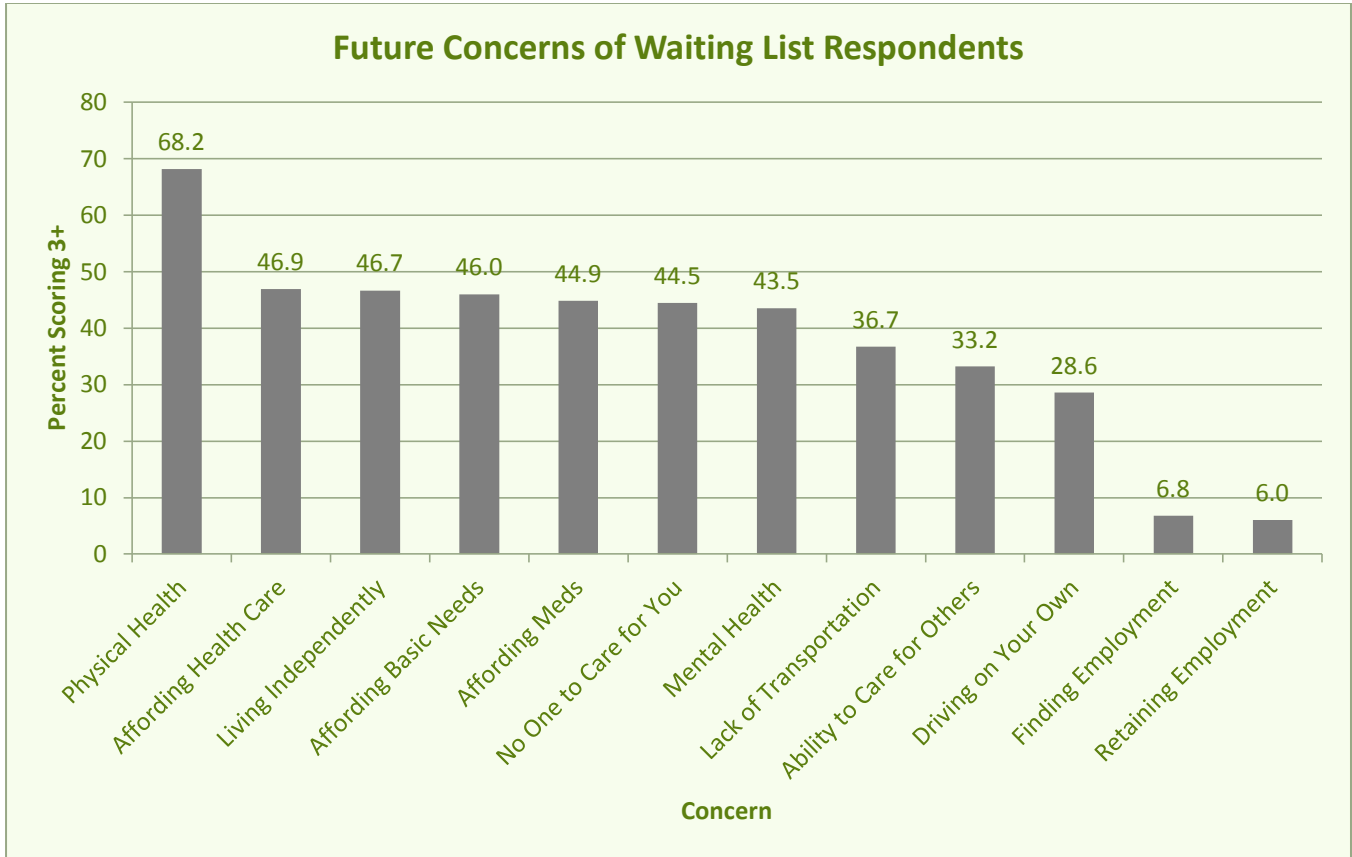
## Physical Health Interfering with Daily Activities (n=283)



## Waiting List Survey: Health Conditions



## IX. FUTURE CONCERNS



## XI. APPENDIX V:

# FOCUS GROUP DOCUMENTS

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Thank you for participating in today's focus group session. This focus group is part of a research project being conducted by the National Strategic Planning & Analysis Research Center at Mississippi State University on behalf of the Mississippi Department of Human Services that is looking at service provider perspectives on aging services. Today's focus group session will be conducted with the use of computer assisted focus group technology. We will put questions on the screen and you will submit information via a web interface on your computer. This technology is specifically designed to allow you to anonymously interact with the other participants as you respond to the focus group questions. Everything you do within the system will be anonymous. With this technology, there is no way to track any of your answers or the frequency of responses. Please remember that your participation is voluntary and you can choose not to answer any or all questions at any time and without anybody else knowing. Are there any questions before we get started with a little practice session?

### **SERVICE DELIVERY METHOD**

What are your measures of success?

What are the strengths of DAAS in terms of service delivery?

What are the challenges faced in service delivery?

What steps need to be taken to improve the lives of the state's aging population?

If you could request anything from the Administration on Aging to improve the operations of your AAA, what would it be? Why?

If you could request anything from DAAS to improve the operations of your AAA, what would it be? Why?

How does your AAA utilize volunteers?

### **AAA NEEDS ASSESSMENT**

What strategies has your AAA developed to determine the needs of your clients?

Are there services that are not currently provided in your area that you feel your clients could benefit from?

Are there services that are currently provided in your area that you feel your clients are more suited to receive from other sources?

### **CAPACITY**

In your opinion, what specific challenges will be faced with the increase in the elderly population due to the aging of the baby boomer population? How will it affect the system and the state?

What steps need to be taken to increase preparedness?

Currently, does the system have the capacity to serve more clients?



Why do you think 70 percent of Mississippians aged 55 and older are unaware of their AAA?

### **ORGANIZATIONAL CHALLENGES**

From the list below, please rank what you consider to be the most in need of improvement.  
(Rank, Comment on Strengths/Weaknesses, Solutions for Improvement for top choices)

- 1) Recruiting and retaining quality staff
- 2) Meeting the cultural needs of a diverse population
- 3) DAAS's ability to increase access to services (income, transportation limitations, etc.)
- 4) Insufficient funding for your program/services
- 5) Regulatory barriers inhibit your ability to provide services
- 6) Communication among service providers

### **TRAINING**

Please describe your training (on and off the job) as it relates to caring for older adults.

Are there any areas of your job where you feel you are under prepared?

What training would be beneficial to your daily work?

What is the best way to provide training?

*As our population continues to age, it will also become more diverse.*

- How can providers become more sensitive to the wide variety of languages, cultures, and health practices among older adults?

What training opportunities are you aware of?

*Due to the increase in the number of aging Mississippians, potential clients themselves will need more training to continue to live independently.*

- What do clients need to learn to continue to live independently? (For Example Self-management skills, financial, nutrition)
- What is the best way to provide clients with training?

*Due to the increase in the number of aging Mississippians, caregivers of clients-informal providers of care and services like family, friends, other sources of support- will need more training. What training would they benefit from?*

- What do caregivers need to learn?
- What is the best way to provide caregivers with training?

## **NEW MODELS OF CARE**

*Other states have successfully used client-centered care teams.*

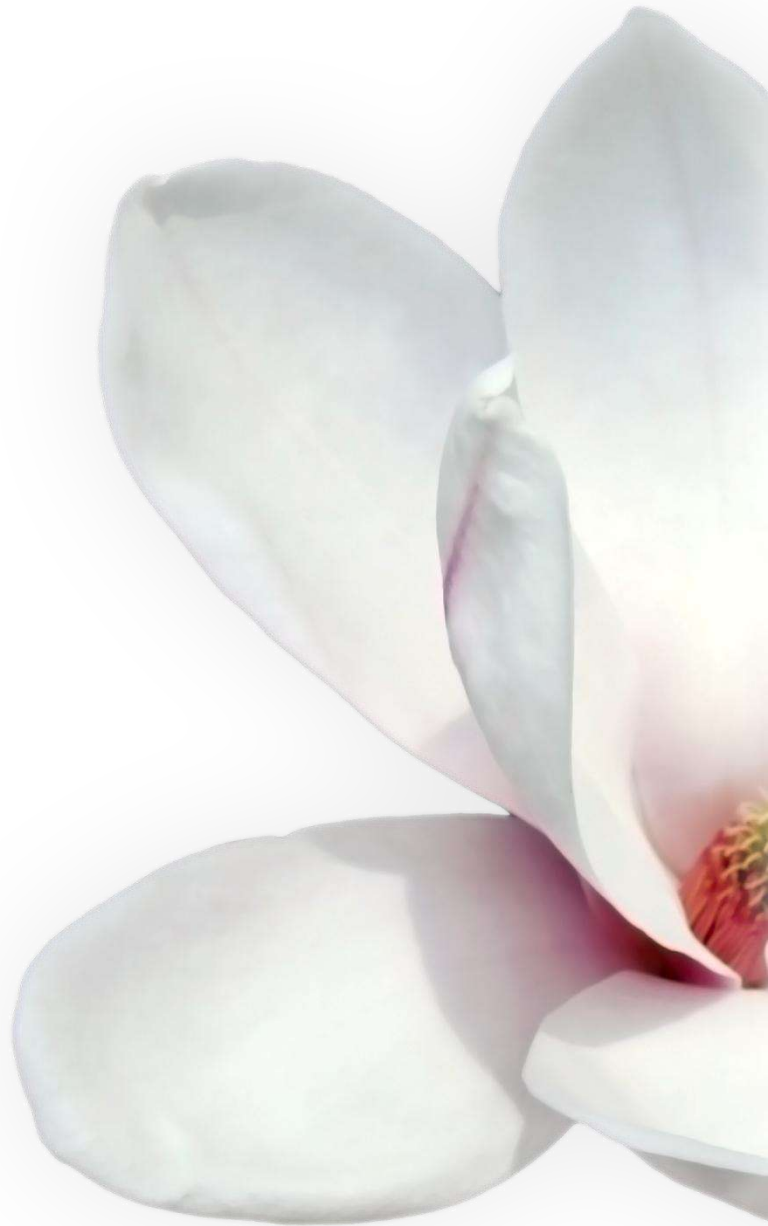
What would be the benefits of using client-centered care teams to improve service delivery in Mississippi?

- What do you see as possible challenges?

*Other states have successfully used technological advances to improve service delivery. For example, electronic health records and remote monitoring can improve communication among providers and patients.*

- What role does technology play in your typical work day?
- What technologies could be used to improve service delivery?

Would expanding the role of hospice provide a good solution to the high public cost of serving the aging population? Why?



NATIONAL STRATEGIC PLANNING & ANALYSIS RESEARCH CENTER

.....  
MISSISSIPPI STATE UNIVERSITY

Attachment N



# **STATE PLAN ON AGING FFY 2019-2022**

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

**Phil Bryant  
Governor of Mississippi**

### Contact Information

Mississippi Department of Human Services  
 Division of Aging and Adult Service  
 200 South Lamar Street  
 Jackson, MS 39201  
 601-359-4929

Adult Protective Services  
 24-Hour Hotline  
 844-437-6282

Mississippi Access to Care  
 State Health Insurance Assistance Program  
 844-822-4MAC (4622)

AAA	PHONE / WEBSITE	SERVING COUNTIES
CENTRAL MS AAA P.O. BOX 4935 JACKSON, MS 39296	601-981-1516 888-995-9925	Copiah, Hinds, Madison, Rankin, Simpson, Warren, Yazoo
EAST CENTRAL AAA P.O. BOX 499 NEWTON, MS 39345	601-683-2401 800-264-2007	Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith
GOLDEN TRIANGLE AAA P.O. BOX 828 STARKVILLE, MS 39760	662-324-4650 662-332-2636 888-324-9000	Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston
NORTH CENTRAL AAA 28 INDUSTRIAL PARK BLVD WINONA, MS 38967	662-283-2675 662-283-2771 888-427-0714	Attala, Carroll, Grenada, Holmes, Leflore, Montgomery, Yalobusha
NORTH DELTA AAA P.O. BOX 1488 BATESVILLE, MS 38601	662-561-4100 800-844-2433	Coahoma, Desoto, Panola, Quitman, Tallahatchie, Tate, Tunica
NORTHEAST MS AAA P.O. BOX 600 BONNEVILLE, MS 38829	662-728-7038 800-745-6961	Alcorn, Benton, Marshall, Prentiss, Tippah, Tishomingo
SOUTH DELTA AAA P.O. BOX 1776 GREENVILLE, MS 38702	662-378-3831 800-898-3055	Bolivar, Humphreys, Issaquena, Sharkey, Sunflower, Washington
SOUTHERN MS AAA 9229 HIGHWAY 49 GULFPORT, MS 39503	228-868-2326 800-444-8014	Covington, Forrest, George, Greene, Hancock, Harrison, Jackson, Jefferson Davis, Jones, Lamar, Marion, Pearl River, Perry, Stone, Wayne
MS AAA 100 SOUTH WALL STREET NATCHEZ, MS 39120	601-446-6044 800-338-2049	Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, Wilkinson
THREE RIVERS AAA P.O. BOX 690 PONTOTOC, MS 38663	662-489-2415 662-489-6911 877-489-6911	Calhoun, Chickasaw, Itawamba, Lafayette, Lee, Monroe, Pontotoc, Union

**DAAS Mission**

*Assist aging and vulnerable adults, their families, and caregivers in achieving healthy, safe, and independent lifestyles, through advocacy, protection, education, and stewardship of public resources.*

**DAAS Vision**

*Advancing the safe, healthy, and independent lifestyle of vulnerable and aging Mississippians.*

**DAAS Goals**

Facilitate the provision of social supports, services, and education to promote self-reliance in Mississippi’s aging community and provide support to their family and caregivers.

⋮

Advocate for the rights of aging and vulnerable Mississippians in accordance with the Mississippi Vulnerable Persons Act to help decrease incidences of abuse, neglect, and exploitation.

⋮

Empower more Mississippians to live with dignity by promoting resident rights, advocating for those who cannot help themselves, and educating families and communities of those rights.

⋮

Provide advanced leadership to promote program effectiveness and financial management.

**Verification of Intent**

The State Plan on Aging is hereby submitted for the State of Mississippi for the period October 1, 2018, through September 30, 2022. This Plan includes all assurances and policy to be conducted by the Mississippi Department of Human Services, Division of Aging and Adult Services, under the provisions of the Older Americans Act of 1965, as amended, during the period identified. The Division of Aging and Adult Services has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all state activities related to the purpose of the Act, i.e., to serve as an effective and visible advocate for the elderly by reviewing and commenting upon all State Plans, budgets, and policies which affect the elderly, to provide technical assistance to any agency, organization, association, or individual representing the needs of the elderly, and to develop comprehensive and coordinated systems for the delivery of supportive services.

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

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

9/20/2018  
Date

DocuSigned by:  
*Mark Williamson*  
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Mark Williamson, Interim Director, State Unit on Aging  
Division of Aging and Adult Services  
Mississippi Department of Human Services

9/20/2018  
Date

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Jacob Black, Deputy Executive Director of Programs  
Mississippi Department of Human Services

9/20/2018  
Date

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*John Davis*  
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John Davis, Executive Director  
Mississippi Department of Human Services

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## Executive Summary

The Mississippi Department of Human Services is dedicated to serving others while providing a wide range of public assistance programs, social services and support for children, low-income individuals, and families. The agency supports the state legislature's vision of a lean and effective Mississippi State Government that empowers its people to live healthy, productive lives through the provision of quality, appropriate services and strategic investment in the state's human capital.

The Mississippi Department of Human Services, Division of Aging and Adult Services is the Mississippi State Unit on Aging designated by the office of the governor to receive and administer federal funds allocated through the Older Americans Act of 1965, as amended 2016 (OAA). The OAA is administered through the Administration for Community Living under the direction of the Assistant Secretary for Aging.

DAAS core programs, authorized under the OAA, alongside other programs administered by the division and its parent agency, help provide Mississippi's aging and vulnerable adult community with the services and supports necessary to remain in their homes and communities for as long as possible. The programs empower individuals, families, and caregivers to live healthy, independent lifestyles while educating citizen stakeholders on their rights and available options when living either independently or in a long-term care facility.

DAAS and its provider partners are dedicated to providing services and supports to all older adults while paying special attention to those individuals and their caregivers who express the greatest social and economic needs. These needs are defined in Section 305(a)(2)(E) of the OAA as being "low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas."

Ten Area Agencies on Aging (AAAs) have been designated for the purpose of carrying out the responsibilities of federally funded aging programs. The AAAs are geographically located within the ten state-designated planning and development districts and act as regional planning and services agencies for the state's OAA funding. These local agencies are responsible for establishing contracts with local providers, ensuring adherence to OAA service standards, and communicating with the state unit on aging the needs of the local aging populations. Funds are allocated through an Intrastate Funding Formula (IFF) developed and agreed upon by the AAAs, DAAS, and MDHS, and approved by ACL.

Each year, DAAS participates in a series of public hearings hosted with the ten AAAs to discuss the future directions of the division, the respective area agency, and the programs provided within. Invitation to these hearings are publicly advertised by region. Comments regarding area and state plans are solicited by attendees and are taken into consideration when developing future strategies.

The Mississippi Department of Human Services designed a multi-generational approach to combating the issues of poverty and associated barriers within the state. The approach, known **gen+**, identifies four key components: education, economic supports through workforce development, health and well-being, and social capital. MDHS recognizes the important role older individuals play in supporting the growth and development of younger generations as grandparents, neighbors, and staples of the community. DAAS is committed to this inner-agency initiative and seeks to foster creative, innovative, and lasting solutions to serving the aging community.

DAAS believes that participation in the **gen+** approach will provide the division and its partners with additional resources to aid in identifying individuals with a need for aging services. Statewide recognition of this approach has the potential to generate partnership opportunities for the division and help provide a greater listing of resources for aging citizens. The division is proactively working with key leaders in the **gen+** initiative to develop sustainable integration of the approach into the administrative function of DAAS programs.

This state plan was compiled with the input of DAAS staff and community and service provider stakeholders. The goals, objectives, and strategic directions of this plan have been thoughtfully constructed as guidance for advancing Mississippi's efforts to see individuals living healthy, independent lifestyles.

**DAAS's Mission**

*Assist aging and vulnerable adults, their families, and caregivers in achieving healthy, safe, and independent lifestyles, through advocacy, protection, education, and stewardship of public resources.*

**DAAS's Vision**

*Advancing the safe, healthy, and independent lifestyle of vulnerable and aging Mississippians.*

**DAAS's Goals**

Facilitate the provision of social supports, services, and education to promote self-reliance in Mississippi's aging community and provide support to their family and caregivers.

⋮

Advocate for the rights of aging and vulnerable Mississippians in accordance with the Mississippi Vulnerable Persons Act to help decrease incidences of abuse, neglect, and exploitation.

⋮

Empower more Mississippians to live with dignity by promoting resident rights, advocating for those who cannot help themselves, and educating families and communities of those rights.

⋮

Provide advanced leadership to promote program effectiveness and financial management.

## **Statewide Needs Assessment**

Mississippi, and the country as a whole, is aging. This continues to bring challenges for those who serve the older population. The needs of older adults are often interrelated, so it is important to understand who makes up the aging population and how a state's aging population compares to the nation as a whole.

According to U.S. census estimates<sup>1</sup> more than 15% of individuals in Mississippi are over the age of 65. It also estimates that more than 13% of those seniors are living below the federal poverty line. Just over 50% of residents in the state of Mississippi live in rurally classified areas. Specifically, the Mississippi Delta geographic region is among the nation's poorest and most underserved regions. There are 47 counties federally designated as being part of the Mississippi Delta region, with 43 of these counties having been deemed "distressed." Many of these counties experience poverty rates exceeding 30%.<sup>2</sup>

Currently, programs are offered to the aging community that include home delivered meals, congregate meal sites, Medicare counseling and Medicare Open Enrollment Assistance, respite care, aging and disability resources, transportation, homemaker services, information and referral services, Adult Day Care and Senior Center services, Ombudsman services, and Adult Protective Services. Successful application of these programs allow aging citizens to live a more independent and healthy lifestyle.

The OAA authorizes a system of support services to be overseen and administered by designated State Units on Aging (SUAs). Local provision of these services are managed by the state's ten AAAs. Current waiting list information for older citizens waiting for services is maintained by AAAs. These lists provide a time-sensitive snapshot of the number of older individuals and caregivers requesting services who have not yet been served. At the close of the 2017 calendar year, DAAS requested waiting list data from each area agency. This data was aggregated to depict a picture of state-wide needs among the aging population. Reported waiting lists were for programs financially supported through OAA funding. This data indicates the following:

- The most significant obstacle Mississippi's SUA and its provider agencies face is food insecurity among seniors. Retrieved data shows that there is a growing unmet need of home delivered meals across the state;
- According to state-wide data, seniors across Mississippi express a need for expanded homemaker services;
- Currently, there is a continued need among caregivers for temporary respite services.

To meet the growing range of needs which senior citizens in Mississippi face, the division must foster its provider agencies abilities to maintain current outputs of service while identifying creative, lasting solutions to expanding program offerings. With the projected growth of the aging population, nation-wide, DAAS continues to seek innovative solutions to those needs.

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<sup>1</sup> <https://www.census.gov/quickfacts/fact/table/MS/PST045216>

<sup>2</sup> <http://dra.gov/funding-programs/states-economic-development-assistance-program/distressed-counties-and-parishes/>

## **INPUT FOR STATE PLAN**

DAAS solicits input for the development of the state plan through a coordination of efforts with the Area Agencies on Aging across the state. DAAS partners with each AAA to host a regional public hearing to discuss the goals and objectives of the Mississippi State Plan and the AAA Area Plan. Public hearings at each AAA are broadly publicized through various media outlets and invite all individuals within the service areas to participate and comment on future plans. The SUA conducts a secondary hearing meeting with stakeholders in which the intrastate funding formula and the initial draft of the state plan, addressing public hearing concerns, are presented for comments.

Attendees at each public hearing were asked to complete short-response surveys detailing concerns and opinions regarding OAA Title III and Title VII programs. Survey responses and records of attendance are maintained in individual AAA Area Plans. DAAS performed an aggregation of responses to identify the most common concerns issued by community stakeholders.

The overall consensus among public hearing attendees during the FFY 2017 state planning public hearings indicated high rates of satisfaction among current program participants. Attendees expressed a continuing need for the programs offered through OAA and other discretionary funding.

Major areas of concern indicated throughout the public hearing tour were waiting lists for the various Home and Community Based Services programs, a need for program expansion in areas of evidence-based programs and respite care, outreach to rural areas, and reduction of funding for insurance counseling to seniors. In the East Central Planning and Development District Area Agency on Aging, one attendee requested more attention and relationship with the Mississippi Band of Choctaw Indians. The lack of transportation services in many areas of the state was a common concern for seniors, as well.

In response to concerns brought forth at public hearings held in FFY 2017, DAAS developed four main goals designed to foster innovative solutions to community needs. Throughout the administrative implementation of the FFY 2018-2022 State Plan, the Division seeks to broaden its network of support and partnerships with faith-based and service organizations willing and able to provide additional resources to the aging and vulnerable adult population.

The division endeavors to expand its use of volunteer services to conduct outreach, assist with implementing evidence-based programs, and provide un-skilled services to the community. It will also seek out additional resources for referral where DAAS and its partners are unable to meet immediate needs of individuals and caregivers. These efforts will be aimed at minimizing wait time for services, adding additional opportunities for education, and encouraging community involvement in meeting the needs of the aging and vulnerable adult population.

In response to the potential reduction of funding for the State Health Insurance Assistance Program, DAAS encouraged attendees to vocalize support of the program to their district

legislators. DAAS actively seeks sustainable avenues to support the effort of un-biased Medicare Counseling services offered to seniors in Mississippi.

The State Unit on Aging presented the initial draft of the Mississippi state plan to stakeholders on November 28, 2017. At this time, those present were asked to give comments and feedback regarding the goals and objectives set forth by DAAS. Overall, feedback was positive. There was discussion surrounding a change in strategy for generating program income. There was no definitive conclusion and changes were not made to current strategies. Overall goals and objectives received comments regarding implementation; stakeholders approved goals and objectives for the current Mississippi State Plan.

**FFY 2017 PUBLIC HEARING SCHEDULE**

<b>DATE</b>	<b>AGENCY</b>	<b>TIME</b>	<b>WHERE</b>
July 13, 2017	Southwest MS AAA	11:30	SWPDD Senior Center, Liberty, MS
June 9, 2017	North Central AAA	10:00	Montgomery County Courthouse Winona, MS
August 29, 2017	North Delta AAA	1:00	Conference Room NDPDD Batesville, MS
July 12, 2017	South Delta AAA	9:00	Greenville Senior Center 142 N. Shelby Street Greenville, MS
June 28, 2017	Three Rivers AAA	10:00	Lee County Multi-Purpose Bldg. 5338 Cliff Gookin Blvd Tupelo, MS
July 18, 2017	Central MS AAA	10:00	MS Sports Museum, Lakeland Dr., Jackson, MS
July 27, 2017	Golden Triangle	2:00	GTPDD Board room 106 Miley Drive Starkville, MS
July 20, 2017	Northeast MS AAA	10:00	NEPDD Bd. Rm. 619 E. Parker Booneville, MS
July 20, 2017	East Central AAA	10:00	ECPDD Boardroom 280 Commercial Drive Newton, MS
July 19, 2017	Southern MS AAA	10:00	Lynn Cartilage Multi-Purpose Center Hattiesburg, MS

## **Division of Aging and Adult Services**

The Mississippi Department of Human Services, Division of Aging and Adult Services (MDHS DAAS) is the state entity designated by the Office of the Governor to receive and administer federal funds appropriated as a result of the Older Americans Act of 1965, as amended 2016 (OAA).<sup>3</sup> DAAS administers funds to a statewide network of Area Agencies on Aging (AAAs), works with local service organizations, the private sector, and other state agencies to improve the lives of Mississippi's aging and vulnerable adults.

In accordance with OAA guidelines, DAAS carries out a wide range of functions related to the planning, developing, and implementation of programs, policy, and advocacy efforts across Mississippi. The division takes seriously its responsibility to federal guidelines and local stakeholders. DAAS and its provider partners are dedicated to providing services and supports to all older adults while paying special attention to those individuals and their caregivers who express the greatest social and economic needs.<sup>4</sup>

The basic responsibilities of DAAS include:

### **1. Develop and administer the State Plan**

The State Plan is a four year statewide plan submitted to the Assistant Secretary on Aging which develops a detailed outline of the state's planned efforts to meet requirements for receiving federal funds appropriated through the OAA. The State Plan is based on information gathered from consultations between DAAS, community stakeholders, and regional area plans submitted by AAAs to DAAS for approval. By leveraging the relationship with the AAAs and citizens of their planning service districts, DAAS assesses the needs of older persons, establishes statewide priorities, examines procedures for implementing the Plan, and assures consistency among the State and AAA objectives. The State Plan provides for proper and efficient methods of administering aging programs.

### **2. Conduct public hearings on the State Plan**

DAAS partners with AAAs to host public hearings on the proposed State and Areas Plans. Public hearings afford opportunities for comment to older persons, area agencies on aging, service recipients, the general public, officials of general purpose local government, and other interested parties. This process guarantees all interested parties an opportunity to communicate their views verbally or through written correspondence regarding the State Plan, and on matters of general policy arising in the development and administration of the State Plan, and its effect on service delivery at the community level. Public hearings are planned and conducted jointly with the ten AAA's annually. Hearings subject matter

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<sup>3</sup> OAA Section 305(a)(1)

<sup>4</sup> OAA Section 305(a)(2)(E) defines greatest social and economic needs as "low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas."

includes Title III services and VII programs for Elder Rights Protection as well as other programs funded through the AAAs. DAAS is committed to identifying innovative avenues for soliciting public comment regarding the direction of state and local aging programs.

**3. Serve as an advocate for older persons in the Mississippi**

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

**4. Divide the State into Planning and Service Areas**

Mississippi is divided into ten Planning and Service Areas (PSAs). These PSAs correspond, geographically, with the state's ten economic development districts, known as Planning and Development Districts (PDDs). These service areas are defined in accordance with OAA requirements.<sup>5</sup>

**5. Designate and fund AAAs within PSAs**

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

**6. Coordinate strategic planning for systems and activities related to the OAA**

DAAS develops strategic plans and policy to guide and direct AAAs, improve upon existing relationships and establish new linkages among federal, state, area, and community agencies and organizations to enhance the coordination of service delivery. Innovative solutions to service models are coordinated with service providers to maintain an evolving and effective approach to meeting community needs.

**Additional responsibilities of DAAS include:**

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<sup>5</sup> OAA Section 305(e)



Training - DAAS is responsible for identifying and prioritizing training needs of the State's Aging Network. DAAS plans and provides the necessary training directly or supports the training efforts of AAAs.

Resource Coordination - DAAS coordinates resources which can be directed toward services for older persons at the state and local levels. Resource coordination is often achieved through inter-agency agreements with other state departments and agencies.

Monitoring and Evaluation - DAAS' function for oversight of monitoring and evaluating AAAs to ensure program and fiscal accountability and adequate progress in implementing the actions set forth in the Area Plan is fulfilled through a working partnership with the Division of Program Integrity Bureau of Audit and Evaluation, Mississippi Department of Human Services.

Intrastate Funding Formula – In consultation with the AAAs, using the best available data, the DAAS developed an intrastate funding formula with a descriptive statement of its assumptions and goals. The formula includes a numerical statement of funding based on the economic, ethnic, and geographical data of the age 60 and older population by AAA. Economic need, social need, and geographic isolation, and the effect on the minority individuals, are considered. The formula is weighted 30% age sixty plus, 25% age sixty plus below poverty level, 30% sixty plus minority below poverty level, and 15% sixty plus rural. The most recent IFF agreed upon takes in to account the most recent population estimate data and follows a previously determined formula for weights. The IFF ensures adequate funding to providers for carrying out the services and supports outlined in the OAA. The IFF is attached as a part of the state plan.

Leadership - As the leader and focal point of the aging network, DAAS assumes a strong role in guiding and directing each of the entities which operate therein. In this way, DAAS can impact other programs which have a direct or indirect relationship with aging programs and enhance the coordination and pooling of resources. DAAS' strong leadership is necessary to promote an optimal service delivery system for older persons throughout the state.

## **Area Agencies on Aging**

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

AAAs are required to have a full-time director and adequate staff to carry out its purposes; however, staffing patterns vary because of different funding sources available to individual AAAs including federal, state, county, city, or private sources. The OAA allows the State to use up to 10% of Title III funds remaining after deducting funds for State Admin for Area Plan administrative costs. The entire remaining Title III allotment may be used to determine the amount available for Area Plan administrative costs, but AAA administrative costs may not be taken from the Title III-D award.

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

## **Area Plans**

AAAs receive funds from DAAS through submission and approval of a four year area plan. Area plans undergo annual updates or amendments, which identify and prioritize the needs of older persons and specify services provided to meet those needs. The area plans describe the development of a comprehensive coordinated service delivery system in the AAA. Based upon the local assessment of need, the annually updated area plans specify details of the amount of funds budgeted for each priority service during the fiscal year. Preference in service provision is directed to the elderly with the greatest economic or social need. Activities, objectives, and programs for implementation of Title III and Title VII are defined in the area plans.

The Area Plan has the following objectives:

Serve as a planning document that describes priority needs to set forth objectives and action steps to be undertaken by the AAA on behalf of older persons in the PSA;

Formulate a formal commitment to DAAS through setting objectives to be undertaken by the AAA;

Formalize a commitment to DAAS by describing the manner in which the AAA plans to utilize OAA funds under the various parts in accordance with their purpose and carry out its administrative functions; and

Formalize a commitment to DAAS to fulfill the AAAs role as planner and advocate on behalf of seniors.

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

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

The Plan assures that the AAA spends an adequate portion of its OAA Title III-B social services allotment to provide access, in-home, and legal services, unless it documents to DAAS that services from other sources meet the needs of older persons in the PSA for that category of service. The area plan includes assurances relative to affirmative action plans, compliance with Civil Rights Act requirements, compliance with the Section 504 of the Rehabilitation Act of 1973, as amended, debarment policy, drug-free workplace policy, and other requirements. In addition, all services provided by the AAA or local service providers meet existing state and local licensing, health regulations, and safety requirements for the provision of service.

The area plan contains objectives for appropriate procedures for data collection and the compilation and transmittal of data to DAAS, including the National Aging Program Information System (NAPIS) and the National Ombudsman Reporting System (NORS) requirements.

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

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

Formal sub grants are made to the AAAs to carry out the plan narrative. The sub grant budget must include proposed expenditures for administration, planning, program development, and

service provision under the plan.

### **Advisory Councils**

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

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

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

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

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

### **Aging Service Providers**

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

Local service providers have direct "one-on-one" contact with older Mississippians. Service providers translate dollars into tangible services for the elderly. Service providers are technically defined in federal regulations as an entity that is awarded a contract from an AAA to provide services under the area plan. Mississippi's service providers are primarily community action

agencies or programs and organizations with a proven record of providing services to older persons.

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

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

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

The AAAs monitor and evaluate local service providers for their efficiency and effectiveness in delivering services. Written policies and procedures based on OAA requirements and implementation regulations reflect the procedural requirements specified by DAAS. The AAAs provide training and technical assistance within the PSAs.

**Goals and Objectives**

To support the mission and vision of the Division of Aging and Adult Services, the Division, along with key stakeholders, identified five main goals to guide state activities during implementation of the FFY 2018-2022 State Plan.

**Administration on Aging’s Strategic Plan Goals**

**Goal 1:** Empower older adults and their families to make informed decisions about Long-term Services and Support (LTSS).

**Goal 2:** Increase output and expand outreach of services for insurance counseling, state-wide.

**Goal 3:** Enable seniors to remain in their homes with high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers.

**Goal 4:** Ensure the rights of older people and prevent their abuse, neglect and exploitation.

**Goal 5:** Empower more Mississippians to live with dignity by promoting resident rights, advocating for those who cannot help themselves, educating families and communities of those rights and reducing incidences of abuse, neglect, and exploitation of long-term care residents.

**Goal 1: Empower older adults and their families to make informed decisions about Long-term Services and Support (LTSS).**

Name of Service or Program: **Mississippi Access to Care (MAC) Centers**

Objective #1.1	Action Steps	Annual Performance Measure
<b>SFY 2019-2022</b>		
Establish MAC Centers as state-wide resource database.	<ul style="list-style-type: none"> <li>• Establish a baseline for the number of calls related to GEN+, Respite, and LTSS.</li> <li>• Educate community partners and stakeholders about the benefits of the MAC Centers.</li> </ul>	<ul style="list-style-type: none"> <li>• GEN+ begins Jun 2017; baseline will be captured through LTSS and create picture of services and support to outside agencies.</li> <li>• Y2 create comprehensive data spreadsheet that show all calls related to GEN+, Respite, and other LTSS</li> <li>• Y2 provide statewide access to a comprehensive resource database and walk in access and referral through community partners.</li> <li>• Y3 and Y4 use the comprehensive data to create measurements for quality of services by our callers (use evaluation instruments and surveys focused on topic such as consumer satisfaction).</li> <li>• Collaborate with the Division of Medicaid to successfully modify their state plan to allow for administrative claiming for MAC Center.</li> </ul>

<b>Sustainability</b>
<ul style="list-style-type: none"> <li>Collaborate with the Division of Medicaid to modify their state plan to allow for administrative claiming.</li> <li>Collect Medicaid data to show the effectiveness of the MAC Centers to increase HCBS over institutional care.</li> </ul>

**Goal 2: Increase output and expand outreach of services for insurance counseling, state-wide.**

Name of Service or Program: **State Health Insurance Assistance Program**

Objective #2.1	Action Steps	Annual Performance Measure
<b>SFY 2019-2022</b>		
Establish a successful Volunteer Recruitment Program	<ul style="list-style-type: none"> <li>Create and distribute a SHIP Volunteer Risk and Program Management Policy Manual (Y1).</li> <li>Educate providers on requirements and needs for Volunteer Recruitment Program (Y1).</li> </ul>	<ul style="list-style-type: none"> <li>Recruit 2 Certified Volunteers per District, per Year (Y1,Y2,Y3,Y4).</li> <li>Recruit 1 Volunteer Host Organization per Year, after initial year of establishing Volunteer Recruitment Program (Y2, Y3, Y4).</li> </ul>

Objective #2.2	Action Steps	Annual Performance Measure
<b>SFY 2019-2022</b>		
Implement training and education standards for SHIP counselors and volunteers.	<ul style="list-style-type: none"> <li>Conduct on-going training with SHIP Counselors and volunteers in regards to proper data entry, performance measurements, and individual goals</li> <li>Actively monitor district performance throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>Establish a baseline for service output (Y1) and expand outreach for services by 8% over the following 3 years of operation (Y2, Y3, Y4)</li> </ul>

Name of Service or Program: **Medicare Improvements for Patients and Providers Act (MIPPA)**

Objective #2.3	Action Steps	Annual Performance Measure
<b>SFY 2019-2022</b>		
Increase informative Preventative Health Outreach.	<ul style="list-style-type: none"> <li>Establish, at minimum, an annual day of outreach with the community with the</li> </ul>	<ul style="list-style-type: none"> <li>Establish a baseline for service output (Y1) and expand outreach for services by 8% over the following 3 years of operation (Y2, Y3, Y4).</li> <li>Utilize Volunteer Recruitment Program to</li> </ul>

	<p>Native American community.</p> <ul style="list-style-type: none"> <li>• Create up-to-date Preventative Health Outreach materials.</li> </ul>	<p>generate and establish a relationship with Mississippi Band of Choctaw Indians</p> <ul style="list-style-type: none"> <li>• Create one annual day of outreach to the Native American community.</li> </ul>
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Name of Service or Program: **Pipeline Goals**

Objective #2.4	Action Steps	Annual Performance Measure
SFY 2019-2022		
<p>Establish a sustainable Veteran’s Services program to provide support and/or activities targeted to Mississippi Veterans</p>	<ul style="list-style-type: none"> <li>• Seek grant and/or partnership opportunities to create, support, and sustain program</li> </ul>	<ul style="list-style-type: none"> <li>• Create Veteran’s Service Program to be housed and maintained at DAAS</li> </ul>

Objective #2.5	Action Steps	Annual Performance Measure
SFY 2019-2022		
<p>Support statewide enrollment for Low Income Subsidy/Extra Help, Medicare Savings Program, Medicaid, Supplemental Nutrition Assistance Program, and Low-Income Home Energy Assistance Program</p>	<ul style="list-style-type: none"> <li>• Create a partnership to house Benefits Enrollment Center at a Non-Profit Entity.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish Benefits Enrollment Center, performance measurements, and sustainability goals through National Council on Aging grant.</li> </ul>

Objective #2.6	Action Steps	Annual Performance Measure
SFY 2019-2022		
<p>Expand the state nutrition program for Home Delivered Meals (HDM).</p>	<ul style="list-style-type: none"> <li>• Establishing a relationship with Meals on Wheels America.</li> <li>• Seek creative funding opportunities to support HDM.</li> <li>• Market for increase program income</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a membership</li> <li>• Increase program income by 15%</li> <li>• Increase private pay meal program</li> <li>• Establish a suggested meal price of a \$0.25 cost share</li> </ul>



**Goal 3: Enable seniors to remain in their homes with high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers.**

Name of Service or Program: **Home and Community Based Services**

Objective #3.1	Action Steps	Annual Performance Measure
SFY 2019-2022		
Support independent living	<ul style="list-style-type: none"> <li>Expand senior transportation services</li> <li>Expand available homemaker services</li> <li>Enable more participation in Senior Center Activities</li> <li>Usage of Evidence-Based programs</li> </ul>	<ul style="list-style-type: none"> <li>Decrease waiting list by 15% through fund raising and private pay options.</li> <li>Increase client participation for Senior Center activities state-wide.</li> <li>Provide ongoing training and implementation assistance for those leading evidence-based programs.</li> </ul>

**Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.**

Name of Service or Program: **Adult Protective Services**

Objective #4.1	Action Steps	Annual Performance Measure
SFY 2019-2022		
Reduce costs to DHS	<ul style="list-style-type: none"> <li>Contract with PDDs</li> </ul>	<ul style="list-style-type: none"> <li>Privatization of APS</li> </ul>

Objective #4.2	Action Steps	Annual Performance Measure
SFY 2019-2022		
Strengthen partnerships with the Law Enforcement Community	<ul style="list-style-type: none"> <li>Develop a curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Conduct bi-annual training for law enforcement personnel</li> </ul>

Objective #4.3	Action Steps	Annual Performance Measure
SFY 2019-2022		
Educate the public on the role of APS	<ul style="list-style-type: none"> <li>Provide awareness for the public</li> </ul>	<ul style="list-style-type: none"> <li>Participate in senior days, health fairs, attend senior community center activities.</li> </ul>

**Goal 5: Empower more Mississippians to live with dignity by promoting resident rights, advocating for those who cannot help themselves, educating families and communities of those rights and reducing incidences of abuse, neglect, and exploitation of long-term care residents.**

Name of Service or Program: **Long-Term Care Ombudsman (LTCO)**

Objective #5.1	Action Steps	Annual Performance Measure
SFY 2019-2022		
Provide adequate coverage and access to ombudsman services.	<ul style="list-style-type: none"> <li>Each district shall provide monthly visits to the facilities in their service area.</li> <li>Conduct 20 community outreach events to educate on elder abuse and the LTCOP.</li> </ul>	<ul style="list-style-type: none"> <li>Promote the LTCO as trusted sources for residents to confide in.</li> <li>Increase the number of persons receiving education about elder abuse and fraud prevention.</li> </ul>

Objective #5.2	Action Steps	Annual Performance Measure
SFY 2019-2022		
Expand the Mississippi Long-Term Care Ombudsman program.	<ul style="list-style-type: none"> <li>Increase number of in-service training to facility staff.</li> <li>Each AAA shall recruit no less than one volunteer.</li> </ul>	<ul style="list-style-type: none"> <li>Recruit and train volunteer ombudsman statewide.</li> </ul>

Objective #5.3	Action Steps	Annual Performance Measure
SFY 2019-2022		
Ensure effective program and fiscal management.	<ul style="list-style-type: none"> <li>Create training manual implementing quality assurance standards/program components.</li> </ul>	<ul style="list-style-type: none"> <li>Develop policy and procedures manual for the Mississippi Long-Term Care Ombudsman Program.</li> </ul>

## **OAA Core Programs**

### **Home and Community Based Services**

Home and community-based programs help individuals continue to function in their homes and communities while maintaining their dignity and self-worth. These programs allow seniors to avoid premature institutionalization while promoting healthy and sustainably independent lifestyles. Through funding provisions under Title III of the Older Americans Act, the state unit on aging manages several home and community based programs. Services provided through these programs are implemented by the ten Area Agencies on Aging across the state.

*Information and Referral/Assistance* - the entry point into the aging service delivery system. Through this service, seniors and their caregivers can obtain information to make informed decisions regarding long-term services and supports. This service also provides individuals with additional assistance in locating and identifying services available to them. Follow-up mechanisms are in place to record outcomes of assistance rendered.

*Outreach Coordinators* - seek out seniors to educate and connect the individual with available services. This is an essential tool for linking individuals in need with available programs and services which they may not be previously aware of.

*Case Management* – services which identify the needs of older adults through a comprehensive assessment. This tool allows for the development of a care plan by the individuals family with guidance from the case manager.

*Homemaker Services* - seniors who wish to remain in their homes but require some aid with daily activities can solicit assistance through these services. Homemakers assist with activities such as personal hygiene, light housekeeping, or other chores.

*Respite* - services which may be provided to the caregiver in situations where seniors are unable to care for themselves and are being looked after by a family member. This service provides caregivers with a break from their responsibilities. The length of time services are provided are based on the individual needs of the caregiver.

*Family Caregiver Support Program* – support services provided to caregivers. This program offers various support services to the caregivers through information and education, assistance with gaining access to supportive services, and counseling.

*Transportation Services* - locally organized efforts which help older adults get to medical appointments, complete errands, and participate in recreational activities. Individuals may contact their local AAA to receive assistance in obtaining services.

### *Senior Nutrition Services*

Nutrition services offered with support of Title III funding through the Older Americans Act

ensures that nutritionally complete meals are available to seniors through congregate meal settings or the provision of home delivered meals.

*Congregate Meal Program* – nutrition services provided at local congregate meal sites located within area senior centers. Senior centers provide a nutritionally sound meal, fellowship with other older members of the community, and engaging activities. These sites promote health and active interaction within the local aging communities.

*Home Delivered Meals Program* - delivers meals to homebound seniors who are unable to prepare food for themselves and who are at risk for early institutionalization. Recipients of this program span all eighty-two counties of Mississippi. Meals are furnished five days a week.

### **Adult Protective Services**

Adult Protective Services (APS) Unit within the Division of Aging and Adult Services was created through legislation passed in 2006. APS investigates reports of suspected abuse, neglect and exploitation of vulnerable adults. Guided by the Mississippi Vulnerable Persons Act, APS provides for the protection of at-risk vulnerable persons ages 18 and older residing in private home settings through direct delivery or referral to resources within the community.

The division operates a 24/7 call center to receive reports of suspected abuse, neglect and exploitation. In-take reports are catalogued for review and investigation by APS social workers. APS social workers will determine whether the report was substantiated and appropriate action is taken at that time. The unit devotes time to educating the public and lawmakers on the rights of vulnerable adults and the responsibilities of mandatory reporters.

### **Long Term Care Ombudsman Program**

The Long Term Care Ombudsman Program (LTCOP) is authorized by the federal Older Americans Act (42 U.S.C. §§ 3058g) and Mississippi law (§§ 43-7-51 to 43-7-79). The State Long Term Care Ombudsman Program seeks resolution to problems experienced by residents of long-term care facilities and advocates for their rights with the goal of enhancing their quality of life. Ombudsman services are provided by DAAS through contracts with AAAs which employs LTCOP staff ombudsman and utilizes volunteers in districts across the state.

### **Legal Assistance and Advocacy**

Legal Assistance and Advocacy services protect and assist the elderly to secure their rights and benefits, and promote a higher quality of life. Services include:

- Referrals for legal assistance for older persons who need legal advice, a consultation and/or representation.
- Elder abuse prevention activities and public information programs that focus on issues to help prevent abuse, fraud and exploitation.

## **Discretionary Programs**

### **Child and Adult Care Food Program (CACFP)**

CACFP is funded by the United States Department of Agriculture (USDA) and directed by the Mississippi Department of Education (MDE). DAAS administers CACFP funding for nine Adult Day Care Centers (ADCs) who participate through their respective regional AAAs. Participation in the program is for public and non-profit ADCs who serve adults aged 60 or older and non-residential adults who are functionally impaired. Participant reimbursement is income-based.

### **Access for Seniors**

*Mississippi Access to Care (MAC) Centers* are identifiable, accessible, and welcoming places located around the state where individuals can receive information and assistance (I&A). MAC Centers provide a central source of reliable, objective, and unbiased information about a broad range of programs and services: Information and Referral, Gen+ Referrals, Person-Centered Counseling and Screening. Individuals may visit a MAC Center, call a MAC Center or have a friendly MAC Specialist conduct an in-home visit or in a convenient location within the individual's community. MAC Centers play a major role in the gen+ process by collaborating with field navigators to provide information and referral on available resources to the individual or family seeking help. MAC Centers also help individuals understand and evaluate the various options available to them regardless of income or eligibility for publicly funded long-term care.

These centers empower older adults and adults with disabilities to make informed choices, streamline access to long-term care services and supports, and are part of a larger "No Wrong Door" (NWD) System. Individuals can reach the MAC Centers in-person, online, or by calling a toll-free hotline.

MAC Centers provide accessible services through the following avenues of support:

- A toll-free number to reach qualified staff who can provide information and referrals;
- Specialists who can provide face-to-face, unbiased, person-centered counseling;
- A comprehensive resource directory available online;
- An online service and support questionnaire to help identify long-term care services and supports available across Mississippi counties;
- A partnership between agencies to assist individuals and provide follow-up to streamline access to available services.

### **Medicare Counseling**

*The State Health Insurance Assistance Program (SHIP)* provides information, counseling and assistance to consumers and beneficiaries about Medicare as changes to the program develop. SHIP counselors assist Medicare beneficiaries during open and special enrollment periods. The program provides assistance with appeals, disenrollment, and understanding their rights, responsibilities, and coverages with their healthcare policies.

### **Medicare Improvements for Patients and Providers Act (MIPPA)**

The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 is a multi-faceted piece of legislation related to Medicare. One important provision of MIPPA was the allocation of federal funding (through Section 119) for State Health Insurance Assistance Programs (SHIP), Area Agencies on Aging (AAA), and Aging and Disability Resource Centers (ADRC) to help low-income Medicare beneficiaries apply for programs that make Medicare affordable.

MIPPA grantees specifically help low income seniors and persons with disabilities to apply for programs that help pay for their Medicare costs. The Medicare Par D Extra Help/Low Income Subsidy (LIS/Extra Help) helps pay the Medicare Part D premium and reduces costs of prescriptions at the pharmacy. The Medicare Savings Programs (MSP) helps beneficiaries pay for Medicare Part B.

### **Senior Companion Program**

Jackson County Senior Companion Program provides grants to qualified agencies and organizations for the dual purpose of engaging persons 55 and older, particularly those with limited incomes, in volunteer service to meet critical community needs; and to provide a high quality experience that will enrich the lives of the volunteers. Program funds are used to support Senior Companions in providing supportive, individualized services to help older adults with special needs maintain their dignity and independence.

## **Quality Management Systems**

The Division of Aging and Adult Services is committed to collecting and reporting quality data and information regarding the services and supports provided by its partner agencies, as funded by Title III and Title VII of the OAA. A steadily increasing aging and disabled adult population necessitates a focused effort to provide quality service, accurate data management, and attention to the integrity of the reporting process.

Complex and detailed reporting requirements require an integrated and comprehensive information system which will allow for efficient planning each year to ensure cost-effective service provisions across the State. State and Federal mandates require compliance with reporting requirements for National Aging Program Information Systems (NAPIS) and other aging and adult services program regulations for every state unit on aging. DAAS has procured a contract with Harmony for Aging.

Harmony is the most widely used data collection system in the United States for federal NAPIS and National Ombudsman Reporting System (NORS) compliance. Mississippi Adult Protective Services also uses Harmony to perform call center in-take operations, web-based direct consumer reporting, and data collection. The Division utilizes Harmony information systems to collect, track, and aggregate data to inform decisions regarding OAA Title III core programs, Elder Justice initiatives, and identify areas of concern or need within the State's network of service providers.

The Division utilizes comparative data collected through Harmony and other program specific information systems (as mandated by project funders for discretionary projects) to examine performance and identify opportunities for improvement and areas of need. DAAS quality assurance activities include annual review of performance measures, program integrity reviews of contractors and sub-grantees for fiscal and reporting compliance, and annual client satisfaction surveys administered to area public hearing attendees.

To further improve the State's delivery of quality services and supports, the Division will develop and distribute a statewide quality assurance survey and needs assessment. Uniformed surveying of the ten service provision areas will allow for a more comprehensive assessment of needs, both regionally and statewide. Aggregated assessment responses will contribute to developing informed, person-centered solutions to the needs of the State's aging and disabled population while allowing for the dissemination of significant and objective educational information to state and federal legislatures.

**FFY 2018-2022 Mississippi State Plan  
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES  
Older Americans Act, As Amended in 2016**

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.*

**ASSURANCES**

**Sec. 305, ORGANIZATION**

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

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

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

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

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

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

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the



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

*Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.*

**Sec. 306(a), AREA PLANS**

- (a) Each area agency on aging... Each such plan shall--
  - (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--
    - (A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
    - (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
    - (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;
  - (4)(A)(i)(I) provide assurances that the area agency on aging will—
    - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
    - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
  - (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
    - (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
      - (I) specify how the provider intends to satisfy the service needs of low-income minority

individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

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

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

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying

out such a program under this title;

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

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

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

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

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

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

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

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

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

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

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

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

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

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

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

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

**Sec. 307, STATE PLANS**

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

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

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

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

(B) The plan shall provide assurances that--

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

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

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

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

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

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined

appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

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

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

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of

workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

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

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

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

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

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

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

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

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

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

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

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

**Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

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

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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



- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order...

**State Plan Guidance  
Attachment A (Continued)**

**REQUIRED ACTIVITIES**

**Sec. 305 ORGANIZATION**

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

(2) the State agency shall—

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

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

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

**Sec. 306 – AREA PLANS**

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

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

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

**Sec. 307(a) STATE PLANS**

(1) The plan shall—

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

(B) be based on such area plans.

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

*COMPILATION OF AREA PLANS.*

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

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

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

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

*Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.*

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

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

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

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

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

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

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services

for the prevention of abuse of older individuals—

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

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

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

DocuSigned by:  
  
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\_\_\_\_\_  
*John Davis, Executive Director*  
*Mississippi Department of Human Services*

\_\_\_\_\_  
9/20/2018  
\_\_\_\_\_  
*Date*

**FFY 2018-2022 Mississippi State Plan  
Attachment B  
INFORMATION REQUIREMENTS**

*States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.*

**Section 305(a)(2)(E)**

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low income minority older individuals, older individuals with English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan.

**Response:** DAAS will provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods and carry out the preference to ensure every Mississippian is served. The IFF, emphasis is placed on the low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

**Section 306(a)(17)**

Describe the mechanism for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

**Response:** Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery. Each Area Agency is typically required to work with local and State emergency response teams. This coordination will be done in partnership with Mississippi Emergency Management Agency (MEMA). DAAS will assure this happens through an Information Bulletins (IB) to the AAA.

**Section 307(a)(2)**

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

(c) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in home, and legal assistance). Provide specific minimum proportion determined for each category or service.

**Response:** DAAS maintains Title III B and/ or a minimum percentages of LTCO, Legal, In home and Access. Eighty-five percent of Title III-B funds are federal, five percent are state and a minimum of ten percent is supplied by each of the area agencies on aging.

**Section (307(a)(3))**

The plan shall:

(A) include (and may not be approved unless the Assistant secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)

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

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

**Response:** Each fiscal year of this State Plan, DAAS will not expend less than the amount expended for all services relating to older individuals residing in rural area than expended in fiscal year 2000.

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

**Response:** Each fiscal year DAAS issues a budget allocation proposal. A key attribute of DAAS IFF is the allocation of funds for individuals 60 and older. There is fifteen percent weighted variable for individuals who are 60 and older residing in rural areas.

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

**Response:** DAAS uses the census data and Harmony data to determine the location of older individuals in Mississippi. AAAs then target these individuals and using a person-centered option counseling approach to delivery available services and supports to all older individuals and individuals with disabilities to live longer, safely and well.

**Section 307(a)(10)**

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

**Response:** DAAS IFF provides a weighted variable of fifteen percent for individuals who are age 60 and older and reside in rural areas, in addition to a weighted variable of twenty-five percent for individuals who are 60 and older below poverty level. Mississippians ages 60 and older both in rural and non-rural areas are having their needs met by providing them access to community resources and/or assisting them in identifying and securing resources or services in order to

enhance wellness and remain in the community for as long and as safely as possible.

**Section 307(a)(14)**

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

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

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

**Response:** DAAS' IFF has the assigned weight of thirty percent for 60 and older low-income minority individuals. In an effort to meet the needs of low-income minority older individuals, and individuals with limited English proficiency, DAAS and the Area Agencies shall provide them access to community resources and/or assist them in identifying and securing resources or services in order to enhance wellness and remain in the community for as long as safely as possible.

**Section 307(a)(21)**

The plan shall:

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

**Response:** DAAS will establish and expand partnerships which will enable that state to reach the Native American Choctaw tribe. DAAS will pursue numerous activities to assure older Mississippians who are American Indian will have access to all Title III funded services. DAAS will provide them access to services and support and assist in identifying and securing resources in the communities.

**Section 307(a)(29)**

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

**Response:** DAAS will coordinate with MEMA Mississippi Emergency Management Agency on the state and local levels to create a safe emergency response plan that will covers Mississippi. AAA will be responsible for identifying themselves and consulting with local (county and regional) emergency management agencies. DAAS will also continue to work with MDHS Emergency Management Coordinator who provides guidance on all severe weather events. DAAS

emergency response/preparedness plan will be complete and implemented by February 1, 2019.

**Section 307(a)(30)**

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

**Response:** DAAS Division Director is responsible for reviewing and approving all Emergency Preparedness policy and procedures. His designee are also responsible for implementing said policies and procedures.

**Section 705(a)(7)**

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:*

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

**Response:** DAAS is carrying out all chapter of this subtitle ( (Section 705 (a)(7)) for what it receives funding under this subtitle, will establish programs in accordance with the requirement of the chapter.

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

**Response:** DAAS will conduct public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons, and entities regarding programs carried out under this subtitle ((Section 705 (a)(7)).

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



**Response:** DAAS, in partnership with AAA, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

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

**Response:** DAAS will not supplant, any funds that are expended under any Federal or State law.

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

**Response:** DAAS will place no restriction's, other than the requirement referred to in clauses (i) through (iv) of section 712 (a)(5)(c), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5)

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

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

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

(ii) receipt of reports of elder abuse;

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

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

**Response:** With respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, DAAS will conduct a program of services consistent with relevant State law and coordinated with existing State Adult Protective Services activities for:

-Public education to identify and prevent elder abuse;

-Receipt of reports of elder abuse:

-Active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social services agencies or sources of assistance of appropriate and if the individuals to be referred consent; and

-Referral of complaints to law enforcement or public protective services agencies if appropriate.

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

**Response:** DAAS will not permit involuntary or coerced participation in the program of services described by alleged victims, abusers, or their households.

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective services agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order

**Response:** All information gathered in the course of receiving reports of abuse, neglect and exploitation, and making referrals shall remain confidential except:

- if all parties to such complaint consent in writing to the release of such information;
- if the release of such information is to law enforcement agency, public protective;
- service agency, licensing or certification agency, ombudsman programs, or protection or advocacy system; or
- upon court order

**FFY 2019-2022 Mississippi State Plan  
Attachment C**

**INTRASTATE FUNDING FORMULA (IFF)**

The Mississippi Department of Human Services, Division of Aging and Adult Services, in response to requirement of the Older American Act, as amended, and the Administration on Aging's Program Instruction, submits the Intrastate Funding Formula for Fiscal Year 2019-2022. The Formula is designed to address the needs of Mississippi's older population at the local level in each planning and service area.

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

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

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

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

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

The Older Americans Act provides that particular attention should be paid to low income minority individuals. Over 60% of those at or below the poverty level are minority individuals and

approximately one third of the minority individuals are at or below the poverty level. Therefore, by including age 60 and over at or below the poverty level and age 60 and over minority individuals as factors, it is assumed that particular attention has been paid to low income minority individuals.

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

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

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

All Title III and Title VII funds are distributed using the Intrastate Funding Formula. The data used in the Intrastate Funding Formula reflects the 2010 Census estimates from the Bureau of the Census, with the option to include mid-census estimates when available.

The Intrastate Funding Formula for Mississippi follows. Table 1 describes the 2010 Census and 2016 Census estimates comparison and difference by AAA. Table 2 shows the 2010 Census and 2016 Census estimates comparison pro rate percentage difference by AAA; and Table 3 compares the funding formula and calculation difference by AAA. The Intrastate Funding Formula narrative indicates the weighted variables.

**Table 1. 2010 and 2016 COMPARISON AND PRO RATA PERCENTAGE DIFFERENCE**

AAA	POPULATION			BELOW POVERTY			MINORITY BELOW POVERTY			RURAL		
	60+ Census	60+ Census		60+ Census	60+ Census		60+ Census	60+ Census		60+ Census	60+ Census	
	2010	2016		2010	2016		2010	2016		2010	2010	
	Population	Population	Difference	Population	Population	Difference	Population	Population	Difference	Population	Population	Difference
North Delta	31,506	51,925	(20,419)	3,490	5,823	(2,333)	1,823	3,269	(1,446)	14,324	14,324	0
South Delta	15,482	23,108	(7,626)	3,345	4,825	(1,480)	2,655	3,921	(1,266)	6,316	6,316	0
North Central	18,709	29,647	(10,938)	3,918	5,680	(1,762)	2,696	3,805	(1,109)	11,216	11,216	0
Golden Triangle	22,870	33,951	(11,081)	3,415	5,419	(2,004)	2,144	3,480	(1,336)	13,846	13,846	0
Three Rivers	37,980	57,113	(19,133)	5,042	7,025	(1,983)	1,632	2,269	(637)	24,823	24,823	0
Northeast	22,719	33,024	(10,305)	3,474	4,374	(900)	954	1,253	(299)	18,253	18,253	0
Central	70,168	113,016	(42,848)	8,015	14,717	(6,702)	5,534	9,906	(4,372)	24,658	24,658	0
East Central	34,791	50,795	(16,004)	5,436	7,906	(2,470)	2,807	4,074	(1,267)	25,714	25,714	0
Southern	98,792	156,394	(57,602)	11,218	20,614	(9,396)	3,678	7,213	(3,535)	47,070	47,070	0
Southwest	27,390	40,096	(12,706)	4,860	7,691	(2,831)	3,137	3,905	(768)	19,882	19,882	0
Totals	380,407	589,069	-208,662	52,213	84,074	-31,861	27,060	43,095	-16,035	206,102	206,102	0
		% Change	-35.42%		% Change	-37.90%		% Change	-37.21%		% Change	0.00%

AAA (No Weights)	POPULATION			BELOW POVERTY			MINORITY BELOW POVERTY			RURAL		
	60+ Census	60+ Census		60+ Census	60+ Census		60+ Census	60+ Census		60+ Census	60+ Census	
	2010	2016		2010	2016		2010	2016		2010	2010	
	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference
North Delta	8.28%	8.81%	-0.53%	6.68%	6.93%	-0.24%	6.74%	7.59%	-0.85%	6.95%	6.95%	0.00%
South Delta	4.07%	3.92%	0.15%	6.41%	5.74%	0.67%	9.81%	9.10%	0.71%	3.06%	3.06%	0.00%
North Central	4.92%	5.03%	-0.11%	7.50%	6.76%	0.75%	9.96%	8.83%	1.13%	5.44%	5.44%	0.00%
Golden Triangle	6.01%	5.76%	0.25%	6.54%	6.45%	0.10%	7.92%	8.08%	-0.15%	6.72%	6.72%	0.00%
Three Rivers	9.98%	9.70%	0.29%	9.66%	8.36%	1.30%	6.03%	5.27%	0.77%	12.04%	12.04%	0.00%
Northeast	5.97%	5.61%	0.37%	6.65%	5.20%	1.45%	3.53%	2.91%	0.62%	8.86%	8.86%	0.00%
Central	18.45%	19.19%	-0.74%	15.35%	17.50%	-2.15%	20.45%	22.99%	-2.54%	11.96%	11.96%	0.00%
East Central	9.15%	8.62%	0.52%	10.41%	9.40%	1.01%	10.37%	9.45%	0.92%	12.48%	12.48%	0.00%
Southern	25.97%	26.55%	-0.58%	21.49%	24.52%	-3.03%	13.59%	16.74%	-3.15%	22.84%	22.84%	0.00%
Southwest	7.20%	6.81%	0.39%	9.31%	9.15%	0.16%	11.59%	9.06%	2.53%	9.65%	9.65%	0.00%
Totals	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%

**Table 2. 2010 and 2016 PRO RATE PERCENTAGE DIFFERENCE**

**PRO RATA PERCENTAGE DIFFERENCE BY AAA**

	60 + POPULATION									60 + BELOW POVERTY			60 + MINORITY BELOW POVERTY			60 + RURAL *			PROPOSED 2019 FUNDING FORMULA
	2016			2010			2016			2010			2010			2010			
	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	Pro Rata	Pro Rata	Difference	
<b>Weights * AAA</b>	<b>0.30</b>	<b>0.30</b>		<b>0.25</b>	<b>0.30</b>		<b>0.30</b>	<b>0.20</b>		<b>0.15</b>	<b>0.20</b>								
North Delta	2.644%	2.485%	0.16%	1.738%	2.005%	-0.27%	2.276%	1.347%	0.93%	1.042%	1.390%	-0.35%						0.07700302	
South Delta	1.177%	1.221%	-0.04%	1.440%	1.922%	-0.48%	2.730%	1.962%	0.77%	0.460%	0.613%	-0.15%						0.05805952	
North Central	1.510%	1.475%	0.03%	1.695%	2.251%	-0.56%	2.649%	1.993%	0.66%	0.816%	1.088%	-0.27%						0.06669988	
Golden Triangle	1.729%	1.804%	-0.07%	1.617%	1.962%	-0.35%	2.423%	1.585%	0.84%	1.008%	1.344%	-0.34%						0.06776459	
Three Rivers	2.909%	2.995%	-0.09%	2.096%	2.897%	-0.80%	1.580%	1.206%	0.37%	1.807%	2.409%	-0.60%						0.08391194	
Northeast	1.682%	1.792%	-0.11%	1.305%	1.996%	-0.69%	0.872%	0.705%	0.17%	1.328%	1.771%	-0.44%						0.05187841	
Central	5.756%	5.534%	0.22%	4.392%	4.605%	-0.21%	6.896%	4.090%	2.81%	1.795%	2.393%	-0.60%						0.18838059	
East Central	2.587%	2.744%	-0.16%	2.270%	3.123%	-0.85%	2.836%	2.075%	0.76%	1.871%	2.495%	-0.62%						0.09564188	
Southern	7.965%	7.791%	0.17%	6.152%	6.446%	-0.29%	5.021%	2.718%	2.30%	3.426%	4.568%	-1.14%						0.22563439	
Southwest	2.042%	2.160%	-0.12%	2.295%	2.792%	-0.50%	2.718%	2.319%	0.40%	1.447%	1.929%	-0.48%						0.08502580	
<b>Totals</b>	<b>30.000%</b>	<b>30.000%</b>	<b>0.000%</b>	<b>25.000%</b>	<b>30.000%</b>	<b>-5.000%</b>	<b>30.000%</b>	<b>20.000%</b>	<b>10.000%</b>	<b>15.000%</b>	<b>20.000%</b>	<b>-5.000%</b>						<b>100.000%</b>	

\* Based on the 2016 Census for Mississippi there is no information available for the 60 + rural population.

**HOW THE FUNDING FORMULA IS CALCULATED:**

VARIABLES:

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

\* WEIGHTS:

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

FUNDING FORMULA:

**((60 + Pop %) X .30) + ((60 + Below Poverty %) x.25) + ((60+ Minority Below Poverty %) X .30) + ((60 + Rural % X .15) = Funding Formula %**  
**This is calculated for each AAA to determine their share of the federal allocation.**

**TABLE 3. 2010 and 2016 FUNDING FORMULA AND CALCULATION COMPARISON**

AAA	2010	2016 Estimated	Difference	2014	2017	Difference
	FUNDING FORMULA	Population FUNDING FORMULA		Dollars	Dollars	
North Delta	0.07219252	0.076941009	0.47%	712,939	759,833	46,894
South Delta	0.06225702	0.058008143	-0.42%	614,821	572,861	(41,960)
North Central	0.07156624	0.066639394	-0.49%	706,754	658,099	(48,655)
Golden Triangle	0.06823369	0.067706882	-0.05%	673,843	668,641	(5,203)
Three Rivers	0.09025281	0.083837132	-0.64%	891,294	827,935	(63,358)
Northeast	0.05841159	0.051831834	-0.66%	576,845	511,866	(64,979)
Central	0.17301150	0.188223873	1.52%	1,708,579	1,858,809	150,230
East Central	0.10329945	0.096452966	-0.68%	1,020,136	952,523	(67,613)
Southern	0.20665628	0.225414877	1.88%	2,040,839	2,226,090	185,251
Southwest	0.09411891	0.084943900	-0.92%	929,473	838,865	(90,608)
	100.000%	1.0000000	0.00%	9,875,522	9,875,522	(0)

**FFY 2019-2022 Mississippi State Plan  
Attachment D  
BUDGET**

The budget includes the following parts:

1. State Agency Operating Budget - Fiscal Year 2017
2. Fiscal Year 2018 Projected Title III Allocation by PSA
3. Fiscal Year 2018 Projected Title VII Allocation by PSA
4. State Program Allocations by Planning and Service Areas for Fiscal Year 2018.

**State Agency Operating Budget – Federal Fiscal Year 2018**

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING AND ADULT SERVICES (DAAS) STATE AGENCY OPERATIONS BUDGET FFY 2018			
TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION:			
	FEDERAL	STATE	TOTAL AGENCY BUDGET
Title III: DAAS Administration	\$582,816	\$194,272	\$777,088
Title III: (Part B) Long-Term Care Ombudsman Program	\$60,000	\$10,588	\$70,588
Title VII: Ombudsman	\$114,902		
Title VII: Ombudsman set aside funds	\$25,000		
Title VII: Elder Abuse	\$45,198		
Title VII Total	\$185,100	\$0	\$185,100
Other Funds	\$1,779,740	\$	\$1,779,740
<b>Total</b>	<b>\$2,607,656</b>	<b>\$204,860</b>	<b>\$2,607,656</b>



**TITLE III FEDERAL FISCAL YEAR 2018 PROJECTED BY PSA/AAA****State: Mississippi State Agency: Mississippi Department of Human Services, Division of Aging and Adult Services**

<b>PSA/AAA</b>	<b>Area Plan Administration \$</b>	<b>Supportive Services \$</b>	<b>Congregate Meals \$</b>	<b>Home Delivered Meals \$</b>	<b>Preventive Health \$</b>	<b>Caregiver Services \$</b>	<b>Total Title III \$</b>
<b>Central</b>	167,996	535,671	144,659	648,972	31,483	182,659	1,711,440
<b>East Central</b>	100,305	413,478	187,354	192,850	18,797	109,059	1,021,843
<b>Golden Triangle</b>	66,255	179,150	109,505	235,605	12,416	72,038	674,969
<b>North Central</b>	69,491	168,814	260,016	121,035	13,023	75,557	707,936
<b>Northeast MS</b>	56,719	282,889	59,620	106,302	10,624	61,671	577,824
<b>North Delta</b>	70,099	246,113	66,658	241,906	13,137	76,218	714,131
<b>South Delta</b>	60,451	266,642	110,096	101,601	11,331	65,730	615,851
<b>Southern MS</b>	200,665	696,290	412,515	479,001	37,605	218,180	2,044,256
<b>Southwest MS</b>	91,395	312,384	183,527	227,234	17,133	99,367	931,040
<b>Three Rivers</b>	87,636	304,091	135,118	254,231	16,423	95,285	892,784
<b>Total State of MS</b>	971,012	3,405,522	1,669,068	2,608,737	181,972	1,055,764	9,892,074

**Source: Department of Health and Human Services, Administration on Aging (AoA) FFY 2017 Allocation.  
TITLE VII FEDERAL FISCAL YEAR 2018 PROJECTED BY PSA/AAA**

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

<b>PSA/AAA</b>	<b>Title VII-Ombudsman \$</b>	<b>Title VII-Elder Abuse \$</b>
<b>Central</b>	<b>19,879</b>	<b>7,820</b>
<b>East Central</b>	<b>11,869</b>	<b>4,669</b>
<b>Golden Triangle</b>	<b>7,840</b>	<b>3,084</b>
<b>North Central</b>	<b>8,223</b>	<b>3,235</b>
<b>Northeast MS</b>	<b>6,714</b>	<b>2,640</b>
<b>North Delta</b>	<b>8,295</b>	<b>3,263</b>
<b>South Delta</b>	<b>7,153</b>	<b>2,814</b>
<b>Southern MS</b>	<b>23,745</b>	<b>9,340</b>
<b>Southwest MS</b>	<b>10,814</b>	<b>4,254</b>
<b>Three Rivers</b>	<b>10,370</b>	<b>4,079</b>
<b>Total State of MS</b>	<b>114,902</b>	<b>45,198</b>

**Source: Department of Health and Human Services, Administration on Aging (AoA) FFY 2017 Allocation.**

## Additional Funding:

DAAS receives \$6.8 Million from the Social Services Block Grant Funds. The proposed Budget for FFY 2018 follows:

**MDHS/DIVISION OF AGING AND ADULT SERVICES**  
**FFY17 TITLE XX/SSBG BUDGET NARRATIVE**

**DAAS ADMINISTRATION**

**SALARIES \$ 170,000** **170,000**

Estimated salary of \$340,000 for 9 staff @ 50%

**FRINGE BENEFITS** **51,000**

Salaries of \$170,000 x 30%

**COMMODITIES** **5,000**

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

**CONTRACTUAL SERVICES** **165,541**

<u>PER-RATE SHARE</u>	<u>PER MONTH</u>	<u>PER YEAR</u>
Office space and machines	416.67	5,000
Telephone cost	341.67	4,100
Postage	176.42	2,117
Share of legal and auditing fees	445.83	5,350
Estimated MDHS allocation	12,415	<u>148,974</u>
		\$ 165,541

**TRAVEL** **11,370**

7,070 miles @ \$0.50 per mile	3,535
IN-STATE: Hotel: 20 days @ \$70 per day	1,400
Meals: 20 days @ \$35 per day	735
OUT-OF STATE: Hotel: 20 days @ \$110 per day	2,200
Meals: 21 days @ \$40 per day	840
Registration fees for conferences and workshops	<u>870</u>
	\$ 11,370

**TOTAL DAAS ADMINISTRATION: \$ 402,911**

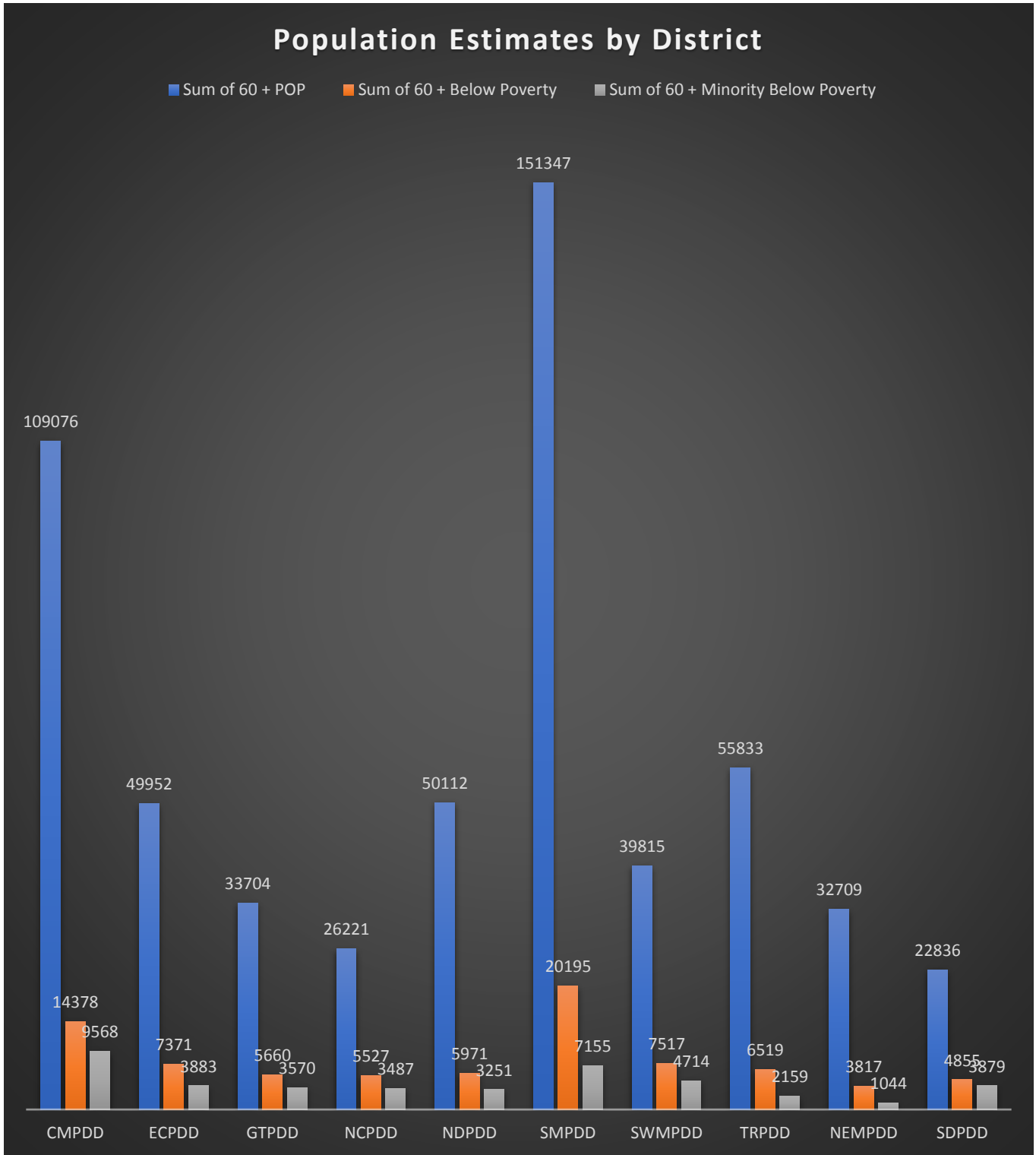
**Social Services Block Grant Continued  
RECAP OF SERVICES AND ALLOCATION OF FEDERAL FUNDS**

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

<b>SERVICE</b>	<b>FEDERAL ALLOCATION</b>	<b>%</b>	<b>CLIENTS / PARTICIPANTS</b>	<b>UNITS OF SERVICE</b>
<b>Adult Day Care</b>	<b>\$ 345,990</b>	<b>5.07%</b>	<b>90</b>	<b>10,979</b>
<b>Case Management</b>	<b>71,683</b>	<b>1.05%</b>	<b>239</b>	<b>4254</b>
<b>Home Delivered Meals</b>	<b>1,307,792</b>	<b>19.17%</b>	<b>4371</b>	<b>449,961</b>
<b>Homemaker / Health Services</b>	<b>1,971,335</b>	<b>28.9%</b>	<b>2319</b>	<b>131,936</b>
<b>Information &amp; Assistance (PAP)</b>	<b>231,420</b>	<b>3.39%</b>	<b>4</b>	<b>1806</b>
<b>Ombudsman</b>	<b>175,399</b>	<b>2.57%</b>	<b>1241</b>	<b>1241</b>
<b>Respite</b>	<b>31,589</b>	<b>.46%</b>	<b>36</b>	<b>500</b>
<b>Transportation</b>	<b>883,125</b>	<b>12.95%</b>	<b>914</b>	<b>134863</b>
<b>Emergency Response</b>	<b>1,080</b>	<b>.02%</b>		
<b>Adult Protective Services</b>	<b>1,000,000</b>	<b>14.66%</b>	<b>3255</b>	
<b><i>SUB-TOTAL: SERVICES</i></b>	<b>\$6,019,413</b>	<b>100%</b>	<b>12,469</b>	<b>735540</b>
		<b>88.26%</b>		
<b>AAA Administration</b>	<b>398,089</b>	<b>5.84%</b>		
<b>DAAS Administration</b>	<b>402,911</b>	<b>5.91%</b>		
<b><i>TOTAL: FEDERAL ALLOCATION</i></b>	<b>\$6,820,413</b>	<b>100%</b>		

## FFY 2018-2022 Mississippi State Plan Attachment E

### POPULATION ESTIMATES

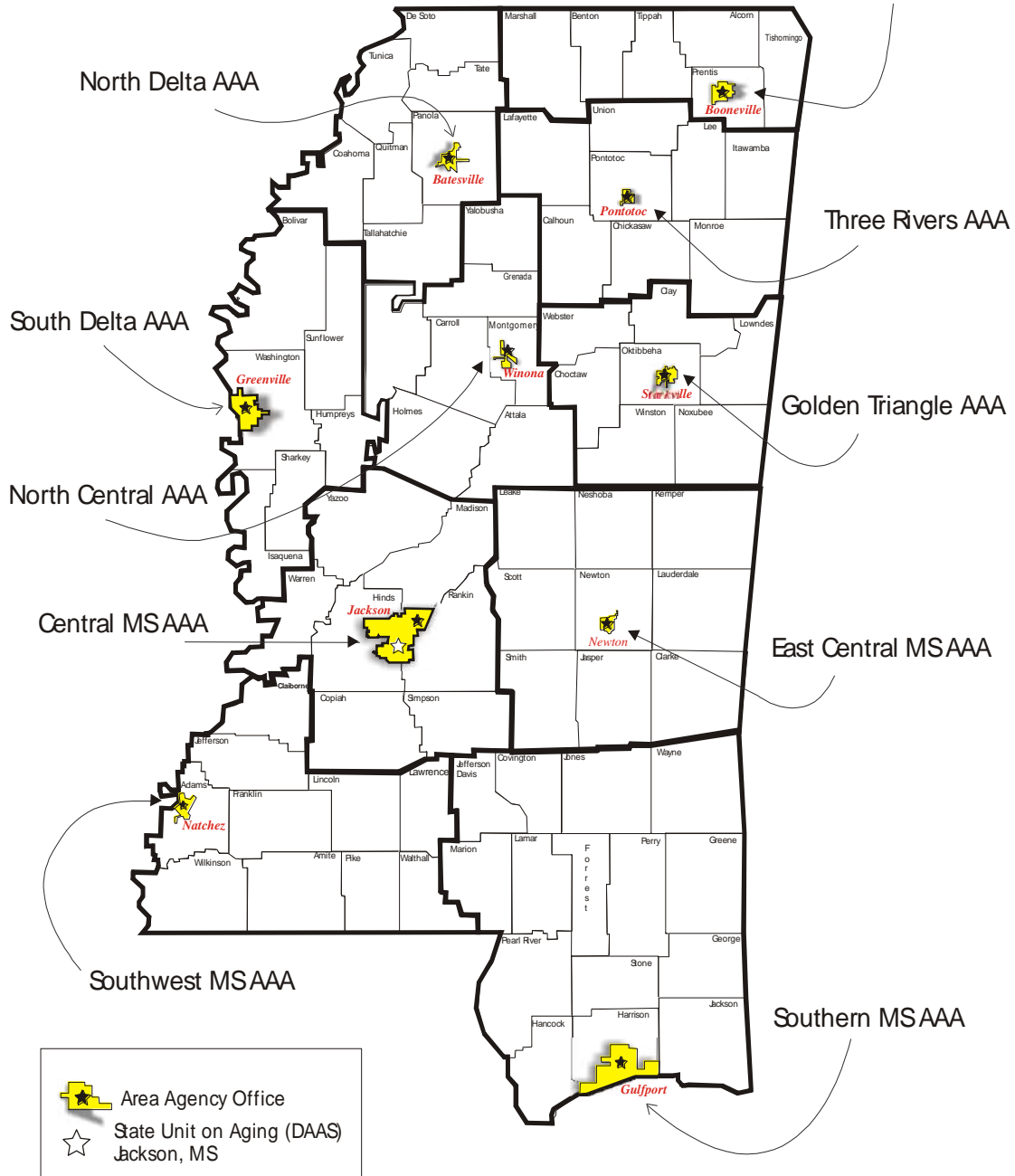


# FFY 2018-2022 Mississippi State Plan Attachment F

## AREA AGENCIES ON AGING MAP

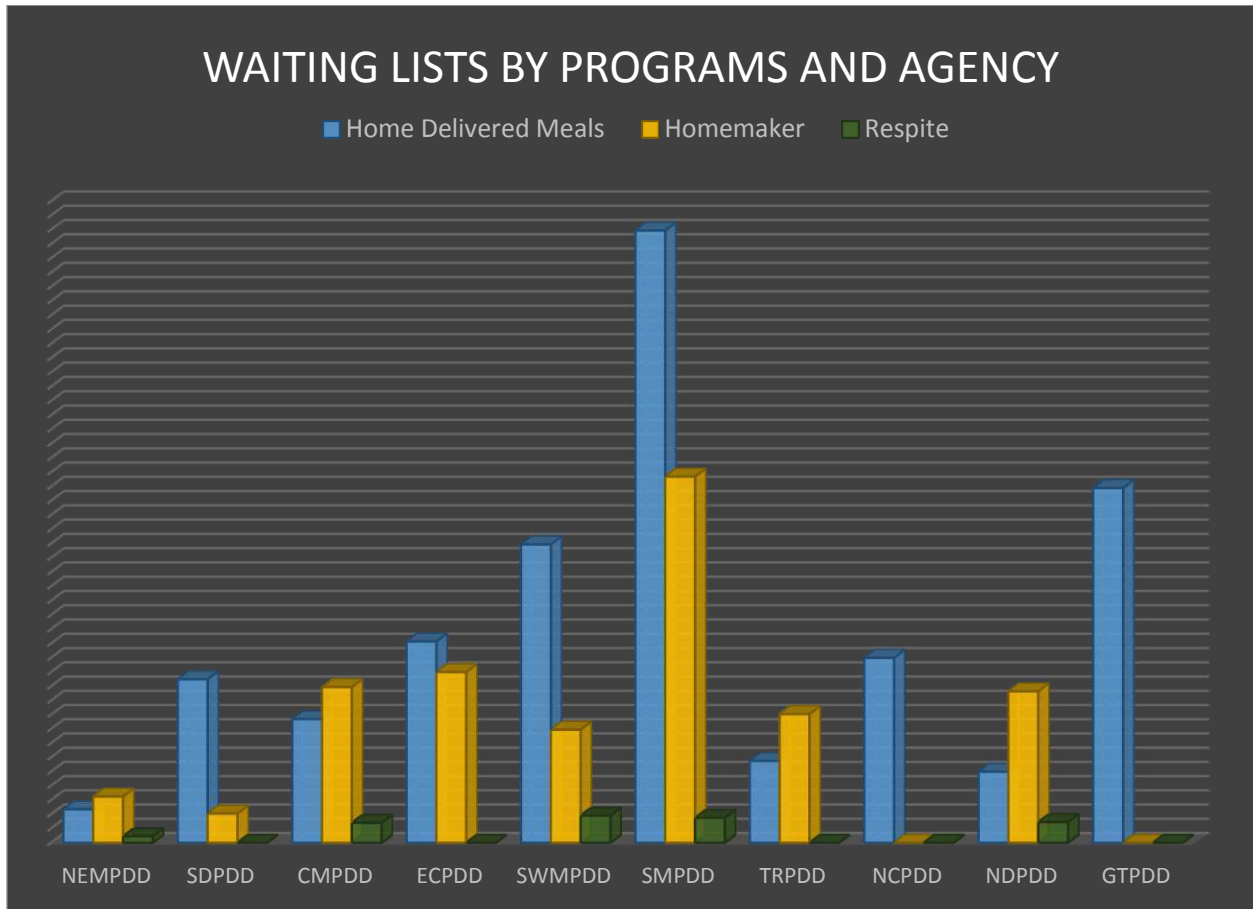
### MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING AND ADULT SERVICES AREA AGENCIES ON AGING

Northeast MSAAA



## FFY 2018-2022 Mississippi State Plan Attachment G

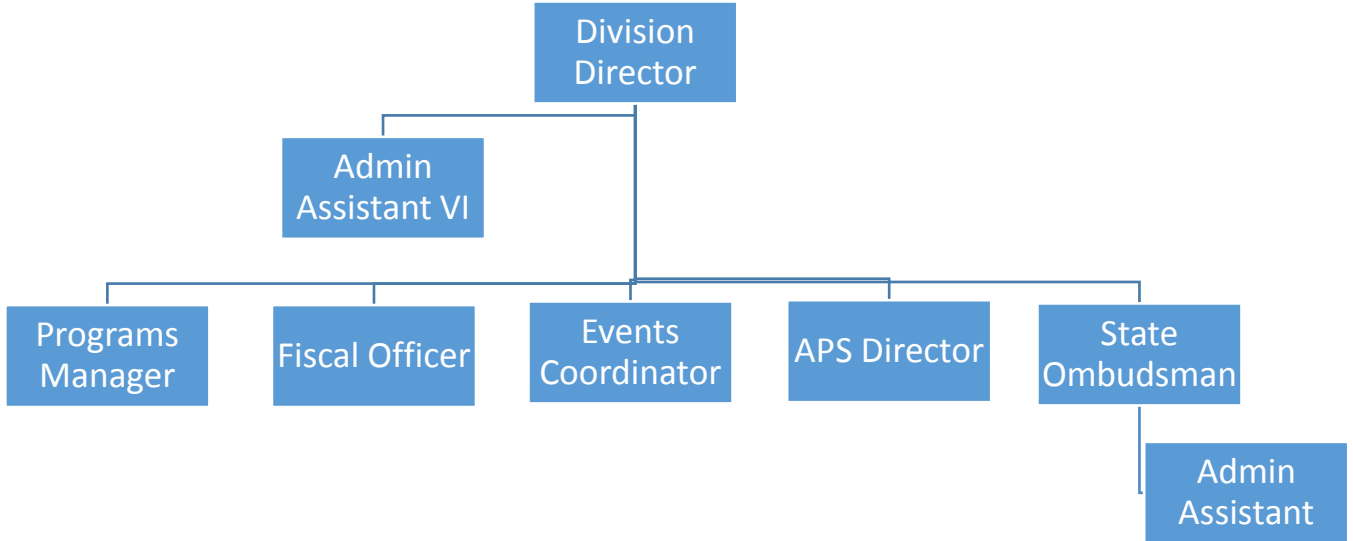
### WAITING LIST DATA



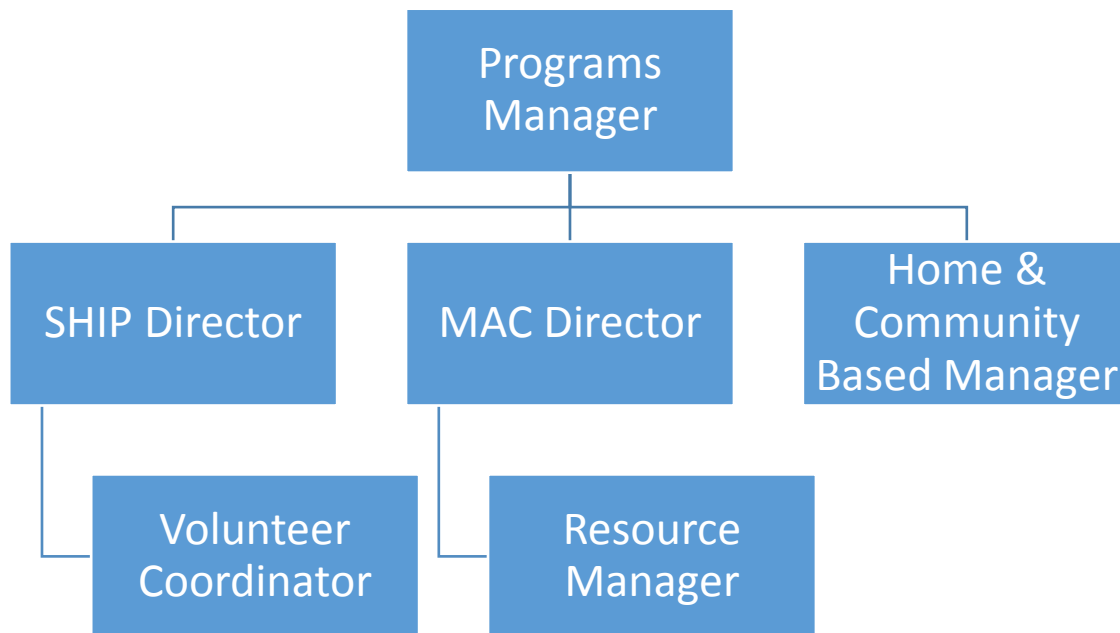
<b>Waiting Lists by Programs and Agency</b>			
<b>AGENCY</b>	<b>Home Delivered Meals</b>	<b>Homemaker</b>	<b>Respite</b>
NEMPDD	47	65	9
SDPDD	230	41	0
CMPDD	174	219	28
ECPDD	283	240	0
SWMPDD	419	159	38
SMPDD	859	514	35
TRPDD	115	181	0
NCPDD	260	0	0
NDPDD	100	213	29
GTPDD	498	0	0
<b>STATE TOTALS</b>	<b>2985</b>	<b>1632</b>	<b>139</b>

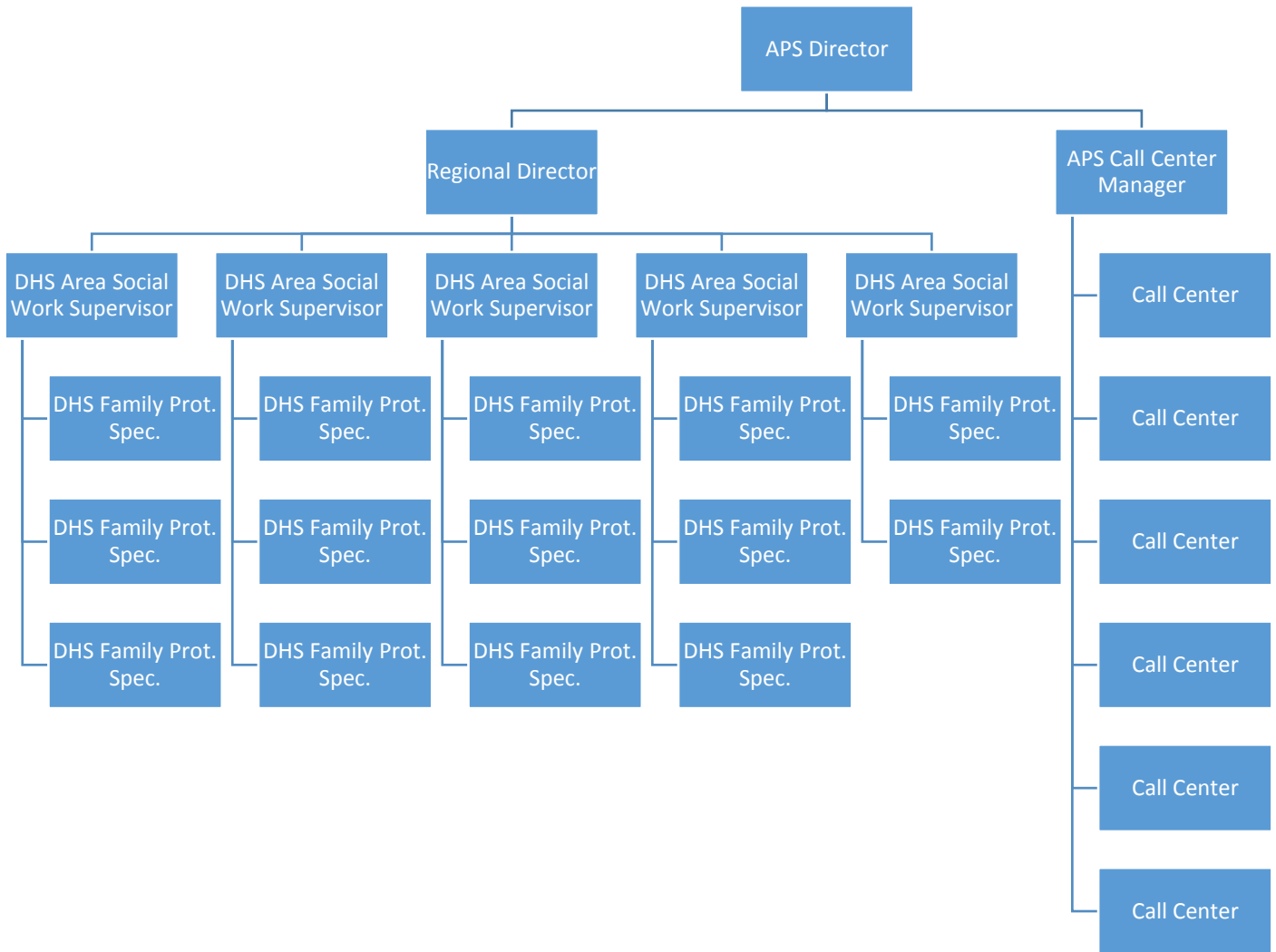
**FFY 2018-2022 Mississippi State Plan  
Attachment H**

**ORGANIZATIONAL CHART**











## Appendix B: Proposed Staff Resumes

Proposed staff resumes begin on the following page:

- Lamar Smith, Project Manager
- Lijun Chen, Lead Researcher, Business Intelligence and Impact Team
- Christoph Hansel, Business Intelligence and Impact Team
- Ann Clements, Management Consultant, Envision Sessions, Phone Surveyor
- Jessica Dill, Management Consultant, Envision Sessions, Phone Surveyor



**Lamar W. Smith**  
Project Manager

**Sample of Relevant Projects**

**Coaching Leaders to Ensure Safety and Wellbeing, Casey Family Program,** Arkansas Division of Children and Family Services, Coach and Trainer 1 /2021 –  
1 /2022

Public Knowledge® (PK) collaborates with staff in building the capabilities of identified Division of Children and Family Services leaders to ensure the safety and wellbeing of children and families. Outcomes would focus on reducing the entry and re-entry rates for children and youth as well as reduce the recurrence of maltreatment. Lamar’s responsibilities include:

- Developing the coaching plan
- Facilitating individual and group leadership development and coaching

**Mississippi Practice Model Learning Cycle,** Mississippi Department of Child Protection Services, Coach and Trainer 1 /2021 –  
1 /2022

PK is working with Mississippi Department of Child Protection Services (DCPS) to support its full implementation of the Practice Model Learning Cycle (PMLC). Lamar’s responsibilities include:

- Facilitating PMLC Sessions with staff and judicial partners
- Providing high level coaching and mentoring to supervisors and case mangers on identified deficiencies
- Reviewing data and trends in preparation for coaching sessions

**Administration of Social Services Programs,** Georgia Department of Human Services, Division of Family and Children Services, DeKalb County, Director 5 /2019 –  
12 /2020

Lamar provided leadership, direction and oversight of DeKalb County Division of Family and Children Services (DFCS) administration of social services programs, including child protective services, foster care, adoptions, the DeKalb Access and Resource Center, and policies. He led collaborative efforts with community agencies, correctional institutions, rehabilitative



services, and related stakeholders designed to protect and promote the social and economic welfare of individuals and communities. Lamar’s additional responsibilities included:

- Ensuring continuous quality improvement (CQI) across fundamental child welfare outcomes and the Kenny A. Modified Consent Decree
- Analyzing and assessing the effectiveness of existing programs to ensure the achievement of identified outcome measures
- Creating and maintaining positive working relationships within the community and in partnership with county government and judicial circuit

**Well-Being Services Section, Georgia Department of Human Services, Division of Family and Children Services, Director**

8/2015 –  
5/2019

Lamar directed and administered state-wide well-being service delivery for education and youth development, physical and behavioral health, independent living, and in-home services for children, youth, and families engaged with the child welfare system. His responsibilities included:

- Maintaining federal and state program compliance related in child welfare, well-being standard, and outcome measures
- Managing the staff that establish and monitor contractual compliance for individual and contract agencies
- Leading multi-agency alliances related to Care Management Organizations, Juvenile Courts, and youth development programming

**Collaborative Services Section, Georgia Department of Human Services, Division of Family and Children Services, Director**

8/2013 –  
8/2015

Lamar provided leadership and oversight to five program areas: Community Programs, Low Income Home Energy Assistance Program (LIHEAP), Community Service Block Grant (CSBG) and System of Care Units which target state-wide healthcare services, self- sufficiency programs, and education and youth development. He implemented quality control practices and met audit requirements related to LIHEAP Program performance His responsibilities included:



- Co-drafting the state’s federally required Child and Family Services Plan (CFSP) and IV-E Plan Performance Improvement Plan (PIP) for Services to Children Ages 0–5 and Disaster Planning
- Restructuring health care, high-end placements, and in-home services units to increase the timeliness of State Office responses to internal and external clients

**Community Programs**, Georgia Department of Human Services, Division of Family and Children Services, Director 9/2010 – 8/2013

Lamar served as chief accountability officer responsible for statewide educational and youth development programming. He developed, strengthened, and maintained partnerships with educational stakeholders Lamar’s responsibilities also included:

- Establishing the first educational service delivery for the state’s child welfare agency
- Improved the quality of educational assessment for school-aged children and youth in foster care and assemblies
- Institutionalizing the agency’s first educationally focused unit
- Creating the first Memorandum of Understanding (MOU) regarding data sharing between state’s child welfare agency and the state Department of Education

## Work Experience

**Public Knowledge®**, Management Consultant 1/2021 – Ongoing  
 Providing management consulting services to help government agencies solve tough problems and thrive in complex situations

**Georgia Department of Human Services, Division of Family and Children Services**, Director 8/2007 – 12/2020  
 Provided leadership to the Division of Family and Children Services and improved outcomes to Georgia’s citizens

**New Jersey Department of Children and Families, Child Welfare Training Academy**, Assistant Director 3/2005 – 8/2007  
 Developed strategies and objectives to achieve the division’s mission and directives



<b>Georgia Department of Human Resources, Fulton County</b>	7/2002 -
<b>Department of Family and Children Services, Communications</b>	2/2005
Manager	

Managed the county’s integrated communications strategy, coordinated press conferences and the production of annual reports, press releases, and other literature, and tracked media activity

<b>Georgia Department of Human Resources, Fulton County</b>	8/2000 -
<b>Department of Family and Children Services,</b>	7/2002
Community/Communications Resource Specialist	

Provided marketing and communications strategies and materials targeted to community services and funding for economic and social services clients

## Education

Bachelor of Arts: Mass Media Arts and Public Relations, Clark Atlanta University	2000
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## Certifications and Training

Government Communication, The Performance Institute	2004
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**Lijun Chen, Ph.D, MA**  
Lead Researcher, Business Intelligence, Impact Team

**Sample of Relevant Projects**

**Child and Youth Well-being in China**, Chaplin Hall at the University of Chicago, Senior Researcher 1/2015 – 12/2020

Lijun co-lead a multi-year study on children’s wellbeing, health, and development in China based on the secondary analysis of the China Family Panel Studies survey data. His responsibilities included:

- Overseeing the design of the study, data processing, analysis, and report writing
- Publishing the report on the State of Children in China (Chapin Hall, 2015), Child and Youth Wellbeing in China (Routledge, 2018), and an academic journal article

**New York City Administration for Children’s Services (ACS), Strong Families NYC Evaluation and Workload Study**, Chaplin Hall at the University of Chicago, Senior Researcher 8/2016 – 12/2019

Lijun analyzed child maltreatment data and foster care placement data from the New York City Administration for Children’s Services. His responsibilities included:

- Developing policy reports and briefs
- Applying statistical methods to examine the different outcomes identifying risk and protective factors for repeated maltreatment and placement
- Creating final analytical files

**Tennessee Title IV–E Waiver Evaluation Project**, Chaplin Hall at the University of Chicago, Senior Researcher 6/2011 – 8/2019

Lijun processed and analyzed administrative data of children involved in child welfare to understand the experiences of children and their families through the system, compared the performance of child welfare agencies and service providers in promoting child outcomes. His responsibilities included:





- Analyzing administrative data to inform child welfare administrators in decision making to improve provider performance
- Generating an analytical report based on a statistical analysis
- Writing technical and research reports

**Multi-State Foster Care Data Archive (FCDA) Project, Chapin Hall at the University of Chicago, Lead Analyst** 1/2005 – 8/2015

Lijun developed statistical models to create the data files and tables of analytical results demonstrating variations in foster care placement incidence rate, placement stability, permanency, and reentry outcomes. His responsibilities included:

- Analyzing statistical models
- Co-authoring of the report Foster Care Dynamics 2000–2005: A Report from the Multistate Foster Care Data Archive (Chapin Hall at the University of Chicago, 2017)

**Analysis of National Survey of Children and Adolescent Well-being, Chapin Hall at the University of Chicago, Lead Analyst** 1/2012

Lijun analyzed the statistical information of the National Survey of Children and Adolescent Well-being for children and families involved in the child welfare system. His responsibilities included:

- Creating longitudinal growth curve models to examine development trajectories
- Exploring association of individual, caregiver, family factors, and adoption experience with cognitive ability development
- Writing a research brief and report based on research findings, and presenting findings

## Work Experience

<b>Public Knowledge®</b> , Management Consultant	5/2021 – Ongoing
Providing Management Consulting services to help government agencies solve tough problems and thrive in complex situations.	
<b>Chapin Hall at the University of Chicago</b> , Research Specialist and Senior Researcher	8/2003 – 5/2021



Processed and analyzed complex data, including cross-sectional and longitudinal survey data from the U.S. and other countries and administrative databases from state and local government sectors.

**University of Chicago**, Teaching and Research Assistant

1/1999 –

5/2003

Teaching assistant for graduate and undergrad courses, offering training sessions in statistical analysis using SPSS and other software. Research assistant on research projects involving quantitative data analysis, data coding, cleaning, and analysis.

## Education

Doctor of Philosophy: Sociology, University of Chicago

2004

Master of Arts: Sociology, University of Chicago

1999

Master of Arts: English Literature, Beijing Foreign Studies University

1990



**Christoph Hansel, MBA, PMP**  
Regional Vice President

**Sample of Relevant Projects**

**Community Corrections Information Billing System Independent Verification and Validation, Colorado Department of Public Safety, Project Manager and Engagement Manager** 6/2020 – 6/2022

The Department of Public Safety requires objective oversight to its implementation of a new billing system. Public Knowledge® (PK) provides independent verification and validation (IV&V) services checklists, IV&V management plan, stakeholder interviews and analysis, and risk logs. Christoph’s responsibilities include:

- Providing project management services
- Advising client organization on best practices
- Planning internal staffing levels to provide client services

**Health Information Technology Planning and Management Support 2019 – 2020, Wyoming Department of Health, Division of Healthcare Financing, Project Manager and Strategy Consultant** 10/2019 – 9/2021

The Division of Healthcare Financing (DHCF) requires continued assistance in prioritizing and coordinating HIT projects and supporting the Wyoming Information Frontier (WYFI) Project. Public Knowledge continues supporting DHCF with refining and executing the strategic plan developed in the previous months and provides supporting services in the implementation of identified activities. Christoph’s responsibilities include:

- Providing project management services
- Planning of multi-year roadmap
- Refining operational and business plan
- Preparation and facilitation of executive steering committee
- Providing implementation and planning support

**Medicaid Management Information System Modernization Certification and Independent Verification and Validation Services, Minnesota Information Technology Services, Project Manager and Technical Lead** 1/2018 – 8/2021



**Christoph Hansel, MBA, PMP**  
Regional Vice President

PK provided IV&V services and Centers for Medicare and Medicaid Services (CMS) certification support for the Medicaid Management Information System (MMIS) modernization program, following the CMS Medicaid Enterprise Certification Toolkit (MECT) and outcomes-based certification. Christoph’s responsibilities include:

- Planning of technical oversight activities
- Identifying stakeholder interviews and proposing of mitigation plans
- Processing risk analysis during meeting observations
- Reviewing artifacts, and assessing best practice recommendations
- Preparation of monthly and risk analysis reporting
- Delivering client stakeholder briefings

**Records Access and Management System (RAMS), Colorado Parks and Wildlife, Division of Natural Resources, Project Manager and IV&V Analyst**

12/2019 –  
6/2021

Colorado Parks and Wildlife is merging two law enforcement systems into a Commercial Off-the-Shelf (COTS) software law enforcement records management system solution. Public Knowledge will provide IV&V services to the project. At the completion of our reviews and reports as specified in our IV&V Management Plan, we conclude IV&V activities providing a Final Review Report, all final documents, and a lessons-learned session to promote continuous improvement in the execution of IV&V services. Christoph’s responsibilities include:

- Identifying stakeholder interviews and proposing of mitigation plans
- Processing risk analysis during meeting observations
- Reviewing artifacts, and assessing best practice recommendations
- Preparation of monthly and risk analysis reporting
- Delivering client stakeholder briefings

**Total Health Record User Acceptance Testing Project, Wyoming Department of Health, Division of Healthcare Financing, Project Manager and User Acceptance Test Manager**

7/2014 –  
12/2020



**Christoph Hansel, MBA, PMP**  
Regional Vice President

DHCF has implemented the Total Health Record (THR) Gateway application to increase EHR use and Public Health reporting by Wyoming Medicaid providers and to improve coordination of care within the Wyoming Medicaid healthcare delivery system. DHCF wants to conduct User Acceptance Testing (UAT) on the application prior to distribution of software updates to Medicaid providers. Public Knowledge is performing the THR UAT and will provide daily status emails during testing and deployment recommendations. Christoph’s responsibilities include:

- Providing overall project management, resource planning and client liaison
- Providing budgetary oversight and reporting
- Running and evaluating test scenarios
- Writing test execution documentation
- Reporting findings review and daily results to client manager
- Providing the final go-live assessment
- Identifying risk and proposing of mitigation plans

**Electronic Health Record System IV&V**, Colorado Department of Human Services, Division of Regional Center Operations, Project Manager and IV&V Consultant

12/2018 –  
6/2020

The Division of Regional Center Operations is implementing an Electronic Health Record (EHR) system. Public Knowledge is providing comprehensive project and risk evaluation to recommend best practices for implementing system functionality. This includes IV&V project management, stakeholder interviews, process and deliverable analysis, risk mitigation, and process improvement recommendations. Christoph’s responsibilities include:

- Providing overall project management and client liaison
- Providing budgetary oversight and reporting
- Identifying risks during stakeholder interviews and proposing mitigation plans
- Analyzing risk processed during meeting observation
- Reviewing artifacts and recommending best practices



**Christoph Hansel, MBA, PMP**  
Regional Vice President

**Comprehensive Child Welfare Information System Planning and Procurement**, Wyoming Department of Family Services, Support Services Division, Technical Lead Consultant 7/2019 – 6/2020

The Department of Family Services is working toward the implementation of a Comprehensive Child Welfare Information System (CCWIS). Public Knowledge is providing planning and procurement assistance for the implementation of the new system. Our services include a needs assessment, feasibility study, alternatives analysis, vendor research, project budget and business case, requirements gathering, and Request for Proposal (RFP) development. Christoph’s responsibilities included:

- Facilitating visioning session with client
- Providing requirements analysis

**Integrated Parks and Wildlife System (IPAWS) Independent Verification and Validation**, Colorado Parks and Wildlife, Project Manager and IV&V Consultant 12/2018 – 6/2020

Colorado Parks and Wildlife implemented Phase II of a comprehensive integrated parks and wildlife system that meets federal regulatory and reimbursement standards. This project includes making required improvements to the network infrastructure and point-of-sale hardware. The key areas of functionality are integrating hunter reservations with licensing, increasing data reporting, and improving data quality. Public Knowledge used elements of quality assurance, analytics, quality control, risk assessment and management, contract management, and organizational change management to execute IV&V activities for the project. Christoph’s responsibilities included:

- Providing overall project management and client liaison
- Providing budgetary oversight and reporting
- Identifying risks during stakeholder interviews and proposing mitigation plans
- Analyzing risk processed during meeting observation
- Reviewing artifacts and recommending best practices



**Christoph Hansel, MBA, PMP**  
Regional Vice President

**Program Integrity and Benefits Management Unit Referral Process Improvement**, Wyoming Department of Health, Division of Healthcare Financing, Business Analyst 7/2018 –  
12/2019

Public Knowledge conducted interviews with these teams and documented the status of provider issue handling and referrals. At the conclusion of those interviews, we provided a report to the Program Integrity (PI) and Benefits Management Unit (BMU) managers with recommendations for process and communication improvements. This work plan outlines the work we will do to support implementation of those recommendations. Christoph’s responsibilities included:

- Analyzing department process through staff interviews leading to documentation of all department processes, and their inputs and outputs.

**Medicaid Procurement Assistance**, Iowa Department of Human Services, Procurement Specialist 11/2017 –  
10/2019

The Department of Health and Human Services upgraded and modernized its Medicaid Enterprise System (MES). Public Knowledge provided project management support, technical expertise, and acquisition support services during the procurement of multiple Medicaid service contracts. We facilitated activities during the contract negotiations and execution phase resulting in the successful operationalization of six Medicaid service contracts. Christoph’s responsibilities included:

- Facilitating procurement process, including the question and answer process, bid evaluation, contract negotiations, contract execution, and vendor transition
- Developing process templates, managing evaluation scoring sheet, and guiding stakeholders toward project success

**2019 Wyoming Safety and Workforce Summit Coordination**, Wyoming Department of Workforce Services, Project Manager 9/2018 –  
8/2019



**Christoph Hansel, MBA, PMP**  
Regional Vice President

The Wyoming Department of Workforce Services required project management oversight, facilitation of event planning and coordination of the 2019 Safety and Workforce Services Summit. Public Knowledge provided project management oversight for the duration of the project, to include facilitation of planning meetings, status report updates, budget updates, and additional support as requested by the Department of Workforce Services. Christoph’s responsibilities include:

- Providing project management oversight and meeting facilitation
- Supporting vendor and sponsorship solicitation
- Providing recommendations and assistance related to marketing activities
- Assisting with logistics

**Wyoming Integrated Next Generation System (WINGS) Procurement Assistance**, Wyoming Department of Health, Division of Healthcare Financing, Analyst 5/2015 – 6/2018

DHCF replaced its MMIS through a series of procurements and internal projects to achieve federally mandated capabilities. Public Knowledge provided procurement support including coordination, requirements drafting, and an evaluation model to support the DHCF in their modular development. Christoph’s responsibilities included:

- Providing expert input on draft RFP for various functional areas
- Facilitating the creation of comprehensive requirements and service level catalog

**Colorado Medicaid Management Innovation and Transformation (COMMIT)**, Colorado Department of Health Care Policy and Financing, IV&V Subject Matter Expert 2/2015 – 1/2018

The Department of Health Care Policy and Financing replaced its legacy MES with modern technologies to maximize functionality and service. Public Knowledge provided IV&V services on the core MMIS and supporting services, the Pharmacy Benefit Management System (PBMS), and the Business Intelligence (BI) and Data Management System. Christoph’s responsibilities included:





**Christoph Hansel, MBA, PMP**  
Regional Vice President

- Performing quality assurance reviews and processing improvement related to IV&V and contractor activities
- Creating and delivering project documents, such as policy and procedure manuals, business continuity plans, IV&V checklists, and leadership briefing reports

**Medicaid Management Information System Third Party Audit, Montana**  
Department of Public Health and Human Services, Analyst

1 /2015 –  
9/2015

Public Knowledge conducted a third-party audit of the Montana MMIS Design, Development, and Implementation Project as requested by the Montana State Legislature in House Bill 10. The findings were presented to the Montana Legislative Finance Committee (LFC).

Christoph’s responsibilities included:

- Performing a third-party audit on the Montana MMIS DDI project
- Evaluating and reporting on the ability of the replacement contract vendor to complete and comply with all contractual requirements, terms, and conditions
- Reviewing projects in other states where the replacement contract vendor had implemented or was in the process of implementing an MMIS to understand and extrapolate the experiences, impacts, costs, and delays of those states and analyze the potential for the same issues occurring with the Montana systems replacement in the future

**Work Experience**

**Public Knowledge**®, Regional Vice President, Management Consultant

1 /2015 –  
Ongoing

Providing management consulting services to help government agencies solve tough problems and thrive in complex situations

**Centurylink**, Business Analyst/Project Manager

7/2007 –  
8/2014

IT and processes services to support customer product rollouts and internal efficiency measures in the IT Network and Consumer product space.



**Christoph Hansel, MBA, PMP**  
Regional Vice President

**Hansel Consulting, IT Consultant** 1/2006 – 6/2007  
Providing IT and Management consulting services to various organizations in the Telecommunications space, including Product planning and pricing evaluations.

**Horvath & Partners, Management Consultant** 1/2003 – 12/2005  
Providing management consulting services focusing on IT and process implementations including project management services for European clients in various private and public sector verticals.

**Education**

Master of Business: Administration in eBusiness, University of Colorado, Denver 2002

Bachelor of Science: Business Administration, University of Arizona, Tucson 1995

International Business Administration, Universidad LaSalle, Mexico City 1995

**Certifications and Training**

Project Management Institute (PMI), Certified Project Management Professional (PMP) 2019

Agile Alliance, Certified ScrumMaster® (CSM) 2017

Healthcare Information and Management Systems Society (HIMSS), Certified Professional in Healthcare Information and Management Systems (CPHIMS) 2016

Technology of Participation (ToP) Group Facilitation Methods, Institute of Cultural Affairs (ICA) 2015



## Ann Clements

Management Consultant, Envision Sessions, Phone Surveyor

### Sample of Relevant Projects

**Operational Assessment, Louisiana Kresge Child Support Program** 9/2020 –  
Assessment, Management Consultant 3/2021

PK assessed Louisiana's child support system and identified opportunities to modernize policies and practices using an equity lens. PK provided the Department of Child and Family Services (DCFS) with a family-centered child support policy framework.

Recommendations and implementation strategies assisted DCFS in modernizing its policies, practices, and partnerships to improve outcomes for families and program performance. Ann's responsibilities and accomplishments included:

- Assisting with conducting group and one-on-one interviews
- Conducting surveys to collect data.
- Assisting with providing data research, including performance data

**Organizational Assessment, North Carolina Department of Human Services, Analyst** 3/2018 –  
2/2021

Public Knowledge® (PK) provided an organizational assessment of North Carolina's social services programs, including Child Support, Aging and Adult Services, Food and Nutrition Services (SNAP), Work First (TANF), and Child Welfare Services. The assessment has included both individual and group interviews, surveying 100 counties, and analyzing staffing and salaries for North Carolina's 100 counties providing social services locally. Ann's responsibilities included:

- Assisting with conducting group and one-on-one interviews to identify and document current-state processes
- Providing subject matter expertise
- Assisting with providing data research including analyzing staffing and salaries. Conducting surveys to collect data.
- Assisting with Envisioning Sessions for Aging and Adult Services

**Operational Assessment, Yolo, Colusa, and Sutter Counties, California, Management Consultant** 10/2016 –  
2/2021



- PK (formerly known as (f.k.a.) CSF) completed a comprehensive assessment of the three California counties’ Department of Child Support Services’ operations to identify opportunities and options for the agencies to combine and serve the child support needs in the three counties. CSF reviewed and documented agency policies, business processes, and workflow. They also evaluated effectiveness of current business operations, developed business process maps, performed a staffing analysis, and developed findings reports and recommendations to result in improved operational efficiencies.

Ann’s responsibilities included:

- Interviewing staff and stakeholders
- Creating data visualizations
- Documenting and facilitating meetings

**Nevada NVKIDS Child Support Automated System Independent Verification and Validation**, Nevada Division of Welfare and Supportive Services, Analyst

7/2019 –  
11/2019

PK (f.k.a. CSF) provided independent verification and validation (IV&V) support to the Division of Welfare and Support Services (DWSS) and the federal Office of Child Support Enforcement (OCSE) assessing the quality and risks associated with modernizing the Child Support Enforcement functionality of the Nevada Operations of Multi-Automated Data System (known as NOMADS). The team performs reviews of the technical and functional aspects of the system design, development, and implementation effort. Ann’s responsibilities included:

- Analyzing system design
- Providing training, online policy manuals, and change management assistance

**Washington State Child Welfare**, Washington State Department of Social and Health Services, Trainer

8/2018 –  
1/2019

PK (f.k.a. CSF) provided expert assistance in the development of compliance plans, proposals, position papers, and other documents for presentation to the Court and Oversight Panel. PK also provided internal capacity building. Ann’s responsibilities included:

- Delivering instruction on customer service and in a “Training the Trainer” training



**Organizational Assessment**, Mendocino County, California,  
Department of Child Support Services, Analyst

8/2018 –  
9/2018

PK (f.k.a. CSF) conducted an outside assessment of the organization identifying opportunities focused on staffing and structure. The team spent three days onsite and interviewed each of the 26 staff individually. The team documented reporting relationships, and primary job duties by position and team and completed a needs assessment, focused on resource needs such as training. Ann's responsibilities included:

- Assisting with reporting relationships
- Documenting primary job duties by position and team for the need's assessment
- Providing training and assessment of further training needed

**Statewide Child Support Enforcement and Family Court Case Management Systems**, South Carolina Children and Family Services,  
Senior Analyst

7/2008 –  
10/2013

PK (f.k.a. CSF) developed, implemented, and maintained comprehensive system support to the operation of South Carolina's child support program. PK provided subject matter expertise child support and family court program policy and operations, and in the design, development, and delivery of implementation training for the statewide systems. Ann's responsibilities included:

- Providing subject matter expertise
- Validating and linking federal and state requirements
- Reviewing documentation for accuracy and validation against business process models, system requirements, and state and federal certification requirements
- Co-developing general system design documentation and testing validation
- Developing onsite instructor-led training courses
- Creating written and web-based training
- Providing system demonstrations for various audiences, including demonstration videos

## Work Experience

<p><b>Public Knowledge®</b>, Management Consultant</p> <p>Providing Management Consulting services to help government agencies solve tough problems and thrive in complex situations. The Center for the Support of Families (CSF) merged with Public Knowledge® on January 1, 2021. Ann was employed by CSF prior to the merger.</p>	<p>7/2008 – Ongoing</p>
<p><b>Policy Studies, Inc., Child Support District Office</b>, Operational Manager, District Manager, Customer Services Manager, Supervisor, Trainer, Quality Assurance Analyst, and Consultant</p> <p>Provided operational oversight for the Hampton Child Support District Office operations to ensure that all contract provisions were fulfilled</p>	<p>5/2002 – 7/2008</p>
<p><b>University of South Carolina</b>, Consultant</p> <p><b>Reviewed Federal reports concerning the CSES system and Federal requirements for compliance as a part of the IV&amp;V team.</b></p>	<p>4/2002 – 10/2002</p>
<p><b>MAXIMUS</b>, Project Manager, Quality Assurance Analyst, Trainer, and Local Supervisor</p> <p>Evaluated procedures and forms to improve proficiency and managed day-to-day operations. Prepared budget, forecasts, supervised a staff of 30, prepared monthly reports, and worked with Clerk of Courts</p>	<p>5/1997 – 5/2002</p>
<p><b>South Carolina Department of Social Services, Division of Child Support</b>, Child Support Specialist I</p> <p>Prepared cases for court, negotiated court orders, filed orders, handled communication concerning child support cases, and worked with attorneys concerning problem cases and trained new specialists</p>	<p>11/1993 – 4/1997</p>

## Education

<p>Bachelor of Science: Elementary Education, Francis Marion University</p>	<p>1981</p>
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## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

### Sample of Relevant Projects

<b>Health Information Technology Solicitation Writer, Colorado</b> Department of Health Care Policy and Financing and Office of eHealth Innovation, Analyst and Writer	1/2020– 1/2022
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PK is providing procurement assistance for the Department of Health Care Policy and Financing (DHCF) to fulfill its health information technology (HIT) roadmap, including procurement of master HIT consultant services, telehealth services, data aggregation tool, electronic clinical quality measures registry (eCQM), Master Patient Index (MPI), care coordination, consumer engagement, and Medicaid Enterprise Systems (MES) modules. Jessica's responsibilities include:

- Conducting and reviewing research on industry trends and best practices
- Assisting with the development of a grant outline
- Co-creating documentation and revising requirements
- Analyzing survey results for presentation

<b>Acquisition Support Staff for Grant Application Development, North Carolina</b> Department of Human Services Division of Mental Health and Developmental Disabilities, North Carolina Department of Health and Human Services, Business Analyst and Project Controller	10/2020 – 8/2021
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The North Carolina Department of Mental Health, Developmental Disabilities, and Substance Abuse Services division is working to develop and obtain a more efficient request for proposals and request for application (RFP and RFA) process for new contracts, a transparent process to providers and external stakeholders, defined and reportable outcomes in all contracts, and a more diverse set of providers who respond to the RFPs or RFAs. Jessica's responsibilities include:

- Assisting in developing project workplan
- Monitoring project budget, project workplan, and timelines
- Conducting and reviewing research on industry trends and best practices, particularly regarding State Opioid Response Plans, State Outcome Goals, and SAMHSA –Prevention Block Grants



## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

- Developing and leading visioning sessions
- Developing the Organizational Change Management Guide
- Developing the Procurement Handbook
- Developing outreach recommendations

**Oregon Child Welfare Review**, Oregon Department of Justice and Markowitz Herbold, Analyst

6/2020 –  
11/2020

PK is conducting a thorough independent assessment of the Governor’s Office and the Oregon Department of Human Services (DHS) child welfare policies, procedures, leadership, and data, and to document any progress DHS has made to implement recommendations or address concerns through identifiable and credible strategies and processes. Jessica’s responsibilities include

- Assisting with the design of the assessment methodology and protocols
- Assisting with assessment activities including conducting interviews and focus groups
- Assisting with analysis and development of findings
- Monitoring project budget and timelines
- Providing additional project support as needed

**Learning Management Systems Assessment**, Washington Health Benefit Exchange, Business Analyst and Deputy Project Manager

10/2019 –  
1/2020

This project involved providing a needs assessment increasing the understanding of challenges and opportunities for improvement in the current learning and development environment and to solicit information about the desired future-state. The result was an alternatives assessment report with a matrix examining four Learning Management System (LMS) alternatives. Jessica’s responsibilities included:

- Developing ongoing status and risk reports to support quality assurance
- Coordinating and participating in fact-finding interviews with agency staff





## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

- Coordinating and analyzing an agency-wide survey for staff and managers to assess their learning and development needs
- Developing the survey results deliverable and report for presentation
- Researching, compiling, and drafting functional LMS requirements
- Writing and editing user stories for learning and development
- Developing the needs assessment and alternatives assessment
- Developing findings and recommendations presentation using infographics and data visualization tactics
- Communicating directly with the client regarding project management tasks

**Data System Assessment Project**, Indiana State Department of Health, Maternal and Child Health Division, Business Analyst

8/2019 –  
1/2020

This project involved assessing the current Maternal and Child Health Division (MCH) data systems and end-user applications, including identifying gaps, making recommendations, and developing requirements to enable MCH to procure data system services and solutions. These procurements included Health Information Exchange (HIE) systems interoperability, robust Extract, Transform, and Load processes, provider access and information sharing, and data management. Jessica’s responsibilities included:

- Developing the kickoff presentation and co-facilitating the meeting to review the project’s goals, objectives, and expectations
- Co-facilitating target future-state visioning sessions with stakeholders to provide recommendations in targeting programmatic and technical goals
- Assisting in developing the project plan and targeting future-state recommendations
- Facilitating stakeholder information-gathering and fact-finding meetings
- Co-leading interviews to identify, gather, and quantify existing issues and success criteria for each application and business unit
- Creating current-state and future-state process maps



## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

- Aiding in the development of the gap analysis and the business process models

**Operations and Maintenance System Integrator Reprocurement Planning Project**, Washington Health Benefit Exchange, Business Analyst and Project Coordinator

11/2018 – 9/2019

The Washington State Health Benefit Exchange required system integrator (SI) services using Agile methodologies for the Washington Healthplanfinder. This project included an assessment of industry best practices, current-state operations and maintenance services, and their strategic vision and internal capabilities. This assessment helped them define and document request for proposal (RFP) requirements for the SI procurement, leading to the RFP scope of work. Jessica’s responsibilities included:

- Developing ongoing status and risk reports to support quality assurance
- Developing weekly status updates on project performance and progress
- Researching, identifying, and drafting Agile team staffing roles and descriptions for inclusion in the RFP scope of work
- Compiling RFP exhibits and appendices
- Developing and documenting RFP requirements
- Developing the project closeout and lessons learned presentation

**Child Welfare Family First Assessment Project**, West Virginia Department of Health and Human Resources, Business Analyst

11/2018 – 9/2019

The West Virginia Department of Health and Human Resources (DHHR) conducted an assessment and gap analysis of its compliance and alignment with Family First Prevention Services Act (FFPSA). This project involved assessing the impact of the FFPSA on DHHR policies, financials, business operations, stakeholders, and systems. The compliance gap analysis helped the DHHR identify remaining work to achieve FFPSA compliance. Jessica’s responsibilities included:



## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

- Creating a high-level overview presentation of the project’s goals and objectives through infographics and data visualization tactics
- Leading the development of the project management plan, timeline, and milestones
- Assisting with FFPSA analysis and documenting requirements against DHHR’s current environment in a traceability matrix
- Assisting with research and analysis of institutional providers’ capacity to assist in implementing FFPSA, resulting in a research summary document
- Developing the presentation, including infographics and data tactics, on community-based services for the 2019 West Virginia Juvenile Probation Officers’ Conference
- Developing a business process map for inclusion in the program desk guide

### Work Experience

<b>Public Knowledge®</b> , Management Consultant	1/2020 – Ongoing
Providing management consulting services to help government agencies solve tough problems and thrive in complex situations	
<b>BerryDunn</b> , Consultant	10/2018 – 1/2020
Assisted state government agencies modernize systems and processes by providing insight and services, such as strategic planning and visioning, business process analysis and redesign, project management, change management, communication strategies, leadership development, and systems planning and system vendor selection services	
<b>Branstad and Olson Law</b> , Legal Assistant Intern	5/2018 – 8/2018
Assisted on criminal defense cases, navigating clients' healthcare, and human services’ needs.	
<b>Renegade Consortium LLC</b> , Supply Chain and Operations Manager	4/2017– 5/2018



## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

Worked for an e-commerce business that provided health products and services to clients across North America.

**Imagine Washington**, Care provider, Behavioral Therapy Technician, Educator, and Advocate

8/2014 –  
4/2017

Worked as a care provider and behavioral therapy technician, educator, and advocate helping clients under the age of ten with Autism Spectrum Disorder and their families.

### Education

Bachelor of Arts: Psychology, McGill University

2013

### Certifications and Training

Certified ScrumMaster™ (CSM), Scrum Alliance

2020

Technology of Participation (ToP) Group Facilitation Methods, Institute of Cultural Affairs (ICA)

2020

MCMP II Certified Medicaid Professional, Medicaid Learning Center (MLC)

2019

Prosci® Certified Change Management Practitioner, Prosci Change Management Institute®

2019



## **Appendix C: Financial Statements**

We include corporate financial statements for the past two years, as requested, following this page.

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**GLI Capital Group, Inc. & Subsidiaries**  
**Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Confidential**

**GLI Capital Group, Inc. & Subsidiaries**  
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**December 31, 2019 and 2018**

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**Confidential**

## **Independent Auditors' Report**

### **To the Shareholders of GLI Capital Group, Inc. & Subsidiaries**

We have audited the accompanying consolidated financial statements of GLI Capital Group, Inc. & Subsidiaries (the "Company"), which comprise the consolidated balance sheets as of December 31, 2019 and 2018 and the related consolidated statements of income, comprehensive income, changes in stockholders' equity and cash flows for the years then ended, and the related notes to the financial statements.

#### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

#### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Company as of December 31, 2019 and 2018 and the results of its operations and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



East Brunswick, New Jersey

May 12, 2020

**Confidential**

**GLI Capital Group, Inc. & Subsidiaries**  
**Consolidated Balance Sheets**  
**December 31, 2019 and 2018**

	2019	2018
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 19,463,322	\$ 15,468,942
Marketable debt securities, at fair value	18,647,314	32,826,765
Accounts receivable, net	31,861,877	26,504,291
Accounts receivable - related parties	245,050	174,426
Unbilled receivables	2,497,395	1,027,340
Retention receivable	245,041	262,796
Royalties receivable - related parties	1,879,356	1,461,230
Inventory	70,514	42,164
Other receivable	49,000	153,166
Prepaid expenses	494,528	1,583,260
Other deposits	584,687	41,577
Deposit in lieu of performance bond	25,000	25,000
<b>Total Current Assets</b>	<b>76,063,084</b>	<b>79,571,057</b>
Restricted cash	2,675,777	-
Deposit on purchase of subsidiary	11,578,822	-
Property and equipment, net	5,078,709	4,622,689
Equipment under capital lease, net	64,035	220,968
Goodwill	14,257,987	11,826,146
Intangible assets, net	-	247,228
Prepaid expenses	79,922	30,195
Refundable advances to affiliate	3,478,488	1,693,126
Investment in GLI Asia Ltd	52,660	43,088
Loan receivable - related party	10,213,374	10,000,000
Derivative financial instrument	-	126,948
Security deposits	194,243	178,536
<b>Total Assets</b>	<b>\$ 123,737,101</b>	<b>\$ 108,559,981</b>
<b>Liabilities and Members' Equity</b>		
<b>Current Liabilities</b>		
Short-term borrowings	\$ 84,499	\$ 594,135
Current portion of long-term debt	3,000,000	3,000,000
Current portion of capital lease obligations	6,745	135,809
Current portion of note payable	38,901	37,145
Accounts payable and accrued expenses	3,269,169	2,418,294
Accounts payable - related parties	440,169	279,998
Accrued pension plan payable	924,459	900,998
Accrued payroll and compensated absences	4,719,570	4,047,201
Customer deposits	919,044	1,454,092
<b>Total Current Liabilities</b>	<b>13,402,556</b>	<b>12,867,672</b>
Long-term debt, less current portion	7,750,000	10,750,000
Capital lease obligations, less current portion	-	33,640
Note payable, less current portion	175,057	204,300
Derivative financial instrument	95,280	-
Other liabilities	-	23,373
Deferred tenant inducements	286,093	-
Deferred rent	2,527,318	2,113,426
<b>Total Liabilities</b>	<b>24,236,304</b>	<b>25,992,411</b>
<b>Commitment and Contingencies - Note</b>		
<b>Stockholders' Equity</b>		
Common stock, no par value, 10,000 shares authorized, 1,210 shares issued and outstanding	1,204,653	1,204,653
Retained earnings	97,924,239	81,322,105
Accumulated other comprehensive income	360,529	40,940
Total parent company equity	99,489,421	82,567,698
Non-controlling interest	11,376	(128)
<b>Total Consolidated Stockholders' Equity</b>	<b>99,500,797</b>	<b>82,567,570</b>
<b>Total Liabilities and Stockholders' Equity</b>	<b>\$ 123,737,101</b>	<b>\$ 108,559,981</b>

The notes to consolidated financial statements are an integral part of these statements.

**GLI Capital Group, Inc. & Subsidiaries**  
**Consolidated Statements of Income**  
**For the Years Ended December 31, 2019 and 2018**

	2019	2018
<b>Revenues</b>		
Testing, inspection and certification	\$ 109,486,158	\$ 103,280,035
Governmental assurance	17,241,201	17,471,159
IT assurance	17,225,138	10,332,262
Product sales	6,682,151	6,261,408
Reimbursed costs	<u>1,105,708</u>	<u>1,717,025</u>
<b>Total Revenues</b>	<b>151,740,356</b>	<b>139,061,889</b>
<b>Cost of Goods Sold</b>	<u>5,266,259</u>	<u>5,245,453</u>
<b>Gross Profit</b>	<b>146,474,097</b>	<b>133,816,436</b>
<b>Operating Expenses</b>		
Payroll	58,758,329	56,176,794
Officers' compensation	900,000	900,000
Payroll taxes	4,400,916	4,140,540
Employee benefits	7,947,221	7,577,461
Pension	1,083,334	1,029,079
Direct labor and expenses	15,644,285	11,364,437
Outside services	691,878	872,769
Occupancy	6,042,717	5,749,488
Travel and entertainment	2,178,149	1,915,289
Advertising	2,075,608	1,576,430
Insurance	729,911	714,592
Office expense	723,815	480,009
Licenses and permits	242,576	392,380
Information technology	2,081,155	2,085,599
Professional fees	4,205,815	4,188,049
Governmental relations	289,868	289,239
Telephone	948,823	892,037
Other taxes, net	14,237	36,856
Temporary services	25,240	23,176
Depreciation and amortization	1,662,727	1,974,510
Bad debts	28,638	189,459
Bank charges	187,189	165,574
Product development and testing	157,889	159,868
Commissions	679,210	669,253
Education and training	187,651	282,188
Dues	305,567	253,949
Contributions	159,343	93,415
Other	<u>1,351</u>	<u>734</u>
<b>Total Operating Expenses</b>	<b>112,353,442</b>	<b>104,193,174</b>
Income from Operations	<u>34,120,655</u>	<u>29,623,262</u>
<b>Other Income (Expense)</b>		
Interest income	1,460,620	1,000,402
NJEDA Grow NJ grant	-	806,355
Loss on disposal of property and equipment	(4,125)	(39,379)
Realized gain (loss) on sale of investments, net of reclassification adjustment	178,703	(4,703)
Foreign currency transaction losses	(244,195)	(111,084)
Income from investment in GLI Asia Ltd	9,572	8,646
Interest expense	<u>(473,183)</u>	<u>(591,922)</u>
<b>Total Other Income (Expense)</b>	<b>927,392</b>	<b>1,068,315</b>
<b>Income Before Provision for Income Taxes</b>	<b>35,048,047</b>	<b>30,691,577</b>
Domestic income tax expense	56,335	70,281
Foreign income tax expense	<u>1,246,619</u>	<u>150,487</u>
<b>Total Provision for Income Taxes</b>	<b>1,302,954</b>	<b>230,768</b>
<b>Consolidated Net Income</b>	<b>33,745,093</b>	<b>30,460,809</b>
Less net income attributable to non-controlling interest	<u>778</u>	<u>647</u>
<b>Net Income Attributable to Parent Company</b>	<b>\$ 33,744,315</b>	<b>\$ 30,460,162</b>

The notes to consolidated financial statements are an integral part of these statements.

**GLI Capital Group, Inc. & Subsidiaries**  
**Consolidated Statements of Comprehensive Income**  
**For the Years Ended December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
<b>Consolidated Net Income</b>	<b>\$ 33,745,093</b>	<b>\$ 30,460,809</b>
<b>Other Comprehensive Income (Loss)</b>		
Change in derivative financial instrument	(222,228)	130,761
Cumulative foreign currency translation adjustment, net	27,818	(33,706)
Unrealized gains (losses) on marketable debt securities	471,547	(142,189)
Reclassification adjustment for gains included in net income	42,452	5,253
<b>Total Other Comprehensive Income (Loss)</b>	<b>319,589</b>	<b>(39,881)</b>
<b>Comprehensive Income</b>	<b>34,064,682</b>	<b>30,420,928</b>
Less comprehensive income attributable to non-controlling interest	778	647
<b>Comprehensive Income Attributable to Parent Company</b>	<b>\$ 34,063,904</b>	<b>\$ 30,420,281</b>

Confidential

The notes to consolidated financial statements are an integral part of these statements.

**GLI Capital Group, Inc. & Subsidiaries**  
**Consolidated Statements of Changes in Stockholders' Equity**  
**For the Years Ended December 31, 2019 and 2018**

	Shares	Amount	Retained Earnings	Other Comprehensive Income (Loss)	Non-controlling Interest	Total
<b>Balances at December 31, 2017</b>	1,200	\$ 12,000	\$ 69,483,760	\$ 80,821	\$ 1,191,878	\$ 70,768,459
Purchase of non-controlling interest of subsidiary	10	1,192,653	-	-	(1,192,653)	-
Net income	-	-	30,460,809	-	647	30,460,809
Capital contribution	-	-	-	-	10,726	10,726
Contribution receivable	-	-	-	-	(10,726)	(10,726)
Distributions to shareholders	-	-	(18,621,817)	-	-	(18,621,817)
Change in derivative financial instrument	-	-	-	130,761	-	130,761
Cumulative foreign currency translation adjustment, net	-	-	-	(33,706)	-	(33,706)
Unrealized loss on marketable securities	-	-	-	(142,189)	-	(142,189)
Reclassification adjustment for gains included in net income	-	-	-	5,253	-	5,253
<b>Balances at December 31, 2018</b>	1,210	1,204,653	81,322,105	40,940	(128)	82,567,570
Net income	-	-	33,744,315	-	778	33,745,093
Capital contribution	-	-	-	-	10,726	10,726
Distributions to shareholders	-	-	(17,142,181)	-	-	(17,142,181)
Change in derivative financial instrument	-	-	-	(222,228)	-	(222,228)
Cumulative foreign currency translation adjustment, net	-	-	-	27,818	-	27,818
Unrealized gain on marketable debt securities	-	-	-	471,547	-	471,547
Reclassification adjustment for gains included in net income	-	-	-	42,452	-	42,452
<b>Balances at December 31, 2019</b>	1,210	\$ 1,204,653	\$ 97,924,239	\$ 360,529	\$ 11,376	\$ 99,500,797

The notes to consolidated financial statements are an integral part of these statements.

**GLI Capital Group, Inc. & Subsidiaries**  
**Consolidated Statements of Cash Flows**  
**For the Years Ended December 31, 2019 and 2018**

	2019	2018
<b>Cash Flows from Operating Activities</b>		
Net Income	\$ 33,745,093	\$ 30,460,809
Adjustments to reconcile net income to net cash provided by operating activities		
Depreciation and amortization	1,662,727	1,974,510
Realized loss on sale of investments	(178,703)	4,703
Investment in GLI Asia Ltd	(9,572)	(6,361)
Loss on disposal of property and equipment	4,125	39,379
Deferred rent	413,892	414,957
Deferred tenant inducements	(37,786)	-
Change in provision for doubtful accounts	18,985	146,245
Change in inventory reserve	142	16,862
Cash provided (used) by changes in		
Accounts receivable	(5,059,543)	79,966
Accounts receivable - related parties	(70,624)	71,558
Unbilled receivables	(1,470,055)	(203,783)
Retention receivable	17,755	75,851
Royalties receivable - related party	(418,126)	(1,461,230)
Inventory	(28,492)	(3,062)
Other receivables	104,166	204,972
Prepaid expenses	1,067,430	(396,147)
Other deposits	(543,010)	(41,677)
Security deposits	(2,729)	783
Accounts payable and accrued expenses	830,895	591,803
Accounts payable - related parties	160,171	152,840
Accrued pension plan payable	23,461	131,416
Accrued payroll and compensated absences	507,338	524,959
Customer deposits	(535,048)	64,504
Other liabilities	(23,373)	900
<b>Net Cash Provided by Operating Activities</b>	<b>30,179,119</b>	<b>32,845,757</b>
<b>Cash Flows from Investing Activities</b>		
Purchase of marketable securities	(20,866,261)	(31,626,327)
Proceeds from the sale of marketable debt securities	35,224,415	18,331,058
Acquisitions of businesses, net of cash acquired	(2,091,262)	-
Decrease in contingent consideration payable	-	(2,004,854)
Deposit on purchase of subsidiary	(11,578,822)	-
(Increase) decrease in loan receivable - related party	(213,374)	186,683
Proceeds from deferred tenant inducement	323,879	-
Proceeds from disposal of property and equipment	-	100,000
Purchase of property and equipment	(1,718,711)	(441,630)
<b>Net Cash Used by Investing Activities</b>	<b>(920,136)</b>	<b>(15,455,070)</b>
<b>Cash Flows from Financing Activities</b>		
Net proceeds from (repayments of) short-term borrowings	(509,636)	108,270
Principal payment of long-term debt	(3,000,000)	(3,000,000)
Principal payments on capital lease obligations	(162,704)	(235,151)
Repayments of note payable	(27,487)	(40,905)
Increase in refundable advances to affiliate	(1,785,362)	(1,000,096)
Capital contribution, non-controlling interest	10,726	-
Decrease in due to related party	-	(173,358)
Members' distributions	(17,142,181)	(18,621,817)
<b>Net Cash Used by Financing Activities</b>	<b>(22,616,644)</b>	<b>(22,963,057)</b>
Effect of foreign currency exchange rates on cash and cash equivalents	27,818	(33,706)
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	<b>6,670,157</b>	<b>(5,606,076)</b>
<b>Cash, Cash Equivalents and Restricted Cash - Beginning of Year</b>	<b>15,468,942</b>	<b>21,075,018</b>
<b>Cash, Cash Equivalents and Restricted Cash - End of Year</b>	<b>\$ 22,139,099</b>	<b>\$ 15,468,942</b>
<b>Supplemental Disclosures</b>		
Cash Paid During the Year for		
Interest	\$ 277,260	\$ 581,938
Income taxes	\$ 299,886	\$ 230,768
<b>Supplemental disclosure of non-cash investing and financing activities</b>		
During 2018, the Company exchanged 10 shares of common stock for its non-controlling interest of \$1,192,653 in GLI LLC.		

The notes to consolidated financial statements are an integral part of these statements.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Note 1 Nature of Operations**

GLI Capital Group, Inc. (formerly known as Gaming Laboratories International, Inc.) (the Company) was incorporated in New Jersey in 1989 and operates electronic testing laboratories headquartered in Lakewood, New Jersey, with additional laboratories in Nevada, Colorado, Canada and Mexico. The Company is a professional services company in the testing, certification and inspection business that tests electronic gaming and other electronic devices for compliance with governing regulations, performs compliance testing on systems for government agencies, other regulatory authorities and other companies, and provides IT and cybersecurity services to a wide range of industries.

**Note 2 Summary of Significant Accounting Policies**

**Basis of Presentation**

The accompanying consolidated financial statements include the accounts of GLI Capital Group, Inc. and its subsidiaries Gaming Laboratories International LLC, a Delaware Limited Liability company ("GLI LLC"), SLI Global Solutions LLC, a Delaware Limited Liability company ("SLI"), Bulletproof Solutions, Inc., a Delaware Qualified Subchapter S Subsidiary, and its subsidiary Bulletproof Solutions ULC, a Canadian corporation (collectively "BSI"), SeNet International Corporation, a Virginia S Corporation ("SeNet"), and Kobetron LLC, a Delaware Limited Liability company ("Kobetron"). Effective January 1, 2018, Gaming Laboratories International LLC became a wholly-owned subsidiary (see Note 3), prior to which, the Company owned 99.44% of Gaming Laboratories International LLC, which owns 89% of GLI Mexico. All significant intercompany transactions have been eliminated in the consolidation. Earnings from a certain foreign equity investment in an affiliated entity, GLI Asia, are accounted for using the equity method.

**Recently Adopted Accounting Pronouncements**

In May 2014, the FASB issued ASU 2014-09, Revenue from Contracts with Customers (ASU 2014-09), issued as a new Topic, Accounting Standards Codification (ASC) Topic 606, Revenue from Contracts with Customers (ASC 606). The guidance in ASC 606 outlines a comprehensive model for all entities to use in accounting for revenue arising from contracts with customers as well as required disclosures. Under the new standard, recognition of revenue occurs when a customer obtains control of promised goods or services in an amount that reflects the consideration, which the entity expects to receive in exchange for those goods or services. The new standard requires additional disclosure of the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers including significant judgments and changes in judgments.

The Company adopted the new revenue standard effective January 1, 2019 using the modified retrospective transition method applied to those contracts that were not completed as of January 1, 2019. There was no cumulative effect adjustment to the opening balance of retained earnings on January 1, 2019, as the adoption did not result in a change to the timing of revenue recognition.

The Company adopted Accounting Standards Update 2016-18 "Statement of Cash Flows: Restricted Cash" which requires the change in restricted cash to be reported with cash when reconciling between beginning and ending amounts in the statements of cash flows. The Company applied the amendments retrospectively to each period presented in the statements of cash flows of the Company, which resulted in no change in prior year presentation.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Foreign Currency**

The functional currency of the Company's foreign subsidiaries is the local currency. Adjustments relating from translating the financial statements into U.S. dollars are recorded as a component of accumulated other comprehensive income (loss) in stockholders' equity. Monetary assets and liabilities denominated in a foreign currency are translated into U.S. dollars at the exchange rate on the balance sheet date. Revenue and expenses are translated at the average exchange rate during the period. Equity transactions are translated using historical exchange rates.

Transactional foreign currency gains and losses that arise from exchange rate fluctuations on transactions denominated in a currency other than the functional currency are included in other income (expense), net in the consolidated statements of income.

**Use of Estimates**

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Company has entered into a royalty agreement with its European group of affiliates for licensing of the Company's brand name, trademarks, intellectual property, tools and software, in order to comply with transfer pricing guidelines. The Company is in the process of completing a transfer pricing study, but has estimated the royalty percentage based on information currently available. It is reasonably possible that these estimates can change in the near term.

**Cash and Cash Equivalents**

All highly liquid financial instruments with a maturity date of 90 days or less when purchased are considered to be cash equivalents.

**Restricted Cash**

The Company's restricted cash consists of funds deposited to guarantee Bulletproof's line of credit with The Bank of Nova Scotia and a deposit with GLI Mexico to maintain required capital amounts.

**Marketable Debt Securities**

Investments in marketable debt securities are carried at quoted market values. Such securities are classified as available for sale. Unrealized gains and losses were recognized as a separate component of stockholders' equity as accumulated other comprehensive income (loss).

**Accounts Receivable and Credit Policies**

Accounts receivable are uncollateralized customer obligations due under normal terms requiring payment within 30 days from the invoice date. Accounts receivable are stated at the amount billed to the customer. Payments of accounts receivable are allocated to specific invoices identified on the customer's remittance advice or, if unspecified, are applied to the earliest unpaid invoices.

Customer account balances with invoices dated over 90 days old are considered past due. The carrying amount of accounts receivable is reduced by a valuation allowance that reflects management's best estimate of the amounts that will not be collected. Management individually reviews all accounts receivable balances, and based on an assessment of current creditworthiness, estimates the portion, if any, of the balance that will not be collected.



**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Revenue Recognition**

The adoption of ASC 606 represents a change in accounting principle that will also provide readers with enhanced revenue recognition disclosures. Revenue is recognized when the control of the promised goods or services are transferred to our customers, in an amount that reflects the consideration that we expect to receive in exchange for those goods or services. A performance obligation is a promise in a contract to transfer a distinct good or service to the customer and represents the unit of account in ASC 606. A contract's transaction price is allocated to each distinct performance obligation and recognized as revenue when, or as, the performance obligation is satisfied. Contracts may contain variable consideration in the form of discounts or other incentives. The Company's estimate of variable consideration is based on its experience with similarly situated customers using the portfolio approach.

The Company generates revenue from professional services under contracts with customers, royalties from affiliates and license fees and product sales. The Company typically satisfies its performance obligations as services are rendered or as contract milestones are reached. The Company's services are typically performed over time. Customers obtain the benefits of such services as the services are performed. Therefore, the Company satisfies its performance obligations as services are rendered. Customers are invoiced monthly as services are performed or in accordance with contract terms for deliverables.

The Company's contracted services can have multiple performance obligations which, on a standalone basis are each not considered distinct, thus are combined to become one single performance obligation. The Company estimates the price for services based on expected cost to provide services plus an appropriate profit margin. Revenue is recognized at the point in time that control transfers to customers, which occurs upon communication with the customer that the project deliverable is complete. Payments received from customers in the form of deposits on contracts are recorded as a contract liability, and the contract liability is reduced as revenue is recognized in accordance with contract terms.

Revenue from issuing certification letters for jurisdictions is recognized when the letters are transmitted to the end user.

Revenue from license fees are recognized ratably when earned per contract terms.

Revenue from product sales is recognized when the product is transferred to the customer. Shipping costs are included in the cost of sales in the consolidated income statement, and amounted to \$21,776 and \$21,289 for the years ended December 31, 2019 and 2018, respectively. Sales tax collected from customers is excluded from sales revenue and is recorded as an accrued liability on the consolidated balance sheet until remitted to the appropriate taxing agency.

Revenue from related party royalties are earned from our European group of affiliates for licensing of the Company's brand name, trademarks, intellectual property, tools and software. Royalties are sales-based royalties which are recognized as the related sales occur.

Unbilled revenue represents services performed and revenue earned, but not yet billable under contract terms.

**Inventory**

Inventory is valued at the lower of cost or net realizable value, determined on a first-in, first-out basis. Inventory consists of raw material component parts and finished goods.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Property and Equipment and Leased Property under Capital Leases**

Property and equipment are recorded at cost less accumulated depreciation and amortization. Depreciation and amortization is calculated using the straight-line method over the estimated useful lives of the assets. Upon sale or retirement, the cost and related accumulated depreciation and amortization are removed from the respective accounts, and any gain or loss is included in other income or expense. The depreciable lives of property and equipment are as follows:

Leasehold improvements	Lesser of life of lease or estimated useful life
Furniture and equipment	3-10 years
Software	1-3 years
Assets under capital lease	Life of asset under lease

**Goodwill, Intangible Assets and Impairment Assessments**

Goodwill and intangible assets result primarily from business acquisitions accounted for under the purchase method of accounting. Goodwill represents the excess of the purchase prices of an acquired business over the fair value of the underlying net tangible and intangible assets. Goodwill is evaluated for impairment annually and whenever events or changes in circumstances indicate the carrying value of goodwill may not be recoverable. Goodwill and intangible assets with indefinite lives are not amortized but are subject to impairment testing by applying a fair value based test. There was no impairment of goodwill for the years ended December 31, 2019 and 2018. Intangible assets that have finite useful lives were amortized over their useful lives which range from fifteen months to five years.

**Accrued Compensated Absences**

Company policy permits employees to generally carry over up to 160 hours of unused discretionary time off to subsequent years. The Company accrues the unused time at the employees' current hourly rate for compensation. The Company has accrued \$1,951,521 and \$1,785,459 for unused discretionary time off at December 31, 2019 and 2018, respectively which is included on the balance sheet as a component of accrued payroll and compensated absences.

**Derivative Instruments**

The Company has entered into an interest-rate swap derivative instrument with a bank for interest rate risk exposure-management purposes. The interest-rate swap used by the Company converts payment on its variable rate debt to a fixed rate basis, thus reducing the impact of interest rate changes on future interest expense. Approximately \$11 million and \$14 million of the Company's outstanding debt (see Note 13) is covered by interest-rate swap agreements as of December 31, 2019 and 2018, respectively.

The Company accounts for these derivative instruments in accordance with FASB ASC Topic 815, *Derivatives and Hedging*. In accordance with ASC 815, the Company is required to recognize all of its derivative instruments as either assets or liabilities on the balance sheet at fair value. The accounting for changes in fair value of a derivative instrument depends on whether it has been designated and qualifies as part of a hedging relationship and further, on the type of hedging relationship.

The Company designated the interest-rate swap agreements as cash flow hedge transactions. The interest rate swap agreements were determined to be 100% effective. As such, the gain or loss on the agreements is reported as unrealized gains or losses on derivative instruments as a component of other comprehensive income (loss). The asset (liability) for the fair value of the interest-rate swap agreement is (\$95,280) and \$126,948 as of December 31, 2019 and 2018, respectively.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Income Taxes**

The Company has elected to be treated as a subchapter "S" Corporation for federal income tax purposes, and in those states that allow such treatment. As a result the Company is generally not subject to U.S. income taxes at the entity level on its U.S. income. Franchise taxes of the states where the Company is registered are computed on the income allocated to that state. Prior to becoming a disregarded entity in 2018, Gaming Laboratories International, LLC (GLI LLC) had elected to be taxed as a partnership and was generally not subject to income taxes at the entity level. SLI Global Solutions LLC, Kobetron LLC, and GLI LLC (in 2018) are single-member LLCs and are disregarded entities for income tax purposes. Bulletproof Solutions ULC is owned by Bulletproof Solutions Inc, which with SeNet International are qualified subchapter S subsidiaries and are disregarded entities for U.S. income tax purposes. The Company's taxable income or loss is allocated to the shareholders based on their percentage of ownership. GLI is subject to income tax in Canada based on its income from Canadian operations. GLI's subsidiary, GLI Mexico, files tax returns with the Mexican taxation authority based on its statutory revenue.

The Company files tax returns in the U.S. Federal jurisdiction, Canada and various states and provinces. The Company has no open tax years prior to 2016, and the Company has no tax examinations in progress. GLI LLC's 2016 income tax return was audited by the Internal Revenue Service during 2018, and the audit was closed with no changes. During 2019 and 2018, the Company recognized \$10,527 and \$23,564 respectively, in interest and penalties, which is included in interest expense on the consolidated statements of income.

**Advertising Costs**

Advertising costs are expensed as incurred. Advertising costs amounted to \$2,075,608 and \$1,576,430 for the years ended December 31, 2019 and 2018, respectively.

**Reclassifications**

Certain amounts in the December 31, 2018 financial statements have been reclassified to conform to the December 31, 2019 financial statement presentation. These reclassifications had no effect on the previously reported net income for 2018.

**Recent Accounting Pronouncements**

Effective for its annual financial statements for 2021, the Company expects to adopt new accounting standards issued by FASB that will require significant changes in accounting for operating leases under which the Company is lessee. Upon adoption, among other effects, the Company will be required to record assets and liabilities for all operating lease obligations with terms of 12 months or greater. The Company is currently in the process of evaluating the impact of adoption of this guidance on the financial statements.

**Subsequent Events**

The Company has evaluated subsequent events and transactions for potential recognition or disclosure through the date of the auditors' report, which is the date the financial statements were available to be issued (see Note 23).

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
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**Note 3 Acquisitions**

On January 1, 2018, the Company purchased the .56% non-controlling interest in Gaming Laboratories International, LLC, which was previously owned by the same owners as the Company. The Company issued an additional 10 shares of common stock in exchange for the value of the non-controlling interest of \$1,192,653, which approximated the fair market value of the Company's shares.

On April 15, 2019, the Company purchased the stock of SeNet International Corporation. The purchase price paid was \$2,871,021. The acquisition expanded the Company's professional services capabilities to the IT and cybersecurity industry and is expected to enhance those services in the US market.

The following table summarized the fair values of the assets acquired and liabilities assumed at the acquisition date:

Cash	\$ 340,579
Accounts receivable	242,209
Prepaid expenses and other	<u>41,404</u>
Total identifiable assets acquired	<u>624,192</u>
Accounts payable and accrued expenses	<u>185,012</u>
Total liabilities assumed	<u>185,012</u>
Net assets acquired	<u>\$ 439,180</u>

The purchase price of the business exceeded the fair value of identifiable assets acquired and liabilities assumed of \$439,180. Consequently, the Company recognized goodwill on the transaction of \$2,431,841.

The Company incurred approximately \$107,300 in costs associated with the acquisition, which are included in professional fees on the consolidated statement of income.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 4 Cash, Cash Equivalents and Restricted Cash**

Restricted cash as of December 31, which is classified as a noncurrent asset, included a cash deposit as a guarantee for the Bulletproof Solutions ULC line of credit with The Bank of Nova Scotia and a required deposit for GLI Mexico for capital purposes.

Cash, cash equivalents and restricted cash presented in the statement of cash flows consists of:

	2019	2018
Cash	\$ 12,244,120	\$ 9,525,819
Money market funds	7,219,202	5,943,123
Cash and cash equivalents	<u>19,463,322</u>	<u>15,468,942</u>
Restricted for equity investment in GLI Mexico	1,058,356	-
Restricted for guarantee on Bank of Nova Scotia line of credit	<u>1,622,421</u>	<u>-</u>
Restricted cash, non current	<u>2,675,777</u>	<u>-</u>
Total cash, cash equivalents and restricted cash as shown on the statement of cash flows	<u>\$ 22,139,099</u>	<u>\$ 15,468,942</u>

**Note 5 Marketable Debt Securities**

Marketable debt securities, at quoted market values at December 31, are as follows:

	2019			
	Cost	Unrealized Gains	Unrealized Losses	Fair Market Value
Tax-exempt municipal bonds	\$ 15,614,240	\$ 454,995	\$ -	\$ 16,069,235
Corporate bonds	2,544,399	33,680	-	2,578,079
	<u>\$ 18,158,639</u>	<u>\$ 488,675</u>	<u>\$ -</u>	<u>\$ 18,647,314</u>
	2018			
	Cost	Unrealized Gains	Unrealized Losses	Fair Market Value
Tax-exempt municipal bonds	\$ 27,620,657	\$ 63,864	\$ (68,115)	\$ 27,616,406
Corporate bonds	4,233,342	4,771	(26,221)	4,211,892
Short-term municipal bond mutual fund	101,337	323	-	101,660
Ultra short-term tax-exempt bond mutual fund	896,755	52	-	896,807
	<u>\$ 32,852,091</u>	<u>\$ 69,010</u>	<u>\$ (94,336)</u>	<u>\$ 32,826,765</u>

The Company uses the specific identification method to determine the cost of securities sold.

The contractual maturity of tax-exempt municipal bonds and corporate bonds is as follows:

Less than 1 year	\$ 1,408,511
1-2 years	4,381,095
2-5 years	10,692,828
5-10 years	<u>2,164,880</u>
	<u>\$ 18,647,314</u>

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 6 Receivables**

Receivables at December 31 consists of:

	<u>2019</u>	<u>2018</u>
Accounts receivable	\$ 32,648,310	\$ 27,271,739
Less allowance for doubtful accounts	<u>786,433</u>	<u>767,448</u>
Accounts receivable, net	<u>\$ 31,861,877</u>	<u>\$ 26,504,291</u>
Accounts receivable - related parties	<u>\$ 245,050</u>	<u>\$ 174,426</u>
Unbilled receivables	<u>\$ 2,497,395</u>	<u>\$ 1,027,340</u>
Retention receivable	<u>\$ 245,041</u>	<u>\$ 262,796</u>
Royalties receivable - related party	<u>\$ 1,879,356</u>	<u>\$ 1,461,230</u>

**Note 7 Inventory**

Inventory at December 31 consists of:

	<u>2019</u>	<u>2018</u>
Component parts	\$ 61,930	\$ 40,969
Finished goods	<u>25,588</u>	<u>18,057</u>
Total inventory	87,518	59,026
Less inventory reserve	<u>(17,004)</u>	<u>(16,862)</u>
<b>Total inventory, net</b>	<u>\$ 70,514</u>	<u>\$ 42,164</u>

**Note 8 Property and Equipment**

Property and equipment consists of the following:

	<u>2019</u>	<u>2018</u>
<b>Property and Equipment</b>		
Leasehold improvements	\$ 6,220,046	\$ 5,814,086
Furniture and equipment	8,757,590	7,369,272
Software	<u>1,422,958</u>	<u>1,422,935</u>
	<u>16,400,594</u>	<u>14,606,293</u>
<b>Less Accumulated Depreciation and Amortization</b>		
Leasehold Improvements	3,193,162	2,783,951
Furniture and equipment	6,752,941	5,925,575
Software	<u>1,375,782</u>	<u>1,274,078</u>
	<u>11,321,885</u>	<u>9,983,604</u>
<b>Property and Equipment, Net</b>	<u>\$ 5,078,709</u>	<u>\$ 4,622,689</u>

Depreciation expense amounted to \$1,223,082 and \$1,409,520 for the years ended December 31, 2019 and 2018, respectively.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 9 Equipment Under Capital Lease**

Equipment under capital lease consists of the following:

	<u>2019</u>	<u>2018</u>
Equipment under capital lease	\$ 591,998	\$ 591,998
Accumulated amortization	<u>527,963</u>	<u>371,030</u>
<b>Equipment under capital lease, net</b>	<u>\$ 64,035</u>	<u>\$ 220,968</u>

Amortization expense amounted to \$156,843 and \$158,078 for the years ended December 31, 2019 and 2018, respectively.

**Note 10 Goodwill**

The following summarizes goodwill at December 31:

	<u>2019</u>	<u>2018</u>
Goodwill at January 1	\$ 11,826,146	\$ 11,826,146
Acquisitions	2,431,841	-
Impairment charge	-	-
Goodwill at December 31	<u>\$ 14,257,987</u>	<u>\$ 11,826,146</u>

**Note 11 Intangible Assets**

Intangible assets consists of the following:

	<u>2019</u>	<u>2018</u>
Customer contracts	1,780,046	1,780,046
Accumulated amortization	<u>1,780,046</u>	<u>1,532,818</u>
<b>Intangible assets, net</b>	<u>\$ -</u>	<u>\$ 247,228</u>

Amortization of intangible assets amounted to \$247,228 and \$593,250 for the years ended December 31, 2019 and 2018, respectively.

**Note 12 Short-Term Borrowings**

In September 2016, Bulletproof Solutions ULC, obtained a line of credit with The Bank of Nova Scotia, in the amount of C\$2,000,000 (\$1,536,000), with interest payable at the Canadian Prime Rate (3.95% and 3.72% at December 31, 2019 and 2018, respectively) plus one percent, collateralized by Bulletproof Solutions ULC's assets. The line expires December 2020. The outstanding balance on the line of credit was C\$110,000 (\$84,499) and C\$810,000 (\$594,135) at December 31, 2019 and 2018, respectively. Interest charged for the years ended December 31, 2019 and 2018 amounted to \$29,113 and \$24,287, respectively.

Effective January 1, 2019, the Company is now a guarantor on the line of C\$2,000,000 (\$1,536,000), and is required to maintain a deposit account of no less than of C\$2,000,000 in equivalent U.S. dollars with The Bank of Nova Scotia. (see Note 4).

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 13 Long-Term Debt**

	<u>2019</u>	<u>2018</u>
Note payable to Wells Fargo Bank NA, jointly borrowed with GLI Inc., due in 120 monthly principal payments for \$250,000 plus interest at the 1-month LIBOR rate (1.82% and 2.52% at December 31, 2019 and, 2018 respectively) plus either 1.05% or 1.3% depending on the Company's EBITDA, maturing July 2023, secured by the Company's and GLI Capital Group Inc's assets.	\$ 10,750,000	\$ 13,750,000
Less current maturities of long-term debt	<u>3,000,000</u>	<u>3,000,000</u>
Long-term debt, net of current maturities	<u>\$ 7,750,000</u>	<u>\$ 10,750,000</u>

Future maturities of long-term debt due for the years ending December 31 are as follows: 2020 - \$3,000,000, 2021 - \$3,000,000, 2022 - \$3,000,000 and 2023 - \$1,750,000.

This note also includes restrictive covenants which limit the Company's ability to pay dividends, and required maintenance of certain financial ratios. As of December 31, 2019 and 2018, the Company was in compliance with these covenants.

In connection with the note payable, the Company entered into an interest-rate swap agreement. Under the term of the agreement, the Company pays the lower of a fixed rate of 2.04% or the 1-month LIBOR rate plus either 1.05% or 1.3%, depending on the Company's EBITDA. The swap agreement is considered a derivative instrument and has been designated as a cash flow hedge.

**Note 14 Obligations Under Capital Leases**

The Company has entered into capital lease obligations, as well as acquired some through acquisitions, which expire through May 2020, with interest rates ranging from 3.50% to 10.05%. The leases are secured by equipment with a net book value of \$64,035 at December 31, 2019. Future minimum lease payments under the capital lease obligations for each of the next year are as follows:

Total minimum lease payments	\$ 6,856
Less amounts representing interest	<u>(111)</u>
Capital lease obligation, net	<u>\$ 6,745</u>

**Note 15 Note Payable**

In 2017, the Company's subsidiary, Bulletproof Solutions ULC, obtained an interest-free C\$500,000 note from Atlantic Canada Opportunities Agency, which is a governmental agency, for the expansion of its security operations center, which was to be completed by January 15, 2018. The note was drawn down as costs were incurred and it converted to a 7-year term note when the project completed. The Company spent C\$354,488 (\$282,350) for the project, which was completed in June 2017. Equal principal payments commenced 12 months after the project was completed, with the first payment in July 1, 2018. Future minimum payments due within the next five years ending December 31 are as follows: 2020 - C\$50,641 (\$38,901), 2021 - C\$50,641 (\$38,901), 2022 - C\$50,641 (\$38,901), 2023 - C\$50,641 (\$38,901), 2024 - C\$50,641 (\$38,901) and 2025 and thereafter - C\$25,321 (\$19,453).



**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 16 Retirement Benefit Plans**

The Company has 401(k) salary deferral and profit-sharing pension plans covering all U.S. employees who elect to participate, and RRSP salary deferral plans covering all of its Canadian employees, both of which are defined contribution plans (the "Plans"). Participants may defer a portion of their salary up to the IRS or Canadian statutory maximums. The Company matches \$.50 of each dollar contributed by the employee up to a maximum of five percent of their compensation. Participants are 100 percent vested in their contributions and are fully vested in the Company's matching contributions after six years. The Company's matching contributions amounted to \$1,083,334 and \$1,029,079 for the years ended December 31, 2019 and 2018, respectively. The Company uses its discretion to fund the profit-sharing component of the plan. No profit-sharing contribution was made to the plan for either of the years ended December 31, 2019 and 2018.

**Note 17 Income Taxes**

The provision for income taxes consists of the following at December 31:

	<u>2019</u>	<u>2018</u>
<b>Current</b>		
Domestic	\$ 56,335	\$ 70,281
Foreign	<u>1,246,619</u>	<u>160,487</u>
<b>Provision for Income Taxes</b>	<u>\$ 1,302,954</u>	<u>\$ 230,768</u>

**Note 18 Related Party Transactions**

The Company has a lease agreement with Pinnacle Pointe LLC, which is owned in part by the majority shareholders of the Company, for their office space and testing laboratories in New Jersey, which expires in December 2030. Rent paid under this lease amounted to \$927,100 and \$894,237 for the years ended December 31, 2019 and 2018, respectively.

The Company has a lease agreement with Pine Pointe LLC, which is owned in part by the majority shareholders of the Company, for their office and testing laboratories in New Jersey, which expires in December 2030. Rent paid under this lease amounted to \$917,123 and \$894,725 for the years ended December 31, 2019 and 2018, respectively.

The Company entered into a lease agreement with Mountainview LLC, which is owned in part by the majority shareholders of the Company, for their office and testing laboratories in Colorado, which expires in February 2025. Rent paid under this lease amounted to \$492,978 and \$474,018 for the years ended December 31, 2019 and 2018, respectively.

The Company receives accounting services from a relative of a majority shareholder of the Company. Accounting fees of \$136,329 and \$128,250 were paid to the related party for the years ended December 31, 2019 and 2018, respectively.

The Company received legal services from a relative of a majority shareholder of the Company. Legal fees of \$23,600 was paid to the related party for each of the years ended December 31, 2019 and 2018.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Note 18 Related Party Transactions (Continued)**

The Company has accounts receivable from overseas affiliates, who are owned by the same owners as the Company, in the amount of \$245,050 and \$174,426 at December 31, 2019 and 2018, respectively. For the years ended December 31, 2019 and 2018, respectively, the Company earned revenue of \$2,502,218 and \$2,057,874 from these affiliates, and paid those affiliates \$4,571,762 and \$3,311,506 for services for the years ended December 31, 2019 and 2018, respectively. The Company also has accounts payable to overseas affiliates, relating to services performed, in the amount of \$440,169 and \$279,998 as of December 31, 2019 and 2018, respectively.

In 2018, the Company entered into a royalty agreement with its European group company affiliates for five percent of revenue billed to customers, not including intercompany revenue. Royalties earned under this agreement amounted to \$1,619,667 and \$1,461,230 for the years ended December 31, 2019 and 2018, respectively, of which \$1,879,356 and \$1,461,230 was receivable as of December 31, 2019 and 2018, respectively.

The Company has advanced its affiliate, GLI Japan ISH \$3,478,488 and \$1,693,126 as of December 31, 2019 and 2018, respectively, for the purpose of funding operations while it obtained regulatory approval to conduct business and generate revenues. Regulatory approval was obtained in 2018, and the Company believes it will be able to execute its business plan, and GLI Japan ISH is anticipated to be able to fully repay the amounts advanced.

In June 2017, the Company loaned its affiliate, Worldwide Laboratories LLC \$10,000,000 for the purpose of acquiring a company. The note bears interest at the one-month LIBOR rate plus 2.25%. The note is payable 90 days after demand, however, the loan is not expected to be called within the next 12 months, and is therefore shown as a long-term asset. Interest income amounted to \$447,459 and \$126,308 for the years ended December 31, 2019 and 2018, respectively, of which \$21,374 and \$-0- is receivable as of December 31, 2019 and 2018, respectively.

On January 1, 2018, the Company purchased the .56% non-controlling interest in Gaming Laboratories International, LLC, which was previously owned by the same owners as the Company, in exchange for an additional 10 shares of common stock for the value of the non-controlling interest of \$1,152,653.

**Note 19 Fair Value Accounting**

Pursuant to the requirements of FASB ASC 820, *Fair Value Measurements*, the Company has provided fair value disclosure information for relevant assets and liabilities in these financial statements. ASC 820, which defines fair value, establishes a framework for measuring fair value in U.S. generally accepted accounting principles, and expands disclosures about fair value measurements. Fair value refers to the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the market in which the Company transacts. ASC 820 clarifies that fair value should be based on assumptions market participants would use when pricing an asset or liability and establishes a fair value hierarchy that prioritizes the information used to develop those assumptions. The fair value hierarchy gives the highest priority to quoted prices in active markets and the lowest priority to unobservable data. ASC 820 requires fair value measurements to be separately disclosed by level within the fair value hierarchy. While not expanding the use of fair value, ASC 820 may change the measurement of fair value. Any change in the measurement of fair value would be considered a change in estimate and included in the results of operations in the period of adoption.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 19 Fair Value Accounting (Continued)**

The following table presents information about the Company's financial assets and (liabilities) that are measured at fair value on a recurring basis as of December 31, 2019 and 2018, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value. The hierarchy is broken down into three levels. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs include data points that are observable such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and inputs (other than quoted prices) such as interest rates and yield curves that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable data points for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

The fair value of the Company's financial assets and (liabilities) are summarized as follows as of December 31:

	2019			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 19,463,322	-	-	\$ 19,463,322
Restricted cash	2,675,777	-	-	2,675,777
Tax-exempt municipal bonds	-	16,069,235	-	16,069,235
Corporate bonds	-	2,578,079	-	2,578,079
	<u>\$ 22,139,099</u>	<u>\$ 18,647,314</u>	<u>\$ -</u>	<u>\$ 40,786,413</u>
Derivative instrument	-	(95,280)	-	(95,280)
	2018			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 15,468,942	\$ -	\$ -	\$ 15,468,942
Tax-exempt municipal bonds	-	27,616,406	-	27,616,406
Corporate bonds	-	4,211,892	-	4,211,892
Ultra short-term bond mutual fund	101,660	-	-	101,660
Short-term municipal bond mutual fund	896,807	-	-	896,807
	<u>\$ 16,467,409</u>	<u>\$ 31,828,298</u>	<u>\$ -</u>	<u>\$ 48,295,707</u>
Derivative instrument	-	126,948	-	126,948

All assets have been valued using a market approach. Fair values for assets in Level 2 are calculated using quoted market prices for similar assets in markets that are not active.

The carrying amounts or accounts receivable, prepaid expenses, accounts payable and accrued expenses and customer deposits approximate their fair values because of the relatively short-term maturity of these instruments. Based on the borrowing rates currently available to the Company for loans of similar terms, the Company has determined that their carrying values approximate fair value.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 20 Changes in Other Comprehensive Income**

The following summarizes the changes in components of other comprehensive income:

	Gain (Loss) on Cash Flow Hedge	Unrealized Gains (Losses) on Available for Sale Securities	Foreign Currency Translation	Total
<b>Balances at December 31, 2017</b>	\$ (3,813)	\$ 111,612	\$ (26,978)	\$ 80,821
Other comprehensive income before reclassifications	130,761	(142,189)	(33,706)	(45,134)
Amounts reclassified from other comprehensive income	-	5,253	-	5,253
Net current period other comprehensive income (loss)	<u>130,761</u>	<u>(136,936)</u>	<u>(33,706)</u>	<u>(39,881)</u>
<b>Balances at December 31, 2018</b>	126,948	(25,324)	(60,684)	40,940
Other comprehensive income before reclassifications	(222,228)	11,547	27,818	277,137
Amounts reclassified from other comprehensive income	-	4,452	-	42,452
Net current period other comprehensive income (loss)	<u>(222,228)</u>	<u>15,999</u>	<u>27,818</u>	<u>319,589</u>
<b>Balances at December 31, 2019</b>	\$ (95,280)	\$ 488,695	\$ (32,866)	\$ 360,529

**Note 21 Commitments and Contingencies**

The Company has noncancelable leases for office and laboratory space, which expire from October 2021 through December 2030. Future annual minimum rental payments, not including real estate taxes or operating expenses, are as follows for the years ending December 31:

2020	\$ 4,223,000
2021	4,345,000
2022	4,412,000
2023	3,861,000
2024	3,258,000
2025 and thereafter	15,530,000
	<u>\$ 35,629,000</u>

The Company recognizes escalating rent provisions on a straight-line basis. Rent expense amounted to \$4,811,268 and \$4,702,299 for the years ended December 31, 2019 and 2018, respectively. The Company also received reimbursement of \$323,879 for tenant improvements for a new office lease in 2019, which is being recognized as a reduction to rent on the straight-line basis over the term of the lease.

The Company's subsidiary, SLI Global Solutions LLC had subleased its Colorado offices under a noncancelable lease ending in June 2019 (the remainder of the lease term). Net rental income received for the years ended December 31, 2019 and 2018 amounted to \$67,420 and \$134,840, respectively, which has been netted on the statement of income with the rent expense.

The Company has unused letters of credit in the amount of \$275,000 and performance bonds in the amount of \$2,010,252 for various customers at December 31, 2019.

**GLI Capital Group, Inc. & Subsidiaries**  
**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Note 21 Commitments and Contingencies (Continued)**

The Company's subsidiary GLI LLC had entered into an agreement with the NJ Economic Development Authority (NJEDA) to spend approximately \$2,400,000 to renovate its Lakewood NJ facility and to retain existing NJ jobs and create at least 27 new NJ jobs. In exchange, GLI LLC would receive a tax credit over a 10 year period, beginning with 2016 (the year the renovation was completed), based on \$3,000 for each retained NJ job and \$6,000 for each new NJ job, with a maximum credit amount of \$999,000 to be received per year, if all criteria are met. Based on the initial employment certification year of 2016, the maximum credit was reduced to \$915,000. When GLI LLC received the tax credits annually, they were sold at a discount to another NJ entity. In 2019, GLI withdrew from the program and no further funds will be received. For the year ended December 31, 2018, the Company received \$806,355, net of fees, which is shown as other income on the consolidated statement of income.

**Note 22 Concentration of Credit Risk**

The Company maintains cash held in bank deposit accounts which, at times, may exceed federally insured limits.

During the year ended December 31, 2019, the Company had revenues from two customers approximating 16% and 10% of total revenue. Accounts receivable from those two customers approximated 18% and 14% of the outstanding accounts receivable balance at December 31, 2019.

During the year ended December 31, 2018, the Company had revenues from three customers approximating 18%, 10% and 10% of total revenue. Accounts receivable from two of these customers approximated 24% and 14% of the outstanding accounts receivable balance at December 31, 2018.

**Note 23 Subsequent Events**

In January 1, 2020, the Company acquired all of the stock of Public Knowledge LLC for an aggregate purchase price of \$11,578,822, with an additional purchase price adjustment for working capital of \$204,500 paid in April 2020. This acquisition is expected to expand the Company's governmental assurance services within the United States.

Through April 30, 2020, the Company has made additional refundable deposits totaling \$364,807 to its affiliate GLI Japan ISH to fund operations.

In late 2019, a novel strain of coronavirus, COVID-19, emerged globally. As the impact of the spread of COVID-19 continues to spread in the United States and around the world, the Company may experience disruptions that could impact their ability to carry out all its activities. As of the date of the issuance of these financial statements, the Company cannot reasonably estimate the impact to the entity's future activities, revenues, financial condition or results of operations; however, such impact could be significant.

**PUBLIC KNOWLEDGE – FILE FOLDER 2 – PRICE AND FINANCIAL DATA REDACTED  
PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE 06/22/21)**

Proposal to:  
Mississippi Department of Human Services

For:  
Division of Aging and Adult Services  
Needs Assessment

TAB 2 or FILE FOLDER 2:  
Price and Financial Data

In response to RFP #20210511 DAAS Needs Assessment  
(RFx #3180001360, #3120002223)

June 11, 2021, 2:30 PM CT

## 7 Cost Data

[Ref. RFP §§ 4.3.A.7, 4.1.6]

Cost data: Estimate the cost of the service as directed in Section 4.1.6. Cost data submitted at this stage is binding, but is subject to being negotiated down if your firm is chosen as a finalist. MDHS reserves the right to solicit a Best and Final Offer (BAFO) from respondents that provided a responsible proposal but whose proposed cost exceeds MDHS’ anticipated funding for the anticipated contract. Respondents are encouraged to provide their best proposed cost and/or pricing in their initial response to the RFP. Should MDHS decide to exercise its right to solicit a BAFO, MDHS will provide in writing the requirements, process, and schedule for submitting a BAFO response.

4.1.6 REDACTED (as part of Tab 2) Project pricing to provide services shall be adequately documented and presented in the following format:

PROJECT TASKS	TOTAL COST
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$_____
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$_____
Final report drafted and published	\$_____
TOTAL COST OF PROJECT:	\$_____

*\*Note any respondent pricing provided that differs from the above required format may be deemed as non-responsive. Respondents shall not include any additional cost categories other than those outlined above.*

Table 13 presents project pricing as directed in RFP Sections 4.3.A.7 and 4.1.6.

Table 13. Project Tasks and Total Cost

Project Tasks	Total Cost
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$121,365.00
Analysis and initial report drafting for MDHS DAAS review of draft report	\$34,380.00
Final report drafted and published	\$14,495.00
<b>TOTAL COST OF PROJECT</b>	<b>\$170,240.00</b>



## 8 Financial Information

[Ref. RFP §§ 4.3.A.8, 4.1.7]

4.1.7 REDACTED (as part of Tab 2) your company's financial information as required in Section 4.3.A.8.

### 8.1 Financial Statements for the Last Two Years

- Attach Organization's financial statement for the last two (2) years audited financial statements complete with the notes and opinion letter from respondent's auditor and/or other proof, acceptable to MDHS, of financial responsibility.

For organizations that expended \$750,000 or more in federal funds over the last two (2) fiscal years, please provide your organization's Single Audit for each year pursuant to 2 C.F.R. §200.501. For organizations that expended under \$750,000 in federal funds over the last two (2) fiscal years, Respondent must submit an IRS status letter and the organization's most recent year-end financial statements. Newly formed organizations must submit either their most recent tax returns and/or management reports provided that expended funds does not exceed \$750,000.

In order to assure financial responsibility in performing the requirements of this RFP, MDHS reserves the right to require a current financial statement prepared and certified by an independent auditing firm.

Respondents, including the parent corporation of any subsidiary corporation submitting a response, must include in their proposal evidence of financial responsibility and stability for the performance of the Contract resulting from this RFP.

Due to the document length, we include the past two years' corporate financial statements in Appendix C. Please also see the company statement in Section 8.2 regarding ownership, which explains the appearance of the [REDACTED] name on these financial statements.

## 8.2 Statement Regarding Ownership, Status, Bankruptcy, and Restructuring, Acquisition, or Merger

- Attach a signed statement addressing the below. All items must be addressed.

If the item(s) do not apply, the Respondent is still responsible for addressing with Not Applicable.

In the event that a respondent is either substantially or wholly owned by another corporate entity, the proposal must also include the most recent detailed financial report of the parent organization, and a written guarantee by the parent organization that it will unconditionally guarantee performance by the respondent of each and every term, covenant, and condition of such contract as may be executed by the parties.

Disclose if and when respondent has filed for bankruptcy within the last seven (7) years under its name or the sole proprietor's name in a related business. For respondents that are partnerships or corporations, respondents must disclose whether any of its principals, partners or officers have filed bankruptcy within the last seven (7) years in a related business.

Disclose any company restructurings, mergers, and acquisitions over the past three (3) years that have impacted any products or services the respondent has included in this proposal.

The State reserves the right to request any additional information to assure itself of respondent's financial status.

We include the requested signed statement addressing corporate ownership, bankruptcy, financials, restructuring, mergers, and acquisitions, on the following page.

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[REDACTED]

[REDACTED]

[REDACTED]

May 19, 2021

Re: Mississippi Department of Human Services  
RFP No. 202110511 DAAS 2022  
Response to 4.3 (8) Financial Information

Dear Sir or Madam,

[REDACTED] is wholly owned by [REDACTED] acquired [REDACTED] on January 1, 2020. As members of the [REDACTED], [REDACTED] has significant financial strength and broad access to resources that make them a safe and stable partner.

On January 1, 2021, [REDACTED] with [REDACTED]. Now they are one firm with deeper and broader expertise and additional service offerings.

For purposes of audited financials and taxes, all financial information is prepared by and consolidated under [REDACTED]. [REDACTED] has substantial financial resources to support [REDACTED]. Both [REDACTED] and [REDACTED] have substantial capital resources to support delivery of services typical of multiyear government contracts.

Enclosed with the proposal is a copy of [REDACTED]'s audited financial report for 2019 (with comparative to 2018). [REDACTED]'s 2020 audit report is currently in progress. Accordingly, we have included the 2020 consolidated [REDACTED] internal financial statements.

[REDACTED] has expended under \$750,000 in federal funds over the last two years.

Neither [REDACTED] nor [REDACTED] or any of their members or officers, have ever filed for bankruptcy.

[REDACTED] will unconditionally guarantee [REDACTED]'s performance for each term, covenant, and condition of any contracts that may be executed as a result of this RFP.

Please let me know if you have any questions or require additional information to assure our financial status.

[REDACTED]

President [REDACTED]

# Appendix C: Financial Statements

We include corporate financial statements for the past two years, as requested, following this page.

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**Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**December 31, 2019 and 2018**

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## Independent Auditors' Report

### To the Shareholders of

We have audited the accompanying consolidated financial statements of [REDACTED] (the "Company"), which comprise the consolidated balance sheets as of December 31, 2019 and 2018 and the related consolidated statements of income, comprehensive income, changes in stockholders' equity and cash flows for the years then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Company as of December 31, 2019 and 2018 and the results of its operations and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink, appearing to read "William J. Guttenplan". The signature is written in a cursive style and is positioned above the typed name.

East Brunswick, New Jersey

May 12, 2020

**Confidential**



**Consolidated Balance Sheets**  
**December 31, 2019 and 2018**

	2019	2018
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 19,463,322	\$ 15,468,942
Marketable debt securities, at fair value	18,647,314	32,826,765
Accounts receivable, net	31,861,877	26,504,291
Accounts receivable - related parties	245,050	174,426
Unbilled receivables	2,497,395	1,027,340
Retention receivable	245,041	262,796
Royalties receivable - related parties	1,879,356	1,461,230
Inventory	70,514	42,164
Other receivable	49,000	153,166
Prepaid expenses	494,528	1,583,260
Other deposits	584,687	41,577
Deposit in lieu of performance bond	25,000	25,000
<b>Total Current Assets</b>	<b>76,063,084</b>	<b>79,571,057</b>
Restricted cash	2,675,777	-
Deposit on purchase of subsidiary	11,578,822	-
Property and equipment, net	5,078,709	4,622,689
Equipment under capital lease, net	64,035	220,968
Goodwill	14,257,987	11,826,146
Intangible assets, net	-	247,228
Prepaid expenses	79,922	30,195
Refundable advances to affiliate	3,478,488	1,693,126
Investment in GLT Asla Ltd	52,660	43,088
Loan receivable - related party	10,213,374	10,000,000
Derivative financial instrument	-	126,948
Security deposits	194,243	178,536
<b>Total Assets</b>	<b>\$ 123,737,101</b>	<b>\$ 108,559,981</b>
<b>Liabilities and Members' Equity</b>		
<b>Current Liabilities</b>		
Short-term borrowings	\$ 84,499	\$ 594,135
Current portion of long-term debt	3,000,000	3,000,000
Current portion of capital lease obligations	6,745	135,809
Current portion of note payable	38,901	37,145
Accounts payable and accrued expenses	3,269,169	2,418,294
Accounts payable - related parties	440,169	279,998
Accrued pension plan payable	924,459	900,998
Accrued payroll and compensated absences	4,719,570	4,047,201
Customer deposits	919,044	1,454,092
<b>Total Current Liabilities</b>	<b>13,402,556</b>	<b>12,867,672</b>
Long-term debt, less current portion	7,750,000	10,750,000
Capital lease obligations, less current portion	-	33,640
Note payable, less current portion	175,057	204,300
Derivative financial instrument	95,280	-
Other liabilities	-	23,373
Deferred tenant inducements	286,093	-
Deferred rent	2,527,318	2,113,426
<b>Total Liabilities</b>	<b>24,236,304</b>	<b>25,992,411</b>
<b>Commitment and Contingencies - Note</b>		
<b>Stockholders' Equity</b>		
Common stock, no par value, 10,000 shares authorized, 1,210 shares issued and outstanding	1,204,653	1,204,653
Retained earnings	97,924,239	81,322,105
Accumulated other comprehensive income	360,529	40,940
Total parent company equity	99,489,421	82,567,698
Non-controlling interest	11,376	(128)
<b>Total Consolidated Stockholders' Equity</b>	<b>99,500,797</b>	<b>82,567,570</b>
<b>Total Liabilities and Stockholders' Equity</b>	<b>\$ 123,737,101</b>	<b>\$ 108,559,981</b>

The notes to consolidated financial statements are an integral part of these statements.

**Consolidated Statements of Income  
For the Years Ended December 31, 2019 and 2018**

	2019	2018
<b>Revenues</b>		
Testing, inspection and certification	\$ 109,486,158	\$ 103,280,035
Governmental assurance	17,241,201	17,471,159
IT assurance	17,225,138	10,332,262
Product sales	6,682,151	6,261,408
Reimbursed costs	<u>1,105,708</u>	<u>1,717,025</u>
<b>Total Revenues</b>	<b>151,740,356</b>	<b>139,061,889</b>
<b>Cost of Goods Sold</b>	<u>5,266,259</u>	<u>5,245,453</u>
<b>Gross Profit</b>	<b>146,474,097</b>	<b>133,816,436</b>
<b>Operating Expenses</b>		
Payroll	58,758,329	56,176,794
Officers' compensation	900,000	900,000
Payroll taxes	4,400,916	4,140,540
Employee benefits	7,947,221	7,577,461
Pension	1,083,334	1,029,079
Direct labor and expenses	15,644,285	11,364,437
Outside services	691,878	872,769
Occupancy	6,042,717	5,749,488
Travel and entertainment	2,178,149	1,915,289
Advertising	2,075,608	1,576,430
Insurance	729,911	714,592
Office expense	723,815	480,009
Licenses and permits	242,576	392,380
Information technology	2,081,155	2,085,599
Professional fees	4,205,815	4,188,049
Governmental relations	289,868	289,239
Telephone	948,823	892,037
Other taxes, net	14,237	36,856
Temporary services	25,240	23,176
Depreciation and amortization	1,662,727	1,974,510
Bad debts	28,638	189,459
Bank charges	187,189	165,574
Product development and testing	157,889	159,868
Commissions	679,210	669,253
Education and training	187,651	282,188
Dues	305,567	253,949
Contributions	159,343	93,415
Other	<u>1,351</u>	<u>734</u>
<b>Total Operating Expenses</b>	<b>112,353,442</b>	<b>104,193,174</b>
Income from Operations	<u>34,120,655</u>	<u>29,623,262</u>
<b>Other Income (Expense)</b>		
Interest income	1,460,620	1,000,402
NJEDA Grow NJ grant	-	806,355
Loss on disposal of property and equipment	(4,125)	(39,379)
Realized gain (loss) on sale of investments, net of reclassification adjustment	178,703	(4,703)
Foreign currency transaction losses	(244,195)	(111,084)
Income from investment in GLI Asia Ltd	9,572	8,646
Interest expense	<u>(473,183)</u>	<u>(591,922)</u>
<b>Total Other Income (Expense)</b>	<b>927,392</b>	<b>1,068,315</b>
<b>Income Before Provision for Income Taxes</b>	<b>35,048,047</b>	<b>30,691,577</b>
Domestic income tax expense	56,335	70,281
Foreign income tax expense	<u>1,246,619</u>	<u>150,487</u>
<b>Total Provision for Income Taxes</b>	<b>1,302,954</b>	<b>230,768</b>
<b>Consolidated Net Income</b>	<b>33,745,093</b>	<b>30,460,809</b>
Less net income attributable to non-controlling interest	<u>778</u>	<u>647</u>
<b>Net Income Attributable to Parent Company</b>	<b>\$ 33,744,315</b>	<b>\$ 30,460,162</b>

The notes to consolidated financial statements are an integral part of these statements.

**Consolidated Statements of Comprehensive Income  
For the Years Ended December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
<b>Consolidated Net Income</b>	<b>\$ 33,745,093</b>	<b>\$ 30,460,809</b>
<b>Other Comprehensive Income (Loss)</b>		
Change in derivative financial instrument	(222,228)	130,761
Cumulative foreign currency translation adjustment, net	27,818	(33,706)
Unrealized gains (losses) on marketable debt securities	471,547	(142,189)
Reclassification adjustment for gains included in net income	42,452	5,253
<b>Total Other Comprehensive Income (Loss)</b>	<b>319,589</b>	<b>(39,881)</b>
<b>Comprehensive Income</b>	<b>34,064,682</b>	<b>30,420,928</b>
Less comprehensive income attributable to non-controlling interest	778	647
<b>Comprehensive Income Attributable to Parent Company</b>	<b>\$ 34,063,904</b>	<b>\$ 30,420,281</b>

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The notes to consolidated financial statements are an integral part of these statements.

**Consolidated Statements of Changes in Stockholders' Equity  
For the Years Ended December 31, 2019 and 2018**

	Shares	Amount	Retained Earnings	Other Comprehensive Income (Loss)	Non-controlling Interest	Total
<b>Balances at December 31, 2017</b>	1,200	\$ 12,000	\$69,483,760	\$ 80,821	\$ 1,191,878	\$70,768,459
Purchase of non-controlling interest of subsidiary	10	1,192,653	-	-	(1,192,653)	-
Net income	-	-	30,460,809	-	647	30,460,809
Capital contribution	-	-	-	-	10,726	10,726
Contribution receivable	-	-	-	-	(10,726)	(10,726)
Distributions to shareholders	-	-	(18,621,817)	-	-	(18,621,817)
Change in derivative financial instrument	-	-	-	130,761	-	130,761
Cumulative foreign currency translation adjustment, net	-	-	-	(33,706)	-	(33,706)
Unrealized loss on marketable securities	-	-	-	(142,189)	-	(142,189)
Reclassification adjustment for gains included in net income	-	-	-	5,253	-	5,253
<b>Balances at December 31, 2018</b>	1,210	1,204,653	81,322,105	40,940	(128)	82,567,570
Net income	-	-	33,744,315	-	778	33,745,093
Capital contribution	-	-	-	-	10,726	10,726
Distributions to shareholders	-	-	(17,142,181)	-	-	(17,142,181)
Change in derivative financial instrument	-	-	-	(222,228)	-	(222,228)
Cumulative foreign currency translation adjustment, net	-	-	-	27,818	-	27,818
Unrealized gain on marketable debt securities	-	-	-	471,547	-	471,547
Reclassification adjustment for gains included in net income	-	-	-	42,452	-	42,452
<b>Balances at December 31, 2019</b>	<u>1,210</u>	<u>\$ 1,204,653</u>	<u>\$97,924,239</u>	<u>\$ 360,529</u>	<u>\$ 11,376</u>	<u>\$99,500,797</u>

The notes to consolidated financial statements are an integral part of these statements.

**Consolidated Statements of Cash Flows**  
**For the Years Ended December 31, 2019 and 2018**

	2019	2018
<b>Cash Flows from Operating Activities</b>		
Net Income	\$ 33,745,093	\$ 30,460,809
Adjustments to reconcile net income to net cash provided by operating activities		
Depreciation and amortization	1,662,727	1,974,510
Realized loss on sale of investments	(178,703)	4,703
Investment in [REDACTED]	(9,572)	(6,361)
Loss on disposal of property and equipment	4,125	39,379
Deferred rent	413,892	414,957
Deferred tenant inducements	(37,786)	-
Change in provision for doubtful accounts	18,985	146,245
Change in inventory reserve	142	16,862
Cash provided (used) by changes in		
Accounts receivable	(5,059,543)	79,966
Accounts receivable - related parties	(70,624)	71,558
Unbilled receivables	(1,470,055)	(203,783)
Retention receivable	17,755	75,851
Royalties receivable - related party	(418,126)	(1,461,230)
Inventory	(28,492)	(3,062)
Other receivables	104,166	204,972
Prepaid expenses	1,067,430	(396,147)
Other deposits	(543,010)	(41,677)
Security deposits	(2,729)	783
Accounts payable and accrued expenses	830,895	591,803
Accounts payable - related parties	160,171	152,840
Accrued pension plan payable	23,461	131,416
Accrued payroll and compensated absences	507,338	524,959
Customer deposits	(535,048)	64,504
Other liabilities	(23,373)	900
<b>Net Cash Provided by Operating Activities</b>	<b>30,179,119</b>	<b>32,845,757</b>
<b>Cash Flows from Investing Activities</b>		
Purchase of marketable securities	(20,866,261)	(31,626,327)
Proceeds from the sale of marketable debt securities	35,224,415	18,331,058
Acquisitions of businesses, net of cash acquired	(2,091,262)	-
Decrease in contingent consideration payable	-	(2,004,854)
Deposit on purchase of subsidiary	(11,578,822)	-
(Increase) decrease in loan receivable - related party	(213,374)	186,683
Proceeds from deferred tenant inducement	323,879	-
Proceeds from disposal of property and equipment	-	100,000
Purchase of property and equipment	(1,718,711)	(441,630)
<b>Net Cash Used by Investing Activities</b>	<b>(920,136)</b>	<b>(15,455,070)</b>
<b>Cash Flows from Financing Activities</b>		
Net proceeds from (repayments of) short-term borrowings	(509,636)	108,270
Principal payment of long-term debt	(3,000,000)	(3,000,000)
Principal payments on capital lease obligations	(162,704)	(235,151)
Repayments of note payable	(27,487)	(40,905)
Increase in refundable advances to affiliate	(1,785,362)	(1,000,096)
Capital contribution, non-controlling interest	10,726	-
Decrease in due to related party	-	(173,358)
Members' distributions	(17,142,181)	(18,621,817)
<b>Net Cash Used by Financing Activities</b>	<b>(22,616,644)</b>	<b>(22,963,057)</b>
Effect of foreign currency exchange rates on cash and cash equivalents	27,818	(33,706)
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	<b>6,670,157</b>	<b>(5,606,076)</b>
<b>Cash, Cash Equivalents and Restricted Cash - Beginning of Year</b>	<b>15,468,942</b>	<b>21,075,018</b>
<b>Cash, Cash Equivalents and Restricted Cash - End of Year</b>	<b>\$ 22,139,099</b>	<b>\$ 15,468,942</b>
<b>Supplemental Disclosures</b>		
Cash Paid During the Year for		
Interest	\$ 277,260	\$ 581,938
Income taxes	\$ 299,886	\$ 230,768
<b>Supplemental disclosure of non-cash investing and financing activities</b>		
During 2018, the Company exchanged 10 shares of common stock for its non-controlling interest of \$1,192,653 in [REDACTED]		

The notes to consolidated financial statements are an integral part of these statements.

**Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018**

**Note 1 Nature of Operations**

Company) was incorporated in [REDACTED] in 1989 and operates electronic testing laboratories headquartered in [REDACTED] with additional laboratories in [REDACTED], [REDACTED] and [REDACTED]. The Company is a professional services company in the testing, certification and inspection business that tests electronic gaming and other electronic devices for compliance with governing regulations, performs compliance testing on systems for government agencies, other regulatory authorities and other companies, and provides IT and cybersecurity services to a wide range of industries.

**Note 2 Summary of Significant Accounting Policies**

**Basis of Presentation**

The accompanying consolidated financial statements include the accounts of [REDACTED]

[REDACTED] became a wholly-owned subsidiary (see Note 3), prior to which, the Company owned 99.44% of [REDACTED] which owns 89% of [REDACTED]. All significant intercompany transactions have been eliminated in the consolidation. Earnings from a certain foreign equity investment in an affiliated entity, GHI Asia, are accounted for using the equity method.

**Recently Adopted Accounting Pronouncements**

In May 2014, the FASB issued ASU 2014-09, Revenue from Contracts with Customers (ASU 2014-09), issued as a new Topic, Accounting Standards Codification (ASC) Topic 606, Revenue from Contracts with Customers (ASC 606). The guidance in ASC 606 outlines a comprehensive model for all entities to use in accounting for revenue arising from contracts with customers as well as required disclosures. Under the new standard, recognition of revenue occurs when a customer obtains control of promised goods or services in an amount that reflects the consideration, which the entity expects to receive in exchange for those goods or services. The new standard requires additional disclosure of the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers including significant judgments and changes in judgments.

The Company adopted the new revenue standard effective January 1, 2019 using the modified retrospective transition method applied to those contracts that were not completed as of January 1, 2019. There was no cumulative effect adjustment to the opening balance of retained earnings on January 1, 2019, as the adoption did not result in a change to the timing of revenue recognition.

The Company adopted Accounting Standards Update 2016-18 "Statement of Cash Flows: Restricted Cash" which requires the change in restricted cash to be reported with cash when reconciling between beginning and ending amounts in the statements of cash flows. The Company applied the amendments retrospectively to each period presented in the statements of cash flows of the Company, which resulted in no change in prior year presentation.

Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018

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**Foreign Currency**

The functional currency of the Company's foreign subsidiaries is the local currency. Adjustments relating from translating the financial statements into U.S. dollars are recorded as a component of accumulated other comprehensive income (loss) in stockholders' equity. Monetary assets and liabilities denominated in a foreign currency are translated into U.S. dollars at the exchange rate on the balance sheet date. Revenue and expenses are translated at the average exchange rate during the period. Equity transactions are translated using historical exchange rates.

Transactional foreign currency gains and losses that arise from exchange rate fluctuations on transactions denominated in a currency other than the functional currency are included in other income (expense), net in the consolidated statements of income.

**Use of Estimates**

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Company has entered into a royalty agreement with its European group of affiliates for licensing of the Company's brand name, trademarks, intellectual property, tools and software, in order to comply with transfer pricing guidelines. The Company is in the process of completing a transfer pricing study, but has estimated the royalty percentage based on information currently available. It is reasonably possible that these estimates can change in the near term.

**Cash and Cash Equivalents**

All highly liquid financial instruments with a maturity date of 90 days or less when purchased are considered to be cash equivalents.

**Restricted Cash**

The Company's restricted cash consists of funds deposited to guarantee [REDACTED] line of credit with The Bank of Nova Scotia and a deposit with [REDACTED] to maintain required capital amounts.

**Marketable Debt Securities**

Investments in marketable debt securities are carried at quoted market values. Such securities are classified as available for sale. Unrealized gains and losses were recognized as a separate component of stockholders' equity as accumulated other comprehensive income (loss).

**Accounts Receivable and Credit Policies**

Accounts receivable are uncollateralized customer obligations due under normal terms requiring payment within 30 days from the invoice date. Accounts receivable are stated at the amount billed to the customer. Payments of accounts receivable are allocated to specific invoices identified on the customer's remittance advice or, if unspecified, are applied to the earliest unpaid invoices.

Customer account balances with invoices dated over 90 days old are considered past due. The carrying amount of accounts receivable is reduced by a valuation allowance that reflects management's best estimate of the amounts that will not be collected. Management individually reviews all accounts receivable balances, and based on an assessment of current creditworthiness, estimates the portion, if any, of the balance that will not be collected.

**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Revenue Recognition**

The adoption of ASC 606 represents a change in accounting principle that will also provide readers with enhanced revenue recognition disclosures. Revenue is recognized when the control of the promised goods or services are transferred to our customers, in an amount that reflects the consideration that we expect to receive in exchange for those goods or services. A performance obligation is a promise in a contract to transfer a distinct good or service to the customer and represents the unit of account in ASC 606. A contract's transaction price is allocated to each distinct performance obligation and recognized as revenue when, or as, the performance obligation is satisfied. Contracts may contain variable consideration in the form of discounts or other incentives. The Company's estimate of variable consideration is based on its experience with similarly situated customers using the portfolio approach.

The Company generates revenue from professional services under contracts with customers, royalties from affiliates and license fees and product sales. The Company typically satisfies its performance obligations as services are rendered or as contract milestones are reached. The Company's services are typically performed over time. Customers obtain the benefits of such services as the services are performed. Therefore, the Company satisfies its performance obligations as services are rendered. Customers are invoiced monthly as services are performed or in accordance with contract terms for deliverables.

The Company's contracted services can have multiple performance obligations which, on a standalone basis are each not considered distinct, thus are combined to become one single performance obligation. The Company estimates the price for services based on expected cost to provide services plus an appropriate profit margin. Revenue is recognized at the point in time that control transfers to customers, which occurs upon communication with the customer that the project deliverable is complete. Payments received from customers in the form of deposits on contracts are recorded as a contract liability, and the contract liability is reduced as revenue is recognized in accordance with contract terms.

Revenue from issuing certification letters for jurisdictions is recognized when the letters are transmitted to the end user.

Revenue from license fees are recognized ratably when earned per contract terms.

Revenue from product sales is recognized when the product is transferred to the customer. Shipping costs are included in the cost of sales in the consolidated income statement, and amounted to \$21,776 and \$21,289 for the years ended December 31, 2019 and 2018, respectively. Sales tax collected from customers is excluded from sales revenue and is recorded as an accrued liability on the consolidated balance sheet until remitted to the appropriate taxing agency.

Revenue from related party royalties are earned from our European group of affiliates for licensing of the Company's brand name, trademarks, intellectual property, tools and software. Royalties are sales-based royalties which are recognized as the related sales occur.

Unbilled revenue represents services performed and revenue earned, but not yet billable under contract terms.

**Inventory**

Inventory is valued at the lower of cost or net realizable value, determined on a first-in, first-out basis. Inventory consists of raw material component parts and finished goods.



**Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018**

**Property and Equipment and Leased Property under Capital Leases**

Property and equipment are recorded at cost less accumulated depreciation and amortization. Depreciation and amortization is calculated using the straight-line method over the estimated useful lives of the assets. Upon sale or retirement, the cost and related accumulated depreciation and amortization are removed from the respective accounts, and any gain or loss is included in other income or expense. The depreciable lives of property and equipment are as follows:

Leasehold improvements	Lesser of life of lease or estimated useful life
Furniture and equipment	3-10 years
Software	1-3 years
Assets under capital lease	Life of asset under lease

**Goodwill, Intangible Assets and Impairment Assessments**

Goodwill and intangible assets result primarily from business acquisitions accounted for under the purchase method of accounting. Goodwill represents the excess of the purchase prices of an acquired business over the fair value of the underlying net tangible and intangible assets. Goodwill is evaluated for impairment annually and whenever events or changes in circumstances indicate the carrying value of goodwill may not be recoverable. Goodwill and intangible assets with indefinite lives are not amortized but are subject to impairment testing by applying a fair value based test. There was no impairment of goodwill for the years ended December 31, 2019 and 2018. Intangible assets that have finite useful lives were amortized over their useful lives which range from fifteen months to five years.

**Accrued Compensated Absences**

Company policy permits employees to generally carry over up to 160 hours of unused discretionary time off to subsequent years. The Company accrues the unused time at the employees' current hourly rate for compensation. The Company has accrued \$1,951,521 and \$1,785,459 for unused discretionary time off at December 31, 2019 and 2018, respectively which is included on the balance sheet as a component of accrued payroll and compensated absences.

**Derivative Instruments**

The Company has entered into an interest-rate swap derivative instrument with a bank for interest rate risk exposure-management purposes. The interest-rate swap used by the Company converts payment on its variable rate debt to a fixed rate basis, thus reducing the impact of interest rate changes on future interest expense. Approximately \$11 million and \$14 million of the Company's outstanding debt (see Note 13) is covered by interest-rate swap agreements as of December 31, 2019 and 2018, respectively.

The Company accounts for these derivative instruments in accordance with FASB ASC Topic 815, *Derivatives and Hedging*. In accordance with ASC 815, the Company is required to recognize all of its derivative instruments as either assets or liabilities on the balance sheet at fair value. The accounting for changes in fair value of a derivative instrument depends on whether it has been designated and qualifies as part of a hedging relationship and further, on the type of hedging relationship.

The Company designated the interest-rate swap agreements as cash flow hedge transactions. The interest rate swap agreements were determined to be 100% effective. As such, the gain or loss on the agreements is reported as unrealized gains or losses on derivative instruments as a component of other comprehensive income (loss). The asset (liability) for the fair value of the interest-rate swap agreement is (\$95,280) and \$126,948 as of December 31, 2019 and 2018, respectively.

**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

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**Income Taxes**

The Company has elected to be treated as a subchapter "S" Corporation for federal income tax purposes, and in those states that allow such treatment. As a result the Company is generally not subject to U.S. income taxes at the entity level on its U.S. income. Franchise taxes of the states where the Company is registered are computed on the income allocated to that state. Prior to becoming a disregarded entity in 2018, [REDACTED] had elected to be taxed as a partnership and was generally not subject to income taxes at the entity level. [REDACTED] are single-member LLCs and are disregarded entities for income tax purposes. [REDACTED] is owned by [REDACTED] which with [REDACTED] are qualified subchapter S subsidiaries and are disregarded entities for U.S. income tax purposes. The Company's taxable income or loss is allocated to the shareholders based on their percentage of ownership. [REDACTED] is subject to income tax in [REDACTED] based on its income from Canadian operations. [REDACTED] subsidiary, [REDACTED] files tax returns with the [REDACTED] taxation authority based on its statutory revenue.

The Company files tax returns in the U.S. Federal jurisdiction [REDACTED] and various states and provinces. The Company has no open tax years prior to 2016, and the Company has no tax examinations in progress. [REDACTED] 2016 income tax return was audited by the Internal Revenue Service during 2018, and the audit was closed with no changes. During 2019 and 2018, the Company recognized \$10,527 and \$23,564 respectively, in interest and penalties, which is included in interest expense on the consolidated statements of income.

**Advertising Costs**

Advertising costs are expensed as incurred. Advertising costs amounted to \$2,075,608 and \$1,576,430 for the years ended December 31, 2019 and 2018, respectively.

**Reclassifications**

Certain amounts in the December 31, 2018 financial statements have been reclassified to conform to the December 31, 2019 financial statement presentation. These reclassifications had no effect on the previously reported net income for 2018.

**Recent Accounting Pronouncements**

Effective for its annual financial statements for 2021, the Company expects to adopt new accounting standards issued by FASB that will require significant changes in accounting for operating leases under which the Company is lessee. Upon adoption, among other effects, the Company will be required to record assets and liabilities for all operating lease obligations with terms of 12 months or greater. The Company is currently in the process of evaluating the impact of adoption of this guidance on the financial statements.

**Subsequent Events**

The Company has evaluated subsequent events and transactions for potential recognition or disclosure through the date of the auditors' report, which is the date the financial statements were available to be issued (see Note 23).

**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 3 Acquisitions**

On January 1, 2018, the Company purchased the .56% non-controlling interest in [REDACTED] which was previously owed by the same owners as the Company. The Company issued an additional 10 shares of common stock in exchange for the value of the non-controlling interest of \$1,192,653, which approximated the fair market value of the Company's shares.

On April 15, 2019, the Company purchased the stock of [REDACTED]. The purchase price paid was \$2,871,021. The acquisition expanded the Company's professional services capabilities to the IT and cybersecurity industry and is expected to enhance those services in the US market.

The following table summarized the fair values of the assets acquired and liabilities assumed at the acquisition date:

Cash	\$ 340,579
Accounts receivable	242,209
Prepaid expenses and other	41,404
Total identifiable assets acquired	<u>624,192</u>
Accounts payable and accrued expenses	<u>185,012</u>
Total liabilities assumed	<u>185,012</u>
Net assets acquired	<u>\$ 439,180</u>

The purchase price of the business exceeded the fair value of identifiable assets acquired and liabilities assumed of \$439,180. Consequently, the Company recognized goodwill on the transaction of \$2,431,841.

The Company incurred approximately \$107,300 in costs associated with the acquisition, which are included in professional fees on the consolidated statement of income.

**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 4 Cash, Cash Equivalents and Restricted Cash**

Restricted cash as of December 31, which is classified as a noncurrent asset, included a cash deposit as a guarantee for the line of credit with The Bank of Nova Scotia and a required deposit for for capital purposes.

Cash, cash equivalents and restricted cash presented in the statement of cash flows consists of:

	2019	2018
Cash	\$ 12,244,120	\$ 9,525,819
Money market funds	7,219,202	5,943,123
Cash and cash equivalents	<u>19,463,322</u>	<u>15,468,942</u>
Restricted for equity investment in	1,058,356	-
Restricted for guarantee on Bank of Nova Scotia line of credit	<u>1,822,421</u>	-
Restricted cash, non current	<u>2,675,777</u>	-
Total cash, cash equivalents and restricted cash as shown on the statement of cash flows	<u>\$ 22,139,099</u>	<u>\$ 15,468,942</u>

**Note 5 Marketable Debt Securities**

Marketable debt securities, at quoted market values at December 31, are as follows:

	2019			
	Cost	Unrealized Gains	Unrealized Losses	Fair Market Value
Tax-exempt municipal bonds	\$ 15,614,240	\$ 454,995	\$ -	\$ 16,069,235
Corporate bonds	2,544,399	33,680	-	2,578,079
	<u>\$ 18,158,639</u>	<u>\$ 488,675</u>	<u>\$ -</u>	<u>\$ 18,647,314</u>
	2018			
	Cost	Unrealized Gains	Unrealized Losses	Fair Market Value
Tax-exempt municipal bonds	\$ 27,620,657	\$ 63,864	\$ (68,115)	\$ 27,616,406
Corporate bonds	4,233,342	4,771	(26,221)	4,211,892
Short-term municipal bond mutual fund	101,337	323	-	101,660
Ultra short-term tax-exempt bond mutual fund	896,755	52	-	896,807
	<u>\$ 32,852,091</u>	<u>\$ 69,010</u>	<u>\$ (94,336)</u>	<u>\$ 32,826,765</u>

The Company uses the specific identification method to determine the cost of securities sold.

The contractual maturity of tax-exempt municipal bonds and corporate bonds is as follows:

Less than 1 year	\$ 1,408,511
1-2 years	4,381,095
2-5 years	10,692,828
5-10 years	<u>2,164,880</u>
	<u>\$ 18,647,314</u>

**Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018**

**Note 6 Receivables**

Receivables at December 31 consists of:

	<u>2019</u>	<u>2018</u>
Accounts receivable	\$ 32,648,310	\$ 27,271,739
Less allowance for doubtful accounts	<u>786,433</u>	<u>767,448</u>
Accounts receivable, net	<u>\$ 31,861,877</u>	<u>\$ 26,504,291</u>
Accounts receivable - related parties	<u>\$ 245,050</u>	<u>\$ 174,426</u>
Unbilled receivables	<u>\$ 2,497,395</u>	<u>\$ 1,027,340</u>
Retention receivable	<u>\$ 245,041</u>	<u>\$ 262,796</u>
Royalties receivable - related party	<u>\$ 1,879,356</u>	<u>\$ 1,461,230</u>

**Note 7 Inventory**

Inventory at December 31 consists of:

	<u>2019</u>	<u>2018</u>
Component parts	\$ 61,930	\$ 40,969
Finished goods	<u>25,588</u>	<u>18,057</u>
Total inventory	87,518	59,026
Less inventory reserve	<u>(17,004)</u>	<u>(16,862)</u>
<b>Total inventory, net</b>	<u>\$ 70,514</u>	<u>\$ 42,164</u>

**Note 8 Property and Equipment**

Property and equipment consists of the following:

	<u>2019</u>	<u>2018</u>
<b>Property and Equipment</b>		
Leasehold improvements	\$ 6,220,046	\$ 5,814,086
Furniture and equipment	8,757,590	7,369,272
Software	<u>1,422,958</u>	<u>1,422,935</u>
	<u>16,400,594</u>	<u>14,606,293</u>
<b>Less Accumulated Depreciation and Amortization</b>		
Leasehold Improvements	3,193,162	2,783,951
Furniture and equipment	6,752,941	5,925,575
Software	<u>1,375,782</u>	<u>1,274,078</u>
	<u>11,321,885</u>	<u>9,983,604</u>
<b>Property and Equipment, Net</b>	<u>\$ 5,078,709</u>	<u>\$ 4,622,689</u>

Depreciation expense amounted to \$1,223,082 and \$1,409,520 for the years ended December 31, 2019 and 2018, respectively.

Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018

**Note 9 Equipment Under Capital Lease**

Equipment under capital lease consists of the following:

	<u>2019</u>	<u>2018</u>
Equipment under capital lease	\$ 591,998	\$ 591,998
Accumulated amortization	<u>527,963</u>	<u>371,030</u>
<b>Equipment under capital lease, net</b>	<u>\$ 64,035</u>	<u>\$ 220,968</u>

Amortization expense amounted to \$156,843 and \$158,078 for the years ended December 31, 2019 and 2018, respectively.

**Note 10 Goodwill**

The following summarizes goodwill at December 31:

	<u>2019</u>	<u>2018</u>
Goodwill at January 1	\$ 11,826,146	\$ 11,826,146
Acquisitions	2,431,841	-
Impairment charge	-	-
Goodwill at December 31	<u>\$ 14,257,987</u>	<u>\$ 11,826,146</u>

**Note 11 Intangible Assets**

Intangible assets consists of the following:

	<u>2019</u>	<u>2018</u>
Customer contracts	1,780,046	1,780,046
Accumulated amortization	<u>1,780,046</u>	<u>1,532,818</u>
<b>Intangible assets, net</b>	<u>\$ -</u>	<u>\$ 247,228</u>

Amortization of intangible assets amounted to \$247,228 and \$593,250 for the years ended December 31, 2019 and 2018, respectively.

**Note 12 Short-Term Borrowings**

In September 2016, [REDACTED] obtained a line of credit with The Bank of Nova Scotia, in the amount of C\$2,000,000 (\$1,536,000), with interest payable at the [REDACTED] Prime Rate (3.95% and 3.72% at December 31, 2019 and 2018, respectively) plus one percent, collateralized by [REDACTED] assets. The line expires December 2020. The outstanding balance on the line of credit was C\$110,000 (\$84,499) and C\$810,000 (\$594,135) at December 31, 2019 and 2018, respectively. Interest charged for the years ended December 31, 2019 and 2018 amounted to \$29,113 and \$24,287, respectively.

Effective January 1, 2019, the Company is now a guarantor on the line of C\$2,000,000 (\$1,536,000), and is required to maintain a deposit account of no less than of C\$2,000,000 in equivalent U.S. dollars with The Bank of Nova Scotia. (see Note 4).

**Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018**

**Note 13 Long-Term Debt**

	<u>2019</u>	<u>2018</u>
Note payable to Wells Fargo Bank NA, jointly borrowed with GLI Inc., due in 120 monthly principal payments for \$250,000 plus interest at the 1-month LIBOR rate (1.82% and 2.52% at December 31, 2019 and, 2018 respectively) plus either 1.05% or 1.3% depending on the Company's EBITDA, maturing July 2023, secured by the Company's and GLI Capital Group Inc's assets.	\$ 10,750,000	\$ 13,750,000
Less current maturities of long-term debt	<u>3,000,000</u>	<u>3,000,000</u>
Long-term debt, net of current maturities	<u>\$ 7,750,000</u>	<u>\$ 10,750,000</u>

Future maturities of long-term debt due for the years ending December 31 are as follows: 2020 - \$3,000,000, 2021 - \$3,000,000, 2022 - \$3,000,000 and 2023 - \$1,750,000.

This note also includes restrictive covenants which limit the Company's ability to pay dividends, and required maintenance of certain financial ratios. As of December 31, 2019 and 2018, the Company was in compliance with these covenants.

In connection with the note payable, the Company entered into an interest-rate swap agreement. Under the term of the agreement, the Company pays the lower of a fixed rate of 2.04% or the 1-month LIBOR rate plus either 1.05% or 1.3%, depending on the Company's EBITDA. The swap agreement is considered a derivative instrument and has been designated as a cash flow hedge.

**Note 14 Obligations Under Capital Leases**

The Company has entered into capital lease obligations, as well as acquired some through acquisitions, which expire through May 2020, with interest rates ranging from 3.50% to 10.05%. The leases are secured by equipment with a net book value of \$64,035 at December 31, 2019. Future minimum lease payments under the capital lease obligations for each of the next year are as follows:

Total minimum lease payments	\$ 6,856
Less amounts representing interest	<u>(111)</u>
Capital lease obligation, net	<u>\$ 6,745</u>

**Note 15 Note Payable**

In 2017, the Company's subsidiary, [REDACTED] obtained an interest-free C\$500,000 note from Atlantic Canada Opportunities Agency, which is a governmental agency, for the expansion of its security operations center, which was to be completed by January 15, 2018. The note was drawn down as costs were incurred and it converted to a 7-year term note when the project completed. The Company spent C\$354,488 (\$282,350) for the project, which was completed in June 2017. Equal principal payments commenced 12 months after the project was completed, with the first payment in July 1, 2018. Future minimum payments due within the next five years ending December 31 are as follows: 2020 - C\$50,641 (\$38,901), 2021 - C\$50,641 (\$38,901), 2022 - C\$50,641 (\$38,901), 2023 - C\$50,641 (\$38,901), 2024 - C\$50,641 (\$38,901) and 2025 and thereafter - C\$25,321 (\$19,453).

**Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018**

**Note 16 Retirement Benefit Plans**

The Company has 401(k) salary deferral and profit-sharing pension plans covering all U.S. employees who elect to participate, and RRSP salary deferral plans covering all of its Canadian employees, both of which are defined contribution plans (the "Plans"). Participants may defer a portion of their salary up to the IRS or [REDACTED] statutory maximums. The Company matches \$.50 of each dollar contributed by the employee up to a maximum of five percent of their compensation. Participants are 100 percent vested in their contributions and are fully vested in the Company's matching contributions after six years. The Company's matching contributions amounted to \$1,083,334 and \$1,029,079 for the years ended December 31, 2019 and 2018, respectively. The Company uses its discretion to fund the profit-sharing component of the plan. No profit-sharing contribution was made to the plan for either of the years ended December 31, 2019 and 2018.

**Note 17 Income Taxes**

The provision for income taxes consists of the following at December 31:

	2019	2018
<b>Current</b>		
Domestic	\$ 56,335	\$ 70,281
Foreign	<u>1,246,619</u>	<u>160,487</u>
<b>Provision for Income Taxes</b>	<u>\$ 1,302,954</u>	<u>\$ 230,768</u>

**Note 18 Related Party Transactions**

The Company has a lease agreement with [REDACTED] which is owned in part by the majority shareholders of the Company, for their office space and testing laboratories in [REDACTED] which expires in December 2030. Rent paid under this lease amounted to \$927,100 and \$894,237 for the years ended December 31, 2019 and 2018, respectively.

The Company has a lease agreement with [REDACTED] which is owned in part by the majority shareholders of the Company, for their office and testing laboratories in [REDACTED] which expires in December 2030. Rent paid under this lease amounted to \$917,123 and \$894,725 for the years ended December 31, 2019 and 2018, respectively.

The Company entered into a lease agreement with [REDACTED] which is owned in part by the majority shareholders of the Company, for their office and testing laboratories in [REDACTED] which expires in February 2025. Rent paid under this lease amounted to \$492,978 and \$474,018 for the years ended December 31, 2019 and 2018, respectively.

The Company receives accounting services from a relative of a majority shareholder of the Company. Accounting fees of \$136,329 and \$128,250 were paid to the related party for the years ended December 31, 2019 and 2018, respectively.

The Company received legal services from a relative of a majority shareholder of the Company. Legal fees of \$23,600 was paid to the related party for each of the years ended December 31, 2019 and 2018.



**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 18 Related Party Transactions (Continued)**

The Company has accounts receivable from overseas affiliates, who are owned by the same owners as the Company, in the amount of \$245,050 and \$174,426 at December 31, 2019 and 2018, respectively. For the years ended December 31, 2019 and 2018, respectively, the Company earned revenue of \$2,502,218 and \$2,057,874 from these affiliates, and paid those affiliates \$4,571,762 and \$3,311,506 for services for the years ended December 31, 2019 and 2018, respectively. The Company also has accounts payable to overseas affiliates, relating to services performed, in the amount of \$440,169 and \$279,998 as of December 31, 2019 and 2018, respectively.

In 2018, the Company entered into a royalty agreement with its European group company affiliates for five percent of revenue billed to customers, not including intercompany revenue. Royalties earned under this agreement amounted to \$1,619,667 and \$1,461,230 for the years ended December 31, 2019 and 2018, respectively, of which \$1,879,356 and \$1,461,230 was receivable as of December 31, 2019 and 2018, respectively.

The Company has advanced its affiliate, [REDACTED] \$3,478,488 and \$1,693,126 as of December 31, 2019 and 2018, respectively, for the purpose of funding operations while it obtained regulatory approval to conduct business and generate revenues. Regulatory approval was obtained in 2018, and the Company believes it will be able to execute its business plan, and [REDACTED] is anticipated to be able to fully repay the amounts advanced.

In June 2017, the Company loaned its affiliate, [REDACTED] \$10,000,000 for the purpose of acquiring a company. The note bears interest at the one-month LIBOR rate plus 2.25%. The note is payable 90 days after demand, however, the loan is not expected to be called within the next 12 months, and is therefore shown as a long-term asset. Interest income amounted to \$447,459 and \$426,308 for the years ended December 31, 2019 and 2018, respectively, of which \$21,304 and \$-0- is receivable as of December 31, 2019 and 2018, respectively.

On January 1, 2018, the Company purchased the .56% non-controlling interest in [REDACTED] which was previously owed by the same owners as the Company, in exchange for an additional 10 shares of common stock for the value of the non-controlling interest of \$1,152,653.

**Note 19 Fair Value Accounting**

Pursuant to the requirements of FASB ASC 820, *Fair Value Measurements*, the Company has provided fair value disclosure information for relevant assets and liabilities in these financial statements. ASC 820, which defines fair value, establishes a framework for measuring fair value in U.S. generally accepted accounting principles, and expands disclosures about fair value measurements. Fair value refers to the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the market in which the Company transacts. ASC 820 clarifies that fair value should be based on assumptions market participants would use when pricing an asset or liability and establishes a fair value hierarchy that prioritizes the information used to develop those assumptions. The fair value hierarchy gives the highest priority to quoted prices in active markets and the lowest priority to unobservable data. ASC 820 requires fair value measurements to be separately disclosed by level within the fair value hierarchy. While not expanding the use of fair value, ASC 820 may change the measurement of fair value. Any change in the measurement of fair value would be considered a change in estimate and included in the results of operations in the period of adoption.

**Notes to the Consolidated Financial Statements**  
**December 31, 2019 and 2018**

**Note 19 Fair Value Accounting (Continued)**

The following table presents information about the Company's financial assets and (liabilities) that are measured at fair value on a recurring basis as of December 31, 2019 and 2018, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value. The hierarchy is broken down into three levels. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs include data points that are observable such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and inputs (other than quoted prices) such as interest rates and yield curves that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable data points for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

The fair value of the Company's financial assets and (liabilities) are summarized as follows as of December 31:

	2019			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 19,463,322	-	-	\$ 19,463,322
Restricted cash	2,675,777	-	-	2,675,777
Tax-exempt municipal bonds	-	16,069,235	-	16,069,235
Corporate bonds	-	2,578,079	-	2,578,079
	<u>\$ 22,139,099</u>	<u>\$ 18,647,314</u>	<u>\$ -</u>	<u>\$ 40,786,413</u>
Derivative instrument	-	(95,280)	-	(95,280)
	2018			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 15,468,942	\$ -	\$ -	\$ 15,468,942
Tax-exempt municipal bonds	-	27,616,406	-	27,616,406
Corporate bonds	-	4,211,892	-	4,211,892
Ultra short-term bond mutual fund	101,660	-	-	101,660
Short-term municipal bond mutual fund	896,807	-	-	896,807
	<u>\$ 16,467,409</u>	<u>\$ 31,828,298</u>	<u>\$ -</u>	<u>\$ 48,295,707</u>
Derivative instrument	-	126,948	-	126,948

All assets have been valued using a market approach. Fair values for assets in Level 2 are calculated using quoted market prices for similar assets in markets that are not active.

The carrying amounts or accounts receivable, prepaid expenses, accounts payable and accrued expenses and customer deposits approximate their fair values because of the relatively short-term maturity of these instruments. Based on the borrowing rates currently available to the Company for loans of similar terms, the Company has determined that their carrying values approximate fair value.

**Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018**

**Note 20 Changes in Other Comprehensive Income**

The following summarizes the changes in components of other comprehensive income:

	Gain (Loss) on Cash Flow Hedge	Unrealized Gains (Losses) on Available for Sale Securities	Foreign Currency Translation	Total
<b>Balances at December 31, 2017</b>	\$ (3,813)	\$ 111,612	\$ (26,978)	\$ 80,821
Other comprehensive income before reclassifications	130,761	(142,189)	(33,706)	(45,134)
Amounts reclassified from other comprehensive income	-	5,253	-	5,253
Net current period other comprehensive income (loss)	<u>130,761</u>	<u>(136,936)</u>	<u>(33,706)</u>	<u>(39,881)</u>
<b>Balances at December 31, 2018</b>	126,948	(25,324)	(60,684)	40,940
Other comprehensive income before reclassifications	(222,228)	11,547	27,818	277,137
Amounts reclassified from other comprehensive income	-	4,452	-	42,452
Net current period other comprehensive income (loss)	<u>(222,228)</u>	<u>15,999</u>	<u>27,818</u>	<u>319,589</u>
<b>Balances at December 31, 2019</b>	\$ (95,280)	\$ 488,895	\$ (32,866)	\$ 360,529

**Note 21 Commitments and Contingencies**

The Company has noncancelable leases for office and laboratory space, which expire from October 2021 through December 2030. Future annual minimum rental payments, not including real estate taxes or operating expenses, are as follows for the years ending December 31:

2020	\$ 4,223,000
2021	4,345,000
2022	4,412,000
2023	3,861,000
2024	3,258,000
2025 and thereafter	15,530,000
	<u>\$ 35,629,000</u>

The Company recognizes escalating rent provisions on a straight-line basis. Rent expense amounted to \$4,811,268 and \$4,702,299 for the years ended December 31, 2019 and 2018, respectively. The Company also received reimbursement of \$323,879 for tenant improvements for a new office lease in 2019, which is being recognized as a reduction to rent on the straight-line basis over the term of the lease.

The Company's subsidiary, [REDACTED] had subleased its [REDACTED] offices under a noncancelable lease ending in June 2019 (the remainder of the lease term). Net rental income received for the years ended December 31, 2019 and 2018 amounted to \$67,420 and \$134,840, respectively, which has been netted on the statement of income with the rent expense.

The Company has unused letters of credit in the amount of \$275,000 and performance bonds in the amount of \$2,010,252 for various customers at December 31, 2019.

Notes to the Consolidated Financial Statements  
December 31, 2019 and 2018

**Note 21 Commitments and Contingencies (Continued)**

The Company's subsidiary [REDACTED] had entered into an agreement with the [REDACTED] Economic Development Authority ([REDACTED] EDA) to spend approximately \$2,400,000 to renovate its [REDACTED] facility and to retain existing [REDACTED] jobs and create at least 27 new [REDACTED] jobs. In exchange, [REDACTED] would receive a tax credit over a 10 year period, beginning with 2016 (the year the renovation was completed), based on \$3,000 for each retained [REDACTED] job and \$6,000 for each new [REDACTED] job, with a maximum credit amount of \$999,000 to be received per year, if all criteria are met. Based on the initial employment certification year of 2016, the maximum credit was reduced to \$915,000. When [REDACTED] received the tax credits annually, they were sold at a discount to another [REDACTED] entity. In 2019, [REDACTED] withdrew from the program and no further funds will be received. For the year ended December 31, 2018, the Company received \$806,355, net of fees, which is shown as other income on the consolidated statement of Income.

**Note 22 Concentration of Credit Risk**

The Company maintains cash held in bank deposit accounts which, at times, may exceed federally insured limits.

During the year ended December 31, 2019, the Company had revenues from two customers approximating 16% and 10% of total revenue. Accounts receivable from those two customers approximated 18% and 14% of the outstanding accounts receivable balance at December 31, 2019.

During the year ended December 31, 2018, the Company had revenues from three customers approximating 18%, 10% and 10% of total revenue. Accounts receivable from two of these customers approximated 24% and 14% of the outstanding accounts receivable balance at December 31, 2018.

**Note 23 Subsequent Events**

In January 1, 2020, the Company acquired all of the stock of [REDACTED] for an aggregate purchase price of \$11,578,822, with an additional purchase price adjustment for working capital of \$204,500 paid in April 2020. This acquisition is expected to expand the Company's governmental assurance services within the United States.

Through April 30, 2020, the Company has made additional refundable deposits totaling \$364,807 to its affiliate [REDACTED] to fund operations.

In late 2019, a novel strain of coronavirus, COVID-19, emerged globally. As the impact of the spread of COVID-19 continues to spread in the United States and around the world, the Company may experience disruptions that could impact their ability to carry out all its activities. As of the date of the issuance of these financial statements, the Company cannot reasonably estimate the impact to the entity's future activities, revenues, financial condition or results of operations; however, such impact could be significant.

**PUBLIC KNOWLEDGE – FILE FOLDER 3 – TECHNICAL DATA REDACTED PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE 06/16/21)**

Proposal to:  
Mississippi Department of Human Services

For:  
Division of Aging and Adult Services  
Needs Assessment

TAB 3 or FILE FOLDER 3:  
Technical Data

In response to RFP #20210511 DAAS Needs Assessment  
(RFx #3180001360, #3120002223)

June 11, 2021, 2:30 PM CT

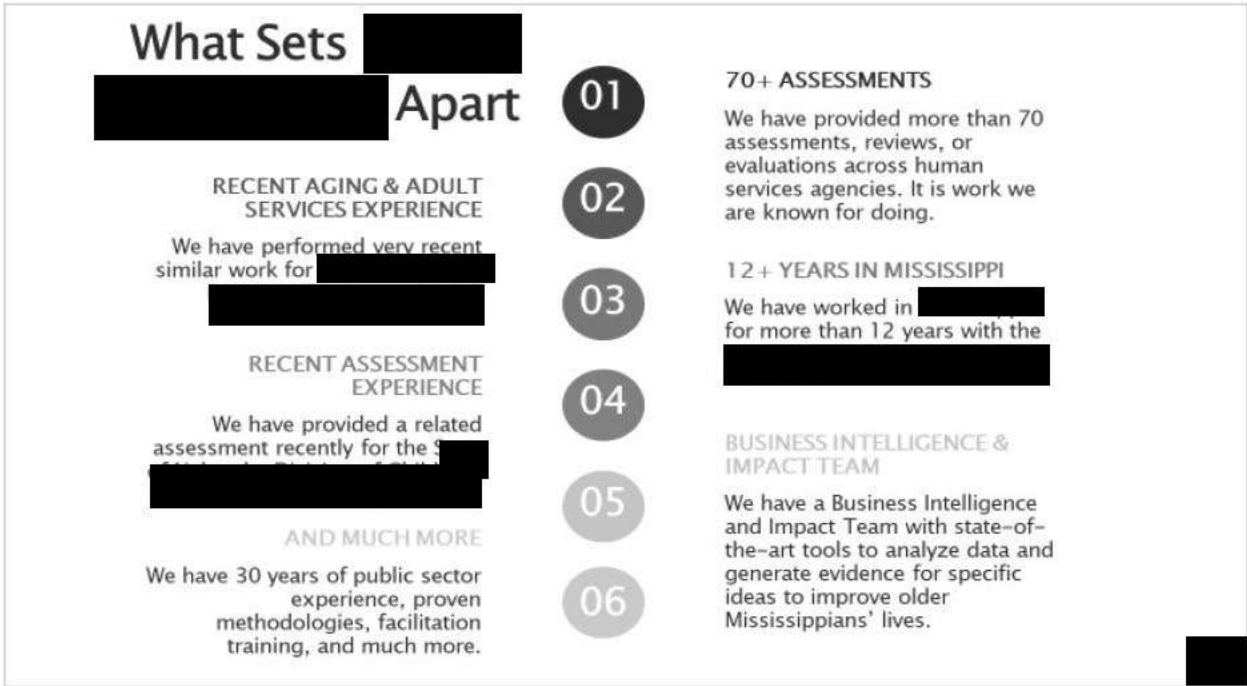
# 2 Proposal (Approach to Services)

[Ref. RFP §§ 4.3.A.2, 2.2B]  
 Proposal: Describe in detail how the service will be provided. Include a description of major tasks and subtasks.  
 B. Deliverables – TECHNICAL FACTOR (REDACTED)  
 Respondent, through its proposal, shall demonstrate its ability to provide services, and otherwise do all things necessary for or incidental to the performance of work and may include unique or innovative approaches, as set forth below:

## Introduction

[REDACTED] is well-prepared and excited to assist the Mississippi Department of Human Services (MDHS) Division of Aging and Adult Services (DAAS) to improve older citizens' lives. We know that MDHS is mandated to fulfill Older Americans Act of 1965 provisions with a 2022 Needs Assessment to understand the state's current and future 55-and-older population. Surveys will solicit information from older citizens DAAS serves now, those waiting to obtain services, and those providing services – in all ten service areas. MDHS intends to expand on subjects the 2011 questionnaire broached, including information regarding the COVID-19 pandemic impact. We will also refer to National Adult Maltreatment Reporting System (NAMRS) data to provide additional context for our findings and survey results. We will coalesce analyzed data into detailed draft and final reports.

Figure 1. What Sets [REDACTED] Apart



brings both familiar and innovative methods to this project, decades of experience, and a team of human services and technology experts. can deliver efficient and accurate results. We have recent experience with assessing

We have provided recent human services assessments in multiple states and counties, including for . Notably, our Business Intelligence and Impact Team (BIIT) brings new ideas and means to explore and provide information for your strategic planning. Alongside our attention to accurate data, keeps personal interactions at the core of how we operate, as they are at MDHS' mission center. Whether interviewing stakeholders by telephone, conducting focus groups in person or via Zoom, or meeting MDHS leadership for project updates, we communicate clearly and often.

**The Business Intelligence and Impact Team, or BIIT**

- believes that evidence-based outcomes demonstrate impact.
- Our BIIT will help you establish best practices and develop effective and efficient tools for data gathering and generating objective measures.
- Our team of seasoned management consultants have a variety of experiences and strong project know-how.
- Our goal is to generate the evidence that drives awareness for change.

For more than 30 years, we have helped our clients achieve their goals by understanding their needs and objectives. This approach is the foundation of our process. On January 1, 2021, merged with the and the , collectively known as . Now we are one firm with deeper and broader expertise, and additional service offerings. Table 1 describes additional advantages brings to your project.

Table 1. What Else Sets Us Apart

<b>We have Aging and Adult Service experience and assessments experience.</b>	has knowledge and experience with older adults and aging and adult services. Our project in was part of an extensive social services assessment that we followed with secondary contracts to continue work with visioning and next steps. Our assessments have included human services agencies in jurisdictions across the country, such as to name a few. Section 3 details our experience more fully.
<b>We have extensive public sector experience.</b>	has supported government agencies for decades, and our merger with gives us even broader expertise



	<p>in organizational assessment and design. Our public-sector focus gives us an understanding of how organizational changes are affected by policy, political realities, environmental pressures, and state and federal funding opportunities. We partner with colleagues at all levels of government to better understand the challenges that develop and the solutions that are tested so we can fashion solutions that work best for you.</p>
<p>We have a proven assessment and improvement methodology.</p>	<p>We use our five-step Collaborative Solutions Framework to foster cross-agency collaboration and buy-in. Our Engage-Analyze-Envision-Synthesize-Empower approach lays the foundation for lasting organizational transformation and improved service delivery and outcomes. Our approach is objective, participative, data-driven, and based on industry best practices. It results in actionable recommendations and a unified, empowered leadership team.</p>
<p>We use Technology of Participation group facilitation methods.</p>	<p>Facilitation is not just a way of running a meeting. It is how we bring our team to your project through accountability, transparency, collaboration, and efficiencies. We facilitate meetings using an inclusive and engaging approach that increases effectiveness and follow-through after the meeting. █ consultants are trained and experienced in the Institute of Cultural Affairs Technology of Participation (ToP) facilitation methods. ToP methods emphasize a shared vision while identifying and acknowledging the barriers to implementation. The process provides a strategy to overcome barriers and restore ownership, commitment, and accountability for action, achieve consensus, and move groups to action.</p>
<p>We are known for our collaborative, mentoring consulting style.</p>	<p>We believe that our work is carried out not <i>for</i>, but <i>with</i> government agencies. Our consulting methodology includes participative and collaborative approaches that incorporate your input and keep you in the loop. We use our extensive experience to guide you through the process and avoid common pitfalls as you implement solutions. This results in customized strategies and documents that you understand, as well as policies and procedures that you</p>

	can successfully deploy and monitor on your own after our contract ends.
We are experts in designing engaging and productive online work sessions.	When not supporting our clients on-site, our consultants have worked remotely. When the COVID-19 pandemic required a transition to fully online consulting, we met the challenge with creative approaches that provide an engaging, personal experience even when we cannot be there in person. With the right processes, skills, and tools, the flexibility and functionality of virtual engagements can save time and money, foster collaboration and inclusivity, enhance technical skills, and improve retention. We can also help you design and facilitate virtual or hybrid meetings, revise your processes to accommodate virtual collaboration, develop communication materials, and identify tools and processes to increase effectiveness and productivity.

For more information on how we approach this type of work, please see our [REDACTED] Case Study: [https://\[REDACTED\]/case-studies/improve-service-delivery-families/](https://[REDACTED]/case-studies/improve-service-delivery-families/). We also provide example reports via links in Section 3, Corporate Experience and Capacity.

## 2.1 Statewide Assessment of Current and Unmet Needs

[Ref. RFP § 2.2(B),1]  
 1. Contractor shall describe in detail its ability to provide a Statewide assessment of current and unmet needs as determined by a telephonic survey to include, but not be limited to, the following:

To conduct the statewide assessment of current and unmet needs, [REDACTED] will develop and implement two approaches to engage Mississippians aged 55 and older who are currently receiving services through the Planning and Development District Area Agencies on Aging service areas (AAAs). We will call this group **Population A**.

We will collaborate with MDHS to review and finalize updated versions of adult and aging services network assessment surveys to determine the met and unmet needs of Population A.

In **Approach #1**, we will initiate telephonic contact no more than once per day for a total of three days.

- **Population A** = MS residents 55+ currently receiving services
- **Population B** = MS service providers
- **Population C** = MS residents 55+ waiting for services

While telephonic engagement has been the traditional method for conducting surveys, implementing a second, more innovative, approach could yield a higher response rate. A greater response to network surveys would result in a wider range of citizen feedback, providing MDHS and its provider network with a more comprehensive perspective of Population A. Therefore, where participant data and capacity are available, we will initiate a second approach concurrently with Approach #1.

In **Approach #2**, we will disseminate web-based surveys. Using the information obtained from MDHS, where email addresses are available or can be provided, we will create an email distribution list. We will use the list to email surveys to citizens. As with the telephonic process, a [redacted] team member will monitor responses via the web application and reconcile them with the sample list at large.

As web-based surveys are completed, [redacted] will reconcile reports and remove participants from the call list. We will implement quality control measures to monitor the data collection process using tools that include programs from Microsoft® (MS) Office Suite, as shown in Table 2.

Table 2. Quality Control Measures to Monitor Data Collection in Population A

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<b>Response rates</b>
<ul style="list-style-type: none"> <li>• Use Excel to track the number of completed and uncompleted telephonic surveys</li> <li>• Use Excel to track the number of returned and unreturned web-based surveys</li> </ul>
<b>Reconciliation of daily call logs</b>
<ul style="list-style-type: none"> <li>• Create daily contact threshold logs to track the number of citizens who could not be engaged after three attempts</li> </ul>
<b>Information Integrity</b>
<ul style="list-style-type: none"> <li>• Use MS Office Suite tools to support the efficiency and fidelity of data collected</li> <li>• Use protocol developed by the [redacted] BIIT to establish data integrity methods and controls</li> </ul>

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### 2.1.1 Statewide Telephonic Survey to at Least 3,000 Mississippians Aged 55 and Older

[redacted] will administer the MDHS DAAS Adult and Aging Services Network Assessment Survey via telephone to 3,000 people in Population A. Section 2.7 describes how our survey approach provides accurate results.

### 2.1.2 Statewide Telephonic Survey Combining Ten Sets of 300 Participants from Each of the Ten AAAs

[Ref. RFP § 2.2(B),1.b]

b. Combine ten (10) sets of random samples of 300 participants from each of the ten (10) Planning and Development District Area Agencies on Aging (AAA) service areas

█'s BIIT will support █'s project team members to implement quality control measures with fidelity, using information from MDHS to survey a random sampling of 300 participants from each of the ten AAAs.

### 2.1.3 Statewide Telephonic Survey with Over-Sample of Minority and Rural Populations

[Ref. RFP § 2.2(B),1.c]

c. Random sample with over sample of minority and rural populations

█'s survey team will call program participants representing an equitable over-sampling of minority and rural program participants. We will call no more than once per day for a total of three days to initiate and complete the survey.

### 2.1.4 Statewide Telephonic Survey, Attempting Contact at Least Three Times, Once per Day

[Ref. RFP § 2.2(B),1.d]

d. Telephonic contact shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall notate and no longer contact the person.

█'s survey team will call program participants (**Population A**) and citizens on the waiting list for services (**Population C**) no more than once per day for a total of three days to initiate and complete the surveys. We will maintain contact threshold logs to track the number of citizens we could not engage after three unsuccessful attempts. Once we reach the maximum number of attempts, we will replace the citizen's name on the list.

## 2.2 Statewide Assessment of Projected Needs for Service Providers

[Ref. RFP § 2.2(B),2]

2. Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs for service providers to include, but not be limited to, the following:

█ will use three approaches to engage Mississippi service providers, **Population B**. We will collaborate with MDHS to develop or finalize Adult and Aging Services Network Assessment Surveys. We will help MDHS form planning teams to design and prepare for provider information-gathering events and Envisioning sessions to determine service providers’ projected needs.

In **Approach #1**, we will initiate survey dissemination to service providers via the United States Postal Service (USPS). While the USPS has been the standard means of distributing provider surveys, this project requires timely and reliable survey distribution and information collection. To mitigate issues, we will implement two additional approaches to increase the probability that providers will (1) receive the survey quickly, (2) respond, and (3) actively share their projected needs.

In **Approach #2**, we will distribute web-based surveys.

In **Approach #3**, we will convene virtual information gathering events (envisioning sessions). Our trainer facilitators will guide service providers in discussions, polling, and breakout sessions to collect information about the existing landscape and AAA projected needs.

█ will implement quality control measures to monitor the survey and event-based data collection process using MS Office Suite tools, as shown in Table 3.

Table 3. Quality Control Measures to Monitor Data Collection in Population B

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**Response rates (track the number citizens engagement by Approach #1 or #2)**

- Use Excel to track the number of completed and uncompleted USPS surveys
- Use Excel to track the number of returned and unreturned web-based surveys

---

**Use MS Office Suite tools to support efficiency and fidelity of data collected**

- Meeting Composition lists (participants):
  - All providers invited
  - All providers invited and confirmed intent to attend
  - All providers who attend engagement session
- Meetings Notes:
  - Assigned █ project team members will document meetings

**Technology:**

- Collect real-time polling results with the use of innovative software during engagement sessions
  - Collect an audio file by recording Team or Zoom sessions
-

Table 3. Quality Control Measures to Monitor Data Collection in Population B

- Use protocol developed by the [REDACTED] BIIT to establish data integrity methods and controls

### 2.2.1 Provide a Mail Provider Survey to All Service Providers as Provided by MDHS (2.2.a)

[Ref. RFP § 2.2(B),2.a]

a. Mail Provider survey to all service providers taken from the list of providers as provided by MDHS.

[REDACTED] will use the list MDHS provides to distribute the survey to **Population B** via the USPS and a web-based survey platform. We will create mailing list(s) and generate mailers that include return postage to increase the probability of responses. The hard copy surveys will include a prompt to encourage online completion of the survey.

## 2.3 Statewide Assessment of Projected Needs Among Older Mississippians Waiting for Services

[Ref. RFP § 2.2(B),3]

3. Contractor shall describe in detail its ability to provide a Statewide assessment of projected needs among those Older Mississippians on waiting lists for services to include, but not be limited to, the following:

[REDACTED] will use two approaches to engage older Mississippians on waiting lists for services provided by AAAs, **Population C**. We will collaborate with MDHS to develop and finalize the surveys to determine Population C's projected needs. We will disseminate the surveys using the following two methods.

In **Approach #1**, we will initiate telephonic contact no more than once per day for a total of three days.

In **Approach #2**, we will initiate the electronic distribution of web-based surveys. Using the information MDHS provides, where email addresses are available or can be provided, we will create an email distribution list. We will then use that list to email surveys to citizens. As with the telephonic process, a team member will monitor responses via the web application and reconcile responses with the sample list at large. As web-based surveys are completed, we will reconcile reports and remove participants from the "call" list. [REDACTED] will implement quality control measures to monitor the data collection process using tools that include programs from MS Office Suite, as shown in Table 4.

Table 4. Quality Control Measures to Monitor Data Collection in Population C

**Response rates**

- Use Excel to track the number of completed and uncompleted telephone surveys
- Use Excel to track the number of returned and unreturned web-based surveys

**Reconciliation of call logs**

- Create contact threshold logs to track the number of citizens who could not be engaged after three attempts

**Information integrity**

- Use MS Office Suite tools to support the efficiency and fidelity of data collected
- Use protocol developed by the [REDACTED] BIIT to establish data integrity methods and controls

**2.3.1 Telephone Survey of Citizens on the Waiting List for Services Provided by the Directors of the State’s AAs**

[Ref. RFP § 2.2(B),3.a]

a. Conduct one telephone survey of citizens on the waiting list for services provided by the directors of the state’s ten (10) Planning and Development Districts Area Agencies on Aging.

[REDACTED] will administer the finalized MDHS DAAS Adult and Aging Services Network Assessment Survey to Mississippians aged 55 and older who are on the waiting list for services, **Population C**, via telephone as we describe above.

**2.3.2 Statewide Telephonic Survey, Attempting Contact at Least Three Times, Once per Day**

[Ref. RFP § 2.2(B),3.b]

b. Telephonic contact with a waiting list Older Mississippian shall be attempted three (3) times; once per day. If after the third attempt no answer is received, Contractor shall document the attempted telephonic contact and then resume attempts to contact another participant from MDHS provided list.

[REDACTED] will call citizens on the waiting list for services no more than once per day for a total of three days to initiate and complete the surveys. We will maintain contact thresholds logs to track the number of citizens who could not be engaged after three attempts.

## 2.4 Statewide Assessment of COVID Inquiries for Impact to Participants

[Ref. RFP § 2.2(B),4]

4. Contractor shall describe in detail its ability to provide a Statewide assessment of COVID inquiries for impact to participants (current participants and waiting list participants) to include, but not be limited to, the following:

- a. Has participant or family member contracted COVID?
- b. Does participant have any needs as it relates to COVID?

Our BIIT has provided technical assistance to states and other jurisdictions to assist with coordinated responses to COVID-19. BIIT's work positions ■■■ to develop and or review a comprehensive list of questions that examine how Mississippi's 55-and-older population is navigating the pandemic. ■■■ will include COVID-19-focused questions in the finalized version of the survey that will disseminated to **Populations A and C**.

## 2.5 Analysis of Social and Economic Variables

[Ref. RFP § 2.2(B),5]

5. Contractor shall describe in detail its ability to provide an analysis of social and economic variables taken into consideration which include, but are not limited to, the following:

- a. age, sex, income, residential setting (i.e., rural/urban/suburban), type of dwelling, lifestyle, volunteer work, employment, voting, family, relatives, health status, service awareness, AAA awareness, specific service need, meal contributions, contentment, legal assistance, transportation, crime, mistreatment/ abuse, loneliness.

■■■'s BIIT has skilled survey design specialists experienced in developing survey procedures, analyzing results, supporting interviewers, tracing respondents, and managing data quality. Our BIIT is well-versed in conducting multimodal surveys, combining in-person, telephone, mail, and web-based methods that are increasingly required for successful data collection projects, including with this demographic. Additionally, our team understands how to apply these survey methodologies to data collection projects involving a broad range of respondent populations, including age, gender, income, residential setting (i.e. rural, suburban, and urban), dwelling type, lifestyle, volunteer work, employment status, voting history, family, relatives, health status, service awareness, AAA awareness, specific service need, meal contributions, contentment, legal assistance, transportation, crime, mistreatment or abuse, loneliness, racial or ethnic minority groups, and respondents with limited or no English language skills.



Based on the survey data from **Populations A and C**, [REDACTED] will show the proportions of the older citizens who are receiving different services and those with unmet needs in each of the ten AAAs. We will further analyze the data through bivariate analysis and multivariate correlational methods by considering the correspondents’ social and economic attributes, including age, gender, income, residential areas, health, family structure, AAA service awareness. The bivariate analysis, which we will present in tables and graphs, will indicate whether and how the service needs of the participants vary significantly across the subgroups defined by demographic and social economic status. Available state NAMRS or APS data might provide additional or comparative detail.

[REDACTED] reports validated issues that had been raised by both the State and the Counties. [REDACTED], as an independent third party, did a good job of capturing both perspectives.”

The multivariate analysis will further refine our examination by including all relevant factors in our analysis. It will help identify the most salient protective and risk factors affecting service needs, such as health, residential setting, income, lifestyle, and family connections.

We anticipate conducting the analysis and presenting our results in tables and charts using specialized software including MS Excel, Statistical Analysis System (SAS), Power Business Intelligence (BI) Geographic Information System (GIS) mapping tool, etc.

## 2.6 Representation of All Ten Area Agencies on Aging

[Ref. RFP § 2.2(B),6]

6. Contractor shall describe in detail its ability to provide Representation of ten (10) AAA. Statewide Needs Assessment data shall be submitted that includes data from ALL ten (10) Area Agencies on Aging. Representation of all AAAs means the Contractor will be provided with all participants from all Planning and Service Areas (by MDHS) and the Contractor is required to survey participants from each planning and service area.

[REDACTED] will use the list of ten AAAs provided by MDHS in the following ways: to confirm, track, and reconcile “respondents” and “attempted respondents,” as well as “confirmed participants” and “invited participants” for inclusion and equitable surveying and engagement representation. The AAA designations will be used as an identifier for each of the three populations:

1. Older Mississippians currently participating in services (**Population A**)
2. Current service providers (**Population B**)

3. Older Mississippians on the services waiting list (Population C)

## 2.7 Accurate Analysis and Assessment

[Ref. RFP § 2.2(B),7]

7. Contractor shall describe in detail its ability to provide an analysis/assessment reflecting a margin of error no greater than 5%.

The minimum sample size for estimating population proportions, such as in this statewide assessment of current and unmet needs, within a margin of error no more than five percent, can be calculated with the equation:

$$n = (z/M)^2 p(1-p)$$

where  $M$  is the margin of error and  $p$  is an estimated value of the proportion. For a margin of error  $M=0.05$ , the minimum sample size can be found at  $p=0.5$  (most conservative), then:  $n = (1.96/0.05)^2 0.5(1-0.5) = 385$ . That is, with a minimum sample size of 385, we can construct a 95 percent confidence interval for any proportions of residents with various current and unmet needs of the elderly with a margin of error equal or less than five percent.

█'s BIIT provides further accuracy and innovation.

With a statewide sample of 3,000 respondents, we can achieve more accuracy (less than five percent margin of error) in the assessment of the current and unmet needs of older Mississippians. We can gain similar accuracy with bivariate subgroup analysis, in which we assess the respondents' needs with different demographic, social, and economic characteristics such as gender, ethnicity, residential setting, income, and health status.

As the sample in each the ten AAA areas is only 300, not all the AAA-specific assessments of current and unmet needs can achieve the margin of error five percent. However, since the sample size we calculated is based on the conservative method ( $p=0.5$ ), we expect that some proportion estimates (i.e.,  $p < 0.3$  or  $p > 0.7$ ) can achieve better precision within the margin of error of five percent.

█'s statistical analysis tools, such as SAS and Stata, can provide the assessment with clear documentation of the margins of error.

## 2.8 Draft Report for DAAS Review

[Ref. RFP § 2.2(B),8]

8. Respondent shall describe in detail its ability to provide a draft report (must include graphs and charts) for DAAS' review and approval before final report is submitted.

brings recent experience to this adult and aging services systems work. Because we understand the landscape, we can better understand the existing network of providers, current needs of those being served, and projected needs of those who might be served in Mississippi. Our previous engagements have educated us about how needs can span services, just as services often need to share information to better serve clients.

The information we gather, through telephonic, mailed, web-based surveys, and virtual service provider engagement or envisioning sessions, will allow us to produce a precise

“They held listening sessions, showcased good work, and looped in county officials before the final report was issued. County officials and stakeholders knew they had input, felt involved in the process, and recognized that the recommendations were impartial. Ultimately, in response to everyone’s feedback, they reduced the number of recommendations and reframed some to provide clearer direction and priorities.”

assessment of Mississippi’s Adult and Aging Services Network. This assessment might include aging and adult services opportunities and areas for improvement, investment, and innovation. Additionally, our report will specify in detail (through narrative and charted data) the articulated needs of Mississippi’s older citizens being served now, those on waiting lists, and the providers who serve them.

Our team has extensive experience in assessing system strengths and opportunities for improvement, identifying root causes of complex problems, providing recommendations for enhancements, and planning for successful implementation and oversight. We also deliver plans designed to inform and supplement other aspects of an agency’s work, such as federally required state plans and program improvement plans. We detail this experience providing similar such reports in Section 3, Corporate Experience and Capacity. We are prepared to provide MDHS with the requested draft report, and we include examples of previous reports we have provided in Section 3.1.

## 2.9 Needs Assessment Reflecting Increase or Decrease in Services Based on Projected Older Adult Population

[Ref. RFP § 2.2(B),9]

9. Respondent shall describe in detail its ability to provide The Needs Assessment that shall reflect an increase in services or decrease based on projected population of older adults using empirical data.

We will analyze the information we collect through NAMRS, surveys, and other engagements and use it to formulate comparison data and highlight system trends. We will

focus on service utilization rates, stakeholder engagement, and the specific needs of large and sub-populations within Mississippi's Adult and Aging Services Network. Our report will include dynamic visual illustrations to convey details of our results.

## 2.10 Formal Written Report

[Ref. RFP § 2.2(B),10]

10. Respondent shall describe in detail its ability to provide a formal written report (must be in Word and PDF format).

We have the technological capabilities to prepare and submit draft and final formal written reports in MS Word and Portable Document Format (PDF). Using our available technology, the project team and BIIT will collaborate to blend quantitative and qualitative data with clear and concise narrative into a comprehensive report. We will be able to present the Mississippi Adult and Aging Services Network's to-date status clearly. The report will reflect both current and future, met and unmet needs of Mississippi's Population A, Population B, and Population C. Our internal quality control process includes successive internal reviews to check for clarity and understanding prior to submission. Our proposed project schedule reflects a submission date for the final report before RFP-required date.

## 2.11 Raw Data in Excel Format

[Ref. RFP § 2.2(B),11]

11. Respondent shall describe in detail its ability to provide raw data in Excel format.

█ has access to the full MS Office Suite, including Excel, and additional tools to capture data. Our BIIT will support the project team with the technological capabilities to transfer information captured through telephonic, USPS, web-based surveys, and in-person engagement into Excel spreadsheets, tables, and workbooks. Our Information Technology policy is to store files securely, per detailed data security storage protocols. We can make the Excel sheets containing survey and other gathered information available to MDHS upon request.

## 2.12 Meeting Facilitation with MDHS to Review Draft Report and Supporting Data Before Final Submission

[Ref. RFP § 2.2(B),12]

12. Respondent shall describe in detail its ability and approach to facilitate a meeting with MDHS to review draft report of Needs Assessment and any supporting data before final submission.

We facilitate meetings using an inclusive and engaging approach that increases effectiveness and follow-through after the meeting. Our proposed project manager is trained in the Institute of Cultural Affairs Technology of Participation (ToP) facilitation methods. ToP methods emphasize a shared vision while identifying and acknowledging the barriers to implementation. To guide meetings, we use pre-distributed agendas with clear action items, roles, and responsibilities. We also send work products that need to be considered jointly in advance. Meetings can be virtual or in-person, depending on availability and safety protocols, though we understand that MDHS would like to hold these review meetings in person. ■■■, in collaboration with MDHS, will develop a reporting schedule for draft and final report submission and discussion.

**PUBLIC KNOWLEDGE – FILE FOLDER 4 – MANAGEMENT DATA NOT REDACTED  
PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE 06/25/21)**

Proposal to:  
Mississippi Department of Human Services

For:  
Division of Aging and Adult Services  
Needs Assessment

TAB 4 or FILE FOLDER 4:  
Management Data

In response to RFP #20210511 DAAS Needs Assessment  
(RFx #3180001360, #3120002223)

June 11, 2021, 2:30 PM CT



# 1 Management Summary

[Ref. RFP § 4.3.A.1]

Management Summary: Complete Attachment A indicating the underlying philosophy of the firm in providing the service and also includes: organization name, DUNS number, physical address, contact name and title, phone number, fax number, and email address. This Attachment must be signed by the person authorized to represent the respondent. (include Attachments A - C in this section of your response)

Attachment A, Proposal Cover Sheet with Certifications and Assurances, Attachment B, Debarment Verification Form, and Attachment C, Proprietary Information Form in this section.

Remainder of page left blank intentionally.





# 1.1 Attachment A: Proposal Cover Sheet

**ATTACHMENT A  
PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES**

Organization Name: Public Knowledge®

Organization's Physical Address: 600 Airport Rd., Lakewood, NJ, 08701-5995

Organization's Mailing Address: 600 Airport Rd., Lakewood, NJ, 08701-5995

Organization's Principal Place of Business: United States

Organization's Place of Performance of Services (if different): NA

Contact Person's Name: Stacey Obrecht

Contact Person's Title: President

Contact Person's Phone No.: (307) 287-8941

Contact Person's Fax No.: (720) 684-5571

Contact Person's Email Address: sobrecht@pubknow.com

Tax I.D. Number: 91-1439347

DUNS Number: 11-177-6852

Age of business: 34 years      Average number of employees over the past three (3) years: 60

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned \_\_\_\_\_ Women-Owned \_\_\_\_\_

Indicate the underlying philosophy of the firm in providing the services required within this solicitation: We perform independent program evaluations, organizational reviews, readiness assessments, and needs assessments. Our assessments provide an understanding of root causes, strengths, barriers, and a realistic path forward to meet a specific challenge or to begin planning for a specific initiative. Needs assessments and feasibility studies to support alternative comparison are especially useful when your path forward is unclear.



By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at its own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it **has not** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
9. **REPRESENTATION REGARDING GRATUITIES**  
The Contractor represents that it **has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.
10. **INDEPENDENT PRICE DETERMINATION**  
The respondent certifies that the prices submitted in response to the solicitation **have** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.



**11. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING  
CONTINGENT FEES**

The prospective Contractor represents as a part of such Contractor's proposal that such Contractor **has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** Public Knowledge®

**Printed Name and Title of Representative:** Stacey Obrecht, President

**Signature/Date:**  June 8, 2021

*Note: Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.*



## **1.2 Attachment B: Debarment Verification Form**

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ATTACHMENT B  
DEBARMENT VERIFICATION FORM

Subgrantee's/Contractor's Name	Public Knowledge®
Authorized Official's Name	Stacey Obrecht
DUNS Number	11-177-6852
Address	600 Airport Rd., Lakewood, NJ, 08701-5995
Phone Number	(732) 942-3999
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	No

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

Federal Debarment Certification:

By signing below, I hereby certify that Public Knowledge® is not on the list  
(Subgrantee's Name/Contractor's Name)  
for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

State of Mississippi Debarment Certification:

By signing below, I hereby certify that Public Knowledge® is not on the list  
(Subgrantee's Name/Contractor's Name)  
for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

Partnership Debarment Certification:

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

  
\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

June 8, 2021  
Date



## **1.3 Attachment C: Proprietary Information Form**

Remainder of page intentionally left blank.

ATTACHMENT C  
PROPRIETARY INFORMATION FORM


The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. *If this is not applicable, please indicate with "N/A" below.*

1. All Financial Information: Section 8.2 and Appendix C
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

  
\_\_\_\_\_  
Signature of Authorized Official/ Title  
*(No stamped signature)*

June 8, 2021  
Date



## 2.13 Detailed Project Management and Work Plan

[Ref. RFP § 2.2 A]

Project Management – MANAGEMENT FACTOR (NOT REDACTED)

Respondent shall provide an overall Project Management Plan detailing its approach in developing a final report to MDHS DAAS for utilization within the Mississippi State Plan for Aging and Adult Services. Respondent's Project Management Plan shall include, but not be limited to the following:

1. Detailed timeline outlining ability to meet the project tasks as further described in Sec. 2.2(C) of this RFP. Timeline description may include unique or innovative approaches to accomplishing project deliverables;
2. Description of dedicated resources to include, but not be limited to, number and qualifications of personnel and other resources utilized to provide required deliverables as outlined in Sec. 2.2(B) of this RFP; and
3. Description of respondent's prior efforts to provide this type of data, analysis, and report (or similar data, analysis, and report) to another governmental agency/entity to include how those prior efforts will benefit MDHS for this project.



## 2.13.1 Detailed Project Timeline

2.2(A),1. Detailed timeline outlining ability to meet the project tasks as further described in Sec. 2.2(C) of this RFP. Timeline description may include unique or innovative approaches to accomplishing project deliverables.

### C. Timeline - MANAGEMENT FACTOR (NOT REDACTED)

Respondent shall describe in detail its ability to meet the below projected timeline for various aspects of projects:

• Project Tasks	Anticipated Duration
• Statewide assessment of current and unmet need	7 weeks
• Statewide assessment of projected need for service providers	3 weeks
• Statewide assessment of projected needs among those on waiting lists for services	2 weeks
• Analysis and initial report drafting	1 month
• MDHS/DAAS review of draft report	2 weeks
• Final report drafted and published	1 month

The above projected timeline may be adjusted upon contract award only upon prior written approval from MDHS.

We have estimated our proposed timeline of project activities for the DAAS Needs Assessment based upon the project timeline provided in the RFP #20210511 DAAS Needs Assessment (RFx #3180001360, 3120002223), Section 2.2.C.

Figure 2 provides the proposed project timeline, upon which we will build further with MDHS DAAS input. As noted above, our proposed schedule reflects a final report submission date preceding the RFP-required date.



Figure 2. Proposed Project Timeline



### Project Management

To manage client projects, we supplement the Project Management Institute’s (PMI) Project Management Body of Knowledge (PMBOK) guidelines with our proprietary DitDah™ Method.

“It was very reassuring that during the first six months I had almost daily contact with Public Knowledge® staff, who took a hands-on approach to shared project management.”

~North Carolina State DHHS Leader

Our methodology is named after the dots (Dits) and dashes (Dahs) of Morse Code, which revolutionized communication and business practices and bridged gaps of time and space to bring people together. The DitDah™ Method strengthens PMBOK’s task-based approach to project strategy with a focus on the people side of projects through

strategic partnerships, healthy project teams, and individual contributions. We also draw on more than 30 years of project management experience to customize and improve on PMBOK’s performance reporting techniques and repeatable project management processes.



Figure 3. PK DitDah™ Method



**Strategic Partnerships.** Focusing on client and stakeholder relationships builds the trust needed to make informed decisions and resolve issues quickly. We communicate clearly and regularly, and we use a collaborative consulting approach, involving the right people at the right time.

**Healthy Project Teams.** Attending to team dynamics, behaviors, and relationships increases project efficiency and quality. We use participative facilitation methods and other collaborative tools and processes to build effective internal, client, and joint project teams.

**Individual Contributions.** Building personal capacity fosters innovation, creative problem solving, and team effectiveness. We promote individual growth through regular feedback, coaching, mentoring, one-on-one meetings, and opportunities for professional development.

**Predictive Performance Reporting.** Data-driven project monitoring, measuring, and reporting helps our clients make informed and strategic decisions. We supplement PMBOK's approach with additional industry-leading data tools and techniques to provide accurate and predictive project insight.

**Repeatable Project Management Processes.** A well-defined strategy and rigorous application of sound processes keeps projects on track to achieve the desired outcomes. We adapt our proven tools and techniques, which are rooted in PMBOK best practices, to meet each client's unique needs.

Table 5 outlines our specific project management tasks.



Table 5. Project Management

<b>Estimated Hours</b>	200 hours total, disbursed across the project
<b>Expected Duration</b>	October 4, 2021 to March 21, 2022
<b>Representative Activities</b>	<p><b>PMI Phases 1 and 2 (Initiate and Plan):</b>  <b>Monday, October 4, 2021 – Friday, October 15, 2021</b>  (1) Mississippi Older Adults Needs Assessment and Waiting List Survey, (2) Contact List for AAAs, (3) Map of Service Areas, (4) 2011 Mississippi Needs Assessment, and (5) Most Recent Mississippi Division of Adult and Aging Services State Plan</p> <ul style="list-style-type: none"> <li>• Convene and facilitate an in-person kickoff meeting to: (1) define project scope; (2) schedule; (3) deliverables; and (4) protocols for status reporting and deliverable submission</li> </ul> <p><b>PMI Phase 3 (Execute):</b>  <b>Monday, October 18, 2021 – Friday, March 18, 2022</b></p> <ul style="list-style-type: none"> <li>• Execute project management plan (conducting surveys, data analysis, and drafting and developing draft and final reports</li> </ul> <p><b>PMI Phase 4 (Control):</b>  <b>Monday, October 18, 2021 – Friday, March 18, 2022</b></p> <ul style="list-style-type: none"> <li>• Weekly internal sync meetings</li> <li>• Data integrity huddles with BIIT</li> <li>• Check in meetings with MDHS DAAS contact(s)</li> </ul> <p><b>PMI Phase 5 (Close):</b>  <b>Monday, March 21, 2022 – Thursday, March 31, 2022</b></p> <ul style="list-style-type: none"> <li>• Verify MDHS DAAS has received the final report</li> <li>• Confirm that PK has met the terms of the written agreement and finalize outstanding issues</li> </ul>
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Confirmation of required documents</li> <li>• Kickoff meeting agenda and minutes</li> <li>• Final timeline and task plan</li> <li>• Work products and artifacts</li> <li>• Agendas and minutes for project status meetings</li> <li>• Project plan or scope updates</li> </ul>



Table 5. Project Management

	<ul style="list-style-type: none"> <li>• Closeout letter</li> <li>• Lessons learned report</li> </ul>
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### Task 1: Surveying and Engagement

During this task, we gather the information required to develop the assessment report for MDHS DAAS. We will use several approaches to extract information from the three targeted populations.

Table 6. Surveying and Engagement

<b>Estimated Hours</b>	870 hours
<b>Expected Duration</b>	October 18, 2021 to January 7, 2022
<b>Representative Activities</b>	<ul style="list-style-type: none"> <li>• Receive data representing Populations A, B, and C from MDHS (PK BIIT)</li> <li>• Work with MDHS point(s) of contact to develop or finalize survey questions</li> <li>• Submit survey questions to MDHS for review and approval</li> <li>• Extract a sample, with an over-representation of minority and rural citizens, and compile into lists for survey engagement</li> <li>• Conduct telephonic and web-based surveys, using established and validated collection methods, to Populations A and C</li> <li>• Prepare hard copy survey for distribution via the USPS to Population B (PK surveyors)</li> <li>• Convene team to plan for virtual engagement of service providers (PK project manager)</li> <li>• Conduct internal sync meetings</li> <li>• Hold collaborative planning meetings with MDHS project points of contact</li> <li>• Facilitate of Envisioning sessions</li> </ul>
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• The PK project team members will facilitate two two-hour collaborative planning meetings with MDHS points of contacts.</li> <li>• The PK project team will hold 12 one-hour internal planning and sync meetings.</li> </ul>



Table 6. Surveying and Engagement

	<ul style="list-style-type: none"> <li>• The PK project team will facilitate one two-hour Envisioning session with MDHS points of contact and representation from all ten AAAs.</li> </ul>
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Survey Questionnaire: Telephonic interview guide tool</li> <li>• Survey Questionnaire: Web-based</li> <li>• Survey Questionnaire: Mailer (hard copy)</li> <li>• Meeting agendas</li> <li>• PowerPoint Presentations</li> <li>• Meeting notes</li> </ul>

### Task 2: Analysis and First Report Draft

The PK project team will collaborate with the BIIT to implement fidelity quality control measures during the surveying phase of this project. When the surveys are complete, BIIT will analyze the data, identify trends, and provide varied presentation styles to convey feedback from the targeted populations. The project manager and other team members will prepare the first draft report for submission to MDHS DAAS.

Table 7. Analysis and First Report Draft

<b>Estimated Hours</b>	160 hours
<b>Expected Duration</b>	November 8, 2021 to Monday, February 7, 2022
<b>Representative Activities</b>	<ul style="list-style-type: none"> <li>• Use MS Office Suite tools to collect survey information</li> <li>• Gather information daily</li> <li>• Hold data collection integrity and control meetings at 3, 6, 9, 12 weeks during the surveying phase (BIIT meets with project team)</li> <li>• Evaluate data integrity and collection and trend analysis (Project Manager and BIIT)</li> <li>• Review all information collected at end of survey phase</li> <li>• Commence data charting and graphing</li> <li>• Prepare a draft of report</li> <li>• Submit draft report to MDHS DAAS</li> </ul>
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• PK BIIT and project teams will hold four one-hour data integrity, collection, and analysis meetings.</li> <li>• BIIT's Christoph Hansel and Lijun Chen will spend two days analyzing and reviewing data.</li> <li>• The PK project team will write a draft report.</li> </ul>
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Submission of draft report</li> </ul>

### Task 3: Final Report

During this stage, we will review comments and engage MDHS DAAS point(s) of contact regarding revisions to the draft report.

Table 8. Final Report

<b>Estimated Hours</b>	80 hours
<b>Expected Duration</b>	February 21, 2022 to March 21, 2022
<b>Representative Activities</b>	<ul style="list-style-type: none"> <li>• Review returned draft from MDHS DAAS point(s) of contact for comments</li> <li>• Convene project team for revisions to report</li> <li>• Convene BIIT for revisions to data presentation</li> <li>• Submit report for internal review and approval</li> <li>• Submit final report to MDHS DAAS</li> </ul>
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• PK will hold two one-hour check-in meetings with MDHS DAAS points of contact.</li> <li>• PK will hold four one-hour internal project team sync meetings.</li> </ul>
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>• Close-out Meeting</li> <li>• Submission of Final Report</li> </ul>

#### 2.13.2 Dedicated Resources to Provide Required Deliverables

[Ref. RFP § 2.2(A),2]

2. Description of dedicated resources to include, but not be limited to, number and qualifications of personnel and other resources utilized to provide required deliverables as outlined in Sec. 2.2(B) of this RFP;

PK has assembled a strong team for this project, a unique combination of seasoned consultants with rich human and social services knowledge and analytical expertise. Team members have worked on adult and aging services projects in the past or are currently engaged in work in Mississippi. Collectively, the project team and BIIT bring hands-on experience tailored to aging services, assessment projects, system reviews, and leadership engagement. We present greater detail on staff qualifications and proposed responsibilities in Section 4, Personnel, and in Appendix B, Resumes.



### **2.13.3 Prior Efforts to Provide This Type of Data, Analysis, and Report to Another Governmental Agency or Entity**

[Ref. RFP § 2.2(A),3]

3. Description of respondent's prior efforts to provide this type of data, analysis, and report (or similar data, analysis, and report) to another governmental agency/entity to include how those prior efforts will benefit MDHS for this project.

PK has provided this type of work for multiple other state and county agencies both recently and over our 30-year history. The relevant experience of our firm and our proposed staff allows us to move quickly and efficiently, as the requested schedule requires. It also means that we can anticipate issues or questions, communicate fully, and use proven methods to resolve issues quickly. We discuss our specific project experience in detail in Section 3, Corporate Experience and Capacity, next.



### 3 Corporate Experience and Capacity

[Ref. RFP § 4.3.A.3]

Corporate experience and capacity: Describe the experience of the firm in providing the service, give number of years that the service has been delivered, and provide a statement on the extent of any corporate expansion required to handle the service.

PK has spent 30 years conducting organizational assessments and reviews for a range of state, county, and local human services agencies. Our recent experience for the State of North Carolina spanned the capacity of the social services program, including Aging and Adult Services (AAS), and the child welfare program. We conducted assessments and created preliminary and final reports offering recommendations for reform. North Carolina has since engaged us in additional contracts to help AAS with further visioning and practice standards and to begin implementation of our recommendations for child welfare. Our recent experience spans the United States. Nebraska; Louisiana; and Mendocino, Santa Clara, San Joaquin, and Yolo Counties in California have asked us to return, even years later, to provide additional assessment services.

- PK has recent relevant experience
- PK knows assessment work
- PK knows Mississippi

“Public Knowledge® was successful because of the expertise they brought to the table. They brought the best of both worlds—consultants who had national expertise but also people who understood the complexities of our state and local system and our operational nuances.”

~North Carolina State DHHS Leader

We have spent the past 12 years working with the State of Mississippi, in continuing contracts for the Department of Child Protection Services (DCPS). We first helped DCPS create a practice model for the child welfare program, and we are now helping to implement that as part of a reform process.

A selection of relevant project examples follows. We are pleased to provide further information or additional examples upon request, and we include links to work examples in Section 3.1.



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
<p><b>North Carolina Aging and Adult Services</b></p> <p>North Carolina Department of Health and Human Services, Division of Aging and Adult Services</p> <p>9/2020 to 2/2021</p>	<p>During unprecedented challenges brought on by the COVID-19 epidemic, PK provided support services to the North Carolina Aging and Adult Services (AAS) programs in the Department of Health and Human Services (DHHS). Support services included:</p> <ul style="list-style-type: none"> <li>• Reviewing and assessing AAS reports, case findings, curriculum and training documents, and other available documentation</li> <li>• Reviewing staffing and caseload data to identify gaps in services</li> <li>• Planning and facilitating a two-day envisioning session to explore challenges and opportunities and to develop specific recommendations for strategies for improvement</li> <li>• Administering surveys to gather information associated with service delivery to adults at risk</li> <li>• Facilitating working sessions with DHHS staff and program leaders to focus on challenges and initial recommendations to improve service delivery to adults at risk</li> <li>• Developing a final report to serve as an action plan detailing opportunities, challenges, and recommendations</li> </ul>
<p><b>North Carolina Social Services Reform and Child Welfare Reform Plans</b></p> <p>North Carolina State Office of Budget and Management; Division of Social Services, Department of Health and Human Services</p> <p>3/2018 to 7/2020</p>	<p>Beginning in 2018, PK (formerly known as (f.k.a.) CSF) conducted a comprehensive review of North Carolina’s social services and child welfare systems and developed recommendations as set forth in SL2017-41 [House Bill 630], a broad social services reform. This included Aging and Adult Services, Child Support, Child Welfare, Food and Nutrition Services (SNAP), and Work First (TANF). The assessment included both individual and group interviews, surveying North Carolina’s 100 counties, and analyzing staffing and salaries for all 100 counties providing social services locally. PK has</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	<p>continued to provide the North Carolina DHHS implementation support to</p> <ul style="list-style-type: none"> <li>• Develop a publicly available data dashboard</li> <li>• Conduct an analysis and create a set of recommendations related to Aging and Adult Services</li> <li>• Maximize child welfare financing, develop a statewide practice model, and engage a broad array of stakeholders into the improvement process</li> </ul>
<p><b>Nebraska Child Welfare Assessment</b> Nebraska Division of Child and Family Services 12/2019 to 3/2021; 8/2021 to 12/2012</p>	<p>Nebraska’s DHHS, Division of Children and Family Services provided a high-level assessment in a fast four-month period. PK’s work included reviewing documents, analyzing child welfare assessments and processes, identifying trends, researching organizational structures, fiscal control, and financial management, and offering recommendations on critical focus areas for the new DHHS Director of Children and Family Services. PK (f.k.a. CSF) previously provided an assessment in 2012 focusing on three aspects of the child welfare services provided by the Division of Children and Family Services to the State of Nebraska.</p>
<p><b>Mississippi Child Welfare Reform: Practice Model and Practice Model Implementation</b> Mississippi Department of Child Protection Services 2/2009 to 11/2022</p>	<p>PK has assisted DCPS (originally contracted under DHS) since 2009 in developing comprehensive statewide child welfare practice model designed to guide caseworker interventions with children and families. We are now working with DCPS on implementation. We developed and produced facilitators’ manuals, PowerPoint presentations, and practice and participant guides for six major practice model components. We are providing training, coaching, and technical assistance to the state’s regional service delivery network and are working with DCPS to implement a quality</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	improvement process including the development of valid data indicators. We have also guided DCPS in engaging stakeholders to strengthen their partnerships with community resources and have assisted in developing statewide policy governing the practice model.
<p><b>New Jersey Child Welfare System Innovation/Alia</b> New Jersey Department of Children and Family Services/Alia 11/2019 to 12/2024</p>	Under this project, PK is assisting New Jersey Child Welfare through Alia to completely reform the state’s approach to providing child welfare services through innovation and partnering.
<p><b>Tennessee Child Welfare Redesign</b> Tennessee Department of Children's Services/Casey Family 1/2019 to 12/2021</p>	PK is assisting the Tennessee Department of Children’s Services to implement and evaluate their Child Protective Services redesign of response to reports of child abuse and neglect, particularly from mandated reporters. We are using the evaluation to guide the state in its goal to reducing foster care entries.
<p><b>Missouri Child Welfare Redesign</b> Missouri Department of Children's Services/Casey Family 1/2019 to 12/2021</p>	PK is providing consultation and technical assistance to support a multi-system approach in Missouri to enhance understanding and implementation of a new service array supportive of the Family First Prevention Services Act (FFPSA) and Qualified Residential Treatment Program (QRTP) requirements. This includes facilitating a public-private partnership for strategic planning, including the Missouri Children’s Division, service providers, and the judiciary and court system.
<p><b>Louisiana Good Support Assessment</b> Louisiana Support Enforcement Services 4/2021 – 9/2021</p>	PK is assessing a Louisiana child support family-centered program, “Good Support,” currently operating in one parish, to determine its effectiveness. PK will also assist the child support



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	agency with program expansion planning, should the agency decide to expand the program.
<p><b>Louisiana Child Support Enforcement Operational Assessment 2020 (A Policy Framework for Family-Centered Child Support Services)</b></p> <p>Louisiana Support Enforcement Services</p> <p>9/2020 – 2/2021</p>	<p>Funded by the Kresge Foundation, the State of Louisiana hired PK to do an operational assessment to provide family-centered policy recommendations and serve as a roadmap for a ‘whole family’ child support program model. PK produced a final report with recommendations drawn from best practices in whole-family and two-generation approaches to child support service delivery. It was also based on a review of DCFS’ current state policies, practices and available state and federal IV-D performance data. PK gathered and analyzed qualitative feedback from various IV-D stakeholders, including child support customers, judicial and district attorneys, community partners and other social service organizations. The final report recommendations included data collection, analysis, and performance monitoring to inform DCFS plans to modernize its child support database in the future. The report also outlined implementation steps for DCFS’ consideration as it continues to align its policies, practices, and data system to best serve all families across Louisiana effectively.</p>
<p><b>Allegheny County, Pennsylvania, Child Support Intergovernmental Case Processing Innovation</b></p> <p>Allegheny County, Pennsylvania, Family Division, Adult Section</p> <p>4/2020 to 3/2021</p>	<p>PK recently provided an assessment to help Allegheny County improve intergovernmental child support case processing. PK completed a thorough review of the Pennsylvania child support enforcement program’s interstate training, business processes, and relationships with other states.</p>
<p><b>North Dakota/Three Affiliated Tribes Intergovernmental Improvement Grant</b></p>	<p>PK recently provided an assessment to help the North Dakota improve intergovernmental child support case processing. PK completed a detailed analysis of intergovernmental cases in both North</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
<p>North Dakota Division of Child Support 2/2020 to 1/2021</p>	<p>Dakota and the Three Affiliated Tribes under a section 1115 federal grant. Our team assessed both current and historic problems in cases where one parent lives outside of North Dakota. We developed new tools and procedures to improve business processing for these cases, including increased use of technology and helping North Dakota and the Tribe implement those business processing changes. Our team also evaluated the effectiveness of the new case processing with data analytics.</p>
<p><b>Tri-County (Colusa, Sutter, and Yolo Counties, California) Child Support Services Organizational Assessment</b> Yolo County, California, Department of Child Support Services 10/2019 to 4/2020</p>	<p>PK recently completed an assessment of the Colusa, Sutter, and Yolo Counties, California, child support programs, looking for ways they could improve the services they provide the children and families in the area. Staff also helped the counties consider whether regionalizing their three operations would further improve the efficiency and effectiveness of the services the agencies provide. PK looked both within and outside California for best practices the three county agencies might want to adopt.</p>
<p><b>Mendocino County, California, Organizational Assessment</b> Mendocino County, California, Department of Child Support Services 7/2018 to 9/2018</p>	<p>The county engaged PK (f.k.a. CSF) to conduct an outside assessment of the organization and identify opportunities for improvement that a new permanent director could consider. The assessment focused on staffing and structure and required a fast-paced schedule. After conducting onsite interviews with staff, the PK team documented reporting relationships and primary job duties by position and team. We completed a needs assessment, focused on resource needs such as training. The final Assessment Report documented the “As Is” regarding the current organization and structure, as well as recommendations for Mendocino County’s consideration, based on child support industry standards from both within the</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	California child support structure and best practices from other state child support programs.
<p><b>San Joaquin County, California, Child Support Organizational Assessment Review (BPR)</b>  San Joaquin County, California, Department of Child Support Services  6/2017 to 7/2017</p>	<p>PK (f.k.a. CSF) provided a review of the San Joaquin County, California, Department of Child Support Services’ internal business assessment. This involved a review of the agency’s assessment process, alignment with department and national program goals, and how well planned activities support desired goals and outcomes. It concluded with an Envision session and written report.</p>
<p><b>California Judicial Review of Uniform Child Support Guideline</b>  Judicial Council of California Center for Families, Children and the Courts  1/2017 to 6/2017</p>	<p>The Judicial Council of California Center for Families, Children &amp; the Courts contracted PK (f.k.a. CSF) to provide a comprehensive review of the California uniform child support guideline. This was a fast-paced six-month-long research project that culminated in recommendations to the Judicial Council and the California DCSS regarding considerations for updating their child support guideline calculator. The recommendations focused particularly on low-income families involved in the child support program.</p>
<p><b>Santa Clara County, California, Operational Assessment</b>  Santa Clara County, California, Department of Child Support Services  7/2015 to 12/2015</p>	<p>PK (f.k.a. CSF) completed a comprehensive assessment of the Santa Clara County Department of Child Support Services’ operations to identify measures to create a transformed, sustainable business model aligned with agency funding that would better serve the county’s children and families. PK reviewed and documented agency policies, business processes, and workflow; evaluated effectiveness of current business operations; developed business process maps; performed a staffing analysis; reviewed industry best practices; and developed findings and recommendations to result in cost savings, improved operational efficiencies, more responsive,</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	timely customer service, while meeting all regulatory, legal, and program compliance requirements.
<p><b>Solano County, California, Child Support Business Process Review and Training</b></p> <p>Solano County, California, Department of Child Support Services</p> <p>5/2015 to 6/2015; 10/2015 to 12/2015</p>	<p>Building on the successful training on collaborative negotiations for child support, Solano County asked PK (f.k.a. CSF) to assess the processes of the court team in the county and make recommendations for enhancement to use collaborative negotiation techniques more effectively in meetings with parents in the establishment process. To assist managers and supervisors in working with staff as they implement new procedures, PK developed and delivered a special course on Collaborative Negotiations for Managers and Supervisors.</p>
<p><b>New Hampshire Quality Assurance Review of the Division of Children, Youth, and Family Services</b></p> <p>New Hampshire Division of Children, Youth, and Family Services</p> <p>3/2016 to 12/2016</p>	<p>PK (f.k.a. CSF) conducted a quality assurance review of New Hampshire’s Division of Children, Youth, and Family Services (DCYF) to better understand the practices and capacity of the Division to protect the health, safety, and life of children under its care and/or responsibility. The review focused on safety and child protection when children come to the attention of DCYF, and during the time that they remain under the care and responsibility of DCYF, including using data collected to understand practice and performance and to make recommendations based on that understanding.</p>
<p><b>Capacity Building Center for States Children’s Bureau, U.S.</b></p> <p>Department of Health and Human Services (subcontractor with ICF Inc.)</p> <p>9/2019 to 9/2024</p>	<p>The federal government funds ICF, Inc. to operate the Capacity Building Center for States, which is the primary technical assistance entity for state child welfare systems, and which replaced the former network of National Child Welfare Resource Centers funded by the federal government. PK operates under a contract with ICF, Inc., to develop technical assistance resources for state child welfare agencies to use in developing, strengthening, and operating</p>





Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	<p>their child welfare continuous quality improvement functions. PK has developed training curricula for use nationally in Continuous Quality Improvement in public child welfare agencies and provides technical assistance to state child welfare agencies seeking to improve their CQI programs.</p>
<p><b>Capacity Building Center for Courts</b>            Children’s Bureau, U.S. Department of Health and Human Services (subcontractor with American Bar Association)            8/2015 to Ongoing</p>	<p>The Capacity Building Center for Courts supports advances in child welfare practices and administration through state and tribal court improvement programs. PK provides technical assistance and training so states and tribes can better meet federal standards and requirements; improve child welfare practices; and achieve safety, permanency, and well-being outcomes for children, youth, and families.</p>
<p><b>Georgia State University Court Monitoring Project</b>            Board of Regents of the University System of Georgia by and on behalf of Georgia State University            7/2019 to 12/2025</p>	<p>PK, in partnership with other members of the Monitoring and Technical Assistance Team (MTAT) serves on the Monitoring and Technical Assistance Team (MTAT) for the “Kenny A.” Consent Decree; monitored the progress of the Department of Human Resources toward meeting the goals of the Decree; assists DHR in meeting those goals; and prepares reports detailing DHR’s progress.</p>
<p><b>Permanency Innovations Initiative Training and Technical Assistance Project (PII–TTAP)</b>            JBS International, Inc.            9/2010 to 9/2016</p>	<p>PK (f.k.a. CSF), in this subcontract with JBS International, Inc., and in conjunction with the National Implementation Research Network (NIRN), served as the PII–TTAP Team to provide integrated and coordinated training and technical assistance to the six grantees that were funded by the Children’s Bureau, Administration for Children and Families, to improve outcomes for subgroups of children that have the most serious barriers to permanency. This project’s focus was to provide training and technical assistance at the organization and systems levels to address strategic planning, infrastructure</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	development, effective collaboration, organizational and systems development, change management, leadership, and implementation science.
<p><b>Forsyth County, North Carolina, Child Support Program Performance Analysis and Assessment</b></p> <p>Forsyth County, North Carolina, Department of Social Services</p> <p>4/2008 to 6/2009</p>	<p>PK (f.k.a. CSF) completed a study to determine whether current minimum performance expectations were realistic and the causes of what appeared to be poor program performance and made specific recommendations to significantly improve program performance. As part of this study, PK conducted individual and group interviews, reviewed county performance data, analyzed the data, developed findings and recommendations, conducted a program design workshop and synthesized work in the final report.</p>
<p><b>Maryland Child Support Business Process Re-engineering</b></p> <p>Maryland Department of Human Services, Child Support Administration</p> <p>6/2013 to 1/2014</p>	<p>PK (f.k.a. CSF) was part of a team that performed an analysis of the child support program in the four metropolitan counties of Maryland to determine both short and long-term improvements in policy, process, and organization to improve the ability of the program to provide more effective and efficient services to families. The team conducted interviews and data collection in the counties, developed recommendations, analyzed impact of changes, and designed and developed material to implement recommendations.</p>
<p><b>Massachusetts External Review and Recommendations to the Department of Social Services</b></p> <p>Massachusetts Department of Social Services</p> <p>6/2008 to 12/2008</p>	<p>PK (f.k.a. CSF) worked with the Massachusetts Department of Children and Families (MA DCF) to assess child welfare practice regarding safety and risk, and the administration of these programs in the Commonwealth. The study focused on the front-end of Massachusetts’ safety system and evaluated DCF’s capacity to assess the needs of children and families who come to its attention and to provide services that address identified safety concerns. PK structured the inquiry and analysis to</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	<p>provide insight into the connections among recognized best practices in child welfare, DCF agency interventions at the safety level, and outcomes in the areas of safety, permanency, and well-being. Activities included and electronic survey PK developed in collaboration with DCF, case reviews, stakeholder interviews, review of selected data, policies, procedures and tools, and the agency’s quality assurance findings. The study generated specific recommendations that linked the findings of the study to actions that DCF can consider in pursuit of its organizational goals.</p>
<p><b>Louisiana Child Support Enforcement Evaluation and Early Intervention Implementation</b> Louisiana Support Enforcement Services 3/2005 to 3/2006; 12/2007 to 11/2010</p>	<p>PK (f.k.a. CSF) conducted a comprehensive evaluation of Louisiana’s child support program. The approach incorporated PK’s program evaluation and improvement methodology and Life of the Case review and analysis model. This included gathering and analyzing documentation concerning policies and procedures, program performance, and program budgets and funding. Project staff visited 19 state regions and district attorney offices, interviewing staff to identify issues and validate case processing and service delivery practices. The assessment phase of the project provided findings that informed program design and modeling workshops, which provided the basis for recommendations for program improvements and implementation strategies.</p> <p>Louisiana then won a federal section 1115 grant to test some of PK’s recommendations PK made in its evaluation of the Louisiana child support program. The pilot took place in the Amite district; PK served as the technical assistance contractor working with the state. PK researched policy options, recommended procedures, and assisted in implementation of an early intervention program</p>



Table 9. Recent Relevant Experience

Project, Client, Dates	Project Description
	that includes expedited court processes and incorporates technological enhancements to the current program.
<p><b>Administration for Children and Families Reorganization Assessment</b> Federal Administration for Children and Families, Department of Health and Human Services 9/2009 to 9/2010</p>	<p>PK (f.k.a. CSF) worked with LMI on a project to assess the organization and functioning of the Administration for Children and Families (ACF) in the Department of Health and Human Services. As requested by the new Assistant Secretary for ACF, Carmen Nazario, we looked at ACF’s operations, structure, processes, and competencies to see how ACF can better serve its customers. Teams surveyed and talked to ACF staff at all levels in the Central Office and in all the regional offices, and additionally interviewed stakeholders in the states and in some national organizations.</p>
<p><b>Michigan Child Welfare Practice Assessment</b> Michigan Department of Health and Human Services 1/2012 to 12/2016</p>	<p>PK (f.k.a. CSF) completed an assessment of MDHS child welfare system as it related to requirements and outcomes described in the Michigan Modified Settlement Agreement (MSA) and the Federal Child and Family Services Review Program Improvement Plan in Michigan. The methodology PK used to conduct the assessment included document review, electronic staff survey, structured interviews, focus groups, case reviews, and compilation of Continuous Quality Improvement findings. We developed and recommended strategies to improve service delivery performance and outcomes for children and families based on assessment activities and pursuant to MSA requirements. We synthesized this work into a final report including assessment findings and related recommendations for making improvements to the child welfare system.</p>



### 3.1 Work Examples

Table 10 provides links to examples of materials we produced for related projects. Because the materials were created before PK and SLI merged, the reports, courses, or surrounding narrative are identified with Center for the Support of Families or CSF, instead of PK. Many of the staff proposed for the DAAS Needs Assessment also participated on these projects.

Table 10. Work Examples

<b>North Carolina Social Services and Child Welfare Reform Plans</b>	<a href="https://www.osbm.nc.gov/stewardship-services/social-services-and-child-welfare-reform-reports">https://www.osbm.nc.gov/stewardship-services/social-services-and-child-welfare-reform-reports</a>
<b>New Hampshire Quality Assurance Review of the Division of Children, Youth, and Family Services</b>	<a href="https://www.dhhs.nh.gov/dcyf/documents/interim-staffing-rpt.pdf">https://www.dhhs.nh.gov/dcyf/documents/interim-staffing-rpt.pdf</a>
<b>California Judicial Review of Uniform Child Support Guideline</b>	<a href="https://www.courts.ca.gov/documents/lr-2018-JC-review-of-statewide-CS-guideline-2017-Fam-4054a.pdf">https://www.courts.ca.gov/documents/lr-2018-JC-review-of-statewide-CS-guideline-2017-Fam-4054a.pdf</a>
<b>Santa Clara County, California, Operational Assessment Analysis</b>	The full Santa Clara County report is not publicly available, but if you would like to see a copy, please contact Santa Clara County’s child support director, Ignacio Guerrero, <a href="mailto:ignacio.guerrero@css.sccgov.org">ignacio.guerrero@css.sccgov.org</a> .
<b>Mississippi Child Welfare Supervisory Training Modules</b>	(1) Adoption; (2) Supervisors: <a href="https://csf.articulate-online.com/3216655067">https://csf.articulate-online.com/3216655067</a> <a href="https://csf.articulate-online.com/3216631702">https://csf.articulate-online.com/3216631702</a>

## 4 Personnel

[Ref. RFP § 4.3.A.4]

Personnel: Attach resumes of all those who will be involved in the delivery of service (from principals to field technicians) that include their experience in this area of service delivery. Indicate the level of involvement by principals of the firm in the day-to-day operation of the contract.

Our team boasts human services experts who have performed work like the DAAS Needs Assessment. We are providing MDHS the best possible team: they have done the work, they

We value the partnership we have created with [PK]. Their staff is top notch and the deliverables are consistently provided in a timely manner and are of the upmost quality. [PK] staff listens to our needs and collaborates with us to provide innovative services that meet our needs and exceed our expectations.

~Veronica Riley, Assistant Director, San Joaquin County, California, Department of Child Support Services

know the questions to ask, and they know the resources and methodologies to employ.

Lamar Smith, our proposed project manager, was an experienced Well-Being Director for the Georgia Division of Family and Children Services before he joined PK. He is currently working on PK's longstanding child welfare reform project in Mississippi and he provided key facilitation sessions for PK's recent Aging and Adult Services work in North Carolina.

A snapshot of proposed staff responsibilities and qualifications follows in Table 11. Full resumes are provided in Appendix B.

Table 11. Staff Responsibilities and Qualifications


Consultant	Responsibilities	Summary of Qualifications
 Elizabeth Black, MSW Engagement Vice President	<ul style="list-style-type: none"> <li>• Ultimately accountable for project delivery</li> <li>• Completes final review and approval of formal deliverables</li> <li>• Facilitates the resolution of critical issues as requested by our project manager or MDHS</li> <li>• Facilitates executive-level information sharing</li> </ul>	Elizabeth's work has concentrated in leadership and management, public policy, and systems implementation, including implementation science-informed approaches in child welfare, family services, and social justice. She has focused on work that helps families to remain intact whenever that is possible. She



Table 11. Staff Responsibilities and Qualifications

Consultant	Responsibilities	Summary of Qualifications
<p>PK Vice President for Region 1</p>	<ul style="list-style-type: none"> <li>• Acts in an advisory role to our project manager</li> <li>• Oversees development and implementation of the approach</li> <li>• Identifies issues and risks</li> </ul>	<p>was previously the Executive Director of the Office of Child Permanency at the Tennessee Department of Children’s Services.</p> <p>Elizabeth served as PK’s team lead for conducting a review of North Carolina’s social services programs, including Aging and Adult Services, and child welfare system. The team developed recommendations as part of a broad social services reform effort and has continued providing follow-on services to the state.</p>
 <p>Lamar Smith Project Manager</p>	<ul style="list-style-type: none"> <li>• Serves as the project manager and the primary point of contact for MDHS</li> <li>• Works with MDHS and project team to prepare deliverables for review and approval</li> <li>• Manages coordination between MDHS and project team in the preparation of deliverables for review and approval</li> <li>• Facilitates cross functional work between the project team and BIIT</li> <li>• Manages the project to forecast requirements and adjustments to mitigate issues and risks</li> </ul>	<p>Lamar has been a family services and child welfare practitioner and leader for the past 20 years with experience in state government in New Jersey and Georgia. He served as Well-Being Services Director for the Georgia Division of Family and Children Services leading a dynamic team of professionals managing statewide programming and partnerships. That work focused on in-home services, independent living programs, physical and behavioral health, early childhood services, education, and youth development.</p>



Table 11. Staff Responsibilities and Qualifications


Consultant	Responsibilities	Summary of Qualifications
		<p>Lamar is passionate about collaborating with state, local, and national agencies to achieve positive outcomes for children and families. He was an integral part of PK’s assessment on Aging and Adult Services in North Carolina, for which he facilitated visioning sessions to develop recommendations. He currently works with PK’s coaching team in Mississippi for our long-term child welfare contract with the Department of Child Protection Services.</p>
 <p>Lijun Chen, PhD, MA Lead Researcher, Business Intelligence and Impact Team</p>	<ul style="list-style-type: none"> <li>• Establishes data quality control measures</li> <li>• Extracts citizen information for contact sample(s)</li> <li>• Analyzes information collected through survey and engagement activities</li> <li>• Creates data reports</li> <li>• Participates in project team meetings</li> </ul>	<p>Lijun Chen has nearly 20 years of experience conducting policy research to improve the well-being of vulnerable children and their families in the U.S. and other countries. He has worked with various survey and administrative data sets from child welfare systems of several states to generate research evidence. His research findings have helped inform policy and practice in improving the performance of child welfare agencies and providers in delivering quality services to children and families.</p>





Table 11. Staff Responsibilities and Qualifications




Consultant	Responsibilities	Summary of Qualifications
 <p>Christoph Hansel, MBA, PMP Business Intelligence and Impact Team PK Vice President for Region 2</p>	<ul style="list-style-type: none"> <li>• Completes final review of data collection methods</li> <li>• Facilitates the resolution of critical data integrity issues as requested by our project manager or RVP</li> <li>• Acts in an advisory role to our project manager</li> <li>• Identifies technological issues and risks</li> </ul>	<p>Christoph has over 20 years of experience in IT and management consulting for multiple industries and countries, including extensive system development and implementation, business analysis, quality assurance, and project and program management using various lifecycle methodologies for IT implementations. He has strong analytical skills and extensive business analysis and quality assurance experience, and he excels at creating and integrating systems for program use.</p>
 <p>Ann Clements Management Consultant, Envision Sessions, Phone Surveyor</p>	<ul style="list-style-type: none"> <li>• Assists with development of the “Network Survey”</li> <li>• Conducts surveys</li> <li>• Assists with the coordination and facilitation of provider engagement event (Envisioning Session)</li> <li>• Assists with development of the Adult and Aging Services Network Assessment Report</li> <li>• Participates in project team meetings</li> </ul>	<p>Ann has more than 25 years of experience in social services and in the child support program, in both the state and private sectors. She has worked to develop procedures and methods to manage child support cases so they meet state and federal guidelines and project goals. She has compiled, analyzed, and utilized performance data to identify best practices, opportunities for improvement in processes, performance gaps, and training needs. Her skills include research, training development, individual and</p>



Table 11. Staff Responsibilities and Qualifications

Consultant	Responsibilities	Summary of Qualifications
		<p>team training, flow chart development, and report development.</p> <p>Ann was part of PK’s team providing Aging and Adult Services work for North Carolina, both initial and follow-up contracts. She conducted individual and group interviews, data research and analysis, survey creation, data gathering, and participated in the Zoom envisioning sessions.</p>
 <p>Jessica Dill Management Consultant, Envision Sessions, Phone Surveyor</p>	<ul style="list-style-type: none"> <li>• Assists with development of the “Network Survey”</li> <li>• Conducts surveys</li> <li>• Assists with the coordination and facilitation of provider engagement event (Envisioning Session)</li> <li>• Assists with development of the Adult and Aging Services Network Assessment Report</li> <li>• Participates in project team meetings</li> </ul>	<p>Jessica is solution focused and enjoys asking questions and connecting the dots. She brings recent experience in information technology (IT) planning and procurement for public health agencies. Her background also includes IT Roadmap development, alternatives analysis, feasibility studies, RFP writing, stakeholder engagements, and requirements gathering. Jessica is a strong writer who can present technical information in a way that non-technical staff can quickly understand. She is a Prosci® Certified Change Management Practitioner and a master facilitator.</p>

## 5 References

[Ref. RFP §§ 4.1.4, 4.3.A.5]

References: Give at least three (3) references for contracts of similar size and scope, including at least two (2) references for current contracts or those awarded during the past three (3) years. Include the name of the organization, the length of the contract, a brief summary of the work, and the name and telephone number of a responsible contact person. See Section 4.1.4.(Attachment E, References)

We include the following references for contracts of similar size and scope, including contracts awarded during the past three years. Table 12 presents client and project information for easy reference; Attachment E follows on the next pages with full requested information.

Table 12. Reference Information

Client, Reference Name, Phone	Project Name, Dates, Description
<p>North Carolina Department of Health and Human Services, Division of Aging and Adult Services</p> <p>Joyce Massey Smith, Director, Division of Aging and Adult Services</p> <p>2101 Mail Service Center Raleigh, NC 27699 – 2101 (919) 855-3400</p>	<p><b>North Carolina Aging and Adult Services Assessment</b></p> <p>9/2020 to 2/2021</p> <p>PK provided assessment services to the North Carolina DHHS AAS programs, including:</p> <ul style="list-style-type: none"> <li>• Reviewing and assessing AAS reports, case findings, curriculum and training documents, and other available documentation</li> <li>• Reviewing staffing and caseload data to identify gaps in services</li> <li>• Planning and facilitating a two-day envisioning session to explore challenges and opportunities and to develop specific recommendations for strategies for improvement</li> <li>• Administering surveys to gather information associated with service delivery to adults at risk</li> <li>• Facilitating working sessions with DHHS staff and program leaders to focus on challenges and initial recommendations to improve service delivery to adults at risk</li> </ul>



Table 12. Reference Information

Client, Reference Name, Phone	Project Name, Dates, Description
<p>Mississippi Department of Child Protection Services Andrea Sanders, Commissioner, Commissioner, Department of Child Protection Services 750 N State St, Jackson, MS 39202 (601) 359-4368 Direct: (601) 359-9669</p>	<ul style="list-style-type: none"> <li>Developing a final report to serve as an action plan detailing opportunities, challenges, and recommendations</li> </ul> <p><b>Mississippi Child Welfare Reform: Practice Model and Practice Model Implementation</b> 2/2009 to 11/2022 PK has assisted DCPS (originally contracted under the Department of Human Services) since 2009 in developing comprehensive statewide child welfare practice model designed to guide caseworker interventions with children and families. We are now working with DCPS on implementation. We developed and produced facilitators’ manuals, PowerPoint presentations, and practice and participant guides for six major practice model components. We are providing training, coaching, and technical assistance to the state’s regional service delivery network and are working with DCPS to implement a quality improvement process including the development of valid data indicators. We have also guided DCPS in engaging stakeholders to strengthen their partnerships with community resources and have assisted in developing statewide policy governing the practice model.</p>
<p>North Carolina State Office of Budget and Management; Division of Social Services, Department of Health and Human Services Lisa Cauley, Deputy Director for Child Welfare Services 2401 Mail Service Center Raleigh, NC 27699 – 2401 (919) 527-6401</p>	<p><b>North Carolina Social Services and Child Welfare Reform Plans, including Aging and Adult Services</b> 3/2018 to 7/2020 Beginning in 2018, PK (f.k.a. CSF) conducted a comprehensive review of North Carolina’s social services and child welfare systems and developed recommendations as set forth in SL2017-41 [House Bill 630], a broad social services reform. A critical component of PK’s work was to develop detailed child welfare recommendations focused on child</p>



Table 12. Reference Information

Client, Reference Name, Phone	Project Name, Dates, Description
<p>Nebraska Department of Health and Human Services, Division of Children and Family Services  Dannette Smith, CEO, Nebraska Department of Health and Human Services  301 Centennial Mall S, Lincoln, NE 68508  (402) 471-3121 or  (mobile) (704) 726-7265</p>	<p>protective services; in-home services; the placement process; reunification and permanency services; medical, dental, mental health and educational services; and services to older youth in foster care. PK has continued to provide the North Carolina Department of Health and Human Services implementation support to</p> <ul style="list-style-type: none"> <li>• Develop a publicly available data dashboard</li> <li>• Conduct an analysis and create a set of recommendations related to Aging and Adult Services</li> <li>• Maximize child welfare financing, develop a statewide practice model, and engage a broad array of stakeholders into the improvement process</li> </ul> <p><b>Nebraska Child Welfare Assessment</b>  12/2019 to 3/2020  Nebraska’s Department of Health and Human Services, Division of Children and Family Services provided a high-level assessment in a fast four-month period. PK’s work included reviewing documents, analyzing child welfare assessments and processes, identifying trends, researching organizational structures, fiscal control, and financial management, and offering recommendations on critical focus areas for the new DHHS Director of Children and Family Services. PK (f.k.a. CSF) previously provided an assessment in 2012 focusing on three aspects of the child welfare services provided by the Division of Children and Family Services to the State of Nebraska.</p>



**ATTACHMENT E  
REFERENCES**

Respondents may submit as many references as desired by submitting as many additional copies of Attachment E, References, as deemed necessary. References will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed for each of the two (2) references. No further references will be contacted; however, respondents are encouraged to submit additional references to ensure that at least two (2) references are available for interview. MDHS staff must be able to contact two (2) references within two (2) business days of proposal opening to be considered responsive.

**REFERENCE 1**

**North Carolina Social Services Reform and Child Welfare Reform Plans**

Name of Company: State of North Carolina, State Office of Budget and Management,  
Division of Social Services, North Carolina Department of Health and Human Services

Dates of Service: 3/2018 to 7/2020

Contact Person: Lisa Cauley, Deputy Director for Child Welfare Services

Address: 820 S. Boylan Avenue, 2406 Mail Service Center

City/State/Zip: Raleigh, NC 27699-2406

Telephone Number: (919) 527-6401

Cell Number: NA

E-mail: Lisa.Cauley@dhhs.nc.gov

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Summary of Project/Contract:** Beginning in 2018, PK (formerly known as (f.k.a.) CSF) conducted a comprehensive review of North Carolina’s social services and child welfare systems and developed recommendations as set forth in SL2017-41 [House Bill 630], a broad social services reform. This included Aging and Adult Services, Child Support, Child Welfare, Food and Nutrition Services (SNAP), and Work First (TANF). The assessment included both individual and group interviews, surveying North Carolina’s 100 counties, and analyzing staffing and salaries for all 100 counties providing social services locally. PK has continued to provide the North Carolina Department of Health and Human Services implementation support to develop a publicly available data dashboard, conduct an analysis and create a set of recommendations related to Aging and Adult Services, and maximize child welfare financing, develop a statewide practice model, and engage a broad array of stakeholders into the improvement process.

**REFERENCE 2**

**North Carolina Aging and Adult Services Assessment**

Name of Company: State of North Carolina, Department of Health and Human Services,  
Division of Aging and Adult Services

Dates of Service: 9/2020 to 2/2021

Contact Person: Joyce Massey-Smith, Director, Division of Aging and Adult Service

Address: 2101 Mail Service Center

City/State/Zip: Raleigh, NC 27699 - 2101

20210511 DAAS Needs Assessment (RFx 3120002223)

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Telephone Number: (919) 733-4534

Cell Number: NA

E-mail: joyce.massey-smith@dhhs.nc.gov

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail:

Summary of Project/Contract: PK provided assessment services to the North Carolina Department of Health and Human Services (DHHS) Division of Aging and Adult Services (AAS) programs, including reviewing and assessing AAS reports, case findings, curriculum and training documents, and other available documentation, reviewing staffing and caseload data to identify gaps in services, and planning and facilitating a two-day envisioning session to explore challenges and opportunities and to develop specific recommendations for strategies for improvement. We also administered surveys to gather information associated with service delivery to adults at risk, facilitated working sessions with DHHS staff and program leaders to focus on challenges and initial recommendations to improve service delivery to adults at risk, and developed a final report to serve as an action plan detailing opportunities, challenges, and recommendations.

**REFERENCE 3**

**Mississippi Child Welfare Reform: Practice Model and Practice Model Implementation**

Name of Company: State of Mississippi, Department of Child Protection Services

Dates of Service: 11/2017 to 11/2022

Contact Person: Commissioner Andrea Sanders

Address: 750 North State Street

City/State/Zip: Jackson, MS 39202

Telephone Number:

MAIN: (601) 359-4368

DIRECT: (601) 359-9669

E-mail: andrea.sanders@mdcps.ms.gov

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail:

Summary of Project/Contract: PK is assisting the state of Mississippi by providing training, coaching, and technical assistance in implementing the MDCPS child welfare practice model with all levels of field staff and judicial stakeholders, supporting MDCPS Leadership’s efforts to build a prevention focused and trauma informed child welfare system, and providing fiscal operations technical assistance, providing an assessment, trainings and literacy to accurately utilize existing funding and enhance funding opportunities. PK has assisted DCPS (originally contracted under the Department of Human Services) since 2009 in developing comprehensive statewide child welfare practice model designed to guide caseworker interventions with children and families. We are now working with DCPS on implementation. We developed and produced facilitators’ manuals, PowerPoint presentations, and practice and participant guides for six major practice model components. We are providing training, coaching, and technical assistance to the state’s regional service delivery network and are working with DCPS to implement a quality improvement process including the development of valid data indicators. We have also guided DCPS in engaging stakeholders to strengthen their partnerships with community resources and



have assisted in developing statewide policy governing the practice model.

**REFERENCE 4**

**Nebraska Division of Children and Family Services Assessment**

Name of Company: State of Nebraska, Department of Health and Human Services, Division of Children and Family Services

Dates of Service: 12/2019 to 3/2020

Contact Person: Danette Smith

Address: 301 Centennial Mall South

City/State/Zip: Lincoln, NE 68509

Telephone Number: (402) 471-3121

Cell Number: (704) 726-7265

E-mail: Dannette.Smith@Nebraska.gov

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail:

Summary of Project/Contract: Nebraska’s Department of Health and Human Services, Division of Children and Family Services provided a high-level assessment in a fast four-month period. PK’s work included reviewing documents, analyzing child welfare assessments and processes, identifying trends, researching organizational structures, fiscal control, and financial management, and offering recommendations on critical focus areas for the new DHHS Director of Children and Family Services. PK (f.k.a. CSF) previously provided an assessment in 2012 focusing on three aspects of the child welfare services provided by the Division of Children and Family Services to the State of Nebraska.





# 6 Acceptance of Conditions

[Ref. RFP § 4.3.A.6]

Acceptance of conditions: Indicate any exceptions to the general terms and conditions of the proposal document and to insurance, bonding, and any other requirements listed. (Attachment D, Exceptions)

We do not have any exception now that Amendment 1 changed the language regarding additional insured status to the Worker’s Compensation policy.

### ATTACHMENT D PROPOSAL EXCEPTION SUMMARY FORM

List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below.

Indicate “N/A”, if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent’s intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

RFP Reference	Respondent Proposal Reference	Brief Explanation of Exception	MDHS Acceptance (sign here only if accepted)
(Reference specific outline point to which exception is taken)	(Page, section, items in respondent’s proposal where exception is explained)	(Short description of exception being made)	
1.			
2.			
3.			
4.			
5.			
6.			
7.			

  
Signature of Authorized Official/ Title

June 8, 2021  
Date



## Appendix B: Proposed Staff Resumes

Proposed staff resumes begin on the following page:

- Lamar Smith, Project Manager
- Lijun Chen, Lead Researcher, Business Intelligence and Impact Team
- Christoph Hansel, Business Intelligence and Impact Team
- Ann Clements, Management Consultant, Envision Sessions, Phone Surveyor
- Jessica Dill, Management Consultant, Envision Sessions, Phone Surveyor



**Lamar W. Smith**  
Project Manager

**Sample of Relevant Projects**

**Coaching Leaders to Ensure Safety and Wellbeing, Casey Family Program**, Arkansas Division of Children and Family Services, Coach and Trainer 1/2021 – 1/2022

Public Knowledge® (PK) collaborates with staff in building the capabilities of identified Division of Children and Family Services leaders to ensure the safety and wellbeing of children and families. Outcomes would focus on reducing the entry and re-entry rates for children and youth as well as reduce the recurrence of maltreatment. Lamar’s responsibilities include:

- Developing the coaching plan
- Facilitating individual and group leadership development and coaching

**Mississippi Practice Model Learning Cycle**, Mississippi Department of Child Protection Services, Coach and Trainer 1/2021 – 1/2022

PK is working with Mississippi Department of Child Protection Services (DCPS) to support its full implementation of the Practice Model Learning Cycle (PMLC). Lamar’s responsibilities include:

- Facilitating PMLC Sessions with staff and judicial partners
- Providing high level coaching and mentoring to supervisors and case mangers on identified deficiencies
- Reviewing data and trends in preparation for coaching sessions

**Administration of Social Services Programs**, Georgia Department of Human Services, Division of Family and Children Services, DeKalb County, Director 5/2019 – 12/2020

Lamar provided leadership, direction and oversight of DeKalb County Division of Family and Children Services (DFCS) administration of social services programs, including child protective services, foster care, adoptions, the DeKalb Access and Resource Center, and policies. He led collaborative efforts with community agencies, correctional institutions, rehabilitative



services, and related stakeholders designed to protect and promote the social and economic welfare of individuals and communities. Lamar’s additional responsibilities included:

- Ensuring continuous quality improvement (CQI) across fundamental child welfare outcomes and the Kenny A. Modified Consent Decree
- Analyzing and assessing the effectiveness of existing programs to ensure the achievement of identified outcome measures
- Creating and maintaining positive working relationships within the community and in partnership with county government and judicial circuit

**Well-Being Services Section, Georgia Department of Human Services, Division of Family and Children Services, Director**

8/2015 –  
5/2019

Lamar directed and administered state-wide well-being service delivery for education and youth development, physical and behavioral health, independent living, and in-home services for children, youth, and families engaged with the child welfare system. His responsibilities included:

- Maintaining federal and state program compliance related in child welfare, well-being standard, and outcome measures
- Managing the staff that establish and monitor contractual compliance for individual and contract agencies
- Leading multi-agency alliances related to Care Management Organizations, Juvenile Courts, and youth development programming

**Collaborative Services Section, Georgia Department of Human Services, Division of Family and Children Services, Director**

8/2013 –  
8/2015

Lamar provided leadership and oversight to five program areas: Community Programs, Low Income Home Energy Assistance Program (LIHEAP), Community Service Block Grant (CSBG) and System of Care Units which target state-wide healthcare services, self-sufficiency programs, and education and youth development. He implemented quality control practices and met audit requirements related to LIHEAP Program performance His responsibilities included:



- Co-drafting the state’s federally required Child and Family Services Plan (CFSP) and IV-E Plan Performance Improvement Plan (PIP) for Services to Children Ages 0–5 and Disaster Planning
- Restructuring health care, high-end placements, and in-home services units to increase the timeliness of State Office responses to internal and external clients

**Community Programs**, Georgia Department of Human Services, Division of Family and Children Services, Director 9/2010 – 8/2013

Lamar served as chief accountability officer responsible for statewide educational and youth development programming. He developed, strengthened, and maintained partnerships with educational stakeholders Lamar’s responsibilities also included:

- Establishing the first educational service delivery for the state’s child welfare agency
- Improved the quality of educational assessment for school-aged children and youth in foster care and assemblies
- Institutionalizing the agency’s first educationally focused unit
- Creating the first Memorandum of Understanding (MOU) regarding data sharing between state’s child welfare agency and the state Department of Education

## Work Experience

**Public Knowledge®**, Management Consultant 1/2021 – Ongoing  
 Providing management consulting services to help government agencies solve tough problems and thrive in complex situations

**Georgia Department of Human Services, Division of Family and Children Services**, Director 8/2007 – 12/2020  
 Provided leadership to the Division of Family and Children Services and improved outcomes to Georgia’s citizens

**New Jersey Department of Children and Families, Child Welfare Training Academy**, Assistant Director 3/2005 – 8/2007  
 Developed strategies and objectives to achieve the division’s mission and directives



<b>Georgia Department of Human Resources, Fulton County</b>	7/2002 -
<b>Department of Family and Children Services, Communications</b>	2/2005
Manager	

Managed the county’s integrated communications strategy, coordinated press conferences and the production of annual reports, press releases, and other literature, and tracked media activity

<b>Georgia Department of Human Resources, Fulton County</b>	8/2000 -
<b>Department of Family and Children Services,</b>	7/2002
Community/Communications Resource Specialist	

Provided marketing and communications strategies and materials targeted to community services and funding for economic and social services clients

## Education

Bachelor of Arts: Mass Media Arts and Public Relations, Clark Atlanta University	2000
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## Certifications and Training

Government Communication, The Performance Institute	2004
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**Lijun Chen, Ph.D, MA**  
Lead Researcher, Business Intelligence, Impact Team

**Sample of Relevant Projects**

**Child and Youth Well-being in China**, Chaplin Hall at the University of Chicago, Senior Researcher 1/2015 – 12/2020

Lijun co-lead a multi-year study on children’s wellbeing, health, and development in China based on the secondary analysis of the China Family Panel Studies survey data. His responsibilities included:

- Overseeing the design of the study, data processing, analysis, and report writing
- Publishing the report on the State of Children in China (Chapin Hall, 2015), Child and Youth Wellbeing in China (Routledge, 2018), and an academic journal article

**New York City Administration for Children’s Services (ACS), Strong Families NYC Evaluation and Workload Study**, Chaplin Hall at the University of Chicago, Senior Researcher 8/2016 – 12/2019

Lijun analyzed child maltreatment data and foster care placement data from the New York City Administration for Children’s Services. His responsibilities included:

- Developing policy reports and briefs
- Applying statistical methods to examine the different outcomes identifying risk and protective factors for repeated maltreatment and placement
- Creating final analytical files

**Tennessee Title IV–E Waiver Evaluation Project**, Chaplin Hall at the University of Chicago, Senior Researcher 6/2011 – 8/2019

Lijun processed and analyzed administrative data of children involved in child welfare to understand the experiences of children and their families through the system, compared the performance of child welfare agencies and service providers in promoting child outcomes. His responsibilities included:



- Analyzing administrative data to inform child welfare administrators in decision making to improve provider performance
- Generating an analytical report based on a statistical analysis
- Writing technical and research reports

**Multi-State Foster Care Data Archive (FCDA) Project, Chapin Hall at the University of Chicago, Lead Analyst**

1/2005 –  
8/2015

Lijun developed statistical models to create the data files and tables of analytical results demonstrating variations in foster care placement incidence rate, placement stability, permanency, and reentry outcomes. His responsibilities included:

- Analyzing statistical models
- Co-authoring of the report Foster Care Dynamics 2000–2005: A Report from the Multistate Foster Care Data Archive (Chapin Hall at the University of Chicago, 2017)

**Analysis of National Survey of Children and Adolescent Well-being, Chapin Hall at the University of Chicago, Lead Analyst**

1/2012

Lijun analyzed the statistical information of the National Survey of Children and Adolescent Well-being for children and families involved in the child welfare system. His responsibilities included:

- Creating longitudinal growth curve models to examine development trajectories
- Exploring association of individual, caregiver, family factors, and adoption experience with cognitive ability development
- Writing a research brief and report based on research findings, and presenting findings

## Work Experience

**Public Knowledge®, Management Consultant**

5/2021 –  
Ongoing

Providing Management Consulting services to help government agencies solve tough problems and thrive in complex situations.

**Chapin Hall at the University of Chicago, Research Specialist and Senior Researcher**

8/2003 –  
5/2021





Processed and analyzed complex data, including cross-sectional and longitudinal survey data from the U.S. and other countries and administrative databases from state and local government sectors.

**University of Chicago**, Teaching and Research Assistant

1/1999 –

5/2003

Teaching assistant for graduate and undergrad courses, offering training sessions in statistical analysis using SPSS and other software. Research assistant on research projects involving quantitative data analysis, data coding, cleaning, and analysis.

## Education

Doctor of Philosophy: Sociology, University of Chicago

2004

Master of Arts: Sociology, University of Chicago

1999

Master of Arts: English Literature, Beijing Foreign Studies University

1990



**Christoph Hansel, MBA, PMP**  
Regional Vice President

**Sample of Relevant Projects**

**Community Corrections Information Billing System Independent Verification and Validation, Colorado Department of Public Safety, Project Manager and Engagement Manager** 6/2020 – 6/2022

The Department of Public Safety requires objective oversight to its implementation of a new billing system. Public Knowledge® (PK) provides independent verification and validation (IV&V) services checklists, IV&V management plan, stakeholder interviews and analysis, and risk logs. Christoph’s responsibilities include:

- Providing project management services
- Advising client organization on best practices
- Planning internal staffing levels to provide client services

**Health Information Technology Planning and Management Support 2019 – 2020, Wyoming Department of Health, Division of Healthcare Financing, Project Manager and Strategy Consultant** 10/2019 – 9/2021

The Division of Healthcare Financing (DHCF) requires continued assistance in prioritizing and coordinating HIT projects and supporting the Wyoming Information Frontier (WYFI) Project. Public Knowledge continues supporting DHCF with refining and executing the strategic plan developed in the previous months and provides supporting services in the implementation of identified activities. Christoph’s responsibilities include:

- Providing project management services
- Planning of multi-year roadmap
- Refining operational and business plan
- Preparation and facilitation of executive steering committee
- Providing implementation and planning support

**Medicaid Management Information System Modernization Certification and Independent Verification and Validation Services, Minnesota Information Technology Services, Project Manager and Technical Lead** 1/2018 – 8/2021



**Christoph Hansel, MBA, PMP**  
Regional Vice President

PK provided IV&V services and Centers for Medicare and Medicaid Services (CMS) certification support for the Medicaid Management Information System (MMIS) modernization program, following the CMS Medicaid Enterprise Certification Toolkit (MECT) and outcomes-based certification. Christoph’s responsibilities include:

- Planning of technical oversight activities
- Identifying stakeholder interviews and proposing of mitigation plans
- Processing risk analysis during meeting observations
- Reviewing artifacts, and assessing best practice recommendations
- Preparation of monthly and risk analysis reporting
- Delivering client stakeholder briefings

**Records Access and Management System (RAMS), Colorado Parks and Wildlife, Division of Natural Resources, Project Manager and IV&V Analyst**

12/2019 –  
6/2021

Colorado Parks and Wildlife is merging two law enforcement systems into a Commercial Off-the-Shelf (COTS) software law enforcement records management system solution. Public Knowledge will provide IV&V services to the project. At the completion of our reviews and reports as specified in our IV&V Management Plan, we conclude IV&V activities providing a Final Review Report, all final documents, and a lessons-learned session to promote continuous improvement in the execution of IV&V services. Christoph’s responsibilities include:

- Identifying stakeholder interviews and proposing of mitigation plans
- Processing risk analysis during meeting observations
- Reviewing artifacts, and assessing best practice recommendations
- Preparation of monthly and risk analysis reporting
- Delivering client stakeholder briefings

**Total Health Record User Acceptance Testing Project, Wyoming Department of Health, Division of Healthcare Financing, Project Manager and User Acceptance Test Manager**

7/2014 –  
12/2020



**Christoph Hansel, MBA, PMP**  
Regional Vice President

DHCF has implemented the Total Health Record (THR) Gateway application to increase EHR use and Public Health reporting by Wyoming Medicaid providers and to improve coordination of care within the Wyoming Medicaid healthcare delivery system. DHCF wants to conduct User Acceptance Testing (UAT) on the application prior to distribution of software updates to Medicaid providers. Public Knowledge is performing the THR UAT and will provide daily status emails during testing and deployment recommendations. Christoph’s responsibilities include:

- Providing overall project management, resource planning and client liaison
- Providing budgetary oversight and reporting
- Running and evaluating test scenarios
- Writing test execution documentation
- Reporting findings review and daily results to client manager
- Providing the final go-live assessment
- Identifying risk and proposing of mitigation plans

**Electronic Health Record System IV&V**, Colorado Department of Human Services, Division of Regional Center Operations, Project Manager and IV&V Consultant

12/2018 –  
6/2020

The Division of Regional Center Operations is implementing an Electronic Health Record (EHR) system. Public Knowledge is providing comprehensive project and risk evaluation to recommend best practices for implementing system functionality. This includes IV&V project management, stakeholder interviews, process and deliverable analysis, risk mitigation, and process improvement recommendations. Christoph’s responsibilities include:

- Providing overall project management and client liaison
- Providing budgetary oversight and reporting
- Identifying risks during stakeholder interviews and proposing mitigation plans
- Analyzing risk processed during meeting observation
- Reviewing artifacts and recommending best practices



**Christoph Hansel, MBA, PMP**  
Regional Vice President

**Comprehensive Child Welfare Information System Planning and Procurement**, Wyoming Department of Family Services, Support Services Division, Technical Lead Consultant 7/2019 – 6/2020

The Department of Family Services is working toward the implementation of a Comprehensive Child Welfare Information System (CCWIS). Public Knowledge is providing planning and procurement assistance for the implementation of the new system. Our services include a needs assessment, feasibility study, alternatives analysis, vendor research, project budget and business case, requirements gathering, and Request for Proposal (RFP) development. Christoph’s responsibilities included:

- Facilitating visioning session with client
- Providing requirements analysis

**Integrated Parks and Wildlife System (IPAWS) Independent Verification and Validation**, Colorado Parks and Wildlife, Project Manager and IV&V Consultant 12/2018 – 6/2020

Colorado Parks and Wildlife implemented Phase II of a comprehensive integrated parks and wildlife system that meets federal regulatory and reimbursement standards. This project includes making required improvements to the network infrastructure and point-of-sale hardware. The key areas of functionality are integrating hunter reservations with licensing, increasing data reporting, and improving data quality. Public Knowledge used elements of quality assurance, analytics, quality control, risk assessment and management, contract management, and organizational change management to execute IV&V activities for the project. Christoph’s responsibilities included:

- Providing overall project management and client liaison
- Providing budgetary oversight and reporting
- Identifying risks during stakeholder interviews and proposing mitigation plans
- Analyzing risk processed during meeting observation
- Reviewing artifacts and recommending best practices



**Christoph Hansel, MBA, PMP**  
Regional Vice President

**Program Integrity and Benefits Management Unit Referral Process Improvement**, Wyoming Department of Health, Division of Healthcare Financing, Business Analyst 7/2018 – 12/2019

Public Knowledge conducted interviews with these teams and documented the status of provider issue handling and referrals. At the conclusion of those interviews, we provided a report to the Program Integrity (PI) and Benefits Management Unit (BMU) managers with recommendations for process and communication improvements. This work plan outlines the work we will do to support implementation of those recommendations. Christoph’s responsibilities included:

- Analyzing department process through staff interviews leading to documentation of all department processes, and their inputs and outputs.

**Medicaid Procurement Assistance**, Iowa Department of Human Services, Procurement Specialist 11/2017 – 10/2019

The Department of Health and Human Services upgraded and modernized its Medicaid Enterprise System (MES). Public Knowledge provided project management support, technical expertise, and acquisition support services during the procurement of multiple Medicaid service contracts. We facilitated activities during the contract negotiations and execution phase resulting in the successful operationalization of six Medicaid service contracts. Christoph’s responsibilities included:

- Facilitating procurement process, including the question and answer process, bid evaluation, contract negotiations, contract execution, and vendor transition
- Developing process templates, managing evaluation scoring sheet, and guiding stakeholders toward project success

**2019 Wyoming Safety and Workforce Summit Coordination**, Wyoming Department of Workforce Services, Project Manager 9/2018 – 8/2019



**Christoph Hansel, MBA, PMP**  
Regional Vice President

The Wyoming Department of Workforce Services required project management oversight, facilitation of event planning and coordination of the 2019 Safety and Workforce Services Summit. Public Knowledge provided project management oversight for the duration of the project, to include facilitation of planning meetings, status report updates, budget updates, and additional support as requested by the Department of Workforce Services. Christoph’s responsibilities include:

- Providing project management oversight and meeting facilitation
- Supporting vendor and sponsorship solicitation
- Providing recommendations and assistance related to marketing activities
- Assisting with logistics

**Wyoming Integrated Next Generation System (WINGS) Procurement Assistance**, Wyoming Department of Health, Division of Healthcare Financing, Analyst 5/2015 – 6/2018

DHCF replaced its MMIS through a series of procurements and internal projects to achieve federally mandated capabilities. Public Knowledge provided procurement support including coordination, requirements drafting, and an evaluation model to support the DHCF in their modular development. Christoph’s responsibilities included:

- Providing expert input on draft RFP for various functional areas
- Facilitating the creation of comprehensive requirements and service level catalog

**Colorado Medicaid Management Innovation and Transformation (COMMIT)**, Colorado Department of Health Care Policy and Financing, IV&V Subject Matter Expert 2/2015 – 1/2018

The Department of Health Care Policy and Financing replaced its legacy MES with modern technologies to maximize functionality and service. Public Knowledge provided IV&V services on the core MMIS and supporting services, the Pharmacy Benefit Management System (PBMS), and the Business Intelligence (BI) and Data Management System. Christoph’s responsibilities included:



**Christoph Hansel, MBA, PMP**  
Regional Vice President

- Performing quality assurance reviews and processing improvement related to IV&V and contractor activities
- Creating and delivering project documents, such as policy and procedure manuals, business continuity plans, IV&V checklists, and leadership briefing reports

**Medicaid Management Information System Third Party Audit, Montana** 1 /2015 –  
 Department of Public Health and Human Services, Analyst 9/2015

Public Knowledge conducted a third-party audit of the Montana MMIS Design, Development, and Implementation Project as requested by the Montana State Legislature in House Bill 10. The findings were presented to the Montana Legislative Finance Committee (LFC).

Christoph’s responsibilities included:

- Performing a third-party audit on the Montana MMIS DDI project
- Evaluating and reporting on the ability of the replacement contract vendor to complete and comply with all contractual requirements, terms, and conditions
- Reviewing projects in other states where the replacement contract vendor had implemented or was in the process of implementing an MMIS to understand and extrapolate the experiences, impacts, costs, and delays of those states and analyze the potential for the same issues occurring with the Montana systems replacement in the future

**Work Experience**

**Public Knowledge®, Regional Vice President, Management Consultant** 1 /2015 –  
 Providing management consulting services to help government Ongoing  
 agencies solve tough problems and thrive in complex situations

**Centurylink, Business Analyst/Project Manager** 7/2007 –  
 IT and processes services to support customer product rollouts and 8/2014  
 internal efficiency measures in the IT Network and Consumer product space.





**Christoph Hansel, MBA, PMP**  
Regional Vice President

**Hansel Consulting, IT Consultant** 1/2006 – 6/2007  
Providing IT and Management consulting services to various organizations in the Telecommunications space, including Product planning and pricing evaluations.

**Horvath & Partners, Management Consultant** 1/2003 – 12/2005  
Providing management consulting services focusing on IT and process implementations including project management services for European clients in various private and public sector verticals.

**Education**

Master of Business: Administration in eBusiness, University of Colorado, Denver 2002

Bachelor of Science: Business Administration, University of Arizona, Tucson 1995

International Business Administration, Universidad LaSalle, Mexico City 1995

**Certifications and Training**

Project Management Institute (PMI), Certified Project Management Professional (PMP) 2019

Agile Alliance, Certified ScrumMaster® (CSM) 2017

Healthcare Information and Management Systems Society (HIMSS), Certified Professional in Healthcare Information and Management Systems (CPHIMS) 2016

Technology of Participation (ToP) Group Facilitation Methods, Institute of Cultural Affairs (ICA) 2015



## Ann Clements

Management Consultant, Envision Sessions, Phone Surveyor

### Sample of Relevant Projects

**Operational Assessment, Louisiana Kresge Child Support Program** 9/2020 –  
Assessment, Management Consultant 3/2021

PK assessed Louisiana's child support system and identified opportunities to modernize policies and practices using an equity lens. PK provided the Department of Child and Family Services (DCFS) with a family-centered child support policy framework.

Recommendations and implementation strategies assisted DCFS in modernizing its policies, practices, and partnerships to improve outcomes for families and program performance. Ann's responsibilities and accomplishments included:

- Assisting with conducting group and one-on-one interviews
- Conducting surveys to collect data.
- Assisting with providing data research, including performance data

**Organizational Assessment, North Carolina Department of Human Services, Analyst** 3/2018 –  
2/2021

Public Knowledge® (PK) provided an organizational assessment of North Carolina's social services programs, including Child Support, Aging and Adult Services, Food and Nutrition Services (SNAP), Work First (TANF), and Child Welfare Services. The assessment has included both individual and group interviews, surveying 100 counties, and analyzing staffing and salaries for North Carolina's 100 counties providing social services locally. Ann's responsibilities included:

- Assisting with conducting group and one-on-one interviews to identify and document current-state processes
- Providing subject matter expertise
- Assisting with providing data research including analyzing staffing and salaries. Conducting surveys to collect data.
- Assisting with Envisioning Sessions for Aging and Adult Services

**Operational Assessment, Yolo, Colusa, and Sutter Counties, California, Management Consultant** 10/2016 –  
2/2021



- PK (formerly known as (f.k.a.) CSF) completed a comprehensive assessment of the three California counties’ Department of Child Support Services’ operations to identify opportunities and options for the agencies to combine and serve the child support needs in the three counties. CSF reviewed and documented agency policies, business processes, and workflow. They also evaluated effectiveness of current business operations, developed business process maps, performed a staffing analysis, and developed findings reports and recommendations to result in improved operational efficiencies.

Ann’s responsibilities included:

- Interviewing staff and stakeholders
- Creating data visualizations
- Documenting and facilitating meetings

**Nevada NVKIDS Child Support Automated System Independent Verification and Validation**, Nevada Division of Welfare and Supportive Services, Analyst

7/2019 –  
11/2019

PK (f.k.a. CSF) provided independent verification and validation (IV&V) support to the Division of Welfare and Support Services (DWSS) and the federal Office of Child Support Enforcement (OCSE) assessing the quality and risks associated with modernizing the Child Support Enforcement functionality of the Nevada Operations of Multi-Automated Data System (known as NOMADS). The team performs reviews of the technical and functional aspects of the system design, development, and implementation effort. Ann’s responsibilities included:

- Analyzing system design
- Providing training, online policy manuals, and change management assistance

**Washington State Child Welfare**, Washington State Department of Social and Health Services, Trainer

8/2018 –  
1/2019

PK (f.k.a. CSF) provided expert assistance in the development of compliance plans, proposals, position papers, and other documents for presentation to the Court and Oversight Panel. PK also provided internal capacity building. Ann’s responsibilities included:

- Delivering instruction on customer service and in a “Training the Trainer” training



**Organizational Assessment**, Mendocino County, California,  
Department of Child Support Services, Analyst

8/2018 –  
9/2018

PK (f.k.a. CSF) conducted an outside assessment of the organization identifying opportunities focused on staffing and structure. The team spent three days onsite and interviewed each of the 26 staff individually. The team documented reporting relationships, and primary job duties by position and team and completed a needs assessment, focused on resource needs such as training. Ann's responsibilities included:

- Assisting with reporting relationships
- Documenting primary job duties by position and team for the need's assessment
- Providing training and assessment of further training needed

**Statewide Child Support Enforcement and Family Court Case Management Systems**, South Carolina Children and Family Services,  
Senior Analyst

7/2008 –  
10/2013

PK (f.k.a. CSF) developed, implemented, and maintained comprehensive system support to the operation of South Carolina's child support program. PK provided subject matter expertise child support and family court program policy and operations, and in the design, development, and delivery of implementation training for the statewide systems. Ann's responsibilities included:

- Providing subject matter expertise
- Validating and linking federal and state requirements
- Reviewing documentation for accuracy and validation against business process models, system requirements, and state and federal certification requirements
- Co-developing general system design documentation and testing validation
- Developing onsite instructor-led training courses
- Creating written and web-based training
- Providing system demonstrations for various audiences, including demonstration videos

## Work Experience

<p><b>Public Knowledge®</b>, Management Consultant</p> <p>Providing Management Consulting services to help government agencies solve tough problems and thrive in complex situations. The Center for the Support of Families (CSF) merged with Public Knowledge® on January 1, 2021. Ann was employed by CSF prior to the merger.</p>	<p>7/2008 – Ongoing</p>
<p><b>Policy Studies, Inc., Child Support District Office</b>, Operational Manager, District Manager, Customer Services Manager, Supervisor, Trainer, Quality Assurance Analyst, and Consultant</p> <p>Provided operational oversight for the Hampton Child Support District Office operations to ensure that all contract provisions were fulfilled</p>	<p>5/2002 – 7/2008</p>
<p><b>University of South Carolina</b>, Consultant</p> <p><b>Reviewed Federal reports concerning the CSES system and Federal requirements for compliance as a part of the IV&amp;V team.</b></p>	<p>4/2002 – 10/2002</p>
<p><b>MAXIMUS</b>, Project Manager, Quality Assurance Analyst, Trainer, and Local Supervisor</p> <p>Evaluated procedures and forms to improve proficiency and managed day-to-day operations. Prepared budget, forecasts, supervised a staff of 30, prepared monthly reports, and worked with Clerk of Courts</p>	<p>5/1997 – 5/2002</p>
<p><b>South Carolina Department of Social Services, Division of Child Support</b>, Child Support Specialist I</p> <p>Prepared cases for court, negotiated court orders, filed orders, handled communication concerning child support cases, and worked with attorneys concerning problem cases and trained new specialists</p>	<p>11/1993 – 4/1997</p>

## Education

<p>Bachelor of Science: Elementary Education, Francis Marion University</p>	<p>1981</p>
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## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

### Sample of Relevant Projects

<b>Health Information Technology Solicitation Writer, Colorado</b> Department of Health Care Policy and Financing and Office of eHealth Innovation, Analyst and Writer	1/2020– 1/2022
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PK is providing procurement assistance for the Department of Health Care Policy and Financing (DHCF) to fulfill its health information technology (HIT) roadmap, including procurement of master HIT consultant services, telehealth services, data aggregation tool, electronic clinical quality measures registry (eCQM), Master Patient Index (MPI), care coordination, consumer engagement, and Medicaid Enterprise Systems (MES) modules. Jessica's responsibilities include:

- Conducting and reviewing research on industry trends and best practices
- Assisting with the development of a grant outline
- Co-creating documentation and revising requirements
- Analyzing survey results for presentation

<b>Acquisition Support Staff for Grant Application Development, North Carolina</b> Department of Human Services Division of Mental Health and Developmental Disabilities, North Carolina Department of Health and Human Services, Business Analyst and Project Controller	10/2020 – 8/2021
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The North Carolina Department of Mental Health, Developmental Disabilities, and Substance Abuse Services division is working to develop and obtain a more efficient request for proposals and request for application (RFP and RFA) process for new contracts, a transparent process to providers and external stakeholders, defined and reportable outcomes in all contracts, and a more diverse set of providers who respond to the RFPs or RFAs. Jessica's responsibilities include:

- Assisting in developing project workplan
- Monitoring project budget, project workplan, and timelines
- Conducting and reviewing research on industry trends and best practices, particularly regarding State Opioid Response Plans, State Outcome Goals, and SAMHSA –Prevention Block Grants



## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

- Developing and leading visioning sessions
- Developing the Organizational Change Management Guide
- Developing the Procurement Handbook
- Developing outreach recommendations

**Oregon Child Welfare Review**, Oregon Department of Justice and Markowitz Herbold, Analyst

6/2020 –  
11/2020

PK is conducting a thorough independent assessment of the Governor’s Office and the Oregon Department of Human Services (DHS) child welfare policies, procedures, leadership, and data, and to document any progress DHS has made to implement recommendations or address concerns through identifiable and credible strategies and processes. Jessica’s responsibilities include

- Assisting with the design of the assessment methodology and protocols
- Assisting with assessment activities including conducting interviews and focus groups
- Assisting with analysis and development of findings
- Monitoring project budget and timelines
- Providing additional project support as needed

**Learning Management Systems Assessment**, Washington Health Benefit Exchange, Business Analyst and Deputy Project Manager

10/2019 –  
1/2020

This project involved providing a needs assessment increasing the understanding of challenges and opportunities for improvement in the current learning and development environment and to solicit information about the desired future–state. The result was an alternatives assessment report with a matrix examining four Learning Management System (LMS) alternatives. Jessica’s responsibilities included:

- Developing ongoing status and risk reports to support quality assurance
- Coordinating and participating in fact–finding interviews with agency staff



## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

- Coordinating and analyzing an agency-wide survey for staff and managers to assess their learning and development needs
- Developing the survey results deliverable and report for presentation
- Researching, compiling, and drafting functional LMS requirements
- Writing and editing user stories for learning and development
- Developing the needs assessment and alternatives assessment
- Developing findings and recommendations presentation using infographics and data visualization tactics
- Communicating directly with the client regarding project management tasks

**Data System Assessment Project**, Indiana State Department of Health, Maternal and Child Health Division, Business Analyst

8/2019 –  
1/2020

This project involved assessing the current Maternal and Child Health Division (MCH) data systems and end-user applications, including identifying gaps, making recommendations, and developing requirements to enable MCH to procure data system services and solutions. These procurements included Health Information Exchange (HIE) systems interoperability, robust Extract, Transform, and Load processes, provider access and information sharing, and data management. Jessica’s responsibilities included:

- Developing the kickoff presentation and co-facilitating the meeting to review the project’s goals, objectives, and expectations
- Co-facilitating target future-state visioning sessions with stakeholders to provide recommendations in targeting programmatic and technical goals
- Assisting in developing the project plan and targeting future-state recommendations
- Facilitating stakeholder information-gathering and fact-finding meetings
- Co-leading interviews to identify, gather, and quantify existing issues and success criteria for each application and business unit
- Creating current-state and future-state process maps





## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

- Aiding in the development of the gap analysis and the business process models

**Operations and Maintenance System Integrator Reprocurement Planning Project**, Washington Health Benefit Exchange, Business Analyst and Project Coordinator

11/2018 – 9/2019

The Washington State Health Benefit Exchange required system integrator (SI) services using Agile methodologies for the Washington Healthplanfinder. This project included an assessment of industry best practices, current-state operations and maintenance services, and their strategic vision and internal capabilities. This assessment helped them define and document request for proposal (RFP) requirements for the SI procurement, leading to the RFP scope of work. Jessica’s responsibilities included:

- Developing ongoing status and risk reports to support quality assurance
- Developing weekly status updates on project performance and progress
- Researching, identifying, and drafting Agile team staffing roles and descriptions for inclusion in the RFP scope of work
- Compiling RFP exhibits and appendices
- Developing and documenting RFP requirements
- Developing the project closeout and lessons learned presentation

**Child Welfare Family First Assessment Project**, West Virginia Department of Health and Human Resources, Business Analyst

11/2018 – 9/2019

The West Virginia Department of Health and Human Resources (DHHR) conducted an assessment and gap analysis of its compliance and alignment with Family First Prevention Services Act (FFPSA). This project involved assessing the impact of the FFPSA on DHHR policies, financials, business operations, stakeholders, and systems. The compliance gap analysis helped the DHHR identify remaining work to achieve FFPSA compliance. Jessica’s responsibilities included:



## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

- Creating a high-level overview presentation of the project’s goals and objectives through infographics and data visualization tactics
- Leading the development of the project management plan, timeline, and milestones
- Assisting with FFPSA analysis and documenting requirements against DHHR’s current environment in a traceability matrix
- Assisting with research and analysis of institutional providers’ capacity to assist in implementing FFPSA, resulting in a research summary document
- Developing the presentation, including infographics and data tactics, on community-based services for the 2019 West Virginia Juvenile Probation Officers’ Conference
- Developing a business process map for inclusion in the program desk guide

### Work Experience

<b>Public Knowledge®</b> , Management Consultant	1/2020 – Ongoing
Providing management consulting services to help government agencies solve tough problems and thrive in complex situations	
<b>BerryDunn</b> , Consultant	10/2018 – 1/2020
Assisted state government agencies modernize systems and processes by providing insight and services, such as strategic planning and visioning, business process analysis and redesign, project management, change management, communication strategies, leadership development, and systems planning and system vendor selection services	
<b>Branstad and Olson Law</b> , Legal Assistant Intern	5/2018 – 8/2018
Assisted on criminal defense cases, navigating clients' healthcare, and human services’ needs.	
<b>Renegade Consortium LLC</b> , Supply Chain and Operations Manager	4/2017– 5/2018



## Jessica Dill

Management Consultant, Envision Sessions, Phone Surveyor

Worked for an e-commerce business that provided health products and services to clients across North America.

**Imagine Washington**, Care provider, Behavioral Therapy Technician, Educator, and Advocate

8/2014 –  
4/2017

Worked as a care provider and behavioral therapy technician, educator, and advocate helping clients under the age of ten with Autism Spectrum Disorder and their families.

### Education

Bachelor of Arts: Psychology, McGill University

2013

### Certifications and Training

Certified ScrumMaster™ (CSM), Scrum Alliance

2020

Technology of Participation (ToP) Group Facilitation Methods, Institute of Cultural Affairs (ICA)

2020

MCMP II Certified Medicaid Professional, Medicaid Learning Center (MLC)

2019

Prosci® Certified Change Management Practitioner, Prosci Change Management Institute®

2019

**QLARANT – FILE FOLDER 1 – ENTIRE PROPOSAL PACKAGE NOT REDACTED  
PURSUANT TO 4.3.A (NOT PROVIDED TO EVALUATION COMMITTEE)**

Qlarant Quality Solutions' Response to

## DAAS NEEDS ASSESSMENT

RFP#: 20210511 (RFx# 3180001360/3120002223)

Mississippi Department of Human Services (MDHS)

MDHS Procurement Services

Qlarant

Electronic Copy

### Tab 1: Entire Proposal Package

**Bid Response:**

**Date:** June 11, 2021

**Time:** 2:00 PM, CT



#### Submitted To:

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Chief Procurement Officer  
MDHS Procurement Services  
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## A. TAB 1 - Entire Proposal Package

### A.1. Management Summary

#### ATTACHMENT A PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES

Organization Name: Qlarant Quality Solutions, Inc.

Organization's Physical Address: 28464 Marlboro Avenue, Easton, Maryland 21601

Organization's Mailing Address: 28464 Marlboro Avenue, Easton, Maryland 21601

Organization's Principal Place of Business: 28464 Marlboro Avenue, Easton, Maryland 21601

Organization's Place of Performance of Services (if different): 225 Peachtree Street NE, Ste 1900  
Atlanta, Georgia 30303

Contact Person's Name: Bob Foley

Contact Person's Title: Senior Vice President

Contact Person's Phone No.: 813.972.8100 Ext: 12007 or 866.254.2075

Contact Person's Fax No.: 888.877.5526

Contact Person's Email Address: foleyb@qlarant.com

Tax I.D. Number: 52-1000082

09 301 5246

DUNS Number: \_\_\_\_\_

48

Age of business \_\_\_\_\_ Average number of employees over the past three (3) years: 84

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned N/A Women-Owned N/A

Indicate the underlying philosophy of the firm in providing the services required within this solicitation:

At Qlarant, we are committed to protecting and improving upon the clinical and fiscal integrity of healthcare and other public support systems in the communities we serve. Our person centered approach to information gathering and our focus on the improvement of service delivery drive system change and ultimately enhance the lives of vulnerable members of our communities. We consistently meet or exceed customers' requirements and expectations for quality, performance, timeliness, and cost of services. Our vision is to deliver the most innovative solutions and unrivaled results with an agile, expert workforce, and trusted, strategic relationships. Our mission is to deliver quality, clarity, and opportunity.

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at its own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it **has not** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
9. **REPRESENTATION REGARDING GRATUITIES**  
The Contractor represents that it **has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.
10. **INDEPENDENT PRICE DETERMINATION**  
The respondent certifies that the prices submitted in response to the solicitation **have** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.



**11. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES**

The prospective Contractor represents as a part of such Contractor's proposal that such Contractor **has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

Company Name: Qlarant Quality Solutions, Inc.

Printed Name and Title of Representative: Ronald G. Forsythe, Jr., PhD,  
Chief Executive Officer

Signature/Date:  1/6/3/21

*Note: Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.*

## A.2. Technical and Management Proposal

### A.2.1. Technical Data

Qlarant has over 30 combined years of experience conducting surveys with the aging and disability populations. We thoroughly understand how to manage a project of this scope and nature. Qlarant offers a sound technical approach substantiated by years of experience with quality assurance contracts, including conducting over 25,000 National Core Indicator (NCI®)<sup>1</sup> surveys with people with intellectual and developmental disabilities (IDD) and the aging and disabled populations. Our deep understanding of all aspects of the scope of work for conducting these surveys has guided us in the development of the technical solutions put forward for this project. We believe our proposed processes will provide MDHS with meaningful information appropriate for innovative and informed reporting and in the most cost-effective manner possible.

Qlarant has a stellar reputation for providing a comfortable and collaborative atmosphere to conduct all types of quality assurance reviews and interviews. The following quote is from a Georgia provider regarding the review experience with Qlarant:

*“I wanted to let you know how much we appreciate the way in which your team facilitated their recent review at our organization. In all the years I have been here and participated in so many different review processes from so many different teams, auditors, etc... this was the only one that was not a nerve-racking experience. The people conducting the review were very kind and outgoing, cordial and accommodating. Their way of handling interviews was by far the best I have ever witnessed (emphasis added). We are grateful for the way in which your team handled the entire process. And as for me... (I can't believe I am even saying this...) it's the first time I have ever enjoyed a review.”*

Qlarant will provide MDHS the best option for conducting survey activities. Our technical approach will ensure all necessary data are collected, entered, and validated. Our sampling methods will ensure required levels of confidence and accuracy, and our analytics team will develop a comprehensive and innovative final report.

#### A.2.1.1. Ability to Provide a Statewide Assessment of Current and Unmet needs

Assessing and identifying the needs of a population that relies on supports and services to maintain health, safety, wellbeing, and community living is vital to helping prevent unnecessary placements outside the person's home. Knowing and understanding a person's unmet needs are fundamental to ensuring he/she obtains the necessary supports and services, whether paid or natural supports. At the state level, having information about the population's needs can help guide the state agency towards improvements to service delivery, help with the evaluation of current and future resources, support a petition for additional funding and guide the development of or modifications to policies. Qlarant understands the importance of this information to MDHS and the people served in Mississippi.

Therefore, the project plan and timeline developed for this proposal ensures all survey deliverables will be met within a three-month period. These will be monitored by the Project Director and Project Coordinator to ensure the completion of all deliverables. A project plan outlining the timeline for each key task of the DAAS Needs Assessment is presented in

---

<sup>1</sup> Developed by the Human Services Research Institute and the National Association of State Directors of Developmental Disabilities Services.

**Attachment A - Project Plan Timeline.** It identifies our proposed timelines for the implementation (start-up) phase of the contract, start and completion of the surveys and the completion of the final report. This will allow time for the analysis to be conducted and the final report to be completed within the following month after the survey data collection and data entry are complete. Our proposal is to begin collecting all the data concurrently. Telephonic interviews and the process to mail surveys to providers will begin within 31-days of the contract start date.

*Qlarant will utilize best practices based on years of experience with conducting surveys.*

To help ensure our success, Qlarant will utilize techniques used in the past that have been successful in meeting our deliverables. **Table 1** outlines these innovative and tested methods:

**Table 1: Innovative and Tested Methods**

Method	Reasons for Use
Utilize Survey Monkey to capture the data.	Qlarant chose to utilize Survey Monkey to collect the data for the surveys to help reduce the cost of developing a new IT solution. Qlarant has utilized Survey Monkey for over ten years. This platform has the capability, flexibility, and functionality needed for the DAAS Needs Assessment survey. It allows for the administrator of the survey to download real-time reports/graphics and all the data in an excel format that can then be used for analysis.
Utilize sub-contractors with flexible working hours to allow for calls after business hours and on the weekends.	Each of the sub-contractors identified in this proposal has experience conducting surveys for Qlarant. Each has shown in past Qlarant contracts to be dependable and flexible to ensure the deliverables and timelines are met. They are all committed to doing this work and are prepared to begin after the contract award.
Send postcard notifications to people selected in the sample so they know to expect a call.	This method has proven effective for other surveys conducted by Qlarant. During the call, the Surveyor can reference the information mailed to help develop trust with the person and legitimize the purpose of the call with the person.
Share information about the project to the District AAAs case managers, who can respond to any questions posed by people selected in the sample, about the interviews.	As a part of Qlarant’s communication plan, Qlarant will develop a presentation (in collaboration with MDHS) to explain the purpose and plan for the project to stakeholders. Sharing this information and encouraging them to communicate it to people served, will help support the project and increase its success.

There are three key components of the survey process needed to fully complete the surveys as shown in **Figure 1** on the right.



**Figure 1: Survey Process Components**

The process starts with **Pre-Survey Activities**.

The events in this component include:

- Preparing the sample
- Distributing the sample to the Surveyors
- Sending out notifications to the survey recipients describing the purpose of the DAAS Needs Assessment survey
- Surveyor preparing to conduct the survey

The pre-survey process begins with MDHS sending Qlarant a list of 3000+ participants from all Planning and Service Areas, i.e., people who are age 55 and older and currently receiving

services in the state of Mississippi from one of the ten Area Agencies on Aging (AAA) Districts. Once received, the Scientist and Senior Data Analyst will select ten sets of random samples, 300 from each of the 10 AAA districts. An oversample of the minority and rural populations will be selected within each district to ensure adequate representation of those populations.

MDHS will also send Qlarant a list of people who are currently on the waiting list in any of the ten AAAs. A representative sample will be selected from the list. An oversample from the waiting list can be used for each District to replace people who may decline to participate or we are unable to contact. This will ensure an adequate number of people are interviewed. The Project Coordinator will review the sample and ensure the contact information is included and complete. If contact information is not sufficient, a person from the oversample will be used as a replacement. Once the list is finalized, the Project Coordinator will send it to the Qlarant mailroom to prepare to send postcards to all the individuals in the sample.

Qlarant has had much success increasing participation in mail surveys by notifying potential participants in advance of the survey they will soon receive. Therefore, prior to the interview, Qlarant will send a postcard to each person selected to participate, to provide the person with information about the survey and its purpose. **Figure 2** below is an example of the possible content of the postcard:

**Figure 2: Reminder Postcard Sent to Service Providers**



## ***Get Ready for Your Survey!***

You have been randomly selected to participate in the Mississippi Department of Human Services Needs Assessment Survey. This confidential survey assesses your current needs and will help the state evaluate the service needs for Mississippi's elderly population. You will receive a phone call from a representative of Qlarant Quality Solutions who will conduct the survey with you over the phone. Your participation and feedback is very important to help us better serve you and all Mississippians. Thank you in advance for your willingness to support this project. Please contact us at **1-800-XXX-XXX** with any questions.

**MDHS**  
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

**Qlarant**

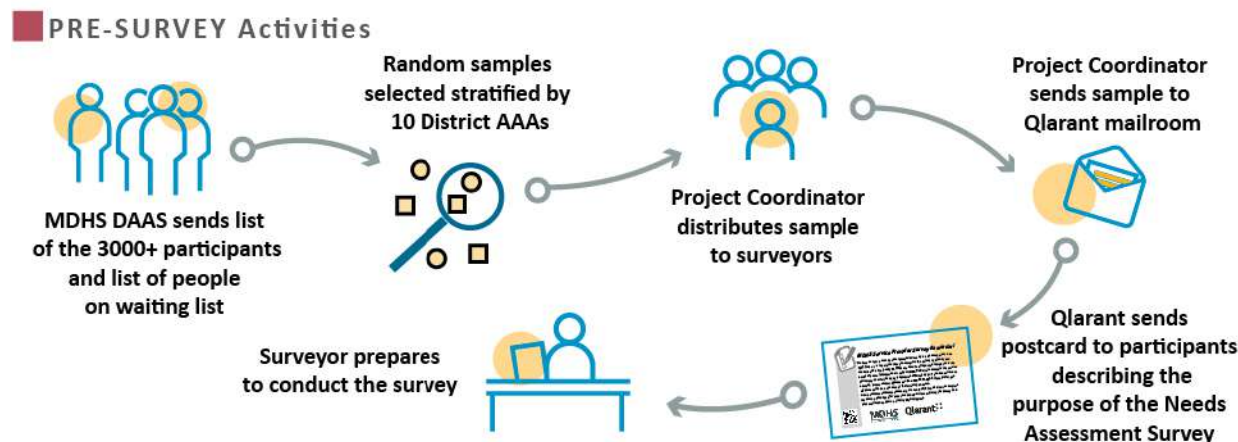
Qlarant will collaborate with MDHS to compose the content of the postcard to ensure the message is clear, concise, and representative of the purpose of this project.

Prior to the postcards being mailed, the Project Coordinator will equitably distribute the sample to the Surveyors. Each Surveyor will receive an excel spreadsheet with the person's name and contact information, to be used to track the process and progress of contacting the person and conducting the surveys, e.g., number of attempts made to contact the person, date of contact and when survey was completed, and length of time for the interview. Using a secure, single sign-on

web-based portal, these sample documents will be posted for each Surveyor. The portal will be used as the **survey tracking system**. Once the Surveyors receive their sample, they will prepare to conduct the survey, which will include accessing Survey Monkey and organizing their approach.

The following **Figure 3** depicts the workflow for pre-survey activities:

**Figure 3: Pre-survey Workflow Activities**

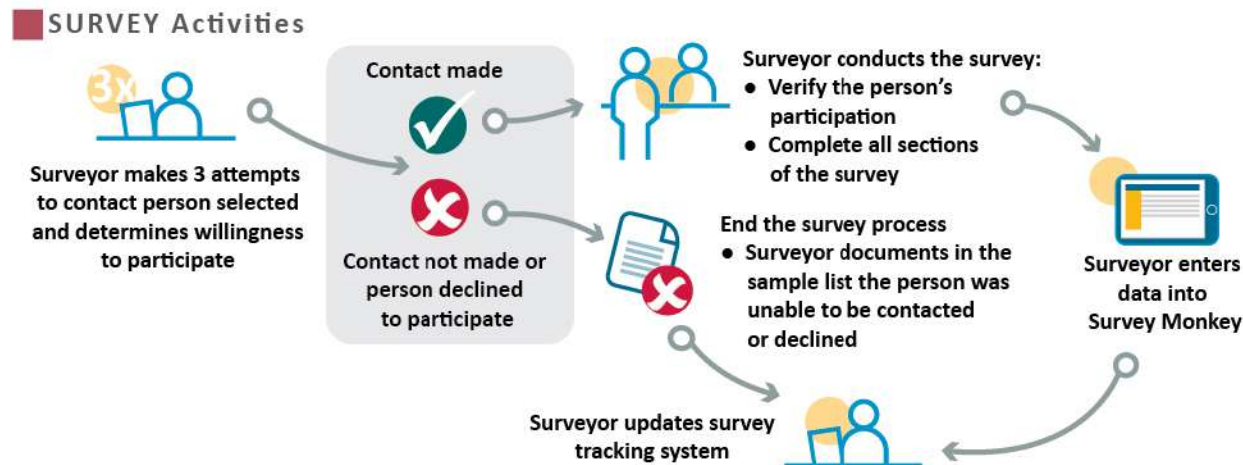


**Survey Activities** are the second key component of the process, which includes the following steps:

- Step 1: Surveyor contacts the person selected to participate
  - Using the contact information provided by MDHS, the Surveyor will attempt to call the person at least three times, once per day
  - If contact is made, determine the person's willingness to participate
  - After three unsuccessful attempts, or if the person declines to participate, the Surveyor will document the person as "unable to contact" or "declined to participate" and move to the next person on the list.
  - If the person does not answer, if possible, the Surveyor will leave a message reminding the person about the postcard explaining the purpose of the survey, and leave a name and return phone number.
- Step 2: Conduct the survey
  - If contact is made with the person, the Surveyor will use a script with key areas of information to initiate the conversation. This script will be developed in collaboration with MDHS and could include but not be limited to the following instruction:
    - Define the role of the Surveyor
    - Explain reason for the call
    - Remind the person about the postcard
    - Explain the purpose of the survey
    - Explain the confidentiality of the survey results
    - Explain how results will be used to improve services & benefit people receiving them
    - Explain how long it takes to conduct the survey over the phone
    - Verify if the person is willing to participate
  - Surveyor will begin the interview. During the call, the Surveyor will clarify any questions as needed.
  - Surveyor will enter responses into Survey Monkey throughout the interview. This will create efficiencies in the process to help meet timelines for the project.

- Before concluding the call, the Surveyor will ask the participant if there are any other questions about the survey and thank the participant for time spent completing the survey. **Figure 4** depicts this process.

**Figure 4: Survey Activity Workflow**



**Post-Survey Activities** occur after the survey has been conducted and the Surveyor has entered all the data into the Survey Monkey application. The following steps will occur to complete this last component of the survey process:

- To ensure the data are accurate, Qlarant's analyst will develop and regularly run a data validation SAS program to search for any missing data or anomalies that may indicate errors.
- If identified, errors will be shared with the Project Coordinator who will investigate these with the Surveyor, as needed, and submit corrections back to the analyst.
- Once the data have been reviewed and finalized, the Project Coordinator will track all completed surveys using the tracking system. The survey tracking system will include, but not be limited to, the following:
  - Person's identifying information
  - Date(s) of attempted contacts
  - Date contact was made with the person, if applicable
  - Reason if the person declined to participate
  - Date the survey was completed
  - Date data entry was completed
  - Total time to conduct the interview

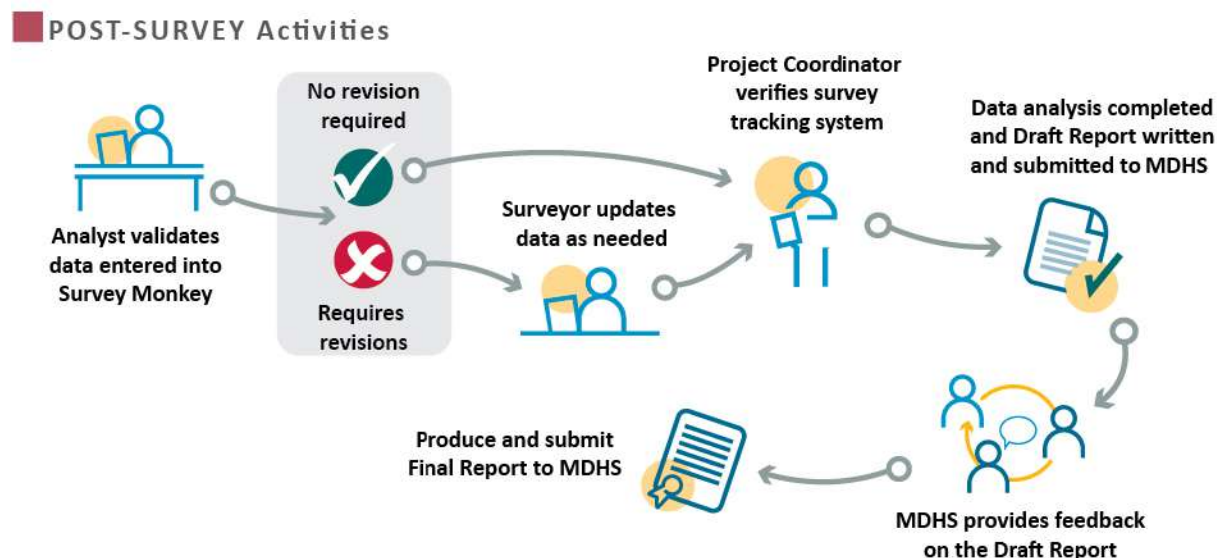
Tracking surveys will allow the Project Coordinator and Project Director to monitor progress of the survey process and mitigate any potential risk to the scope of work or timelines. When the Project Coordinator completes the validation process, data will be available for analysis.

Analysis will be completed and a draft report will be sent to MDHS. Data collected will be used to provide MDHS with the projected needs to assist each District and the State to plan for future resource allocations, guide policy development or changes, and support informed decision-making regarding service needs for the aging population. Analysis can include a review of the reasons a person declined to participate, which could also provide valuable information to help improve the survey process. See **Sections A.2.1.8, A.2.1.9, and A.2.1.10** for further details on methods Qlarant will use for projecting the needs of the population and the draft and final report.

A meeting will occur with MDHS to review the draft report and any feedback, questions, and discussion will occur. The analytic team will use this information to make any modifications to the report before sending the final version to MDHS.

**Figure 5** illustrates a workflow that outlines this final component of the process that will be utilized to ensure this project's success.

**Figure 5: Workflow for DAAS Needs Assessment Survey**



This process was designed based upon many years of experience conducting surveys similar to the DAAS Needs Assessment. Qlarant is confident this process will ensure the success of this project and provide MDHS information to accurately project the needs for older Mississippians served through the AAA programs.

#### **A.2.1.2. Ability to Provide a Statewide Assessment of Projected needs for Service Providers**

Qlarant has evaluated, interviewed, and provided technical assistance with service providers for 20 years. We are committed to the success of each provider's service delivery systems and provide technical assistance to support quality improvement. For over six years, as part of the NCI® surveys project in Georgia, Qlarant conducted Staff Stability Surveys which were sent to providers with results used to evaluate the staffing climate, costs, and staff retention of provider organizations. We tracked responses and ensured that each year 100 percent of the surveys were returned to Qlarant for data entry.

***Over the years, we have improved mail survey processes to ensure maximum efficiency and success, and to ensure deliverables were met within given timelines.***

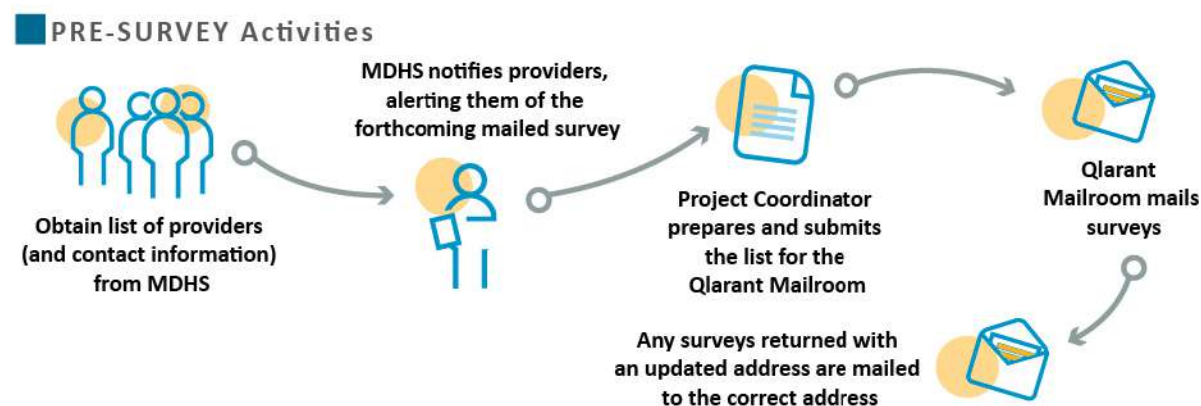
Qlarant also has significant experience and success with implementing mailed surveys to family members and guardians of people receiving services. For over 23 combined years, our contracts in Georgia and Florida have developed efficient and effective processes for the NCI® Family Guardian and Adult Family mailed surveys, i.e., sampling, mailing, data entry and analysis of

results when requested. These surveys are conducted every year to solicit information from family or guardians regarding satisfaction with services, the needs of people served, and the quality of services provided.

Similar to the DAAS Needs Assessment survey process, there are three phases of activities: Pre-Survey, Survey, and Post-Survey.

The **Pre-Survey Activities** begin with receipt of the list of all service providers, including their contact information, from MDHS. MDHS will also notify the providers of the impending survey and request their participation. The Project Coordinator will review the list and contact information to ensure there is no missing information prior to submitting the list to the Qlarant mailroom. Once submitted, mailroom personnel will send the survey, with a self-addressed stamped return envelope, to the service provider. Any surveys returned to Qlarant with an updated address will be re-sent using the correct/current address. **Figure 6** demonstrates the workflow for these activities.

**Figure 6: Pre-Survey Activities Workflow**

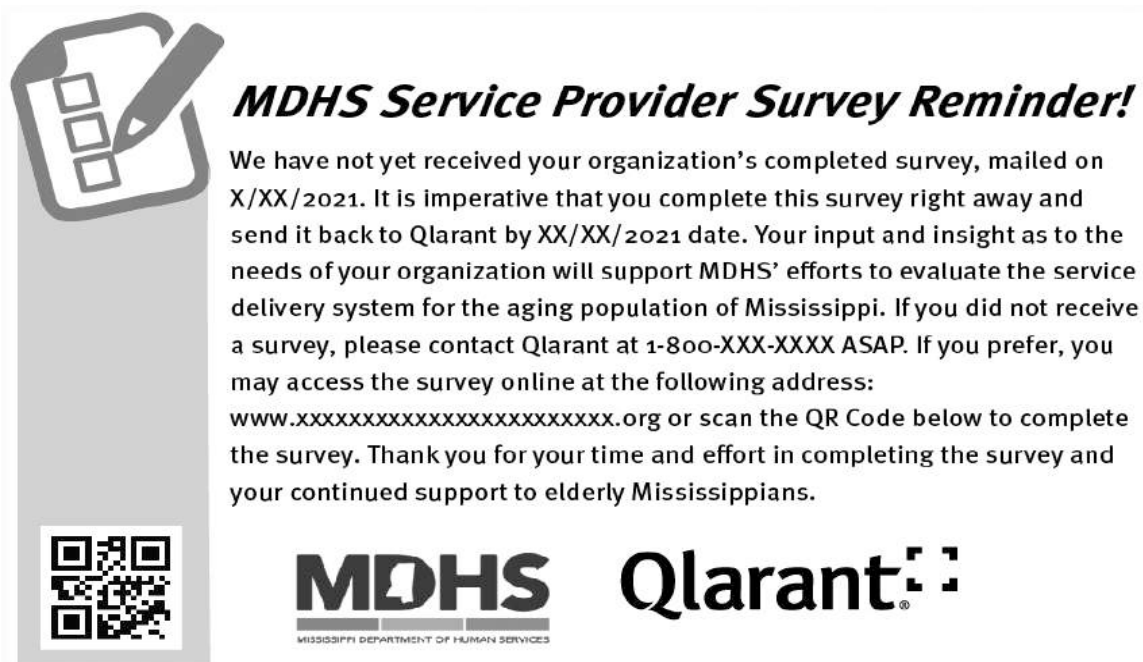


If the provider prefers to complete the survey online, Qlarant recommends the Survey Monkey link to the service provider survey be included on the mailed survey. Another recommended idea is to include a Quick Response (QR) Code on the survey. So, if the provider has a smart phone or tablet, they can scan the code and it will direct them to the Survey Monkey to complete the survey. These options could create efficiencies in the process and offer providers three separate ways to complete the survey: mail-in paper survey, use Survey Monkey link, or use the QR code with cellphone or tablet.

The **Survey Activities** start once the service provider mails the completed survey back to Qlarant. Qlarant's project support person will enter survey results into Survey Monkey and update the survey tracking system. Due to the quick turnaround timeframes for this portion of the project, each survey will have a unique identifier to track providers who have not completed the survey. This will allow the Project Coordinator to closely monitor the return rate. If less than 50 percent have been returned by half-way through the timeline, the Project Coordinator will send a list of service providers who have not yet responded to the Qlarant mailroom. The mailroom will prepare and send a reminder postcard. **Figure 7** is an example of a reminder postcard.



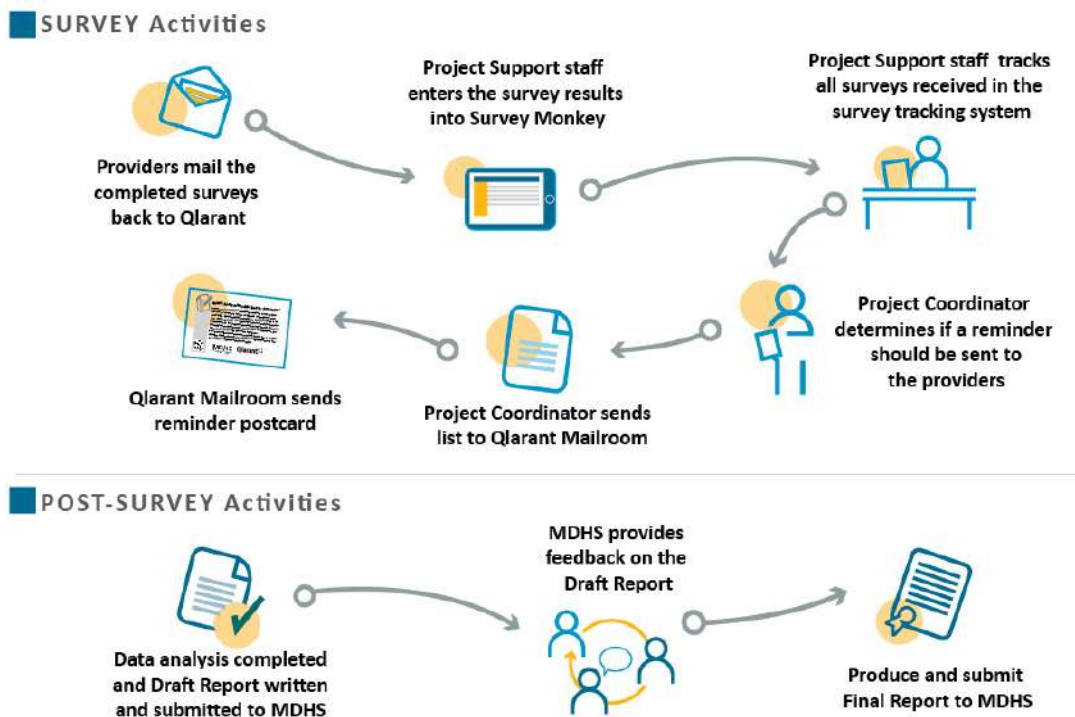
Figure 7: Reminder Postcard Sent to Service Providers



Post Survey Activities include the completion of analysis and a draft report submitted to MDHS. Qlarant will meet with MDHS to discuss the draft report and provide an opportunity for MDHS to provide feedback on the report. Based on this feedback, Qlarant will revise the draft report and produce and submit the final report.

Figure 8 shows the Survey Activities and Post Survey Activities processes.

Figure 8: Survey and Post Survey Activities Workflow



Data we collect will be used to provide MDHS with the projected needs for services and service providers to assist each Planning and Development District and the State in planning for future resources and allocation. Based on population and service need projections, as described in **Section A.2.1.9** of the proposal, we will be able to predict not only the need for more or fewer providers for each service but also needs identified in the provider needs assessment survey. If 10 percent of providers indicate a need for additional training, changes in service definitions, or additional community resources, and these are not addressed over the next five years, that need will grow as the population grows and the number of providers offering services to the population increases.

***Qlarant will predict the need for more or fewer providers for each service and also any needs identified in the provider needs assessment survey.***

### **A.2.1.3. Ability to Provide a Statewide Assessment of Projected Needs Among Older Mississippians on Waiting Lists for Services**

Across the nation, people are waiting to receive needed services. Due to limited resources, people who are eligible for services are put onto waiting lists until resources become available. Knowing the needs and supports of people on the waiting list assists states in advocating for additional resources. It also helps them better understand the types of services needed so these can be monitored or solicited to ensure they are available to the population.

***Since 2001, Qlarant has used interview data to identify and report needs for additional services or supports and provided recommendations to support states' efforts to meet the population's needs***

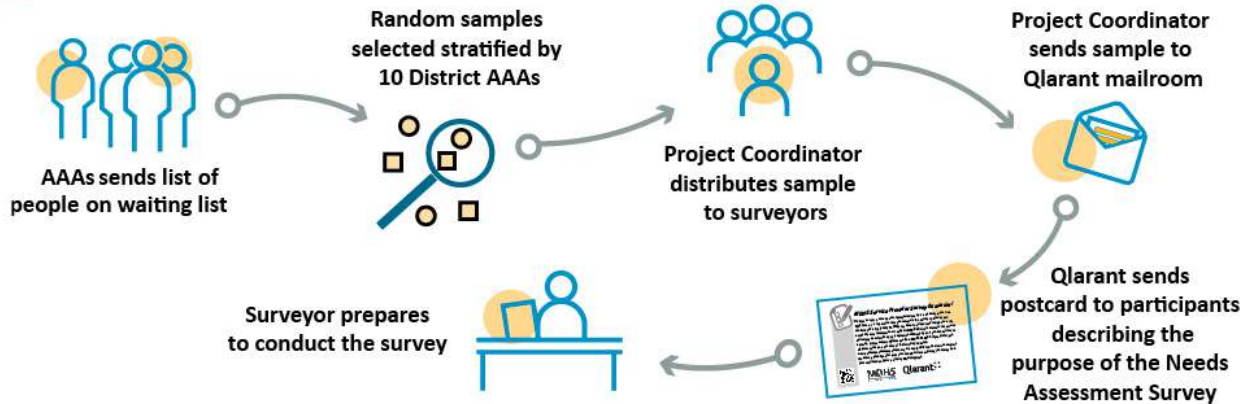
Qlarant's experience conducting surveys to identify the needs of the aging and disabled populations and conducting analysis based on these data is vast (see **Section A.2.1.1** for details). Since 2001, Qlarant has completed interviews with these populations to determine their experience with current services and to identify any need for additional service or support. We have utilized this information to provide recommendations to states

to support efforts to meet the service needs for these populations. Qlarant has developed, tried, and tested practices to ensure the process supports the state's goals of determining gaps in services and resource needs for these populations.

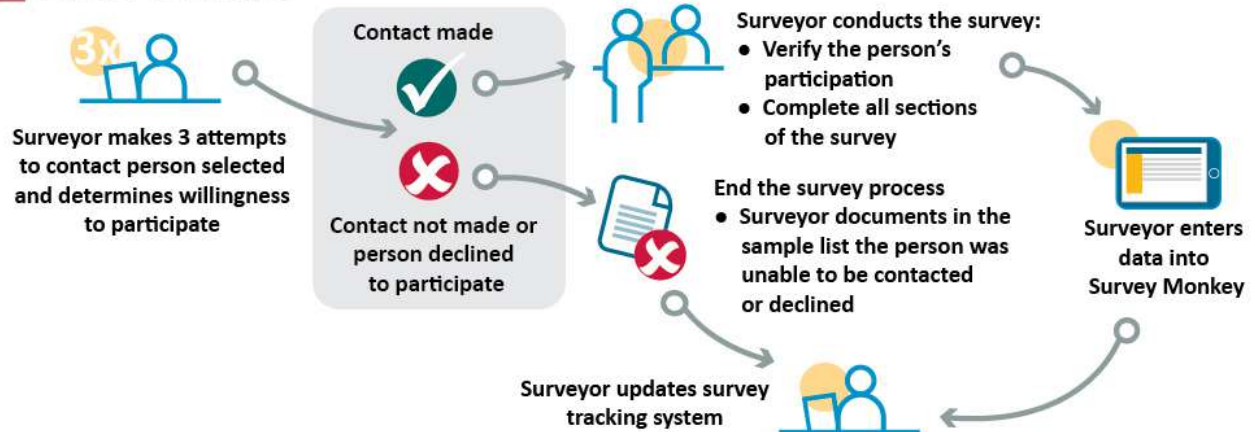
Similar to the processes described in **Section A.2.1.1**, Qlarant plans to conduct the DAAS Needs Assessment survey for people on the waiting list utilizing the same three key components: Pre-Survey Activities, Survey Activities and Post Survey Activities. **Figure 9** demonstrates the workflow for the entire process.

Figure 9: DAAS Needs Assessment Survey Workflow for People on Waiting List

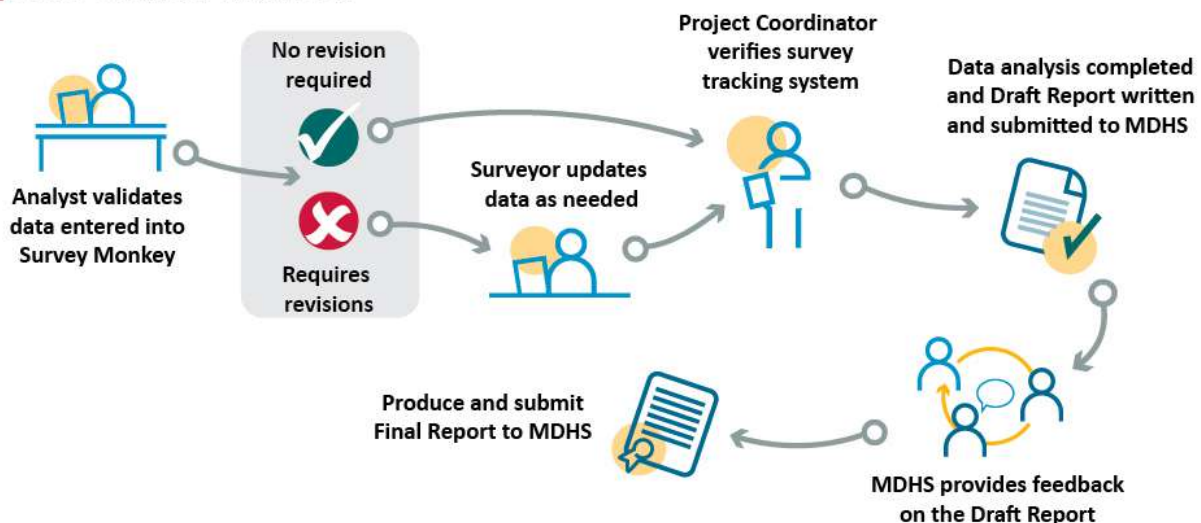
**PRE-SURVEY Activities**



**SURVEY Activities**



**POST-SURVEY Activities**



Once Qlarant has received the list of people on the waiting list from all the Planning and Development District AAAs, the Senior Data Analyst will select a random sample, stratified by District AAA and proportionate to the District AAA populations. The sample will conform to the requirement by MDHS for a +/- five percent error rate.

Data collected from people on the waiting list will be included as part of the analysis conducted to generate the draft and final reports. The information will be used to do comparative analysis with the aging population receiving services and further inform MDHS regarding projected service needs as these Mississippians begin receiving services. Information from the waiting list survey will be used in the calculations described in **Section A.2.1.9** to determine the future need for services, number of providers to meet the needed services, and projected needs based on population growth, particularly within age groups. Because the older age groups, e.g., age 85+, are growing at a faster rate, we will capture that in the projection models and determine estimates of future service needs from the current waiting list survey, particularly if no additional providers or services are offered through the AAAs.

#### **A.2.1.4. Ability to Provide a Statewide Assessment of COVID Inquiries for Impact to Participants**

Clearly the COVID-19 pandemic has impacted the lives of people across the United States, particularly older Americans. According to the Centers for Disease Control (CDC), older Americans are at greater risk of hospitalization or dying if diagnosed with the illness, and that eight out of 10 deaths from COVID-19 have been in adults age 65 and over. Therefore, it is commendable that MDHS is requesting, as part of this program, the skills needed to assess the impact of COVID -19 on older Mississippians who receive services through the AAAs or are on the waiting list.

Qlarant's team of analysts, with expertise in developing tools and indicators, will bring to this project the experience needed to assist in developing relevant questions to explore the impact of COVID-19 on the lives of people interviewed. Two questions were noted in the RFP:

- Has the participant or family member contracted COVID-19?
- Does the participant have any needs related to COVID-19?

In addition to these, Qlarant's team (Project Director, Project Coordinator, and Scientist) will work collaboratively with MDHS and DAAS to develop additional relevant questions, as requested, related to the pandemic and how it has impacted people's lives and services or service providers. Did the older person lose employment due to the pandemic and how has that impacted the person and the person's family? Have you lost any or had a reduction in services due to the pandemic? Have you lost a service provider due to the pandemic? These circumstances will impact the overall need for services and will be critical to use when developing projection models, as described in **Section A.2.1.9** of this proposal.

***Qlarant's team of experienced and highly qualified interviewers has already conducted over 500 NCI surveys that included well-crafted questions about the impact of COVID-19 on the lives of people receiving Home and Community Based services.***

In our Georgia Quality Assurance program, we conduct the NCI® In-Person Survey that now includes additional questions for COVID-19, giving us experience in this area. These include questions about employment, stability, interactions with family and friends, changes in daily life activities, and the ability to/availability of technologies through programs, such as Zoom or FaceTime to stay connected to others. These and other ideas for additional questions to add to the assessment will be developed for approval by MDHS.

Analysis of the COVID-19 data will be conducted to determine the extent of and continued impact of the pandemic on older Mississippians. The Scientist and Senior Data Analyst assigned to this project have a combined total of 25 years of analytic experience, including as the lead (Senior Data Analyst) on two national surveys collecting data on local health departments that were sponsored by the CDC and the Robert Wood Johnson Foundation (RWJF). The analyst team has extensive experience analyzing survey data from Personal Outcome Measures (POM®) interviews, developed by the Council on Quality and Leadership (CQL), NCI® surveys (In-Person and mail family surveys), and proprietary data from interview tools developed by Qlarant to measure outcomes and supports and meet the specific needs of each client.

The team has also prepared a quality improvement study using the NCI® data, comparing responses from similar questions across the In-Person, Adult Family and Family Guardian surveys.<sup>2</sup> By making these comparisons, the state could see if there were discrepancies in responses to the same questions. For example, according to guardians (Family/Guardian Survey), individuals not living in the family home were much more likely to have providers help them make connections to typical supports in the community and to family or friends than were individuals living with the family (Adult Family Survey).

Using the same type of comparative analysis, the COVID-19 data can be analyzed to explore AAA districts that may have had significantly more or less impact from the pandemic than the average. Was employment more seriously impacted for older Mississippians in one area of the state than another? Comparisons can also be made across districts to determine if one or two AAAs showed significantly more impact than other AAAs. Qlarant will work collaboratively with MDHS to determine the best questions to ask and analytic processes to pursue. Results will be presented in the Draft and Final Report.

#### **A.2.1.5. Ability to Provide an Analysis of Social and Economic Variables Taken into Consideration**

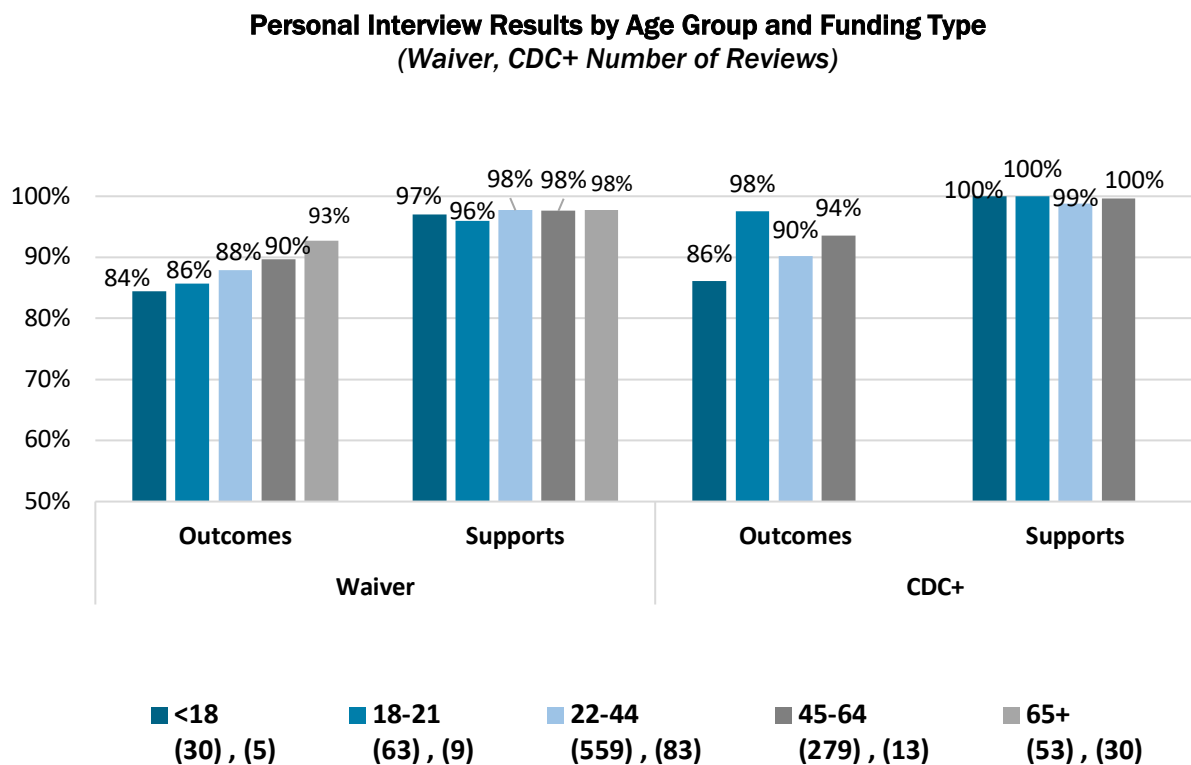
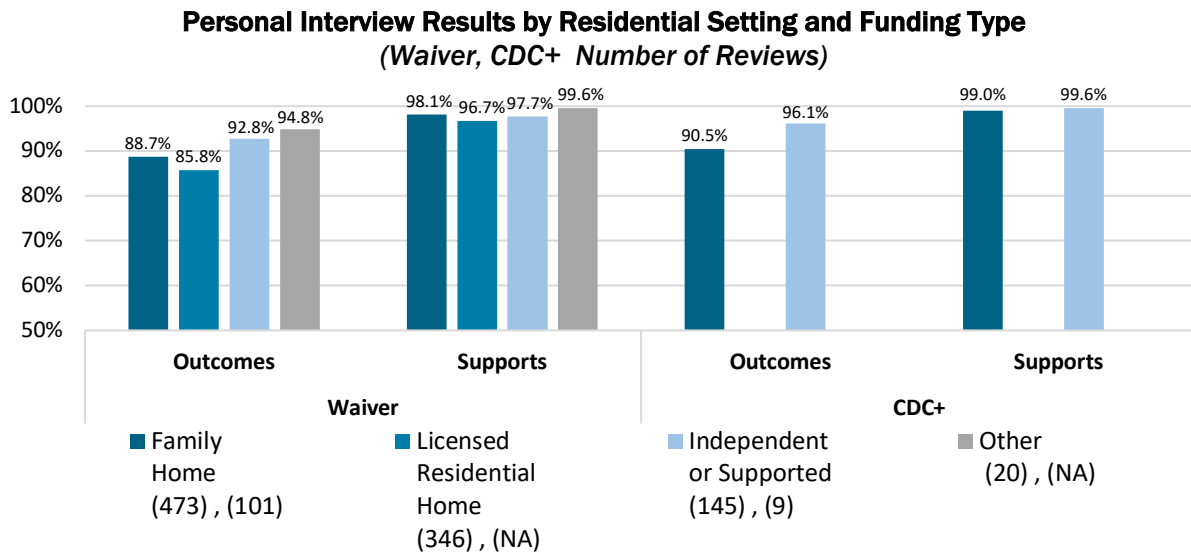
With a Master's in Demography and a PhD in Sociology, the Scientist who will be working on this project, Dr. Katherine Glasgow, has extensive education in and experience with analyzing common demographic and sociological variables such as those noted in the RFP: Socio-Economic Status (SES), employment, voting patterns, age, race, sex, health status, income, family structures and residential settings. In addition, over the past six and a half years with Qlarant, Dr. Glasgow has collaborated with clients and the analyst team to produce approximately 153 regular quarterly/annual reports, over 200 ad hoc reports, and 40 quality improvement studies, analyzing and presenting data from our intellectual and developmental disability (IDD) programs.

Reports regularly show distributions and findings (outcomes met) by various demographic characteristics including regions, residential settings, dual diagnoses (yes/no), type of service, and age groups. The following graphs in **Figure 10** provide several examples of data presentations showing individual outcomes by demographics, range of provider scores by the size of the provider organization, and satisfaction with different aspects of services.

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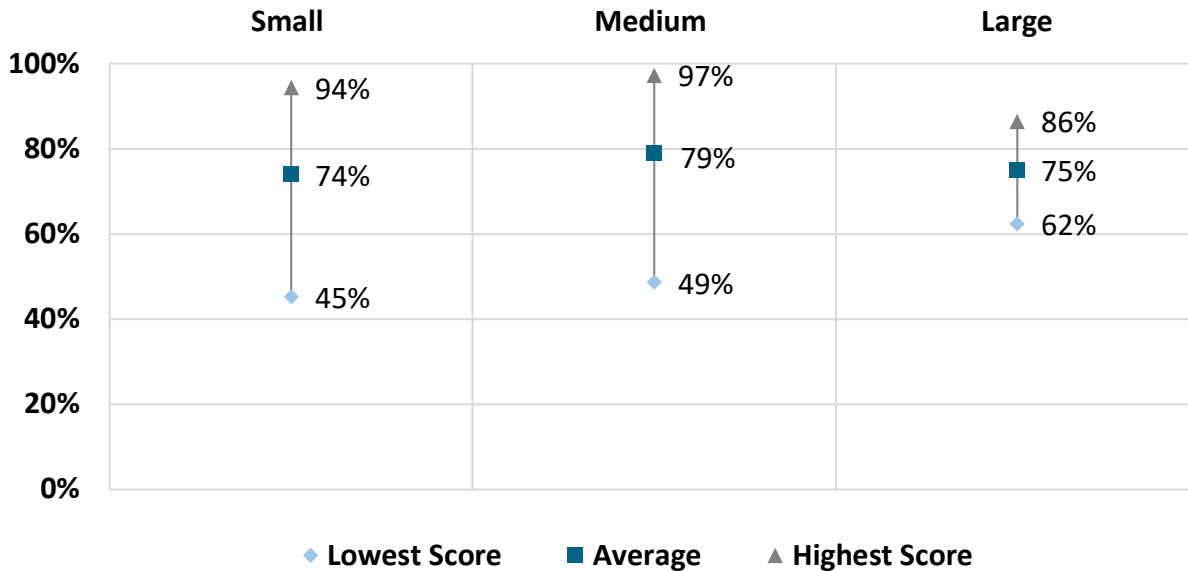
<sup>2</sup> National Core Indicator Results and Comparisons: Adult Family, Family/Guardian, and Consumer Surveys: 2008-2009 and 2009-2010. Prepared for the Georgia Division of Developmental Disabilities, June 2011.

Figure 10: Example of Data Presentations<sup>3</sup>

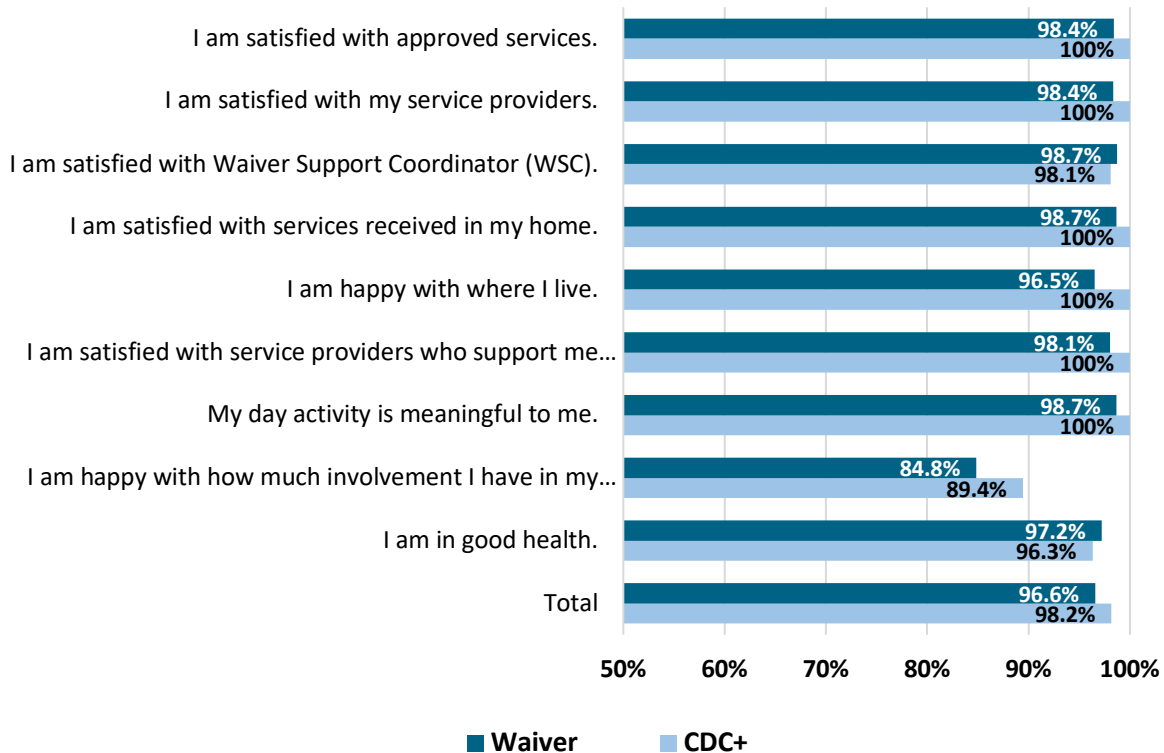


<sup>3</sup> Individuals receiving services through CDC+ live only in family homes or independent living.

### Range of Scores by Provider Size



### Satisfaction: Percent Agree or Strongly Agree by Funding Type



Quality improvement studies provide clients with critical information to guide policy and quality improvement initiatives targeting ways to improve system performance. Studies generally include predictive analytics, such as multivariate regression, and often identify key provider performance areas or services that best predict higher levels of outcomes for individuals receiving services, controlling for other factors (individual and provider demographics) that may influence the outcomes. For example, in a study completed in June 2015, Qlarant analyzed the effect on outcomes of being a high-risk service recipient, as defined by having a dual diagnosis for both behavior health and IDD.<sup>4</sup> Does having a dual diagnosis impact the person's outcomes? The following factors were used in the analysis, with the reference group in bold for categorical variables:

***We have produced over 150 quarterly/annual reports for four different states and 40 quality improvement studies, including analysis of various socio-demographics, making us uniquely and highly qualified to examine service needs for various subgroups in the population.***

- Dual Diagnosis: Yes vs. No
- Residential Setting: Group/Host Home vs. Family/Own Home
- Gender: Male vs. Female
- Level of ID: Mild/Moderate vs. Severe/Profound
- Communication Style: Spoken vs. Gestures/Sign/Technological Assistance
- Race: White vs. Nonwhite
- Age group: 18 to 22 and 55 or older vs. 23 to 54
- Each service the person receives: 1 (have the service) vs. 0 (do not have the service)
- Total number of services received by the person

Findings indicated that controlling for the demographic information above individuals with co-occurring conditions were less likely than individuals without co-occurring conditions to have had a choice of community services and supports.

An additional study completed in 2019 examined the cost of Supported Employment, compared to other services, the impact of having Supported Employment on a person's overall outcomes, and specific areas of Support Coordinator activities that best predicted if a person will receive Supported Employment. Variables available and included in the study were:

- Male (Female)
- White (Non-White)
- COMP (NOW) (Waiver type)
- IDD Level – Severe/Profound (Mild/Moderate)
- Residential Setting – Own Place (Group Home/Host Home)
- Residential Setting – With a Parent (Group Home/Host Home)
- Each service compared to all other services
- Health Care Level (HCL) based on the Health Risk Screening Tool (HRST) scores
  - HCL High Risk (Low Risk)
  - HCL Medium Risk (Low Risk)
- Average annual cost of claims (averaged over three years)
- Person's outcomes, based on a face-to-face interview with the person

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<sup>4</sup> Co-Occurring Diagnoses: Impact on Outcomes and Provider Performance, prepared for the Georgia Division of Developmental Disabilities, June 2015.



Controlling for the demographics listed above, findings indicated Supported Employment not only costs the state less than other services, but improved outcomes in people's lives. In addition, we identified Support Coordinator activities that increased people's likelihood of getting Supported Employment.

Qlarant will leverage this expertise in analyzing data from the Needs Assessment surveys. With a stable and highly qualified analytic team, we are the best option for providing MDHS with the skills needed to conduct various types of analyses (univariate, bivariate and multivariate), comparative analysis, predictive analysis and forecasts for needs, and statistical testing as appropriate, using available social and economic variables as possible.

#### **A.2.1.6. Ability to Provide Representation of the Ten AAAs**

The quality of and extent to which information gathered during a needs assessment process is representative of the population begins with solid sampling methods, ensuring data are representative of the population and support actionable recommendations for quality improvement initiatives. Qlarant's team of analysts brings to this contract 72 years of combined professional analytic experience and over 27 years combined experience in developing sampling methods for a variety of quality assurance contract specifications. Our sampling methodologies have ensured data are suitable for Centers for Medicare and Medicaid Services (CMS) evidentiary reporting and meet the Department of Justice (DOJ) specifications of confidence levels and intervals.

The Qlarant team has developed sampling methods for multiple quality assurance contracts using various techniques to generate a representative sample: cluster, stratification, two stage, and systematic random and simple random methods. Led by a PhD scientist who has taught sampling, research methods and statistics at the university level, Qlarant will provide MDHS a

***Qlarant will provide MDHS a uniquely qualified team and an optimum level of expertise in designing and implementing sampling methods to ensure all samples meet the margin of error requirements delineated for this contract***

uniquely qualified team and an optimum level of expertise in designing and implementing sampling methods to ensure data meet the requirements delineated for this contract.

To ensure representation of all AAAs, MDHS will provide Qlarant with a list of all individuals age 55 and over, receiving services through the AAAs or who will be eligible at age 60. We will meet with MDHS to discuss information that will be needed on the list and ensure the person's AAA is included, as well to identify the person's minority status and rural vs urban residential setting. This sampling frame will be stratified by AAA and 300 individuals will be selected randomly from within each district.

MDHS will also provide a similar sampling frame list for all people in each AAA district who are on the waiting list for services. Qlarant will stratify the sample by AAA district and randomly select a sample that is representative of people in each AAA district, proportionate to the population of people on the waiting list in each AAA district. Using this sampling method, we will conform to the error rates established by MDHS (+/- 5%), as describe in **Section A.2.1.7** of this proposal. To maintain the appropriate sample size and the integrity of the data, an oversample will be used for each AAA district to replace people in the district whom we are unable to reach or decline to participate.

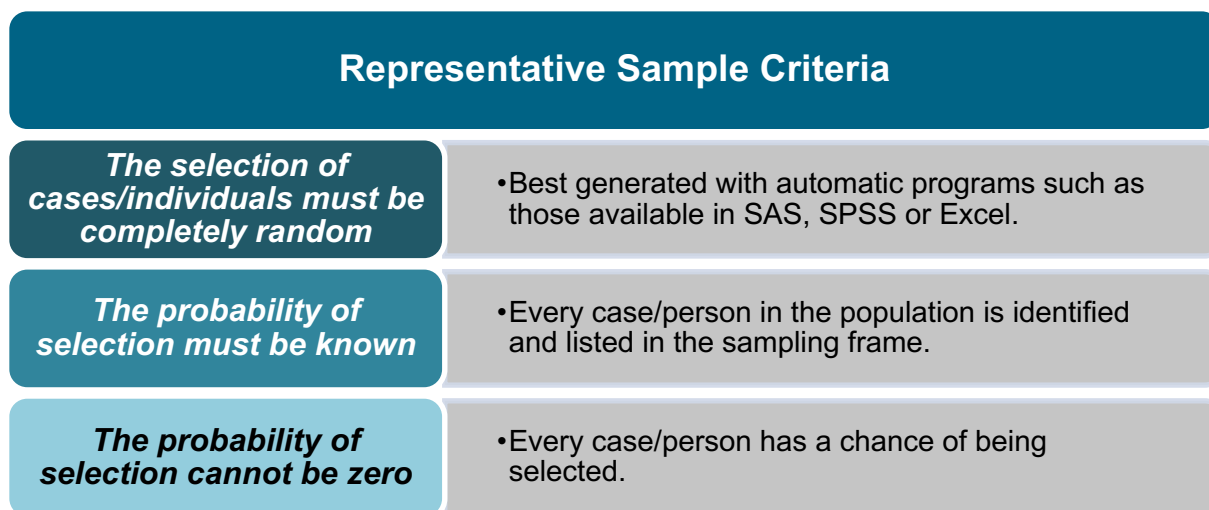
### A.2.1.7. Ability to Provide an Analysis/Assessment Reflecting a Margin of Error no Greater than 5%

There are numerous types of sampling methods. The sampling method is generally chosen based on research needs and ultimately determines the types of analytic techniques that can be applied to the data. Random probability sampling techniques must be used to ensure the sample is representative of the population, across the state and also within each AAA district. When random probability sampling is properly implemented, it is not only possible to generalize information to the population, but also to estimate the degree of accuracy with which the sample statistic represents the population parameter, e.g., +/- 5 percent.

Random probability sampling has three basic requirements, as listed here and shown in the **Figure 11**:

- **The selection of cases/individuals must be completely random.** This is best accomplished with automatic programs to generate the sample such as those available in SAS, SPSS, or Excel. Random selection eliminates researcher selection bias.
- **The probability of selection must be known.** The probability of selection is calculated as the sampled unit or individual divided by the total number of cases/individuals in the eligible population, or specific strata if stratified techniques are used, from which the unit/case is selected. This can only be known when the number of people in the entire population of interest, or strata, is included and is known.
- **The probability of selection cannot be zero.** Every case/person has a chance of being selected. This is also only possible when every case/person in the eligible population is identified and listed in the sampling frame and every case/person can be selected. Bias can be introduced if any part of the population is excluded, particularly if there is anything systematic about the exclusion such as omitting all high-risk individuals.

**Figure 11: Representative Sample Criteria**



Qlarant will ensure all of these requirements are met through the following methods.

- The analyst will match data uploaded into SAS with the sampling frame to ensure all cases and information with each case (e.g., AAA district, rural/urban, phone number) were uploaded and correct.
- Data will be organized to enable stratification by district.

- To ensure the selection is totally random, the SAS automatic random selection procedure (Proc Survey select) will be used to generate a random selection of older Mississippians from each AAA district; 300 from each district for people receiving services, and for people on the waiting list, the number proportionate to the population in each district. Because SAS is using the entire sampling frame in the process, the probability of selection for each person will be known.
- Using the SAS sampling program, we ensure individuals on the entire sampling frame are included in the process, with the possibility of being selected; therefore, the probability of selection will not be equal to zero.
- The sample will be analyzed for missing data, incorrect phone numbers or other issues that might impact the integrity of the data. Data will be updated as possible. If necessary, additional individuals will be randomly selected to replace the case with incomplete information.

As indicated, with this type of sampling it is possible to estimate the degree to which sample statistics are representative of population parameters. Confidence intervals, such as the +/- 5 percent required for this project, tell us that with some degree of sampling error our sample statistic can be inferred to the population, i.e., the wider the interval the less accurate the statistic. For example, if 40 percent of the sample indicates a need for transportation, with a +/- 5 percent error the true population parameter would lie between 35 percent and 45 percent.

The required minimum sample size is based on the size and variance of the population, desired precision level, and desired margin of error. Sample size calculators, such as Raosoft (<http://www.raosoft.com/samplesize.html>), are commonly used to determine a sample size to fit desired parameters, and will be used for this contract. When calculating the representative sample size, the population variance is generally not known so we assume 50 percent, which provides the greatest variability and the largest sample size. Qlarant will ensure we meet the required random probability criteria to provide representative samples for this project, for both people receiving services and people on the waiting list. The sample sizes will be sufficiently large to meet the five percent margin of error as required in the RFP.

#### **A.2.1.8. Ability to Provide Draft Report for DAAS Review and Approval Before Final Report**

With over 20 years of analytic and report writing experience, Qlarant has produced over 43 annual reports in collaboration with four different states. Our team is comprised of analysts who are formally trained in data analytics and hold Master's level degrees in Public Health, Applied Statistics, Demography, and Industrial Engineering, and PhDs in Sociology, a combined 72 years of analytic experience. Qlarant strives for excellence and continually works towards improving our analytic skills and developing innovative ways to report data in meaningful ways. We know the power of "good" data and have processes in place to ensure data integrity is maintained and contractual demands are achieved. We also ensure at least two analysts are familiar with all contracts and work tasks, providing bench strength and back-up staff if needed. Our quality assurance processes, including data analysis and report review, are described in detail in **Section A.2.1.10**.

*We pride ourselves on the collaborative and transparent approach we use in all data analytic and reporting activities. We value the input and insight our clients provide, enhancing the content of reports*

Our analytic and reporting processes include, but are not limited to, working collaboratively with states to develop data collection tools with high levels of internal and external validity, applying comprehensive inter-rater reliability methods, using statistical software (SAS) to pull representative samples, and ensuring data are clean and validated prior to analysis and reporting. These practices, and our many years of experience collaborating with state agencies, have shaped our team into one that possesses the skills and expertise to produce a quality and

innovative Draft Needs Assessment Report. We will ensure data analysis and presentations provide MDHS with clear and accurate information and projections needed to inform program planning and policy development for older adults in the State of Mississippi.

*“I needed to have a good read where I felt informed by sound analytical thinking; so, I pivoted to [your] report. Thank you! How refreshing of a change (from my other projects), for this was clearly well thought out, executed, explained, and informative. Very helpful information as we consider how tools perform reliably, what they are measuring—all good as we ponder revisions.” - From Georgia’s State Analytics Department*

Descriptive and inferential statistics will be employed to analyze data in meaningful ways and to identify needs across various groups of populations to determine the current and unmet needs of aging Mississippians. While employing our expertise to provide this in-depth analysis, we will meet, as needed, with relevant MDHS and DAAS personnel to discuss the format and content of the report, as well as any questions that may arise from initial results. The draft report will include a combination of engaging and clear figures and graphs, as well as a written narrative which will “tell a story” of the findings for the reader by making connections between outcomes and across AAAs, drawing attention to results of particular interest, and discussing overall findings. At a minimum, the report will address the following:

- An analysis of social and economic variables (e.g., age, race, gender, income)
- An assessment of needs for minorities
- An assessment of needs for individuals living in a rural setting
- An assessment of needs for individuals on the waiting list
- A statewide assessment of COVID’s impact on aging Mississippians
- A comprehensive discussion of findings
- An analysis of projected needs for service providers and individuals on the waiting list
- An assessment of increases or decreases in service needs over time using population projections and growth rates.

After we have compiled the data, Qlarant will analyze results to provide statewide averages for each of the subgroups identified above. For example, when analyzing results within the Transportation section of the survey, we can report results for the question “How big of a problem has a lack of transportation been for you over the last 12 months?”, comparing the percent of individuals reporting “major” or “minor” problems versus “no” problems, producing statewide results and by different demographic and economic variables such as gender, race (minority status), residential setting, and status on the waiting list. Using a difference of proportions or means test (e.g., chi-square or t-test) we can determine if transportation is statistically ( $p < .05$ ) difficult for one group versus another. Descriptive and inferential analyses such as these are straightforward, clearly identify where services may be needed or improved, and will provide meaningful insights into the needs of aging Mississippians while also identifying disparities within the state.

Taking all findings into consideration, Qlarant will work collaboratively with MDHS, as needed, to present a comprehensive assessment of needs for aging adults in Mississippi by identifying areas where needs are more pronounced and by whom. In this section of the final report overall findings will be discussed to draw attention to areas where individuals are experiencing the greatest hardships, as well as areas where the greatest disparities are occurring. Qlarant will also provide evidence-based recommendations for the State which may help address these needs or provide direction for further analysis. For example, if transportation is found to be a greater issue for people living in rural areas than for those in urban areas, we might develop several

recommendations on how the State may increase access to public transportation in rural areas or recommend a partnership with private companies such as Uber to provide free or reduced cost transportation to older Mississippians living in rural areas.

Finally, the draft report will include a section showing projections of needs for service providers and the needs of older Mississippians receiving services and on the waiting list. This assessment of need will reflect expected increases or decreases in service needs. This information will assist MDHS in efforts to prepare for the future and to meet the needs of their changing population. Details regarding how Qlarant intends to complete projection analyses, including the confounding influence of the COVID-19 pandemic, can be found in **Sections A.2.1.2, A.2.1.3, and A.2.1.9**. Once a draft report is developed, and has gone through the quality assurance process as described in **Section A.2.1.10**, it will be shared with MDHS to review and provide comments and responses to the information provided.

*Projections developed from the current data will take into consideration the tremendous impact of the COVID-19 pandemic through trend analysis using historical needs assessments reports*

#### **A.2.1.9. Ability to Provide the Needs Assessment that Shall Reflect an Increase in Services or Decrease Based on Population of Older Adults**

Qlarant understands the challenges MDHS and DAAS face when trying to anticipate needs for their aging population. We are prepared to use secondary sources in conjunction with findings from the 2022 Mississippi Older Adults Needs Assessment survey to assess future service needs. With a team of analysts who hold advanced degrees in Demography and Public Health, we possess the necessary expertise to utilize available data sources of population estimates and projections from the U.S. Census Bureau, socioeconomic and demographic data from the Current Population Survey (CPS), and, if available, service trend data from the Administration on Aging to calculate growth rates amongst aging Mississippians and in turn, estimate their service needs over the coming years.

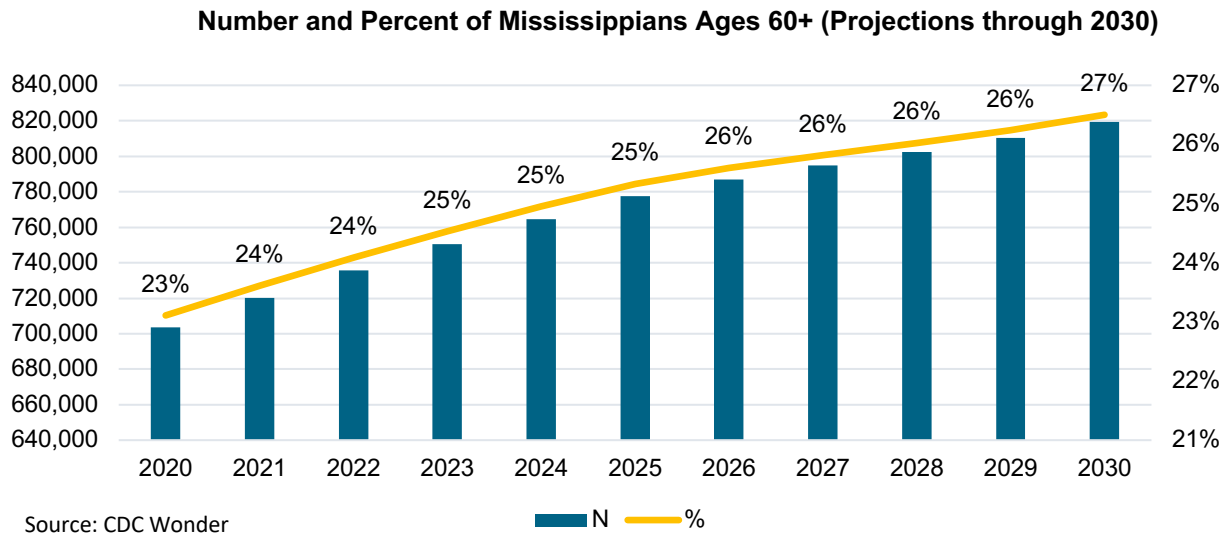
For example, utilizing population projections from the U.S. Census Bureau, Qlarant used the growth rate equation below to estimate the average growth rate per year for Mississippi's population of adults ages 60 and over for the period of 2020 – 2030.

$$\text{Population Growth Rate}^5 = \frac{\text{Population (t2)} - \text{Population (t1)}}{\text{Population (t1)}} \times 100$$

Our findings indicate this population will increase an average of 1.54 percent each year, or 16.5 percent by 2030, and the population age 85 and up will increase by over 25 percent by 2030. **Figure 12** displays the number and proportion of Mississippians 60 years of age or older in 2020 as well as the projected population by year through 2030. According to these projections, the proportion of the population 60 years of age or older will increase from 23 percent in 2020 to 26.5 percent in 2030. Meanwhile, similar analyses found the population of individual's ages 20-54 is only expected to increase by 4.4 percent and the population under 20 years of age is expected to decrease by 6.4 percent. These findings suggest the aging population is the fastest growing population in the State of Mississippi.

*Findings from analysis Qlarant already conducted using Mississippi's population estimates suggest the aging population, age 75 and over, is the fastest growing population in the State of Mississippi*

Figure 12: Number and Percentage of Mississippians Ages 60+: Projections Through 2030



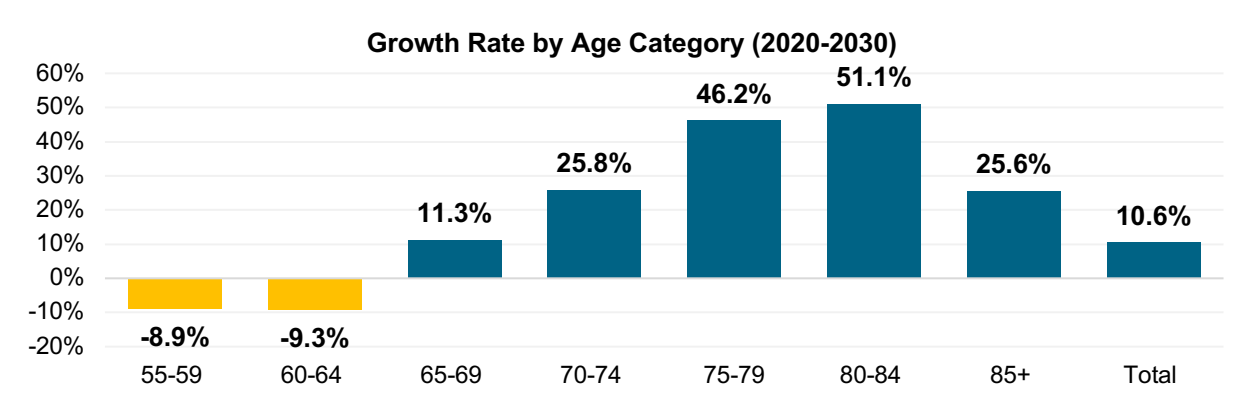
While population level analyses like the one above provide important insights, Qlarant understands how dynamic population change is and that needs likely vary substantially between people at the lower end of the age spectrum and people at the highest. As we know, when the Baby Boomer cohort (individuals born between 1946-1964) began aging into services in 2006, the population of individuals receiving services increased substantially. As these individuals continue to age, however, we will see increased needs among the highest age brackets and, as shown in **Table 2** and **Figure 13** that follow, a decrease in needs among Mississippians on the lower end of the age spectrum – including ages 55-59 who may be on the waiting list.

**Table 2** shows the number and proportion of individuals age 55 and older in five-year intervals in 2020 and the projected number and proportion in 2030. These data indicate the population of individuals joining the waiting list (ages 55-59) and beginning to receive services is expected to decline by about nine percent by 2030, while the population of individuals between the ages of 57 and 84 is expected to increase by 45 to 50 percent.

Table 2: Population Projections by Age Category: 2020-2030

Age Category	2020		2030		Growth Rate
	N	%	N	%	
55-59	210,908	6.9%	192,224	6.2%	-8.9%
60-64	204,445	6.7%	185,477	6.0%	-9.3%
65-69	170,187	5.6%	189,349	6.1%	11.3%
70-74	131,955	4.3%	166,046	5.4%	25.8%
75-79	84,058	2.8%	122,901	4.0%	46.2%
80-84	54,360	1.8%	82,125	2.7%	51.1%
85+	58,630	1.9%	73,646	2.4%	25.6%
<b>Total</b>	<b>914,543</b>	<b>30.0%</b>	<b>1,011,768</b>	<b>32.7%</b>	<b>10.6%</b>

Figure 13: Growth Rate by Age Category (2020-2030)



Qlarant can utilize additional Census data, as well as sociodemographic and economic data from the Current Population Survey (CPS) to conduct similar analyses for various subgroups of the population, such as individuals living in rural areas, minority elders, women, and other sociodemographic indicators of interest such as educational attainment and median household income. For example, when secondary data are available, Qlarant can utilize historical Census or CPS data to determine growth rates for these sub-populations and then use the population projection model (see equation below) to extrapolate these populations into the future. Determining growth rates and creating population projections for varying groups of the population will allow Qlarant to assist MDHS in efforts to allocate necessary resources to older Mississippians most in need and to determine which groups may require fewer services over time.

*Exponential Population Projection:  $P_t = P_o (e^{rt})$*

Where  $P_o$  = initial population,  $P_t$  = population  $t$  years later,  $e$  = base of the natural logarithm (2.718), and  $r$  = annual growth rate

Finally, Qlarant will apply growth rates and population projections to results derived from the DAAS Needs Assessment survey to estimate service needs over time. For instance, if three percent of the sample of individuals receiving services indicated they also need Home Health Care but are unable to get it, we could infer from the representative sample, that about 900 of 30,000 service recipients are waiting to receive this service. We can then apply the annual growth rate of 1.54 percent from the population of individuals ages 60+ to the population projection equation above to estimate the number of individuals who will be waiting to receive Home Health Care services in 10 years, if there are no changes in the number of providers offering this service. In this hypothetical example, that number would come out to be 1,049.82 or about 1,050 people. We can apply the same methods to the information from the waiting list and get an overall picture of what the service needs will be.<sup>5</sup>

$$P_t = P_o (e^{rt})$$

$$P_{10} = 900(2.718^{(.0154)(10)})$$

$$P_{10} = 900(1.166)$$

$$P_{10} = 1,049.82$$

<sup>5</sup> "P", "e" and "r" are defined in the above equation. "P<sub>10</sub>" indicates "P<sub>t</sub>", projected over 10 years.

The impact of the COVID-19 pandemic is critical in developing service need projections. While the country is slowly beginning to recover, many people receiving state and federally funded services have lost services, changed residences, or lost service providers. These circumstances could impact the amount of need reported in the surveys. Completing a trend analysis from historical needs assessment data will be used to determine if need has increased significantly since prior to March 2020. In additions, COVID-related questions in the surveys will help determine the number of people who may have lost services or service providers due to the pandemic. Results from these will be incorporated in the current needs assessment analyses.

Given this information, Qlarant can use administrative data to determine how many providers are currently offering this service and to how many individuals. This information, combined with current and projected needs, would allow us to develop a clearer understanding of how many providers are needed to serve the current and future populations. Qlarant will collaborate with MDHS to determine the type of analysis and specific areas of concern or interest to address.

#### **A.2.1.10. Ability to Provide a Formal Written Report**

With over 72 combined years of analytic and report writing experience, Qlarant’s analytic team has, in collaboration with four different states, produced over 43 annual reports, 110 quarterly reports, and approximately 40 Quality Improvement (QI) Studies, including a published study analyzing medication use among individuals with IDD transitioning from an institution to a community residence.<sup>6</sup> The quality assurance (QA) processes we use in producing all reports are extensive and guarantee a high quality product that is delivered on time. In fact, no deadline has ever been missed for any report or QI study.

Our QA processes begin with validation of results from the survey data. Two analysts work independently to ensure code is written to correctly extract all the data, such that numbers statewide and within AAAs and demographic categories match. While analyzing and writing the report, developing graphic and tabular displays, the Scientist will also be reviewing results to identify any potential errors or issues. These are discussed with the team and corrections made if needed. Before submitting the final report to the client, additional review is completed by the director, and managers if relevant, of the program. Edits and comments from this review are incorporated into the report and the final version is submitted to the client.

***Qlarant uses extensive and thorough quality assurance processes to ensure all reports are accurate and timely, with clear and meaningful data displays and recommendations.***

To ensure timeliness, the analytic team meets bi-weekly to discuss all contract tasks, address timelines, and ensure enough resources are available to finish all work on time. The Scientist also meets regularly with the director and managers of each contract. During these meetings timelines are discussed as well as any changes in the state’s needs or issues that might impact our ability to complete all data collection activity as planned, which may require revisions to the report writing process.

These methods, used successfully for many years, will be used in this project to ensure the final report for the DAAS Needs Assessment surveys are the highest quality, with clear and meaningful data presentations, and delivered timely. The process will begin by meeting with relevant MDHS

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<sup>6</sup> “Psychotropic & Anticonvulsant Medication: Individuals with Intellectual and Developmental Disabilities Who Transitioned to the Community from an Institution.” 2015. Intellectual and Developmental Disabilities: August 2015, Vol. 53, No. 4, pp. 289-300. With Yani Su.



staff to review edits and comments from the draft report and address questions or the possible need for additional analysis. Additional meetings may occur, if needed, before the Final Report is approved by Qlarant’s Director and submitted for MDHS. Qlarant’s goal is to ensure the report is completed on time, and the content is beneficial to the state and provides valuable information to help ensure services and resources are identified to assist in planning for future needs of older Mississippians.

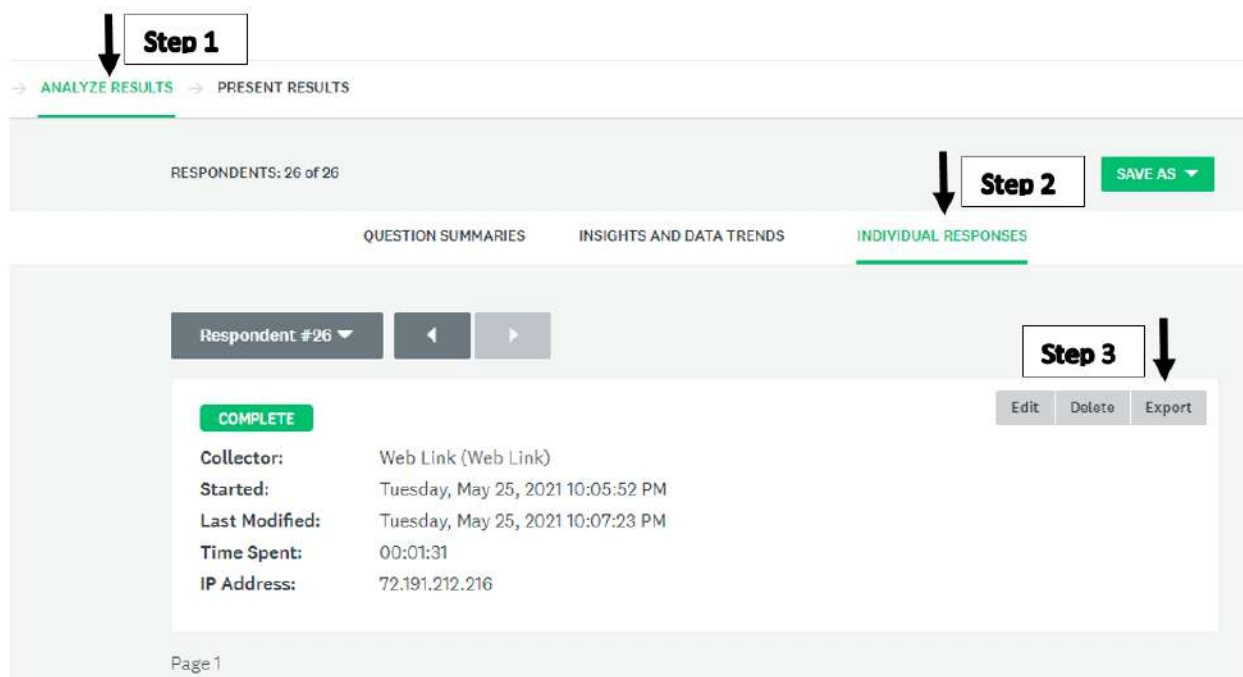
### A.2.1.11. Ability to Provide Raw Data in Excel Format

Qlarant has a Database Management Team with over 75 years of combined database experience. With all that experience, we have worked with many vendors and clients across the country to transfer data in many different formats. Qlarant uses Microsoft products as a standard. This means we can make the data available in many formats, including Excel. If the state so chooses, we can provide the data in a SQL Server format, Access, CSV, text, XML, JSON, or a number of other formats. Our experienced staff is accustomed to meeting the needs of our customers and partners in other organizations, and available for this contract if needed.

Qlarant proposes to use Survey Monkey to accomplish all survey tasks for this contract. Our Survey Monkey contract supports three administrators, including the Scientist who will be directing analytic activities, who are able to create and retrieve data whenever requested. Qlarant has designed and implemented dozens of surveys through Survey Monkey and has regularly exported results to Excel, which are often provided to clients. Data from Provider Feedback Surveys, distributed as part of our Florida and Georgia quality assurance programs, are exported to Excel quarterly and analyzed internally to support continuous quality improvement in our processes.

The process to export all responses from the survey to Excel is straightforward and easily completed. Simply go to *analyze results*, then click on *individual responses*, *export*, and choose *XLS* (see the screen shots in **Figure 14**). Qlarant will export data to Excel when requested by MDHS.

**Figure 14: Step-by-step Process to Export Reports to Excel**



#### A.2.1.12. Ability and approach to facilitate a meeting with MDHS to review Draft Report of Needs

The needs and expectations/requirements of every contract are different. Therefore, Qlarant solicits these from each client to help ensure they are addressed. Qlarant has extensive experience with scheduling, organizing (logistics), developing agendas and facilitating regular or ad hoc meetings with the contract holder’s leadership. As noted in [Section A.2.1.8](#), part of ensuring the DAAS Needs Assessment report meets MDHS’ expectations is working collaboratively with MDHS to develop the format and content of the report. Once this is finalized and data are collected and validated, a meeting with MDHS will occur to discuss the outline and proposed content for the report. Based on this collaboration, the lead analyst will write the draft report and submit it to MDHS, following QA process outlined in [Section A.2.1.10](#). The Project Director will arrange a meeting, including the logistics, and an agenda, with MDHS to review the draft report. Due to the pandemic, it is recommended this meeting occur using Zoomgov (a secure video conferencing platform).

During this meeting, any questions or issues will be discussed and Qlarant may solicit further feedback related to the format, content, or comments provided by MDHS. Also, any questions regarding the analysis, findings, projections, and recommendations can be discussed. Based on these discussions, additional analysis may be requested or identified. Minutes will be recorded by Qlarant and submitted to MDHS for review. [Figure 15](#) provides an example of an agenda and possible topics.

Figure 15: Sample Project Meeting Agenda



**DAAS Needs Assessment Meeting Agenda**  
**Date: 1/21/2022**  
**Time: Meeting/Teleconference 10:00 – 11:30 AM EST**  
**Facilitator: Marion Olivier**  
**Zoom Link:**

Attendance					
Present	Representative	Location	Present	Representative	Location
	Marion Olivier			MDHS Contract Manager	
	Katherine Glasgow			DAAS Representative	
	Jessie Justman			MDHS Representative	
	Nathalie Robin				



Agenda – Draft Annual Report	
Topic	Supporting Information Discussion, Decisions, and Action items to take by Whom and by When
Welcome and Introductions	•
General Feedback on the Format	
Structure/outline	•
Graphic Design	•
Table Design	•
Questions Related to the Report Sections	
Executive Summary	•
Description of Analysis	•
Findings	•
Recommendations	•
Next Steps	
	•
	•
Next Meeting:	

## A.2.2. Management Data

### A.2.2.1. Project Management Plan

Qlarant's Project Management Plan design and timeline are in three phases shown in **Figure 16**: Implementation, Survey Completion, and Annual Report Completion. Each phase includes specific tasks and components to meet MDHS' expectations and requirements to ensure the Annual Report is completed within the timeframe of this contract.

**Figure 16: Project Management Plan Phases and Key Tasks**



**Phase 1** of the project plan and timeline will take 30 days to complete, beginning after the award of the contract. Qlarant will schedule a “kick off” meeting with MDHS. The following items will be on the agenda:

- Overview of the Project Plan and timelines
- Sampling methodology
- Information to be included with the lists of providers and older Mississippians for sampling, e.g., AAA District, phone numbers, rural or urban.
- Communication plan for external stakeholders (presentation and postcards)
- Any changes needed for the Needs Assessment and Service Provider Survey
- Re-occurring meetings schedule during implementation period

After this meeting, Qlarant will finalize the Project Plan and Timeline, Communication Plan, and this project's policy and procedures and submit these to MDHS. Qlarant will also request the following information from MDHS or the AAAs:

- Final surveys from MDHS
- List of providers for each AAA district and their contact information
- List of people receiving services, including contact information
- List of people on the waiting list, including contact information

It is anticipated that all these activities will occur within the first ten days of the contract award. As part of the Communication Plan, Qlarant will also prepare and schedule (prior to the start of the survey activity) a web presentation to present to all providers, AAAs, and any necessary MDHS and DAAS staff. This presentation will help prepare stakeholders for the upcoming survey activity and provide information regarding the DAAS Needs Assessment and Service Provider Survey process and purpose.

During this phase of the project, once the final surveys are received, Qlarant will build the surveys into Survey Monkey and test them to ensure they work properly before the survey process begins. Qlarant will also build the secure portal site to be used by the Project Director, Project Coordinator, Surveyors, and Project Support to track progress on all surveys in the Survey Tracking System. These activities will be completed within the first 18 days of the contract.

**Phase 1:** Onboarding and training will be conducted for all Surveyors. This will include finalization of all contracts, training, and rater-reliability activities for Surveyors. It is anticipated these activities will be finalized within the first 26 days.

**Phase 2:** Key tasks associated with conducting the surveys are included in this phase of the project plan. After each sample has been selected, it will be "cleaned." This includes ensuring contact information is available for telephone surveys participants, verifying mailing addresses for providers, and any other criteria required to be a part of the sample.

Once the sample is finalized for the DAAS Needs Assessment Survey, postcards will be mailed to participants, notifying them of the impending telephone call and providing them with information about the survey. This will occur prior to the start of the calls and within 24 days of the start of the contract. The Service Provider Survey will be mailed after the presentation to providers and other stakeholders that provided information about the mail survey they will receive.

Based on this plan and timeline, the DAAS Needs Assessment phone surveys, for people receiving services and people on the waiting list, will begin 31 days after the contract award. They will be

**Conducting both phone surveys concurrently provides potential to complete them earlier than predicted.**

conducted concurrently and it is anticipated both surveys will be completed within 70 days (9 weeks). Responses will be entered by the Surveyor into the web-based platform Survey Monkey during the interview with participants, creating efficiencies in the process. Survey Monkey allows real-time data reports to be downloaded at any time by the administrator of the account. Qlarant's Scientist is also able to download the data into an Excel spreadsheet and use this information to check for inconsistencies in data entry and help the Project Coordinator track production.

Project Support staff will enter data, into the Survey Monkey system, as the Service Provider surveys are returned to Qlarant. Using the Survey Monkey real-time report generator, the Project Coordinator will evaluate the return rate for these surveys. Based on this information, if necessary, a reminder postcard will be sent to providers who have not yet completed the survey. Providers will again be provided access to the Survey Monkey link and QR code to complete the survey online. This portion of **Phase 2** should be completed within 54 days of the start of the contract, including a two-week timeline to enter all the data from surveys received via mail.

**Phase 3** tasks are focused solely on the development of the Annual Report. This begins with a meeting with MDHS to discuss and finalize specific components, content, potential analysis, and formatting to ensure the report meets expectations. Qlarant will organize and facilitate this meeting, and provide an agenda with “talking points” of possible content and types of analysis and projections to be discussed. This meeting will occur within 90 days post contract start.

*Service providers will have three separate options to complete the Service Provider Survey: mailed in paper survey, using the Survey Monkey link or a Quick Response (QR) Code to complete the survey using a cell phone or tablet.*

Data will then be downloaded from Survey Monkey by the 94<sup>th</sup> day of the contract. The Scientist and Senior Data Analyst will clean and validate the data. At the direction of the Scientist, the Senior Data Analyst will analyze the data and the Scientist will validate results and formulate the draft report findings and recommendations. These activities will take approximately one month. A draft report will be submitted to MDHS and a meeting to discuss the report will be scheduled and conducted. Upon receipt of any recommended modifications to the draft report, the Scientist will have another 30 days to complete and submit the final Annual Report. This last step will conclude the project. Therefore, Qlarant will have completed all deliverables within 175 days of the contract start date, just shy of six months from start to finish.

#### **A.2.2.1.1. Approach to Developing a Final Report**

Qlarant has extensive experience collaborating with state agencies to produce quality reports detailing findings and drawing attention to areas of concern and interest to the state. The final report is the culmination of work that has been carefully executed over the course of several weeks to ensure the highest quality data collection and analysis for MDHS. Throughout the data collection process and prior to drafting the report, Qlarant will work with the State to develop a deeper understanding of their expectations and to ensure we are prepared to meet them. Qlarant will use these discussions and the direction set out by this RFP to develop the final report. This process will be composed of the following activities, described in more detail below:

- Facilitate initial meeting with MDHS to discuss content and format
- Conduct data cleaning and analysis, using dual validation to ensure results are accurate
- Develop the draft report and submit to the Project Director and Project Coordinator for review, and incorporate feedback
- Submit draft report to MDHS
- Conduct meeting with MDHS to discuss the draft report and obtain feedback
- Address feedback and comments from MDHS
- Produce final report and submit to MDHS.

#### **Initial Meeting with MDHS**

Qlarant will facilitate this meeting and provide an agenda to guide discussions. We will use guidance from the RFP and previous reports to provide agenda items for discussion with MDHS, to determine the content and format for the report. The agenda for this initial meeting will assist in our efforts to ensure we are meeting all of MDHS’ expectations and the analysis is organized and focused so it may be completed in a timely manner.

#### **Data Cleaning and Validation (1 week)**

Once all the surveys have been completed, Qlarant analysts will begin the process of cleaning, aggregating, analyzing, and validating the data. This process includes the following steps:

- Download survey data from the Mississippi Older Adults Needs Assessment and Waiting List Survey and Service Provider mailed survey and import into SAS
- Run SAS programs to identify missing data, missing values, or other errors and make corrections as needed and as possible
- Analyze results across ten different AAAs and by various socioeconomic and demographic variables, as available in the data
- Dual validation – a second analyst will independently review the SAS programs and data to ensure accuracy.

### **Analysis and Development of the Draft Report (4 weeks)**

As detailed in [Section A.2.1.8](#), the report will visually display findings through the use of tables and graphs and provide a written narrative which will “tell a story” by making connections between outcomes and across AAAs, drawing attention to results of particular interest, and discussing overall findings. At a minimum, the report will address the following:

- An analysis of social and economic variables (i.e., age, race, gender, income)
- An assessment of needs for minorities
- An assessment of needs for individuals living in a rural vs an urban setting
- An assessment of needs for individuals on the waiting list
- A statewide assessment of COVID’s impact on aging Mississippians
- An analysis of projected needs for service providers and individuals on the waiting list
- An assessment of increases or decreases in service needs over time through the use of population projections and growth rates
- A comprehensive discussion of findings

The draft report will be reviewed internally by our team and then submitted to MDHS for review.

### **Finalizing the Report (30 Days)**

Once MDHS has reviewed the draft report, the Project Director will arrange a meeting, including the logistics and an agenda, with MDHS to review the draft report. During this meeting, any questions or issues will be discussed and Qlarant may solicit further feedback related to the format, content, or comments provided by MDHS. Also, any questions regarding the analysis, findings, projections, and recommendations can be discussed. Based on these discussions, additional analysis may be requested or identified. Minutes will be recorded by Qlarant and submitted to MDHS for review. [Section A.2.1.11](#) of this proposal provides an example of an agenda and possible topics.

After this meeting, Qlarant will work internally to ensure all necessary adjustments are made and to ensure the report is properly formatted. Once Qlarant has completed this process we will submit a final report to MDHS.

#### **A.2.2.1.2. Timeline Outlining Ability**

Qlarant has developed innovative and efficient systems to ensure we meet all deliverables within required timelines. Our analytic team for this project takes pride in the fact that we have never missed a deadline on any of the hundreds of quarterly and annual reports we have completed over the past 20 years. This accomplishment can be credited to the fact that our team values team work and knows the importance of time-management and project planning. These qualities encourage us to consistently deliver quality products on time. To this end, a detailed timeline outlining our ability to meet the project tasks described in [Section 2.2\(C\) of the RFP](#) can be found in [Attachment A - Project Plan Timeline](#). This timeline comprises three phases, which will unfold

over 175 days, to ensure all project tasks are completed in a timely manner. The events and tasks expected to occur within each phase are described below.

### **Phase 1: Implementation, Developing the Survey, and Hiring Surveyors**

Phase 1 will unfold over the first 30 days of the contract and will include an implementation period, development of a data collection system, onboarding of sub-contractors, and competency-based testing.

During the implementation period, Qlarant will schedule a kick off meeting with MDHS to discuss the project plan and its timeline, the sampling methodology, and potential changes which will need to be made to the Needs Assessment and Service Provider Survey. Other activities which will occur during the implementation period include:

- Obtain a list of providers and people receiving services and people on the waiting list (including contact information and other information as determined necessary) from MDHS/DAAS
- Receive final surveys (Needs Assessment and Service Provider) from MDHS
- Submit Final Project Plan and Timeline to MDHS
- Submit final Communication Plan, which includes the development of the following:
  - Timelines for the development of the presentation content for stakeholders and delivery of the web-based presentation
  - Timelines and finalization of the content of postcards for providers and people sampled for the Needs Assessment survey
- Collaborate with MDHS to finalize policy and procedures

Also, during Phase 1, Qlarant's Scientist will create the Needs Assessment Survey and Service Provider Mail survey in Survey Monkey. By using Survey Monkey Qlarant is able to save considerable time and resources that would otherwise be needed to develop a new application from scratch. Once the survey has been constructed, Qlarant's Scientist, Senior Analyst, and Project Coordinator will test the survey and address any identified issues. Also, during this time, the Project Coordinator will work with our IT department to develop an internal portal which will be used for survey tracking.

Finally, during Phase 1 Qlarant will also begin onboarding subcontractors and training them to conduct the Needs Assessment phone surveys, and on policy and procedures associated with this project. Once surveyors are on-boarded and trained, we will begin the rater-reliability process.

### **Phase 2: Sample Selection and Data Collection**

Phase 2 will begin during the second week of the contract and will unfold over several weeks. During this time, Qlarant analysts will select random samples for the Needs Assessment Survey and Waiting List Survey. Once the samples have been cleaned and contact information validated (such as ensuring phone numbers and addresses look correct), Qlarant will mail postcards to people selected to be called. This postcard will inform individuals they have been selected by MDHS to participate in a survey about the needs of aging Mississippians and should expect a phone call from one of Qlarant's Surveyors.

Once MDHS has provided the list of Service Providers for the mail survey, the analyst will check the list for omissions and potentially invalid addresses. The information will be sent to the Qlarant mail room and surveys mailed to all providers on the list.

On the 31st day of the contract, after surveyors have been properly trained, they will begin to concurrently conduct the DAAS Needs Assessment survey for both populations (people receiving services and those on the waiting list) telephonically. The data collection process will continue for



63 days (9 weeks). During this time the Surveyor will attempt to contact each sampled individual three times – once per day. If we are unable to make contact, or the person declines to participate, the Surveyor will move to the next person on the list.

As Service Provider Surveys are returned to Qlarant, the Project Support will input results into Survey Monkey. Qlarant will determine the return rate, and if needed, mail reminder postcards to providers asking them to complete the survey.

### Phase 3: Annual Report

This phase will begin with a meeting with MDHS to review the content and format of the draft report, including analyses, projections, and areas on which MDHS would prefer to focus. Once the survey data collection process is complete, Qlarant’s analysts will begin the process of developing a draft and final report to MDHS. After downloading, cleaning, and validating the data, Qlarant’s Scientist and Senior Analyst will analyze the data, prepare the draft report, and submit it to MDHS to review, within 30 days.

Once MDHS’ review is complete, Qlarant will meet with relevant MDHS staff to discuss feedback, comments, or any concerns they may have had while reviewing the draft report. Qlarant’s analysts will have 30 days to revise the report, provide it to the Project Director and Project Coordinator for a final review, and submit it as the final report to MDHS.

#### A.2.2.1.3. Dedicated Resources

Qlarant’s commitment to this project is solid. This work is in alignment with Qlarant’s mission and vision of quality improvement in communities and for people served. Therefore, we have developed a staffing plan to ensure the work will be completed during the six-month contract period. Qlarant’s commitment and dedication to this project is shown through the fact that all staff, including sub-contractors, have already been identified to conduct this work. **Figure 17** below identifies each person who will work on this contract and their role.

*Once the contract is awarded, Qlarant is prepared to begin the project on day one, fully staffed.*

**Figure 17: Staffing and Employee Roles**



Furthermore, Qlarant’s other support services departments including Human Resources, Contracts, Finance, and Information Technology will support all efforts to ensure a successful contract implementation.

**A.2.2.2. Prior Efforts to Provide Data, Analysis, and Reports**

The Qlarant analytic team will provide MDHS the excellent benefit of a highly skilled Scientist with a background in Demography, who will oversee all sampling, analytic and reporting tasks. Demography is the science of populations. Demographers seek to understand population dynamics by investigating three main demographic processes: birth, migration, and, particularly beneficial to the state, aging (including death). Our Scientist has already conducted some analysis of Mississippi’s aging population and will bring her expertise to this project when calculating future service needs from population projections, techniques used widely in Demography.

Qlarant has a Database Management Team with over 75 years of combined database experience. We have worked with many vendors and clients across the country to transfer data in many different formats. Qlarant uses Microsoft products as a standard. This means we can make the data available in many formats: SQL Server format, Access, CSV, text, XML, JSON, or a number of other formats, including Excel. Our experienced staff is accustomed to meeting the needs of our customers and partners in other organizations, and available for this contract if needed.

Qlarant has provided a wide variety of data analytics and reporting across several different types of quality assurance contracts in multiple states, as shown in **Table 3**.

**Table 3: Qlarant Analysts’ Experience Providing Analysis and Reporting**

Task Relevant to Needs Assessment Survey Project	FL IDD	GA IDD	SC IDD	VA IDD	MD EQR	WV EQR	DC EQR	ND EQR	Multiple States QIO
Data Analysis	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sampling	✓	✓	✓	✓	✓	✓	✓	✓	
Ad Hoc Data Reports	✓	✓	✓	✓					
Quarterly Reports (analysis, data displays, discussion, and recommendations)	✓	✓	✓	✓					
Annual Reports (analysis, data displays, discussion, and recommendations)	✓	✓	✓	✓	✓	✓	✓	✓	
Quality Improvement and Focus Studies	✓	✓	✓	✓	✓			✓	✓
Survey Monkey: design and implement surveys, analyze results	✓	✓		✓					
Interviews (face to face or telephonically)	✓	✓	✓	✓	✓	✓	✓	✓	
NCI® Mail Surveys	✓	✓							

Qlarant has far-reaching experience with various types of data analytic techniques, and significance testing that will benefit MDHS, including predictive analysis, principal component analysis, factor analysis, comparative analysis, and other multivariate methods that use various sociodemographic variables in the models. We have worked with a multitude of datasets, including:

- Medicare and Medicaid claims and eligibility data
- Encounter data
- Hospital discharge data
- Proprietary data collected using Qlarant's data entry applications (Data Quality Management System – DQMS)
- Survey data collected through Survey Monkey

In many of our contracts we are responsible for sampling people receiving services, providers offering those services, medical records, or staff. Depending upon requirements of the contract, sampling methods may vary; simple random, stratified random, cluster designs, stratification techniques, or two stage processes. We design random probability sampling methods, using techniques required for the sample to be representative and results (e.g., average age or percent of outcomes met) can be inferred to the population. (See [Sections A.2.1.6 and A.2.1.7](#) for details). This expertise benefits the state, ensuring samples for the Needs Assessment Surveys will adequately represent the population and results, inferred to the population, will provide accurate (within +/- 5%) future projections to guide resource allocations for older Mississippians.

In addition, we have produced over 150 quarterly and annual reports for clients in eight different states, and over 100 ad hoc data reports. We have completed 40 Quality Improvement studies, often predicting what best increases the likelihood of positive outcomes for people receiving services (See [Sections A.2.1.5, A.2.1.8 and A.2.1.10](#) for reporting details). Focus studies completed as part of our EQR contracts may focus on various aspects of a managed care organization's service delivery to guide performance improvement projects. In each, Qlarant provides clear data displays with discussion of key findings, drawing connections across different perspectives of the same outcome, and evidence-based recommendations to improve service systems.

Our experience with this wide array of analytic techniques and report production provides a benefit to the state, as we are positioned to effectively and efficiently provide the analytic and reporting tasks required for this project, and to do so within the timelines set out in the RFP.

Directly beneficial to the state for this project is our experience with Survey Monkey. We have developed dozens of surveys used internally and by stakeholders to provide feedback and other information for various activities. Every quarter our analytic team downloads data from Survey Monkey to analyze provider feedback from providers who have received a Qlarant Provider Performance Review. The data are downloaded into Excel and results are provided not only to our clients but to program managers, used for internal quality improvement as indicated by comments and feedback findings. Our familiarity with Survey Monkey will benefit MDHS, as we will quickly set up the surveys, including features such as skip patterns, so phone calls can start as indicated in the timeline and all data will be properly collected and stored.

Many of our contracts require interviews with individuals and providers, including since the COVID-19 pandemic such as conducting:

- NCI® In-Person survey via phone or video
- Qlarant's own interviews with individuals and providers via the phone and video.
- Phone interviews with providers as "secret shoppers" to help complete Network Adequacy Validation, assessing availability of an MCOs services and providers.
- Over 4,000 NCI® Aging and Disability surveys

Therefore, we offer MDHS the benefit of an experienced work force ready to begin the calling process as soon as the sample is selected and distributed.

Qlarant also has experience with NCI® mail surveys in both our Georgia and Florida programs. We have mailed approximately 1,500 of both the Adult Family and Family Guardian Surveys almost every year in both states, since 2008 in Georgia and since 2010 in Florida. Our mail room is familiar with our processes and will readily execute the mailings once they receive the list of providers and their address.

In addition, Qlarant often provides data presentations, presenting results from complex data analytics to a broad array of audiences, including state legislators, state staff, providers, people with disabilities, and families supporting people who receive services. Reports and Power Point presentations are designed to be easily understood by the audience, particularly for people who do not have a background in statistical analysis. This offers a great benefit to MDHS as we will produce reports with clear and meaningful data presentations that do not require a background in statistical analysis to understand.

### A.2.2.3. Timeline

Qlarant has developed a timeline for all key tasks for this project to ensure deliverables are met within the six-month contract timeframe. In **Attachment A - Project Plan Timeline**, the project timeline provides an outline for each phase of the project, the specific tasks that will be conducted, the projected number of days to complete the task, and the person(s) responsible for that task. In this section, portions of the timeline are inserted to demonstrate the proposed timelines.

#### A.2.2.3.1. Ability to Meet Projected Timeline

To ensure we monitor and meet all deadlines, Qlarant teams meet regularly to review the status of each task and discuss reallocation of resources as needed. The information in **Table 4** shows the meetings scheduled to take place throughout the duration of this contract.

**Table 4: Meetings Scheduled Throughout Program Duration**

Leadership Role	Timeline for Meetings
Project Director and Project Coordinator	Weekly
Analyst Team	Bi-weekly
Management Team: Vice President, Project Director, Project Coordinator, and Scientist	Bi-weekly

The Project Plan Timeline is composed of three phases: Implementation, Surveys, and Reports. The timeframes identified in the timeline for the different phases may overlap depending on the task and the anticipated start of that task (**Table 5**).

**Table 5: Monthly Timeline**

Key Tasks	Month 1 (30 days)	Month 2 (60 Days)	Month 3 (90 Days)	Month 4 (120 Days)	Month 5 (150 Days)	Month 6 (180 Days)
<b>PHASE 1: IMPLEMENTATION</b>						
Kickoff Meeting	↔					
Finalize Project Plan and Timeline	↔					
Finalized Communication Plan	↔					
Finalize Policy & Procedures	↔					
Build Surveys in Survey Monkey	↔					
Onboarding & Training of Surveyors	↔					
Reliability of Surveyors		↔				
<b>PHASE 2: SURVEYS</b>						
Select Samples for Needs Assessment	↔					
Clean Samples for Needs Assessment		↔				
Mail Postcards to Needs Assessment Participants		↔				
Conduct Needs Assessment Survey		↔				
Obtain Service Provider List & Verify Contact Information	↔					
Mail Survey to Service Providers		↔				
Enter Returned Surveys Data Into Survey Monkey		↔				
<b>PHASE 3: ANNUAL REPORT</b>						
Finalize Annual Report Outline			↔			
Download & Clean Data				↔		
Complete Survey Analysis & Submit Draft Annual Report				↔		
Obtain Feedback from MDHS					↔	
Modify the Draft Annual Report & Submit Final Annual Report						↔

**A.2.2.3.1.1. Statewide Assessment of Current and Unmet Need**

This section of the project includes conducting the DAAS Needs Assessment survey with people sampled who currently receive services. **Table 6** provides an outline of the specific timelines and key tasks that will be conducted to ensure they are all completed within the required timeframe.

**Table 6: Needs Assessment Surveys**

Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
Select random sample/oversample for Needs Assessment survey	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample (up to 3000)	5	Day 12	Day 16	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	4	Day 20	Day 24	Project Coordinator, Qlarant Mail Room	
Begin conducting 3000 Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.

**A.2.2.3.1.2. Statewide Assessment of Projected Need for Service Providers**

From the time the Service Provider survey will be mailed to providers, Qlarant anticipates it will take 28 days to ensure a maximum number of surveys are returned and we have completed all data entry in Survey Monkey. The key tasks and timelines developed for this process are presented in **Table 7**.

**Table 7: Service Provider Mailed Survey**

Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
Obtain the list of eligible providers and contact information from AAAs	7	Day 6	Day 12	Senior Scientist, Health Analyst	
Verify mailing addresses	5	Day 13	Day 17	Project Coordinator	
Mail survey to Providers	3	Day 27	Day 30	Project Coordinator, Qlarant Mail Room	
Update any addresses based upon returned surveys and re-send	10	Day 31	Day 40	Project Coordinator, Qlarant Mail Room	
Enter results of mail out survey into the web-based Survey Monkey	14	Day 41	Day 54	Project Support	
Review return rate and if needed mail reminder postcards to providers	4	Day 47	Day 49	Project Coordinator, Qlarant Mail Room	

**A.2.2.3.1.3. Statewide Assessment of Projected Needs Among Those on Waiting Lists for Services**

The DAAS Needs Assessment survey will be conducted concurrently for both people who currently receive services and those on the waiting list. Therefore, the timelines shown below are the exact same as they are for the people who receive services. It is anticipated it will take 63 days to conduct both surveys (Table 8).

**Table 8: Needs Assessment Survey for People on the Waiting List**

Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
Obtain the list of people on the Waiting List from MDHS	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample	5	Day 12	Day 17	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	5	Day 12	Day 16	Project Coordinator	
Begin conducting Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.

**A.2.2.3.1.4. Analysis and Initial Report Drafting**

The timeline developed for the analysis and completion of the draft and annual reports begins at day 90 of the contract and is anticipated to end by day 132. Within this timeframe the following tasks will be performed:

- Meet with MDHS to discuss the content and format of the report (1 day)
- Download, clean and validate the data (7 days)
- Complete analysis and write the report (30 days)

After the data are validated, it will take Qlarant’s analysts 30 days to submit a draft report to MDHS.

**A.2.2.3.1.5. MDHS/DAAS Review of Draft Report**

Once the draft report has been submitted, Qlarant will need to receive comments from MDHS within 14 days in order for Qlarant to maintain the established timeline. Qlarant will have six days to review the comments and edits received and schedule a meeting with MDHS. On the seventh day, the meeting with MDHS will occur to discuss the feedback and comments and address any remaining questions.

**A.2.2.3.1.6. Final Report Drafted and Published**

After the meeting with MDHS, Qlarant’s Senior Data Analyst and Scientist will have 22 days to conduct any additional analysis and make any modifications needed to the report. The Project Director and Project Coordinator will review the report and provide any feedback, as applicable

and send back to the Scientist for final edits. Once completed, the Scientist will submit the final report to MDHS.

**Table 9** shows an outline of the entire timeline from the initial meeting with MDHS to discuss the content and format of the report to the submission of the final Annual Report.

**Table 9: Annual Report**

Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
Meeting with MDHS to discuss report outline	1	Day 90	Day 90	Project Director, Scientist, Senior Data Analyst, MDHS Contract Manager and other MDHS/DAAS leadership	
Download and clean data	7	Day 94	Day 101	Scientist, Sr. Data Analyst	
Complete Survey Analysis	30	Day 102	Day 131	Scientist, Sr. Data Analyst	
Submit Draft Report	1	Day 132	Day 132	Scientist	
MDHS reviews Draft Report and submits to Qlarant	14	Day 138	Day 146	MDHS Contract Manager	
Review comments and feedback on the Draft Report and schedule meeting with MDHS	6	Day 147	Day 152	Scientist, Sr. Data Analyst	
Conduct meeting with MDHS to review the Draft Annual Report	1	Day 153	Day 153	Project Coordinator, Scientist, Sr. Data Analyst	Meeting will be scheduled and conducted during this timeframe.
Complete modifications to the Draft Annual Report	22	Day 152	Day 174	Scientist, Sr. Data Analyst	
Submit Final Annual Report	1	Day 175	Day 175	Scientist	

### A.3. Corporate Experience and Capacity

#### A.3.1. Experience of Firm

Qlarant Quality Solutions, Inc (Qlarant) understands the content and the importance of this request for proposal (RFP) from the Mississippi Department of Human Services (MDHS) to conduct the Division of Aging and Adult Services' (DAAS) 2022 Mississippi Needs Assessment. This is an exciting component of MDHS' ongoing commitment to elders living in the state. We applaud all efforts to understand what is working and where system challenges continue to exist, as this is critical in evaluating the effectiveness of existing services and supports, and ultimately determining the best allocation of future resources.

Qlarant is responding to this RFP because we are passionate about the opportunities realized from the effective operationalization of this type of contract. For the past 24 years we have been conducting interviews and surveys with people receiving state and federal support, in a focused effort to enhance the quality of life for some of the most vulnerable members of our society. The information we have collected has been used by states to guide policy decisions, improve service delivery systems, and maximize the utilization of existing dollars. Our person-centered approaches to information gathering ensure the most important person, the one receiving supports, is given the opportunity to communicate experiences, needs, dreams, struggles, and even fears. By creating a trusting environment for communication, our surveyors are able to capture the information MDHS needs to truly understand the best design for future service delivery.

Qlarant began gathering information from service recipients in 2001, utilizing an interview tool developed by the Council on Quality and Leadership called Personal Outcome Measures (POM®). This tool enabled us to collect information directly from people with intellectual and developmental disabilities in Florida, and report our findings to the state relating to the presence of both services and outcomes in people's lives. We began working with a survey developed by the Human Services Research Institute (HSRI) called the National Core Indicators (NCI®) in 2007 in South Carolina, and have since conducted mail out, face- to-face, and virtual NCI® surveys in both Georgia and Florida. **Our NCI® expertise was recognized in 2014 when the Division of Aging Services in Georgia contracted with us to pilot the new NCI®-AD survey. The National Association of States United for Aging and Disabilities (NASUAD) then contracted with us to assist HSRI in the development of training modules to conduct face-to-face surveys for interviewers in other states.** We initiated the NCI®-AD face-to-face survey process in Georgia shortly thereafter, and since then have conducted their surveys for four separate contract years. We anticipate conducting telephonic and virtual NCI®-AD surveys in Georgia in the next data capture cycle.

Besides utilizing these three national survey tools, Qlarant has developed numerous other person centered and provider focused tools to capture information regarding individual experiences in service delivery settings. Though the majority of interviews conducted as part of our quality assurance programs have been conducted face-to-face, in 2020 we adapted all our interview processes to incorporate virtual interviews in response to health concerns driven by the COVID-19 pandemic. We are eager to apply this experience as we support MDHS in the design and implementation of the DAAS Needs Assessment, and in the development of creative techniques for reporting our findings.

***Qlarant has conducted over 70,000 individual interviews, utilizing national tools such as the POMs®, NCI®-ADs, and NCIs®, as well as the interview tools we specifically designed to support unique state needs and initiatives.***



In each of the state contracts in which we have operationalized survey related projects, Qlarant has generated sufficient, complete, valid, and reliable data, as well as individualized reporting processes designed to meet the needs of diverse audiences. We achieve success in our contract operations by:

- Effectively communicating with our customers at the beginning of each contract, at regular status meetings, and through ongoing reporting, to ensure we understand customer expectations and our customer is current on contract progress
- Efficiently assigning, hiring, and training experienced and competent people to manage the project, conduct the necessary analytic activities, conduct surveys, and provide project support
- Proficiently conducting all sampling activities to ensure a proper representation of interviewees and survey recipients are identified
- Thoroughly establishing rater-reliability for all surveyors
- Appropriately utilizing proven scheduling and interviewing processes and established tools for data collection
- Conscientiously protecting all data collected and the integrity of the survey process
- Respectfully interacting with individuals involved in the survey process

*“(Surveyor’s name) was kind, intelligent, and made us feel at ease. She showed a genuine caring for my daughter (person receiving services) and she made her smile a lot. Great experience.” - Anonymous Family Member*

Qlarant has been a QIO or a QIO-like organization since the Centers for Medicare and Medicaid Services (CMS) established this distinction. **Since we are a QIO-like organization, states using our quality services, such as those described in this RFP, are eligible for a 75 percent federal match on all associated contract activities.** Taking advantage of Qlarant’s QIO-like status would potentially enable Mississippi to reduce the costs associated with this contract relative to the use of general revenue state dollars, while still maintaining the scope of the contract.

Qlarant is committed to quality in our contractual and support services operations. We are International Organization of Standards (ISO 9001-2015) certified in all of our offices throughout the country. We are also CMMI Maturity Level 3, and SOC 2 compliant. We establish tried and true procedures we can replicate in new environments, thus enhancing the speed with which we can implement a new program, and the quality of the product we can offer our customers.

Qlarant has gained extensive experience from our many years of utilizing a variety of survey instruments, using both interview and mailing methods, including POM®, NCI-AD®, NCI®, and Qlarant developed assessment tools. This will be leveraged to ensure the efficiency, integrity and validity of our data collection and sampling processes. **Table 10** depicts the types of surveys we have administered, the total contract years in which we have conducted these activities, and the total number of surveys completed.

**Table 10: Number of Years Administering a Variety of Surveys.**

Survey Type	Combined Years of Experience	Number of Surveys Administered
Phone and Virtual	2	4054
In-Person Aging	5	4126
In-Person IDD	23	71,000
Mail Out Surveys	23	34,500
<b>Total</b>	<b>70</b>	<b>113,680</b>

### A.3.2. Corporate Expansion

Qlarant, Inc. is a financially sound organization with a 47-year history of not-for-profit operations. We currently employ over 500 employees, 40 of whom are involved in survey development, survey utilization and resultant data collection, analysis, and/or reporting. We maintain highly efficient and productive support departments including: Human Resources, Finance, Information Technology, Security, Facilities, and Contracts. We operate offices in Maryland, Florida, Texas, and California, and support home-based employees in about 35 states. Qlarant will primarily be using existing staff to conduct activities relating to this contract, as well as a team of surveyors who have experience contracting with us on several previous contracts. **Qlarant will not require corporate expansion to support the operations of this contract.**

### A.4. Personnel

With the issuance of this RFP, MDHS has defined the needs of the state and set the expectations for all interested vendors. MDHS needs a highly qualified and reliable vendor, with an experienced team of professionals, to achieve the stated objectives of this contract. Qlarant's team is well versed in the requirements of this RFP. We propose staff with excellent credentials, and proven skillsets in developing and implementing survey tools, and established systems for analyzing and reporting on survey findings. Skilled employees are the backbone of Qlarant's commitment to providing exceptional customer service, as validated by our outstanding satisfaction results from current customers in the following areas:

- Quality of deliverables and services
- Timeliness of performance
- Cost control
- Business relationships

Qlarant has developed extensive in-house and subcontractor survey experience. The proposed Project Director, Marion Olivier, has been involved in Qlarant survey and review activities since 2001, and has been in leadership roles in two statewide quality contracts. She has developed and modified numerous survey tools, and has trained teams to utilize them in the field. Ms. Olivier has been the Director of our Georgia project from its inception in 2008, and has overseen the staff operating the NCI®-AD contract with Georgia's Division of Aging Services. In this contract, Ms. Olivier will oversee all operations, liaison with MDHS, interface with Qlarant's corporate support groups, monitor production, and manage the budget. She will directly coach Jessica Justman, the proposed Project Coordinator, and interface with Ms. Justman and the analytics team to ensure all deliverables are met.

Ms. Justman has previously been involved in our Georgia operations as a Surveyor as well as in a leadership position, where she has been involved in conducting and overseeing a variety of survey and review activities. She has demonstrated leadership in a production setting, and has ensured deliverables are completed at performance levels that meet or exceed the expectations of our customer. Ms. Justman will be responsible for tracking production, training and coaching the Surveyors, while also maintaining rater-reliability standards. She will manage the sample and oversample, to ensure surveys are appropriately and efficiently distributed to the Surveyors, and will support efforts to validate the quality of the data being collected. She will monitor and track the mailed survey process. Ms. Justman will interact with MDHS as necessary, and participate in the development of reports and other deliverables. She will also interface with the analytic team, and oversee the contributions of the Project Support, Shawntavia Fletcher.

Ms. Fletcher has supported Qlarant's survey and review processes in Florida since 2013. She has taken a lead on receiving completed surveys and entering responses into the data base. She

has utilized tracking systems to determine the status of mail-out surveys and provided regular counts to the management team. Ms. Fletcher will provide similar supports for this contract.

Our analytic team has a combined total of over 72 years of experience, including developing sampling methodologies for all survey types, ensuring the data we collect are appropriate for analytic and reporting purposes and produce reliable and valid results. Our team has developed regular and ad hoc reports to meet the specific needs of our customers, and produced quality improvement studies to help states identify systemic issues that would benefit from quality improvement initiatives. Leading Qlarant's analytic efforts for this contract will be Katherine Glasgow, PhD.

Dr. Glasgow has 10 years of analytic experience, including six years working with Qlarant and supporting the analytics processes for large statewide quality contracts. She is proficient in a variety of analytic techniques including trending data, quality measures development and calculation (e.g., HEDIS, NCQA, CAHPS, and homegrown measures), as well as comparative and predictive analysis. She regularly conducts analysis of survey and review data, develops evidence based recommendations, and has demonstrated an effective style to present findings to diverse audiences. In this contract, Dr. Glasgow will oversee the analysis of data captured by the survey processes. She will engage with representatives from MDHS to design sophisticated reports to effectively portray the findings of the survey activity. She will also oversee the activities of Nathalie Robin, another analyst who will support this contract.

While relatively new to the Qlarant Quality Solutions analytic team, Ms. Robin has 15 years of analytic experience, including as the lead on two national surveys, funded by the Centers for Disease Control and Protection (CDC) and the Robert Wood Johnson Foundation (RWJF), to collect data on local health departments. She has experience with various statistical analysis packages (R; SAS; SPSS; Stata) and analytic techniques including the development and generation of quality measures for the CMS core set of Health Home measures. She will enhance the analysis efforts for this contract and support validation of findings.

Ten of our subcontracted Surveyors have experience working with Qlarant, conducting NCI®-AD surveys. Many of them have participated in all four of the survey cycles in which we have been engaged through the Georgia Division of Aging. This team has proven skills in the areas of making contact with individuals, creating a suitable interview environment, collecting reliable data, and effectively capturing data in the designated web-based application. Each Surveyor will be assigned an equitable number of surveys to complete. They will initiate and track call activities, conduct telephonic surveys, and capture data per established guidelines.

Team members will attend all required training, and demonstrate proficiency via our rater-reliability processes. The training will consist of the following:

- Confidentiality
- Security awareness
- Conducting the survey: policy and procedures
- Interviewing refresher
- Review of the DAAS 2022 Mississippi Needs Assessment
- Review of the Survey Monkey application and how to enter the survey results

Competency-based testing will be conducted after each training session and Surveyors will have to pass at 85 percent or higher. Rater-reliability will also be included as part of Qlarant's commitment to ensuring the survey is being implemented and scored appropriately. The Project Coordinator will listen in on a phone interview being conducted by the Surveyor and independently score the assessment. After the survey is concluded, the Project Coordinator will compare results to the Surveyor's. A match rate of at least 85 percent or higher will be required to pass. If the

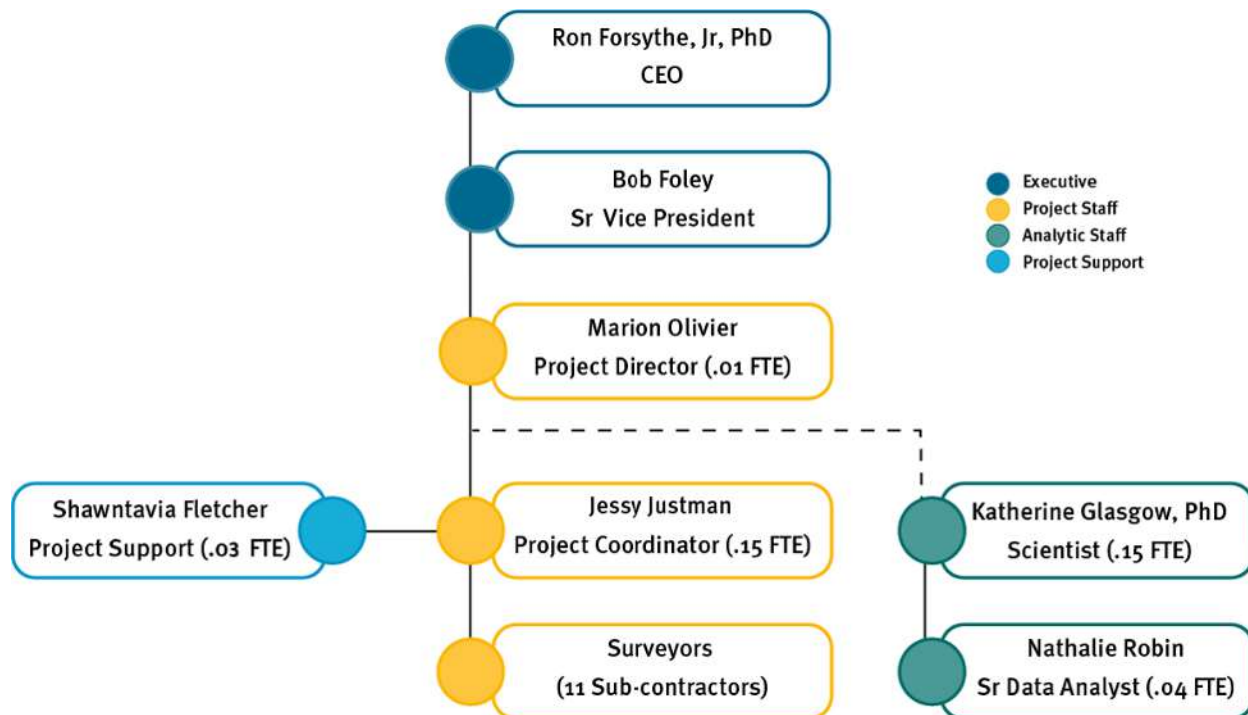
Surveyor does not pass, coaching and re-training and a second rater-reliability session will occur. If the Surveyor again does not pass, he or she will no longer participate in this project.

Further, to support the Surveyors on an ongoing basis, the team will meet via Zoomgov video conference bi-weekly or more often to discuss questions about the survey, provide clarification as needed, address any barriers to conducting the survey and offer solutions. During these meetings, Surveyors will also share efficiencies they found to be effective in managing the survey process, as well as best practices. Any needed updates on the project, possible proficiencies or changes in processes, and guidance will be provided by leadership.

At the corporate level, our mailroom is proficient in distributing thousands of informational materials annually, including mail surveys to families and guardians, meeting all assigned deadlines. They have efficiently completed multiple annual survey distributions for our Florida and Georgia operations and will provide similar support for this contract.

The following Organizational Chart, **Figure 18**, provides a relational depiction of the staff who will be assigned to this contract. Resumes for team members can be found in **Section A.4.1 of this Proposal**.

**Figure 18: MDHS DAAS Needs Assessment Project Organization Chart**



**A.4.1. Resumes**

**Table 11** identifies the Qlarant team that will ensure the success of the project. It shows their total number of years of experience including experience with conducting this type of work.

**Table 11: Qlarant’s Contract Team**

No.	Name	Title	Total Years of Experience	Relevant Years of Experience	Employment Status
1.	Bob Foley	Senior Vice President	34	22	Employee
2.	Marion Olivier	Project Director	26	21	Employee
3.	Jessy Justman	Project Coordinator	20	7	Employee
4.	Katherine Glasgow, PhD	Scientist	10	10	Employee
5.	Nathalie Robin	Senior Data Analyst	15	15	Employee
6.	Shawntavia Fletcher	Project Support	17	17	Employee
7.	Angel Hardy	Surveyor	13	8	Subcontractor
8.	Bob Herrin	Surveyor	45	10	Subcontractor
9.	Cody Christoff	Surveyor	9	7	Subcontractor
10.	Elijah Collins	Surveyor	30	7	Subcontractor
11.	Eric Dougherty	Surveyor	18	5	Subcontractor
12.	Kaliah Collins	Surveyor	18	7	Subcontractor
13.	Melbka Dougherty	Surveyor	7	7	Subcontractor
14.	Larry E. Hodges	Surveyor	32	7	Subcontractor
15.	Marva Malone	Surveyor	6	4	Subcontractor
16.	Melba Screven	Surveyor	27	5	Subcontractor
17.	Tavorris White	Surveyor	15	3	Subcontractor

**A.4.1.1. Key Staff Resumes**

<b>Robert J. Foley</b>	<b>Candidate Highlights</b>
	<ul style="list-style-type: none"> <li>• Provided leadership to Qlarant’s state and locally funded contracts, including quality-related programs supporting people with disabilities and aging populations.</li> </ul>
	<b>Professional Experience</b>
<b>Senior Vice President</b>	<b>Qlarant, Inc. Tampa, FL</b>
<b>Summary:</b>	<b>Sept 2001 - present</b>
<p>Seasoned leader with 35 years of managerial, director, and executive level leadership experience as well as 30+ years experience in the field of intellectual and developmental disabilities supporting Home and Community Based Services and Intermediate Care Facility operations. Expertise in Qlarant’s state programs focus on health care quality, person-centered practices, information gathering and interviewing skills, and state of the art data analytics and applications.</p>	<ul style="list-style-type: none"> <li>• Oversee all state and local operations, with contracts in the areas of Intellectual and Developmental Disabilities, External Quality Review, and Program Integrity.</li> <li>• Member of Qlarant’s Executive Management Team with involvement in corporate planning, oversight, and leadership.</li> <li>• Maintain reporting role to Qlarant’s CEO and Board of Directors.</li> <li>• Liaison with customers, community leaders, &amp; national associations.</li> <li>• Oversee and participate in business development activities including customer outreach, proposal writing, and Red and Gold Team reviews.</li> <li>• Participate in corporate, department, and contract level strategic planning initiatives.</li> <li>• Directly or indirectly manage the performance of 70 team members.</li> </ul>
<b>Roles &amp; Responsibilities:</b>	<b>Gulf Coast Community Care Tampa, FL</b>
<ul style="list-style-type: none"> <li>▪ Oversee and overall program delivery, customer satisfaction, and quality assurance.</li> <li>▪ Serve on the program's risk committee</li> </ul>	<b>Project Administrator-Support Coordination 1993 – 2001</b>
	<ul style="list-style-type: none"> <li>• Oversaw state Support Coordination operations providing case management services to over 1200 individuals with intellectual and/or developmental disabilities as part of Florida’s Home and Community Based Services Medicaid Waiver.</li> <li>• Managed a \$1.5 million budget and 40+ employees.</li> <li>• Liaised with Florida funders, legislators, and providers</li> <li>• Chaired intra-agency committees and provided general advocacy for individuals with intellectual and/or developmental disabilities.</li> </ul>
	<b>The Arc of Prince George’s County Largo, MD</b>
	<b>Director, Employee Services 1988 –1993</b>
	<ul style="list-style-type: none"> <li>• Managed a Supported Employment program to assist 93 individuals with intellectual and/or developmental disabilities to maintain employment in their communities.</li> <li>• Managed five alternative living units, providing residential services and community integration for individuals with intellectual and/or developmental disabilities.</li> <li>• Provided home management and live-in support for five men with intellectual and developmental disabilities.</li> <li>• Developed behavior change plans, managed, and developed team members, and oversaw operation activities including budget management.</li> </ul>

<b>Robert J. Foley</b>	<b>Life Concepts, Inc. (Quest)</b>	<b>Tampa, FL</b>
	<b>Behavior Program Specialist</b>	<b>1987 - 1998</b>
<b>Senior Vice President</b>	<ul style="list-style-type: none"> <li>• Developed and supervised the implementation of treatment plans for twelve individuals with intellectual and developmental disabilities in an Intermediate Care Facility.</li> <li>• Oversaw life skill development and general operations in two homes.</li> </ul>	
<b>Education</b> <ul style="list-style-type: none"> <li>▪ Bachelor of Arts in Psychology, Miami University, Oxford, Ohio, 1985</li> <li>▪ Minor in Business-Decision Science, Miami University, Oxford, Ohio, 1985</li> </ul> <b>Certifications/Licenses:</b> <ul style="list-style-type: none"> <li>▪ Six Sigma Green Belt Certification</li> <li>▪ Qualified Intellectual/Developmental Disabilities Professional</li> </ul>	<b>Bank One</b>	<b>Columbus, OH</b>
	<b>Supervisor of Data Preparation</b>	<b>1985 – 1987</b>
	<ul style="list-style-type: none"> <li>• Supervised and developed 25 data entry employees, to ensure timely check/draft processing within departmental and contractual deadlines.</li> <li>• Supervised 11 employees performing various check processing tasks relating to brokerage firm debit accounts, including stop payments.</li> </ul>	


<b>Marion Olivier</b>	<b>Candidate Highlights</b>	
	<ul style="list-style-type: none"> <li>Over 30 Years of success positively impacting lives in the field of Medicaid and Quality Assurance.</li> <li>Held a position as a Non-Profit Director of statewide quality assurance programs.</li> </ul>	
	<b>Professional Experience</b>	
<b>Project Director</b>	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, Georgia</b></span>	
<p><b>Summary:</b> Has over 26 years in the field of quality assurance and improvement for intellectual and developmental disability programs. 23 of these years were spent in evaluating provider’s compliance with service delivery rendered to individuals with intellectual and developmental disabilities who receive community-based waiver services. For 4 years she supported the NCI-AD project. She has been instrumental in starting two statewide contracts for Qlarant and provided oversight and leadership for three separate statewide contracts.</p> <p><b>Roles &amp; Responsibilities:</b> 1. Serve as the single point of contact for the MS DHS contract and maintain the overall responsibility for the execution of the contract requirements.</p>	<b>Project Director</b> <span style="float: right;"><b>2008 - present</b></span>	
	<ul style="list-style-type: none"> <li>Appointed as the Project Director for the Georgia Department of Behavioral Health &amp; Developmental Disabilities awarded program.</li> <li>Coordinating all start up activities including hiring staff and opening an office.</li> <li>Initial and ongoing development of procedures, review tools and web-based applications and website associated with all review processes: Person Centered Reviews, Provider Reviews and Technical Assistance Consultations.</li> <li>Ongoing responsibilities include managing a \$3.9mm annual budget and provide direct supervision of three Regional Managers, with oversight of 16 field staff and manage the Atlanta office.</li> <li>Monitor to ensure all contract deliverables are met and report on these monthly during bi-weekly status meetings with state personnel and through monthly reports.</li> <li>Manage and monitor a sub-contractor with the project to ensure the quality and timeliness of their deliverables.</li> <li>Develop and maintain relationships with all stakeholders and state advocacy groups.</li> <li>Develop and facilitate stakeholder workgroups to modify statewide quality assurance processes.</li> <li>Facilitate and support the State and a Regional Quality Improvement Councils.</li> <li>Annually, conduct between 15 – 30 training sessions and make presentations at the State and local levels.</li> <li>Work internally with IT to develop, test, and monitor web-based applications to support all review processes.</li> <li>Through analysis of data collected throughout the annual review activity, create and support recommendations generated through quarterly and annual reports.</li> <li>Support, encourage and advocate for continuous quality improvement practices at the State, Regional and provider level and internally for this project.</li> </ul>	
	<b>Qlarant</b> <span style="float: right;"><b>Richmond, Virginia</b></span>	
	<b>Project Director</b> <span style="float: right;"><b>2017 - 2019</b></span>	
	<ul style="list-style-type: none"> <li>Appointed as the Project Director for the Virginia Department of Behavioral Health and Developmental Services awarded program.</li> <li>Conduct quality improvement and assurance activities for HCBS waiver services delivered to individuals with intellectual/developmental disabilities.</li> </ul>	



<b>Marion Olivier</b>	
<b>Project Director</b>	
<p>2. Allocate resources, monitor performance and quality, and ensure the team is on track to meet all project tasks per the anticipated duration described in the project timeline. [RFP 2.2.C]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>▪ Florida State University; Tallahassee, Florida. Master of Social Work, Clinical Track - 1993.</li> <li>▪ University of Louisiana; Lafayette, Louisiana. Bachelor of Arts in Sociology. Minor in English - 1990.</li> <li>▪ Millsaps College; Jackson, Mississippi - 1986 to 1988</li> </ul> <p><b>Affiliations</b></p> <ul style="list-style-type: none"> <li>▪ Adjunct Professor, National Leadership Consortium on Developmental Disabilities from January 2020 to present</li> <li>▪ Georgia Learning Community Board Member from 2018 to present</li> </ul>	<ul style="list-style-type: none"> <li>• The review activities included the implementation of Person Centered Reviews and Provider Quality Reviews to generate of reports reflective of the state’s compliance with the Department of Justice settlement agreement.</li> <li>• As the Director, responsibilities included managing an annual \$2.4 million dollar contract and provided direct support and supervision of the Project Manager, with oversight of seven field staff.</li> <li>• Monitor all contract deliverables to ensure they were met and reported on these by facilitating bi-monthly status meetings with state personnel and monthly reports.</li> <li>• Manage and monitored the quality and timeliness of deliverables for two sub-contractors through bi-weekly or quarterly meetings and review of their deliverables.</li> <li>• Work internally with IT to develop, support, monitor and test electronic applications to support all review processes.</li> <li>• Assist in the re-design and continued maintenance of the web-based application and three portal websites.</li> <li>• Create and supported recommendations generated through quarterly and annual reports.</li> <li>• Support, encourage, and advocate for continuous quality improvement practices for the Commonwealth, individuals served and providers rendering services.</li> </ul>
<b>Qlarant</b>	<b>Atlanta, Georgia</b>
<b>Project Director</b>	<b>2014 – 2018</b>
<p><b>Qlarant</b></p> <p><b>Independent Review Expert</b></p>	<p style="text-align: right;"><b>Sonoma, California</b></p> <p style="text-align: right;"><b>2013 – 2014</b></p> <ul style="list-style-type: none"> <li>• Appointed as the Project Director for the Georgia Department of Aging Services awarded program.</li> <li>• Implemented the new National Core Indicator survey for 800 aging and/or disabled people receiving services in the State of Georgia.</li> <li>• Coordinated all start up activities including hiring staff, development of procedures and logistics associated with the project.</li> <li>• Monitored the project to ensure all contract deliverables were met and facilitated monthly status and feedback meetings with state personnel and national organizations developing the survey and submitted monthly reports.</li> </ul> <ul style="list-style-type: none"> <li>• Appointed as an Independent Review Expert under the Health and Human Services Agency, Department of Public Health awarded program.</li> <li>• Conducted root cause analysis regarding quality of supports and services for their Immediate Care Facilities (ICF) at Sonoma Developmental Center (SDC).</li> <li>• Conducted individual and staff interviews, observations, record reviews and data analysis based upon the ICF regulations.</li> </ul>

<b>Marion Olivier</b>	<ul style="list-style-type: none"> <li>Monitored activities also included collection of data, detailed analysis of findings and report generation to reflect SDC's current performance and recommendations to support ongoing quality improvement after each review.</li> </ul>	
<b>Project Director</b>		
<p><b>Affiliations</b></p> <ul style="list-style-type: none"> <li>AAIDD Georgia Chapter Chair from 2013-2014, Vice Chair 2012-2013, Secretary 2014 to 2019</li> <li>Presenter at the National Home and Community Based Service conference September 2010 and 2012</li> <li>Presenter at the National Reinventing Quality Conference August 2010 and 2012</li> <li>Graduate of the National Leadership Consortium on Developmental Disabilities July 2010</li> </ul> <p><b>Other Work Experience</b></p> <ul style="list-style-type: none"> <li>1992-1993: Florida State University, Tallahassee, Florida: Teacher Assistant</li> <li>1992-1993: Bob Grim Insurance, Tallahassee, Florida: Administrative Secretary</li> <li>1991-1991: Acadian Oaks Hospital, Lafayette, Louisiana: Unit Secretary</li> <li>1989-1990: Acadian Oaks Hospital, Lafayette, Louisiana: PBX Operator</li> </ul>	<b>Qlarant</b> <span style="float: right;"><b>Tallahassee, Florida</b></span>	
	<b>Regional Manager</b> <span style="float: right;"><b>2003 – 2008</b></span>	<ul style="list-style-type: none"> <li>Appointed as a Regional Manager for the Agency for Health Care Administration for the State of Florida to perform quality assurance and quality improvement review activities for providers who render Home and Community Based Services through a Medicaid waiver.</li> <li>Primary responsibilities included being accountable for the design, development, modifications and implementation of the provider review processes including policy and procedures.</li> <li>Provided supervision, coaching and rater reliability activities for six field staff, Quality Improvement Consultants.</li> <li>Provided oversight of daily operations of the Tallahassee Office and supervision of the Administrative Assistant.</li> <li>Participated in stakeholder monthly/quarterly meetings and conducted training sessions across the state.</li> <li>Prepared and submitted deliverables to the contract manager monthly.</li> </ul>
	<b>Joint Commission for the Accreditation of Healthcare Organizations</b> <span style="float: right;"><b>Tallahassee, Florida</b></span>	
	<b>Quality Assurance Reviewer</b> <span style="float: right;"><b>2001 – 2003</b></span>	<ul style="list-style-type: none"> <li>Appointed as a Quality Assurance Reviewer under the Florida Statewide Quality Assurance Program to conduct Person Centered Reviews and Provider Reviews developed by Qlarant, Inc., in conjunction with the Joint Commission.</li> <li>Monitored and performed quality assurance and utilization reviews for providers to ensure compliance of the application of the HCBS waiver standards as dictated by the state.</li> <li>These reviews include conducting individual Personal Outcome Measure interviews, interviews with the provider, family members and any other necessary person.</li> <li>Provided technical assistance and recommendations to assist providers in improving their quality of supports and services.</li> <li>Conduct follow up reviews with identified providers to review their progress towards improvement and provide technical assistance and submit a detailed report.</li> </ul>
	<b>Middle Tennessee Regional Office</b> <span style="float: right;"><b>Nashville, Tennessee</b></span>	
<b>Regional Monitor</b> <span style="float: right;"><b>1998 – 2000</b></span>	<ul style="list-style-type: none"> <li>Monitored and ensured the compliance of the Settlement Agreement which the state of Tennessee was under.</li> <li>Carried a caseload of approximately 70 members of the settlement agreement class with varying intellectual/developmental disabilities.</li> </ul>	

<b>Marion Olivier</b>	<ul style="list-style-type: none"> <li>• Provided quality assurance reviews by monitoring their health, safety, community integration and quality of life.</li> <li>• Completed at least monthly home visits and interviewed the person and provider staff, reviewed records, and attended meetings to address any barriers or risk.</li> <li>• Provided technical assistance regarding policies, procedures, and practices to provider agencies to ensure they provided quality services.</li> <li>• These services included residential, day programs, supportive living, support coordination and supportive employment.</li> <li>• Ensured the settlement agreement class members had access and received all the necessary supports and services by monitoring and advocating for services, including therapy services, behavioral services, medical services, and vocational rehabilitation.</li> <li>• Provided technical assistance to the community providers and support coordinators on a daily basis.</li> </ul>
Project Director	
	<p>Reviewed and monitored person centered support plans and the process for their development as well as implementation. Completed monitoring reports and followed to conclusion any identified issues needing to be corrected.</p>
<b>Arlington Developmental Center</b>	<b>Arlington, Tennessee</b>
<b>Assistant Director of Therapeutic Services</b>	<b>1996 – 1998</b>
	<ul style="list-style-type: none"> <li>• Monitored and ensured the compliance of the Court Order which Arlington Development Center (ADC) was under.</li> <li>• Prepared compliance reports for the Court and Management Team</li> <li>• Developed, trained, and maintained all of the policy and procedures for the department.</li> <li>• Developed, trained, and monitored systems for the therapeutic services department, which were implemented across the entire Center including the Mealtime Monitoring System and Physical Management Monitoring System.</li> <li>• Assisted the Director in supervising and performing administrative duties for approximately 120 personnel, which included Physical Therapists, Occupational Therapists, Dietitians, Nurses, Certified Occupational Therapy Assistants, Physical Therapy Assistants, and Technicians, in the department.</li> <li>• Served as a member of the Management Team for ADC.</li> <li>• Facilitated and coordinated transitioning of the residents of the center into the community.</li> <li>• Developed, trained, and monitored internal quality assurance Peer Review System for the department.</li> </ul>

<b>Jessy Justman</b>	<b>Candidate Highlights</b>	
	<ul style="list-style-type: none"> <li>Over 20 years of cumulative experience with 7 years survey administration, conducting individual interviews, and data collection.</li> <li>Excellent management and coordination skills and subject matter expertise on quality improvement.</li> </ul>	
	<b>Professional Experience</b>	
<b>Project Coordinator</b>	<b>Sage Events Management</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
<p><b>Summary:</b> Experienced Projects Coordinator with an MA Counseling Psychology and BS in Human Development and Family Studies. Direct surveying experience on Qlarant Government Programs experience aiding in filling out clear and complete surveys.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>- Coordinate day to day activities between project team and the Project Director and help address administrative issues related to administering the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic</li> </ul>	<b>Site Selection Specialist</b> <span style="float: right;"><b>2015 - Present</b></span>	
	<ul style="list-style-type: none"> <li>Negotiated over 50 contracts for a high-profile event management company who serves a client base of successful organizations and produces live events which range from 2,000-10,000 attendees.</li> <li>Created and oversaw over 100+ detailed RFPs using innovative technology (CVENT).</li> <li>Collected, analyzed, and negotiated over 500 proposals from tier one hotels / resorts around the world.</li> <li>Lead all aspects of site selection for events from identifying required space specifications to F&amp;B requirements for the event.</li> <li>Created and presented detailed keynote presentations of all preferred properties for each client.</li> </ul>	
	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
	<b>Regional Manager</b> <span style="float: right;"><b>2010 - 2012</b></span>	
<ul style="list-style-type: none"> <li>Supervised a team of quality consultants and developed policies and procedures, organizational structures, and documentation systems.</li> <li>Analyzed and summarized data findings, and generated recommendations for quality improvement for the State of Georgia</li> <li>Served as Lead Manager for the design, development, modification, and implementation of the Quality Enhancement Provider Review process, including internal policies, materials, and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Supervised a team of quality consultants and developed policies and procedures, organizational structures, and documentation systems.</li> <li>Analyzed and summarized data findings, and generated recommendations for quality improvement for the State of Georgia</li> <li>Served as Lead Manager for the design, development, modification, and implementation of the Quality Enhancement Provider Review process, including internal policies, materials, and procedures.</li> </ul>	
	<b>Quality Improvement Consultant</b> <span style="float: right;"><b>2008 - 2010</b></span>	
	<ul style="list-style-type: none"> <li>Conducted 200+ interviews for developmental and intellectual disabilities individuals to determine quality of supports and services.</li> <li>Conducted over 200 NCI interviews in person and entered all data into the web-based ODESA system.</li> <li>Gathered and summarized data regarding organizational practices with a focus on Community Life, Choice, Person Centered Supports, Health, Rights, and Safety outcomes.</li> <li>Provided expertise, data, related trends, and current approaches in the field of developmental disabilities to providers.</li> </ul>	
<ul style="list-style-type: none"> <li>Organized and conducted annual surveys for persons served, parents and staff. Analyzed completed surveys and made recommendations to management team for follow up.</li> <li>Created procedures, trainings, and protocols to increase the efficiency of quality improvement processes within the organization supporting over 100 people with IDD.</li> </ul>	<b>EnAble of Georgia, Inc</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
	<b>Quality Improvement Coordinator</b> <span style="float: right;"><b>2006 - 2008</b></span>	
<ul style="list-style-type: none"> <li>Organized and conducted annual surveys for persons served, parents and staff. Analyzed completed surveys and made recommendations to management team for follow up.</li> <li>Created procedures, trainings, and protocols to increase the efficiency of quality improvement processes within the organization supporting over 100 people with IDD.</li> </ul>	<ul style="list-style-type: none"> <li>Organized and conducted annual surveys for persons served, parents and staff. Analyzed completed surveys and made recommendations to management team for follow up.</li> <li>Created procedures, trainings, and protocols to increase the efficiency of quality improvement processes within the organization supporting over 100 people with IDD.</li> </ul>	

<b>Jessy Justman</b>	<ul style="list-style-type: none"> <li>• Conducted residential &amp; vocational facility inspections and filed inspection reports and presenting findings to committees.</li> <li>• Reported and conducted investigations into state's Critical Incident system. Assessed contributing factors to critical incidents and recommended corrective action, including systemic change, in all written final reports.</li> <li>• Served as an active member on the following committees: Human Rights Committee, The Council Accreditation Committee, CARF Accreditation Committee, and Day Service Planning Committee.</li> <li>• Developed and implemented training on Stress Management for all employees.</li> <li>• Designed and trained employees on an organizational system in preparation for accreditation.</li> </ul>
<b>Project Coordinator</b>	
characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]	
<b>Education</b>	
<ul style="list-style-type: none"> <li>○ Argosy University - Master of Arts: Counseling Psychology</li> <li>○ University of Wisconsin-Madison - Bachelor of Arts: Human Development and Family Studies</li> </ul>	
<b>ANSWERS For Autism</b>	<b>Atlanta, GA</b>
<b>Program Coordinator</b>	<b>2005 - 2006</b>
	<ul style="list-style-type: none"> <li>• Supervised, coached, and mentored team of Senior Lead Therapists along with 2 Behavioral Consultants from the Atlanta May Institute to fulfill all contract requirements for a Federal Grant awarded to the State of Illinois.</li> <li>• Supervised Senior Lead Therapists to effectively implement Applied Behavior Analysis supports to individuals with Autism.</li> <li>• Coordinated planning seminar with statewide leaders to discuss collaboration opportunities for individuals with Autism throughout the state of Illinois.</li> <li>• Collaborated with the Deans of surrounding Universities to enhance services and supports for individuals with autism throughout the state of Illinois.</li> <li>• Presented quarterly status reports during monthly executive board meetings.</li> <li>• Designed, developed, and communicated autism awareness activities to over 50,000 community members.</li> <li>• Highlighted as ANSWERS Spokesperson and Program Coordinator on the local news, radio, and newspaper.</li> <li>• Administrated weekly status meetings with staff and consultants.</li> </ul>
<b>CASPER</b>	<b>Atlanta, GA</b>
<b>Program Supervisor</b>	<b>2000 - 2003</b>
	<ul style="list-style-type: none"> <li>• Supervised 10 staff members and 15 volunteers who planned and implemented meaningful after school activities for children with special needs living in local shelters.</li> <li>• Recruited, selected, trained, and evaluated staff (paid &amp; volunteer) each year.</li> <li>• Managed all aspects of the program site, including activity planning and schedules.</li> <li>• Collaborated with other programs and various University of Wisconsin groups.</li> <li>• Designed &amp; updated program materials (info handouts, staff handbooks, forms, etc.).</li> <li>• Trained all staff and volunteers on company policies and procedures.</li> </ul>

<b>Katherine Glasgow</b>	<b>Candidate Highlights</b>	
	<ul style="list-style-type: none"> <li>• Over 10 Years of years of experience in Data Analytics</li> <li>• Held leadership positions to oversee and manage data analysis requirements on numerous government related programs</li> </ul>	
	<b>Professional Experience</b>	
<b>Scientist</b>	<b>Qlarant, Inc.</b> <span style="float: right;"><b>Tallahassee, Florida</b></span>	
<p><b>Summary:</b></p> <p>Dedicated and adaptable statistician with a PhD in Sociology and Masters in Demography. Has technical expertise to work on complex databases. Superb analytical and communication skills to create clear reports and presentations and breaking down complex information. Demonstrated by ten years of experience in data analytics and committed to collecting, analyzing, and reporting on reliable and accurate data. Adept in working with SAS, Stata, and Excel, and have experience writing technical reports.</p> <p><b>Roles &amp; Responsibilities:</b></p> <p>Oversee and coordinate the production of required reports and deliverables and certify the accuracy of all</p>	<b>Scientist</b> <span style="float: right;"><b>Effective Jul 2021</b></span>	
	<b>Sr. Data Analyst</b> <span style="float: right;"><b>Jul 2018 - present</b></span>	
	<b>Analyst IV</b> <span style="float: right;"><b>Nov 2014 – Jun 2018</b></span>	
	<ul style="list-style-type: none"> <li>• Works closely with a team of analysts to manage the collection and reporting of data collected as part of quality assurance programs for Medicaid waiver services for individuals with IDD in FL, GA, and VA, including the National Core Indicators (NCI) Surveys.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Over 5 years of experience in applying statistical sampling methodologies (e.g., simple random and stratified random) to select representative samples (+/- 95% CI) for the NCI In-Person Survey, the NCI Mail Surveys, and the selection of individuals and providers eligible for quality assurance reviews.</li> <li>• Utilize SAS and Excel to clean, aggregate, and analyze data collected in the field and housed within a relational database.</li> <li>• Perform descriptive and multivariate analyses to monitor quality of life and services for individuals with IDD &amp; providers' performance.</li> <li>• Routinely develop custom reports for various state entities - many of which are used to meet requirements set forth by the CMS.</li> <li>• Develop presentations and present information to self-advocates, providers, state agencies, and other stakeholders.</li> <li>• Work collaboratively with managers and state agencies to develop initiatives and trainings to improve services for people with IDD.</li> <li>• Use statistical validation techniques to construct more efficient and accurate measurement tools.</li> <li>• Developed and validated SAS Programs for the DC HHM.</li> <li>• Coach fellow analysts on various tasks and develop annual performance evaluations to further their own development.</li> </ul>	
	<b>Florida State University</b> <span style="float: right;"><b>Tallahassee, Florida</b></span>	
	<b>Adjunct Professor</b> <span style="float: right;"><b>Jan 2020 – Current</b></span>	
	<ul style="list-style-type: none"> <li>• Create lesson plans, syllabi, lectures, assignments, and exams for an undergraduate Introduction to Biostatistics course in Florida State University's Public Health Department.</li> <li>• Instruct students on various statistical methods including descriptive statistics, sampling methodologies, probability, and inferential statistic including, difference of means/proportions tests, estimation of confidence intervals, and linear regression analysis.</li> <li>• Instruct students on the use of Excel and R for data management and analysis.</li> </ul>	

<b>Katherine Glasgow</b>	<b>Florida State University</b>	<b>Tallahassee, Florida</b>
	<b>Graduate Instructor</b>	<b>Aug 2011– May 2015</b>
<b>Data Analysis Manager</b>	<ul style="list-style-type: none"> <li>• Taught Social Research Methods, Population and Society, and Social Problems while working towards PhD at Florida State University.</li> <li>• Developed original course syllabi, lectures, assignments, and exams for each course.</li> </ul>	
<p>information submitted to the State.</p> <p>Play a major role in Qlarant's continuous quality improvement efforts through the production of reports and analysis of data gathered</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>▪ Florida State University <ul style="list-style-type: none"> <li>– DPhil - Sociology - 18'</li> <li>– MS - Sociology - 13'</li> <li>– MS - Demography 10'</li> <li>– BS - Anthropology &amp; Sociology 09'</li> </ul> </li> </ul>	<b>Florida Department of Health</b>	<b>Tallahassee, Florida</b>
	<b>Statistician I</b>	<b>Aug 2012 – Apr 2013</b>
	<b>Statistician I (Intern)</b>	<b>Jun 2010 – Aug 2010</b>
	<ul style="list-style-type: none"> <li>• Create lesson plans, syllabi, lectures, assignments, and exams for an undergraduate Introduction to Biostatistics course in Florida State University's Public Health Department.</li> <li>• Assisted in the development of the Life Course Metrics project in collaboration with the CDC and 7 other states.</li> <li>• Create lesson plans, syllabi, lectures, assignments, and exams for an undergraduate Introduction to Biostatistics course in Florida State University's Public Health Department.</li> <li>• Collaborated with others on creating new techniques for utilizing data from the American Community Survey and Census within CHARTS software.</li> </ul>	

<p><b>Nathalie Robin, MPH</b></p>	<p><b>Candidate Highlights</b></p>				
	<ul style="list-style-type: none"> <li>• Over 18 Years of experience in research and data analytics</li> <li>• Held senior technical positions leading surveys in federal healthcare environments and managed analysis requirements</li> </ul>				
	<p><b>Professional Experience</b></p>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #ffff00; width: 60%;"><b>Qlarant, Inc.</b></td> <td style="background-color: #ffff00; text-align: right;"><b>Easton, MD</b></td> </tr> <tr> <td><b>Sr. Data Analyst</b></td> <td style="text-align: right;"><b>Jan 2020 - present</b></td> </tr> </table>	<b>Qlarant, Inc.</b>	<b>Easton, MD</b>	<b>Sr. Data Analyst</b>	<b>Jan 2020 - present</b>
<b>Qlarant, Inc.</b>	<b>Easton, MD</b>				
<b>Sr. Data Analyst</b>	<b>Jan 2020 - present</b>				
<p><b>Senior Data Analyst</b></p>	<ul style="list-style-type: none"> <li>• Analyze data and summarize into quality indicator values</li> <li>• Designed and build algorithms and predictive models to identify fraud, waste, and abuse.</li> <li>• Trend data to identify potential opportunities for quality improvement or focused investigations.</li> <li>• Develop tabular and graphical presentations of data which clearly and concisely illustrate current levels of care.</li> <li>• Develop epidemiological sound indicators of the quality of care.</li> <li>• Contribute to the development of interventions which will improve healthcare processes and outcomes.</li> <li>• Analyze re-measurement data and summarize into quality indicator values.</li> </ul>				
<p><b>Summary:</b></p> <p>Dedicated and adaptable statistician with a MS of Public Health and BS in Psychology. Has technical expertise to work within complex databases, and the analytical and communication skills to create clear reports and presentations from complex information. Adept in working with SAS, Stata, and Excel, and have experience writing technical reports.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>▪ Oversee and coordinate the production of required reports and deliverables and certify the accuracy of all information submitted to the State. [RFP 2.2]</li> <li>▪ Provide analysis of social and economic variables taken into consideration [RFP 2.2.B.5]</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #ffff00; width: 60%;"><b>NACCHO</b></td> <td style="background-color: #ffff00; text-align: right;"><b>Washington, DC</b></td> </tr> <tr> <td><b>Sr. Research Analyst</b></td> <td style="text-align: right;"><b>Apr 2009 – Jan 2019</b></td> </tr> </table>	<b>NACCHO</b>	<b>Washington, DC</b>	<b>Sr. Research Analyst</b>	<b>Apr 2009 – Jan 2019</b>
	<b>NACCHO</b>	<b>Washington, DC</b>			
	<b>Sr. Research Analyst</b>	<b>Apr 2009 – Jan 2019</b>			
<ul style="list-style-type: none"> <li>• Led two national surveys collecting data on local health departments funded by the Centers for Disease Control and Protection (CDC) and the Robert Wood Johnson Foundation (RWJF)</li> <li>• Worked with internal and external stakeholders on research projects collecting quantitative and qualitative data</li> <li>• Drafted data collection instruments, sampling plans, and standard operating procedures for data cleaning and analysis</li> <li>• Programmed web instruments to ensure data accuracy, data confidentiality, and positive user experiences</li> <li>• Cleaned and analyzed data</li> <li>• Drafted reports, journal articles, conference presentations, recommendations, and other research-driven products</li> <li>• Maintained data repository.</li> </ul>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #ffff00; width: 60%;"><b>Kaplan</b></td> <td style="background-color: #ffff00; text-align: right;"><b>Tallahassee, Florida</b></td> </tr> <tr> <td><b>Pre-College Faculty</b></td> <td style="text-align: right;"><b>Sep 2009 – Nov 2017</b></td> </tr> </table>	<b>Kaplan</b>	<b>Tallahassee, Florida</b>	<b>Pre-College Faculty</b>	<b>Sep 2009 – Nov 2017</b>	
<b>Kaplan</b>	<b>Tallahassee, Florida</b>				
<b>Pre-College Faculty</b>	<b>Sep 2009 – Nov 2017</b>				
<ul style="list-style-type: none"> <li>• Taught preparatory classes for the SAT and ACT to improve test scores</li> <li>• Tutored individual students for standardized exams and school subjects</li> <li>• Led marketing and informational sessions for prospective buyer promoting Kaplan products</li> </ul>					



<p><b>Nathalie Robin, MPH</b></p> <p><b>Senior Data Analyst</b></p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Virginia Commonwealth University, <i>MS Public Health - 08</i></li> <li>University of Pittsburgh, BS Psychology - <i>03'</i></li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Certificate, Full-Stack Web Development, George Washington University, 2017</li> </ul>	<p><b>VCU Medical Center</b> <span style="float: right;"><b>Richmond, VA</b></span></p> <p><b>Lab Technician</b> <span style="float: right;"><b>Sept 2008– Sept 2009</b></span></p> <ul style="list-style-type: none"> <li>Worked as a field data collector investigating STAPH infections</li> <li>Generated descriptive statistics</li> <li>Taught preparatory classes for the SAT and ACT to improve test scores</li> <li>Led marketing and informational sessions for prospective buyer promoting Kaplan products</li> </ul>
	<p><b>CBE Consulting</b> <span style="float: right;"><b>Richmond, VA</b></span></p> <p><b>Program Support Technician</b> <span style="float: right;"><b>Jan 2008 – Sep 2008</b></span></p> <ul style="list-style-type: none"> <li>Compiled data, aggregated results, and drafted benchmarking reports for Virginia’s State Children’s Health Insurance Program (sCHIP) subgrantees</li> <li>Updated and maintained Access database</li> </ul>
	<p><b>Virginia Commonwealth University</b> <span style="float: right;"><b>Richmond, VA</b></span></p> <p><b>Graduate Technical Assistant</b> <span style="float: right;"><b>Jan 2008 – Sep 2008</b></span></p> <ul style="list-style-type: none"> <li>Compiled data, aggregated results, and drafted quarterly benchmarking reports six sub-grantee sites on lead housing rehabilitation efforts</li> <li>Updated and maintained Access database</li> </ul>
	<p><b>Florida Department of Health</b> <span style="float: right;"><b>Tallahassee, Florida</b></span></p> <p><b>Program Tech Specialist</b> <span style="float: right;"><b>Sep 2006 – Jun 2007</b></span></p> <ul style="list-style-type: none"> <li>Provided customer support Lead-Safe Virginia informational hotline regarding elevated blood level and general education lead safety measures</li> <li>Uploaded data on elevated lead levels into Virginia state database</li> <li>Conducted analyses for state and federal reports</li> <li>Communicated with testing laboratories and doctors’ offices to retrieve missing data</li> <li>Created case management and treatment files for children identified with elevated levels</li> </ul>
	<p><b>UPMC</b> <span style="float: right;"><b>Pittsburgh, PA</b></span></p> <p><b>Research Specialist</b> <span style="float: right;"><b>May 2003 – Aug 2006</b></span></p> <ul style="list-style-type: none"> <li>Worked on three separate smoking cessation studies</li> <li>Recruited, screened, and guided research participants through clinical trials</li> <li>Drafted documents for The National Institute on Drug Abuse (NIDA) and the Institutional Review Board (IRB)</li> <li>Purchased research equipment, paid research participants, and reconciled travel reimbursements for coworkers</li> <li>Analyzed data and contributed to the methodology and analysis sections to journal articles and conference presentations</li> <li>Trained and supervised undergraduate interns</li> </ul>

<b>Shawntavia Fletcher</b>	<b>Candidate Highlights</b>
	<ul style="list-style-type: none"> <li>• 7 years of experience working on contracts supporting people with disabilities and provider quality assurance.</li> <li>• Working knowledge on government programs as a project support with customer service experience and interpersonal skills.</li> </ul>
	<b>Professional Experience</b>
<p style="text-align: center; background-color: #FFD700; margin: 0;"><b>Project Support</b></p> <p><b>Summary:</b> Shawntavia has 10 years' experience in providing program support and data entry. She has the ability to handle multiple tasks and projects simultaneously, and has excellent communication skills.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>– Provide administrative support throughout the lifetime of the program.</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>▪ American InterContinental University - Associate of Arts in Business Administration</li> <li>▪ Florida Agricultural Mechanical University - Bachelor of Arts in Interdisciplinary Studies emphasis in Health and Quantitative Analysis</li> </ul>	<b>Qlarant</b> <span style="float: right;"><b>Tallahassee, FL</b></span>
	<b>Project Support</b> <span style="float: right;"><b>2013 - Present</b></span>
	<ul style="list-style-type: none"> <li>• <b>Florida Statewide Quality Assurance Program:</b> Make purchases and develop purchasing orders; Work with vendors; Plan and organize events; Complete monthly reports; Conduct administrative duties; Complete billing reports; Transcribe meeting minutes; Coordinate National Core Indicator mail surveys, including tracking and data entry for 600 - 800 surveys every other year.</li> <li>• <b>Virginia Quality Management System:</b> Made purchases and developed purchasing orders; Worked with vendors; Conducted administrative duties; Arranged travel accommodations; Provided staff support.</li> </ul>
	<b>Hewlett Packard</b> <span style="float: right;"><b>Tallahassee, FL</b></span>
	<b>File Room Coordinator</b> <span style="float: right;"><b>2007 - 2012</b></span>
	<ul style="list-style-type: none"> <li>• Filing Medical and Dental claims.</li> <li>• Updating, and Entering Claims for Medicaid and Medicare.</li> <li>• Faxing, copy, and uploading information.</li> </ul>
	<b>Aegis</b> <span style="float: right;"><b>Nashville, TN</b></span>
	<b>Data Entry Specialist</b> <span style="float: right;"><b>2005 - 2006</b></span>
	<ul style="list-style-type: none"> <li>• Entering and updating client files for hospital records.</li> <li>• Create plantlets for client files.</li> </ul>
	<b>Department of Revenue</b> <span style="float: right;"><b>Tallahassee, FL</b></span>
<b>Data Entry Specialist</b> <span style="float: right;"><b>2001 - 2004</b></span>	
<ul style="list-style-type: none"> <li>• Promoted family wellness and parent involvement programs.</li> <li>• Supported the implementation of the family partnership process.</li> <li>• Operated as a liaison between classroom and home setting in education, child development and mental health.</li> </ul>	
<b>Citizens Insurance</b> <span style="float: right;"><b>Tallahassee, FL</b></span>	
<b>Support Staff</b> <span style="float: right;"><b>2004 - 2004</b></span>	
<ul style="list-style-type: none"> <li>• Opening, closing, assign, and logging files for Insurance claims.</li> <li>• Creating spreadsheets.</li> <li>• Staff Support for field and office adjusters.</li> </ul>	
<b>Florida National Guard</b> <span style="float: right;"><b>Tallahassee, FL</b></span>	
<b>Military Personnel Specialist</b> <span style="float: right;"><b>2003- 2005</b></span>	
<ul style="list-style-type: none"> <li>• Responsible for screening, intake and orientation services, timely and accurate clinical documentation, case management, participation in multidisciplinary treatment team meetings, and conducting and documenting group education services.</li> </ul>	

**A.4.1.2. Surveyor Resumes**

<b>Angel Hardy</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>Over 4 years of experience in data collection and conducting survey interviews for Qlarant NCI-AD projects.</li> <li>Experienced with client interface and worked at multiple local government offices on data collection and records management.</li> </ul>
<b>Summary:</b>	<b>Professional Experience</b>
Dedicated and adaptable surveyor with a BA in Sociology and Anthropology and direct surveying experience on Qlarant state Programs. Superb communication skills, research experience, and records management experience, aiding in conducting and completing surveys.	<b>Qlarant, Inc. Atlanta, GA</b>
<b>Roles &amp; Responsibilities:</b>	<b>NCI-AD Survey Interviewer Nov 2017 - Present</b>
<ul style="list-style-type: none"> <li>Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</li> </ul>	<ul style="list-style-type: none"> <li>Conducted face to face in-field interviews using the National Core Indicator survey for the GA Department of Aging Services.</li> <li>Identified areas of service needs and obtained feedback related to satisfaction and quality of the services provided by the state.</li> <li>Verify the accuracy of survey data, including measurements and calculations conducted at survey sites.</li> </ul>
<b>Education</b>	<b>Wilson Family Atlanta, GA</b>
<ul style="list-style-type: none"> <li>Valdosta State University, Valdosta, GA - 2014</li> <li>Bachelors of Art in Sociology &amp; Anthropology</li> <li>Concentration in Clinical Sociology</li> </ul>	<b>Care Provider Aug 2014 - Dec 2018</b>
	<ul style="list-style-type: none"> <li>Tended to the general and basic needs of the children while providing careful supervision to ensure the safety in day-to-day activities.</li> </ul>
	<b>International Students Volunteers Yorba Linda, CA</b>
	<b>Brand Ambassador &amp; Recruiter Jun 2014 - Dec 2015</b>
	<ul style="list-style-type: none"> <li>Recruited students from California, Washington, and Southern Canada at their respective university campuses to study abroad with one of the highest rated volunteer adventure travel programs in the country via campus wide marketing &amp; in-classroom demonstrations.</li> </ul>
	<b>Brooks County Department of Family &amp; Children Services (Child Protective Services) Atlanta, GA</b>
	<b>Agency Intern Jan 2014 - Jun 2014</b>
	<ul style="list-style-type: none"> <li>Aided Social Services Case Managers while attending court hearings, home visits, and interviewing clients at school.</li> <li>Extensive client interaction and conflict resolution when uniting paternal and foster parents, addressing abuse allegations within clients' homes and demonstrating cultural competence.</li> </ul>
	<b>Feeding America: Hunger-Relief Charity Atlanta, GA</b>
	<b>Data Collector May 2013 - Jul 2013</b>
	<ul style="list-style-type: none"> <li>Administered the National Hunger survey to various clients of food agencies and programs, including emergency feeding programs like food pantries, shelters, and soup kitchens.</li> <li>Compiled information on more than 100,000 clients' services supporting the 2014 National Hunger Study focused on food security.</li> </ul>
	<b>Feeding America: Hunger-Relief Charity Atlanta, GA</b>
	<b>Records Management Intern May 2008 - Jun 2008</b>
	<ul style="list-style-type: none"> <li>Prepared new county employee files and maintained hundreds of existing confidential employee files. Aided record keepers as needed.</li> </ul>

<b>Robert Herrin</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>Over 45 years of cumulative experience and over 10 years in data collection and conducting survey interviews.</li> <li>Experienced with program monitoring and quality assurance serving multiple government agencies.</li> </ul>
<p><b>Summary:</b> Experienced surveyor with a MA in Counseling and BA in Sociology. Direct surveying experience on Qlarant state programs with proven communication skills, research experience, and records management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Pepperdine University, Beaufort, SC - MA, Counseling (1976)</li> <li>University of Georgia, Athens, GA - BA, Sociology (1972)</li> </ul>	<b>Professional Experience</b>
	<b>Qlarant, Inc.</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>Jun 2014 - Present</b></span>
	<ul style="list-style-type: none"> <li>Conducted on-site surveys over a period of four years for the NCI-AD Program. Entered results into an online database.</li> </ul>
	<b>Project Free</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>Consultant</b> <span style="float: right;"><b>Nov 2007 - Present</b></span>
	<ul style="list-style-type: none"> <li>Conducted on-site and virtual interviews with families enrolled in the Fostering Relationship &amp; Economic Enrichment project.</li> <li>Entered data into an online database; telephone contact, and occasional video conferencing tools were utilized.</li> </ul>
	<b>GA DHS, Division of Public Health</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>Program Specialist</b> <span style="float: right;"><b>July 1996 - Sep 2007</b></span>
	<ul style="list-style-type: none"> <li>Quality Assurance Coordinator for the Babies Can't Wait program: responsible for monitoring 18 district Babies Can't Wait programs.</li> <li>Coordinated conversion from a general monitoring approach to a focused monitoring approach.</li> <li>Programmatic Data Coordinator – analyzed data program to support monitoring efforts, program improvement.</li> </ul>
<b>Health District 2</b> <span style="float: right;"><b>Gainesville, GA</b></span>	
<b>Developmental Services Chief</b> <span style="float: right;"><b>Oct 1988 - Jun 1996</b></span>	
<ul style="list-style-type: none"> <li>Responsible for the operation of six work centers for adults with IDD and a residential program.</li> <li>Responsibilities included quality assurance and data management.</li> <li>Served as president of the Developmental Service Chiefs organization.</li> </ul>	
<b>GA DHR, Division of Mental Health, Developmental Disabilities, and Addictive Diseases</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
<b>Program Consultant</b> <span style="float: right;"><b>Aug 1981 - Sept 1988</b></span>	
<ul style="list-style-type: none"> <li>Provided technical assistance to programs and staff serving adults with IDD in community- based residential programs.</li> <li>Developed innovative service models, policies and procedures, and database for monitoring residential programs.</li> </ul>	
<b>University of Georgia</b> <span style="float: right;"><b>Athens, GA</b></span>	
<b>Regional Training Coordinator</b> <span style="float: right;"><b>May 1979 - Jul 1981</b></span>	
<ul style="list-style-type: none"> <li>Provided training and technical assistance for staff working with adults with IDD.</li> <li>Developed, tested, and implemented training programs, visual aids, videos, and other training materials.</li> </ul>	

<b>Tavorris White</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>• Over 15 years of cumulative experience and 5 years conducting interviews, and one year in survey administration, data collection, and data entry.</li> <li>• Working knowledge on government programs as a surveyor and interviewer with clinical/medical experience and interpersonal skills.</li> </ul>
<b>Summary:</b> Experienced surveyor with a M.S. in Education and a BS in Criminal Justice. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.	<b>Professional Experience</b>
<b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>
<b>Education</b> ○ Fort Valley State University, MS of Education (2010) ○ Fort Valley State University, BA In Criminal Justice(2010)	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2019 - Present</b></span>
	<ul style="list-style-type: none"> <li>• Provide interviews with the elderly to gain his/her insight/voice regarding services.</li> <li>• Collect the data from the interviews with the elderly and placed in a database for further evaluation of services received.</li> <li>• Encourages transparency and reassures client their concerns will be addressed.</li> <li>• Report any contact information/inaccurate information.</li> <li>• Identify areas of service needs and obtain feedback related to satisfaction and quality of the services provided by the state.</li> <li>• Enter all survey results into ODESA and verify the accuracy of survey data collected at survey sites.</li> </ul>
	<b>Community Development Systems, Inc</b> <span style="float: right;"><b>Macon, GA</b></span>
	<b>CORE Team /License Clinical Professional</b> <span style="float: right;"><b>Jan 2017 – May 2021</b></span>
	<ul style="list-style-type: none"> <li>• Conduct individual and family counseling and biopsychosocial assessments through interviews face/face &amp; phone.</li> <li>• Give preliminary clinical diagnosis, complete BIRP Note, CAFAS/CANS assessments, and develop Treatment Plans</li> <li>• A member of the crisis response team.</li> </ul>
	<b>Community Development Systems, Inc</b> <span style="float: right;"><b>Macon, GA</b></span>
	<b>Paraprofessional for IFIT</b> <span style="float: right;"><b>Jun 2006 – Jan 2017</b></span>
	<ul style="list-style-type: none"> <li>• Provided clinical skill building for families.</li> <li>• Served as part of the Crisis Team and the Plan of Care Team.</li> <li>• Provided transportation of patients.</li> <li>• Conduct Anger Management Assessments.</li> </ul>

<b>Melbka Dougherty</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>Over 7 years of cumulative experience in government &amp; commercial survey administration, financial audits, and claims review.</li> </ul>
<p><b>Summary:</b> Experienced surveyor with a MBA and BS in Healthcare Administration and Management. Direct surveying experience on Qlarant state programs with audit and claims review experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>University of Phoenix, MBA, (2015)</li> <li>Certificate in Healthcare IT</li> <li>Albany State University, BS Healthcare Administration &amp; Management (2015)</li> </ul>	<b>Professional Experience</b>
	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2015 - Present</b></span>
	<ul style="list-style-type: none"> <li>Conduct in-person NCI-AD survey interviews with individuals receiving services in Georgia.</li> <li>Participate in necessary training to conduct the surveys according to guidelines.</li> <li>Enter all data into web-based data collection system.</li> </ul>
	<b>State Farm</b> <span style="float: right;"><b>(Remote)</b></span>
	<b>Commercial, Boat, Farm, Large Loss Claims Adjuster for Auto/CR</b> <span style="float: right;"><b>2020 - Present</b></span>
	<b>Claims Adjuster for Auto/CR</b> <span style="float: right;"><b>2018 - 2019</b></span>
	<ul style="list-style-type: none"> <li>Determines policy status and coverage; reviews appropriate policies for coverage, limits and deductibles; mitigations, scoping and authority for payments.</li> <li>Conducts investigation necessary to determine compensability and/or liability, including recorded statements based on Department processes and procedures.</li> <li>Evaluate and settle Loss of income, liability, business interruption, or structural claims with minimal input from supervisor.</li> </ul>
	<b>TD Insurance Company (Canada)</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>Team Leader (Commercial/Residential)</b> <span style="float: right;"><b>2020 - 2020</b></span>
<b>International Claims Adjuster</b> <span style="float: right;"><b>2018- 2018</b></span>	
<b>International Claims Adjuster</b> <span style="float: right;"><b>2015 - 2017</b></span>	
<ul style="list-style-type: none"> <li>Hire, train, evaluate, and lead over 10 assigned claims staff</li> <li>Interview claimant and witnesses to gather pertinent information.</li> <li>Monitors controls to ensure customer service is delivered to the satisfaction of the customer.</li> <li>Inspect property damage to determine extent of damages to claims.</li> <li>Consult with accountants, architects, construction workers, engineers, lawyers, and physicians to get expert evaluation.</li> </ul>	
<b>Mapfre Insurance</b> <span style="float: right;"><b>Valdosta, GA</b></span>	
<b>Social Services Technician</b> <span style="float: right;"><b>2017- 2018</b></span>	
<ul style="list-style-type: none"> <li>Determines policy status and coverage; reviews appropriate policies for coverage, limits and deductibles; mitigations, scoping &amp; authority</li> <li>Evaluate and settle Loss of income, liability, business interruption, or structural claims with minimal input from supervisor.</li> <li>Analyzed financial statements and prepared monthly budget reports.</li> </ul>	

<b>Melba Screven</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>Over 27 years of cumulative experience and 4 years in survey administration, conducting interviews, data collection, and data entry.</li> <li>Working knowledge on healthcare systems and state programs as a surveyor and interviewer with customer service experience</li> </ul>
<b>Summary:</b>	<b>Professional Experience</b>
Melba is an experienced surveyor with proven surveying work experience on Qlarant state programs. She has proven communication skills and management experience, aiding in conducting and completing surveys.	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>
<b>Roles &amp; Responsibilities:</b>	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2019 - Present</b></span>
– Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]	<ul style="list-style-type: none"> <li>Conduct in-person interviews with aging and disability populations.</li> <li>Provide education to interviewed on the importance of the data.</li> <li>Enter all responses into ODESA system.</li> </ul>
<b>Education</b>	<b>St. Joseph's/Candler Health System</b> <span style="float: right;"><b>Savannah, GA</b></span>
○ Richard Arnold High School, Savannah, GA	<b>File Room Coordinator</b> <span style="float: right;"><b>2019 - Present</b></span>
	<ul style="list-style-type: none"> <li>Maintains personnel files and API Badge system, and supplies.</li> <li>Serves as a back-up for the front desk.</li> <li>Perform clerical duties such as scan records into databases, prepare legal records for attorneys as legal issues arise.</li> </ul>
	<b>Sullivan Temporary Services</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>File Room Coordinator</b> <span style="float: right;"><b>2019 - 2019</b></span>
	<ul style="list-style-type: none"> <li>Maintains personnel files and API badge system.</li> <li>Serves as a back-up for the front desk and perform clerical duties.</li> </ul>
	<b>Chatham County Health Department</b> <span style="float: right;"><b>Waycross, GA</b></span>
	<b>Immunization/Women Health/Clerk II</b> <span style="float: right;"><b>2004 - 2018</b></span>
	<ul style="list-style-type: none"> <li>Entered data via computer terminal.</li> <li>Performed routine clerical work as required.</li> <li>Collected fees and processes all types of insurance policies.</li> <li>Processed clients efficiently with no reported errors on QA reports.</li> <li>Provided excellent customer service to clients and professionals.</li> </ul>
	<b>Health Check for Children</b> <span style="float: right;"><b>1998 - 2004</b></span>
	<ul style="list-style-type: none"> <li>Registered children in the database during medical visits.</li> <li>Scheduled visits as recommended per policy and medical personnel (Doctors, Nurses, and Nurse Practitioners, Etc.).</li> <li>Verified various qualifications such as but not limited to valid identification, pay statements, Medicare, Medicaid, third party insurance, and other financial and medical supporting documents.</li> </ul>
	<b>Health Check (Manpower Temp Services)</b> <span style="float: right;"><b>1994 - 1998</b></span>
	<ul style="list-style-type: none"> <li>Requested and obtained all available past medical records on a child, including hospitalizations, outpatient visits immunizations, and other pertinent medical records (physical, mental health and dental care) as well as the current medical data.</li> <li>Contacted the child's caregiver to establish a working relationship.</li> <li>Ensured adequate response to any acute medical needs.</li> <li>Coordinated to ensure all required medical care, dental care, and mental health services are received and initiated medical care plans.</li> </ul>

<b>Marva Malone</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>• Over 6 years of cumulative experience and 3 years in data collection, administering surveys, and interviews under the NCI-AD Program.</li> <li>• Advanced supervisory/managerial skills, i.e., organizing, meeting deadlines, resolving problems, verbal, and written communication.</li> </ul>
<b>Summary:</b>	<b>Professional Experience</b>
<p>Experienced surveyor with an MS and BS in Criminal Justice. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b></p> <p>– Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>○ St. Leo University, MS Criminal Justice, (2012)</li> <li>○ St. Leo University, BS Criminal Justice, (2010)</li> </ul>	<b>Brown Middle School</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>Interrelated Teacher</b> <span style="float: right;"><b>May 2019 - Present</b></span>
	<ul style="list-style-type: none"> <li>• Provide research-based instruction to address the instructional goals and objectives within a student's IEP.</li> <li>• Develop and implements annual Individualized Educational Program (IEP) plans for students.</li> <li>• Serve as case manager for special education service recipients.</li> <li>• Responsible for weekly parent contact calls.</li> </ul>
	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>Mar 2019 - Present</b></span>
	<ul style="list-style-type: none"> <li>• Conducted in-person interviews with aging and disability populations in compliance with state guidelines.</li> <li>• Educated participants on the importance of providing survey data.</li> <li>• Entered response survey data into ODESA system.</li> <li>• Completed virtual training modules on compliance and job responsibilities.</li> </ul>
<b>Georgia Department of Early Learning &amp; Care</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
<b>Scholarship Administration Specialist</b> <span style="float: right;"><b>Nov 2017 - May 2019</b></span>	
<ul style="list-style-type: none"> <li>• Determine eligibility for statewide daycare assistance.</li> <li>• Conducted telephone and face to face eligibility interviews.</li> <li>• Provide resolutions for ineligible families.</li> <li>• Verified validity legal documents.</li> </ul>	
<b>Accelerated Recovery Center</b> <span style="float: right;"><b>Marietta, GA</b></span>	
<b>Office Manager/ Skills Trainer</b> <span style="float: right;"><b>Sept 2015 - March 2017</b></span>	
<ul style="list-style-type: none"> <li>• Supervised all administrative staff.</li> <li>• Processed and paid contractor invoices.</li> <li>• Educated clients on coping skills, triggers, and the effects of alcohol.</li> <li>• Managed Clinical schedule/handled all planning and logistics.</li> </ul>	



<p style="text-align: center; margin: 0;"><b>Larry Hodges</b></p> <p style="text-align: center; margin: 5px 0 0 20px;"><b>Surveyor</b></p> <p><b>Summary:</b> Experienced surveyor with an MBA and BS in Electronics Engineering Technology. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>○ La Salle University, MBA, (2002)</li> <li>○ Cleveland State University, BS Electronics Engineering Technology, (1989)</li> <li>○ Cuyahoga Comm. College, AAS Elect./Electronic Engineering, (1987)</li> </ul>	<b>Candidate Highlights</b>
	<ul style="list-style-type: none"> <li>• Over 32 years of cumulative experience with over 7 years in data collection, administering surveys, and conducting interviews.</li> <li>• Excellent communication skills coupled with management skills ensuring seamless and successful survey administration.</li> </ul>
	<b>Professional Experience</b>
	<b>Qlarant</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2014 - Present</b></span>
	<ul style="list-style-type: none"> <li>• Through collaboration with the Georgia Department of Aging Services, schedule (via phone) and complete NCI surveys, via in-person interviews, with the aging and disabilities populations throughout the state of Georgia.</li> <li>• This interview process includes collecting service-related information from each person interviewed and entering the information into ODESA, an online data entry survey application.</li> </ul>
	<b>Emmanuel Worship Center</b> <span style="float: right;"><b>Homerville, GA</b></span>
	<b>Associate Pastor</b> <span style="float: right;"><b>2015 - 2019</b></span>
	<ul style="list-style-type: none"> <li>• Collaborated with the senior pastor to implement the vision, mission, and goals of the ministry.</li> <li>• Oversaw ministry leads. Administered finances, and budgets, and monitored progress of church initiatives.</li> <li>• Reached out to create and maintain alliances with other ministries.</li> <li>• Served in preaching, teaching, and creating a bible study curriculum</li> </ul>
	<b>Antioch First Baptist Church</b> <span style="float: right;"><b>Homerville, GA</b></span>
<b>Assistant Pastor/CFO</b> <span style="float: right;"><b>2007 - 2015</b></span>	
<ul style="list-style-type: none"> <li>• Developed and implemented prison ministry, mentoring, after-school tutoring programs, family and couples counseling, and multiple other outreach ministries.</li> <li>• Provided spiritual, visionary, and financial leadership to church body, staff, and community.</li> <li>• Prepared lessons and taught weekly Bible study.</li> </ul>	
<b>General Electric Transportation Systems</b> <span style="float: right;"><b>Valdosta, GA</b></span>	
<b>Project Manager/Materials Manager</b> <span style="float: right;"><b>1990 - 2006</b></span>	
<ul style="list-style-type: none"> <li>• Coordinated and managed acquisition and transportation between other warehouse locations and vendors. Provided training in warehouse and equipment use safety.</li> <li>• Project Manager/Lead Technical Director - Planned and managed the productivity of technical directors and the CSX workforce. Provided technical expertise on GE diesel electric locomotives.</li> <li>• Lead Technical Advisor - Advised workforce. Repaired/maintained locomotives.</li> </ul>	
<b>Westinghouse Naval Systems Division</b> <span style="float: right;"><b>Valdosta, GA</b></span>	
<b>Electrical Engineer</b> <span style="float: right;"><b>1989 - 1995</b></span>	
<ul style="list-style-type: none"> <li>• Built defense weapons for U.S. Navy.</li> <li>• Granted confidential clearance and qualified for secret clearance.</li> </ul>	

<b>Kaliah Collins</b>	<b>Candidate Highlights</b>	
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>• Over 18 years of cumulative experience and over 7 years in survey administration, conducting interviews, data collection, and data entry.</li> <li>• Working knowledge on government programs as a surveyor and interviewer with customer service experience and interpersonal skills.</li> </ul>	
<b>Summary:</b>	<b>Professional Experience</b>	
<p>Experienced surveyor with a B.S. in Social Psychology. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>– Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>○ Park University, B.S. Social Psychology, (2009)</li> <li>○ Georgia Military College, A.S. Behavioral Science and A.S. Criminal Justice (2003)</li> </ul>	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2014 - Present</b></span>	<ul style="list-style-type: none"> <li>• Conducted over 300 interviews for the NCI-AD survey that collects data about LTSS services &amp; quality of life outcomes of consumers.</li> <li>• Followed data collection requirements (sample size, timeframe, etc.), and attended training on survey administration &amp; reporting.</li> </ul>
	<b>South GA Partnership to End Homelessness</b> <span style="float: right;"><b>Valdosta, GA</b></span>	<b>Case Manager</b> <span style="float: right;"><b>2012 - 2014</b></span>
	<ul style="list-style-type: none"> <li>• Provide supportive services for the homeless including medical, Prescriptions, vision, nutrition, education, childcare, transportation.</li> <li>• Complete client intakes, screening, and follow-ups and manage caseload and completed data entry including HMIS (pathways).</li> </ul>	
	<b>Prof. Case Management Services of America</b> <span style="float: right;"><b>Valdosta, GA</b></span>	<b>Support Coordinator</b> <span style="float: right;"><b>2009 - 2010</b></span>
	<ul style="list-style-type: none"> <li>• Provided case management services for people with IDD. Conducted counseling, assessments and ensured needs were met.</li> <li>• Developed annual service plans by interviewing the person served, family, and service providers. Served as liaison between clients and provider agencies.</li> </ul>	
	<b>Concerted Services, Head Start</b> <span style="float: right;"><b>Waycross, GA</b></span>	<b>Family Advocate</b> <span style="float: right;"><b>2006 - 2008</b></span>
	<ul style="list-style-type: none"> <li>• Promoted family wellness and parent involvement programs and supported the implementation of the family partnership process.</li> <li>• Provided case management while operating as a liaison between classroom and home setting in education, child development, and mental health.</li> </ul>	
	<b>L.A.M.P.</b> <span style="float: right;"><b>Valdosta, GA</b></span>	<b>Homeless Case Manager</b> <span style="float: right;"><b>2005 - 2006</b></span>
	<ul style="list-style-type: none"> <li>• Provided targeted case management services to Lowndes County Homeless population at L.A.M.P.</li> <li>• Performed follow-ups to determine quantity and quality of service provided to clients and visited clients' homes and institutions.</li> </ul>	
<b>Behavioral Health Services</b> <span style="float: right;"><b>Valdosta, GA</b></span>	<b>Social Services Technician</b> <span style="float: right;"><b>2003- 2005</b></span>	
<ul style="list-style-type: none"> <li>• Responsible for screening, intake and orientation services, timely and accurate clinical documentation, case management, participation in multidisciplinary treatment team meetings, and conducting and documenting group education services.</li> </ul>		

<p><b>Eric Dougherty</b></p>	<p><b>Candidate Highlights</b></p>
	<ul style="list-style-type: none"> <li>• 21 years of analytics experience and strong team leadership, communication, and management skills.</li> <li>• Six Sigma yellow belt certification and, proficient in statistical analysis and data visualization tools such as SQL, Big Query, SSRS &amp; Tableau.</li> </ul>
<p><b>Surveyor</b></p>	<p><b>Professional Experience</b></p>
<p><b>Summary:</b> Experienced surveyor with a B.S. in Business Administration. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>○ Texas State University – 2000 to 2003 – Bachelor of Science in Business Administration</li> <li>○ Austin Community College – 1997 to 2000 – Associate of Science Degree</li> </ul>	<p><b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span></p>
	<p><b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>Jan 2018 - Present</b></span></p>
	<ul style="list-style-type: none"> <li>• Conduct in-person interviews with the aging population in the Atlanta metro area.</li> <li>• Enter interview results into the HRSI database via web portal.</li> <li>• Report any contact information/inaccurate information.</li> </ul>
	<p><b>The Home Depot</b> <span style="float: right;"><b>Atlanta, GA</b></span></p>
	<p><b>Sr. Manager, Strategy and Operations</b> <span style="float: right;"><b>Sept 2018 - Present</b></span></p>
	<ul style="list-style-type: none"> <li>• Strategic oversight of associate satisfaction, productivity/efficiency, and customer satisfaction.</li> <li>• Drive cross-functional projects supporting the overall PRO Strategy.</li> <li>• Develop, plan, and execute enhancements of contact center applications and technology.</li> </ul>
	<p><b>Workforce Manager</b> <span style="float: right;"><b>Oct 2015 - Aug 2018</b></span></p>
	<ul style="list-style-type: none"> <li>• Provide overarching strategic guidance for projects and initiatives for the online contact center.</li> <li>• Direct ownership of workforce management KPI metrics such as forecast accuracy, occupancy, service level and abandon rate.</li> <li>• Oversee design, execution and post-hoc analysis of staffing plans for multi-site 3,500 seat call center with work from home agents.</li> <li>• Foster business partnerships with cross-functional teams in finance, marketing and supply-chain.</li> </ul>
<p><b>Sr. Workforce Analyst</b> <span style="float: right;"><b>May 2014 - Oct 2017</b></span></p>	
<ul style="list-style-type: none"> <li>• Oversee coaching and development 7 salaried associates on the workforce management team.</li> <li>• Facilitate weekly meetings with all levels of Management, discussing forecast variance, upcoming projects, call center performance, training needs and staffing recommendations.</li> <li>• Assist operational leadership, planning and implementing cross functional projects to drive associate satisfaction.</li> <li>• Build and maintain both near-term and long-range staffing models.</li> </ul>	
<p><b>Workforce Analyst</b> <span style="float: right;"><b>April 2010 - May 2019</b></span></p>	
<ul style="list-style-type: none"> <li>• Facilitated the division of workforce management into three groups (Forecasting, Scheduling, and Intra-day).</li> <li>• Implemented weekly scheduling process including production of weekly scheduling periods.</li> <li>• Designed monthly workforce management metrics slide for monthly MBR meeting.</li> </ul>	

<b>Cody Christoff</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>• Over 9 years of experience in case management, research, and data collection for developmental disabilities programs.</li> <li>• Experienced with client interface and worked at multiple healthcare-based organizations on case management and coordination.</li> </ul>
<b>Summary:</b>	<b>Professional Experience</b>
ACRE Certified Case Manager with 10+ years' experience, specializing in crisis management and quality assurance, with extensive knowledge on developmental disabilities case management and assist supported individuals with completing post-event surveys.	<b>Empower Cherokee</b> <span style="float: right;"><b>Canton, GA</b></span>
<b>Roles &amp; Responsibilities:</b>	<b>Quality Assurance Manager</b> <span style="float: right;"><b>Dec 2018 - 2021</b></span>
<ul style="list-style-type: none"> <li>▪ Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Assurance and Case Management.</li> <li>• Assisting individuals and families in finding resources.</li> <li>• Assisted Supported Individuals with completing post-event surveys for outside agencies.</li> <li>• Research new programs and licensure requirements to provide services to individuals in need.</li> <li>• Checks on the quality and quantity of billable services.</li> <li>• Provides quality person centered services for individuals served.</li> <li>• Guides and trains staff on new state and federal oversight agency guidelines (i.e., CARF, Qlarant, GVRA, etc.).</li> <li>• Managing and leading a team of 4 staff in providing quality supported employment services based on DBHDD and GVRA guidelines.</li> <li>• Provides GVRA Traditional Supported Employment services as well as Customized Supported Employment services.</li> <li>• Manage and maintain relationship with local collegiate organizations Job Shadow and Internship programs.</li> <li>• Creating program content.</li> <li>• Assisting in creating and updating policy and procedures.</li> </ul>
<b>Education</b>	<b>Mountain Lakes Behavioral Healthcare</b> <span style="float: right;"><b>Guntersville, AL</b></span>
<ul style="list-style-type: none"> <li>▪ Bachelor of Science in Behavioral Sciences Emphasis Addiction Psychology - Martin Methodist College - Pulaski, TN (2012)</li> <li>▪ Adult Case Management Certification</li> </ul>	<b>Care Coordinator/Case Manager</b> <span style="float: right;"><b>Jul 2016 - Nov 2018</b></span>
	<ul style="list-style-type: none"> <li>• Child and adolescent in-home team, child and adolescent case manager, adult case manager.</li> </ul>
	<b>Mountain Lakes Behavioral Healthcare</b> <span style="float: right;"><b>Centre, AL</b></span>
	<b>Geriatric Specialist</b> <span style="float: right;"><b>Jan 2014 - Jun 2016</b></span>
	<ul style="list-style-type: none"> <li>• Direct patient care with geriatric population in nursing home, provided therapeutic activities and mental health evaluations.</li> </ul>
	<b>Bradford Health Services</b> <span style="float: right;"><b>Warrior, AL</b></span>
	<b>Assistant Counselor</b> <span style="float: right;"><b>Sep 2012 - Dec 2013</b></span>
	<ul style="list-style-type: none"> <li>• Direct patient care, assisting counselors, setting up family sessions, informing family members of basic treatment updates, giving lectures on addiction recovery.</li> </ul>
	<b>Glenwood Autism and Behavioral Health Center</b> <span style="float: right;"><b>Birmingham, AL</b></span>
	<b>Residential Instructor</b> <span style="float: right;"><b>May 2012 - Sep 2012</b></span>
	<ul style="list-style-type: none"> <li>• Monitoring the safety and security of children with severe emotional disturbances, completing shift paperwork, leading groups education.</li> </ul>

<b>Elijah Collins Jr.</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>• Over 30 years of cumulative experience and over 7 years in data collection, administering surveys, and interviews.</li> <li>• Advanced supervisory/managerial skills, i.e., organizing, meeting deadlines, resolving problems, verbal, and written communication.</li> </ul>
<b>Summary:</b>	<b>Professional Experience</b>
Experienced surveyor with an MBA and BS in Social Psychology. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.	<b>Grace Healthcare Services</b> <span style="float: right;"><b>Valdosta, GA</b></span>
<b>Roles &amp; Responsibilities:</b>	<b>Home Health Manager</b> <span style="float: right;"><b>Feb 2020 - Present</b></span>
– Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]	<ul style="list-style-type: none"> <li>• Manages a multidisciplinary team of nurses, therapists, support coordinators, and aides providing professional services to patients.</li> <li>• Coordinates clinician schedules and assigns patients based on the frequency and expected duration of prescribed treatments.</li> <li>• Monitors utilization, productivity, and tracks patient outcomes. Ensures compliance with agency policies and procedures.</li> <li>• Coordinates the efforts and communication of department heads. Oversees facility finances and maintains facility records.</li> </ul>
<b>Education</b>	<b>RTI International</b> <span style="float: right;"><b>Valdosta, GA</b></span>
○ American Public University, MBA, (2020)	<b>Field Interviewer</b> <span style="float: right;"><b>Apr 2019 - Jul 2019</b></span>
○ Park University, BS Social Psychology - Minot Human Resources Minor (2006)	<ul style="list-style-type: none"> <li>• Conducts field work for survey research projects and prepare for and conduct data collection operations according to project protocols.</li> <li>• Ensure that field data collection activities are carried out in an efficient and cost-effective manner, that data collected are of the highest possible quality, and all activities are conducted in a professional manner following established procedures.</li> </ul>
	<b>Northwest Florida Comprehensive Services</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>SSVF Supervisor/Outreach Coordinator</b> <span style="float: right;"><b>Nov 2017 - Aug 2018</b></span>
	<ul style="list-style-type: none"> <li>• Assisted with implementation of SSVF client surveys to monitor outcomes and identified opportunities for program improvement.</li> <li>• Assessed Supportive Services for Veterans Families caseloads by providing guidance and direction to each team member.</li> </ul>
	<b>GA Department of Corrections</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>Correctional Counselor</b> <span style="float: right;"><b>Apr 2017 - Nov 2017</b></span>
	<ul style="list-style-type: none"> <li>• Observed, interviewed, gathered data, evaluated, and directed treatment of substance abuse and sexually abused offenders.</li> <li>• Ensured HIPAA Compliance for offender population.</li> <li>• Communicated as needed with other agencies such as work release, community mental health, psychiatric hospitals, and other prisons.</li> </ul>
	<b>Qlarant</b> <span style="float: right;"><b>Southeast, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>Jan 2014 - Aug 2019</b></span>
	<ul style="list-style-type: none"> <li>• Conducted interviews with individuals receiving state or waiver funded supports and services, using the NCI-AD interview tool to gather experiences and opinions to evaluate quality.</li> <li>• Conducted evaluation of provider performance and the presence of person-centered supports using the tool and guidelines.</li> <li>• Generated recommendations for quality improvement.</li> </ul>

<p><b>Elijah Collins Jr.</b></p> <p><b>Surveyor</b></p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Georgia Military College, AA Behavioral Science (2003)</li> </ul>	<p><b>Volunteers of America</b> <b>Valdosta, GA</b></p> <p><b>Substance Use Counselor</b> <b>Nov 2014 - Nov 2017</b></p> <ul style="list-style-type: none"> <li>Responsible for screening, intake and orientation services, timely and accurate clinical documentation, case management, participation in multidisciplinary treatment team meetings, and conducting and documenting group education services.</li> </ul>
	<p><b>South Georgia Partnership To End Homelessness</b> <b>Valdosta, GA</b></p> <p><b>VA Coordinator (Volunteer)</b> <b>Jan 2012 - Present</b></p> <ul style="list-style-type: none"> <li>Provide advocacy services and support to survivors of relationship violence, stalking, and sexual assault or abuse and their children.</li> <li>Assess immediate crisis needs of clients and address appropriately.</li> <li>Meet regularly with clients to support case plan accomplishment.</li> <li>Participate in staff meetings, case conferences and other meetings and facilitate support groups as needed.</li> </ul>
	<p><b>GA Department of Veteran Services</b> <b>Valdosta, GA</b></p> <p><b>Veterans Field Service Office Manager</b> <b>Sept 2011 - Apr 2014</b></p> <ul style="list-style-type: none"> <li>Managed a Field Service Office engaged in advising and assisting a diverse population of veterans, their dependents, and survivors, in applying for veteran's benefits.</li> <li>Supervised office personnel responsible for fulfilling department mission and goals and performs related duties as directed.</li> <li>Conducted interviews for eligibility, verified application information, resolved complex problems, and established a system of social assistance in a work environment,</li> </ul>
	<p><b>LFI/Lowndes Forestry Institute</b> <b>Southeast, GA</b></p> <p><b>MH Counselor</b> <b>Jul 2003 - Nov 2009</b></p> <ul style="list-style-type: none"> <li>Assessed, screened, and counseled clients in a variety of program areas performing social services activities to enhance, meet or restore their functioning capacity.</li> <li>Provided case management/case coordination services to clients.</li> <li>Monitored operations of community-based treatment, training, and personal support residences.</li> </ul>
	<p><b>U.S. Army/Reserves</b> <b>USA</b></p> <p><b>Supervisor/Counselor/Unit Supply Specialist</b> <b>Jan 1992 - Apr 2003</b></p> <ul style="list-style-type: none"> <li>Maintained accountability and asset visibility of radios, transmitters, antennas, masks, and other sensitive items to TM standards.</li> <li>Ordered, stocked, and issued repair parts, clothing, and general supplies.</li> <li>Maintained financial records and accounting systems, inventoried databases for material stocked in unit supply warehouse.</li> <li>Organized and maintained correspondence files, reports, logistics and financial publications.</li> </ul>

#### A.4.2. Principals Involvement in the Day-to-Day Operation of the Contract

Qlarant’s CEO Ron Forsythe, PhD, and Senior Vice President Bob Foley are committed to the successful operations of this contract. Dr. Forsythe will ensure sufficient corporate resources (financial, human, and technological) are available to support day-to-day operations in a manner to meet or exceed the expectations of MDHS. Mr. Foley has been involved in the preparation of this proposal, has overseen 15+ contracts in his almost 20-year tenure with Qlarant, and is aware of the importance of corporate oversight of contract operations. He will participate in initial kick-off meetings with MDHS, support operations as needed, participate in monthly budget reviews for the contract, and review contract operations via direct contact with the Project Director as well as participation in Qlarant’s Quality Management team.

Any significant operational challenges will be brought to the attention of Mr. Foley, who will oversee the management of any potential risks and ensure appropriate mitigation steps are being implemented. Upon request, Mr. Foley will also be available to meet with representatives of MDHS for the duration of this contract. Dr. Forsythe and Mr. Foley will participate in any discussions regarding the need for corporate expansion relative to this project, though this is not currently anticipated.

#### A.5. References

For each of the programs listed in **Table 12**, we summarize key activities that mimic the MS Needs Assessment PCR Program requirements. This demonstrates the relevance of our current and past experiences.

**Table 12: Qlarant’s experience is similar in scope to PCR’s requirements**

Program References Summary				
Contract	Customer	Similar Size and Scope	Awarded During the Past 3 Years	Awarded Before 3 Years
NCI® Aging and Disability (NCI AD)	State of Georgia	✓	✓	✓
Florida Statewide Quality Assurance Program (FSQAP)	State of Florida	✓	✓	✓
Georgia Collaborative Administrative Services Organization (CASO)	State of Georgia	✓	✓	✓
External Quality Review (EQR)	District of Columbia	✓	✓	✓

Quality and relevance of past experience are included in the following tables, which also include contact information for references for each project as required in the RFP.

##### A.5.1. NCI® AD – GA

NCI – AD Georgia		
Project Details		
Program Information	Name of Organization	State of Georgia, Department of Human Services, Division of Aging Services
	Contact Person Name	Arvine Brown
	Client Address	2 Peachtree Street, NW, Suite 33-391, Atlanta, GA
	Contact Person Email	Arvine.Brown@dhs.ga.gov

	Contact Person Phone Number	404-657-5285
	Period of Performance	Fiscal Years 2015, 2016, 2018, and 2019
	Estimated Contract Dollar Amount	\$717,176
	Qlarant's Project Manager	Marion Olivier and Tessa Brown Hodges
	Location of Performance	Atlanta, GA
	FTEs	Qlarant: .75; Sub-Contractors: 10
<b>Scope of Services</b>		
<b>Scope of Services</b>	<p>Qlarant has had a contract to conduct National Core Indicator Surveys for the aging and disability (NCI-AD) population in Georgia for four years (FY 15, FY 16, FY 18, and FY 19) and has conducted 4,126 face-to-face interviews. This work has allowed us to develop and maintain excellent relationships with providers, local senior centers, AAAs, and participants. This experience strengthens our stance to represent ourselves as experts in conducting surveys and performing data analysis and reporting to identify areas of need, and suggested initiatives to address those needs.</p> <p>For the Division of Aging Services, the scope of work conducted for the NCI-AD surveys include obtaining the sample from the state and assign each person in the sample to a professionally trained and skilled interviewer. The interviewers complete any necessary background research and prep work, including data entry prior to conducting the remote survey They call the person to determine if they want to participate, schedule the interview, and conduct the face-to-face survey. They complete all results into a web-based system. The interviewers are very familiar with interviewing the aging population and have developed the skills needed to ensure the person is comfortable during the interview to ensure it is a pleasant experience.</p>	
<b>Project Relevance</b>		
<b>Relevance of Past Experience</b>	<p>Qlarant's relationship with the Georgia Division of Aging (DAS) services began in 2014 when DAS requested that Qlarant conduct a pilot project in the state of Georgia to implement the National Core Indicator Aging and Disability (NCI® AD) survey. Since then, Qlarant has conducted these surveys, as a sole source contractor, for the aging and disabled population of Georgia in fiscal years 2015, 2016, 2018, and 2019.</p> <p>Qlarant values this work in Georgia and has developed a positive relationship not only with the state but also stakeholders, including the people receiving services and AAAs. Due to Qlarant's participation in the NCI® AD pilot and subsequent implementation years, Qlarant supported Advancing States and Human Services Research Institute's (HSRI) efforts to recruit other states to participate in this survey.</p>	

**A.5.2. IDD – FL (Current)**

<b>Florida Statewide Quality Assurance Program (FSQAP)</b>		
<b>Project Details</b>		
<b>Program Information</b>	Name of Organization	Agency for Health Care Administration (AHCA)
	Contact Person Name	Cathy Cross
	Contact Person Email	Cathy.Cross@ahca.myflorida.com
	Contact Person Phone Number	(850) 412-4690
	Period of Performance	July 2001 to June 2021
	Estimated Contract Dollar Amount	\$5,250,778.53/year in current contract July 2001 – December 2009 \$40,116,414 January 2010 – June 2017 \$41,827,064 July 2017 – June 2021 \$21,003,114



	Qlarant's Project Manager	Theresa Skidmore
	Location of Performance	Florida
	FTEs	35
<b>Scope of Services</b>		
<b>Scope of Services</b>	<p>Qlarant has held a QA contract with the state of Florida since October of 2001, the Florida Statewide Quality Assurance Program (FSQAP). We are under our third contract with AHCA, originally running through June 30, 2020, but including three option years. This long-term relationship is evidence of the quality of our work, dedication of our staff, and commitment to providing the best solutions for our clients. In the most recent five years of the contract, we have received 100 percent compliance on our annual audits from AHCA. We work closely with both AHCA, Florida's Medicaid agency, and the Agency for Persons with Disabilities (APD), Administrator of the HCBS waiver services.</p> <p>Our Florida operations are the foundation for our statewide quality assurance efforts in support of HCBS Medicaid Waiver service delivery systems for individuals with intellectual and developmental disabilities. Through our Florida work, Qlarant employs 35 people including qualified intellectual disabilities professionals (QIDPs), doctorate level analysts, a developmental disabilities registered nurse and a medical director with community and ICF expertise.</p> <p>Initially unique to Qlarant protocol, the Person Centered Review begins with a face-to-face interview with the person. During the Person Centered Review we evaluate services and satisfaction from the perspective of the person receiving services. The review also includes information gathered from the person's Support Coordinator to provide an overall evaluation of the quality of services and life of the person. The NCI® In-Person survey is completed as part of the process, for approximately 750 people annually. We have conducted over 12,600 such interviews for the state of Florida since the inception of this contract. Since 2010, we have conducted the Adult Family and Family Guardian NCI® mail surveys.</p> <p>The Provider Discovery Review (PDR) evaluates provider performance through interviews with people served, including staff, and an assessment of how well the organization provides person-centered approaches to services and maintains compliance with state and waiver requirements. It includes an administrative review of the organization's policies and procedures and observations of day and residential programs. As part of this process, we conduct utilization reviews, analyzing claims data and provider documentation to ensure proper use of state and federal funding.</p> <p>Qlarant also provides extensive data analysis through regular and ad hoc reports, integrating information from all aspects of both the Person Centered Review and Provider Discovery Review. We use secure portals, websites, and real-time data reporting systems to share information with stakeholders. We maintain websites to host our materials and tools for Florida providers and state officials.</p> <p>Qlarant provides a wide array of training to Florida audiences including for individuals receiving services, families, providers, Support Coordinators and state personnel. Qlarant also facilitates three statewide Quality Council stakeholder meetings annually to review data collected via review processes and to identify and initiate improvement activities.</p>	
<b>Project Relevance</b>		
<b>Relevance of Past Experience</b>	<p>FSQAP contract activities include completion of surveys, analysis and reporting similar to the requirements for the DAAS Needs Assessment scope of work. The survey activities include sampling (often stratified proportionate sampling) of individuals, staff, and facilities for observations; interviews with people receiving services; and mailed surveys. The NCI® In-Person survey is completed as part of the process, and also includes the NCI® mailed surveys sent to family members and guardians of people receiving services. Our team has worked to revise and update all the QA processes and also to transition the NCI® In-Person survey and all documentation reviews to remote processes, due to the pandemic "shut down" in March 2020.</p>	

	Extensive Inter-rater reliability (IRR) is completed for all QARs on all components of the reviews. On-site IRR was completed prior to the pandemic (now completed remotely), and the Silkroad Software program is used to establish reliability for record reviews for all services and for administrative reviews. Managers shadow all reviewers during individual interviews annually to ensure proper protocols are understood and followed.
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**A.5.3. IDD - GA (Current)**

Georgia Collaborative Administrative Services Organization		
Project Details		
<b>Program Information</b>	Name of Organization	Beacon Health Options
	Contact Person Name	ASO: Wendy Farmer
	Contact Person Email	<a href="mailto:Wendy.Farmer@beaconhealthoptions.com">Wendy.Farmer@beaconhealthoptions.com</a>
	Contact Person Phone Number	706-799-0181
	Period of Performance	September 2014 – June 2021
	Estimated Contract Dollar Amount	ASO: \$23,236,532
	Qlarant's Project Manager	Marion Olivier
	Location of Performance	Georgia
	FTEs	20
Scope of Services		
<b>Scope of Services</b>	<p>We have provided QA for HCBS services throughout Georgia since July of 2008, first as the primary contractor (Georgia Quality Management System (GQMS)) and since July 2015 as a subcontractor with Beacon Health Options (Beacon) as part of the Georgia Collaborative Administrative Services Organization (ASO). The current ASO contract runs through June 30, 2022. This long-term relationship is further evidence of the quality of our work, dedication of our staff, and commitment to providing the best solutions for our clients. As part of the current contract we work closely with both Beacon and the Department of Behavioral Health and Developmental Disabilities (DBHDD), integrating QA activities in monitoring, collecting data and reporting on both behavioral health and IDD providers' performance and the quality of life of the people receiving services.</p> <p>Since working in Georgia, Qlarant has collected data from the perspective of the person receiving services. Interviewing people has been a key component of the quality improvement review processes. These processes include Person Centered Reviews (2008 through 2019) similar to the process completed as described for our FSQAP work. The Person Centered Review began with a face-to-face interview with the person. During the Person Centered Review component we evaluate services and satisfaction from the perspective of the person. The NCI® In-Person survey is also completed as part of the process, and also includes the NCI® mailed surveys sent to family members and guardians of people receiving services. Our team has worked to revise and update all the QA processes and also to transition the NCI® In-Person survey and all documentation reviews to remote processes, due to the pandemic "shut down" in March 2020.</p> <p>Qlarant's QA processes also include the Quality Enhancement Provider Review (QEPR) to evaluate the provider's organizational practices, use of person-centered practices, overall policies and procedures, and compliance with state and HCBS requirements. The QEPR includes individual and staff interviews, record reviews, observations, and staff and administrative record reviews.</p> <p>Qlarant has designed and implemented a Quality Technical Assistance Consultation (QTAC) to ensure providers are responsive to our QEPR findings and committed to improvement. The TA provided focuses on an individual's supports and services or the provider's systems and</p>	

	<p>practices. Interviews with people receiving services and staff providing services are integral in this process.</p> <p>Qlarant also provides extensive data analysis through regular and ad hoc reports and quality improvement studies. Our reports are designed to integrate information from all review activities to support evidence-based recommendations aimed at improving provider and system performance. We use secure portals, websites, and real-time data reporting systems to share information with stakeholders and state officials.</p>
<b>Project Relevance</b>	
<b>Relevance of Past Experience</b>	<p>Our GA contract's survey activities mirror the activities required for the DAAS Needs Assessment survey processes. Each includes sampling (often stratified proportionate sampling) of individuals, staff, and facilities for observations; interviews with people receiving services using the NCI® survey instruments and interview tools created by Qlarant; mailed NCI® surveys for family members and guardians of people receiving services; and interviewing providers.</p> <p>Qlarant worked closely with DBHDD to develop interview tools and processes designed to ensure we met all expectations for the interviews and surveys. Qlarant's analytic team provides quarterly and annual reports, quality improvement studies, and ad hoc reports to DBHDD. These include analysis using demographic information, key findings, and recommendations for improvement to the service delivery systems.</p> <p>Extensive Inter-rater reliability (IRR) is completed for all reviewers on all components of the reviews, including interviews. Managers shadow all reviewers during the review processes, including NCI® In-Person Surveys annually to ensure proper protocols are understood and followed.</p>

#### A.5.4. EQR - DC (Current)

DC External Quality Review (EQR)		
Project Details		
<b>Program Information</b>	Name of Organization	Division of Quality and Health Outcomes, Health Care Delivery Management Administration Department of Health Care Finance
	Contact Person Name	Serina Kavanaugh, MPH, CPM
	Client Address	441 4th Street NW, Suite 900S, Washington, DC 20001
	Contact Person Email	<a href="mailto:serina.kavanaugh@dc.gov">serina.kavanaugh@dc.gov</a>
	Contact Person Phone Number	202-299-2117
	Period of Performance	08/07/2017 to 08/06/2021
	Estimated Contract Dollar Amount	\$5,177,548
	Qlarant's Project Manager	Georgia Wilkison
	Location of Performance	District of Columbia
	FTEs	6.2
Scope of Services		
<b>Scope of Services</b>	<p>Qlarant supports the District of Columbia (DC) through our External Quality Review (EQR) contract, which we have held continuously since 2002. The contract includes oversight of three Managed Care Organizations (MCOs) and one Performance Improvement Project. Qlarant provides extensive technical assistance to DC, as well as to the MCOs. The DC EQR project includes a variety of activities to ensure the MCOs are serving their populations appropriately and submitting valid and accurate performance data to CMS, including, work surrounding Consumer Report Cards, Performance Measure Validation, Encounter Data</p>	

	<p>Validation, and Health Home Performance Measure Validation and Calculation. Of particular relevance to this project is our work with Network Adequacy Validation.</p> <p>Qlarant conducts a phone survey with providers, analyzes results and provides a report for each MCO to DHCF annually, with recommendations to help the MCO come into compliance with any problematic areas. Through this Network Adequacy Validation process conducted for each MCO we determine if there is sufficient access to health care and services based on federal and contractual requirements - a set of standards for MCOs covering provider availability, geographic and physical access, and timely access to appointments and services. Provider networks that meet requirements support enrollee access and beneficiaries' opportunity to obtain preventive and diagnostic medical care and treatment when needed. Accurate provider directory information ensures enrollees have access to correct contact information.</p>
<b>Project Relevance</b>	
<b>Relevance of Past Experience</b>	<p>Qlarant's long standing relationship with DC, through the EQR contract, demonstrates our close relationship with DHCF and the quality of our work and flexibility in our processes, as rules, regulations, requirements, and performance measures evolve over the years.</p> <p>Telephonic surveys performed throughout the EQR contract are experiences relevant to those identified for this project.</p>

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## **A.6. Acceptance of Conditions**

The Qlarant does not take any exceptions to any RFP Sections and Attachments and intends to comply fully with the requirements as written. A signed Attachment D - Proposal Exception Summary Form has been signed and provided in **Appendix G - Proposal Exception Summary Form (RFP Attachment D)**.

### A.7. Cost Data

Qlarant Quality Solutions, Inc. (Qlarant) is pleased for this opportunity to provide a proposal in response to Mississippi Department of Human Services (MDHS) Request for Proposal (3180001360/3120002223), "20210511 DAAS Needs Assessment". Qlarant's management has carefully reviewed the technical requirements of each task in the solicitation and, based on considerable experience with similar work, estimated the personnel levels and mix of skills necessary to perform the task and meet all deliverables. Our proposed cost of services is shown in Project Pricing Table below (**Table 13**).

**Table 13: Project Pricing Information**

Project Tasks	Total Cost
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$189,743
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$23,231
Final report drafted and published	\$16,953
<b>Total Cost of Project</b>	<b>\$229,927</b>

*\*Note any respondent pricing provided that differs from the above required format may be deemed as non-responsive. Respondents shall not include any additional cost categories other than those outlined above.*

## **A.8. Financial Information**

### **A.8.1. Audited Financial Statements**

RSM International, (formerly McGladrey, LLC) has been Qlarant's independent external auditor since May 2008. Qlarant's audited financial statements from the past two fiscal years (periods ending June 30, 2019 and June 30, 2020) are provided at the end of this section as **Appendix B** and reflect our continued commitment to fiscal integrity.

### **A.8.2. Single Audit**

Qlarant has expended \$750,000 or more in federal funds over the last two (2) fiscal years (periods ending June 30, 2019 and June 30, 2020) as represented in the financial statements for each Single Audit fiscal year, provided at the end of this section as **Appendix B**.

### **A.8.3. Current Financial Statement**

Qlarant provided current financial statements audited by the accounting firm RSM International. Please reference **Section A.8.1 of this Proposal**.

### **A.8.4. Evidence of Parent Corporation's Financial Responsibility**

Qlarant, and its parent organization, Qlarant, Inc., have established financial capability and working capital needed to undertake tasks associated with the State's solicitation. This section reflects the financial capability of our parent organization, Qlarant, Inc.—we have the financial resources needed to conduct related activities and have taken great care to ensure cost-effective and realistic pricing in addressing the solicitation.

Financially, Qlarant, Inc. maintains investment accounts as well as a substantial revolving Line of Credit for the organization to draw upon if and when needed for operations and future growth opportunities. Qlarant's commitment to fiscal integrity is demonstrated by various internal and external metrics including an excellent Dun & Bradstreet (D&B) rating, compliance with GAAP and all applicable circulars for the U.S. Office of Management and Budget (OMB).

#### **A.8.4.1. Dun & Bradstreet Rating**

Our overall D&B rating of 4A2 is one of the highest ratings given and reflects our commitment to our fiscal processes, external vendors, and our working relationships.

#### **A.8.4.2. Lines of Credit**

Qlarant, Inc. holds an available line of credit through a nationally recognized bank, Truist Bank, formerly known as Branch Banking & Trust Co. (BB&T), which is available for use to Qlarant as a subsidiary. Please reference **Appendix B**, audited financial statements, Disclosure Note 6.

#### **A.8.4.3. Evidence of a Successful Financial Track Record**

Qlarant complies with government requirements as described in OMB Circular A-133 Audit report, Audits of States, Local Governments, and Non-Profit Organizations. The audited financial statements for the past two fiscal years (periods ending June 30, 2019 and June 30, 2020), reflects the successful financial management of assets and liabilities. Audited financial statements are provided as **Appendix B**, at the end of this section.

#### **A.8.4.4. Evidence of Adequate Working Capital**

An internal metric that validates our fiscal strength is the availability of working capital. During fiscal year 2020, which ended June 30, 2020, Qlarant's audited financial statements reflect 3%

increase in working capital after grants were made to affiliates. Audited financial statements are provided as **Appendix B**, at the end of this section.

#### **A.8.5. Disclosure Statements**

##### **A.8.5.1. Parent Organization Financial Report**

Qlarant Quality Solutions, Inc. is wholly owned by Qlarant, Inc. as the parent organization. Qlarant Inc.'s audited financial statement for fiscal year 2020, (period ending June 30, 2020), has been provided as **Appendix C**, at the end of this section.

##### **A.8.5.2. Parent Corporation Guarantee (PCG)**

Qlarant, Inc. has provided a written guarantee by the parent organization, a Parent Corporation Guarantee (PCG) that it will unconditionally guarantee performance by the respondent of each term, covenant, and condition of such contract as may be executed by the parties. Please refer to **Appendix D**, at the end of this section.

##### **A.8.5.3. Bankruptcy Filings, Not Applicable**

Qlarant, Inc. and its principals, partners or officers have not filed bankruptcy within the last seven (7) years in a related business. This section is Not Applicable.

##### **A.8.5.4. Restructure, Mergers, and Acquisitions, Not Applicable**

Qlarant has not had any company restructurings, mergers, and acquisitions over the past three (3) years that have impacted any products or services the respondent has included in this proposal. This section is Not Applicable.



## Appendix A - Project Plan Timeline

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 1</b>					
<b>Implementation Period</b>	<b>31 days</b>	<b>Day 1</b>	<b>Day 27</b>		
<b>Contract Execution/Start</b>	1	Day 1	Day 1		
Schedule Kickoff	1	Day 2	Day 2	Project Director and MDHS Contract Manager	
Conduct Kickoff Meeting: <ul style="list-style-type: none"> <li>Discuss project plan timelines</li> <li>Discuss project plan</li> <li>Discuss sampling methodology</li> <li>Discuss communication plan for external stakeholders</li> <li>Discuss any changes needed for the Needs Assessment and Service Provider Survey</li> <li>Set up re-occurring meetings during implementation period</li> </ul>	1	Day 5	Day 5	Senior Vice President, Project Director, Project Coordinator, and MDHS/DAAS Leadership	
Obtain list of providers and people receiving services and those on the waiting list (including contact information) from MDHS/DAAS	5	Day 1	Day 5	MDHS Contract Manager	
Receive final surveys (Needs Assessment and Service Provider) from MDHS	5	Day 1	Day 5	MDHS Contract Manager	If MDHS is expecting any changes to the current surveys, this task will be completed during this timeframe.
<b>Submit Final Project Plan and Timeline to MDHS</b>	3	Day 5	Day 7	Project Director and Project Coordinator	
<b>Submit final Communication Plan for external stakeholders:</b> <ul style="list-style-type: none"> <li>PPT content for external stakeholders</li> <li>Postcards' content for external stakeholders</li> </ul>	3	Day 5	Day 7	Project Director and Project Coordinator	
Develop PPT presentation for stakeholders to be presented via webinar	5	Day 8	Day 12	Project Director	
Submit PPT presentation for review and approval	1	Day 13	Day 13	Project Director	
Provide edits for PPT presentation	5	Day 14	Day 18	MDHS Contract Manager	
Update PPT and submit final PPT presentation	2	Day 19	Day 20	Project Director	
Schedule webinar session	1	Day 12	Day 12	Project Director, Project support	
Conduct scheduled webinar session	2	Day 26	Day 27	Project Director and Project Coordinator	
<b>Develop policy and procedures</b>	3	Day 2	Day 4	Project Director, Project Coordinator, and Scientist	
Submit policy and procedures to MDHS for review	1	Day 5	Day 5	Project Coordinator	
Provide edits for policy and procedures	4	Day 6	Day 9	MDHS Contract Manager	
Finalize policy and procedures based upon feedback from MDHS	1	Day 10	Day 10	Project Director and Project Coordinator	

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>Data Collection System</b>					
Building Needs Assessment survey in the Survey Monkey	5	Day 6	Day 10	Scientist, Project Coordinator	
Testing	1	Day 11	Day 11	Project Coordinator and Sr. Data Analyst	
Fixes	1	Day 12	Day 12	Scientist, Project Coordinator	
Final and Complete Release	1	Day 13	Day 13	Scientist, Project Coordinator	
Building Service Provider mailed survey in the Survey Monkey	3	Day 14	Day 16	Scientist, Project Coordinator	
Testing	1	Day 16	Day 16	IT personnel, Project Coordinator, Data Analyst	
Fixes	1	Day 17	Day 17	Scientist, Project Coordinator	
Final and Complete Release	1	Day 18	Day 18	Scientist, Project Coordinator	
Develop internal Portal for Survey Tracking System	3	Day 2	Day 4	IT personnel	
Testing	1	Day 5	Day 5	IT personnel, Project Coordinator	
Fixes/Release	1	Day 6	Day 6	IT personnel	
<b>Onboard Sub-Contracted Surveyors and Competency-Based Testing</b>					
Onboard sub-contracted Surveyors	15	Day 1	Day 15	Project Coordinator, Qlarant Contracts Department	Onboarding includes signing the contract with Qlarant and completing required corporate training from Qlarant.
Surveyors receive training to conduct the Need Assessment and policy and procedures from Qlarant	5	Day 20	Day 25	Project Coordinator, Project Director, Surveyor	Prior to implementation of Needs Assessment Surveys, this training will be completed for Surveyors. Training sessions will take place over the five day period.
Begin rater reliability process with Surveyors	1	Day 26	Day 26	Project Coordinator, Surveyor	Each Surveyor will go through rater reliability testing.

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 2</b>					
<b>Needs Assessment Surveys</b>					
Select random sample/oversample for Needs Assessment survey	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample (up to 3000)	5	Day 12	Day 16	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	4	Day 20	Day 24	Project Coordinator, Qlarant Mail Room	
Begin conducting 3000 Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.
<b>Needs Assessment Survey for People on the Waiting List</b>					
Obtain the list of people on the Waiting List from MDHS	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample	5	Day 12	Day 17	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	5	Day 12	Day 16	Project Coordinator	
Begin conducting Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.
<b>Service Provider Mailed Survey</b>					
Obtain the list of eligible providers and contact information from AAAs	7	Day 6	Day 12	Senior Scientist, Health Analyst	
Verify mailing addresses	5	Day 13	Day 17	Project Coordinator	
Mail survey to Providers	3	Day 27	Day 30	Project Coordinator, Qlarant Mail Room	
Update any addresses based upon returned surveys and re-send	10	Day 31	Day 40	Project Coordinator, Qlarant Mail Room	
Enter results of mail out survey into the web-based Survey Monkey	14	Day 41	Day 54	Project Support	
Review return rate and if needed mail reminder postcards to providers	4	Day 47	Day 49	Project Coordinator, Qlarant Mail Room	

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 3</b>					
<b>Annual Report</b>					
Meeting with MDHS to discuss report outline	1	Day 90	Day 90	Project Director, Scientist, Senior Data Analyst, MDHS Contract Manager and other MDHS/DAAS leadership	
Download and clean data	7	Day 94	Day 101	Scientist, Sr. Data Analyst	
Complete Survey Analysis	30	Day 102	Day 131	Scientist, Sr. Data Analyst	
Submit Draft Report	1	Day 132	Day 132	Scientist	
MDHS reviews Draft Report and submits to Qlarant	14	Day 138	Day 146	MDHS Contract Manager	
Review comments and feedback on the Draft Report and schedule meeting with MDHS	6	Day 147	Day 152	Scientist, Sr. Data Analyst	
Conduct meeting with MDHS to review the Draft Annual Report	1	Day 153	Day 153	Project Coordinator, Scientist, Sr. Data Analyst	Meeting will be scheduled and conducted during this timeframe.
Complete modifications to the Draft Annual Report	22	Day 152	Day 174	Scientist, Sr. Data Analyst	
Submit Final Annual Report	1	Day 175	Day 175	Scientist	

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**Appendix B - Qlarant Quality Solutions (QQS) Financial Statement**

**Qlarant Quality Solutions, Inc.**

Financial Report  
June 30, 2020

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**Independent Auditor's Report**

RSM US LLP

Board of Trustees  
Qlarant Quality Solutions, Inc.

**Report on the Financial Statements**

We have audited the accompanying financial statements of Qlarant Quality Solutions, Inc., which comprise the statements of financial position as of June 30, 2020 and 2019, the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Qlarant Quality Solutions, Inc. as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*RSM US LLP*

Baltimore, Maryland  
September 17, 2020

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**Qlarant Quality Solutions, Inc.**

**Statements of Financial Position  
June 30, 2020 and 2019**

	2020	2019
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 7,563,615	\$ 4,163,475
Accounts receivable, net	1,824,102	3,075,154
Investments	7,721,842	10,063,415
Prepaid expenses and other current assets	110,065	137,699
Due from affiliate	3,698,487	1,954,059
<b>Total current assets</b>	<b>20,918,111</b>	<b>19,393,802</b>
Property and equipment, net	26,557	24,658
Deposits	27,073	27,073
<b>Total assets</b>	<b>\$ 20,971,741</b>	<b>\$ 19,445,533</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 221,792	\$ 383,898
Accrued salaries and related expenses	413,346	534,318
Accrued vacation	593,860	619,385
Deferred rent	42,187	49,830
Provision for insurance claims	206,156	159,265
Reserve for contract loss	400,000	-
Note payable	901,800	-
<b>Total current liabilities</b>	<b>2,779,141</b>	<b>1,746,696</b>
Commitments and contingencies		
Net assets:		
Without donor restrictions	18,192,600	17,698,837
<b>Total net assets</b>	<b>18,192,600</b>	<b>17,698,837</b>
<b>Total liabilities and net assets</b>	<b>\$ 20,971,741</b>	<b>\$ 19,445,533</b>

See notes to financial statements.



**Qlarant Quality Solutions, Inc.**

**Statements of Activities  
Years Ended June 30, 2020 and 2019**

	2020	2019
Contract revenue	\$ 14,716,949	\$ 18,920,045
Direct expenses:		
Labor	4,535,724	5,442,535
Annual and sick leave	693,263	876,077
Fringe benefits	2,009,085	2,176,374
Consultants:		
Legal and accounting	10,502	21,004
Other consultants	101,774	325,025
Review subcontractors	799,636	1,728,882
Travel	313,560	612,249
Equipment maintenance	3,357	9,405
Office supplies	8,137	14,943
Reproduction	19,906	41,957
Occupancy	585,877	690,142
Recruitment	1,158	3,086
Postage	26,380	24,308
Telephone	52,247	65,682
Meeting costs	10,779	13,601
Subscriptions	3,875	-
Advertising	-	6,750
Licenses, fees and dues	48,689	48,249
<b>Total direct expenses</b>	<b>9,223,949</b>	<b>12,100,269</b>
Indirect expenses:		
General and administrative	5,192,513	5,104,135
<b>Total operating expenses</b>	<b>14,416,462</b>	<b>17,204,404</b>
<b>Operating income</b>	<b>300,487</b>	<b>1,715,641</b>
Other income (expense):		
Intercompany cost transfers from related parties	-	75,674
Intercompany cost transfers to related parties	-	(904,776)
Other income	-	15,790
Investment income, net	193,276	190,448
<b>Total other income (expense), net</b>	<b>193,276</b>	<b>(622,864)</b>
<b>Change in net assets</b>	<b>493,763</b>	<b>1,092,777</b>
Net assets without donor restrictions:		
Beginning of year	17,698,837	16,606,060
End of year	<b>\$ 18,192,600</b>	<b>\$ 17,698,837</b>

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**  
**Statement of Functional Expenses**  
**Year Ended June 30, 2020**

	Quality Improvement & Public Reporting	Program			Total	General and Administrative	Total
		External Quality Review	Payment Accuracy	Total			
Labor	\$ 557,850	\$ 3,942,366	\$ 35,508	\$ 4,535,724	\$ 2,795,694	\$ 7,331,418	
Annual and sick leave	85,266	602,571	5,427	693,263	427,308	1,120,571	
Fringe benefits	247,098	1,746,259	15,728	2,009,085	1,238,344	3,247,429	
Consultants:							
Legal and accounting	-	10,502	-	10,502	6,473	16,975	
Other consultants	98,048	3,726	-	101,774	62,731	164,505	
Review subcontractors	-	799,636	-	799,636	-	799,636	
Travel	2,733	310,779	48	313,560	193,270	506,830	
Equipment maintenance	1,050	2,307	-	3,357	2,069	5,426	
Office supplies	(76)	8,213	-	8,137	5,015	13,152	
Reproduction	2,766	17,094	46	19,906	12,270	32,176	
Occupancy	83,149	493,784	8,944	585,877	361,119	946,996	
Recruitment	209	949	-	1,158	714	1,872	
Postage	634	25,702	44	26,380	16,260	42,640	
Telephone	672	51,470	105	52,247	32,204	84,451	
Meeting costs	-	10,779	-	10,779	6,644	17,423	
Subscriptions	-	3,875	-	3,875	2,388	6,263	
Licenses, fees and dues	6,036	42,653	-	48,689	30,010	78,699	
<b>Total expenses</b>	<b>\$ 1,085,434</b>	<b>\$ 8,072,665</b>	<b>\$ 65,850</b>	<b>\$ 9,223,949</b>	<b>\$ 5,192,513</b>	<b>\$ 14,416,462</b>	

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**  
**Statement of Functional Expenses**  
**Year Ended June 30, 2019**

	Program				Total	General and Administrative	Total
	Quality Improvement & Public Reporting	External Quality Review	Payment Accuracy	Total			
Labor	\$ 940,506	\$ 4,330,838	\$ 171,191	\$ 5,442,535	\$ 2,678,468	\$ 8,121,003	
Annual and sick leave	26,541	703,723	145,813	876,077	431,149	1,307,226	
Fringe benefits	65,934	1,748,207	362,233	2,176,374	1,071,072	3,247,446	
Consultants:							
Legal and accounting	-	21,004	-	21,004	10,337	31,341	
Other consultants	215,802	108,955	268	325,025	159,956	484,981	
Review subcontractors	-	1,453,217	275,665	1,728,882	-	1,728,882	
Travel	11,482	595,950	4,817	612,249	301,310	913,559	
Equipment maintenance	-	9,405	-	9,405	4,629	14,034	
Office supplies	5,132	9,420	391	14,943	7,354	22,297	
Reproduction	7,977	31,652	2,328	41,957	20,648	62,605	
Occupancy	139,227	459,287	91,628	690,142	339,646	1,029,788	
Recruitment	-	3,086	-	3,086	1,519	4,605	
Postage	511	21,826	1,971	24,308	11,961	36,269	
Telephone	922	60,668	4,092	65,682	32,325	98,007	
Meeting costs	770	12,467	364	13,601	6,694	20,295	
Advertising	6,750	-	-	6,750	3,322	10,072	
Licenses, fees and dues	5,701	42,519	29	48,249	23,745	71,994	
<b>Total expenses</b>	<b>\$ 1,427,255</b>	<b>\$ 9,612,224</b>	<b>\$ 1,060,790</b>	<b>\$ 12,100,269</b>	<b>\$ 5,104,135</b>	<b>\$ 17,204,404</b>	

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Statements of Cash Flow**  
**Years Ended June 30, 2020 and 2019**

	2020	2019
Cash flows from operating activities:		
Change in net assets	\$ 493,763	\$ 1,092,777
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	11,547	14,155
Net realized and unrealized gain on investments	(2,817)	(41,373)
Increase in reserve for contract loss	400,000	-
Changes in assets and liabilities:		
Decrease (increase) in:		
Accounts receivable	1,251,052	1,381,210
Prepaid expenses and other current assets	27,634	(5,245)
Due from affiliate	(1,744,428)	(1,149,895)
Deposits	-	41,892
(Decrease) increase in:		
Accounts payable and accrued expenses	(162,106)	(295,349)
Accrued salaries and related expenses	(120,972)	(475,250)
Accrued vacation	(25,525)	(28,574)
Deferred rent	(7,643)	(7,282)
Provision for insurance claims	46,891	5,528
<b>Net cash provided by operating activities</b>	<b>167,396</b>	<b>532,594</b>
Cash flows from investing activities:		
Purchases of property and equipment	(13,446)	(9,680)
Purchases of investments	(173,385)	(10,022,042)
Proceeds from sale of investments	2,517,775	-
<b>Net cash provided by (used in) investing activities</b>	<b>2,330,944</b>	<b>(10,031,722)</b>
Cash flows from financing activities:		
Proceeds from note payable	901,800	-
<b>Net cash provided by financing activities</b>	<b>901,800</b>	<b>-</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>3,400,140</b>	<b>(9,499,128)</b>
Cash and cash equivalents:		
Beginning of year	4,163,475	13,662,603
End of year	\$ 7,563,615	\$ 4,163,475
Supplemental schedule of noncash investing activities:		
Transfer of investments to satisfy due to affiliate	\$ -	\$ 4,032,536

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies**

**Nature of activities:** Qlarant Quality Solutions, Inc. (QQS or the Company) was formed as a Maryland Corporation and provisions of the Internal Revenue Code (IRC) in April 1973. QQS is a private, non-profit organization with the mission to create solutions that transform health and improve the quality of healthcare. QQS is a subsidiary of Qlarant, Inc. (Qlarant).

QQS works with healthcare providers across the continuum of care to create sustainable and cost-effective programs, improved care delivery processes and learning opportunities that improve patient outcomes.

A summary of QQS's significant accounting policies follows:

**Basis of accounting:** The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenue is recognized when earned and expenses are recognized when incurred.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the Not-for-Profit Entities Topic of the FASB Accounting Standards Codification (ASC), QQS is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of QQS pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2020 and 2019.

**Revenue and cost recognition:** Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. QQS provides currently for all known or anticipated losses on contracts. QQS bills federal and state governments in conformity with government contract schedules. QQS defers the recognition of revenue when fees received from these government contracts are in advance of the services performed by QQS.

**Cash and cash equivalents:** Cash and cash equivalents include all cash balances and highly liquid debt instruments purchased with a maturity of three months or less and designated to fund operations.

**Credit risk:** QQS has deposits in a financial institution in excess of federally insured amounts. QQS has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of QQS's accounts receivable and revenue are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Accounts receivable:** Accounts receivable are carried at their original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. QQS's ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, QQS's client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding for more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

**Investments:** Investment securities are carried at fair value. QQS invests in a professionally managed portfolio that contains fixed income securities. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the statements of activities. Cash, money market funds and certificates of deposit included in investments are carried at cost, which approximate fair value.

QQS invests in a professionally managed portfolio that contains government bonds, and money market funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near-term would materially affect investment balances and the amounts reported in the financial statements.

**Property and equipment:** QQS capitalizes all property and equipment purchases of \$2,500 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

Asset Description	Life (Years)
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

\* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Valuation of long-lived assets:** QQS accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2020 and 2019.

**Deferred rent:** Rent expense on operating leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the statements of financial position.

**Functional allocation of expenses:** The costs of providing various program and supporting activities have been presented on a detailed basis in the statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based on modified total direct costs and total labor dollars, respectively.

**Income taxes:** QQS is exempt from federal income taxes under Section 501(c)(3) of the IRC. Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. QQS had no material unrelated business income for the years ended June 30, 2020 and 2019.

QQS adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this policy, QQS may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated QQS's tax positions and has concluded that QQS has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance.

Generally, QQS is no longer subject to income tax examinations for the U.S. federal, state or local tax authorities for years before June 30, 2017.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Indirect expenses:** Indirect costs are billed to U.S. government and state agency contracts based on a provisional billing rate negotiated with the Department of Health and Human Services (HHS) who oversee the Centers for Medicare and Medicaid Services (CMS). Payments to QQS from HHS are provisional and subject to adjustment upon audit. QQS has been audited by HHS through 2016. During the years ended June 30, 2020 and 2019, QQS's indirect cost rates were calculated based on modified total direct cost.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Allocation of expenses/due from (to) affiliates:** QQS incurs expenses associated with Qlarant, Qlarant Advisory Solutions, Inc. (QAS), Qlarant Foundation, Inc. (QF) and Qlarant Integrity Solutions, LLC (QIS), which are related entities. These expenses are allocated based upon allocation methodologies approved by the Defense Contractor Audit Agency (DCAA). The balance of these expenses which have not been repaid by related parties are included in due from affiliate in the statements of financial position. Payment of the balance is expected to occur during the year ending June 30, 2021. QQS received \$75,674 of intercompany cost transfers from Qlarant for the year ended June 30, 2019. For the year ended June 30, 2019, QQS made intercompany cost transfers to Qlarant and QF totaling \$904,776 to fund operations and investments in grants. There were no intercompany cost transfers made during the year ended June 30, 2020.

**Reclassification:** Certain 2019 amounts have been reclassified to conform to the 2020 presentation. These reclassifications have no effect on the previously reported net assets or change in net assets.

**Recent accounting pronouncements:** In May 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods and services to customers. ASU 2014-09 replaces most existing revenue recognition guidance in GAAP. The ASU also requires expanded disclosures relating to the nature, amount, timing and uncertainty of revenue and cash flows from contracts with customers. In June 2020, the FASB issued ASU 2020-05, *Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities*. In the ASU, the FASB provided one-year effective date deferrals for certain entities. ASU 2014-09 is now effective for the fiscal year beginning July 1, 2020. QQS is currently in the process of evaluating the impact of the new accounting guidance on its financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. As a result of the aforementioned ASU 2020-05, ASU 2016-02 is now effective for the fiscal year beginning July 1, 2021. QQS is currently in the process of evaluating the impact of the new accounting guidance on its financial statements.

In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU clarifies the guidance for evaluating whether a transaction is reciprocal (i.e., an exchange transaction) or nonreciprocal (i.e., a contribution) and for distinguishing between conditional and unconditional contributions. The ASU also clarifies the guidance used by entities other than not-for-profits to identify and account for contributions made. When the Company is the resource provider, the ASU is applicable to contributions made beginning July 1, 2020. The impact of adopting ASU 2018-08 on the Company's consolidated financial statements for subsequent periods has not yet been determined.

**Litigation:** QQS has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by QQS. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on QQS's financial position, activities or cash flows.



**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Uncertainties:** On January 30, 2020, the World Health Organization declared the coronavirus (COVID-19) outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantine in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries. It is unknown how long these conditions will last and what the complete financial effect will be on QQS. The extent of the impact of COVID-19 on QQS's operations and financial performance are uncertain and cannot be predicted. Management is continually monitoring the impact of COVID-19.

**Subsequent events:** QQS has evaluated subsequent events through September 17, 2020, which is the date the financial statements were available to be issued.

**Note 2. Liquidity and Availability**

QQS is primarily supported by contracted service fees. As part of QQS's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, QQS has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the statements of financial position, are comprised of the following as at June 30, 2020 and 2019:

	2020	2019
Cash and cash equivalents	\$ 7,563,615	\$ 4,163,475
Accounts receivable, net	1,824,102	3,075,154
Investments	7,721,842	10,063,415
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 17,109,559</u>	<u>\$ 17,302,044</u>

**Note 3. Accounts Receivable**

Accounts receivable, net consists of the following at June 30, 2020 and 2019:

	2020	2019
Billed contract receivables	\$ 2,242,478	\$ 3,125,020
Unbilled contract receivables	544,866	913,376
	2,787,344	4,038,396
Less allowance for doubtful accounts	(963,242)	(963,242)
	<u>\$ 1,824,102</u>	<u>\$ 3,075,154</u>

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 4. Property and Equipment**

Property and equipment, net consists of the following at June 30, 2020 and 2019:

	2020	2019
Leasehold improvements	\$ 43,428	\$ 43,428
Furniture and fixtures	96,168	96,168
Office equipment	32,732	19,286
Computer hardware	7,418	7,418
	<u>179,746</u>	<u>166,300</u>
Less accumulated depreciation	(153,189)	(141,642)
	<u>\$ 26,557</u>	<u>\$ 24,658</u>

Depreciation was \$11,547 and \$14,155 for the years ended June 30, 2020 and 2019, respectively.

**Note 5. Investments**

In March 2019, pursuant to a plan approved by the Board of Directors, QQS purchased investments with available cash.

Investments consist of the following at June 30, 2020 and 2019:

Description	2020		2019	
	Cost	Fair Value	Cost	Fair Value
Cash and money market funds	\$ 2,680,724	\$ 2,680,724	\$ 2,544,494	\$ 2,544,494
Government bonds	5,058,023	5,041,118	7,480,020	7,518,921
	<u>\$ 7,738,747</u>	<u>\$ 7,721,842</u>	<u>\$ 10,024,514</u>	<u>\$ 10,063,415</u>

Investment income consists of the following for the years ended June 30, 2020 and 2019:

	2020	2019
Interest and dividends, net of fees	\$ 190,459	\$ 149,075
Net realized and unrealized gain on investments	2,817	41,373
	<u>\$ 193,276</u>	<u>\$ 190,448</u>

**Note 6. Revolving Note Agreement**

Qlarant, along with its subsidiaries QQS, QAS, QF and QIS, has a revolving note agreement with a financial institution, which is collateralized by QQS's accounts receivable and certain receivables of its affiliates. Under the agreement, Qlarant may borrow up to \$7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (1.91% and 4.19% at June 30, 2020 and 2019, respectively). As of June 30, 2020 and 2019, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 7. Employee Benefit Plans**

QQS participates in a defined contribution pension plan, the Quality Health Strategies Money Purchase Pension Plan, covering substantially all of its employees. QQS contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were \$505,901 and \$586,330 for the years ended June 30, 2020 and 2019, respectively.

QQS also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

**Note 8. Leases**

QQS leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through July 2023. The future minimum rental commitments under non-cancelable operating leases noted below represent expenses that are owed directly by QQS. Rent expense, including portions allocated to indirect costs, was \$298,702 and \$379,760 for the years ended June 30, 2020 and 2019, respectively.

The future minimum lease payments at June 30, 2020, are as follows:

Years ending June 30:	
2021	\$ 295,234
2022	175,068
2023	160,321
2024	7,091
	<u>\$ 637,714</u>

**Note 9. Medical Benefit Self-Insurance Program**

QQS is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of \$75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. At June 30, 2020 and 2019, the portion of the accrual for claims incurred but not yet reported allocated to QQS by Qlarant based on covered employees was \$206,156 and \$159,265, respectively, and the related expense was \$1,026,829 and \$1,011,366, respectively, which is recorded as a component of fringe benefits in the statements of activities.

**Note 10. Fair Value Measurements**

QQS has adopted guidance issued by the FASB which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

**Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed mutual funds.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 10. Fair Value Measurements (Continued)**

**Level 2:** Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include certificates of deposit, corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.

**Level 3:** Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. QQS's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The following section describes the valuation techniques used by QQS:

**Level 1:** QQS has no Level 1 financial instruments as of June 30, 2020 or 2019.

**Level 2:** Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.

**Level 3:** QQS has no Level 3 financial instruments as of June 30, 2020 or 2019.

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2020:

	Total	Level 1	Level 2	Level 3
Government bonds	\$ 5,041,118	\$ -	\$ 5,041,118	\$ -
Total	\$ 5,041,118	\$ -	\$ 5,041,118	\$ -

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2019:

	Total	Level 1	Level 2	Level 3
Government bonds	\$ 7,518,921	\$ -	\$ 7,518,921	\$ -
Total	\$ 7,518,921	\$ -	\$ 7,518,921	\$ -

The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, \$2,680,724 and \$2,544,494 of cash and money market funds held in QQS's investment portfolio at June 30, 2020 and 2019, respectively, have been excluded from this table.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 11. Note Payable**

QQS applied for and received a loan (the Loan) of \$901,800 from Truist Bank on April 23, 2020, pursuant to the Paycheck Protection Program (the PPP) under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which was enacted March 27, 2020. The interest rate is 1.0% per annum, payable monthly commencing on November 23, 2020. The loan is guaranteed by the Small Business Administration and matures on April 23, 2022. There is no application or other fees associated with this Loan. Proceeds may be used to pay compensation and benefit costs in order to retain workers and to make mortgage interest payments, lease payments, and utility payments. QQS intends to use the entire Loan amount for qualifying expenses. Under the terms of the Loan, some or all of the Loan may be forgiven if the funds are used for qualifying expenses as described in the CARES Act. As a result, QQS has reflected this Loan as a current liability on the statement of financial position. The Loan may be prepaid at any time without penalty.

## **Qlarant Quality Solutions, Inc.**

Financial Report  
June 30, 2019

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RSM US LLP

### Independent Auditor's Report

To the Board of Trustees  
Qlarant Quality Solutions, Inc.

#### Report on the Financial Statements

We have audited the accompanying financial statements of Qlarant Quality Solutions, Inc., which comprise the statements of financial position as of June 30, 2019 and 2018, the related statements of activities and cash flows for the years then ended, the statement of functional expenses for the year ended June 30, 2019 and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Qlarant Quality Solutions, Inc. as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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**Emphasis of Matter**

As disclosed in Note 1 to the financial statements, Qlarant Quality Solutions, LLC adopted the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The adoption of this standard resulted in additional disclosures, the presentation of the statement of functional expenses and changes to the classification of net assets.

*RSM VS LLP*

Baltimore, Maryland  
October 22, 2019

**Qlarant Quality Solutions, Inc.**

**Statements of Financial Position  
June 30, 2019 and 2018**

	2019	2018
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 4,163,475	\$ 13,662,603
Accounts receivable, net	3,075,154	4,456,364
Investments	10,063,415	-
Prepaid expenses and other current assets	137,699	132,454
Due from affiliate	1,954,059	804,164
<b>Total current assets</b>	<b>19,393,802</b>	<b>19,055,585</b>
Property and equipment, net	24,658	29,133
Deposits	27,073	68,965
<b>Total assets</b>	<b>\$ 19,445,533</b>	<b>\$ 19,153,683</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 383,898	\$ 679,247
Accrued salaries and related expenses	534,318	1,009,568
Accrued vacation	619,385	647,959
Deferred rent	49,830	57,112
Provision for insurance claims	159,265	153,737
<b>Total current liabilities</b>	<b>1,746,696</b>	<b>2,547,623</b>
Commitments and contingencies		
Net assets:		
Without donor restrictions	17,698,837	16,606,060
<b>Total net assets</b>	<b>17,698,837</b>	<b>16,606,060</b>
<b>Total liabilities and net assets</b>	<b>\$ 19,445,533</b>	<b>\$ 19,153,683</b>

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Statements of Activities  
Years Ended June 30, 2019 and 2018**

	2019	2018
Contract revenue	\$ 18,920,045	\$ 23,280,118
Direct expenses:		
Labor	5,442,535	6,949,777
Annual and sick leave	876,077	1,109,173
Fringe benefits	2,176,374	1,953,442
Consultants:		
Legal and accounting	21,004	29,933
Other consultants	325,025	220,637
Review subcontractors	1,728,882	3,073,658
Travel	612,249	571,431
Equipment maintenance	9,405	80,452
Office supplies	14,943	31,815
Reproduction	41,957	59,624
Occupancy	690,142	1,125,811
Recruitment	3,086	3,516
Postage	24,308	63,747
Telephone	65,682	95,070
Meeting costs	13,601	23,872
Subscriptions	-	346
Advertising	6,750	6,660
Licenses, fees and dues	48,249	56,636
Reserve for contract loss	-	161,700
<b>Total direct expenses</b>	<b>12,100,269</b>	<b>15,617,300</b>
Indirect expenses:		
Overhead	-	482
General and administrative	5,104,135	4,757,881
<b>Total operating expenses</b>	<b>17,204,404</b>	<b>20,375,663</b>
<b>Operating income</b>	<b>1,715,641</b>	<b>2,904,455</b>
Other income (expense):		
Intercompany cost transfers from related parties	75,674	-
Intercompany cost transfers to related parties	(904,776)	(1,750,000)
Other income	15,790	1,115
Investment income, net	190,448	31,630
<b>Total other expense, net</b>	<b>(622,864)</b>	<b>(1,717,255)</b>
<b>Change in net assets</b>	<b>1,092,777</b>	<b>1,187,200</b>
Net assets:		
Beginning of year	16,606,060	15,418,860
End of year	\$ 17,698,837	\$ 16,606,060

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**  
**Statement of Functional Expenses**  
**Year Ended June 30, 2019**  
**(With Comparative Totals for the Year Ended June 30, 2018)**

	Program				2019 Total	2018 Total
	Quality Improvement & Public Reporting	External Quality Review	Payment Accuracy	Total		
Labor	\$ 940,506	\$ 4,330,838	\$ 171,191	\$ 5,442,535	\$ 8,121,003	\$ 9,089,426
Annual and sick leave	26,541	703,723	145,813	876,077	1,307,226	1,450,657
Fringe benefits	65,934	1,748,207	362,233	2,176,374	3,247,446	2,554,854
Consultants:						
Legal and accounting	-	21,004	-	21,004	10,337	39,149
Other consultants	215,802	108,955	268	325,025	159,956	288,565
Review subcontractors	-	1,453,217	275,664	1,728,882	-	4,019,955
Travel	11,482	595,950	4,817	612,249	301,310	747,359
Equipment maintenance	-	9,405	-	9,405	4,629	105,221
Office supplies	5,132	9,420	391	14,943	7,354	41,610
Reproduction	7,977	31,552	2,328	41,957	20,648	77,981
Occupancy	139,227	459,287	91,628	690,142	339,646	1,472,418
Recruitment	-	3,086	-	3,086	1,519	4,598
Postage	511	21,826	1,971	24,308	11,961	83,373
Telephone	922	60,668	4,092	65,682	32,325	124,339
Meeting costs	770	12,467	364	13,601	6,694	31,222
Subscriptions	-	-	-	-	-	453
Advertising	6,750	-	-	6,750	3,322	8,710
Licenses, fees and dues	5,701	42,519	29	48,249	23,745	74,073
Reserve for contract loss	-	-	-	-	-	161,700
<b>Total expenses</b>	<b>\$ 1,427,255</b>	<b>\$ 9,612,224</b>	<b>\$ 1,060,789</b>	<b>\$ 12,100,269</b>	<b>\$ 5,104,135</b>	<b>\$ 20,375,663</b>

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Statements of Cash Flow**  
**Years ended June 30, 2019 and 2018**

	2019	2018
Cash flows from operating activities:		
Change in net assets	\$ 1,092,777	\$ 1,187,200
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	14,155	19,313
Net realized and unrealized gain on investments	(41,373)	(2,591)
Increase in reserve for contract loss	-	161,700
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	1,381,210	(285,194)
Prepaid expenses and other current assets	(5,245)	37,718
Due from affiliate	(1,149,895)	(804,164)
Deposits	41,892	2,468
Increase (decrease) in:		
Accounts payable and accrued expenses	(295,349)	56,019
Accrued salaries and related expenses	(475,250)	242,549
Accrued vacation	(28,574)	59,918
Deferred rent	(7,282)	31,555
Provision for insurance claims	5,528	18,017
Due to affiliate	-	(670,936)
<b>Net cash provided by operating activities</b>	<b>532,594</b>	<b>53,572</b>
Cash flows from investing activities:		
Purchases of property and equipment	(9,680)	(14,066)
Purchases of investments	(10,022,042)	(1,975)
<b>Net cash used in investing activities</b>	<b>(10,031,722)</b>	<b>(16,041)</b>
<b>Net (decrease) increase in cash and cash equivalents</b>	<b>(9,499,128)</b>	<b>37,531</b>
Cash and cash equivalents:		
Beginning of year	13,662,603	13,625,072
End of year	\$ 4,163,475	\$ 13,662,603
Supplemental schedule of noncash investing activities:		
Transfer of investments to satisfy due to affiliate	\$ -	\$ 4,032,536

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies**

**Nature of activities:** Qlarant Quality Solutions, Inc. (QQS or the Company) was formed as a Maryland Corporation and provisions of the Internal Revenue Code (IRC) in April 1973 is a private, non-profit organization with the mission to create solutions that transform health and improve the quality of healthcare. Effective March 2, 2018, the Company changed its name from Delmarva Foundation for Medical Care, Inc. to Qlarant Quality Solutions, Inc. QQS is a subsidiary of Qlarant, Inc. (Qlarant).

QQS works with healthcare providers across the continuum of care to create sustainable and cost-effective programs, improved care delivery processes and learning opportunities that improve patient outcomes.

A summary of QQS's significant accounting policies follows:

**Basis of accounting:** The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenue is recognized when earned and expenses are recognized when incurred.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the Not-for-Profit Entities Topic of the FASB Accounting Standards Codification (ASC), QQS is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of QQS pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2019 and 2018.

**Revenue and cost recognition:** Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. QQS provides currently for all known or anticipated losses on contracts. QQS bills federal and state governments in conformity with government contract schedules. QQS defers the recognition of revenue when fees received from these government contracts are in advance of the services performed by QQS.

**Cash and cash equivalents:** Cash and cash equivalents include all cash balances and highly liquid debt instruments purchased with a maturity of three months or less and designated to fund operations.

**Credit risk:** QQS has deposits in a financial institution in excess of federally insured amounts. QQS has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of QQS's accounts receivable and revenue are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Accounts receivable:** Accounts receivable are carried at their original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. QQS's ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, QQS's client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding for more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

**Investments:** Investment securities are carried at fair value. QQS invests in a professionally managed portfolio that contains fixed income securities. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the statements of activities. Cash, money market funds and certificates of deposit included in investments are carried at cost, which approximate fair value.

**Property and equipment:** QQS capitalizes all property and equipment purchases of \$1,000 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

Asset Description	Life (Years)
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

\* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

**Valuation of long-lived assets:** QQS accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2019 and 2018.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Deferred rent:** Rent expense on operating leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the statements of financial position.

**Functional allocation of expenses:** The costs of providing various program and supporting activities have been presented on a detailed basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based on modified total direct costs and total labor dollars, respectively.

**Income taxes:** QQS is exempt from federal income taxes under Section 501(c)(3) of the IRC. Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. QQS had no material unrelated business income for the years ended June 30, 2019 and 2018.

QQS adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this policy, QQS may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated QQS's tax positions and has concluded that QQS has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance.

Generally, QQS is no longer subject to income tax examinations for the U.S. federal, state or local tax authorities for years before June 30, 2016.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Indirect expenses:** Indirect costs are billed to U.S. government and state agency contracts based on a provisional billing rate negotiated with the Department of Health and Human Services (HHS) who oversee the Centers for Medicare and Medicaid Services (CMS). Payments to QQS from HHS are provisional and subject to adjustment upon audit. QQS has been audited by HHS through 2012. During the years ended June 30, 2019 and 2018, QQS's indirect cost rates were calculated based on modified total direct cost.



**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Allocation of expenses/due from (to) affiliates:** QQS incurs expenses associated with Qlarant, Qlarant Advisory Solutions, Inc. (QAS), Qlarant Foundation, Inc. (QF) and Qlarant Integrity Solutions, LLC (QIS), which are related entities. These expenses are allocated based upon allocation methodologies approved by the Defense Contractor Audit Agency (DCAA). The balance of these expenses which have not been repaid by related parties are included in due from affiliate in the statements of financial position. Payment of the balance is expected to occur during the year ending June 30, 2019. QQS received \$75,674 of intercompany cost transfers from Qlarant for the year ended June 30, 2019. There were no intercompany cost transfers from any related entities for the year ended June 30, 2018. For the years ended June 30, 2019 and 2018, QQS made intercompany cost transfers to Qlarant and QF totaling \$904,776 and \$1,750,000 to fund operations and investments in grants.

**Accounting pronouncements adopted:** In August 2016, the FASB issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The amendments in this ASU make improvements to the information provided in financial statements and accompanying notes of not-for-profit entities. The amendments set forth the FASB's improvements to net asset classification requirements and the information presented about a not-for-profit entity's liquidity, financial performance, and cash flows. QQS has implemented ASU 2016-14 and has adjusted the presentation of its financial statements accordingly. As permitted by the ASU, QQS has presented the statement of functional expenses and liquidity and availability disclosures for 2019 only.

**Recent accounting pronouncements:** In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This standard outlines a single comprehensive model for companies to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The core principle of the revenue model is that revenue is recognized when a customer obtains control of a good or service. A customer obtains control when it has the ability to direct the use of and obtain the benefits from the good or service. Transfer of control is not the same as transfer of risks and rewards, as it is considered in current guidance. QQS will also need to apply new guidance to determine whether revenue should be recognized over time or at a point in time. ASU 2014-09, as deferred by ASU 2015-14, will be effective for annual reporting periods beginning July 1, 2019, using either of two methods: (a) retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within ASU 2014-09, or (b) retrospective with the cumulative effect of initially applying ASU 2014-09 recognized at the date of initial application and providing certain additional disclosures as defined in ASU 2014-09. QQS has not yet selected a transition method and is currently evaluating the impact of the pending adoption of ASU 2014-09 on its financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. The new standard is effective for QQS for the fiscal year beginning July 1, 2020. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. QQS is currently evaluating the impact of our pending adoption of the new standard on its financial statements.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Litigation:** QQS has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by QQS. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on QQS's financial position, activities or cash flows.

**Subsequent events:** QQS has evaluated subsequent events through October 22, 2019, which is the date the financial statements were available to be issued.

**Note 2. Liquidity and Availability**

QQS is primarily supported by contracted service fees. As part of QQS's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, QQS has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the statements of financial position, are comprised of the following as at June 30, 2019:

	<u>2019</u>
Cash and cash equivalents	\$ 4,163,475
Accounts receivable, net	3,075,154
Investments	<u>10,063,415</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 17,302,044</u>

**Note 3. Accounts Receivable**

Accounts receivable, net consists of the following at June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Billed contract receivables	\$ 3,125,020	\$ 4,499,755
Unbilled contract receivables	913,376	919,852
	<u>4,038,396</u>	<u>5,419,607</u>
Less allowance for doubtful accounts	(963,242)	(963,243)
	<u>\$ 3,075,154</u>	<u>\$ 4,456,364</u>

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 4. Property and Equipment**

Property and equipment, net consists of the following at June 30, 2019 and 2018:

	2019	2018
Leasehold improvements	\$ 43,428	\$ 94,311
Furniture and fixtures	96,168	107,282
Office equipment	19,286	21,666
Computer hardware	7,418	20,263
	166,300	243,522
Less accumulated depreciation	(141,642)	(214,389)
	<u>\$ 24,658</u>	<u>\$ 29,133</u>

Depreciation was \$14,155 and \$19,313 for the years ended June 30, 2019 and 2018, respectively, of which \$2,630 and \$2,946, respectively, is included in office rent and \$11,525 and \$16,367, respectively, is included in general and administrative expense in the statements of activities.

**Note 5. Investments**

In March 2019, pursuant to a plan approved by the Board of Directors, QQS purchased investments with available cash.

Investments consist of the following at June 30, 2019:

Description	Cost	Fair Value
Cash and money market funds	\$ 2,544,494	\$ 2,544,494
Government bonds	7,480,020	7,518,921
	<u>\$ 10,024,514</u>	<u>\$ 10,063,415</u>

Investment income consists of the following for the years ended June 30, 2019 and 2018:

	2019	2018
Interest and dividends, net of fees	\$ 149,075	\$ 29,039
Net realized and unrealized gain on investments	41,373	2,591
	<u>\$ 190,448</u>	<u>\$ 31,630</u>

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 6. Revolving Note Agreement**

Qlarant, along with its subsidiaries QQS, QAS, QF and QIS, has a revolving note agreement with a financial institution, which is collateralized by QQS's accounts receivable and certain receivables of its affiliates. Under the agreement, Qlarant may borrow up to \$7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (4.19% and 3.81% at June 30, 2019 and 2018, respectively). As of June 30, 2019 and 2018, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

**Note 7. Employee Benefit Plans**

QQS participates in a defined contribution pension plan, the Quality Health Strategies Money Purchase Pension Plan, covering substantially all of its employees. QQS contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were \$586,330 and \$516,494 for the years ended June 30, 2019 and 2018, respectively.

QQS also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

**Note 8. Leases**

QQS leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through July 2023. The future minimum rental commitments under non-cancelable operating leases noted below represent expenses that are owed directly by QQS. Rent expense, including portions allocated to indirect costs, was \$379,760 and \$616,009 for the years ended June 30, 2019 and 2018, respectively.

The future minimum lease payments at June 30, 2019, are as follows:

Years ending June 30:	
2020	\$ 286,817
2021	295,234
2022	175,068
2023	160,321
2024	7,091
	<u>\$ 924,531</u>

**Note 9. Medical Benefit Self-Insurance Program**

QQS is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of \$75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. At June 30, 2019 and 2018, the portion of the accrual for claims incurred but not yet reported allocated to QQS by Qlarant based on covered employees was \$159,265 and \$153,737, respectively, and the related expense was \$1,011,366 and \$772,153, respectively, which is recorded as a component of fringe benefits in the statements of activities.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 10. Fair Value Measurements**

QQS has adopted guidance issued by the FASB which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

- Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed mutual funds.
- Level 2:** Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include certificates of deposit, corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.
- Level 3:** Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. QQS's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The following section describes the valuation techniques used by QQS:

- Level 1:** QQS has no Level 1 financial instruments as of June 30, 2019. Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2:** Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.
- Level 3:** QQS has no Level 3 financial instruments as of June 30, 2019 or 2018.

The tables below present the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2019:

	Total	Level 1	Level 2	Level 3
Government bonds	\$ 7,518,921	\$ -	\$ 7,518,921	\$ -
<b>Total</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>

The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, \$2,544,454 of cash and money market funds held in QQS's investment portfolio at June 30, 2019, have been excluded from this table.

## **Qlarant Quality Solutions, Inc.**

Financial Report  
June 30, 2019

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RSM US LLP

## Independent Auditor's Report

To the Board of Trustees  
Qlarant Quality Solutions, Inc.

### Report on the Financial Statements

We have audited the accompanying financial statements of Qlarant Quality Solutions, Inc., which comprise the statements of financial position as of June 30, 2019 and 2018, the related statements of activities and cash flows for the years then ended, the statement of functional expenses for the year ended June 30, 2019 and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Qlarant Quality Solutions, Inc. as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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**Emphasis of Matter**

As disclosed in Note 1 to the financial statements, Qlarant Quality Solutions, LLC adopted the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The adoption of this standard resulted in additional disclosures, the presentation of the statement of functional expenses and changes to the classification of net assets.

*RSM VS LLP*

Baltimore, Maryland  
October 22, 2019

**Qlarant Quality Solutions, Inc.**

**Statements of Financial Position  
June 30, 2019 and 2018**

	2019	2018
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 4,163,475	\$ 13,662,603
Accounts receivable, net	3,075,154	4,456,364
Investments	10,063,415	-
Prepaid expenses and other current assets	137,699	132,454
Due from affiliate	1,954,059	804,164
<b>Total current assets</b>	<b>19,393,802</b>	<b>19,055,585</b>
Property and equipment, net	24,658	29,133
Deposits	27,073	68,965
<b>Total assets</b>	<b>\$ 19,445,533</b>	<b>\$ 19,153,683</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 383,898	\$ 679,247
Accrued salaries and related expenses	534,318	1,009,568
Accrued vacation	619,385	647,959
Deferred rent	49,830	57,112
Provision for insurance claims	159,265	153,737
<b>Total current liabilities</b>	<b>1,746,696</b>	<b>2,547,623</b>
Commitments and contingencies		
Net assets:		
Without donor restrictions	17,698,837	16,606,060
<b>Total net assets</b>	<b>17,698,837</b>	<b>16,606,060</b>
<b>Total liabilities and net assets</b>	<b>\$ 19,445,533</b>	<b>\$ 19,153,683</b>

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Statements of Activities  
Years Ended June 30, 2019 and 2018**

	2019	2018
Contract revenue	\$ 18,920,045	\$ 23,280,118
Direct expenses:		
Labor	5,442,535	6,949,777
Annual and sick leave	876,077	1,109,173
Fringe benefits	2,176,374	1,953,442
Consultants:		
Legal and accounting	21,004	29,933
Other consultants	325,025	220,637
Review subcontractors	1,728,882	3,073,658
Travel	612,249	571,431
Equipment maintenance	9,405	80,452
Office supplies	14,943	31,815
Reproduction	41,957	59,624
Occupancy	690,142	1,125,811
Recruitment	3,086	3,516
Postage	24,308	63,747
Telephone	65,682	95,070
Meeting costs	13,601	23,872
Subscriptions	-	346
Advertising	6,750	6,660
Licenses, fees and dues	48,249	56,636
Reserve for contract loss	-	161,700
<b>Total direct expenses</b>	<b>12,100,269</b>	<b>15,617,300</b>
Indirect expenses:		
Overhead	-	482
General and administrative	5,104,135	4,757,881
<b>Total operating expenses</b>	<b>17,204,404</b>	<b>20,375,663</b>
<b>Operating income</b>	<b>1,715,641</b>	<b>2,904,455</b>
Other income (expense):		
Intercompany cost transfers from related parties	75,674	-
Intercompany cost transfers to related parties	(904,776)	(1,750,000)
Other income	15,790	1,115
Investment income, net	190,448	31,630
<b>Total other expense, net</b>	<b>(622,864)</b>	<b>(1,717,255)</b>
<b>Change in net assets</b>	<b>1,092,777</b>	<b>1,187,200</b>
Net assets:		
Beginning of year	16,606,060	15,418,860
End of year	<b>\$ 17,698,837</b>	<b>\$ 16,606,060</b>

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Statement of Functional Expenses  
Year Ended June 30, 2019  
(With Comparative Totals for the Year Ended June 30, 2018)**

	Program						2019 Total	2018 Total
	Quality Improvement & Public Reporting	External Quality Review	Payment Accuracy	Total	General and Administrative			
Labor	\$ 940,506	\$ 4,330,838	\$ 171,191	\$ 5,442,535	\$ 2,678,468	\$ 8,121,003	\$ 9,089,426	
Annual and sick leave	26,541	703,723	145,813	876,077	431,149	1,307,226	1,450,657	
Fringe benefits	65,934	1,748,207	362,233	2,176,374	1,071,072	3,247,446	2,554,854	
Consultants:								
Legal and accounting	-	21,004	-	21,004	10,337	31,341	39,149	
Other consultants	215,802	108,955	268	325,025	159,956	484,981	288,565	
Review subcontractors	-	1,453,217	275,664	1,728,882	-	1,728,882	4,019,955	
Travel	11,482	595,950	4,817	612,249	301,310	913,559	747,359	
Equipment maintenance	-	9,405	-	9,405	4,629	14,034	105,221	
Office supplies	5,132	9,420	391	14,943	7,354	22,297	41,610	
Reproduction	7,977	31,652	2,328	41,957	20,648	62,605	77,981	
Occupancy	139,227	459,287	91,628	690,142	339,646	1,029,788	1,472,418	
Recruitment	-	3,086	-	3,086	1,519	4,605	4,598	
Postage	511	21,826	1,971	24,308	11,961	36,269	83,373	
Telephone	922	60,668	4,092	65,682	32,325	98,007	124,339	
Meeting costs	770	12,467	364	13,601	6,694	20,295	31,222	
Subscriptions	-	-	-	-	-	-	453	
Advertising	6,750	-	-	6,750	3,322	10,072	8,710	
Licenses, fees and dues	5,701	42,519	29	48,249	23,745	71,994	74,073	
Reserve for contract loss	-	-	-	-	-	-	161,700	
<b>Total expenses</b>	<b>\$ 1,427,255</b>	<b>\$ 9,612,224</b>	<b>\$ 1,060,789</b>	<b>\$ 12,100,269</b>	<b>\$ 5,104,135</b>	<b>\$ 17,204,404</b>	<b>\$ 20,375,663</b>	

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Statements of Cash Flow**  
**Years ended June 30, 2019 and 2018**

	2019	2018
Cash flows from operating activities:		
Change in net assets	\$ 1,092,777	\$ 1,187,200
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	14,155	19,313
Net realized and unrealized gain on investments	(41,373)	(2,591)
Increase in reserve for contract loss	-	161,700
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	1,381,210	(285,194)
Prepaid expenses and other current assets	(5,245)	37,718
Due from affiliate	(1,149,895)	(804,164)
Deposits	41,892	2,468
Increase (decrease) in:		
Accounts payable and accrued expenses	(295,349)	56,019
Accrued salaries and related expenses	(475,250)	242,549
Accrued vacation	(28,574)	59,918
Deferred rent	(7,282)	31,555
Provision for insurance claims	5,528	18,017
Due to affiliate	-	(670,936)
<b>Net cash provided by operating activities</b>	<b>532,594</b>	<b>53,572</b>
Cash flows from investing activities:		
Purchases of property and equipment	(9,680)	(14,066)
Purchases of investments	(10,022,042)	(1,975)
<b>Net cash used in investing activities</b>	<b>(10,031,722)</b>	<b>(16,041)</b>
<b>Net (decrease) increase in cash and cash equivalents</b>	<b>(9,499,128)</b>	<b>37,531</b>
Cash and cash equivalents:		
Beginning of year	13,662,603	13,625,072
End of year	\$ 4,163,475	\$ 13,662,603
Supplemental schedule of noncash investing activities:		
Transfer of investments to satisfy due to affiliate	\$ -	\$ 4,032,536

See notes to financial statements.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies**

**Nature of activities:** Qlarant Quality Solutions, Inc. (QQS or the Company) was formed as a Maryland Corporation and provisions of the Internal Revenue Code (IRC) in April 1973 is a private, non-profit organization with the mission to create solutions that transform health and improve the quality of healthcare. Effective March 2, 2018, the Company changed its name from Delmarva Foundation for Medical Care, Inc. to Qlarant Quality Solutions, Inc. QQS is a subsidiary of Qlarant, Inc. (Qlarant).

QQS works with healthcare providers across the continuum of care to create sustainable and cost-effective programs, improved care delivery processes and learning opportunities that improve patient outcomes.

A summary of QQS's significant accounting policies follows:

**Basis of accounting:** The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenue is recognized when earned and expenses are recognized when incurred.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the Not-for-Profit Entities Topic of the FASB Accounting Standards Codification (ASC), QQS is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of QQS pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2019 and 2018.

**Revenue and cost recognition:** Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. QQS provides currently for all known or anticipated losses on contracts. QQS bills federal and state governments in conformity with government contract schedules. QQS defers the recognition of revenue when fees received from these government contracts are in advance of the services performed by QQS.

**Cash and cash equivalents:** Cash and cash equivalents include all cash balances and highly liquid debt instruments purchased with a maturity of three months or less and designated to fund operations.

**Credit risk:** QQS has deposits in a financial institution in excess of federally insured amounts. QQS has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of QQS's accounts receivable and revenue are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Accounts receivable:** Accounts receivable are carried at their original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. QQS's ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, QQS's client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding for more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

**Investments:** Investment securities are carried at fair value. QQS invests in a professionally managed portfolio that contains fixed income securities. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the statements of activities. Cash, money market funds and certificates of deposit included in investments are carried at cost, which approximate fair value.

**Property and equipment:** QQS capitalizes all property and equipment purchases of \$1,000 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

Asset Description	Life (Years)
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

\* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

**Valuation of long-lived assets:** QQS accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2019 and 2018.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Deferred rent:** Rent expense on operating leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the statements of financial position.

**Functional allocation of expenses:** The costs of providing various program and supporting activities have been presented on a detailed basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based on modified total direct costs and total labor dollars, respectively.

**Income taxes:** QQS is exempt from federal income taxes under Section 501(c)(3) of the IRC. Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. QQS had no material unrelated business income for the years ended June 30, 2019 and 2018.

QQS adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this policy, QQS may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated QQS's tax positions and has concluded that QQS has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance.

Generally, QQS is no longer subject to income tax examinations for the U.S. federal, state or local tax authorities for years before June 30, 2016.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Indirect expenses:** Indirect costs are billed to U.S. government and state agency contracts based on a provisional billing rate negotiated with the Department of Health and Human Services (HHS) who oversee the Centers for Medicare and Medicaid Services (CMS). Payments to QQS from HHS are provisional and subject to adjustment upon audit. QQS has been audited by HHS through 2012. During the years ended June 30, 2019 and 2018, QQS's indirect cost rates were calculated based on modified total direct cost.



**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Allocation of expenses/due from (to) affiliates:** QQS incurs expenses associated with Qlarant, Qlarant Advisory Solutions, Inc. (QAS), Qlarant Foundation, Inc. (QF) and Qlarant Integrity Solutions, LLC (QIS), which are related entities. These expenses are allocated based upon allocation methodologies approved by the Defense Contractor Audit Agency (DCAA). The balance of these expenses which have not been repaid by related parties are included in due from affiliate in the statements of financial position. Payment of the balance is expected to occur during the year ending June 30, 2019. QQS received \$75,674 of intercompany cost transfers from Qlarant for the year ended June 30, 2019. There were no intercompany cost transfers from any related entities for the year ended June 30, 2018. For the years ended June 30, 2019 and 2018, QQS made intercompany cost transfers to Qlarant and QF totaling \$904,776 and \$1,750,000 to fund operations and investments in grants.

**Accounting pronouncements adopted:** In August 2016, the FASB issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The amendments in this ASU make improvements to the information provided in financial statements and accompanying notes of not-for-profit entities. The amendments set forth the FASB's improvements to net asset classification requirements and the information presented about a not-for-profit entity's liquidity, financial performance, and cash flows. QQS has implemented ASU 2016-14 and has adjusted the presentation of its financial statements accordingly. As permitted by the ASU, QQS has presented the statement of functional expenses and liquidity and availability disclosures for 2019 only.

**Recent accounting pronouncements:** In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This standard outlines a single comprehensive model for companies to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The core principle of the revenue model is that revenue is recognized when a customer obtains control of a good or service. A customer obtains control when it has the ability to direct the use of and obtain the benefits from the good or service. Transfer of control is not the same as transfer of risks and rewards, as it is considered in current guidance. QQS will also need to apply new guidance to determine whether revenue should be recognized over time or at a point in time. ASU 2014-09, as deferred by ASU 2015-14, will be effective for annual reporting periods beginning July 1, 2019, using either of two methods: (a) retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within ASU 2014-09, or (b) retrospective with the cumulative effect of initially applying ASU 2014-09 recognized at the date of initial application and providing certain additional disclosures as defined in ASU 2014-09. QQS has not yet selected a transition method and is currently evaluating the impact of the pending adoption of ASU 2014-09 on its financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. The new standard is effective for QQS for the fiscal year beginning July 1, 2020. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. QQS is currently evaluating the impact of our pending adoption of the new standard on its financial statements.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Litigation:** QQS has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by QQS. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on QQS's financial position, activities or cash flows.

**Subsequent events:** QQS has evaluated subsequent events through October 22, 2019, which is the date the financial statements were available to be issued.

**Note 2. Liquidity and Availability**

QQS is primarily supported by contracted service fees. As part of QQS's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, QQS has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the statements of financial position, are comprised of the following as at June 30, 2019:

	<u>2019</u>
Cash and cash equivalents	\$ 4,163,475
Accounts receivable, net	3,075,154
Investments	<u>10,063,415</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 17,302,044</u>

**Note 3. Accounts Receivable**

Accounts receivable, net consists of the following at June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Billed contract receivables	\$ 3,125,020	\$ 4,499,755
Unbilled contract receivables	913,376	919,852
	4,038,396	5,419,607
Less allowance for doubtful accounts	(963,242)	(963,243)
	<u>\$ 3,075,154</u>	<u>\$ 4,456,364</u>

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 4. Property and Equipment**

Property and equipment, net consists of the following at June 30, 2019 and 2018:

	2019	2018
Leasehold improvements	\$ 43,428	\$ 94,311
Furniture and fixtures	96,168	107,282
Office equipment	19,286	21,666
Computer hardware	7,418	20,263
	166,300	243,522
Less accumulated depreciation	(141,642)	(214,389)
	<u>\$ 24,658</u>	<u>\$ 29,133</u>

Depreciation was \$14,155 and \$19,313 for the years ended June 30, 2019 and 2018, respectively, of which \$2,630 and \$2,946, respectively, is included in office rent and \$11,525 and \$16,367, respectively, is included in general and administrative expense in the statements of activities.

**Note 5. Investments**

In March 2019, pursuant to a plan approved by the Board of Directors, QQS purchased investments with available cash.

Investments consist of the following at June 30, 2019:

Description	Cost	Fair Value
Cash and money market funds	\$ 2,544,494	\$ 2,544,494
Government bonds	7,480,020	7,518,921
	<u>\$ 10,024,514</u>	<u>\$ 10,063,415</u>

Investment income consists of the following for the years ended June 30, 2019 and 2018:

	2019	2018
Interest and dividends, net of fees	\$ 149,075	\$ 29,039
Net realized and unrealized gain on investments	41,373	2,591
	<u>\$ 190,448</u>	<u>\$ 31,630</u>

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 6. Revolving Note Agreement**

Qlarant, along with its subsidiaries QQS, QAS, QF and QIS, has a revolving note agreement with a financial institution, which is collateralized by QQS's accounts receivable and certain receivables of its affiliates. Under the agreement, Qlarant may borrow up to \$7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (4.19% and 3.81% at June 30, 2019 and 2018, respectively). As of June 30, 2019 and 2018, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

**Note 7. Employee Benefit Plans**

QQS participates in a defined contribution pension plan, the Quality Health Strategies Money Purchase Pension Plan, covering substantially all of its employees. QQS contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were \$586,330 and \$516,494 for the years ended June 30, 2019 and 2018, respectively.

QQS also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

**Note 8. Leases**

QQS leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through July 2023. The future minimum rental commitments under non-cancelable operating leases noted below represent expenses that are owed directly by QQS. Rent expense, including portions allocated to indirect costs, was \$379,760 and \$616,009 for the years ended June 30, 2019 and 2018, respectively.

The future minimum lease payments at June 30, 2019, are as follows:

Years ending June 30:	
2020	\$ 286,817
2021	295,234
2022	175,068
2023	160,321
2024	7,091
	<u>\$ 924,531</u>

**Note 9. Medical Benefit Self-Insurance Program**

QQS is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of \$75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. At June 30, 2019 and 2018, the portion of the accrual for claims incurred but not yet reported allocated to QQS by Qlarant based on covered employees was \$159,265 and \$153,737, respectively, and the related expense was \$1,011,366 and \$772,153, respectively, which is recorded as a component of fringe benefits in the statements of activities.

**Qlarant Quality Solutions, Inc.**

**Notes to Financial Statements**

**Note 10. Fair Value Measurements**

QQS has adopted guidance issued by the FASB which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

- Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed mutual funds.
- Level 2:** Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include certificates of deposit, corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.
- Level 3:** Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. QQS's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The following section describes the valuation techniques used by QQS:

- Level 1:** QQS has no Level 1 financial instruments as of June 30, 2019. Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2:** Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.
- Level 3:** QQS has no Level 3 financial instruments as of June 30, 2019 or 2018.

The tables below present the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2019:

	Total	Level 1	Level 2	Level 3
Government bonds	\$ 7,518,921	\$ -	\$ 7,518,921	\$ -
<b>Total</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>

The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, \$2,544,454 of cash and money market funds held in QQS's investment portfolio at June 30, 2019, have been excluded from this table.

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**Appendix C - Qlarant, Inc's & Subsidiaries Financial Statements**

**Qlarant, Inc. and Subsidiaries**

Consolidated Financial Report  
June 30, 2020

**Contents**

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RSM US LLP

### Independent Auditor's Report

Board of Directors  
Qlarant, Inc.

#### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Qlarant, Inc. and Subsidiaries which comprise the consolidated statements of financial position as of June 30, 2020 and 2019, the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Qlarant, Inc. and Subsidiaries as of June 30, 2020 and 2019, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*RSM US LLP*

Baltimore, Maryland  
September 17, 2020

**Qlarant, Inc. and Subsidiaries**

**Consolidated Statements of Financial Position**  
**June 30, 2020 and 2019**

	2020	2019
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 19,481,146	\$ 15,235,142
Accounts receivable, net	12,970,054	13,332,374
Investments	7,721,842	10,063,415
Prepaid expenses and other current assets	1,745,243	1,881,581
<b>Total current assets</b>	<b>41,918,285</b>	<b>40,512,512</b>
Property and equipment, net	2,967,966	3,567,347
Goodwill	609,300	-
Deposits	156,502	156,502
Investments	12,410,983	12,168,308
<b>Total assets</b>	<b>\$ 58,063,036</b>	<b>\$ 56,404,669</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 3,299,174	\$ 3,341,814
Accrued salaries and related expenses	2,933,883	3,577,325
Accrued vacation	3,404,913	3,124,090
Deferred revenue	-	144,351
Deferred rent	741,152	694,349
Provision for insurance claims	679,156	627,455
Reserve for contract loss	400,000	-
Note payable	901,800	-
<b>Total current liabilities</b>	<b>12,360,078</b>	<b>11,509,384</b>
Commitments and contingencies		
Net assets:		
Without donor restrictions	45,702,958	44,895,285
<b>Total net assets</b>	<b>45,702,958</b>	<b>44,895,285</b>
<b>Total liabilities and net assets</b>	<b>\$ 58,063,036</b>	<b>\$ 56,404,669</b>

See notes to consolidated financial statements.

**Qlarant, Inc. and Subsidiaries**

**Consolidated Statements of Activities  
Years Ended June 30, 2020 and 2019**

	2020	2019
Contract revenue	\$ 74,582,492	\$ 77,920,615
Direct expenses:		
Labor	25,798,226	25,103,946
Annual and sick leave	3,588,374	4,019,438
Fringe benefits	8,311,134	8,141,866
Consultants:		
Legal and accounting	33,346	21,004
Other consultants	224,532	618,964
Review subcontractors	10,135,489	12,165,143
Board consultants	17,000	14,750
Travel	795,938	1,319,169
Equipment maintenance	285,545	30,927
Office supplies	20,191	38,410
Reproduction	49,963	74,266
Occupancy	2,407,093	2,544,591
Recruitment	17,669	14,472
Postage	87,952	79,591
Telephone	174,061	174,298
Meeting costs	35,393	41,998
Subscriptions	4,277	314
Advertising	25	7,437
Licenses, fees and dues	776,174	943,885
Grants	344,000	393,000
<b>Total direct expenses</b>	<b>53,106,382</b>	<b>55,747,469</b>
Indirect expenses:		
Overhead	36,925	66,843
General and administrative	20,808,813	19,488,846
<b>Total operating expenses</b>	<b>73,952,120</b>	<b>75,303,158</b>
<b>Operating income</b>	<b>630,372</b>	<b>2,617,457</b>
Other income:		
Other income	169,877	138,996
Investment income, net	7,424	669,636
<b>Total other income</b>	<b>177,301</b>	<b>808,632</b>
<b>Change in net assets</b>	<b>807,673</b>	<b>3,426,089</b>
Net assets without donor restrictions:		
Beginning of year	44,895,285	41,469,196
End of year	\$ 45,702,958	\$ 44,895,285

See notes to consolidated financial statements.

Qlarant, Inc. and Subsidiaries

Consolidated Statement of Functional Expenses  
Year Ended June 30, 2020

	Program					Total	General and Administrative		Total
	Quality Improvement & Public Reporting	External Quality Review	Payment Accuracy						
Labor	\$ 557,850	\$ 3,942,366	\$ 21,298,010	\$ 25,798,226	\$ 12,098,635	\$ 37,896,861			
Annual and sick leave	85,265	602,571	2,900,538	3,588,374	1,696,508	5,284,882			
Fringe benefits	247,098	1,746,259	6,317,777	8,311,134	4,024,854	12,335,988			
Consultants:									
Legal and accounting	-	10,502	22,844	33,346	16,702	50,048			
Other consultants	98,048	3,726	122,758	224,532	125,752	350,284			
Review subcontractors	-	799,636	9,335,853	10,135,489	432,321	10,567,810			
Board consultants	17,000	-	-	17,000	3,983	20,983			
Travel	2,733	310,779	482,426	795,938	413,233	1,209,171			
Equipment maintenance	1,050	2,307	282,188	285,545	165,858	451,403			
Office supplies	(76)	8,213	12,054	20,191	11,011	31,202			
Reproduction	3,322	17,094	29,547	49,963	25,881	75,844			
Occupancy	83,149	493,784	1,830,160	2,407,093	1,167,483	3,574,576			
Recruitment	209	949	16,511	17,669	7,833	25,502			
Postage	776	25,702	61,474	87,952	43,721	131,673			
Telephone	672	51,470	121,919	174,061	86,745	260,806			
Meeting costs	-	10,779	24,614	35,393	17,982	53,375			
Subscriptions	-	3,875	402	4,277	2,726	7,003			
Advertising	-	-	25	25	49	74			
Licenses, fees and dues	6,036	42,653	727,485	776,174	423,866	1,200,040			
Grants	344,000	-	-	344,000	80,595	424,595			
<b>Total expenses</b>	<b>\$ 1,447,132</b>	<b>\$ 8,072,665</b>	<b>\$ 43,586,585</b>	<b>\$ 53,106,382</b>	<b>\$ 20,845,738</b>	<b>\$ 73,952,120</b>			

See notes to consolidated financial statements.

**Qlarant, Inc. and Subsidiaries**  
**Consolidated Statement of Functional Expenses**  
**Year Ended June 30, 2019**

	Program					Total	General and Administrative	Total
	Quality Improvement & Public Reporting	External Quality Review	Payment Accuracy					
Labor	\$ 951,131	\$ 4,330,838	\$ 19,821,977	\$ 25,103,946	\$ 7,511,215	\$ 32,615,161		
Annual and sick leave	26,541	703,723	3,289,174	4,019,438	2,661,181	6,680,619		
Fringe benefits	65,934	1,748,207	6,327,725	8,141,866	5,389,406	13,531,272		
Consultants:								
Legal and accounting	-	21,004	-	21,004	13,860	34,864		
Other consultants	215,802	108,955	294,207	618,964	409,261	1,028,225		
Review subcontractors	-	1,453,217	10,711,926	12,165,143	-	12,165,143		
Board consultants	14,750	-	-	14,750	9,733	24,483		
Travel	11,482	595,950	711,737	1,319,169	872,468	2,191,637		
Equipment maintenance	-	9,405	21,522	30,927	20,469	51,396		
Office supplies	5,132	9,420	23,858	38,410	25,411	63,821		
Reproduction	9,837	31,652	32,777	74,266	49,091	123,357		
Occupancy	145,463	459,287	1,939,841	2,544,591	1,684,317	4,228,908		
Recruitment	-	3,086	11,386	14,472	9,581	24,053		
Postage	762	21,829	57,000	79,591	52,673	132,264		
Telephone	922	60,668	112,708	174,298	115,320	289,618		
Meeting costs	770	12,467	28,761	41,998	27,793	69,791		
Subscriptions	-	-	314	314	208	522		
Advertising	6,750	-	687	7,437	4,909	12,346		
Licenses, fees and dues	5,701	42,519	895,665	943,885	625,374	1,569,259		
Grants	393,000	-	-	393,000	73,419	466,419		
<b>Total expenses</b>	<b>\$ 1,853,977</b>	<b>\$ 9,612,227</b>	<b>\$ 44,281,265</b>	<b>\$ 55,747,469</b>	<b>\$ 19,555,689</b>	<b>\$ 75,303,158</b>		

See notes to consolidated financial statements.

**Qlarant, Inc. and Subsidiaries**

**Consolidated Statements of Cash Flows**  
**Years Ended June 30, 2020 and 2019**

	2020	2019
Cash flows from operating activities:		
Change in net assets	\$ 807,673	\$ 3,426,089
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Amortization	67,700	-
Depreciation	709,198	460,870
Net realized and unrealized losses (gains) on investments	662,729	(4,055)
Reserve for contract loss	400,000	-
Changes in assets and liabilities:		
Decrease (increase) in:		
Accounts receivable	362,320	1,950,114
Prepaid expenses and other current assets	136,338	(587,945)
Deposits	-	66,945
Increase (decrease) in:		
Accounts payable and accrued expenses	(42,640)	(764,862)
Accrued salaries and related expenses	(643,442)	(1,632,965)
Accrued vacation	280,823	589,197
Deferred revenue	(144,351)	(183,602)
Deferred rent	46,803	163,348
Provision for insurance claims	51,701	(13,174)
<b>Net cash provided by operating activities</b>	<b>2,694,852</b>	<b>3,469,960</b>
Cash flows from investing activities:		
Acquisition of business	(677,000)	-
Purchases of property and equipment	(109,817)	(1,407,908)
Purchases of investments	(1,113,526)	(11,465,332)
Proceeds from sales of investments	2,549,695	31,847
<b>Net cash provided by (used in) investing activities</b>	<b>649,352</b>	<b>(12,841,393)</b>
Cash flows from financing activities:		
Proceeds from note payable	901,800	-
<b>Net cash provided by financing activities</b>	<b>901,800</b>	<b>-</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>4,246,004</b>	<b>(9,371,433)</b>
Cash and cash equivalents:		
Beginning of year	15,235,142	24,606,575
End of year	\$ 19,481,146	\$ 15,235,142

See notes to consolidated financial statements.

**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies**

**Nature of activities:** Qlarant, Inc. (Qlarant) and Subsidiaries (collectively, the Company) is a nonprofit corporation that forms a network of organizations committed to improving the quality of medical care to patients, and provides education and scientific assistance to physicians and patients. When the Company was formed, all of the bylaws and articles of incorporation were revised to designate them as the sole member of Qlarant Foundation, Inc. (QF), Qlarant Integrity Solutions, LLC (QIS), Qlarant Advisory Solutions, Inc. (QAS), Qlarant Quality Solutions, Inc. (QQS) and Qlarant Commercial Solutions, Inc. (QCS). As a result, the primary reporting entity under accounting principles generally accepted in the United States of America is Qlarant, Inc.

A summary of the Company's significant accounting policies follows:

**Principles of consolidation:** The consolidated financial statements include the accounts of Qlarant, QF, QIS, QAS, QQS and QCS. All intercompany accounts and transactions were eliminated for consolidating purposes.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the Not-for-Profit Entities Topic of the FASB Accounting Standards Codification (ASC), the Company is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of the Company pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2020 and 2019.

**Revenue and cost recognition:** Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. Revenue from unit-rate contracts is recognized upon performance of the contracted service at predetermined rates. The Company provides currently for all known or anticipated losses on contracts.

**Cash and cash equivalents:** The Company considers all highly-liquid debt instruments purchased with a maturity of three months or less and designated to fund operations to be cash equivalents.

**Credit risk:** The Company has deposits in a financial institution in excess of federally insured amounts. The Company has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of the Company's contract receivables and revenues are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Accounts receivable:** Accounts receivable are carried at original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. The Company's ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, the Company's client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable is written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

**Property and equipment:** The Company capitalizes all property and equipment purchases of \$2,500 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

<u>Asset Description</u>	<u>Life (Years)</u>
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

\* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

**Valuation of long-lived assets:** The Company accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2020 and 2019.



**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Goodwill:** Goodwill represents the excess of the purchase price over the fair value of tangible and identifiable intangible net assets acquired in business combinations. On January 16, 2014, the FASB issued Accounting Standards Update (ASU) 2014-02, *Intangibles – Goodwill and Other (Topic 350): Accounting for Goodwill*, which provides an accounting alternative for private companies related to the subsequent accounting of goodwill. The Company has elected to adopt the accounting alternative as its accounting policy for goodwill. Under ASU 2014-02, the Company is permitted to amortize goodwill over a period not to exceed 10 years. The Company tests goodwill for impairment at the entity level. The Company may test goodwill for impairment only when there is a triggering event instead of testing it every year. The test and measurement of goodwill for impairment is performed by comparing the fair value of the entity to its carrying amount instead of performing a two-step goodwill impairment test that requires hypothetical business combination accounting for purposes of measuring an impairment loss. The assets and liabilities are recorded at their fair value and the remaining excess of fair value is the implied value of goodwill. An impairment loss is recorded to the extent that the carrying amount of the goodwill exceeds the implied fair value of that goodwill. The estimates of future cash flows and the residual values could differ from actual cash flows, which may require a provision for impairment in a future period.

Goodwill is amortized over a five-year period using the straight-line method.

**Investments:** Investment securities are carried at fair value. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the consolidated statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the consolidated statements of activities. Cash, money market funds and certificates of deposits included in investments are carried at cost, which approximates fair value. Investments classified as both current and long-term on the statements of financial position are held by QQS and QF, respectively, for operational purposes. Additionally, the interest from the long-term investments may be used to fund the philanthropic activities of QF.

The Company invests in a professionally managed portfolio that contains mutual funds, government bonds, exchange traded funds and money market funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near-term would materially affect investment balances and the amounts reported in the consolidated financial statements.

**Deferred rent:** Rents on operating leases are reported whereby total rent expense under the leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the consolidated statements of financial position.

**Functional allocation of expenses:** The costs of providing various program and supporting activities have been presented on a detailed basis in the consolidated statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based either a value added basis or a modified total direct cost basis and total labor dollars, respectively.

## Qlarant, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

**Income taxes:** The Company, except for the for-profit subsidiary QCS, is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue code (IRC). Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. The Company had no material unrelated business income for the years ended June 30, 2020 and 2019. QCS had no operational activities for the years ended June 30, 2020 and 2019.

The Company follows the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under this guidance, the Company may recognize the tax benefit from an uncertain tax position only if it is more than likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement.

The guidance on accounting for uncertainty in income taxes also addresses de-recognition classification, interest, penalties on income taxes and accounting in interim periods. Management has evaluated the Company's tax positions and has concluded that the Company has taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provision of this guidance.

Generally, the Company is no longer subject to U.S. federal, state and local income tax examinations by tax authorities for years prior to June 30, 2017.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Indirect expenses:** Indirect costs are billed to U.S. government and state agency contracts based on a provisional billing rate negotiated with the Department of Health and Human Services (HHS) who oversee the Centers for Medicare and Medicaid Services (CMS). Payments to QIS and QQS from HHS are provisional and subject to adjustment upon audit. QIS and QQS have been audited by HHS through 2016. During the years ended June 30, 2020 and 2019, QIS's and QQS's indirect cost rates were calculated based on the value-added cost input and modified total direct cost, respectively.

**Reclassification:** Certain 2019 amounts have been reclassified to conform to the 2020 presentation. These reclassifications have no effect on the previously reported net assets or change in net assets.

**Recent accounting pronouncements:** In May 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods and services to customers. ASU 2014-09 replaces most existing revenue recognition guidance in GAAP. The ASU also requires expanded disclosures relating to the nature, amount, timing and uncertainty of revenue and cash flows from contracts with customers. In June 2020, the FASB issued ASU 2020-05, *Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities*. In the ASU, the FASB provided one-year effective date deferrals for certain entities. ASU 2014-09 is now effective for the fiscal year beginning July 1, 2020. The Company is currently in the process of evaluating the impact of the new accounting guidance on its consolidated financial statements.

**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. As a result of the aforementioned ASU 2020-05, ASU 2016-02 is now effective for the fiscal year beginning July 1, 2021. The Company is currently in the process of evaluating the impact of the new accounting guidance on its consolidated financial statements.

In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU clarifies the guidance for evaluating whether a transaction is reciprocal (i.e., an exchange transaction) or nonreciprocal (i.e., a contribution) and for distinguishing between conditional and unconditional contributions. The ASU also clarifies the guidance used by entities other than not-for-profits to identify and account for contributions made. When the Company is the resource provider, the ASU is applicable to contributions made beginning July 1, 2020. The impact of adopting ASU 2018-08 on the Company's consolidated financial statements for subsequent periods has not yet been determined.

**Litigation:** The Company has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by the Company. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on the Company's consolidated financial position, activities or cash flows.

**Uncertainties:** On January 30, 2020, the World Health Organization declared the coronavirus (COVID-19) outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantine in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries. It is unknown how long these conditions will last and what the complete financial effect will be on the Company. The extent of the impact of COVID-19 on the Company's operations and financial performance are uncertain and cannot be predicted. Management is continually monitoring the impact of COVID-19.

**Subsequent events:** The Company has evaluated subsequent events through September 17, 2020, which is the date the consolidated financial statements were available to be issued.

**Note 2. Liquidity and Availability**

The Company is primarily supported by contracted service fees. As part of the Company's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, the Company has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.

**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

**Note 2. Liquidity and Availability (Continued)**

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the consolidated statements of financial position, are comprised of the following at June 30, 2020 and 2019:

	2020	2019
Cash and cash equivalents	\$ 19,481,146	\$ 15,235,142
Accounts receivable, net	12,970,054	13,332,374
Investments	20,132,825	22,231,723
	52,584,025	50,799,239
Less investments held for long-term use by QF	(12,410,983)	(12,168,308)
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 40,173,042</u>	<u>\$ 38,630,931</u>

**Note 3. Accounts Receivable**

Accounts receivable, net, consists of the following at June 30, 2020 and 2019:

	2020	2019
Billed contract receivables	\$ 12,054,484	\$ 12,206,230
Unbilled contract receivables	1,928,761	2,139,335
	13,983,245	14,345,565
Less allowance for doubtful accounts	(1,013,191)	(1,013,191)
	<u>\$ 12,970,054</u>	<u>\$ 13,332,374</u>

**Note 4. Property and Equipment**

Property and equipment, net, consists of the following at June 30, 2020 and 2019:

	2020	2019
Leasehold improvements	\$ 1,112,594	\$ 1,112,595
Furniture and fixtures	1,282,632	1,282,632
Office equipment	196,231	36,480
Computer hardware	1,908,516	1,156,647
Computer software	1,734,754	637,321
Work in progress	136,168	2,035,404
	6,370,895	6,261,079
Less accumulated depreciation	(3,402,929)	(2,693,732)
	<u>\$ 2,967,966</u>	<u>\$ 3,567,347</u>

Depreciation was \$709,198 and \$460,870 for the years ended June 30, 2020 and 2019, respectively.

**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

**Note 5. Investments**

Investments consist of the following at June 30, 2020 and 2019:

Description	2020		2019	
	Cost	Fair Value	Cost	Fair Value
Cash and money market funds	\$ 2,802,072	\$ 2,802,072	\$ 2,774,796	\$ 2,774,796
Government bonds	7,480,020	5,041,118	7,480,020	7,518,921
Mutual funds	11,666,906	10,930,460	10,851,152	10,813,822
Exchange traded funds	997,084	1,359,175	997,084	1,124,184
	<u>\$ 22,946,082</u>	<u>\$ 20,132,825</u>	<u>\$ 22,103,052</u>	<u>\$ 22,231,723</u>

Net investment income consists of the following at June 30, 2020 and 2019:

	2020	2019
Interest and dividends, net of fees	\$ 670,153	\$ 665,581
Net realized and unrealized (loss) gain on investments	(662,729)	4,055
	<u>\$ 7,424</u>	<u>\$ 669,636</u>

**Note 6. Revolving Note Agreement**

The Company has a revolving note agreement with a financial institution, which is collateralized by accounts receivable. Under the agreement, the Company may borrow up to \$7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (1.91% and 4.19% at June 30, 2020 and 2019, respectively). As of June 30, 2020 and 2019, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

**Note 7. Employee Benefit Plans**

The Company has a defined contribution pension plan, the Quality Health Strategies Money Purchase Pension Plan, covering substantially all of its employees. The Company contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. If hired prior to July 1, 1989, employees are eligible after one full calendar year or 1,000 hours of service and are 100% vested after three full plan years from entry into the pension plan. Employees hired between July 1, 1989 and June 30, 2003, are 100% vested after five full plan years from entry into the pension plan. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were \$3,331,465 and \$2,860,520 for the years ended June 30, 2020 and 2019, respectively, which is recorded as a component of fringe benefits in the consolidated statements of activities.

The Company also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

**Note 8. Leases**

The Company leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through August 2029. The future minimum rental commitments under non-cancelable operating leases noted below represent the expenses that are owed directly by the Company. Rent expense was \$1,896,648 and \$1,990,904 for the years ended June 30, 2020 and 2019, respectively.

The future minimum lease payments at June 30, 2020, are as follows:

Years ending June 30:	
2021	\$ 1,778,137
2022	1,621,680
2023	1,479,069
2024	921,641
2025	785,239
Thereafter	3,531,720
	<u>\$ 10,117,486</u>

**Note 9. Grants**

QF had committed to fund certain grants to unrelated not-for-profit organizations, which have been included in grant expense and accounts payable and accrued expenses. QF grant awards totaled \$344,000 and \$393,000 at June 30, 2020 and 2019, respectively.

**Note 10. Medical Benefit Self-Insurance Program**

The Company is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of \$75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. As of June 30, 2020 and 2019, the accrual for claims incurred but not yet reported was \$679,156 and \$627,455, respectively, and the related expense was \$3,987,616 and \$4,182,628, respectively.

**Note 11. Fair Value Measurements**

The Company has adopted guidance issued by the FASB, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

**Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed equities and mutual funds.

**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

**Note 11. Fair Value Measurements (Continued)**

**Level 2:** Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.

**Level 3:** Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Company's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the investment.

The following section describes the valuation techniques used by the Company:

**Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

**Level 2:** Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.

**Level 3:** The Company has no Level 3 financial instruments as of June 30, 2020 or 2019.

The tables below present the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2020 and 2019:

	June 30, 2020			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Intermediate bond funds	\$ 575,014	\$ 575,014	\$ -	\$ -
TIP bond funds	540,853	540,853	-	-
International bond funds	710,434	710,434	-	-
Large cap equity funds	3,382,400	3,382,400	-	-
Real estate funds	761,785	761,785	-	-
Small cap equity funds	1,655,932	1,655,932	-	-
International equity funds	1,573,631	1,573,631	-	-
Energy/natural resources funds	848,769	848,769	-	-
Foreign small-mid growth funds	356,187	356,187	-	-
Short term bond funds	525,455	525,455	-	-
Exchange traded funds	1,359,175	1,359,175	-	-
Government bonds	5,041,118	-	5,041,118	-
Total assets	\$ 17,330,753	\$ 12,289,635	\$ 5,041,118	\$ -

**Qlarant, Inc. and Subsidiaries**

**Notes to Consolidated Financial Statements**

**Note 11. Fair Value Measurements (Continued)**

	June 30, 2019			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Intermediate bond funds	\$ 1,268,780	\$ 1,268,780	\$ -	\$ -
TIP bond funds	714,783	714,783	-	-
International bond funds	634,373	634,373	-	-
Large cap equity funds	2,594,163	2,594,163	-	-
Real estate funds	1,425,851	1,425,851	-	-
Small cap equity funds	693,816	693,816	-	-
International equity funds	1,452,241	1,452,241	-	-
Energy/natural resources funds	932,465	932,465	-	-
Foreign small-mid growth funds	203,902	203,902	-	-
Short term bond funds	893,448	893,448	-	-
Exchange traded funds	1,124,184	1,124,184	-	-
Government bonds	7,518,921	-	7,518,921	-
Total assets	<u>\$ 19,456,927</u>	<u>\$ 11,938,006</u>	<u>\$ 7,518,921</u>	<u>\$ -</u>

The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, \$2,802,072 and \$2,774,796 of cash and money market funds were held in the Company's investment portfolio at June 30, 2020 and 2019, respectively.

**Note 12. Note Payable**

QQS applied for and received a loan (the Loan) of \$901,800 from Truist Bank on April 23, 2020, pursuant to the Paycheck Protection Program (the PPP) under Division A, Title I of the CARES Act, which was enacted March 27, 2020. The interest rate is 1.0% per annum, payable monthly commencing on November 23, 2020. The loan is guaranteed by the Small Business Administration and matures on April 23, 2022. There is no application or other fees associated with this Loan. Proceeds may be used to pay compensation and benefit costs in order to retain workers and to make mortgage interest payments, lease payments, and utility payments. QQS intends to use the entire Loan amount for qualifying expenses. Under the terms of the Loan, some or all of the Loan may be forgiven if the funds are used for qualifying expenses as described in the CARES Act. As a result, the Company has reflected this Loan as a current liability on the consolidated statement of financial position. The Loan may be prepaid at any time without penalty.

**Note 13. Business Combination**

On December 31, 2019, the Company acquired a company in exchange for cash of \$677,000. There were no separately identifiable net assets and all amounts were allocated to goodwill. Goodwill amounts represent the excess of the acquisition costs over the fair value of net tangible and intangible assets acquired. There was no fair value assigned to net tangible and intangible assets acquired. Goodwill is being amortized on the straight-line basis over a period of five years. Goodwill, net of accumulated amortization, of \$609,300 is included in the consolidated statement of financial position at June 30, 2020.





RSM US LLP

**Independent Auditor's Report on the Supplementary Information**

Board of Directors  
Qlarant, Inc.

We have audited the consolidated financial statements of Qlarant, Inc. and Subsidiaries as of and for the years ended June 30, 2020 and 2019, and have issued our report thereon, which contains an unmodified opinion on those consolidated financial statements. See page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position and results of activities of the individual entities, and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*RSM US LLP*

Baltimore, Maryland  
September 17, 2020

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**Qlarant, Inc. and Subsidiaries**  
**Consolidating Statement of Financial Position**  
**June 30, 2020**

	Qlarant Quality Solutions, Inc.	Qlarant Advisory Solutions, Inc.	Qlarant Integrity Solutions, LLC	Qlarant Foundation, Inc.	Qlarant, Inc.	Total	Eliminations	Consolidated
<b>Assets</b>								
Current assets:								
Cash and cash equivalents	\$ 7,563,615	\$ 322,099	\$ 10,000,248	\$ 329,325	\$ 365,859	\$ 19,481,146	\$ -	\$ 19,481,146
Accounts receivable, net	1,824,102	119,975	10,966,229	-	159,748	13,070,054	(100,000)	12,970,054
Investments	7,721,842	-	-	-	7,721,842	7,721,842	-	7,721,842
Prepaid expenses and other current assets	110,065	-	133,061	-	1,502,117	1,745,243	-	1,745,243
Due from affiliate	3,698,487	-	-	-	3,698,487	3,698,487	(3,698,487)	-
<b>Total current assets</b>	<b>20,918,111</b>	<b>442,074</b>	<b>21,999,538</b>	<b>329,325</b>	<b>2,027,724</b>	<b>45,716,772</b>	<b>(3,798,487)</b>	<b>41,918,285</b>
Property and equipment, net	26,557	-	186,937	-	2,754,472	2,967,966	-	2,967,966
Goodwill	-	-	-	-	609,300	609,300	-	609,300
Deposits	27,073	-	79,200	-	50,229	156,502	-	156,502
Investments	-	-	-	12,410,993	-	12,410,993	-	12,410,993
<b>Total assets</b>	<b>\$ 20,871,741</b>	<b>\$ 442,074</b>	<b>\$ 22,265,675</b>	<b>\$ 12,740,308</b>	<b>\$ 5,441,725</b>	<b>\$ 61,861,523</b>	<b>\$ (3,798,487)</b>	<b>\$ 58,063,036</b>
<b>Liabilities and Net Assets</b>								
Current liabilities:								
Accounts payable and accrued expenses	\$ 221,792	\$ 79,337	\$ 2,246,746	\$ 418,750	\$ 432,549	\$ 3,395,174	\$ (100,000)	\$ 3,295,174
Accrued salaries and related expenses	413,346	-	1,000,548	-	919,969	2,933,863	-	2,933,863
Accrued vacation	593,880	-	1,871,992	-	939,061	3,404,913	-	3,404,913
Deferred rent	42,187	-	135,897	-	563,068	741,152	-	741,152
Provision for insurance claims	206,156	-	326,122	-	146,878	679,156	-	679,156
Reserve for contract loss	400,000	-	-	-	-	400,000	-	400,000
Note payable	901,800	-	-	-	-	901,800	-	901,800
Due to affiliate	-	-	-	(492,584)	1,122,063	3,698,487	(3,698,487)	-
<b>Total liabilities</b>	<b>2,779,141</b>	<b>79,337</b>	<b>9,250,313</b>	<b>(73,834)</b>	<b>4,123,608</b>	<b>16,156,565</b>	<b>(3,798,487)</b>	<b>12,360,078</b>
Net assets:								
Without donor restrictions	18,192,600	362,737	13,015,362	12,814,142	1,318,117	45,702,958	-	45,702,958
<b>Total net assets</b>	<b>18,192,600</b>	<b>362,737</b>	<b>13,015,362</b>	<b>12,814,142</b>	<b>1,318,117</b>	<b>45,702,958</b>	<b>-</b>	<b>45,702,958</b>
<b>Total liabilities and net assets</b>	<b>\$ 20,871,741</b>	<b>\$ 442,074</b>	<b>\$ 22,265,675</b>	<b>\$ 12,740,308</b>	<b>\$ 5,441,725</b>	<b>\$ 61,861,523</b>	<b>\$ (3,798,487)</b>	<b>\$ 58,063,036</b>

**Qlarant, Inc. and Subsidiaries**  
**Consolidating Statement of Activities**  
**Year Ended June 30, 2020**

	Qlarant Quality Solutions, Inc.	Qlarant Advisory Solutions, Inc.	Qlarant Integrity Sources, LLC	Qlarant Foundation, Inc.	Qlarant, Inc.	Total	Eliminations	Consolidated
Contract revenue	\$ 14,715,949	\$ 33,984	\$ 59,771,811	\$ -	\$ 159,748	\$ 74,882,492	\$ (100,000)	\$ 74,882,492
Direct expenses:								
Labor	4,535,724	-	21,262,502	-	-	25,798,226	-	25,798,226
Annual and sick leave	693,263	-	2,895,111	-	-	3,588,374	-	3,588,374
Fringe benefits	2,009,085	-	6,302,069	-	-	8,311,154	-	8,311,154
Consultants:								
Legal and accounting	10,502	-	22,844	-	-	33,346	-	33,346
Other consultants	101,774	-	127,758	-	-	229,532	-	229,532
Review subcontractors	799,658	-	9,438,853	-	-	10,138,511	-	10,138,511
Board consultants	-	-	-	17,000	-	17,000	-	17,000
Travel	313,560	-	482,378	-	-	795,938	-	795,938
Equipment maintenance	3,357	-	382,188	-	-	385,545	-	385,545
Office supplies	8,137	-	12,054	-	-	20,191	-	20,191
Reproduction	19,006	-	29,501	556	-	49,063	-	49,063
Occupancy	565,077	-	1,821,216	-	-	2,407,093	-	2,407,093
Recruitment	1,159	-	16,511	-	-	17,670	-	17,670
Postage	26,360	-	61,429	143	-	87,932	-	87,932
Telephone	52,247	-	121,814	-	-	174,061	-	174,061
Meeting costs	10,779	-	24,614	-	-	35,393	-	35,393
Subscriptions	3,975	-	402	-	-	4,377	-	4,377
Advertising	-	-	25	-	-	25	-	25
Litigation, fees and dues	48,989	-	727,465	944,000	-	1,140,454	-	1,140,454
Grants	-	-	-	361,699	-	361,699	(100,000)	261,699
<b>Total direct expenses</b>	<b>9,223,949</b>	<b>-</b>	<b>43,626,734</b>	<b>944,000</b>	<b>-</b>	<b>53,200,382</b>	<b>(100,000)</b>	<b>53,100,382</b>
Indirect expenses:								
Overhead	-	-	36,925	-	-	36,925	-	36,925
General and administrative	5,162,513	-	13,253,003	857,444	2,277,479	20,600,813	-	20,600,813
<b>Total operating expenses</b>	<b>14,415,462</b>	<b>-</b>	<b>56,910,742</b>	<b>4,477,443</b>	<b>2,277,479</b>	<b>74,052,121</b>	<b>(100,000)</b>	<b>73,952,121</b>
<b>Operating income (loss)</b>	<b>300,487</b>	<b>33,984</b>	<b>2,861,069</b>	<b>(437,443)</b>	<b>(2,117,229)</b>	<b>630,372</b>	<b>-</b>	<b>630,372</b>
Other income (expense):								
Intercompany cost transfer to related parties	-	-	-	500,000	1,902,690	2,402,690	(2,402,690)	-
Intercompany cost transfer to related parties	-	-	(2,402,920)	-	-	(2,402,920)	2,402,920	-
Other income	163,276	-	168,846	-	1,031	333,153	-	333,153
Investment income, net	163,276	-	(2,198,778)	(2,251,188)	-	(3,586,690)	-	(3,586,690)
<b>Total other income (expense)</b>	<b>326,552</b>	<b>-</b>	<b>(2,030,074)</b>	<b>(2,751,188)</b>	<b>1,903,691</b>	<b>(267,019)</b>	<b>-</b>	<b>(267,019)</b>
<b>Change in net assets</b>	<b>627,039</b>	<b>33,984</b>	<b>691,201</b>	<b>(170,631)</b>	<b>(213,734)</b>	<b>967,859</b>	<b>-</b>	<b>967,859</b>
Net assets:								
Beginning of year	17,669,667	328,753	12,351,071	12,096,173	1,531,651	44,005,315	-	44,005,315
End of year	18,296,706	362,737	13,042,272	12,096,173	1,317,917	45,722,805	-	45,722,805

## Appendix D - Parent Corporation Guarantee

### PARENT CORPORATION PERFORMANCE GUARANTEE

With reference to the accompanying proposal submitted by **Qlarant Quality Solutions, Inc.** (QQS) in response to Mississippi Department of Human Resources (MDHS) RFP Number: 20210511 DAAS Needs Assessment RFX Number(s): 3180001360 / 3120002223 (the RFP), and in accordance with section 4.3.A.8 of such RFP, **Qlarant, Inc.**, parent company of QQS does hereby enter into the following unconditional and irrevocable undertaking with MDHS.

In connection with any contract entered into between MDHS and QQS related to the RFP, Qlarant, Inc. shall unconditionally guarantee performance by QQS of each and every term, covenant, and condition of such contract as may be executed by MDHS and QQS.


Qlarant, Inc. acknowledges and agrees:

1. QQS shall perform all of its obligations contained in said contract.
2. If QQS shall in any respect be determined by MDHS to have failed to perform its obligations contained in said contract or if QQS commits any breach thereof, Qlarant, Inc. shall on demand from MDHS, promptly perform or take such steps as may be necessary to achieve performance of the obligations of QQS under the contract. Qlarant, Inc. shall indemnify MDHS against any direct loss, damages, costs and expenses, arising from the said failure or breach of QQS as determined by MDHS, as if Qlarant were the original obligor.
3. Qlarant, Inc. shall not be liable for indirect, incidental, consequential or punitive damages of any nature or kind, resulting or arising from the contract.

In witness thereof, Qlarant has caused this Parent Corporation Performance Guarantee to be executed by its duly authorized officer, and its corporate seal to be affixed hereto.

**Qlarant, Inc.**

28464 Marlboro Avenue  
Easton, Maryland 21601

By:  \_\_\_\_\_ (SEAL)  
Name: Ronald G. Forsythe, Jr., Ph.D  
Title: Chief Executive Officer  
Tax Payer No.: 26-3670453  
Date: 6/3/21

**Appendix E - Signed Debarment Verification Form (RFP Attachment B)**

**ATTACHMENT B  
DEBARMENT VERIFICATION FORM**

Subgrantee's/Contractor's Name	Qlarant Quality Solutions, Inc.
Authorized Official's Name	Ronald G. Forsythe, Jr., PhD
DUNS Number	09 301 5246
Address	28464 Marlboro Avenue, Easton, MD 21601
Phone Number	410-822-0697
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	No

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

**Federal Debarment Certification:**

By signing below, I hereby certify that Qlarant Quality Solutions, Inc. is not on the list  
(Subgrantee's Name/Contractor's Name)  
for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that Qlarant Quality Solutions, Inc. is not on the list  
(Subgrantee's Name/Contractor's Name)  
for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

6/3/21  
\_\_\_\_\_  
Date

**Appendix F - Signed Proprietary Information Form (RFP Attachment C)**

**ATTACHMENT C  
PROPRIETARY INFORMATION FORM**

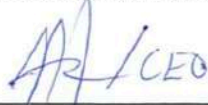
The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

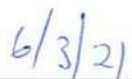
For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. **If this is not applicable, please indicate with "N/A" below.**

1. Please refer to attached list.
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

  
\_\_\_\_\_  
Signature of Authorized Official/ Title  
(No stamped signature)

  
\_\_\_\_\_  
Date

## Additional Information for Proprietary Information Form (RFP Attachment C)

### Information Considered to be Proprietary and Confidential to Qlarant Quality Solutions

Qlarant requests that those portions of our proposal identified within the chart below be considered to contain proprietary information in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 and not be subject to review by the general public. In accordance with the above noted sections, this information includes trade secrets and other confidential commercial/financial information. Qlarant offers the following information in justification of this request.

The information for which exclusion from public posting is sought falls within the following general categories:

- Staffing solutions and approach, including identification and/or credentials of proposed staff, as well as proposed designated roles
- Project management approach, methodology and technology resources

### Staffing:

Qlarant has assembled an exceptional team of professionals to perform services on the project. If the identities of the team members were disclosed to our business competitors, we would run the risk of those team members being targeted and recruited by our competitors specifically to take advantage of the experience and knowledge the team members have obtained during their engagement with Qlarant.

Where credentials and proposed designated roles are noted in addition to the identity of the team members, this information provides insight into Qlarant's proprietary internal project management approach, developed over our years of experience.

### Project Management Approach, Methodology and Technology Resources:

Qlarant has developed its unique approach to performing services over its years of experience and has expended substantial resources in the development process. Disclosure of details regarding Qlarant's approach and methodologies would diminish Qlarant's competitive advantage and instead provide that advantage to Qlarant's competitors. Over the years, Qlarant has developed effective and efficient processes for performing this work. Disclosure of this information to our competitors would allow such competitors to profit unfairly from Qlarant's efforts. The same is true in connection with Qlarant's internally developed software tool(s) which are utilized in connection with performing services on Qlarant's projects.

The information in the identified categories is not known or available to the public and provides Qlarant with an economic advantage over its competitors. Qlarant actively protects this information from disclosure through reasonable efforts to maintain its confidential status. Disclosure of such information would be likely to cause substantial harm to Qlarant's competitive position in the market place and allow Qlarant's competitors to profit from Qlarant's considerable efforts and expenditures.

Page	Location	Data/Information to be Protected	Reason
<b>Section A.2.1.1</b>			
Page 7	Table 1 Innovative and Tested Methods – 3 <sup>rd</sup> row, beginning with “Send...”  3 <sup>rd</sup> bullet at bottom of page beginning with “Sending...”	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
Page 8	Third full paragraph, beginning with “Qlarant has...”  Figure 2 and following paragraph beginning “Qlarant will.”  First phrase in first sentence of final paragraph on page, beginning, “Prior to..”	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
Page 9	Figure 3: Pre-survey Workflow Activities  4 <sup>th</sup> bulleted item under “Step 1: Surveyor contacts the person selected to participate”	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
<b>Section A.2.1.2</b>			
Page 12	Last three sentences of final paragraph on the page, beginning with “If less than 50...” through the end of the paragraph.	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
Page 12	Figure 7 Reminder Postcard Sent to Service Providers  Figure 8 Survey And Post Survey Activities Workflow	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
<b>Section A.2.1.3</b>			
Page 15	Figure 9 DAAS Needs Assessment Survey Workflow for People on Waiting List	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach



			and proposed methodology.
<b>Section A.2.1.4</b>			
Page 16	Full paragraph and call out box following two bulleted items, beginning with, "In addition..." and continuing to the end of the sentence "Have you lost a service provider due to the pandemic".	Additional COVID – related questions developed by Qlarant.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
Page 17	Second paragraph, beginning with "The team..." and continuing through to the end of the paragraph.	Information regarding an unpublished study performed in connection with another contract sponsor.	Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology and information regarding other Qlarant customers.
<b>Section A.2.1.5</b>			
Page 17	First paragraph in this section, identity (two instances) of proposed scientist for this contact.	Name of proposed scientist in second line and sixth line of the paragraph, the first and second sentences in the paragraph.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions and the identity of current and/or potential team members.
Page 19	Chart with Range of Scores by Provider size.	Includes information from an unpublished report generated for another contract sponsor.	Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology and information regarding other Qlarant customers.
Page 20	Second half of 1 <sup>st</sup> paragraph, beginning with line 7, "For example, " and continuing for the entire remainder of the page.	Includes information from an unpublished studies and/or reports generated for another contract sponsor.	Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology and information regarding other Qlarant customers.
Page 21	First paragraph on the page, beginning "Controlling for..."	Includes information from unpublished studies and/or reports generated for another contract sponsor.	Confidential and proprietary commercial information; this includes proprietary and confidential information

			regarding Qlarant's approach and proposed methodology and information regarding other Qlarant customers
<b>Section A.2.1.9</b>			
Page 25	Second paragraph in this section, beginning, "For example..."  Next paragraph following formula, beginning, "Our findings..." and continuing through the end of the page, including the call out box starting with "Findings..."	Includes information regarding Qlarant's advanced analysis techniques and approaches.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
Page 26	Second paragraph on this page, beginning with "Table 2..."  Table 2: Population Projections by Age Category: 2020-2030	Includes information regarding Qlarant's advanced analysis techniques and approaches.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
Page 27	Figure 13: Growth Rate by Age Category, along with the first paragraph under the figure, beginning with "Qlarant can ..."	Includes information regarding Qlarant's advanced analysis techniques and approaches.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
<b>Section A.2.1.10</b>			
Page 28	Second paragraph in section, beginning with "Our QA processes... and continuing for entire paragraph and callout box beginning "Qlarant uses..."	Includes information regarding Qlarant's unique quality assurance processes and techniques.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
<b>Section A.2.1.12</b>			
Page 31	Table 3 Sample Project Meeting Agenda	Includes information regarding proposed staffing.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions and the identity of current and/or potential team members.
<b>Section A.2.2.1.</b>			

Page 32	4 <sup>th</sup> bullet at the bottom of the page, beginning, "Communication plan..."	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
Page 33	Second paragraph, first sentence under "Phase 2", beginning, "Once the sample..."  Last paragraph on the page, third sentence, beginning, "Based on this information..."	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.1.1.</b>			
Page 35	4 <sup>th</sup> bullet under Data Cleaning and Validation, beginning "Dual ..."	Includes information regarding Qlarant's advanced analysis techniques and approaches.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
<b>Section A.2.2.1.2.</b>			
Page 36	Under Phase 2, second portion of third sentence, beginning with "Qlarant will..." and continuing through end of paragraph."	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.1.3.</b>			
Page 37	Figure 17: Staffing and Employee Roles	Identifies proposed staffing for the project.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity of current and/or potential team members, and provides insight into Qlarant's internal project management approach.
<b>Section A.2.2.2.</b>			
Page 38	Table 3 Qlarant Analysts' Experience Providing analysis and Reporting	Details of Qlarant experience and customer base.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's

			experience and customer base.
Page 39	4 <sup>th</sup> bullet under Table 4, beginning "Proprietary data ..."	Details regarding Qlarant's proprietary internally developed software tool.	Trade secret / Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's technology resources.
<b>Section A.2.2.3.1.</b>			
Page 41	Table 5: Monthly Timeline	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.3.1.1.</b>			
Page 41	Table 6: Needs Assessment Surveys	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.3.1.2.</b>			
Page 42	Table 7: Service Provider Mailed Survey	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.3.1.3.</b>			
Page 42	Table 8: Needs Assessment Survey for People on the Waiting List	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.4.</b>			
Page 46	First paragraph under bulleted items, beginning with "Qlarant has developed" and continuing through the end of the page.	Identifies proposed personnel/staffing plan.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the

			identity of current and/or potential team members, and provides insight into Qlarant's internal project management approach.
Page 47	Carryover paragraph at top of page and three full paragraphs that follow.	Identifies proposed personnel	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity of current and/or potential team members, and provides insight into Qlarant's internal project management approach.
Page 47	Final paragraph on page, beginning "Competency-based..."	Training plans for staff	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
Page 48	Carryover paragraph at the top of the page, beginning with "Surveyor does not..."	Training plans for staff	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
Page 48	Figure 18: MDHS DAAS Needs Assessment Project Organization Chart	Identifies proposed Qlarant team members.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity of current and/or potential team members, and provides insight into Qlarant's internal project management approach.
<b>Section A.4.1.</b>			
Page 49	Table 11 Qlarant's Contract Team	Identifies proposed Qlarant team, along with years of experience	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity of current and/or potential team members,

			and provides insight into Qlarant's internal project management approach.
<b>Section A.4.1.1.</b>			
Pages 50 - 62	Key Staff Resumes	Identities and biographical details regarding proposed Qlarant team members.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity and biographical details of current and/or potential team members.
<b>Section A.4.1.2.</b>			
Pages 62 -74	Surveyor Resumes	Identities and biographical details regarding proposed Qlarant team members.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity and biographical details of current and/or potential team members.
<b>Section A.5.</b>			
Pages 75	Table 12: Qlarant's Experience Similar in Scope	Details regarding Qlarant's experience and customer base.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding details of Qlarant's experience and customer base.
<b>Section A.5.1. – A.5.4.</b>			
Pages 75-80	Specific Details of Relevant Past Experience	Specific project details regarding Qlarant's experience.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding details of Qlarant's experience and customer base.
<b>Section A.7.</b>			
Page 82	Table 13: Project Pricing Information	Specific details of Qlarant's cost proposal.	Confidential and proprietary commercial and financial information.
<b>Section A.8.</b>			
Pages 83-84	Financial Information	Detailed financial information including financial statements, audit information, evidence of financial	Confidential and proprietary commercial and financial information.

		responsibility, lines of credit, working capital, financial track record, and disclosure statements.	
<b>Appendix A – Project Plan Timeline</b>			
Page 87	3 <sup>rd</sup> row under Phase 2 8 <sup>th</sup> row under Phase 2 16 <sup>th</sup> row under Phase 2	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
<b>Appendix B – Qlarant Quality Solutions (QQS) Financial Statement</b>			
Page 89 - 137	Audited financial statements	Confidential financial information	Confidential and proprietary commercial and financial information.
<b>Appendix C – Qlarant, Inc. &amp; Subsidiaries Financial Statements</b>			
Page 138- 159	Qlarant, Inc. Financial Statement	Confidential financial information	Confidential and proprietary commercial and financial information.
<b>Appendix H – References (RFP Attachment E)</b>			
Pages 164 - 165	References	Details regarding Qlarant’s experience and customer base.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding details of Qlarant’s experience and customer base.

**Appendix G - Signed Proposal Exception Summary Form (RFP Attachment D)**

**ATTACHMENT D  
 PROPOSAL EXCEPTION SUMMARY FORM**


List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below.

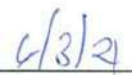
Indicate "N/A", if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

RFP Reference	Respondent Proposal Reference	Brief Explanation of Exception	MDHS Acceptance (sign here only if accepted)
(Reference specific outline point to which exception is taken)	(Page, section, items in respondent's proposal where exception is explained)	(Short description of exception being made)	
1 N/A			
2			
3			
4			
5			
6			
7			

  
 \_\_\_\_\_  
 Signature of Authorized Official/ Title

  
 \_\_\_\_\_  
 Date



## Appendix H - References (RFP Attachment E)

### ATTACHMENT E REFERENCES

Respondents may submit as many references as desired by submitting as many additional copies of Attachment E, References, as deemed necessary. References will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed for each of the two (2) references. No further references will be contacted; however, respondents are encouraged to submit additional references to ensure that at least two (2) references are available for interview. MDHS staff must be able to contact two (2) references within two (2) business days of proposal opening to be considered responsive.

#### REFERENCE 1

Name of Company: State of Georgia, Dept. of Human Services, Division of Aging Services  
Dates of Service: Fiscal Years: 2015, 2016, 2018, 2019  
Contact Person: Arvine Brown  
Address: 2 Peachtree Street, NW, Suite 33-391, Atlanta, GA  
City/State/Zip: Atlanta, GA 30303  
Telephone Number: 404-657-5285  
Cell Number: 404-657-5285  
E-mail: Arvine.Brown@dhs.ga.gov  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: Conduct National Core Indicator Surveys for the aging & disability(NCI-AD) population in Georgia for four years conducting 4,126 face-to-face interviews (Reference Section A.5.1- NDI AD -GA in our Proposal)

#### REFERENCE 2

Name of Company: Agency for Health Care Administration (AHCA) - Florida Statewide QA Program  
Dates of Service: July 2001 to June 2021  
Contact Person: Cathy Cross  
Address: 2727 Mahan Drive, Mail Stop #38  
City/State/Zip: Tallahassee, Florida 32308-5403  
Telephone Number: (850) 412-4003  
Cell Number: (850) 412-4690  
E-mail: Cathy.Cross@ahca.myflorida.com  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: Perform on the the Florida Statewide Quality Assurance Program (FSQAP) where our team of 35 employees conduct face-to-face interviews to evaluate State offered services and satisfaction from the perspective of the person receiving services. (Reference Section A.5.1- NDI AD -GA in our Proposal)

**REFERENCE 3**

Name of Company: Beacon Health Options - GA Collaborative Administrative Services Organization  
Dates of Service: September 2014 – June 2021  
Contact Person: Wendy Farmer  
Address: 229 Peachtree St NW  
City/State/Zip: Atlanta, GA 30303  
Telephone Number: 706-799-0181  
Cell Number: 706-799-0181  
E-mail: Wendy.Farmer@beaconhealthoptions.com  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: HCBS services throughout GA integrating QA activities, monitoring, collecting data, and reporting on behavioral health & IDD providers' performance (Section A.5.3)

**REFERENCE 4** Division of Quality and Health Outcomes, Health Care Delivery Management Admin

Name of Company: Department of Health Care Finance  
Dates of Service: 08/07/2017 to 08/06/2021  
Contact Person: Serina Kavanaugh, MPH, CPM  
Address: 441 4th Street, NW, 900S  
City/State/Zip: Washington, DC 20001  
Telephone Number: 202-299-2117  
Cell Number: 202-299-2117  
E-mail: serina.kavanaugh@dc.go  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: Oversight of three Managed Care Organizations (MCOs) and one Performance Improvement Project. Qlarant provides extensive technical assistance to DC, as well ensure the MCOs are serving their populations appropriately (Ref. Proposal Section A.5.4)

**REFERENCE 5**

Name of Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: \_\_\_\_\_

## Appendix I - Amendment 1 Acknowledgement



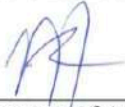
Please acknowledge receipt of Amendment #1 by returning it, along with your proposal package, by June 11, 2021, at 2:00 PM, CT. This acknowledgement should be enclosed in your proposal package. **Failure to submit this acknowledgement may result in rejection of the proposal package.**

Qlarant Quality Solutions, Inc.

\_\_\_\_\_  
Name of Company

Ronald G. Forsythe, Jr. / Chief Executive Officer

\_\_\_\_\_  
Authorized Official's Typed Name/Title



\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

6/3/21  
\_\_\_\_\_  
Date

Should an amendment to the RFP be issued, it will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the MDHS website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view. Further, respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on the amendment, or by letter. The acknowledgment should be received by the MDHS by the time and at the place specified for receipt of proposals. It is the respondent's sole responsibility to monitor the websites for any updates or amendments to the RFP.

**QLARANT – FILE FOLDER 2 – PRICE AND FINANCIAL DATA REDACTED PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE ON 6/22/21)**

[Redacted]'s Response to

# DAAS NEEDS ASSESSMENT

RFP#: 20210511 (RFx# 3180001360/3120002223)  
Mississippi Department of Human Services (MDHS)  
MDHS Procurement Services

[Redacted]

Electronic Copy

## Tab 2: Price and Financial Data

**Bid Response:**  
Date: June 11, 2021  
Time: 2:00 PM, CT



### Submitted To:

Robert G. Anderson  
Executive Director  
Attn: Bryan C. Wardlaw  
Chief Procurement Officer  
MDHS Procurement Services  
Tel: +1 (601) 359-4500  
Email: Procurement.Services@mdhs.ms.gov  
Address Line 1: 200 South Lamar Street  
Address Line 2: Jackson, Mississippi 39201

### Submitted By:

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

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### B. Tab 2: Price and Financial Data

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## B. Tab 2 - Price and Financial Data

### B.1. Cost Data

[Redacted] is pleased for this opportunity to provide a proposal in response to Mississippi Department of Human Services (MDHS) Request for Proposal (3180001360/3120002223), "20210511 DAAS Needs Assessment". [Redacted]'s management has carefully reviewed the technical requirements of each task in the solicitation and, based on considerable experience with similar work, estimated the personnel levels and mix of skills necessary to perform the task and meet all deliverables. Our proposed cost of services is shown in Project Pricing table below (**Table 1**).

**Table 1: Project Pricing Information**

Project Tasks	Total Cost
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$189,743
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$23,231
Final report drafted and published	\$16,953
<b>Total Cost of Project</b>	<b>\$229,927</b>

*\*Note any respondent pricing provided that differs from the above required format may be deemed as non-responsive. Respondents shall not include any additional cost categories other than those outlined above.*

## B.2. Financial Information

### B.2.1. Audited Financial Statements

RSM International, (formerly McGladrey, LLC) has been [Redacted]'s independent external auditor since May 2008. [Redacted]'s audited financial statements from the past two fiscal years (periods ending June 30, 2019 and June 30, 2020) are provided at the end of this section as [Appendix A](#) and reflect our continued commitment to fiscal integrity.

### B.2.2. Single Audit

[Redacted] has expended \$750,000 or more in federal funds over the last two (2) fiscal years (periods ending June 30, 2019 and June 30, 2020) as represented in the financial statements for each Single Audit fiscal year, provided at the end of this section as [Appendix A](#).

### B.2.3. Current Financial Statement

[Redacted] provided current financial statements audited by the accounting firm RSM International. Please reference [Section B.2.1 of this Proposal](#).

### B.2.4. Evidence of Parent Corporation's Financial Responsibility

[Redacted], and its parent organization, [Redacted], have established financial capability and working capital needed to undertake tasks associated with the State's solicitation. This section reflects the financial capability of our parent organization, [Redacted].—we have the financial resources needed to conduct related activities and have taken great care to ensure cost-effective and realistic pricing in addressing the solicitation.

Financially, [Redacted] maintains investment accounts as well as a substantial revolving Line of Credit for the organization to draw upon if and when needed for operations and future growth opportunities. [Redacted]'s commitment to fiscal integrity is demonstrated by various internal and external metrics including an excellent Dun & Bradstreet (D&B) rating, compliance with GAAP and all applicable circulars for the U.S. Office of Management and Budget (OMB).

#### B.2.4.1. Dun & Bradstreet Rating

Our overall D&B rating of 4A2 is one of the highest ratings given and reflects our commitment to our fiscal processes, external vendors, and our working relationships.

#### B.2.4.2. Lines of Credit

[Redacted] holds an available line of credit through a nationally recognized bank, Truist Bank, formerly known as Branch Banking & Trust Co. (BB&T), which is available for use to [Redacted] as a subsidiary. Please reference [Appendix A](#), audited financial statements, Disclosure Note 6.

#### B.2.4.3. Evidence of a Successful Financial Track Record

[Redacted] complies with government requirements as described in OMB Circular A-133 Audit report, Audits of States, Local Governments, and Non-Profit Organizations. The audited financial statements for the past two fiscal years (periods ending June 30, 2019 and June 30, 2020), reflects the successful financial management of assets and liabilities. Audited financial statements are provided as [Appendix A](#), at the end of this section.

#### B.2.4.4. Evidence of Adequate Working Capital

An internal metric that validates our fiscal strength is the availability of working capital. During fiscal year 2020, which ended June 30, 2020, [Redacted]'s audited financial statements reflect



3% increase in working capital after grants were made to affiliates. Audited financial statements are provided as **Appendix A**, at the end of this section.

## **B.2.5. Disclosure Statements**

### **B.2.5.1. Parent Organization Financial Report**

[Redacted] is wholly owned by [Redacted], as the parent organization. [Redacted]'s audited financial statement for fiscal year 2020, (period ending June 30, 2020), has been provided as **Appendix B**, at the end of this section.

### **B.2.5.2. Parent Corporation Guarantee (PCG)**

[Redacted] has provided a written guarantee by the parent organization, a Parent Corporation Guarantee (PCG) that it will unconditionally guarantee performance by the respondent of each term, covenant, and condition of such contract as may be executed by the parties. Please refer to **Appendix C**, at the end of this section.

### **B.2.5.3. Bankruptcy Filings, Not Applicable**

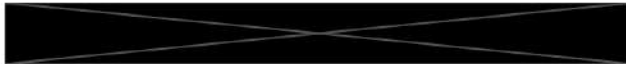
[Redacted], Inc. and its principals, partners or officers have not filed bankruptcy within the last seven (7) years in a related business. This section is Not Applicable.

### **B.2.5.4. Restructure, Mergers, and Acquisitions, Not Applicable**

[Redacted] has not had any company restructurings, mergers, and acquisitions over the past three (3) years that have impacted any products or services the respondent has included in this proposal. This section is Not Applicable.

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**Appendix A - [Redacted] Financial Statement**



Financial Report  
June 30, 2020

**Contents**

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Independent auditor's report	1
Financial statements	
Statements of financial position	2
Statements of activities	3
Statements of functional expenses	4-5
Statements of cash flows	6
Notes to financial statements	7-15

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**Independent Auditor's Report**

RSM US LLP

Board of Trustees  
[Redacted]

**Report on the Financial Statements**

We have audited the accompanying financial statements of [Redacted] which comprise the statements of financial position as of June 30, 2020 and 2019, the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of [Redacted] as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*RSM US LLP*

Baltimore, Maryland  
September 17, 2020

THE POWER OF BEING UNDERSTOOD  
AUDIT | TAX | CONSULTING

**Statements of Financial Position  
 June 30, 2020 and 2019**

	2020	2019
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 7,563,615	\$ 4,163,475
Accounts receivable, net	1,824,102	3,075,154
Investments	7,721,842	10,063,415
Prepaid expenses and other current assets	110,065	137,699
Due from affiliate	3,698,487	1,954,059
<b>Total current assets</b>	<b>20,918,111</b>	<b>19,393,802</b>
Property and equipment, net	26,557	24,658
Deposits	27,073	27,073
<b>Total assets</b>	<b>\$ 20,971,741</b>	<b>\$ 19,445,533</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 221,792	\$ 383,898
Accrued salaries and related expenses	413,346	534,318
Accrued vacation	593,860	619,385
Deferred rent	42,187	49,830
Provision for insurance claims	206,156	159,265
Reserve for contract loss	400,000	-
Note payable	901,800	-
<b>Total current liabilities</b>	<b>2,779,141</b>	<b>1,746,696</b>
Commitments and contingencies		
Net assets:		
Without donor restrictions	18,192,600	17,698,837
<b>Total net assets</b>	<b>18,192,600</b>	<b>17,698,837</b>
<b>Total liabilities and net assets</b>	<b>\$ 20,971,741</b>	<b>\$ 19,445,533</b>

See notes to financial statements.

**Statements of Activities**  
**Years Ended June 30, 2020 and 2019**

	2020	2019
Contract revenue	\$ 14,716,949	\$ 18,920,045
Direct expenses:		
Labor	4,535,724	5,442,535
Annual and sick leave	693,263	876,077
Fringe benefits	2,009,085	2,176,374
Consultants:		
Legal and accounting	10,502	21,004
Other consultants	101,774	325,025
Review subcontractors	799,636	1,728,882
Travel	313,560	612,249
Equipment maintenance	3,357	9,405
Office supplies	8,137	14,943
Reproduction	19,906	41,957
Occupancy	585,877	690,142
Recruitment	1,158	3,086
Postage	26,380	24,308
Telephone	52,247	65,682
Meeting costs	10,779	13,601
Subscriptions	3,875	-
Advertising	-	6,750
Licenses, fees and dues	48,689	48,249
<b>Total direct expenses</b>	<b>9,223,949</b>	<b>12,100,269</b>
Indirect expenses:		
General and administrative	5,192,513	5,104,135
<b>Total operating expenses</b>	<b>14,416,462</b>	<b>17,204,404</b>
<b>Operating income</b>	<b>300,487</b>	<b>1,715,641</b>
Other income (expense):		
Intercompany cost transfers from related parties	-	75,674
Intercompany cost transfers to related parties	-	(904,776)
Other income	-	15,790
Investment income, net	193,276	190,448
<b>Total other income (expense), net</b>	<b>193,276</b>	<b>(622,864)</b>
<b>Change in net assets</b>	<b>493,763</b>	<b>1,092,777</b>
Net assets without donor restrictions:		
Beginning of year	17,698,837	16,606,060
End of year	<b>\$ 18,192,600</b>	<b>\$ 17,698,837</b>

See notes to financial statements.

**Statement of Functional Expenses  
Year Ended June 30, 2020**

	Program			Total	General and Administrative	Total						
		Payment Accuracy										
Labor	\$	557,850	\$	3,942,366	\$	35,508	\$	4,535,724	\$	2,795,694	\$	7,331,418
Annual and sick leave		85,265		602,571		5,427		693,263		427,308		1,120,571
Fringe benefits		247,098		1,746,259		15,728		2,009,085		1,238,344		3,247,429
Consultants:												
Legal and accounting		-		10,502		-		10,502		6,473		16,975
Other consultants		98,048		3,726		-		101,774		62,731		164,505
Review subcontractors		-		799,636		-		799,636		-		799,636
Travel		2,733		310,779		48		313,560		193,270		506,830
Equipment maintenance		1,050		2,307		-		3,357		2,069		5,426
Office supplies		(76)		8,213		-		8,137		5,015		13,152
Reproduction		2,766		17,094		46		19,906		12,270		32,176
Occupancy		83,149		493,784		8,944		585,877		361,119		946,996
Recruitment		209		949		-		1,158		714		1,872
Postage		634		25,702		44		26,380		16,260		42,640
Telephone		672		51,470		105		52,247		32,204		84,451
Meeting costs		-		10,779		-		10,779		6,644		17,423
Subscriptions		-		3,875		-		3,875		2,388		6,263
Licenses, fees and dues		6,036		42,653		-		48,689		30,010		78,699
<b>Total expenses</b>	<b>\$</b>	<b>1,085,434</b>	<b>\$</b>	<b>8,072,665</b>	<b>\$</b>	<b>65,850</b>	<b>\$</b>	<b>9,223,949</b>	<b>\$</b>	<b>5,192,513</b>	<b>\$</b>	<b>14,416,462</b>

See notes to financial statements.

**Statement of Functional Expenses  
Year Ended June 30, 2019**

	Program				Total	General and Administrative	Total
		Payment Accuracy					
Labor	\$ 940,506	\$ 4,330,838	\$ 171,191	\$ 2,578,468	\$ 5,442,535	\$ 2,578,468	\$ 8,121,003
Annual and sick leave	26,541	703,723	145,813	431,149	876,077	431,149	1,307,226
Fringe benefits	65,934	1,748,207	362,233	1,071,072	2,176,374	1,071,072	3,247,446
Consultants:							
Legal and accounting	-	21,004	-	10,337	21,004	10,337	31,341
Other consultants	215,802	108,955	268	159,956	325,025	159,956	484,981
Review subcontractors	-	1,453,217	275,665	-	1,728,882	-	1,728,882
Travel	11,482	595,950	4,817	301,310	612,249	301,310	913,559
Equipment maintenance	-	9,405	-	4,629	9,405	4,629	14,034
Office supplies	5,132	9,420	391	7,354	14,943	7,354	22,297
Reproduction	7,977	31,652	2,328	20,648	41,957	20,648	62,605
Occupancy	139,227	459,287	91,628	339,646	690,142	339,646	1,029,788
Recruitment	-	3,086	-	1,519	3,086	1,519	4,605
Postage	511	21,826	1,971	11,961	24,308	11,961	36,269
Telephone	922	60,668	4,092	32,325	65,682	32,325	98,007
Meeting costs	770	12,467	364	6,694	13,601	6,694	20,295
Advertising	6,750	-	-	3,322	6,750	3,322	10,072
Licenses, fees and dues	5,701	42,519	29	23,745	48,249	23,745	71,994
<b>Total expenses</b>	<b>\$ 1,427,255</b>	<b>\$ 9,612,224</b>	<b>\$ 1,060,790</b>	<b>\$ 5,104,135</b>	<b>\$ 12,100,269</b>	<b>\$ 5,104,135</b>	<b>\$ 17,204,404</b>

See notes to financial statements.



**Statements of Cash Flow**  
**Years Ended June 30, 2020 and 2019**

	2020	2019
Cash flows from operating activities:		
Change in net assets	\$ 493,763	\$ 1,092,777
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	11,547	14,155
Net realized and unrealized gain on investments	(2,817)	(41,373)
Increase in reserve for contract loss	400,000	-
Changes in assets and liabilities:		
Decrease (increase) in:		
Accounts receivable	1,251,052	1,381,210
Prepaid expenses and other current assets	27,634	(5,245)
Due from affiliate	(1,744,428)	(1,149,895)
Deposits	-	41,892
(Decrease) increase in:		
Accounts payable and accrued expenses	(162,106)	(295,349)
Accrued salaries and related expenses	(120,972)	(475,250)
Accrued vacation	(25,525)	(28,574)
Deferred rent	(7,643)	(7,282)
Provision for insurance claims	46,891	5,528
<b>Net cash provided by operating activities</b>	<b>167,396</b>	<b>532,594</b>
Cash flows from investing activities:		
Purchases of property and equipment	(13,446)	(9,680)
Purchases of investments	(173,385)	(10,022,042)
Proceeds from sale of investments	2,517,775	-
<b>Net cash provided by (used in) investing activities</b>	<b>2,330,944</b>	<b>(10,031,722)</b>
Cash flows from financing activities:		
Proceeds from note payable	901,800	-
<b>Net cash provided by financing activities</b>	<b>901,800</b>	<b>-</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>3,400,140</b>	<b>(9,499,128)</b>
Cash and cash equivalents:		
Beginning of year	4,163,475	13,662,603
End of year	\$ 7,563,615	\$ 4,163,475
Supplemental schedule of noncash investing activities:		
Transfer of investments to satisfy due to affiliate	\$ -	\$ 4,032,536

See notes to financial statements.

[Redacted]

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**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies**

**Nature of activities:** [Redacted] or the Company) was formed as a [Redacted] and provisions of the Internal Revenue Code (IRC) in April 1973. [Redacted] organization with the mission to create solutions that transform health and improve the quality of healthcare. [Redacted] is a subsidiary of [Redacted]

[Redacted] works with healthcare providers across the continuum of care to create sustainable and cost-effective programs, improved care delivery processes and learning opportunities that improve patient outcomes.

A summary of [Redacted] significant accounting policies follows:

**Basis of accounting:** The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenue is recognized when earned and expenses are recognized when incurred.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the [Redacted] Topic of the FASB Accounting Standards Codification (ASC), [Redacted] is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of [Redacted] pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2020 and 2019.

**Revenue and cost recognition:** Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. [Redacted] provides currently for all known or anticipated losses on contracts. [Redacted] bills federal and state governments in conformity with government contract schedules. [Redacted] defers the recognition of revenue when fees received from these government contracts are in advance of the services performed by [Redacted]

**Cash and cash equivalents:** Cash and cash equivalents include all cash balances and highly liquid debt instruments purchased with a maturity of three months or less and designated to fund operations.

**Credit risk:** [Redacted] has deposits in a financial institution in excess of federally insured amounts. [Redacted] has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of [Redacted] accounts receivable and revenue are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Accounts receivable:** Accounts receivable are carried at their original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. [Redacted] ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, [Redacted] client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding for more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

**Investments:** Investment securities are carried at fair value. [Redacted] invests in a professionally managed portfolio that contains fixed income securities. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the statements of activities. Cash, money market funds and certificates of deposit included in investments are carried at cost, which approximate fair value.

[Redacted] invests in a professionally managed portfolio that contains government bonds, and money market funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near-term would materially affect investment balances and the amounts reported in the financial statements.

**Property and equipment:** [Redacted] capitalizes all property and equipment purchases of \$2,500 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

Asset Description	Life (Years)
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

\* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Valuation of long-lived assets:** [Redacted] accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2020 and 2019.

**Deferred rent:** Rent expense on operating leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the statements of financial position.

**Functional allocation of expenses:** The costs of providing various program and supporting activities have been presented on a detailed basis in the statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based on modified total direct costs and total labor dollars, respectively.

**Income taxes:** [Redacted] is exempt from federal income taxes under Section 501(c)(3) of the IRC. Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. [Redacted] had no material unrelated business income for the years ended June 30, 2020 and 2019.

[Redacted] adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this policy, [Redacted] may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated [Redacted] tax positions and has concluded that [Redacted] has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance.

Generally, [Redacted] is no longer subject to income tax examinations for the U.S. federal, state or local tax authorities for years before June 30, 2017.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Indirect expenses:** Indirect costs are billed to U.S. government and state agency contracts based on a provisional billing rate negotiated with the [Redacted] who oversee the [Redacted]. Payments to [Redacted] from HHS are provisional and subject to adjustment upon audit. [Redacted] has been audited by [Redacted] through 2016. During the years ended June 30, 2020 and 2019, [Redacted] indirect cost rates were calculated based on modified total direct cost.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Allocation of expenses/due from (to) affiliates:** [Redacted] incurs expenses associated with [Redacted] which are related entities. These expenses are allocated based upon allocation methodologies approved by the Defense Contractor Audit Agency (DCAA). The balance of these expenses which have not been repaid by related parties are included in due from affiliate in the statements of financial position. Payment of the balance is expected to occur during the year ending June 30, 2021. [Redacted] received \$75,674 of intercompany cost transfers from [Redacted] or the year ended June 30, 2019. For the year ended June 30, 2019, [Redacted] made intercompany cost transfers to [Redacted] totaling \$904,776 to fund operations and investments in grants. There were no intercompany cost transfers made during the year ended June 30, 2020.

**Reclassification:** Certain 2019 amounts have been reclassified to conform to the 2020 presentation. These reclassifications have no effect on the previously reported net assets or change in net assets.

**Recent accounting pronouncements:** In May 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods and services to customers. ASU 2014-09 replaces most existing revenue recognition guidance in GAAP. The ASU also requires expanded disclosures relating to the nature, amount, timing and uncertainty of revenue and cash flows from contracts with customers. In June 2020, the FASB issued ASU 2020-05, *Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities*. In the ASU, the FASB provided one-year effective date deferrals for certain entities. ASU 2014-09 is now effective for the fiscal year beginning July 1, 2020. [Redacted] is currently in the process of evaluating the impact of the new accounting guidance on its financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. As a result of the aforementioned ASU 2020-05, ASU 2016-02 is now effective for the fiscal year beginning July 1, 2021. [Redacted] is currently in the process of evaluating the impact of the new accounting guidance on its financial statements.

In June 2018, the FASB issued ASU 2018-08, [Redacted] (*Topic 958*): *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU clarifies the guidance for evaluating whether a transaction is reciprocal (i.e., an exchange transaction) or nonreciprocal (i.e., a contribution) and for distinguishing between conditional and unconditional contributions. The ASU also clarifies the guidance used by entities other than not-for-profits to identify and account for contributions made. When the Company is the resource provider, the ASU is applicable to contributions made beginning July 1, 2020. The impact of adopting ASU 2018-08 on the Company's consolidated financial statements for subsequent periods has not yet been determined.

**Litigation:** [Redacted] has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by [Redacted]. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on [Redacted] financial position, activities or cash flows.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Uncertainties:** On January 30, 2020, the World Health Organization declared the coronavirus (COVID-19) outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantine in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries. It is unknown how long these conditions will last and what the complete financial effect will be on [REDACTED]. The extent of the impact of COVID-19 on [REDACTED] operations and financial performance are uncertain and cannot be predicted. Management is continually monitoring the impact of COVID-19.

**Subsequent events:** [REDACTED] has evaluated subsequent events through September 17, 2020, which is the date the financial statements were available to be issued.

**Note 2. Liquidity and Availability**

[REDACTED] is primarily supported by contracted service fees. As part of [REDACTED] liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, [REDACTED] has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the statements of financial position, are comprised of the following as at June 30, 2020 and 2019:

	2020	2019
Cash and cash equivalents	\$ 7,563,615	\$ 4,163,475
Accounts receivable, net	1,824,102	3,075,154
Investments	7,721,842	10,063,415
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 17,109,559</u>	<u>\$ 17,302,044</u>

**Note 3. Accounts Receivable**

Accounts receivable, net consists of the following at June 30, 2020 and 2019:

	2020	2019
Billed contract receivables	\$ 2,242,478	\$ 3,125,020
Unbilled contract receivables	544,866	913,376
	2,787,344	4,038,396
Less allowance for doubtful accounts	(963,242)	(963,242)
	<u>\$ 1,824,102</u>	<u>\$ 3,075,154</u>

**Notes to Financial Statements**

**Note 4. Property and Equipment**

Property and equipment, net consists of the following at June 30, 2020 and 2019:

	2020	2019
Leasehold improvements	\$ 43,428	\$ 43,428
Furniture and fixtures	96,168	96,168
Office equipment	32,732	19,286
Computer hardware	7,418	7,418
	<u>179,746</u>	<u>166,300</u>
Less accumulated depreciation	(153,189)	(141,642)
	<u>\$ 26,557</u>	<u>\$ 24,658</u>

Depreciation was \$11,547 and \$14,155 for the years ended June 30, 2020 and 2019, respectively.

**Note 5. Investments**

In March 2019, pursuant to a plan approved by the Board of Directors, [Redacted] purchased investments with available cash.

Investments consist of the following at June 30, 2020 and 2019:

Description	2020		2019	
	Cost	Fair Value	Cost	Fair Value
Cash and money market funds	\$ 2,680,724	\$ 2,680,724	\$ 2,544,494	\$ 2,544,494
Government bonds	5,058,023	5,041,118	7,480,020	7,518,921
	<u>\$ 7,738,747</u>	<u>\$ 7,721,842</u>	<u>\$ 10,024,514</u>	<u>\$ 10,063,415</u>

Investment income consists of the following for the years ended June 30, 2020 and 2019:

	2020	2019
Interest and dividends, net of fees	\$ 190,459	\$ 149,075
Net realized and unrealized gain on investments	2,817	41,373
	<u>\$ 193,276</u>	<u>\$ 190,448</u>

**Note 6. Revolving Note Agreement**

[Redacted] has a revolving note agreement with a financial institution, which is collateralized by [Redacted] accounts receivable and certain receivables of its affiliates. Under the agreement, [Redacted] may borrow up to \$7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (1.91% and 4.19% at June 30, 2020 and 2019, respectively). As of June 30, 2020 and 2019, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

**Notes to Financial Statements**

**Note 7. Employee Benefit Plans**

participates in a defined contribution pension plan, the Money Purchase Pension Plan, covering substantially all of its employees. contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were \$505,901 and \$586,330 for the years ended June 30, 2020 and 2019, respectively.

also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

**Note 8. Leases**

leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through July 2023. The future minimum rental commitments under non-cancelable operating leases noted below represent expenses that are owed directly by. Rent expense, including portions allocated to indirect costs, was \$298,702 and \$379,760 for the years ended June 30, 2020 and 2019, respectively.

The future minimum lease payments at June 30, 2020, are as follows:

Years ending June 30:	
2021	\$ 295,234
2022	175,068
2023	160,321
2024	7,091
	\$ 637,714

**Note 9. Medical Benefit Self-Insurance Program**

is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of \$75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. At June 30, 2020 and 2019, the portion of the accrual for claims incurred but not yet reported allocated to based on covered employees was \$206,156 and \$159,265, respectively, and the related expense was \$1,026,829 and \$1,011,366, respectively, which is recorded as a component of fringe benefits in the statements of activities.

**Note 10. Fair Value Measurements**

has adopted guidance issued by the FASB which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

**Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed mutual funds.



**Notes to Financial Statements**

**Note 10. Fair Value Measurements (Continued)**

**Level 2:** Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include certificates of deposit, corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.

**Level 3:** Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. [Redacted] assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The following section describes the valuation techniques used by [Redacted]

**Level 1:** [Redacted] has no Level 1 financial instruments as of June 30, 2020 or 2019.

**Level 2:** Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.

**Level 3:** [Redacted] has no Level 3 financial instruments as of June 30, 2020 or 2019.

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2020:

	Total	Level 1	Level 2	Level 3
Government bonds	\$ 5,041,118	\$ -	\$ 5,041,118	\$ -
<b>Total</b>	<b>\$ 5,041,118</b>	<b>\$ -</b>	<b>\$ 5,041,118</b>	<b>\$ -</b>

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2019:

	Total	Level 1	Level 2	Level 3
Government bonds	\$ 7,518,921	\$ -	\$ 7,518,921	\$ -
<b>Total</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>

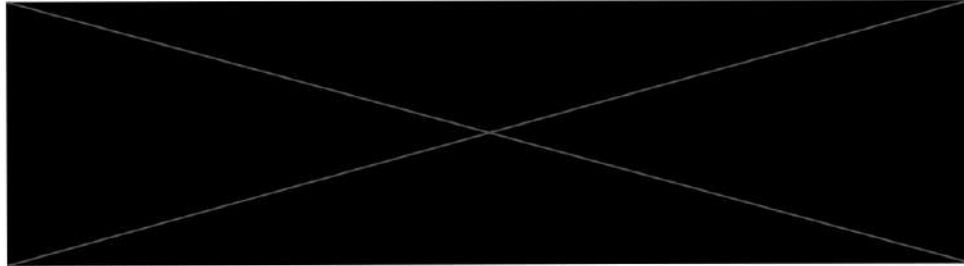
The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, \$2,680,724 and \$2,544,494 of cash and money market funds held in [Redacted] investment portfolio at June 30, 2020 and 2019, respectively, have been excluded from this table.



**Notes to Financial Statements**

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**Note 11. Note Payable**





Financial Report  
June 30, 2019

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RSM US LLP

## Independent Auditor's Report

To the Board of Trustees  
[Redacted]

### Report on the Financial Statements

We have audited the accompanying financial statements of [Redacted] which comprise the statements of financial position as of June 30, 2019 and 2018, the related statements of activities and cash flows for the years then ended, the statement of functional expenses for the year ended June 30, 2019 and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of [Redacted] as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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**Emphasis of Matter**

As disclosed in Note 1 to the financial statements, [REDACTED] adopted the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The adoption of this standard resulted in additional disclosures, the presentation of the statement of functional expenses and changes to the classification of net assets.

*RSM VS LLP*

[REDACTED]  
October 22, 2019



**Statements of Financial Position  
 June 30, 2019 and 2018**

	2019	2018
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 4,163,475	\$ 13,662,603
Accounts receivable, net	3,075,154	4,456,364
Investments	10,063,415	-
Prepaid expenses and other current assets	137,699	132,454
Due from affiliate	1,954,059	804,164
<b>Total current assets</b>	<b>19,393,802</b>	<b>19,055,585</b>
Property and equipment, net	24,658	29,133
Deposits	27,073	68,965
<b>Total assets</b>	<b>\$ 19,445,533</b>	<b>\$ 19,153,683</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 383,898	\$ 679,247
Accrued salaries and related expenses	534,318	1,009,568
Accrued vacation	619,385	647,959
Deferred rent	49,830	57,112
Provision for insurance claims	159,265	153,737
<b>Total current liabilities</b>	<b>1,746,696</b>	<b>2,547,623</b>
Commitments and contingencies		
Net assets:		
Without donor restrictions	17,698,837	16,606,060
<b>Total net assets</b>	<b>17,698,837</b>	<b>16,606,060</b>
<b>Total liabilities and net assets</b>	<b>\$ 19,445,533</b>	<b>\$ 19,153,683</b>

See notes to financial statements.



**Statements of Activities**  
**Years Ended June 30, 2019 and 2018**

	2019	2018
Contract revenue	<b>\$ 18,920,045</b>	\$ 23,280,118
Direct expenses:		
Labor	5,442,535	6,949,777
Annual and sick leave	876,077	1,109,173
Fringe benefits	2,176,374	1,953,442
Consultants:		
Legal and accounting	21,004	29,933
Other consultants	325,025	220,637
Review subcontractors	1,728,882	3,073,658
Travel	612,249	571,431
Equipment maintenance	9,405	80,452
Office supplies	14,943	31,815
Reproduction	41,957	59,624
Occupancy	690,142	1,125,811
Recruitment	3,086	3,516
Postage	24,308	63,747
Telephone	65,682	95,070
Meeting costs	13,601	23,872
Subscriptions	-	346
Advertising	6,750	6,660
Licenses, fees and dues	48,249	56,636
Reserve for contract loss	-	161,700
<b>Total direct expenses</b>	<b>12,100,269</b>	15,617,300
Indirect expenses:		
Overhead	-	482
General and administrative	5,104,135	4,757,881
<b>Total operating expenses</b>	<b>17,204,404</b>	20,375,663
<b>Operating income</b>	<b>1,715,641</b>	2,904,455
Other income (expense):		
Intercompany cost transfers from related parties	75,674	-
Intercompany cost transfers to related parties	(904,776)	(1,750,000)
Other income	15,790	1,115
Investment income, net	190,448	31,630
<b>Total other expense, net</b>	<b>(622,864)</b>	(1,717,255)
<b>Change in net assets</b>	<b>1,092,777</b>	1,187,200
Net assets:		
Beginning of year	16,606,060	15,418,860
End of year	<b>\$ 17,698,837</b>	\$ 16,606,060

See notes to financial statements.



**Statement of Functional Expenses**  
**Year Ended June 30, 2019**  
**(With Comparative Totals for the Year Ended June 30, 2018)**

	Program		Payment Accuracy	Total	General and Administrative	2019 Total	2018 Total
Labor	\$ 940,506	\$ 4,330,838	\$ 171,191	\$ 5,442,535	\$ 2,678,468	\$ 8,121,003	\$ 9,089,426
Annual and sick leave	26,541	703,723	145,813	876,077	431,149	1,307,226	1,450,657
Fringe benefits	65,934	1,748,207	362,233	2,176,374	1,071,072	3,247,446	2,554,854
Consultants:							
Legal and accounting	-	21,004	-	21,004	10,337	31,341	39,149
Other consultants	215,802	108,955	268	325,025	159,956	484,981	288,565
Review subcontractors	-	1,453,217	275,664	1,728,882	-	1,728,882	4,019,955
Travel	11,482	595,950	4,817	612,249	301,310	913,559	747,359
Equipment maintenance	-	9,405	-	9,405	4,629	14,034	105,221
Office supplies	5,132	9,420	391	14,943	7,354	22,297	41,610
Reproduction	7,977	31,652	2,328	41,957	20,648	62,605	77,981
Occupancy	139,227	459,287	91,628	690,142	339,646	1,029,788	1,472,418
Recruitment	-	3,086	-	3,086	1,519	4,605	4,598
Postage	511	21,826	1,971	24,308	11,961	36,269	83,373
Telephone	922	60,668	4,092	65,682	32,325	98,007	124,339
Meeting costs	770	12,467	364	13,601	6,694	20,295	31,222
Subscriptions	-	-	-	-	-	-	453
Advertising	6,750	-	-	6,750	3,322	10,072	8,710
Licenses, fees and dues	5,701	42,519	29	48,249	23,745	71,994	74,073
Reserve for contract loss	-	-	-	-	-	-	161,700
<b>Total expenses</b>	\$ 1,427,255	\$ 9,612,224	\$ 1,060,789	\$ 12,100,269	\$ 5,104,135	\$ 17,204,404	\$ 20,375,663

See notes to financial statements.

**Statements of Cash Flow**  
**Years ended June 30, 2019 and 2018**

	2019	2018
Cash flows from operating activities:		
Change in net assets	\$ 1,092,777	\$ 1,187,200
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	14,155	19,313
Net realized and unrealized gain on investments	(41,373)	(2,591)
Increase in reserve for contract loss	-	161,700
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	1,381,210	(285,194)
Prepaid expenses and other current assets	(5,245)	37,718
Due from affiliate	(1,149,895)	(804,164)
Deposits	41,892	2,468
Increase (decrease) in:		
Accounts payable and accrued expenses	(295,349)	56,019
Accrued salaries and related expenses	(475,250)	242,549
Accrued vacation	(28,574)	59,918
Deferred rent	(7,282)	31,555
Provision for insurance claims	5,528	18,017
Due to affiliate	-	(670,936)
<b>Net cash provided by operating activities</b>	<b>532,594</b>	<b>53,572</b>
Cash flows from investing activities:		
Purchases of property and equipment	(9,680)	(14,066)
Purchases of investments	(10,022,042)	(1,975)
<b>Net cash used in investing activities</b>	<b>(10,031,722)</b>	<b>(16,041)</b>
<b>Net (decrease) increase in cash and cash equivalents</b>	<b>(9,499,128)</b>	<b>37,531</b>
Cash and cash equivalents:		
Beginning of year	13,662,603	13,625,072
End of year	\$ 4,163,475	\$ 13,662,603
Supplemental schedule of noncash investing activities:		
Transfer of investments to satisfy due to affiliate	\$ -	\$ 4,032,536

See notes to financial statements.

[Redacted]

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**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies**

**Nature of activities:** [Redacted] was formed as a [Redacted] Corporation and provisions of the Internal Revenue Code (IRC) in April 1973 is a private, non-profit organization with the mission to create solutions that transform health and improve the quality of healthcare. Effective March 2, 2018, the Company changed its name from [Redacted] [Redacted] is a subsidiary of [Redacted]

[Redacted] works with healthcare providers across the continuum of care to create sustainable and cost-effective programs, improved care delivery processes and learning opportunities that improve patient outcomes.

A summary of [Redacted] significant accounting policies follows:

**Basis of accounting:** The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenue is recognized when earned and expenses are recognized when incurred.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the [Redacted] Topic of the FASB Accounting Standards Codification (ASC), [Redacted] is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of [Redacted] pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2019 and 2018.

**Revenue and cost recognition:** Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. [Redacted] provides currently for all known or anticipated losses on contracts. [Redacted] bills federal and state governments in conformity with government contract schedules. [Redacted] defers the recognition of revenue when fees received from these government contracts are in advance of the services performed by [Redacted]

**Cash and cash equivalents:** Cash and cash equivalents include all cash balances and highly liquid debt instruments purchased with a maturity of three months or less and designated to fund operations.

**Credit risk:** [Redacted] has deposits in a financial institution in excess of federally insured amounts. [Redacted] has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of [Redacted] accounts receivable and revenue are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Accounts receivable:** Accounts receivable are carried at their original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. [Redacted] ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, [Redacted] client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding for more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

**Investments:** Investment securities are carried at fair value. [Redacted] invests in a professionally managed portfolio that contains fixed income securities. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the statements of activities. Cash, money market funds and certificates of deposit included in investments are carried at cost, which approximate fair value.

**Property and equipment:** [Redacted] capitalizes all property and equipment purchases of \$1,000 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

Asset Description	Life (Years)
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

\* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

**Valuation of long-lived assets:** [Redacted] accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2019 and 2018.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Deferred rent:** Rent expense on operating leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the statements of financial position.

**Functional allocation of expenses:** The costs of providing various program and supporting activities have been presented on a detailed basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based on modified total direct costs and total labor dollars, respectively.

**Income taxes:** [Redacted] is exempt from federal income taxes under Section 501(c)(3) of the IRC. Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. [Redacted] had no material unrelated business income for the years ended June 30, 2019 and 2018.

[Redacted] adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this policy, [Redacted] may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated [Redacted] tax positions and has concluded that [Redacted] has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance.

Generally, [Redacted] is no longer subject to income tax examinations for the U.S. federal, state or local tax authorities for years before June 30, 2016.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Indirect expenses:** Indirect costs are billed to U.S. government and state agency contracts based on a provisional billing rate negotiated with the [Redacted] who oversee the [Redacted]. Payments to [Redacted] are provisional and subject to adjustment upon audit. [Redacted] has been audited by [Redacted] through 2012. During the years ended June 30, 2019 and 2018, [Redacted] indirect cost rates were calculated based on modified total direct cost.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Allocation of expenses/due from (to) affiliates:** [Redacted] incurs expenses associated with [Redacted]

which are related entities. These expenses are allocated based upon allocation methodologies approved by the Defense Contractor Audit Agency (DCAA). The balance of these expenses which have not been repaid by related parties are included in due from affiliate in the statements of financial position. Payment of the balance is expected to occur during the year ending June 30, 2019. [Redacted] received \$75,674 of intercompany cost transfers from [Redacted] for the year ended June 30, 2019. There were no intercompany cost transfers from any related entities for the year ended June 30, 2018. For the years ended June 30, 2019 and 2018, [Redacted] made intercompany cost transfers to [Redacted] totaling \$904,776 and \$1,750,000 to fund operations and investments in grants.

**Accounting pronouncements adopted:** In August 2016, the FASB issued Accounting Standards Update (ASU) 2016-14, [Redacted]: *Presentation of Financial Statements of [Redacted]*. The amendments in this ASU make improvements to the information provided in financial statements and accompanying notes of not-for-profit entities. The amendments set forth the FASB's improvements to net asset classification requirements and the information presented about a not-for-profit entity's liquidity, financial performance, and cash flows. [Redacted] has implemented ASU 2016-14 and has adjusted the presentation of its financial statements accordingly. As permitted by the ASU, [Redacted] has presented the statement of functional expenses and liquidity and availability disclosures for 2019 only.

**Recent accounting pronouncements:** In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This standard outlines a single comprehensive model for companies to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The core principle of the revenue model is that revenue is recognized when a customer obtains control of a good or service. A customer obtains control when it has the ability to direct the use of and obtain the benefits from the good or service. Transfer of control is not the same as transfer of risks and rewards, as it is considered in current guidance. [Redacted] will also need to apply new guidance to determine whether revenue should be recognized over time or at a point in time. ASU 2014-09, as deferred by ASU 2015-14, will be effective for annual reporting periods beginning July 1, 2019, using either of two methods: (a) retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within ASU 2014-09, or (b) retrospective with the cumulative effect of initially applying ASU 2014-09 recognized at the date of initial application and providing certain additional disclosures as defined in ASU 2014-09. [Redacted] has not yet selected a transition method and is currently evaluating the impact of the pending adoption of ASU 2014-09 on its financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. The new standard is effective for [Redacted] for the fiscal year beginning July 1, 2020. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. [Redacted] is currently evaluating the impact of our pending adoption of the new standard on its financial statements.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Litigation:** [Redacted] has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by [Redacted]. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on [Redacted] financial position, activities or cash flows.

**Subsequent events:** [Redacted] has evaluated subsequent events through October 22, 2019, which is the date the financial statements were available to be issued.

**Note 2. Liquidity and Availability**

[Redacted] is primarily supported by contracted service fees. As part of [Redacted] liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, [Redacted] has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the statements of financial position, are comprised of the following as at June 30, 2019:

	<u>2019</u>
Cash and cash equivalents	\$ 4,163,475
Accounts receivable, net	3,075,154
Investments	<u>10,063,415</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 17,302,044</u>

**Note 3. Accounts Receivable**

Accounts receivable, net consists of the following at June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Billed contract receivables	\$ 3,125,020	\$ 4,499,755
Unbilled contract receivables	913,376	919,852
	4,038,396	5,419,607
Less allowance for doubtful accounts	(963,242)	(963,243)
	<u>\$ 3,075,154</u>	<u>\$ 4,456,364</u>

**Notes to Financial Statements**

**Note 4. Property and Equipment**

Property and equipment, net consists of the following at June 30, 2019 and 2018:

	2019	2018
Leasehold improvements	\$ 43,428	\$ 94,311
Furniture and fixtures	96,168	107,282
Office equipment	19,286	21,666
Computer hardware	7,418	20,263
	<u>166,300</u>	<u>243,522</u>
Less accumulated depreciation	(141,642)	(214,389)
	<u>\$ 24,658</u>	<u>\$ 29,133</u>

Depreciation was \$14,155 and \$19,313 for the years ended June 30, 2019 and 2018, respectively, of which \$2,630 and \$2,946, respectively, is included in office rent and \$11,525 and \$16,367, respectively, is included in general and administrative expense in the statements of activities.

**Note 5. Investments**

In March 2019, pursuant to a plan approved by the Board of Directors, [Redacted] purchased investments with available cash.

Investments consist of the following at June 30, 2019:

Description	Cost	Fair Value
Cash and money market funds	\$ 2,544,494	\$ 2,544,494
Government bonds	7,480,020	7,518,921
	<u>\$ 10,024,514</u>	<u>\$ 10,063,415</u>

Investment income consists of the following for the years ended June 30, 2019 and 2018:

	2019	2018
Interest and dividends, net of fees	\$ 149,075	\$ 29,039
Net realized and unrealized gain on investments	41,373	2,591
	<u>\$ 190,448</u>	<u>\$ 31,630</u>



**Notes to Financial Statements**

**Note 6. Revolving Note Agreement**

along with its subsidiaries has a revolving note agreement with a financial institution, which is collateralized by accounts receivable and certain receivables of its affiliates. Under the agreement, may borrow up to \$7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (4.19% and 3.81% at June 30, 2019 and 2018, respectively). As of June 30, 2019 and 2018, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

**Note 7. Employee Benefit Plans**

participates in a defined contribution pension plan, the Money Purchase Pension Plan, covering substantially all of its employees. contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were \$586,330 and \$516,494 for the years ended June 30, 2019 and 2018, respectively.

also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

**Note 8. Leases**

leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through July 2023. The future minimum rental commitments under non-cancelable operating leases noted below represent expenses that are owed directly by. Rent expense, including portions allocated to indirect costs, was \$379,760 and \$616,009 for the years ended June 30, 2019 and 2018, respectively.

The future minimum lease payments at June 30, 2019, are as follows:

Years ending June 30:	
2020	\$ 286,817
2021	295,234
2022	175,068
2023	160,321
2024	7,091
	<u>\$ 924,531</u>

**Note 9. Medical Benefit Self-Insurance Program**

is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of \$75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. At June 30, 2019 and 2018, the portion of the accrual for claims incurred but not yet reported allocated to based on covered employees was \$159,265 and \$153,737, respectively, and the related expense was \$1,011,366 and \$772,153, respectively, which is recorded as a component of fringe benefits in the statements of activities.

**Notes to Financial Statements**

**Note 10. Fair Value Measurements**

█ has adopted guidance issued by the FASB which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

- Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed mutual funds.
- Level 2:** Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include certificates of deposit, corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.
- Level 3:** Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. █ assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The following section describes the valuation techniques used by █

- Level 1:** █ has no Level 1 financial instruments as of June 30, 2019. Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2:** Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.
- Level 3:** █ has no Level 3 financial instruments as of June 30, 2019 or 2018.

The tables below present the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2019:

	Total	Level 1	Level 2	Level 3
Government bonds	\$ 7,518,921	\$ -	\$ 7,518,921	\$ -
<b>Total</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>

The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, \$2,544,454 of cash and money market funds held in █ investment portfolio at June 30, 2019, have been excluded from this table.



Financial Report  
June 30, 2019

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RSM US LLP

## Independent Auditor's Report

To the Board of Trustees  
[Redacted]

### Report on the Financial Statements

We have audited the accompanying financial statements of [Redacted] which comprise the statements of financial position as of June 30, 2019 and 2018, the related statements of activities and cash flows for the years then ended, the statement of functional expenses for the year ended June 30, 2019 and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of [Redacted] as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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**Emphasis of Matter**

As disclosed in Note 1 to the financial statements, [REDACTED] adopted the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, [REDACTED] *Entities (Topic 958): Presentation of Financial Statements of [REDACTED]*. The adoption of this standard resulted in additional disclosures, the presentation of the statement of functional expenses and changes to the classification of net assets.

*RSM VS LLP*

[REDACTED]  
October 22, 2019



**Statements of Financial Position  
 June 30, 2019 and 2018**

	2019	2018
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 4,163,475	\$ 13,662,603
Accounts receivable, net	3,075,154	4,456,364
Investments	10,063,415	-
Prepaid expenses and other current assets	137,699	132,454
Due from affiliate	1,954,059	804,164
<b>Total current assets</b>	<b>19,393,802</b>	<b>19,055,585</b>
Property and equipment, net	24,658	29,133
Deposits	27,073	68,965
<b>Total assets</b>	<b>\$ 19,445,533</b>	<b>\$ 19,153,683</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 383,898	\$ 679,247
Accrued salaries and related expenses	534,318	1,009,568
Accrued vacation	619,385	647,959
Deferred rent	49,830	57,112
Provision for insurance claims	159,265	153,737
<b>Total current liabilities</b>	<b>1,746,696</b>	<b>2,547,623</b>
Commitments and contingencies		
Net assets:		
Without donor restrictions	17,698,837	16,606,060
<b>Total net assets</b>	<b>17,698,837</b>	<b>16,606,060</b>
<b>Total liabilities and net assets</b>	<b>\$ 19,445,533</b>	<b>\$ 19,153,683</b>

See notes to financial statements.

**Statements of Activities**  
**Years Ended June 30, 2019 and 2018**

	2019	2018
Contract revenue	<u>\$ 18,920,045</u>	<u>\$ 23,280,118</u>
Direct expenses:		
Labor	5,442,535	6,949,777
Annual and sick leave	876,077	1,109,173
Fringe benefits	2,176,374	1,953,442
Consultants:		
Legal and accounting	21,004	29,933
Other consultants	325,025	220,637
Review subcontractors	1,728,882	3,073,658
Travel	612,249	571,431
Equipment maintenance	9,405	80,452
Office supplies	14,943	31,815
Reproduction	41,957	59,624
Occupancy	690,142	1,125,811
Recruitment	3,086	3,516
Postage	24,308	63,747
Telephone	65,682	95,070
Meeting costs	13,601	23,872
Subscriptions	-	346
Advertising	6,750	6,660
Licenses, fees and dues	48,249	56,636
Reserve for contract loss	-	161,700
<b>Total direct expenses</b>	<u>12,100,269</u>	<u>15,617,300</u>
Indirect expenses:		
Overhead	-	482
General and administrative	5,104,135	4,757,881
<b>Total operating expenses</b>	<u>17,204,404</u>	<u>20,375,663</u>
<b>Operating income</b>	<u>1,715,641</u>	<u>2,904,455</u>
Other income (expense):		
Intercompany cost transfers from related parties	75,674	-
Intercompany cost transfers to related parties	(904,776)	(1,750,000)
Other income	15,790	1,115
Investment income, net	190,448	31,630
<b>Total other expense, net</b>	<u>(622,864)</u>	<u>(1,717,255)</u>
<b>Change in net assets</b>	<u>1,092,777</u>	<u>1,187,200</u>
Net assets:		
Beginning of year	<u>16,606,060</u>	<u>15,418,860</u>
End of year	<u>\$ 17,698,837</u>	<u>\$ 16,606,060</u>

See notes to financial statements.



**Statement of Functional Expenses  
Year Ended June 30, 2019  
(With Comparative Totals for the Year Ended June 30, 2018)**

	Program					2019 Total	2018 Total
		Payment Accuracy	Total	General and Administrative			
Labor	\$ 940,506	\$ 4,330,838	\$ 171,191	\$ 2,678,468	\$ 8,121,003	\$ 9,089,426	
Annual and sick leave	26,541	703,723	145,813	431,149	1,307,226	1,450,657	
Fringe benefits	65,934	1,748,207	362,233	1,071,072	3,247,446	2,554,854	
Consultants:							
Legal and accounting	-	21,004	-	10,337	31,341	39,149	
Other consultants	215,802	108,955	268	159,956	484,981	288,565	
Review subcontractors	-	1,453,217	275,664	-	1,728,882	4,019,955	
Travel	11,482	595,950	4,817	301,310	913,559	747,359	
Equipment maintenance	-	9,405	-	4,629	14,034	105,221	
Office supplies	5,132	9,420	391	7,354	22,297	41,610	
Reproduction	7,977	31,652	2,328	20,648	62,605	77,981	
Occupancy	139,227	459,287	91,628	339,646	1,029,788	1,472,418	
Recruitment	-	3,086	-	1,519	4,605	4,598	
Postage	511	21,826	1,971	11,961	36,269	83,373	
Telephone	922	60,688	4,092	32,325	98,007	124,339	
Meeting costs	770	12,487	364	6,694	20,295	31,222	
Subscriptions	-	-	-	-	-	453	
Advertising	6,750	-	-	3,322	10,072	8,710	
Licenses, fees and dues	5,701	42,519	29	23,745	71,994	74,073	
Reserve for contract loss	-	-	-	-	-	161,700	
<b>Total expenses</b>	<b>\$ 1,427,255</b>	<b>\$ 9,612,224</b>	<b>\$ 1,060,789</b>	<b>\$ 5,104,135</b>	<b>\$ 17,204,404</b>	<b>\$ 20,375,663</b>	

See notes to financial statements.

**Statements of Cash Flow**  
**Years ended June 30, 2019 and 2018**

	2019	2018
Cash flows from operating activities:		
Change in net assets	\$ 1,092,777	\$ 1,187,200
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	14,155	19,313
Net realized and unrealized gain on investments	(41,373)	(2,591)
Increase in reserve for contract loss	-	161,700
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	1,381,210	(285,194)
Prepaid expenses and other current assets	(5,245)	37,718
Due from affiliate	(1,149,895)	(804,164)
Deposits	41,892	2,468
Increase (decrease) in:		
Accounts payable and accrued expenses	(295,349)	56,019
Accrued salaries and related expenses	(475,250)	242,549
Accrued vacation	(28,574)	59,918
Deferred rent	(7,282)	31,555
Provision for insurance claims	5,528	18,017
Due to affiliate	-	(670,936)
<b>Net cash provided by operating activities</b>	<b>532,594</b>	<b>53,572</b>
Cash flows from investing activities:		
Purchases of property and equipment	(9,680)	(14,066)
Purchases of investments	(10,022,042)	(1,975)
<b>Net cash used in investing activities</b>	<b>(10,031,722)</b>	<b>(16,041)</b>
<b>Net (decrease) increase in cash and cash equivalents</b>	<b>(9,499,128)</b>	<b>37,531</b>
Cash and cash equivalents:		
Beginning of year	13,662,603	13,625,072
End of year	\$ 4,163,475	\$ 13,662,603
Supplemental schedule of noncash investing activities:		
Transfer of investments to satisfy due to affiliate	\$ -	\$ 4,032,536

See notes to financial statements.

[Redacted]

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**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies**

**Nature of activities:** [Redacted] (the Company) was formed as a [Redacted] Corporation and provisions of the Internal Revenue Code (IRC) in [Redacted] organization with the mission to create solutions that transform health and improve the quality of healthcare. Effective March 2, 2018, the Company changed its name from [Redacted]

[Redacted] works with healthcare providers across the continuum of care to create sustainable and cost-effective programs, improved care delivery processes and learning opportunities that improve patient outcomes.

A summary of [Redacted] significant accounting policies follows:

**Basis of accounting:** The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenue is recognized when earned and expenses are recognized when incurred.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the Not-for-Profit Entities Topic of the FASB Accounting Standards Codification (ASC), [Redacted] is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of [Redacted] pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2019 and 2018.

**Revenue and cost recognition:** Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. [Redacted] provides currently for all known or anticipated losses on contracts. [Redacted] bills federal and state governments in conformity with government contract schedules. [Redacted] defers the recognition of revenue when fees received from these government contracts are in advance of the services performed by [Redacted]

**Cash and cash equivalents:** Cash and cash equivalents include all cash balances and highly liquid debt instruments purchased with a maturity of three months or less and designated to fund operations.

**Credit risk:** [Redacted] has deposits in a financial institution in excess of federally insured amounts. [Redacted] has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of [Redacted] accounts receivable and revenue are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Accounts receivable:** Accounts receivable are carried at their original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. [Redacted] ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, [Redacted] client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding for more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

**Investments:** Investment securities are carried at fair value. [Redacted] invests in a professionally managed portfolio that contains fixed income securities. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the statements of activities. Cash, money market funds and certificates of deposit included in investments are carried at cost, which approximate fair value.

**Property and equipment:** [Redacted] capitalizes all property and equipment purchases of \$1,000 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

Asset Description	Life (Years)
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

\* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

**Valuation of long-lived assets:** [Redacted] accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2019 and 2018.

[Redacted]

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**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Deferred rent:** Rent expense on operating leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the statements of financial position.

**Functional allocation of expenses:** The costs of providing various program and supporting activities have been presented on a detailed basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based on modified total direct costs and total labor dollars, respectively.

**Income taxes:** [Redacted] is exempt from federal income taxes under Section 501(c)(3) of the IRC. Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. [Redacted] had no material unrelated business income for the years ended June 30, 2019 and 2018.

[Redacted] adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this policy, [Redacted] may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated [Redacted] tax positions and has concluded that [Redacted] has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance.

Generally, [Redacted] is no longer subject to income tax examinations for the U.S. federal, state or local tax authorities for years before June 30, 2016.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Indirect expenses:** Indirect costs are billed to U.S. government and state agency contracts based on a provisional billing rate negotiated with the [Redacted] who oversee the [Redacted]. Payments to [Redacted] are provisional and subject to adjustment upon audit. [Redacted] through 2012. During the years ended June 30, 2019 and 2018, [Redacted] indirect cost rates were calculated based on modified total direct cost.

[Redacted]

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**Notes to Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Allocation of expenses/due from (to) affiliates:** [Redacted]

[Redacted] which are related entities. These expenses are allocated based upon allocation methodologies approved by the Defense Contractor Audit Agency (DCAA). The balance of these expenses which have not been repaid by related parties are included in due from affiliate in the statements of financial position. Payment of the balance is expected to occur during the year ending June 30, 2019. [Redacted] received \$75,674 of intercompany cost transfers from [Redacted] for the year ended June 30, 2019. There were no intercompany cost transfers from any related entities for the year ended June 30, 2018. For the years ended June 30, 2019 and 2018, [Redacted] made intercompany cost transfers to [Redacted] totaling \$904,776 and \$1,750,000 to fund operations and investments in grants.

**Accounting pronouncements adopted:** In August 2016, the FASB issued Accounting Standards Update (ASU) 2016-14, [Redacted] *Presentation of Financial Statements of Not-for-Profit Entities*. The amendments in this ASU make improvements to the information provided in financial statements and accompanying notes of not-for-profit entities. The amendments set forth the FASB's improvements to net asset classification requirements and the information presented about a not-for-profit entity's liquidity, financial performance, and cash flows. [Redacted] has implemented ASU 2016-14 and has adjusted the presentation of its financial statements accordingly. As permitted by the ASU, [Redacted] has presented the statement of functional expenses and liquidity and availability disclosures for 2019 only.

**Recent accounting pronouncements:** In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This standard outlines a single comprehensive model for companies to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The core principle of the revenue model is that revenue is recognized when a customer obtains control of a good or service. A customer obtains control when it has the ability to direct the use of and obtain the benefits from the good or service. Transfer of control is not the same as transfer of risks and rewards, as it is considered in current guidance. [Redacted] will also need to apply new guidance to determine whether revenue should be recognized over time or at a point in time. ASU 2014-09, as deferred by ASU 2015-14, will be effective for annual reporting periods beginning July 1, 2019, using either of two methods: (a) retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within ASU 2014-09, or (b) retrospective with the cumulative effect of initially applying ASU 2014-09 recognized at the date of initial application and providing certain additional disclosures as defined in ASU 2014-09. [Redacted] has not yet selected a transition method and is currently evaluating the impact of the pending adoption of ASU 2014-09 on its financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. The new standard is effective for [Redacted] for the fiscal year beginning July 1, 2020. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. [Redacted] is currently evaluating the impact of our pending adoption of the new standard on its financial statements.

**Notes to Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Litigation:** [Redacted] has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by [Redacted]. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on [Redacted] financial position, activities or cash flows.

**Subsequent events:** [Redacted] has evaluated subsequent events through October 22, 2019, which is the date the financial statements were available to be issued.

**Note 2. Liquidity and Availability**

[Redacted] is primarily supported by contracted service fees. As part of [Redacted] liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, [Redacted] has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the statements of financial position, are comprised of the following as at June 30, 2019:

	<u>2019</u>
Cash and cash equivalents	\$ 4,163,475
Accounts receivable, net	3,075,154
Investments	<u>10,063,415</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 17,302,044</u>

**Note 3. Accounts Receivable**

Accounts receivable, net consists of the following at June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Billed contract receivables	\$ 3,125,020	\$ 4,499,755
Unbilled contract receivables	913,376	919,852
	4,038,396	5,419,607
Less allowance for doubtful accounts	(963,242)	(963,243)
	<u>\$ 3,075,154</u>	<u>\$ 4,456,364</u>

**Notes to Financial Statements**

**Note 4. Property and Equipment**

Property and equipment, net consists of the following at June 30, 2019 and 2018:

	2019	2018
Leasehold improvements	\$ 43,428	\$ 94,311
Furniture and fixtures	96,168	107,282
Office equipment	19,286	21,666
Computer hardware	7,418	20,263
	<u>166,300</u>	<u>243,522</u>
Less accumulated depreciation	(141,642)	(214,389)
	<u>\$ 24,658</u>	<u>\$ 29,133</u>

Depreciation was \$14,155 and \$19,313 for the years ended June 30, 2019 and 2018, respectively, of which \$2,630 and \$2,946, respectively, is included in office rent and \$11,525 and \$16,367, respectively, is included in general and administrative expense in the statements of activities.

**Note 5. Investments**

In March 2019, pursuant to a plan approved by the Board of Directors, [Redacted] purchased investments with available cash.

Investments consist of the following at June 30, 2019:

Description	Cost	Fair Value
Cash and money market funds	\$ 2,544,494	\$ 2,544,494
Government bonds	7,480,020	7,518,921
	<u>\$ 10,024,514</u>	<u>\$ 10,063,415</u>

Investment income consists of the following for the years ended June 30, 2019 and 2018:

	2019	2018
Interest and dividends, net of fees	\$ 149,075	\$ 29,039
Net realized and unrealized gain on investments	41,373	2,591
	<u>\$ 190,448</u>	<u>\$ 31,630</u>



**Notes to Financial Statements**

**Note 6. Revolving Note Agreement**

██████████ has a revolving note agreement with a financial institution, which is collateralized by ██████████ accounts receivable and certain receivables of its affiliates. Under the agreement, ██████████ may borrow up to \$7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (4.19% and 3.81% at June 30, 2019 and 2018, respectively). As of June 30, 2019 and 2018, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

**Note 7. Employee Benefit Plans**

██████████ participates in a defined contribution pension plan, the Pension Plan, covering substantially all of its employees. ██████████ contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were \$586,330 and \$516,494 for the years ended June 30, 2019 and 2018, respectively.

██████████ also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

**Note 8. Leases**

██████████ leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through July 2023. The future minimum rental commitments under non-cancelable operating leases noted below represent expenses that are owed directly by ██████████. Rent expense, including portions allocated to indirect costs, was \$379,760 and \$616,009 for the years ended June 30, 2019 and 2018, respectively.

The future minimum lease payments at June 30, 2019, are as follows:

Years ending June 30:	
2020	\$ 286,817
2021	295,234
2022	175,068
2023	160,321
2024	7,091
	<u>\$ 924,531</u>

**Note 9. Medical Benefit Self-Insurance Program**

██████████ is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of \$75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. At June 30, 2019 and 2018, the portion of the accrual for claims incurred but not yet reported allocated to ██████████ by ██████████ based on covered employees was \$159,265 and \$153,737, respectively, and the related expense was \$1,011,366 and \$772,153, respectively, which is recorded as a component of fringe benefits in the statements of activities.

**Notes to Financial Statements**

**Note 10. Fair Value Measurements**

█ has adopted guidance issued by the FASB which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

- Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed mutual funds.
- Level 2:** Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include certificates of deposit, corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.
- Level 3:** Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. █ assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The following section describes the valuation techniques used by █

- Level 1:** █ has no Level 1 financial instruments as of June 30, 2019. Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2:** Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.
- Level 3:** █ has no Level 3 financial instruments as of June 30, 2019 or 2018.

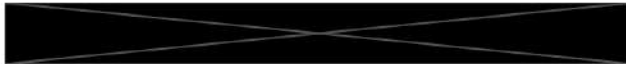
The tables below present the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2019:

	Total	Level 1	Level 2	Level 3
Government bonds	\$ 7,518,921	\$ -	\$ 7,518,921	\$ -
<b>Total</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>	<b>\$ 7,518,921</b>	<b>\$ -</b>

The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, \$2,544,454 of cash and money market funds held in █ investment portfolio at June 30, 2019, have been excluded from this table.

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**Appendix B - [Redacted] & Subsidiaries Financial Statements**



Consolidated Financial Report  
June 30, 2020

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RSM US LLP

### Independent Auditor's Report

Board of Directors



#### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of [REDACTED] which comprise the consolidated statements of financial position as of June 30, 2020 and 2019, the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of [REDACTED] as of June 30, 2020 and 2019, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*RSM US LLP*

[REDACTED]  
September 17, 2020

**Consolidated Statements of Financial Position**  
**June 30, 2020 and 2019**

	2020	2019
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 19,481,146	\$ 15,235,142
Accounts receivable, net	12,970,054	13,332,374
Investments	7,721,842	10,063,415
Prepaid expenses and other current assets	1,745,243	1,881,581
<b>Total current assets</b>	<b>41,918,285</b>	<b>40,512,512</b>
Property and equipment, net	2,967,966	3,567,347
Goodwill	609,300	-
Deposits	156,502	156,502
Investments	12,410,983	12,168,308
<b>Total assets</b>	<b>\$ 58,063,036</b>	<b>\$ 56,404,669</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 3,299,174	\$ 3,341,814
Accrued salaries and related expenses	2,933,883	3,577,325
Accrued vacation	3,404,913	3,124,090
Deferred revenue	-	144,351
Deferred rent	741,152	694,349
Provision for insurance claims	679,156	627,455
Reserve for contract loss	400,000	-
Note payable	901,800	-
<b>Total current liabilities</b>	<b>12,360,078</b>	<b>11,509,384</b>
Commitments and contingencies		
Net assets:		
Without donor restrictions	45,702,958	44,895,285
<b>Total net assets</b>	<b>45,702,958</b>	<b>44,895,285</b>
<b>Total liabilities and net assets</b>	<b>\$ 58,063,036</b>	<b>\$ 56,404,669</b>

See notes to consolidated financial statements.

**Consolidated Statements of Activities**  
**Years Ended June 30, 2020 and 2019**

	2020	2019
Contract revenue	\$ 74,582,492	\$ 77,920,615
Direct expenses:		
Labor	25,798,226	25,103,946
Annual and sick leave	3,588,374	4,019,438
Fringe benefits	8,311,134	8,141,866
Consultants:		
Legal and accounting	33,346	21,004
Other consultants	224,532	618,964
Review subcontractors	10,135,489	12,165,143
Board consultants	17,000	14,750
Travel	795,938	1,319,169
Equipment maintenance	285,545	30,927
Office supplies	20,191	38,410
Reproduction	49,963	74,266
Occupancy	2,407,093	2,544,591
Recruitment	17,669	14,472
Postage	87,952	79,591
Telephone	174,061	174,298
Meeting costs	35,393	41,998
Subscriptions	4,277	314
Advertising	25	7,437
Licenses, fees and dues	776,174	943,885
Grants	344,000	393,000
<b>Total direct expenses</b>	<b>53,106,382</b>	<b>55,747,469</b>
Indirect expenses:		
Overhead	36,925	66,843
General and administrative	20,808,813	19,488,846
<b>Total operating expenses</b>	<b>73,952,120</b>	<b>75,303,158</b>
<b>Operating income</b>	<b>630,372</b>	<b>2,617,457</b>
Other income:		
Other income	169,877	138,996
Investment income, net	7,424	669,636
<b>Total other income</b>	<b>177,301</b>	<b>808,632</b>
<b>Change in net assets</b>	<b>807,673</b>	<b>3,426,089</b>
Net assets without donor restrictions:		
Beginning of year	44,895,285	41,469,196
End of year	\$ 45,702,958	\$ 44,895,285

See notes to consolidated financial statements.



**Consolidated Statement of Functional Expenses  
Year Ended June 30, 2020**

	Program			Total	General and Administrative	Total
		Payment Accuracy				
Labor	\$ 557,850	\$ 3,942,366	\$ 21,298,010	\$ 25,798,226	\$ 12,098,635	\$ 37,896,861
Annual and sick leave	85,265	602,571	2,900,538	3,588,374	1,696,508	5,284,882
Fringe benefits	247,098	1,746,259	6,317,777	8,311,134	4,024,854	12,335,988
Consultants:						
Legal and accounting	-	10,502	22,844	33,346	16,702	50,048
Other consultants	98,048	3,726	122,758	224,532	125,752	350,284
Review subcontractors	-	799,636	9,335,853	10,135,489	432,321	10,567,810
Board consultants	17,000	-	-	17,000	3,983	20,983
Travel	2,733	310,779	482,426	795,938	413,233	1,209,171
Equipment maintenance	1,050	2,307	282,188	285,545	165,858	451,403
Office supplies	(76)	8,213	12,054	20,191	11,011	31,202
Reproduction	3,322	17,094	29,547	49,963	25,881	75,844
Occupancy	83,149	493,784	1,830,160	2,407,093	1,167,483	3,574,576
Recruitment	209	949	16,511	17,669	7,833	25,502
Postage	776	25,702	61,474	87,952	43,721	131,673
Telephone	672	51,470	121,919	174,061	86,745	260,806
Meeting costs	-	10,779	24,614	35,393	17,982	53,375
Subscriptions	-	3,875	402	4,277	2,726	7,003
Advertising	-	-	25	25	49	74
Licenses, fees and dues	6,036	42,653	727,485	776,174	423,866	1,200,040
Grants	344,000	-	-	344,000	80,595	424,595
<b>Total expenses</b>	<b>\$ 1,447,132</b>	<b>\$ 8,072,665</b>	<b>\$ 43,586,585</b>	<b>\$ 53,106,382</b>	<b>\$ 20,845,738</b>	<b>\$ 73,952,120</b>

See notes to consolidated financial statements.

**Consolidated Statement of Functional Expenses  
Year Ended June 30, 2019**

	Program			Total	General and Administrative	Total
		Payment Accuracy				
Labor	\$ 951,131	\$ 19,821,977	\$ 25,103,946	\$ 7,511,215	\$ 32,615,161	
Annual and sick leave	26,541	3,289,174	4,019,438	2,661,181	6,680,619	
Fringe benefits	65,934	6,327,725	8,141,866	5,389,406	13,531,272	
Consultants:						
Legal and accounting	-	-	21,004	13,860	34,864	
Other consultants	215,802	294,207	618,964	409,261	1,028,225	
Review subcontractors	-	10,711,926	12,165,143	-	12,165,143	
Board consultants	14,750	-	14,750	9,733	24,483	
Travel	11,482	711,737	1,319,169	872,468	2,191,637	
Equipment maintenance	-	21,522	30,927	20,469	51,396	
Office supplies	5,132	23,858	38,410	25,411	63,821	
Reproduction	9,837	32,777	74,266	49,091	123,357	
Occupancy	145,463	1,939,841	2,544,591	1,684,317	4,228,908	
Recruitment	-	11,386	14,472	9,581	24,053	
Postage	762	57,000	79,591	52,673	132,264	
Telephone	922	112,708	174,298	115,320	289,618	
Meeting costs	770	28,761	41,998	27,793	69,791	
Subscriptions	-	314	314	208	522	
Advertising	6,750	687	7,437	4,909	12,346	
Licenses, fees and dues	5,701	895,665	943,885	625,374	1,569,259	
Grants	393,000	-	393,000	73,419	466,419	
<b>Total expenses</b>	<b>\$ 1,853,977</b>	<b>\$ 44,281,265</b>	<b>\$ 55,747,469</b>	<b>\$ 19,555,689</b>	<b>\$ 75,303,158</b>	

See notes to consolidated financial statements.

**Consolidated Statements of Cash Flows**  
**Years Ended June 30, 2020 and 2019**

	2020	2019
Cash flows from operating activities:		
Change in net assets	\$ 807,673	\$ 3,426,089
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Amortization	67,700	-
Depreciation	709,198	460,870
Net realized and unrealized losses (gains) on investments	662,729	(4,055)
Reserve for contract loss	400,000	-
Changes in assets and liabilities:		
Decrease (increase) in:		
Accounts receivable	362,320	1,950,114
Prepaid expenses and other current assets	136,338	(587,945)
Deposits	-	66,945
Increase (decrease) in:		
Accounts payable and accrued expenses	(42,640)	(764,862)
Accrued salaries and related expenses	(643,442)	(1,632,965)
Accrued vacation	280,823	589,197
Deferred revenue	(144,351)	(183,602)
Deferred rent	46,803	163,348
Provision for insurance claims	51,701	(13,174)
<b>Net cash provided by operating activities</b>	<b>2,694,852</b>	<b>3,469,960</b>
Cash flows from investing activities:		
Acquisition of business	(677,000)	-
Purchases of property and equipment	(109,817)	(1,407,908)
Purchases of investments	(1,113,526)	(11,465,332)
Proceeds from sales of investments	2,549,695	31,847
<b>Net cash provided by (used in) investing activities</b>	<b>649,352</b>	<b>(12,841,393)</b>
Cash flows from financing activities:		
Proceeds from note payable	901,800	-
<b>Net cash provided by financing activities</b>	<b>901,800</b>	<b>-</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>4,246,004</b>	<b>(9,371,433)</b>
Cash and cash equivalents:		
Beginning of year	15,235,142	24,606,575
End of year	\$ 19,481,146	\$ 15,235,142

See notes to consolidated financial statements.

**Notes to Consolidated Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies**

A summary of the Company's significant accounting policies follows:

**Principles of consolidation:** The consolidated financial statements include the accounts of [Redacted] All intercompany accounts and transactions were eliminated for consolidating purposes.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the [Redacted] Topic of the FASB Accounting Standards Codification (ASC), the Company is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of the Company pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2020 and 2019.

**Revenue and cost recognition:** Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. Revenue from unit-rate contracts is recognized upon performance of the contracted service at predetermined rates. The Company provides currently for all known or anticipated losses on contracts.

**Cash and cash equivalents:** The Company considers all highly-liquid debt instruments purchased with a maturity of three months or less and designated to fund operations to be cash equivalents.

**Credit risk:** The Company has deposits in a financial institution in excess of federally insured amounts. The Company has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of the Company's contract receivables and revenues are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

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**Notes to Consolidated Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Accounts receivable:** Accounts receivable are carried at original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. The Company's ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, the Company's client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable is written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

**Property and equipment:** The Company capitalizes all property and equipment purchases of \$2,500 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

<u>Asset Description</u>	<u>Life (Years)</u>
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

\* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

**Valuation of long-lived assets:** The Company accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2020 and 2019.

[Redacted]

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**Notes to Consolidated Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

**Goodwill:** Goodwill represents the excess of the purchase price over the fair value of tangible and identifiable intangible net assets acquired in business combinations. On January 16, 2014, the FASB issued Accounting Standards Update (ASU) 2014-02, *Intangibles – Goodwill and Other (Topic 350): Accounting for Goodwill*, which provides an accounting alternative for private companies related to the subsequent accounting of goodwill. The Company has elected to adopt the accounting alternative as its accounting policy for goodwill. Under ASU 2014-02, the Company is permitted to amortize goodwill over a period not to exceed 10 years. The Company tests goodwill for impairment at the entity level. The Company may test goodwill for impairment only when there is a triggering event instead of testing it every year. The test and measurement of goodwill for impairment is performed by comparing the fair value of the entity to its carrying amount instead of performing a two-step goodwill impairment test that requires hypothetical business combination accounting for purposes of measuring an impairment loss. The assets and liabilities are recorded at their fair value and the remaining excess of fair value is the implied value of goodwill. An impairment loss is recorded to the extent that the carrying amount of the goodwill exceeds the implied fair value of that goodwill. The estimates of future cash flows and the residual values could differ from actual cash flows, which may require a provision for impairment in a future period.

Goodwill is amortized over a five-year period using the straight-line method.

**Investments:** Investment securities are carried at fair value. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the consolidated statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the consolidated statements of activities. Cash, money market funds and certificates of deposits included in investments are carried at cost, which approximates fair value. Investments classified as both current and long-term on the statements of financial position are held by [Redacted] for operational purposes. Additionally, the interest from the long-term investments may be used to fund the philanthropic activities of [Redacted].

The Company invests in a professionally managed portfolio that contains mutual funds, government bonds, exchange traded funds and money market funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near-term would materially affect investment balances and the amounts reported in the consolidated financial statements.

**Deferred rent:** Rents on operating leases are reported whereby total rent expense under the leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the consolidated statements of financial position.

**Functional allocation of expenses:** The costs of providing various program and supporting activities have been presented on a detailed basis in the consolidated statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based either a value added basis or a modified total direct cost basis and total labor dollars, respectively.





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**Notes to Consolidated Financial Statements**

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**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

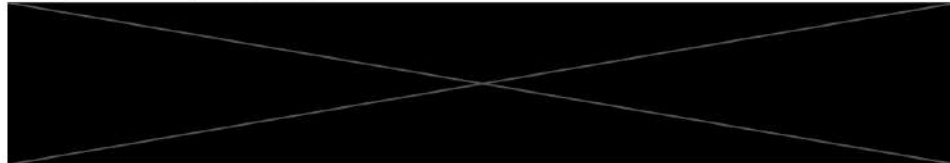
**Income taxes:** The Company, except for the for-profit subsidiary  is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue code (IRC). Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. The Company had no material unrelated business income for the years ended June 30, 2020 and 2019.  had no operational activities for the years ended June 30, 2020 and 2019.

The Company follows the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under this guidance, the Company may recognize the tax benefit from an uncertain tax position only if it is more than likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement.

The guidance on accounting for uncertainty in income taxes also addresses de-recognition classification, interest, penalties on income taxes and accounting in interim periods. Management has evaluated the Company's tax positions and has concluded that the Company has taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provision of this guidance.

Generally, the Company is no longer subject to U.S. federal, state and local income tax examinations by tax authorities for years prior to June 30, 2017.

**Use of estimates:** The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.



**Reclassification:** Certain 2019 amounts have been reclassified to conform to the 2020 presentation. These reclassifications have no effect on the previously reported net assets or change in net assets.

**Recent accounting pronouncements:** In May 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods and services to customers. ASU 2014-09 replaces most existing revenue recognition guidance in GAAP. The ASU also requires expanded disclosures relating to the nature, amount, timing and uncertainty of revenue and cash flows from contracts with customers. In June 2020, the FASB issued ASU 2020-05, *Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities*. In the ASU, the FASB provided one-year effective date deferrals for certain entities. ASU 2014-09 is now effective for the fiscal year beginning July 1, 2020. The Company is currently in the process of evaluating the impact of the new accounting guidance on its consolidated financial statements.

**Notes to Consolidated Financial Statements**

**Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. As a result of the aforementioned ASU 2020-05, ASU 2016-02 is now effective for the fiscal year beginning July 1, 2021. The Company is currently in the process of evaluating the impact of the new accounting guidance on its consolidated financial statements.

guidance for evaluating whether a transaction is reciprocal (i.e., an exchange transaction) or nonreciprocal (i.e., a contribution) and for distinguishing between conditional and unconditional contributions. The ASU also clarifies the guidance used by entities other than not-for-profits to identify and account for contributions made. When the Company is the resource provider, the ASU is applicable to contributions made beginning July 1, 2020. The impact of adopting ASU 2018-08 on the Company's consolidated financial statements for subsequent periods has not yet been determined.

**Litigation:** The Company has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by the Company. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on the Company's consolidated financial position, activities or cash flows.

**Uncertainties:** On January 30, 2020, the World Health Organization declared the coronavirus (COVID-19) outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantine in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries. It is unknown how long these conditions will last and what the complete financial effect will be on the Company. The extent of the impact of COVID-19 on the Company's operations and financial performance are uncertain and cannot be predicted. Management is continually monitoring the impact of COVID-19.

**Subsequent events:** The Company has evaluated subsequent events through September 17, 2020, which is the date the consolidated financial statements were available to be issued.

**Note 2. Liquidity and Availability**

The Company is primarily supported by contracted service fees. As part of the Company's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, the Company has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.



**Notes to Consolidated Financial Statements**

**Note 2. Liquidity and Availability (Continued)**

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the consolidated statements of financial position, are comprised of the following at June 30, 2020 and 2019:

	2020	2019
Cash and cash equivalents	\$ 19,481,146	\$ 15,235,142
Accounts receivable, net	12,970,054	13,332,374
Investments	20,132,825	22,231,723
	52,584,025	50,799,239
	(12,410,983)	(12,168,308)
	<u>\$ 40,173,042</u>	<u>\$ 38,630,931</u>

**Note 3. Accounts Receivable**

Accounts receivable, net, consists of the following at June 30, 2020 and 2019:

	2020	2019
Billed contract receivables	\$ 12,054,484	\$ 12,206,230
Unbilled contract receivables	1,928,761	2,139,335
	13,983,245	14,345,565
Less allowance for doubtful accounts	(1,013,191)	(1,013,191)
	<u>\$ 12,970,054</u>	<u>\$ 13,332,374</u>

**Note 4. Property and Equipment**

Property and equipment, net, consists of the following at June 30, 2020 and 2019:

	2020	2019
Leasehold improvements	\$ 1,112,594	\$ 1,112,595
Furniture and fixtures	1,282,632	1,282,632
Office equipment	196,231	36,480
Computer hardware	1,908,516	1,156,647
Computer software	1,734,754	637,321
Work in progress	136,168	2,035,404
	6,370,895	6,261,079
Less accumulated depreciation	(3,402,929)	(2,693,732)
	<u>\$ 2,967,966</u>	<u>\$ 3,567,347</u>

Depreciation was \$709,198 and \$460,870 for the years ended June 30, 2020 and 2019, respectively.

**Notes to Consolidated Financial Statements**

**Note 5. Investments**

Investments consist of the following at June 30, 2020 and 2019:

Description	2020		2019	
	Cost	Fair Value	Cost	Fair Value
Cash and money market funds	\$ 2,802,072	\$ 2,802,072	\$ 2,774,796	\$ 2,774,796
[Redacted]	7,480,020	5,041,118	7,480,020	7,518,921
Mutual funds	11,666,906	10,930,460	10,851,152	10,813,822
Exchange traded funds	997,084	1,359,175	997,084	1,124,184
	<u>\$ 22,946,082</u>	<u>\$ 20,132,825</u>	<u>\$ 22,103,052</u>	<u>\$ 22,231,723</u>

Net investment income consists of the following at June 30, 2020 and 2019:

	2020	2019
Interest and dividends, net of fees	\$ 670,153	\$ 665,581
Net realized and unrealized (loss) gain on investments	(662,729)	4,055
	<u>\$ 7,424</u>	<u>\$ 669,636</u>

**Note 6. Revolving Note Agreement**

The Company has a revolving note agreement with a financial institution, which is collateralized by accounts receivable. Under the agreement, the Company may borrow up to \$7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (1.91% and 4.19% at June 30, 2020 and 2019, respectively). As of June 30, 2020 and 2019, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

**Note 7. Employee Benefit Plans**

The Company has a defined contribution pension plan, the [Redacted] Pension Plan, covering substantially all of its employees. The Company contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. If hired prior to July 1, 1989, employees are eligible after one full calendar year or 1,000 hours of service and are 100% vested after three full plan years from entry into the pension plan. Employees hired between July 1, 1989 and June 30, 2003, are 100% vested after five full plan years from entry into the pension plan. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were \$3,331,465 and \$2,860,520 for the years ended June 30, 2020 and 2019, respectively, which is recorded as a component of fringe benefits in the consolidated statements of activities.

The Company also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

**Notes to Consolidated Financial Statements**

**Note 8. Leases**

The Company leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through August 2029. The future minimum rental commitments under non-cancelable operating leases noted below represent the expenses that are owed directly by the Company. Rent expense was \$1,896,648 and \$1,990,904 for the years ended June 30, 2020 and 2019, respectively.

The future minimum lease payments at June 30, 2020, are as follows:

Years ending June 30:	
2021	\$ 1,778,137
2022	1,621,680
2023	1,479,069
2024	921,641
2025	785,239
Thereafter	3,531,720
	<u>\$ 10,117,486</u>

**Note 9. Grants**

█ had committed to fund certain grants to unrelated not-for-profit organizations, which have been included in grant expense and accounts payable and accrued expenses. █ grant awards totaled \$344,000 and \$393,000 at June 30, 2020 and 2019, respectively.

**Note 10. Medical Benefit Self-Insurance Program**

The Company is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of \$75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. As of June 30, 2020 and 2019, the accrual for claims incurred but not yet reported was \$679,156 and \$627,455, respectively, and the related expense was \$3,987,616 and \$4,182,628, respectively.

**Note 11. Fair Value Measurements**

The Company has adopted guidance issued by the FASB, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

**Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed equities and mutual funds.

**Notes to Consolidated Financial Statements**

**Note 11. Fair Value Measurements (Continued)**

**Level 2:** Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.

**Level 3:** Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Company's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the investment.

The following section describes the valuation techniques used by the Company:

**Level 1:** Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

**Level 2:** Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.

**Level 3:** The Company has no Level 3 financial instruments as of June 30, 2020 or 2019.

The tables below present the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2020 and 2019:

	June 30, 2020			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Intermediate bond funds	\$ 575,014	\$ 575,014	\$ -	\$ -
TIP bond funds	540,853	540,853	-	-
International bond funds	710,434	710,434	-	-
Large cap equity funds	3,382,400	3,382,400	-	-
Real estate funds	761,785	761,785	-	-
Small cap equity funds	1,655,932	1,655,932	-	-
International equity funds	1,573,631	1,573,631	-	-
Energy/natural resources funds	848,769	848,769	-	-
Foreign small-mid growth funds	356,187	356,187	-	-
Short term bond funds	525,455	525,455	-	-
Exchange traded funds	1,359,175	1,359,175	-	-
Government bonds	5,041,118	-	5,041,118	-
Total assets	\$ 17,330,753	\$ 12,289,635	\$ 5,041,118	\$ -

**Notes to Consolidated Financial Statements**

**Note 11. Fair Value Measurements (Continued)**

	June 30, 2019			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Intermediate bond funds	\$ 1,268,780	\$ 1,268,780	\$ -	\$ -
TIP bond funds	714,783	714,783	-	-
International bond funds	634,373	634,373	-	-
Large cap equity funds	2,594,163	2,594,163	-	-
Real estate funds	1,425,851	1,425,851	-	-
Small cap equity funds	693,816	693,816	-	-
International equity funds	1,452,241	1,452,241	-	-
Energy/natural resources funds	932,465	932,465	-	-
Foreign small-mid growth funds	203,902	203,902	-	-
Short term bond funds	893,448	893,448	-	-
Exchange traded funds	1,124,184	1,124,184	-	-
Government bonds	7,518,921	-	7,518,921	-
Total assets	\$ 19,456,927	\$ 11,938,006	\$ 7,518,921	\$ -

The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, \$2,802,072 and \$2,774,796 of cash and money market funds were held in the Company's investment portfolio at June 30, 2020 and 2019, respectively.

**Note 12. Note Payable**

applied for and received a loan (the Loan) of \$901,800 from Truist Bank on April 23, 2020, pursuant to the Paycheck Protection Program (the PPP) under Division A, Title I of the CARES Act, which was enacted March 27, 2020. The interest rate is 1.0% per annum, payable monthly commencing on November 23, 2020. The loan is guaranteed by the Small Business Administration and matures on April 23, 2022. There is no application or other fees associated with this Loan. Proceeds may be used to pay compensation and benefit costs in order to retain workers and to make mortgage interest payments, lease payments, and utility payments. intends to use the entire Loan amount for qualifying expenses. Under the terms of the Loan, some or all of the Loan may be forgiven if the funds are used for qualifying expenses as described in the CARES Act. As a result, the Company has reflected this Loan as a current liability on the consolidated statement of financial position. The Loan may be prepaid at any time without penalty.

**Note 13. Business Combination**

On December 31, 2019, the Company acquired a company in exchange for cash of \$677,000. There were no separately identifiable net assets and all amounts were allocated to goodwill. Goodwill amounts represent the excess of the acquisition costs over the fair value of net tangible and intangible assets acquired. There was no fair value assigned to net tangible and intangible assets acquired. Goodwill is being amortized on the straight-line basis over a period of five years. Goodwill, net of accumulated amortization, of \$609,300 is included in the consolidated statement of financial position at June 30, 2020.



RSM US LLP

**Independent Auditor's Report on the Supplementary Information**

Board of Directors



We have audited the consolidated financial statements of [REDACTED] as of and for the years ended June 30, 2020 and 2019, and have issued our report thereon, which contains an unmodified opinion on those consolidated financial statements. See page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position and results of activities of the individual entities, and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*RSM US LLP*



September 17, 2020

THE POWER OF BEING UNDERSTOOD  
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**Consolidating Statement of Financial Position  
June 30, 2020**

					Total	Eliminations	Consolidated
<b>Assets</b>							
Current assets:							
Cash and cash equivalents	\$ 7,563,615	\$ 322,069	\$ 10,900,248	\$ 329,325	\$ 385,859	\$ 19,481,146	\$ 19,481,146
Accounts receivable, net	1,824,102	119,975	10,966,229	-	159,748	13,070,054	12,970,054
Investments	7,721,842	-	-	-	-	7,721,842	7,721,842
Prepaid expenses and other current assets	110,065	-	133,061	-	1,502,117	1,745,243	1,745,243
Due from affiliate	3,698,487	-	-	-	-	3,698,487	(3,698,487)
<b>Total current assets</b>	<b>20,918,111</b>	<b>442,074</b>	<b>21,999,538</b>	<b>329,325</b>	<b>2,027,724</b>	<b>45,716,772</b>	<b>41,918,285</b>
Property and equipment, net	26,557	-	186,937	-	2,754,472	2,967,966	2,967,966
Goodwill	-	-	-	-	609,300	609,300	609,300
Deposits	27,073	-	79,200	-	50,229	156,502	156,502
Investments	-	-	-	12,410,983	-	12,410,983	12,410,983
<b>Total assets</b>	<b>\$ 20,971,741</b>	<b>\$ 442,074</b>	<b>\$ 22,265,675</b>	<b>\$ 12,740,308</b>	<b>\$ 5,441,725</b>	<b>\$ 61,861,523</b>	<b>\$ 58,063,036</b>
<b>Liabilities and Net Assets</b>							
Current liabilities:							
Accounts payable and accrued expenses	\$ 221,792	\$ 79,337	\$ 2,246,746	\$ 418,760	\$ 432,549	\$ 3,399,174	\$ 3,299,174
Accrued salaries and related expenses	413,346	-	1,600,548	-	919,989	2,933,883	2,933,883
Accrued vacation	593,860	-	1,871,992	-	939,061	3,404,913	3,404,913
Deferred rent	42,187	-	135,897	-	563,068	741,152	741,152
Provision for insurance claims	206,156	-	326,122	-	146,878	679,156	679,156
Reserve for contract loss	400,000	-	-	-	-	400,000	400,000
Note payable	901,800	-	-	-	-	901,800	901,800
Due to affiliate	-	-	3,069,008	(492,584)	1,122,063	3,698,487	(3,698,487)
<b>Total liabilities</b>	<b>2,779,141</b>	<b>79,337</b>	<b>9,250,313</b>	<b>(73,834)</b>	<b>4,123,608</b>	<b>16,159,565</b>	<b>12,360,078</b>
Net assets:							
Without donor restrictions	18,192,600	362,737	13,015,362	12,814,142	1,318,117	45,702,958	45,702,958
<b>Total net assets</b>	<b>18,192,600</b>	<b>362,737</b>	<b>13,015,362</b>	<b>12,814,142</b>	<b>1,318,117</b>	<b>45,702,958</b>	<b>45,702,958</b>
<b>Total liabilities and net assets</b>	<b>\$ 20,971,741</b>	<b>\$ 442,074</b>	<b>\$ 22,265,675</b>	<b>\$ 12,740,308</b>	<b>\$ 5,441,725</b>	<b>\$ 61,861,523</b>	<b>\$ 58,063,036</b>

**Consolidating Statement of Activities  
Year Ended June 30, 2020**

							Total	Eliminations	Consolidated
Contract revenue	\$ 14,716,949	\$ 33,984	\$ 59,771,811	\$ -	\$ -	\$ 159,748	\$ 74,662,492	\$ (100,000)	\$ 74,562,492
<b>Direct expenses:</b>									
Labor	4,535,724	-	21,262,502	-	-	-	25,798,226	-	25,798,226
Annual and sick leave	693,263	-	2,895,111	-	-	-	3,588,374	-	3,588,374
Fringe benefits	2,009,085	-	6,302,049	-	-	-	8,311,134	-	8,311,134
Consultants:									
Legal and accounting	10,502	-	22,844	-	-	-	33,346	-	33,346
Other consultants	101,774	-	122,756	-	-	-	224,532	-	224,532
Review subcontractors	799,636	-	9,335,853	-	-	-	10,135,489	-	10,135,489
Board consultants	-	-	17,000	-	-	-	17,000	-	17,000
Travel	313,560	-	482,378	-	-	-	795,938	-	795,938
Equipment maintenance	3,357	-	382,166	-	-	-	385,545	-	385,545
Office supplies	8,137	-	12,054	-	-	-	20,191	-	20,191
Reproduction	19,006	-	29,501	-	-	-	49,963	-	49,963
Occupancy	585,877	-	1,821,216	-	-	-	2,407,093	(100,000)	2,307,093
Recruitment	1,188	-	16,511	-	-	-	17,699	-	17,699
Postage	26,360	-	61,429	-	-	-	87,952	-	87,952
Telephone	52,247	-	121,814	-	-	-	174,061	-	174,061
Meeting costs	10,779	-	24,614	-	-	-	35,393	-	35,393
Subscriptions	3,875	-	402	-	-	-	4,277	-	4,277
Advertising	-	-	25	-	-	-	25	-	25
Licenses, fees and dues	48,689	-	727,485	-	-	-	776,174	-	776,174
Grants	-	-	-	-	-	344,000	344,000	-	344,000
<b>Total direct expenses</b>	<b>9,223,949</b>	<b>-</b>	<b>43,620,734</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>53,206,382</b>	<b>(100,000)</b>	<b>53,106,382</b>
<b>Indirect expenses:</b>									
Overhead	-	-	36,925	-	-	-	36,925	-	36,925
General and administrative	5,192,573	-	13,253,083	-	-	2,277,473	20,808,813	-	20,808,813
<b>Total operating expenses</b>	<b>14,416,462</b>	<b>-</b>	<b>56,910,742</b>	<b>-</b>	<b>-</b>	<b>2,277,473</b>	<b>74,052,120</b>	<b>(100,000)</b>	<b>73,952,120</b>
<b>Operating income (loss)</b>	<b>300,487</b>	<b>33,984</b>	<b>2,861,069</b>	<b>(447,443)</b>	<b>(2,117,725)</b>	<b>630,372</b>	<b>630,372</b>	<b>-</b>	<b>630,372</b>
<b>Other income (expense):</b>									
Intercompany cost transfers from related parties	-	-	-	500,000	-	1,902,960	2,402,960	(2,402,960)	-
Intercompany cost transfers to related parties	-	-	(2,402,560)	-	-	-	(2,402,560)	2,402,560	-
Other income	193,276	-	168,646	-	1,031	-	169,877	-	169,877
Investment income, net	193,276	-	37,336	(223,188)	-	7,424	7,424	-	7,424
<b>Total other income (expense)</b>	<b>193,276</b>	<b>-</b>	<b>(2,196,778)</b>	<b>276,812</b>	<b>1,993,091</b>	<b>177,301</b>	<b>177,301</b>	<b>-</b>	<b>177,301</b>
<b>Change in net assets</b>	<b>493,763</b>	<b>33,984</b>	<b>664,291</b>	<b>(170,631)</b>	<b>(213,734)</b>	<b>807,673</b>	<b>807,673</b>	<b>-</b>	<b>807,673</b>
<b>Net assets:</b>									
Beginning of year	17,698,837	329,753	12,351,071	12,984,773	1,531,851	44,895,285	44,895,285	-	44,895,285
End of year	\$ 18,192,600	\$ 362,737	\$ 13,015,362	\$ 12,814,142	\$ 1,318,117	\$ 45,702,958	\$ 45,702,958	\$ -	\$ 45,702,958



Appendix C - Parent Corporation Guarantee

PARENT CORPORATION PERFORMANCE GUARANTEE

With reference to the accompanying proposal submitted by [Redacted] in response to Mississippi Department of Human Resources (MDHS) RFP Number: 20210511 DAAS Needs Assessment RFx Number(s): 3180001360 / 3120002223 (the RFP), and in accordance with section 4.3.A.8 of such RFP, [Redacted] parent company of [Redacted] does hereby enter into the following unconditional and irrevocable undertaking with MDHS.

In connection with any contract entered into between MDHS and [Redacted] related to the RFP, [Redacted] shall unconditionally guarantee performance by [Redacted] of each and every term, covenant, and condition of such contract as may be executed by MDHS and [Redacted]

[Redacted] acknowledges and agrees:

1. [Redacted] shall perform all of its obligations contained in said contract.
2. If [Redacted] shall in any respect be determined by MDHS to have failed to perform its obligations contained in said contract or if [Redacted] commits any breach thereof, [Redacted] shall on demand from MDHS, promptly perform or take such steps as may be necessary to achieve performance of the obligations of [Redacted] under the contract. [Redacted] Inc. shall indemnify MDHS against any direct loss, damages, costs and expenses, arising from the said failure or breach of [Redacted] as determined by MDHS, as if [Redacted] were the original obligor.
3. [Redacted] shall not be liable for indirect, incidental, consequential or punitive damages of any nature or kind, resulting or arising from the contract.

In witness thereof, [Redacted] has caused this Parent Corporation Performance Guarantee to be executed by its duly authorized officer, and its corporate seal to be affixed hereto.

[Redacted]

By: [Redacted] (SEAL)  
Name: [Redacted]  
Title: Chief Executive Officer  
Tax Payer No.: [Redacted]  
Date: 6/3/21

QLARANT – FILE FOLDER 3 – TECHNICAL DATA REDACTED PURSUANT TO 4.3.A  
(PROVIDED TO EVALUATION COMMITTEE ON 6/16/21)

[Redacted]'s Response to

[Redacted]

# DAAS NEEDS ASSESSMENT

RFP#: 20210511 (RFx# 3180001360/3120002223)  
Mississippi Department of Human Services (MDHS)  
MDHS Procurement Services

Electronic Copy

## Tab 3: Technical Data

**Bid Response:**  
**Date:** June 11, 2021  
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## C. TAB 3 - Technical Data

### C.1. Technical Data

[Redacted] has over 30 combined years of experience conducting surveys with the aging and disability populations. We thoroughly understand how to manage a project of this scope and nature. [Redacted] offers a sound technical approach substantiated by years of experience with quality assurance contracts, including conducting over 25,000 National Core Indicator (NCI®)<sup>1</sup> surveys with people with intellectual and developmental disabilities (IDD) and the aging and disabled populations. Our deep understanding of all aspects of the scope of work for conducting these surveys has guided us in the development of the technical solutions put forward for this project. We believe our proposed processes will provide MDHS with meaningful information appropriate for innovative and informed reporting and in the most cost-effective manner possible.

[Redacted] has a stellar reputation for providing a comfortable and collaborative atmosphere to conduct all types of quality assurance reviews and interviews. The following quote is from a [State Name Redacted] provider regarding the review experience with [Redacted]:

*“I wanted to let you know how much we appreciate the way in which your team facilitated their recent review at our organization. In all the years I have been here and participated in so many different review processes from so many different teams, auditors, etc... this was the only one that was not a nerve-racking experience. The people conducting the review were very kind and outgoing, cordial and accommodating. Their way of handling interviews was by far the best I have ever witnessed (emphasis added). We are grateful for the way in which your team handled the entire process. And as for me... (I can't believe I am even saying this...) it's the first time I have ever enjoyed a review.”*

[Redacted] will provide MDHS the best option for conducting survey activities. Our technical approach will ensure all necessary data are collected, entered, and validated. Our sampling methods will ensure required levels of confidence and accuracy, and our analytics team will develop a comprehensive and innovative final report.

#### C.1.1. Ability to Provide a Statewide Assessment of Current and Unmet needs

Assessing and identifying the needs of a population that relies on supports and services to maintain health, safety, wellbeing, and community living is vital to helping prevent unnecessary placements outside the person's home. Knowing and understanding a person's unmet needs are fundamental to ensuring he/she obtains the necessary supports and services, whether paid or natural supports. At the state level, having information about the population's needs can help guide the state agency towards improvements to service delivery, help with the evaluation of current and future resources, support a petition for additional funding and guide the development of or modifications to policies. [Redacted] understands the importance of this information to MDHS and the people served in Mississippi.

Therefore, the project plan and timeline developed for this proposal ensures all survey deliverables will be met within a three-month period. These will be monitored by the Project Director and Project Coordinator to ensure the completion of all deliverables. A project plan outlining the timeline for each key task of the DAAS Needs Assessment is presented in

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<sup>1</sup> Developed by the Human Services Research Institute and the National Association of State Directors of Developmental Disabilities Services.

**Attachment A - Project Plan Timeline.** It identifies our proposed timelines for the implementation (start-up) phase of the contract, start and completion of the surveys and the completion of the final report. This will allow time for the analysis to be conducted and the final report to be completed within the following month after the survey data collection and data entry are complete. Our proposal is to begin collecting all the data concurrently. Telephonic interviews and the process to mail surveys to providers will begin within 31-days of the contract start date.

[Redacted] will utilize best practices based on years of experience with conducting surveys.

To help ensure our success, [Redacted] will utilize techniques used in the past that have been successful in meeting our deliverables. **Table 1** outlines these innovative and tested methods:

**Table 1: Innovative and Tested Methods**

Method	Reasons for Use
Utilize Survey Monkey to capture the data.	[Redacted] chose to utilize Survey Monkey to collect the data for the surveys to help reduce the cost of developing a new IT solution. [Redacted] has utilized Survey Monkey for over ten years. This platform has the capability, flexibility, and functionality needed for the DAAS Needs Assessment survey. It allows for the administrator of the survey to download real-time reports/graphics and all the data in an excel format that can then be used for analysis.
Utilize sub-contractors with flexible working hours to allow for calls after business hours and on the weekends.	Each of the sub-contractors identified in this proposal has experience conducting surveys for [Redacted]. Each has shown in past [Redacted] contracts to be dependable and flexible to ensure the deliverables and timelines are met. They are all committed to doing this work and are prepared to begin after the contract award.
Send postcard notifications to people selected in the sample so they know to expect a call.	This method has proven effective for other surveys conducted by [Redacted]. During the call, the Surveyor can reference the information mailed to help develop trust with the person and legitimize the purpose of the call with the person.
Share information about the project to the District AAAs case managers, who can respond to any questions posed by people selected in the sample, about the interviews.	As a part of [Redacted]'s communication plan, [Redacted] will develop a presentation (in collaboration with MDHS) to explain the purpose and plan for the project to stakeholders. Sharing this information and encouraging them to communicate it to people served, will help support the project and increase its success.

There are three key components of the survey process needed to fully complete the surveys as shown in **Figure 1** on the right.



**Figure 1: Survey Process Components**

The process starts with **Pre-Survey Activities**.

The events in this component include:

- Preparing the sample
- Distributing the sample to the Surveyors
- Sending out notifications to the survey recipients describing the purpose of the DAAS Needs Assessment survey
- Surveyor preparing to conduct the survey

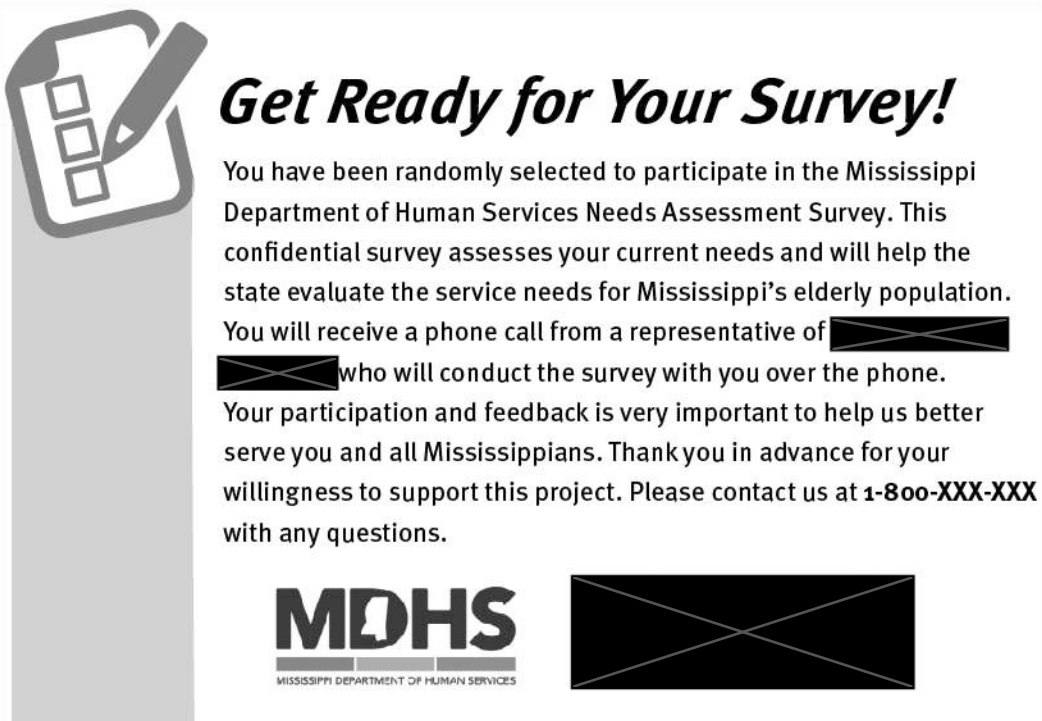
The pre-survey process begins with MDHS sending [Redacted] a list of 3000+ participants from all Planning and Service Areas, i.e., people who are age 55 and older and currently receiving

services in the state of Mississippi from one of the ten Area Agencies on Aging (AAA) Districts. Once received, the Scientist and Senior Data Analyst will select ten sets of random samples, 300 from each of the 10 AAA districts. An oversample of the minority and rural populations will be selected within each district to ensure adequate representation of those populations.

MDHS will also send [Redacted] a list of people who are currently on the waiting list in any of the ten AAAs. A representative sample will be selected from the list. An oversample from the waiting list can be used for each District to replace people who may decline to participate or we are unable to contact. This will ensure an adequate number of people are interviewed. The Project Coordinator will review the sample and ensure the contact information is included and complete. If contact information is not sufficient, a person from the oversample will be used as a replacement. Once the list is finalized, the Project Coordinator will send it to the [Redacted] mailroom to prepare to send postcards to all the individuals in the sample.

[Redacted] has had much success increasing participation in mail surveys by notifying potential participants in advance of the survey they will soon receive. Therefore, prior to the interview, [Redacted] will send a postcard to each person selected to participate, to provide the person with information about the survey and its purpose. **Figure 2** below is an example of the possible content of the postcard:

**Figure 2: Reminder Postcard Sent to Service Providers**



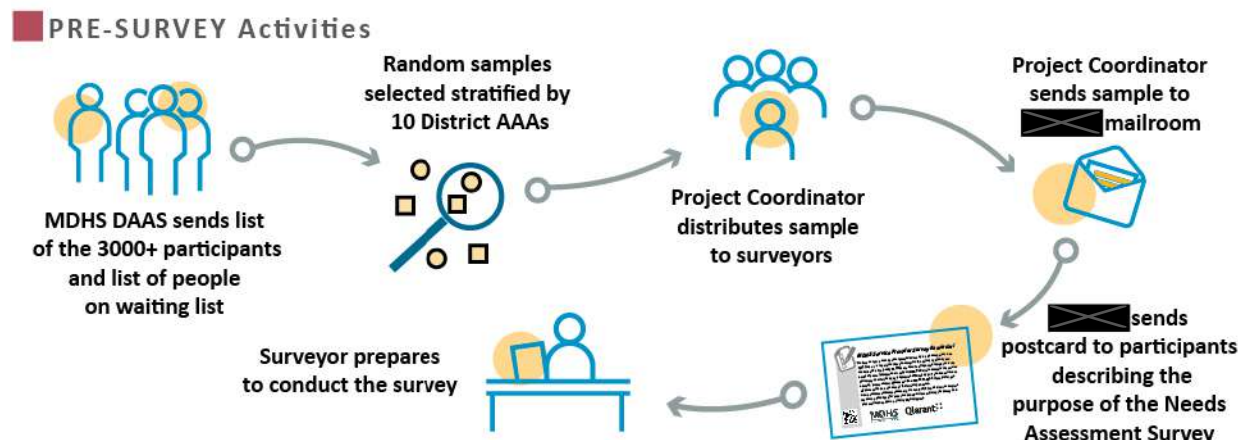
[Redacted] will collaborate with MDHS to compose the content of the postcard to ensure the message is clear, concise, and representative of the purpose of this project.

Prior to the postcards being mailed, the Project Coordinator will equitably distribute the sample to the Surveyors. Each Surveyor will receive an excel spreadsheet with the person's name and contact information, to be used to track the process and progress of contacting the person and conducting the surveys, e.g., number of attempts made to contact the person, date of contact and when survey was completed, and length of time for the interview. Using a secure, single sign-on

web-based portal, these sample documents will be posted for each Surveyor. The portal will be used as the **survey tracking system**. Once the Surveyors receive their sample, they will prepare to conduct the survey, which will include accessing Survey Monkey and organizing their approach.

The following **Figure 3** depicts the workflow for pre-survey activities:

**Figure 3: Pre-survey Workflow Activities**



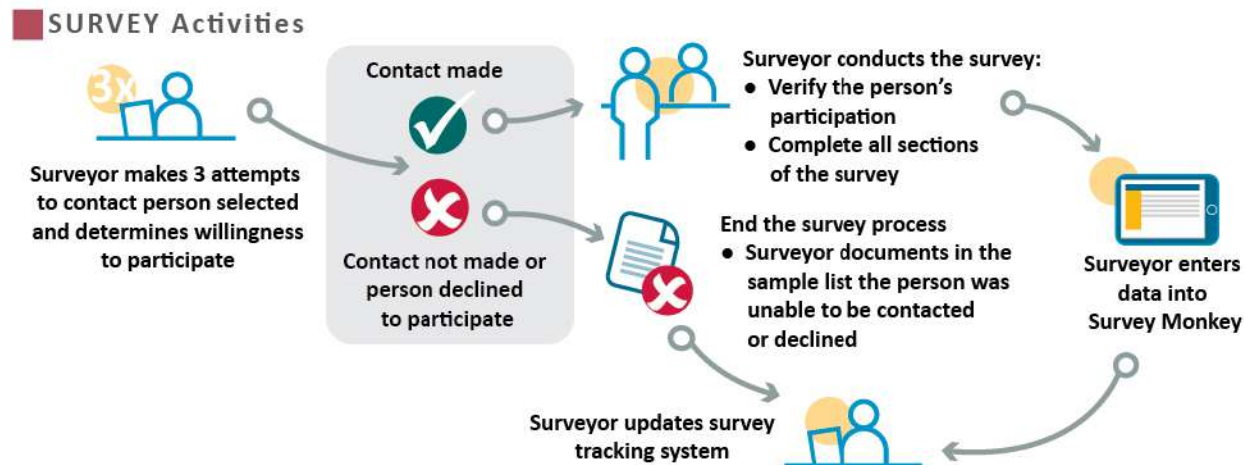
**Survey Activities** are the second key component of the process, which includes the following steps:

- Step 1: Surveyor contacts the person selected to participate
  - Using the contact information provided by MDHS, the Surveyor will attempt to call the person at least three times, once per day
  - If contact is made, determine the person's willingness to participate
  - After three unsuccessful attempts, or if the person declines to participate, the Surveyor will document the person as "unable to contact" or "declined to participate" and move to the next person on the list.
  - If the person does not answer, if possible, the Surveyor will leave a message reminding the person about the postcard explaining the purpose of the survey, and leave a name and return phone number.
- Step 2: Conduct the survey
  - If contact is made with the person, the Surveyor will use a script with key areas of information to initiate the conversation. This script will be developed in collaboration with MDHS and could include but not be limited to the following instruction:
    - Define the role of the Surveyor
    - Explain reason for the call
    - Remind the person about the postcard
    - Explain the purpose of the survey
    - Explain the confidentiality of the survey results
    - Explain how results will be used to improve services & benefit people receiving them
    - Explain how long it takes to conduct the survey over the phone
    - Verify if the person is willing to participate
  - Surveyor will begin the interview. During the call, the Surveyor will clarify any questions as needed.
  - Surveyor will enter responses into Survey Monkey throughout the interview. This will create efficiencies in the process to help meet timelines for the project.



- Before concluding the call, the Surveyor will ask the participant if there are any other questions about the survey and thank the participant for time spent completing the survey. **Figure 4** depicts this process.

**Figure 4: Survey Activity Workflow**



**Post-Survey Activities** occur after the survey has been conducted and the Surveyor has entered all the data into the Survey Monkey application. The following steps will occur to complete this last component of the survey process:

- To ensure the data are accurate, [Redacted]'s analyst will develop and regularly run a data validation SAS program to search for any missing data or anomalies that may indicate errors.
- If identified, errors will be shared with the Project Coordinator who will investigate these with the Surveyor, as needed, and submit corrections back to the analyst.
- Once the data have been reviewed and finalized, the Project Coordinator will track all completed surveys using the tracking system. The survey tracking system will include, but not be limited to, the following:
  - Person's identifying information
  - Date(s) of attempted contacts
  - Date contact was made with the person, if applicable
  - Reason if the person declined to participate
  - Date the survey was completed
  - Date data entry was completed
  - Total time to conduct the interview

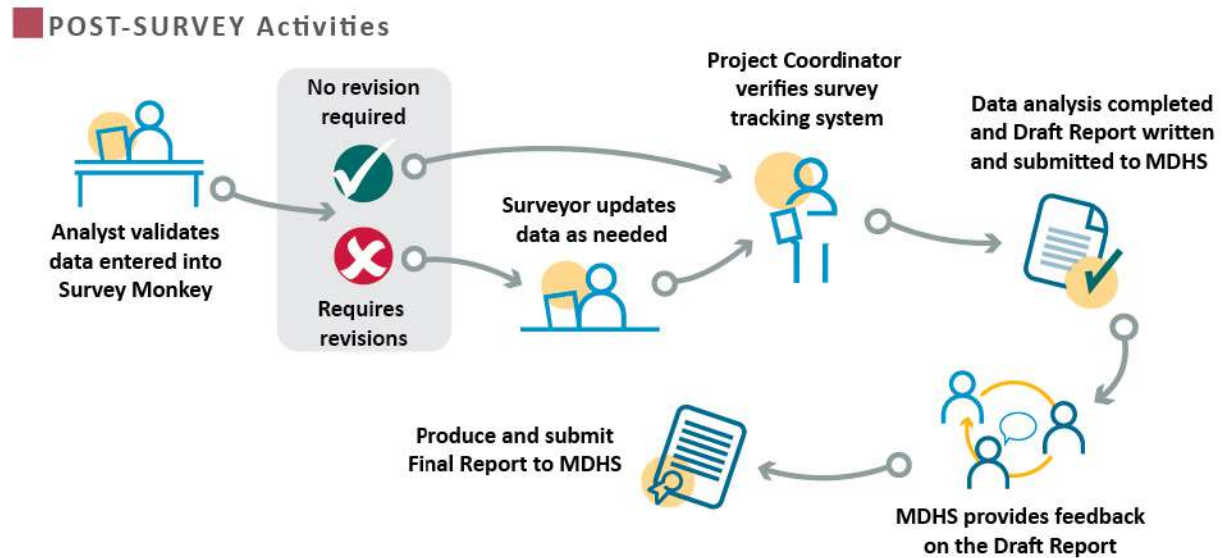
Tracking surveys will allow the Project Coordinator and Project Director to monitor progress of the survey process and mitigate any potential risk to the scope of work or timelines. When the Project Coordinator completes the validation process, data will be available for analysis.

Analysis will be completed and a draft report will be sent to MDHS. Data collected will be used to provide MDHS with the projected needs to assist each District and the State to plan for future resource allocations, guide policy development or changes, and support informed decision-making regarding service needs for the aging population. Analysis can include a review of the reasons a person declined to participate, which could also provide valuable information to help improve the survey process. See **Sections C.1.8, C.1.9, and C.1.10** for further details on methods [Redacted] will use for projecting the needs of the population and the draft and final report.

A meeting will occur with MDHS to review the draft report and any feedback, questions, and discussion will occur. The analytic team will use this information to make any modifications to the report before sending the final version to MDHS.

Figure 5 illustrates a workflow that outlines this final component of the process that will be utilized to ensure this project's success.

Figure 5: Workflow for DAAS Needs Assessment Survey



This process was designed based upon many years of experience conducting surveys similar to the DAAS Needs Assessment. [Redacted] is confident this process will ensure the success of this project and provide MDHS information to accurately project the needs for older Mississippians served through the AAA programs.

### C.1.2. Ability to Provide a Statewide Assessment of Projected needs for Service Providers

[Redacted] has evaluated, interviewed, and provided technical assistance with service providers for 20 years. We are committed to the success of each provider's service delivery systems and provide technical assistance to support quality improvement. For over six years, as part of the NCI® surveys project in [State Name Redacted], [Redacted] conducted Staff Stability Surveys which were sent to providers with results used to evaluate the staffing climate, costs, and staff retention of provider organizations. We tracked responses and ensured that each year 100 percent of the surveys were returned to [Redacted] for data entry.

*Over the years, we have improved mail survey processes to ensure maximum efficiency and success, and to ensure deliverables were met within given timelines.*

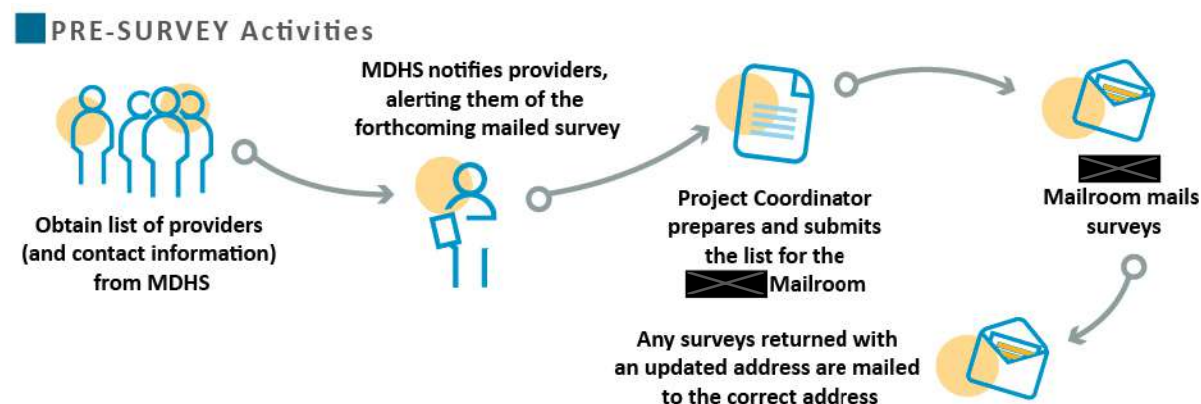
[Redacted] also has significant experience and success with implementing mailed surveys to family members and guardians of people receiving services. For over 23 combined years, our contracts in [State Name Redacted] and [State Name Redacted] have developed efficient and effective processes for the NCI® Family Guardian and Adult Family mailed surveys, i.e., sampling,

mailing, data entry and analysis of results when requested. These surveys are conducted every year to solicit information from family or guardians regarding satisfaction with services, the needs of people served, and the quality of services provided.

Similar to the DAAS Needs Assessment survey process, there are three phases of activities: Pre-Survey, Survey, and Post-Survey.

The **Pre-Survey Activities** begin with receipt of the list of all service providers, including their contact information, from MDHS. MDHS will also notify the providers of the impending survey and request their participation. The Project Coordinator will review the list and contact information to ensure there is no missing information prior to submitting the list to the [Redacted] mailroom. Once submitted, mailroom personnel will send the survey, with a self-addressed stamped return envelope, to the service provider. Any surveys returned to [Redacted] with an updated address will be re-sent using the correct/current address. **Figure 6** demonstrates the workflow for these activities.

**Figure 6: Pre-Survey Activities Workflow**

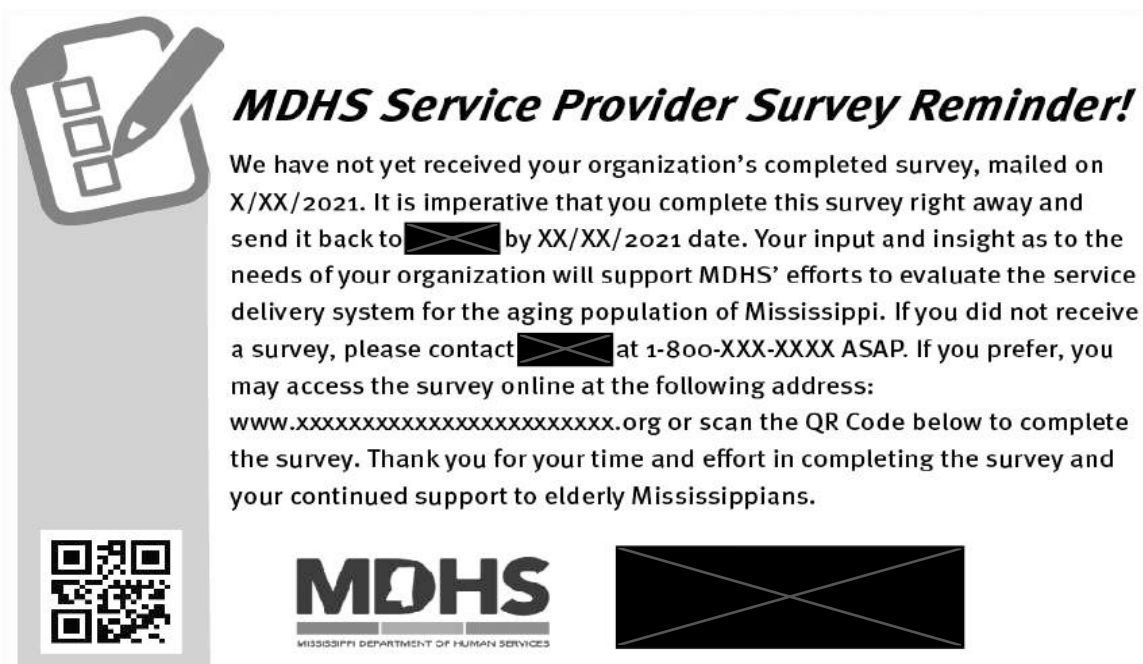


If the provider prefers to complete the survey online, [Redacted] recommends the Survey Monkey link to the service provider survey be included on the mailed survey. Another recommended idea is to include a Quick Response (QR) Code on the survey. So, if the provider has a smart phone or tablet, they can scan the code and it will direct them to the Survey Monkey to complete the

survey. These options could create efficiencies in the process and offer providers three separate ways to complete the survey: mail-in paper survey, use Survey Monkey link, or use the QR code with cellphone or tablet.

The **Survey Activities** start once the service provider mails the completed survey back to [Redacted]. [Redacted]'s project support person will enter survey results into Survey Monkey and update the survey tracking system. Due to the quick turnaround timeframes for this portion of the project, each survey will have a unique identifier to track providers who have not completed the survey. This will allow the Project Coordinator to closely monitor the return rate. If less than 50 percent have been returned by half-way through the timeline, the Project Coordinator will send a list of service providers who have not yet responded to the [Redacted] mailroom. The mailroom will prepare and send a reminder postcard. **Figure 7** is an example of a reminder postcard.

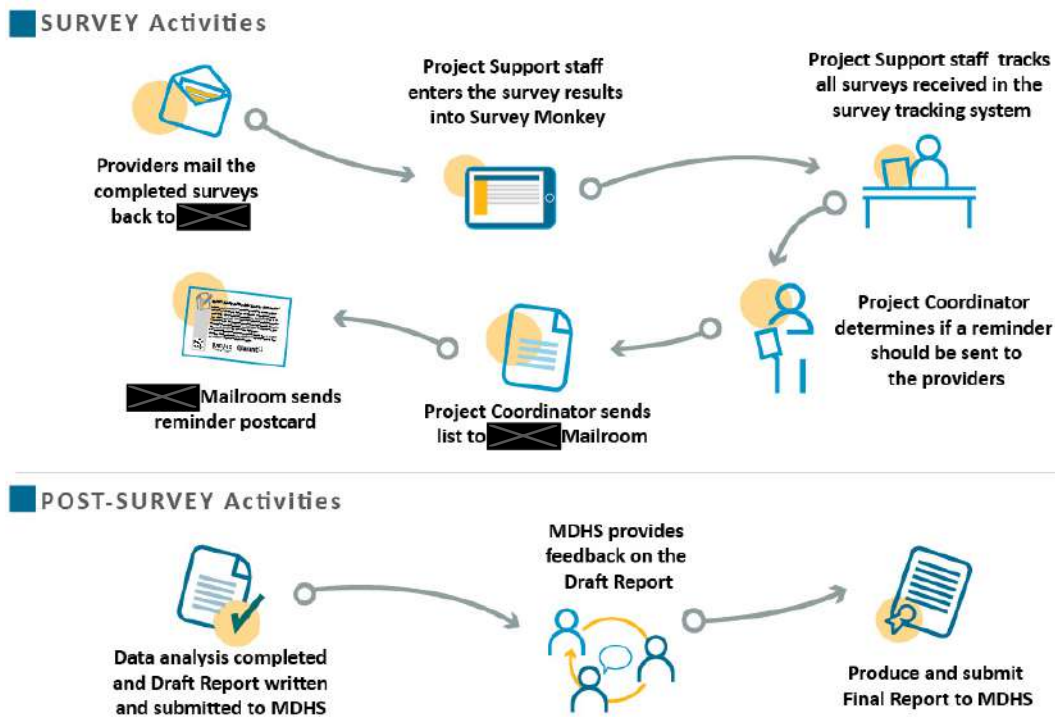
**Figure 7: Reminder Postcard Sent to Service Providers**



Post Survey Activities include the completion of analysis and a draft report submitted to MDHS. [Redacted] will meet with MDHS to discuss the draft report and provide an opportunity for MDHS to provide feedback on the report. Based on this feedback, [Redacted] will revise the draft report and produce and submit the final report.

**Figure 8** shows the Survey Activities and Post Survey Activities processes.

Figure 8: Survey and Post Survey Activities Workflow



Data we collect will be used to provide MDHS with the projected needs for services and service providers to assist each Planning and Development District and the State in planning for future resources and allocation. Based on population and service need projections, as described in **Section C.1.9** of the proposal, we will be able to predict not only the need for more or fewer providers for each service but also needs identified in the provider needs assessment survey. If 10 percent of providers indicate a need for additional training, changes in service definitions, or additional community resources, and these are not addressed over the next five years, that need will grow as the population grows and the number of providers offering services to the population increases.

**[Redacted] will predict the need for more or fewer providers for each service and also any needs identified in the provider needs assessment survey.**

### C.1.3. Ability to Provide a Statewide Assessment of Projected Needs Among Older Mississippians on Waiting Lists for Services

Across the nation, people are waiting to receive needed services. Due to limited resources, people who are eligible for services are put onto waiting lists until resources become available. Knowing the needs and supports of people on the waiting list assists states in advocating for additional resources. It also helps them better understand the types of services needed so these can be monitored or solicited to ensure they are available to the population.

*Since 2001, [Redacted] has used interview data to identify and report needs for additional services or supports and provided recommendations to support states' efforts to meet the population's needs*

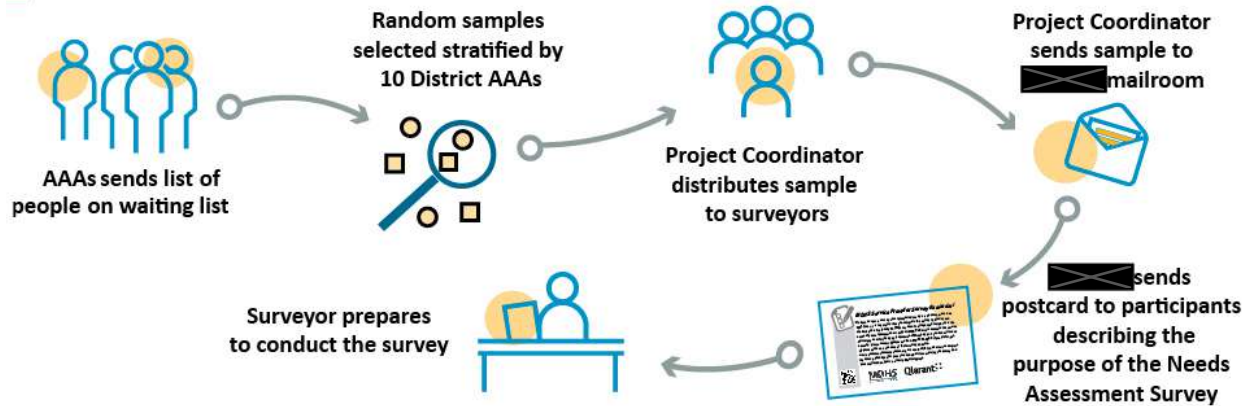
[Redacted]'s experience conducting surveys to identify the needs of the aging and disabled populations and conducting analysis based on these data is vast (see [Section C.1.1](#) for details). Since 2001, [Redacted] has completed interviews with these populations to determine their experience with current services and to identify any need for additional service or support. We have utilized this information to provide

recommendations to states to support efforts to meet the service needs for these populations. [Redacted] has developed, tried, and tested practices to ensure the process supports the state's goals of determining gaps in services and resource needs for these populations.

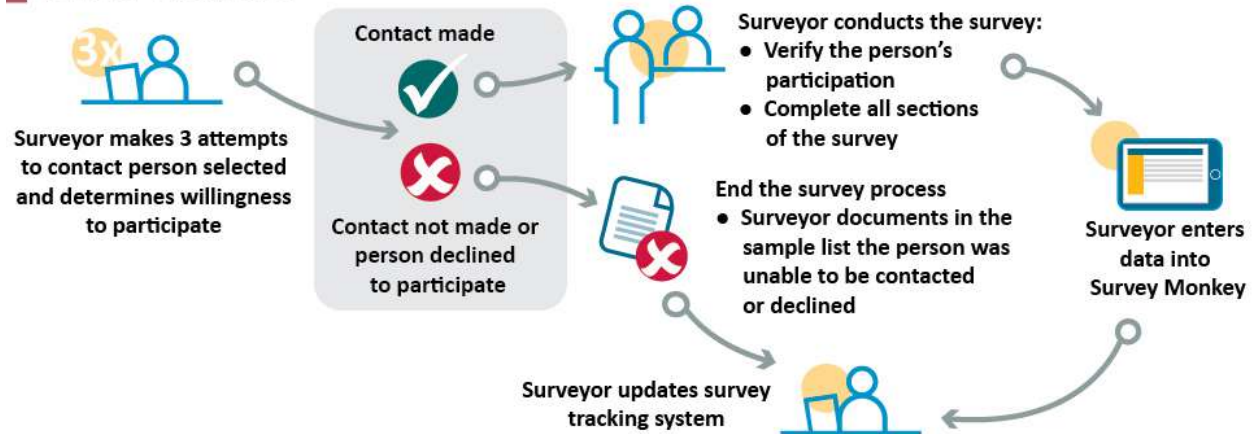
Similar to the processes described in [Section C.1.1](#), [Redacted] plans to conduct the DAAS Needs Assessment survey for people on the waiting list utilizing the same three key components: Pre-Survey Activities, Survey Activities and Post Survey Activities. [Figure 9](#) demonstrates the workflow for the entire process.

Figure 9: DAAS Needs Assessment Survey Workflow for People on Waiting List

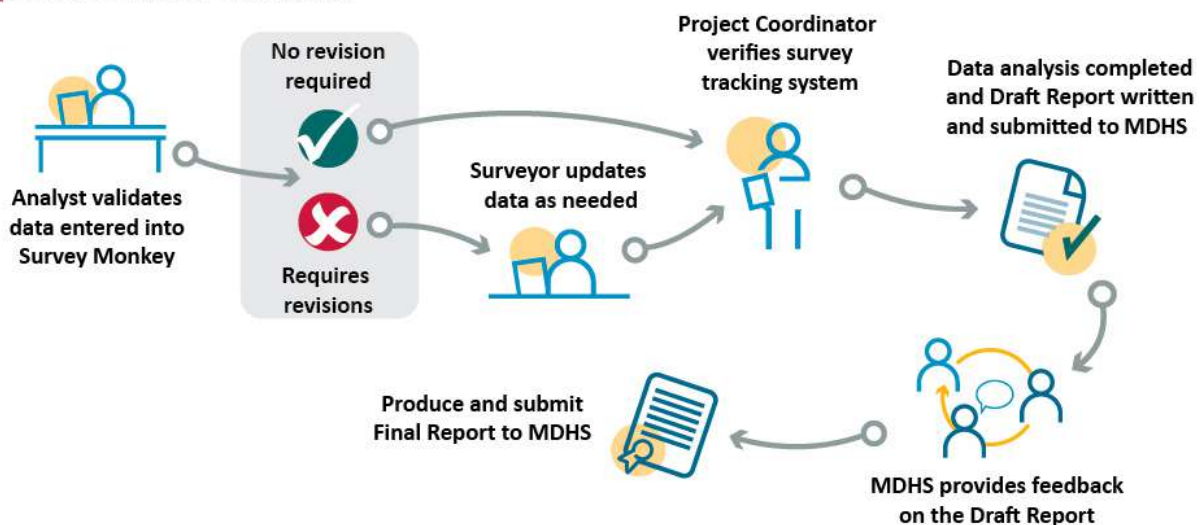
**PRE-SURVEY Activities**



**SURVEY Activities**



**POST-SURVEY Activities**



Once [Redacted] has received the list of people on the waiting list from all the Planning and Development District AAAs, the Senior Data Analyst will select a random sample, stratified by District AAA and proportionate to the District AAA populations. The sample will conform to the requirement by MDHS for a +/- five percent error rate.

Data collected from people on the waiting list will be included as part of the analysis conducted to generate the draft and final reports. The information will be used to do comparative analysis with the aging population receiving services and further inform MDHS regarding projected service needs as these Mississippians begin receiving services. Information from the waiting list survey will be used in the calculations described in **Section C.1.9** to determine the future need for services, number of providers to meet the needed services, and projected needs based on population growth, particularly within age groups. Because the older age groups, e.g., age 85+, are growing at a faster rate, we will capture that in the projection models and determine estimates of future service needs from the current waiting list survey, particularly if no additional providers or services are offered through the AAAs.

#### **C.1.4. Ability to Provide a Statewide Assessment of COVID Inquiries for Impact to Participants**

Clearly the COVID-19 pandemic has impacted the lives of people across the United States, particularly older Americans. According to the Centers for Disease Control (CDC), older Americans are at greater risk of hospitalization or dying if diagnosed with the illness, and that eight out of 10 deaths from COVID-19 have been in adults age 65 and over. Therefore, it is commendable that MDHS is requesting, as part of this program, the skills needed to assess the impact of COVID -19 on older Mississippians who receive services through the AAAs or are on the waiting list.

[Redacted]'s team of analysts, with expertise in developing tools and indicators, will bring to this project the experience needed to assist in developing relevant questions to explore the impact of COVID-19 on the lives of people interviewed. Two questions were noted in the RFP:

- Has the participant or family member contracted COVID-19?
- Does the participant have any needs related to COVID-19?

In addition to these, [Redacted]'s team (Project Director, Project Coordinator, and Scientist) will work collaboratively with MDHS and DAAS to develop additional relevant questions, as requested, related to the pandemic and how it has impacted people's lives and services or service providers. Did the older person lose employment due to the pandemic and how has that impacted the person and the person's family? Have you lost any or had a reduction in services due to the pandemic? Have you lost a service provider due

**[Redacted]'s team of experienced and highly qualified interviewers has already conducted over 500 NCI surveys that included well-crafted questions about the impact of COVID-19 on the lives of people receiving Home and Community Based services.**

to the pandemic? These circumstances will impact the overall need for services and will be critical to use when developing projection models, as described in **Section C.1.9** of this proposal.

In our [State Name Redacted] Quality Assurance program, we conduct the NCI® In-Person Survey that now includes additional questions for COVID-19, giving us experience in this area. These include questions about employment, stability, interactions with family and friends, changes in daily life activities, and the ability to/availability of technologies through programs, such as Zoom or FaceTime to stay connected to others. These and other ideas for additional questions to add to the assessment will be developed for approval by MDHS.



Analysis of the COVID-19 data will be conducted to determine the extent of and continued impact of the pandemic on older Mississippians. The Scientist and Senior Data Analyst assigned to this project have a combined total of 25 years of analytic experience, including as the lead (Senior Data Analyst) on two national surveys collecting data on local health departments that were sponsored by the CDC and the Robert Wood Johnson Foundation (RWJF). The analyst team has extensive experience analyzing survey data from Personal Outcome Measures (POM®) interviews, developed by the Council on Quality and Leadership (CQL), NCI® surveys (In-Person and mail family surveys), and proprietary data from interview tools developed by [Redacted] to measure outcomes and supports and meet the specific needs of each client.

The team has also prepared a quality improvement study using the NCI® data, comparing responses from similar questions across the In-Person, Adult Family and Family Guardian surveys.<sup>2</sup> By making these comparisons, the state could see if there were discrepancies in responses to the same questions. For example, according to guardians (Family/Guardian Survey), individuals not living in the family home were much more likely to have providers help them make connections to typical supports in the community and to family or friends than were individuals living with the family (Adult Family Survey).

Using the same type of comparative analysis, the COVID-19 data can be analyzed to explore AAA districts that may have had significantly more or less impact from the pandemic than the average. Was employment more seriously impacted for older Mississippians in one area of the state than another? Comparisons can also be made across districts to determine if one or two AAAs showed significantly more impact than other AAAs. [Redacted] will work collaboratively with MDHS to determine the best questions to ask and analytic processes to pursue. Results will be presented in the Draft and Final Report.

### **C.1.5. Ability to Provide an Analysis of Social and Economic Variables Taken Into Consideration**

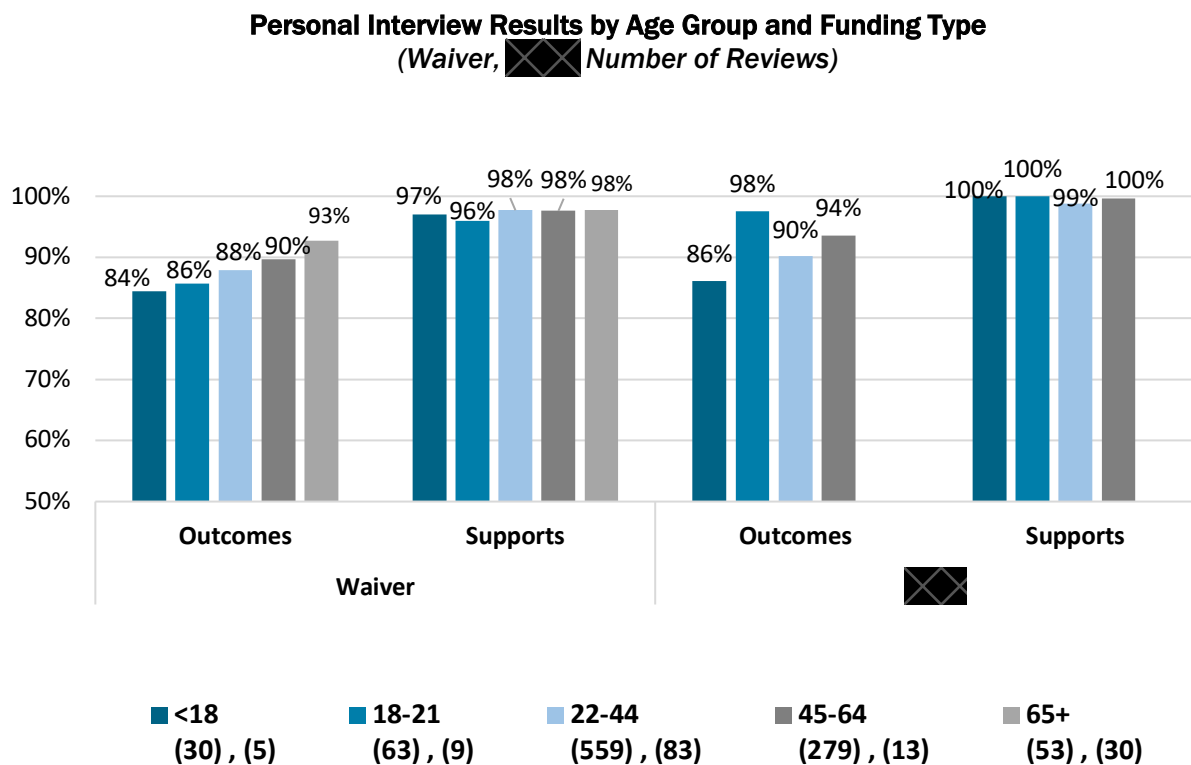
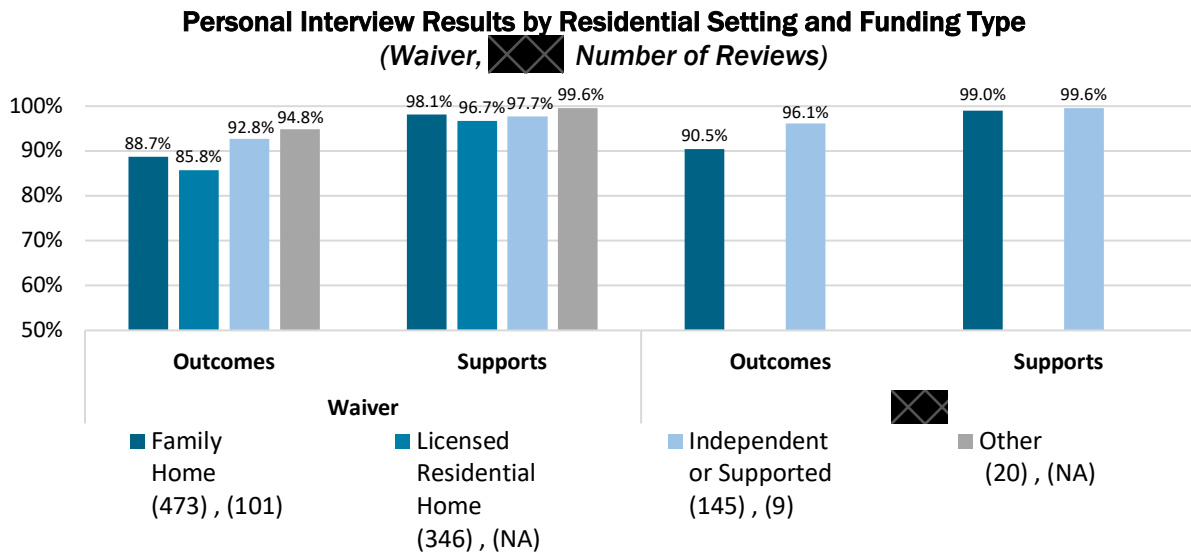
With a Master's in Demography and a PhD in Sociology, the Scientist who will be working on this project, Dr. [Name Redacted], has extensive education in and experience with analyzing common demographic and sociological variables such as those noted in the RFP: Socio-Economic Status (SES), employment, voting patterns, age, race, sex, health status, income, family structures and residential settings. In addition, over the past six and a half years with [Redacted], Dr. [Name Redacted] has collaborated with clients and the analyst team to produce approximately 153 regular quarterly/annual reports, over 200 ad hoc reports, and 40 quality improvement studies, analyzing and presenting data from our intellectual and developmental disability (IDD) programs.

Reports regularly show distributions and findings (outcomes met) by various demographic characteristics including regions, residential settings, dual diagnoses (yes/no), type of service, and age groups. The following graphs in **Figure 10** provide several examples of data presentations showing individual outcomes by demographics, range of provider scores by the size of the provider organization, and satisfaction with different aspects of services.

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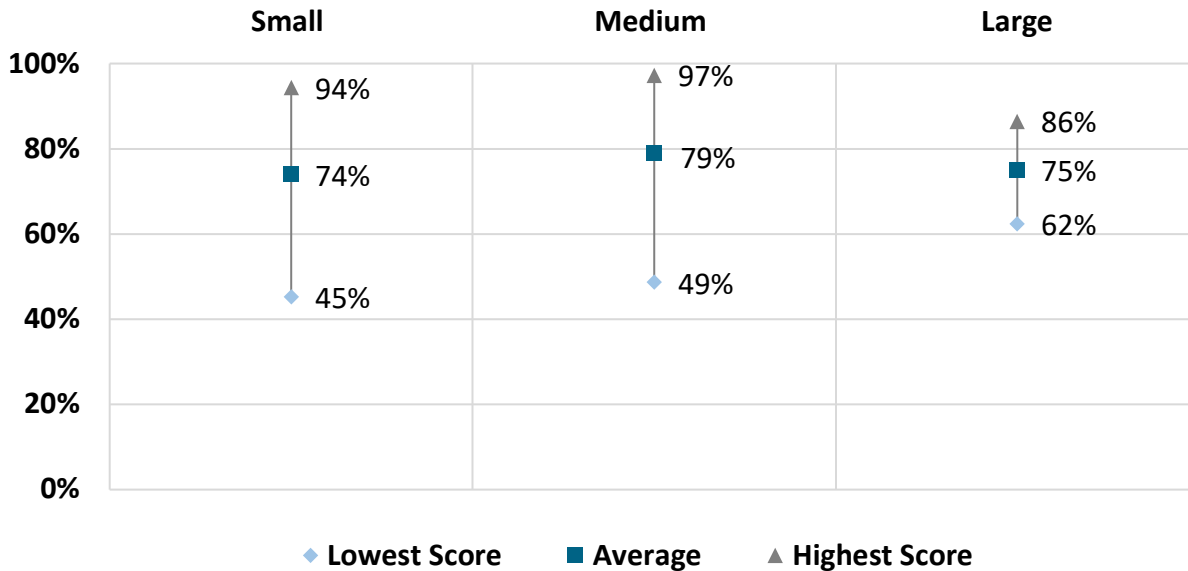
<sup>2</sup> National Core Indicator Results and Comparisons: Adult Family, Family/Guardian, and Consumer Surveys: 2008-2009 and 2009-2010. Prepared for the [State Name Redacted] Division of Developmental Disabilities, June 2011.

Figure 10: Example of Data Presentations<sup>3</sup>

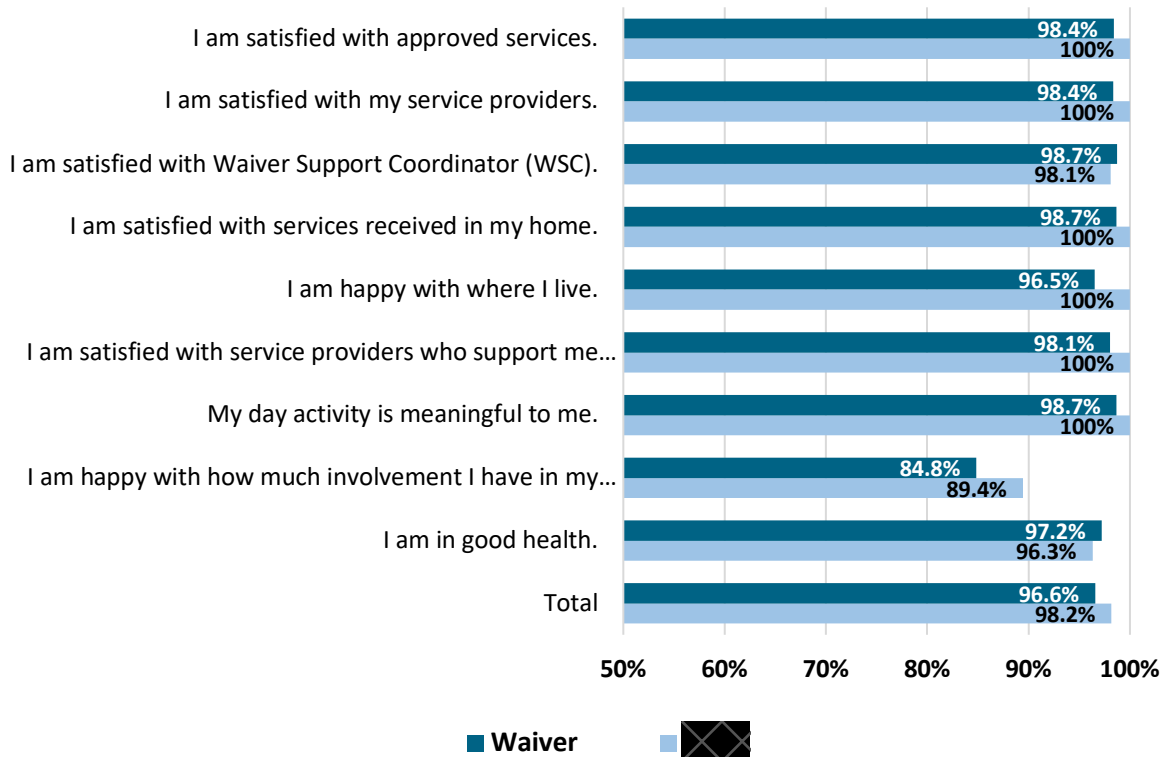


<sup>3</sup> Individuals receiving services through CDC+ live only in family homes or independent living.

### Range of Scores by Provider Size



### Satisfaction: Percent Agree or Strongly Agree by Funding Type



Quality improvement studies provide clients with critical information to guide policy and quality improvement initiatives targeting ways to improve system performance. Studies generally include predictive analytics, such as multivariate regression, and often identify key provider performance areas or services that best predict higher levels of outcomes for individuals receiving services, controlling for other factors (individual and provider demographics) that may influence the outcomes. For example, in a study completed in June 2015, [Redacted] analyzed the effect on outcomes of being a high-risk service recipient, as defined by having a dual diagnosis for both behavior health and IDD.<sup>4</sup> Does having a dual diagnosis impact the person's outcomes? The following factors were used in the analysis, with the reference group in bold for categorical variables:

***We have produced over 150 quarterly/annual reports for four different states and 40 quality improvement studies, including analysis of various socio-demographics, making us uniquely and highly qualified to examine service needs for various subgroups in the population.***

- Dual Diagnosis: Yes vs. No
- Residential Setting: Group/Host Home vs. Family/Own Home
- Gender: Male vs. Female
- Level of ID: Mild/Moderate vs. Severe/Profound
- Communication Style: Spoken vs. Gestures/Sign/Technological Assistance
- Race: White vs. Nonwhite
- Age group: 18 to 22 and 55 or older vs. 23 to 54
- Each service the person receives: 1 (have the service) vs. 0 (do not have the service)
- Total number of services received by the person

Findings indicated that controlling for the demographic information above individuals with co-occurring conditions were less likely than individuals without co-occurring conditions to have had a choice of community services and supports.

An additional study completed in 2019 examined the cost of Supported Employment, compared to other services, the impact of having Supported Employment on a person's overall outcomes, and specific areas of Support Coordinator activities that best predicted if a person will receive Supported Employment. Variables available and included in the study were:

- Male (Female)
- White (Non-White)
- COMP (NOW) (Waiver type)
- IDD Level – Severe/Profound (Mild/Moderate)
- Residential Setting – Own Place (Group Home/Host Home)
- Residential Setting – With a Parent (Group Home/Host Home)
- Each service compared to all other services
- Health Care Level (HCL) based on the Health Risk Screening Tool (HRST) scores
  - HCL High Risk (Low Risk)
  - HCL Medium Risk (Low Risk)
- Average annual cost of claims (averaged over three years)
- Person's outcomes, based on a face-to-face interview with the person

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<sup>4</sup> Co-Occurring Diagnoses: Impact on Outcomes and Provider Performance, prepared for the [State Name Redacted] Division of Developmental Disabilities, June 2015.

Controlling for the demographics listed above, findings indicated Supported Employment not only costs the state less than other services, but improved outcomes in people's lives. In addition, we identified Support Coordinator activities that increased people's likelihood of getting Supported Employment.

[Redacted] will leverage this expertise in analyzing data from the Needs Assessment surveys. With a stable and highly qualified analytic team, we are the best option for providing MDHS with the skills needed to conduct various types of analyses (univariate, bivariate and multivariate), comparative analysis, predictive analysis and forecasts for needs, and statistical testing as appropriate, using available social and economic variables as possible.

### C.1.6. Ability to Provide Representation of the Ten AAAs

The quality of and extent to which information gathered during a needs assessment process is representative of the population begins with solid sampling methods, ensuring data are representative of the population and support actionable recommendations for quality improvement initiatives. [Redacted]'s team of analysts brings to this contract 72 years of combined professional analytic experience and over 27 years combined experience in developing sampling methods for a variety of quality assurance contract specifications. Our sampling methodologies have ensured data are suitable for Centers for Medicare and Medicaid Services (CMS) evidentiary reporting and meet the Department of Justice (DOJ) specifications of confidence levels and intervals.

The [Redacted] team has developed sampling methods for multiple quality assurance contracts using various techniques to generate a representative sample: cluster, stratification, two stage, and systematic random and simple random methods. Led by a PhD scientist who has taught sampling, research methods and statistics at the university level, [Redacted] will provide MDHS a uniquely qualified team and an optimum level of expertise in designing and implementing sampling methods to ensure data meet the requirements delineated for this contract.

**[Redacted] will provide MDHS a uniquely qualified team and an optimum level of expertise in designing and implementing sampling methods to ensure all samples meet the margin of error requirements delineated for this**

To ensure representation of all AAAs, MDHS will provide [Redacted] with a list of all individuals age 55 and over, receiving services through the AAAs or who will be eligible at age 60. We will meet with MDHS to discuss information that will be needed on the list and ensure the person's AAA is included, as well to identify the person's minority status and rural vs urban residential setting. This sampling frame will be stratified by AAA and 300 individuals will be selected randomly from within each district.

MDHS will also provide a similar sampling frame list for all people in each AAA district who are on the waiting list for services. [Redacted] will stratify the sample by AAA district and randomly select a sample that is representative of people in each AAA district, proportionate to the population of people on the waiting list in each AAA district. Using this sampling method, we will conform to the error rates established by MDHS (+/- 5%), as describe in **Section C.1.7** of this proposal. To maintain the appropriate sample size and the integrity of the data, an oversample will be used for each AAA district to replace people in the district whom we are unable to reach or decline to participate.

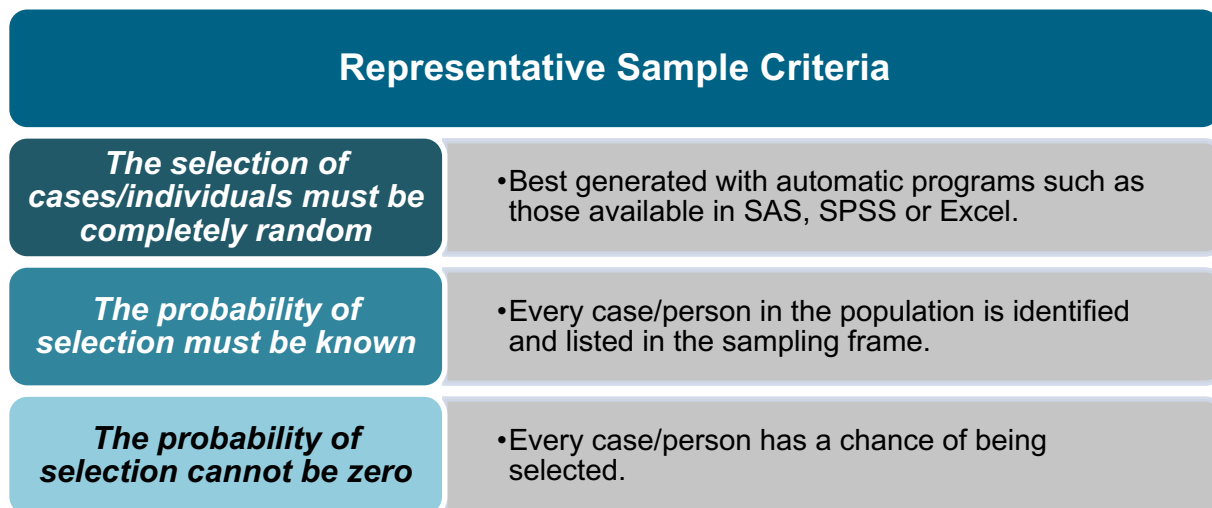
### C.1.7. Ability to Provide an Analysis/Assessment Reflecting a Margin of Error no Greater than 5%

There are numerous types of sampling methods. The sampling method is generally chosen based on research needs and ultimately determines the types of analytic techniques that can be applied to the data. Random probability sampling techniques must be used to ensure the sample is representative of the population, across the state and also within each AAA district. When random probability sampling is properly implemented, it is not only possible to generalize information to the population, but also to estimate the degree of accuracy with which the sample statistic represents the population parameter, e.g., +/- 5 percent.

Random probability sampling has three basic requirements, as listed here and shown in the **Figure 11**:

- **The selection of cases/individuals must be completely random.** This is best accomplished with automatic programs to generate the sample such as those available in SAS, SPSS, or Excel. Random selection eliminates researcher selection bias.
- **The probability of selection must be known.** The probability of selection is calculated as the sampled unit or individual divided by the total number of cases/individuals in the eligible population, or specific strata if stratified techniques are used, from which the unit/case is selected. This can only be known when the number of people in the entire population of interest, or strata, is included and is known.
- **The probability of selection cannot be zero.** Every case/person has a chance of being selected. This is also only possible when every case/person in the eligible population is identified and listed in the sampling frame and every case/person can be selected. Bias can be introduced if any part of the population is excluded, particularly if there is anything systematic about the exclusion such as omitting all high-risk individuals.

**Figure 11: Representative Sample Criteria**



[Redacted] will ensure all of these requirements are met through the following methods.

- The analyst will match data uploaded into SAS with the sampling frame to ensure all cases and information with each case (e.g., AAA district, rural/urban, phone number) were uploaded and correct.
- Data will be organized to enable stratification by district.

- To ensure the selection is totally random, the SAS automatic random selection procedure (Proc Survey select) will be used to generate a random selection of older Mississippians from each AAA district; 300 from each district for people receiving services, and for people on the waiting list, the number proportionate to the population in each district. Because SAS is using the entire sampling frame in the process, the probability of selection for each person will be known.
- Using the SAS sampling program, we ensure individuals on the entire sampling frame are included in the process, with the possibility of being selected; therefore, the probability of selection will not be equal to zero.
- The sample will be analyzed for missing data, incorrect phone numbers or other issues that might impact the integrity of the data. Data will be updated as possible. If necessary, additional individuals will be randomly selected to replace the case with incomplete information.

As indicated, with this type of sampling it is possible to estimate the degree to which sample statistics are representative of population parameters. Confidence intervals, such as the +/- 5 percent required for this project, tell us that with some degree of sampling error our sample statistic can be inferred to the population, i.e., the wider the interval the less accurate the statistic. For example, if 40 percent of the sample indicates a need for transportation, with a +/- 5 percent error the true population parameter would lie between 35 percent and 45 percent.

The required minimum sample size is based on the size and variance of the population, desired precision level, and desired margin of error. Sample size calculators, such as Raosoft (<http://www.raosoft.com/samplesize.html>), are commonly used to determine a sample size to fit desired parameters, and will be used for this contract. When calculating the representative sample size, the population variance is generally not known so we assume 50 percent, which provides the greatest variability and the largest sample size. [Redacted] will ensure we meet the required random probability criteria to provide representative samples for this project, for both people receiving services and people on the waiting list. The sample sizes will be sufficiently large to meet the five percent margin of error as required in the RFP.

### C.1.8. Ability to Provide Draft Report for DAAS Review and Approval Before Final Report

With over 20 years of analytic and report writing experience, [Redacted] has produced over 43 annual reports in collaboration with four different states. Our team is comprised of analysts who are formally trained in data analytics and hold Master's level degrees in Public Health, Applied Statistics, Demography, and Industrial Engineering, and PhDs in Sociology, a combined 72 years of analytic experience. [Redacted] strives for excellence and continually works towards improving our analytic skills and developing innovative ways to report data in meaningful ways. We know the power of "good" data and have processes in place to ensure data integrity is maintained and contractual demands are achieved. We also ensure at least two analysts are familiar with all contracts and work tasks, providing bench strength and back-up staff if needed. Our quality assurance processes, including data analysis and report review, are described in detail in **Section C.1.10**.

*We pride ourselves on the collaborative and transparent approach we use in all data analytic and reporting activities. We value the input and insight our clients provide, enhancing the content of reports*

Our analytic and reporting processes include, but are not limited to, working collaboratively with states to develop data collection tools with high levels of internal and external validity, applying comprehensive inter-rater reliability methods, using statistical software (SAS) to pull representative samples, and ensuring data are clean and validated prior to analysis and reporting. These practices, and our many years of experience collaborating with state agencies, have

shaped our team into one that possesses the skills and expertise to produce a quality and innovative Draft Needs Assessment Report. We will ensure data analysis and presentations provide MDHS with clear and accurate information and projections needed to inform program planning and policy development for older adults in the State of Mississippi.

*“I needed to have a good read where I felt informed by sound analytical thinking; so, I pivoted to [your] report. Thank you! How refreshing of a change (from my other projects), for this was clearly well thought out, executed, explained, and informative. Very helpful information as we consider how tools perform reliably, what they are measuring—all good as we ponder revisions.” - From [State Name Redacted]’s State Analytics Department*

Descriptive and inferential statistics will be employed to analyze data in meaningful ways and to identify needs across various groups of populations to determine the current and unmet needs of aging Mississippians. While employing our expertise to provide this in-depth analysis, we will meet, as needed, with relevant MDHS and DAAS personnel to discuss the format and content of the report, as well as any questions that may arise from initial results. The draft report will include a combination of engaging and clear figures and graphs, as well as a written narrative which will “tell a story” of the findings for the reader by making connections between outcomes and across AAAs, drawing attention to results of particular interest, and discussing overall findings. At a minimum, the report will address the following:

- An analysis of social and economic variables (e.g., age, race, gender, income)
- An assessment of needs for minorities
- An assessment of needs for individuals living in a rural setting
- An assessment of needs for individuals on the waiting list
- A statewide assessment of COVID’s impact on aging Mississippians
- A comprehensive discussion of findings
- An analysis of projected needs for service providers and individuals on the waiting list
- An assessment of increases or decreases in service needs over time using population projections and growth rates.

After we have compiled the data, [Redacted] will analyze results to provide statewide averages for each of the subgroups identified above. For example, when analyzing results within the Transportation section of the survey, we can report results for the question “How big of a problem has a lack of transportation been for you over the last 12 months?”, comparing the percent of individuals reporting “major” or “minor” problems versus “no” problems, producing statewide results and by different demographic and economic variables such as gender, race (minority status), residential setting, and status on the waiting list. Using a difference of proportions or means test (e.g., chi-square or t-test) we can determine if transportation is statistically ( $p < .05$ ) difficult for one group versus another. Descriptive and inferential analyses such as these are straightforward, clearly identify where services may be needed or improved, and will provide meaningful insights into the needs of aging Mississippians while also identifying disparities within the state.

Taking all findings into consideration, [Redacted] will work collaboratively with MDHS, as needed, to present a comprehensive assessment of needs for aging adults in Mississippi by identifying areas where needs are more pronounced and by whom. In this section of the final report overall findings will be discussed to draw attention to areas where individuals are experiencing the greatest hardships, as well as areas where the greatest disparities are occurring. [Redacted] will also provide evidence-based recommendations for the State which may help address these needs or provide direction for further analysis. For example, if transportation is found to be a



greater issue for people living in rural areas than for those in urban areas, we might develop several recommendations on how the State may increase access to public transportation in rural areas or recommend a partnership with private companies such as Uber to provide free or reduced cost transportation to older Mississippians living in rural areas.

Finally, the draft report will include a section showing projections of needs for service providers and the needs of older Mississippians receiving services and on the waiting list. This assessment of need will reflect expected increases or decreases in service needs. This information will assist MDHS in efforts to prepare for the future and to meet the needs of their changing population. Details regarding how [Redacted] intends to complete projection analyses, including the confounding influence of the COVID-19 pandemic, can be found in **Sections C.1.2, C.1.3, and C.1.9**. Once a draft report is developed, and has gone through the quality assurance process as described in **Section C.1.10**, it will be shared with MDHS to review and provide comments and responses to the information provided.

*Projections developed from the current data will take into consideration the tremendous impact of the COVID-19 pandemic through trend analysis using historical needs assessments reports*

[Redacted] understands the challenges MDHS and DAAS face when trying to anticipate needs for their aging population. We are prepared to use secondary sources in conjunction with findings from the 2022 Mississippi Older Adults Needs Assessment survey to assess future service needs. With a team of analysts who hold advanced degrees in Demography and Public Health, we possess the necessary expertise to utilize available data sources of population estimates and projections from the U.S. Census Bureau, socioeconomic and demographic data from the Current Population Survey (CPS), and, if available, service trend data from the Administration on Aging to calculate growth rates amongst aging Mississippians and in turn, estimate their service needs over the coming years.

### **C.1.9. Ability to Provide the Needs Assessment that Shall Reflect an Increase in Services or Decrease Based on Population of Older Adults**

[Redacted] understands the challenges MDHS and DAAS face when trying to anticipate needs for their aging population. We are prepared to use secondary sources in conjunction with findings from the 2022 Mississippi Older Adults Needs Assessment survey to assess future service needs. With a team of analysts who hold advanced degrees in Demography and Public Health, we possess the necessary expertise to utilize available data sources of population estimates and projections from the U.S. Census Bureau, socioeconomic and demographic data from the Current Population Survey (CPS), and, if available, service trend data from the Administration on Aging to calculate growth rates amongst aging Mississippians and in turn, estimate their service needs over the coming years.

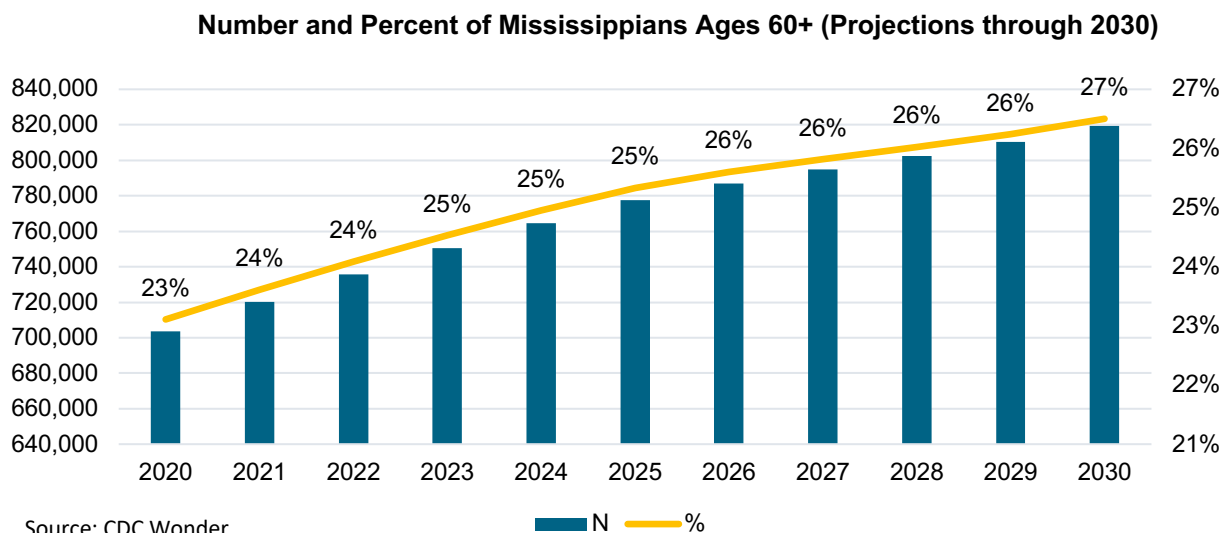
For example, utilizing population projections from the U.S. Census Bureau, [Redacted] used the growth rate equation below to estimate the average growth rate per year for Mississippi's population of adults ages 60 and over for the period of 2020 – 2030.

$$\text{Population Growth Rate}^5 = \frac{\text{Population } (t2) - \text{Population } (t1)}{\text{Population } (t1)} \times 100$$

Our findings indicate this population will increase an average of 1.54 percent each year, or 16.5 percent by 2030, and the population age 85 and up will increase by over 25 percent by 2030. **Figure 12** displays the number and proportion of Mississippians 60 years of age or older in 2020 as well as the projected population by year through 2030. According to these projections, the proportion of the population 60 years of age or older will increase from 23 percent in 2020 to 26.5 percent in 2030. Meanwhile, similar analyses found the population of individual's ages 20-54 is only expected to increase by 4.4 percent and the population under 20 years of age is expected to decrease by 6.4 percent. These findings suggest the aging population is the fastest growing population in the State of Mississippi.

*Findings from analysis [Redacted] already conducted using Mississippi's population estimates suggest the aging population, age 75 and over, is the fastest growing population in the State of Mississippi*

Figure 12: Number and Percentage of Mississippians Ages 60+: Projections Through 2030



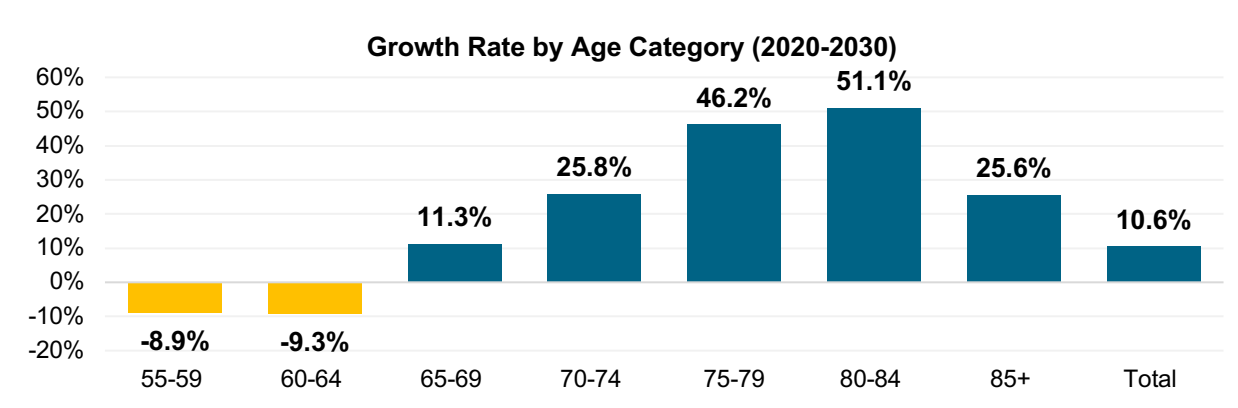
While population level analyses like the one above provide important insights, [Redacted] understands how dynamic population change is and that needs likely vary substantially between people at the lower end of the age spectrum and people at the highest. As we know, when the Baby Boomer cohort (individuals born between 1946-1964) began aging into services in 2006, the population of individuals receiving services increased substantially. As these individuals continue to age, however, we will see increased needs among the highest age brackets and, as shown in Table 2 and Figure 13 that follow, a decrease in needs among Mississippians on the lower end of the age spectrum – including ages 55-59 who may be on the waiting list.

Table 2 shows the number and proportion of individuals age 55 and older in five-year intervals in 2020 and the projected number and proportion in 2030. These data indicate the population of individuals joining the waiting list (ages 55-59) and beginning to receive services is expected to decline by about nine percent by 2030, while the population of individuals between the ages of 57 and 84 is expected to increase by 45 to 50 percent.

Table 2: Population Projections by Age Category: 2020-2030

Age Category	2020		2030		Growth Rate
	N	%	N	%	
55-59	210,908	6.9%	192,224	6.2%	-8.9%
60-64	204,445	6.7%	185,477	6.0%	-9.3%
65-69	170,187	5.6%	189,349	6.1%	11.3%
70-74	131,955	4.3%	166,046	5.4%	25.8%
75-79	84,058	2.8%	122,901	4.0%	46.2%
80-84	54,360	1.8%	82,125	2.7%	51.1%
85+	58,630	1.9%	73,646	2.4%	25.6%
<b>Total</b>	<b>914,543</b>	<b>30.0%</b>	<b>1,011,768</b>	<b>32.7%</b>	<b>10.6%</b>

Figure 13: Growth Rate by Age Category (2020-2030)



[Redacted] can utilize additional Census data, as well as sociodemographic and economic data from the Current Population Survey (CPS) to conduct similar analyses for various subgroups of the population, such as individuals living in rural areas, minority elders, women, and other sociodemographic indicators of interest such as educational attainment and median household income. For example, when secondary data are available, [Redacted] can utilize historical Census or CPS data to determine growth rates for these sub-populations and then use the population projection model (see equation below) to extrapolate these populations into the future. Determining growth rates and creating population projections for varying groups of the population will allow [Redacted] to assist MDHS in efforts to allocate necessary resources to older Mississippians most in need and to determine which groups may require fewer services over time.

*Exponential Population Projection:  $P_t = P_o (e^{rt})$*

Where  $P_o$  = initial population,  $P_t$  = population  $t$  years later,  $e$  = base of the natural logarithm (2.718), and  $r$  = annual growth rate

Finally, [Redacted] will apply growth rates and population projections to results derived from the DAAS Needs Assessment survey to estimate service needs over time. For instance, if three percent of the sample of individuals receiving services indicated they also need Home Health Care but are unable to get it, we could infer from the representative sample, that about 900 of 30,000 service recipients are waiting to receive this service. We can then apply the annual growth rate of 1.54 percent from the population of individuals ages 60+ to the population projection equation above to estimate the number of individuals who will be waiting to receive Home Health Care services in 10 years, if there are no changes in the number of providers offering this service. In this hypothetical example, that number would come out to be 1,049.82 or about 1,050 people. We can apply the same methods to the information from the waiting list and get an overall picture of what the service needs will be.<sup>5</sup>

$$\begin{aligned}
 P_t &= P_o (e^{rt}) \\
 P_{10} &= 900(2.718^{(.0154)(10)}) \\
 P_{10} &= 900(1.166) \\
 P_{10} &= 1,049.82
 \end{aligned}$$

<sup>5</sup> "P", "e" and "r" are defined in the above equation. "P<sub>10</sub>" indicates "P<sub>t</sub>", projected over 10 years.

The impact of the COVID-19 pandemic is critical in developing service need projections. While the country is slowly beginning to recover, many people receiving state and federally funded services have lost services, changed residences, or lost service providers. These circumstances could impact the amount of need reported in the surveys. Completing a trend analysis from historical needs assessment data will be used to determine if need has increased significantly since prior to March 2020. In additions, COVID-related questions in the surveys will help determine the number of people who may have lost services or service providers due to the pandemic. Results from these will be incorporated in the current needs assessment analyses.

Given this information, [Redacted] can use administrative data to determine how many providers are currently offering this service and to how many individuals. This information, combined with current and projected needs, would allow us to develop a clearer understanding of how many providers are needed to serve the current and future populations. [Redacted] will collaborate with MDHS to determine the type of analysis and specific areas of concern or interest to address.

### C.1.10. Ability to Provide a Formal Written Report

With over 72 combined years of analytic and report writing experience, [Redacted]'s analytic team has, in collaboration with four different states, produced over 43 annual reports, 110 quarterly reports, and approximately 40 Quality Improvement (QI) Studies, including a published study analyzing medication use among individuals with IDD transitioning from an institution to a community residence.<sup>6</sup> The quality assurance (QA) processes we use in producing all reports are extensive and guarantee a high quality product that is delivered on time. In fact, no deadline has ever been missed for any report or QI study.

Our QA processes begin with validation of results from the survey data. Two analysts work independently to ensure code is written to correctly extract all the data, such that numbers statewide and within AAAs and demographic categories match. While analyzing and writing the report, developing graphic and tabular displays, the Scientist will also be reviewing results to identify any potential errors or issues. These are discussed with the team and corrections made if needed. Before submitting the final report to the client, additional review is completed by the director, and managers if relevant, of the program. Edits and comments from this review are incorporated into the report and the final version is submitted to the client.

**[Redacted] uses extensive and thorough quality assurance processes to ensure all reports are accurate and timely, with clear and meaningful data displays and recommendations.**

To ensure timeliness, the analytic team meets bi-weekly to discuss all contract tasks, address timelines, and ensure enough resources are available to finish all work on time. The Scientist also meets regularly with the director and managers of each contract. During these meetings timelines are discussed as well as any changes in the state's needs or issues that might impact our ability to complete all data collection activity as planned, which may require revisions to the report writing process.

These methods, used successfully for many years, will be used in this project to ensure the final report for the DAAS Needs Assessment surveys are the highest quality, with clear and meaningful data presentations, and delivered timely. The process will begin by meeting with relevant MDHS



staff to review edits and comments from the draft report and address questions or the possible need for additional analysis. Additional meetings may occur, if needed, before the Final Report is approved by [Redacted]'s Director and submitted for MDHS. [Redacted]'s goal is to ensure the report is completed on time, and the content is beneficial to the state and provides valuable information to help ensure services and resources are identified to assist in planning for future needs of older Mississippians.

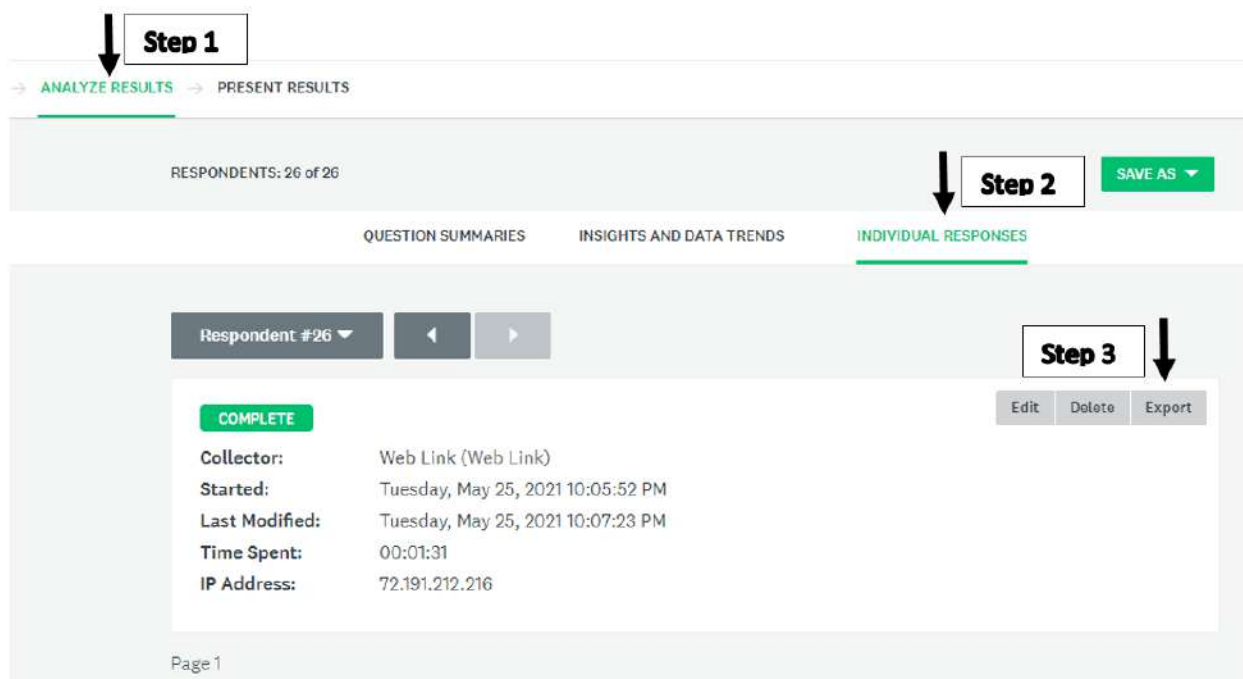
### C.1.11. Ability to Provide Raw Data in Excel Format

[Redacted] has a Database Management Team with over 75 years of combined database experience. With all that experience, we have worked with many vendors and clients across the country to transfer data in many different formats. [Redacted] uses Microsoft products as a standard. This means we can make the data available in many formats, including Excel. If the state so chooses, we can provide the data in a SQL Server format, Access, CSV, text, XML, JSON, or a number of other formats. Our experienced staff is accustomed to meeting the needs of our customers and partners in other organizations, and available for this contract if needed.

[Redacted] proposes to use Survey Monkey to accomplish all survey tasks for this contract. Our Survey Monkey contract supports three administrators, including the Scientist who will be directing analytic activities, who are able to create and retrieve data whenever requested. [Redacted] has designed and implemented dozens of surveys through Survey Monkey and has regularly exported results to Excel, which are often provided to clients. Data from Provider Feedback Surveys, distributed as part of our [State Name Redacted] and [State Name Redacted] quality assurance programs, are exported to Excel quarterly and analyzed internally to support continuous quality improvement in our processes.

The process to export all responses from the survey to Excel is straightforward and easily completed. Simply go to *analyze results*, then click on *individual responses*, *export*, and choose *XLS* (see the screen shots in [Figure 14](#)). [Redacted] will export data to Excel when requested by MDHS.

Figure 14: Step-by-step Process to Export Reports to Excel



Export Survey Data

SUMMARY DATA    ALL RESPONSES DATA (Step 4)

FILE FORMAT: XLS, CSV, SPSS, PDF

DATA VIEW: Current View, Original View (No rules applied)

RESPONSES: Response #26, All Individual responses

PAPER SIZE: Letter (8.5" x 11")

Start each response on a new page (checked)

FILE NAME: Response\_26\_210531.pdf

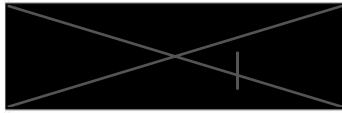
CANCEL    EXPORT


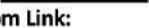
### C.1.12. Ability and approach to facilitate a meeting with MDHS to review Draft Report of Needs





The needs and expectations/requirements of every contract are different. Therefore, [Redacted] solicits these from each client to help ensure they are addressed. [Redacted] has extensive experience with scheduling, organizing (logistics), developing agendas and facilitating regular or ad hoc meetings with the contract holder’s leadership. As noted in [Section C.1.8](#), part of ensuring the DAAS Needs Assessment report meets MDHS’ expectations is working collaboratively with MDHS to develop the format and content of the report. Once this is finalized and data are collected and validated, a meeting with MDHS will occur to discuss the outline and proposed content for the report. Based on this collaboration, the lead analyst will write the draft report and submit it to MDHS, following QA process outlined in [Section C.1.10](#). The Project Director will arrange a meeting, including the logistics, and an agenda, with MDHS to review the draft report. Due to the pandemic, it is recommended this meeting occur using Zoomgov (a secure video conferencing platform).

During this meeting, any questions or issues will be discussed and [Redacted] may solicit further feedback related to the format, content, or comments provided by MDHS. Also, any questions regarding the analysis, findings, projections, and recommendations can be discussed. Based on these discussions, additional analysis may be requested or identified. Minutes will be recorded by [Redacted] and submitted to MDHS for review. [Figure 15](#) provides an example of an agenda and possible topics.

Figure 15: Sample Project Meeting Agenda



**DAAS Needs Assessment Meeting Agenda**  
 Date: 1/21/2022  
 Time: Meeting/Teleconference 10:00 – 11:30 AM EST  
 Facilitator:   
 Zoom Link: 

Attendance					
Present	Representative	Location	Present	Representative	Location
				MDHS Contract Manager	
				DAAS Representative	
				MDHS Representative	
					



Agenda – Draft Annual Report	
Topic	Supporting Information Discussion, Decisions, and Action items to take by Whom and by When
Welcome and Introductions	•
General Feedback on the Format	
Structure/outline	•
Graphic Design	•
Table Design	•
Questions Related to the Report Sections	
Executive Summary	•
Description of Analysis	•
Findings	•
Recommendations	•
Next Steps	
	•
	•
Next Meeting:	



**Appendix A - Project Plan Timeline**

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 1</b>					
<b>Implementation Period</b>	<b>31 days</b>	<b>Day 1</b>	<b>Day 27</b>		
<b>Contract Execution/Start</b>	<b>1</b>	<b>Day 1</b>	<b>Day 1</b>		
Schedule Kickoff	1	Day 2	Day 2	Project Director and MDHS Contract Manager	
Conduct Kickoff Meeting: <ul style="list-style-type: none"> <li>Discuss project plan timelines</li> <li>Discuss project plan</li> <li>Discuss sampling methodology</li> <li>Discuss communication plan for external stakeholders</li> <li>Discuss any changes needed for the Needs Assessment and Service Provider Survey</li> <li>Set up re-occurring meetings during implementation period</li> </ul>	1	Day 5	Day 5	Senior Vice President, Project Director, Project Coordinator, and MDHS/DAAS Leadership	
Obtain list of providers and people receiving services and those on the waiting list (including contact information) from MDHS/DAAS	5	Day 1	Day 5	MDHS Contract Manager	
Receive final surveys (Needs Assessment and Service Provider) from MDHS	5	Day 1	Day 5	MDHS Contract Manager	If MDHS is expecting any changes to the current surveys, this task will be completed during this timeframe.
<b>Submit Final Project Plan and Timeline to MDHS</b>	<b>3</b>	<b>Day 5</b>	<b>Day 7</b>	<b>Project Director and Project Coordinator</b>	
<b>Submit final Communication Plan for external stakeholders:</b> <ul style="list-style-type: none"> <li>PPT content for external stakeholders</li> <li>Postcards' content for external stakeholders</li> </ul>	<b>3</b>	<b>Day 5</b>	<b>Day 7</b>	<b>Project Director and Project Coordinator</b>	
Develop PPT presentation for stakeholders to be presented via webinar	5	Day 8	Day 12	Project Director	
Submit PPT presentation for review and approval	1	Day 13	Day 13	Project Director	
Provide edits for PPT presentation	5	Day 14	Day 18	MDHS Contract Manager	
Update PPT and submit final PPT presentation	2	Day 19	Day 20	Project Director	
Schedule webinar session	1	Day 12	Day 12	Project Director, Project support	
Conduct scheduled webinar session	2	Day 26	Day 27	Project Director and Project Coordinator	
<b>Develop policy and procedures</b>	<b>3</b>	<b>Day 2</b>	<b>Day 4</b>	<b>Project Director, Project Coordinator, and Scientist</b>	
Submit policy and procedures to MDHS for review	1	Day 5	Day 5	Project Coordinator	
Provide edits for policy and procedures	4	Day 6	Day 9	MDHS Contract Manager	
Finalize policy and procedures based upon feedback from MDHS	1	Day 10	Day 10	Project Director and Project Coordinator	





NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>Data Collection System</b>					
Building Needs Assessment survey in the Survey Monkey	5	Day 6	Day 10	Scientist, Project Coordinator	
Testing	1	Day 11	Day 11	Project Coordinator and Sr. Data Analyst	
Fixes	1	Day 12	Day 12	Scientist, Project Coordinator	
Final and Complete Release	1	Day 13	Day 13	Scientist, Project Coordinator	
Building Service Provider mailed survey in the Survey Monkey	3	Day 14	Day 16	Scientist, Project Coordinator	
Testing	1	Day 16	Day 16	IT personnel, Project Coordinator, Data Analyst	
Fixes	1	Day 17	Day 17	Scientist, Project Coordinator	
Final and Complete Release	1	Day 18	Day 18	Scientist, Project Coordinator	
Develop internal Portal for Survey Tracking System	3	Day 2	Day 4	IT personnel	
Testing	1	Day 5	Day 5	IT personnel, Project Coordinator	
Fixes/Release	1	Day 6	Day 6	IT personnel	
<b>Onboard Sub-Contracted Surveyors and Competency-Based Testing</b>					
Onboard sub-contracted Surveyors	15	Day 1	Day 15	Project Coordinator, [Redacted] Contracts Department	Onboarding includes signing the contract with [Redacted] and completing required corporate training from [Redacted]
Surveyors receive training to conduct the Need Assessment and policy and procedures from [Redacted]	5	Day 20	Day 25	Project Coordinator, Project Director, Surveyor	Prior to implementation of Needs Assessment Surveys, this training will be completed for Surveyors. Training sessions will take place over the five day period.
Begin rater reliability process with Surveyors	1	Day 26	Day 26	Project Coordinator, Surveyor	Each Surveyor will go through rater reliability testing.



NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 2</b>					
<b>Needs Assessment Surveys</b>					
Select random sample/oversample for Needs Assessment survey	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample (up to 3000)	5	Day 12	Day 16	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	4	Day 20	Day 24	Project Coordinator,	
Begin conducting 3000 Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.
<b>Needs Assessment Survey for People on the Waiting List</b>					
Obtain the list of people on the Waiting List from MDHS	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample	5	Day 12	Day 17	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	5	Day 12	Day 16	Project Coordinator	
Begin conducting Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.
<b>Service Provider Mailed Survey</b>					
Obtain the list of eligible providers and contact information from AAAs	7	Day 6	Day 12	Senior Scientist, Health Analyst	
Verify mailing addresses	5	Day 13	Day 17	Project Coordinator	
Mail survey to Providers	3	Day 27	Day 30	Project Coordinator,	
Update any addresses based upon returned surveys and re-send	10	Day 31	Day 40	Project Coordinator,	
Enter results of mail out survey into the web-based Survey Monkey	14	Day 41	Day 54	Project Support	
Review return rate and if needed mail reminder postcards to providers	4	Day 47	Day 49	Project Coordinator,	



NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 3</b>					
<b>Annual Report</b>					
Meeting with MDHS to discuss report outline	1	Day 90	Day 90	Project Director, Scientist, Senior Data Analyst, MDHS Contract Manager and other MDHS/DAAS leadership	
Download and clean data	7	Day 94	Day 101	Scientist, Sr. Data Analyst	
Complete Survey Analysis	30	Day 102	Day 131	Scientist, Sr. Data Analyst	
Submit Draft Report	1	Day 132	Day 132	Scientist	
MDHS reviews Draft Report and submits to	14	Day 138	Day 146	MDHS Contract Manager	
Review comments and feedback on the Draft Report and schedule meeting with MDHS	6	Day 147	Day 152	Scientist, Sr. Data Analyst	
Conduct meeting with MDHS to review the Draft Annual Report	1	Day 153	Day 153	Project Coordinator, Scientist, Sr. Data Analyst	Meeting will be scheduled and conducted during this timeframe.
Complete modifications to the Draft Annual Report	22	Day 152	Day 174	Scientist, Sr. Data Analyst	
Submit Final Annual Report	1	Day 175	Day 175	Scientist	

**QLARANT – FILE FOLDER 4 – MANAGEMENT DATA NOT REDACTED PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE ON 6/25/21)**

Qlarant Quality Solutions' Response to  
**DAAS NEEDS ASSESSMENT**

RFP#: 20210511 (RFx# 3180001360/3120002223)  
Mississippi Department of Human Services (MDHS)  
MDHS Procurement Services

**Electronic Copy**

**Tab 4: Management Data**

**Bid Response:**  
**Date:** June 11, 2021  
**Time:** 2:00 PM, CT



**Submitted To:**

Robert G. Anderson  
Executive Director  
Attn: Bryan C. Wardlaw  
Chief Procurement Officer  
MDHS Procurement Services  
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**Submitted By:**

Ronald Forsythe  
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## D. TAB 1 - Entire Proposal Package

### D.1. Management Summary

#### ATTACHMENT A PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES

Organization Name: Qlarant Quality Solutions, Inc.

Organization's Physical Address: 28464 Marlboro Avenue, Easton, Maryland 21601

Organization's Mailing Address: 28464 Marlboro Avenue, Easton, Maryland 21601

Organization's Principal Place of Business: 28464 Marlboro Avenue, Easton, Maryland 21601

Organization's Place of Performance of Services (if different): 225 Peachtree Street NE, Ste 1900  
Atlanta, Georgia 30303

Contact Person's Name: Bob Foley

Contact Person's Title: Senior Vice President

Contact Person's Phone No.: 813.972.8100 Ext: 12007 or 866.254.2075

Contact Person's Fax No.: 888.877.5526

Contact Person's Email Address: foleyb@qlarant.com

Tax I.D. Number: 52-1000082

09 301 5246

DUNS Number: \_\_\_\_\_

48

Age of business \_\_\_\_\_ Average number of employees over the past three (3) years: 84

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

N/A

N/A

Minority-Owned \_\_\_\_\_ Women-Owned \_\_\_\_\_

Indicate the underlying philosophy of the firm in providing the services required within this solicitation:

At Qlarant, we are committed to protecting and improving upon the clinical and fiscal integrity of healthcare and other public support systems in the communities we serve. Our person centered approach to information gathering and our focus on the improvement of service delivery drive system change and ultimately enhance the lives of vulnerable members of our communities. We consistently meet or exceed customers' requirements and expectations for quality, performance, timeliness, and cost of services. Our vision is to deliver the most innovative solutions and unrivaled results with an agile, expert workforce, and trusted, strategic relationships. Our mission is to deliver quality, clarity, and opportunity.

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at its own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it **has not** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
9. **REPRESENTATION REGARDING GRATUITIES**  
The Contractor represents that it **has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.
10. **INDEPENDENT PRICE DETERMINATION**  
The respondent certifies that the prices submitted in response to the solicitation **have** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.



**11. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES**

The prospective Contractor represents as a part of such Contractor's proposal that such Contractor **has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** Qlarant Quality Solutions, Inc.

**Printed Name and Title of Representative:** Ronald G. Forsythe, Jr., PhD,  
Chief Executive Officer

**Signature/Date:**  1/6/3/21

*Note: Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.*

## D.2. Management Data

### D.2.1. Project Management Plan

Qlarant's Project Management Plan design and timeline are in three phases shown in **Figure 1**: Implementation, Survey Completion, and Annual Report Completion. Each phase includes specific tasks and components to meet MDHS' expectations and requirements to ensure the Annual Report is completed within the timeframe of this contract.

**Figure 1: Project Management Plan Phases and Key Tasks**



**Phase 1** of the project plan and timeline will take 30 days to complete, beginning after the award of the contract. Qlarant will schedule a “kick off” meeting with MDHS. The following items will be on the agenda:

- Overview of the Project Plan and timelines
- Sampling methodology
- Information to be included with the lists of providers and older Mississippians for sampling, e.g., AAA District, phone numbers, rural or urban.
- Communication plan for external stakeholders (presentation and postcards)
- Any changes needed for the Needs Assessment and Service Provider Survey
- Re-occurring meetings schedule during implementation period

After this meeting, Qlarant will finalize the Project Plan and Timeline, Communication Plan, and this project's policy and procedures and submit these to MDHS. Qlarant will also request the following information from MDHS or the AAAs:

- Final surveys from MDHS
- List of providers for each AAA district and their contact information
- List of people receiving services, including contact information
- List of people on the waiting list, including contact information

It is anticipated that all these activities will occur within the first ten days of the contract award. As part of the Communication Plan, Qlarant will also prepare and schedule (prior to the start of the survey activity) a web presentation to present to all providers, AAAs, and any necessary MDHS and DAAS staff. This presentation will help prepare stakeholders for the upcoming survey activity and provide information regarding the DAAS Needs Assessment and Service Provider Survey process and purpose.

During this phase of the project, once the final surveys are received, Qlarant will build the surveys into Survey Monkey and test them to ensure they work properly before the survey process begins. Qlarant will also build the secure portal site to be used by the Project Director, Project Coordinator, Surveyors, and Project Support to track progress on all surveys in the Survey Tracking System. These activities will be completed within the first 18 days of the contract.

**Phase 1:** Onboarding and training will be conducted for all Surveyors. This will include finalization of all contracts, training, and rater-reliability activities for Surveyors. It is anticipated these activities will be finalized within the first 26 days.

**Phase 2:** Key tasks associated with conducting the surveys are included in this phase of the project plan. After each sample has been selected, it will be “cleaned.” This includes ensuring contact information is available for telephone surveys participants, verifying mailing addresses for providers, and any other criteria required to be a part of the sample.

Once the sample is finalized for the DAAS Needs Assessment Survey, postcards will be mailed to participants, notifying them of the impending telephone call and providing them with information about the survey. This will occur prior to the start of the calls and within 24 days of the start of the contract. The Service Provider Survey will be mailed after the presentation to providers and other stakeholders that provided information about the mail survey they will receive.

Based on this plan and timeline, the DAAS Needs Assessment phone surveys, for people receiving services and people on the waiting list, will begin 31 days after the contract award. They will be

**Conducting both phone surveys concurrently provides potential to complete them earlier than predicted.**

conducted concurrently and it is anticipated both surveys will be completed within 70 days (9 weeks). Responses will be entered by the Surveyor into the web-based platform Survey Monkey during the interview with participants, creating efficiencies in the process. Survey Monkey allows real-time data reports to be downloaded at any time by the administrator of the account. Qlarant’s Scientist is also able to download the data into an Excel spreadsheet and use this information to check for inconsistencies in data entry and help the Project Coordinator track production.

Project Support staff will enter data, into the Survey Monkey system, as the Service Provider surveys are returned to Qlarant. Using the Survey Monkey real-time report generator, the Project Coordinator will evaluate the return rate for these surveys. Based on this information, if necessary, a reminder postcard will be sent to providers who have not yet completed the survey. Providers will again be provided access to the Survey Monkey link and QR code to complete the survey online. This portion of **Phase 2** should be completed within 54 days of the start of the contract, including a two-week timeline to enter all the data from surveys received via mail.

**Phase 3** tasks are focused solely on the development of the Annual Report. This begins with a meeting with MDHS to discuss and finalize specific components, content, potential analysis, and formatting to ensure the report meets expectations. Qlarant will organize and facilitate this meeting, and provide an agenda with “talking points” of possible content and types of analysis and projections to be discussed. This meeting will occur within 90 days post contract start.

*Service providers will have three separate options to complete the Service Provider Survey: mailed in paper survey, using the Survey Monkey link or a Quick Response (QR) Code to complete the survey using a cell phone or tablet.*

Data will then be downloaded from Survey Monkey by the 94<sup>th</sup> day of the contract. The Scientist and Senior Data Analyst will clean and validate the data. At the direction of the Scientist, the Senior Data Analyst will analyze the data and the Scientist will validate results and formulate the draft report findings and recommendations. These activities will take approximately one month. A draft report will be submitted to MDHS and a meeting to discuss the report will be scheduled and conducted. Upon receipt of any recommended modifications to the draft report, the Scientist will have another 30 days to complete and submit the final Annual Report. This last step will conclude the project. Therefore, Qlarant will have completed all deliverables within 175 days of the contract start date, just shy of six months from start to finish.

#### **D.2.1.1. Approach to Developing a Final Report**

Qlarant has extensive experience collaborating with state agencies to produce quality reports detailing findings and drawing attention to areas of concern and interest to the state. The final report is the culmination of work that has been carefully executed over the course of several weeks to ensure the highest quality data collection and analysis for MDHS. Throughout the data collection process and prior to drafting the report, Qlarant will work with the State to develop a deeper understanding of their expectations and to ensure we are prepared to meet them. Qlarant will use these discussions and the direction set out by this RFP to develop the final report. This process will be composed of the following activities, described in more detail below:

- Facilitate initial meeting with MDHS to discuss content and format
- Conduct data cleaning and analysis, using dual validation to ensure results are accurate
- Develop the draft report and submit to the Project Director and Project Coordinator for review, and incorporate feedback
- Submit draft report to MDHS
- Conduct meeting with MDHS to discuss the draft report and obtain feedback
- Address feedback and comments from MDHS
- Produce final report and submit to MDHS.

#### **Initial Meeting with MDHS**

Qlarant will facilitate this meeting and provide an agenda to guide discussions. We will use guidance from the RFP and previous reports to provide agenda items for discussion with MDHS, to determine the content and format for the report. The agenda for this initial meeting will assist in our efforts to ensure we are meeting all of MDHS’ expectations and the analysis is organized and focused so it may be completed in a timely manner.

#### **Data Cleaning and Validation (1 week)**

Once all the surveys have been completed, Qlarant analysts will begin the process of cleaning, aggregating, analyzing, and validating the data. This process includes the following steps:

- Download survey data from the Mississippi Older Adults Needs Assessment and Waiting List Survey and Service Provider mailed survey and import into SAS
- Run SAS programs to identify missing data, missing values, or other errors and make corrections as needed and as possible
- Analyze results across ten different AAAs and by various socioeconomic and demographic variables, as available in the data
- Dual validation – a second analyst will independently review the SAS programs and data to ensure accuracy.

### **Analysis and Development of the Draft Report (4 weeks)**

As detailed in [Section D.2.1.8](#), the report will visually display findings through the use of tables and graphs and provide a written narrative which will “tell a story” by making connections between outcomes and across AAAs, drawing attention to results of particular interest, and discussing overall findings. At a minimum, the report will address the following:

- An analysis of social and economic variables (i.e., age, race, gender, income)
- An assessment of needs for minorities
- An assessment of needs for individuals living in a rural vs an urban setting
- An assessment of needs for individuals on the waiting list
- A statewide assessment of COVID’s impact on aging Mississippians
- An analysis of projected needs for service providers and individuals on the waiting list
- An assessment of increases or decreases in service needs over time through the use of population projections and growth rates
- A comprehensive discussion of findings

The draft report will be reviewed internally by our team and then submitted to MDHS for review.

### **Finalizing the Report (30 Days)**

Once MDHS has reviewed the draft report, the Project Director will arrange a meeting, including the logistics and an agenda, with MDHS to review the draft report. During this meeting, any questions or issues will be discussed and Qlarant may solicit further feedback related to the format, content, or comments provided by MDHS. Also, any questions regarding the analysis, findings, projections, and recommendations can be discussed. Based on these discussions, additional analysis may be requested or identified. Minutes will be recorded by Qlarant and submitted to MDHS for review. [Section D.2.1.11](#) of this proposal provides an example of an agenda and possible topics.

After this meeting, Qlarant will work internally to ensure all necessary adjustments are made and to ensure the report is properly formatted. Once Qlarant has completed this process we will submit a final report to MDHS.

#### **D.2.1.2. Timeline Outlining Ability**

Qlarant has developed innovative and efficient systems to ensure we meet all deliverables within required timelines. Our analytic team for this project takes pride in the fact that we have never missed a deadline on any of the hundreds of quarterly and annual reports we have completed over the past 20 years. This accomplishment can be credited to the fact that our team values team work and knows the importance of time-management and project planning. These qualities encourage us to consistently deliver quality products on time. To this end, a detailed timeline outlining our ability to meet the project tasks described in [Section 2.2\(C\) of the RFP](#) can be found in [Attachment A - Project Plan Timeline](#). This timeline comprises three phases, which will unfold

over 175 days, to ensure all project tasks are completed in a timely manner. The events and tasks expected to occur within each phase are described below.

### **Phase 1: Implementation, Developing the Survey, and Hiring Surveyors**

Phase 1 will unfold over the first 30 days of the contract and will include an implementation period, development of a data collection system, onboarding of sub-contractors, and competency-based testing.

During the implementation period, Qlarant will schedule a kick off meeting with MDHS to discuss the project plan and its timeline, the sampling methodology, and potential changes which will need to be made to the Needs Assessment and Service Provider Survey. Other activities which will occur during the implementation period include:

- Obtain a list of providers and people receiving services and people on the waiting list (including contact information and other information as determined necessary) from MDHS/DAAS
- Receive final surveys (Needs Assessment and Service Provider) from MDHS
- Submit Final Project Plan and Timeline to MDHS
- Submit final Communication Plan, which includes the development of the following:
  - Timelines for the development of the presentation content for stakeholders and delivery of the web-based presentation
  - Timelines and finalization of the content of postcards for providers and people sampled for the Needs Assessment survey
- Collaborate with MDHS to finalize policy and procedures

Also, during Phase 1, Qlarant's Scientist will create the Needs Assessment Survey and Service Provider Mail survey in Survey Monkey. By using Survey Monkey Qlarant is able to save considerable time and resources that would otherwise be needed to develop a new application from scratch. Once the survey has been constructed, Qlarant's Scientist, Senior Analyst, and Project Coordinator will test the survey and address any identified issues. Also, during this time, the Project Coordinator will work with our IT department to develop an internal portal which will be used for survey tracking.

Finally, during Phase 1 Qlarant will also begin onboarding subcontractors and training them to conduct the Needs Assessment phone surveys, and on policy and procedures associated with this project. Once surveyors are on-boarded and trained, we will begin the rater-reliability process.

### **Phase 2: Sample Selection and Data Collection**

Phase 2 will begin during the second week of the contract and will unfold over several weeks. During this time, Qlarant analysts will select random samples for the Needs Assessment Survey and Waiting List Survey. Once the samples have been cleaned and contact information validated (such as ensuring phone numbers and addresses look correct), Qlarant will mail postcards to people selected to be called. This postcard will inform individuals they have been selected by MDHS to participate in a survey about the needs of aging Mississippians and should expect a phone call from one of Qlarant's Surveyors.

Once MDHS has provided the list of Service Providers for the mail survey, the analyst will check the list for omissions and potentially invalid addresses. The information will be sent to the Qlarant mail room and surveys mailed to all providers on the list.

On the 31st day of the contract, after surveyors have been properly trained, they will begin to concurrently conduct the DAAS Needs Assessment survey for both populations (people receiving services and those on the waiting list) telephonically. The data collection process will continue for

63 days (9 weeks). During this time the Surveyor will attempt to contact each sampled individual three times – once per day. If we are unable to make contact, or the person declines to participate, the Surveyor will move to the next person on the list.

As Service Provider Surveys are returned to Qlarant, the Project Support will input results into Survey Monkey. Qlarant will determine the return rate, and if needed, mail reminder postcards to providers asking them to complete the survey.

### Phase 3: Annual Report

This phase will begin with a meeting with MDHS to review the content and format of the draft report, including analyses, projections, and areas on which MDHS would prefer to focus. Once the survey data collection process is complete, Qlarant’s analysts will begin the process of developing a draft and final report to MDHS. After downloading, cleaning, and validating the data, Qlarant’s Scientist and Senior Analyst will analyze the data, prepare the draft report, and submit it to MDHS to review, within 30 days.

Once MDHS’ review is complete, Qlarant will meet with relevant MDHS staff to discuss feedback, comments, or any concerns they may have had while reviewing the draft report. Qlarant’s analysts will have 30 days to revise the report, provide it to the Project Director and Project Coordinator for a final review, and submit it as the final report to MDHS.

#### D.2.1.3. Dedicated Resources

Qlarant’s commitment to this project is solid. This work is in alignment with Qlarant’s mission and vision of quality improvement in communities and for people served. Therefore, we have developed a staffing plan to ensure the work will be completed during the six-month contract period. Qlarant’s commitment and dedication to this project is shown through the fact that all staff, including sub-contractors, have already been identified to conduct this work. **Figure 2** below identifies each person who will work on this contract and their role.

**Once the contract is awarded, Qlarant is prepared to begin the project on day one, fully staffed.**

**Figure 2: Staffing and Employee Roles**



Furthermore, Qlarant’s other support services departments including Human Resources, Contracts, Finance, and Information Technology will support all efforts to ensure a successful contract implementation.

**D.2.2. Prior Efforts to Provide Data, Analysis, and Reports**

The Qlarant analytic team will provide MDHS the excellent benefit of a highly skilled Scientist with a background in Demography, who will oversee all sampling, analytic and reporting tasks. Demography is the science of populations. Demographers seek to understand population dynamics by investigating three main demographic processes: birth, migration, and, particularly beneficial to the state, aging (including death). Our Scientist has already conducted some analysis of Mississippi’s aging population and will bring her expertise to this project when calculating future service needs from population projections, techniques used widely in Demography.

Qlarant has a Database Management Team with over 75 years of combined database experience. We have worked with many vendors and clients across the country to transfer data in many different formats. Qlarant uses Microsoft products as a standard. This means we can make the data available in many formats: SQL Server format, Access, CSV, text, XML, JSON, or a number of other formats, including Excel. Our experienced staff is accustomed to meeting the needs of our customers and partners in other organizations, and available for this contract if needed.

Qlarant has provided a wide variety of data analytics and reporting across several different types of quality assurance contracts in multiple states, as shown in **Table 1**.

**Table 1: Qlarant Analysts’ Experience Providing Analysis and Reporting**

Task Relevant to Needs Assessment Survey Project	FL IDD	GA IDD	SC IDD	VA IDD	MD EQR	WV EQR	DC EQR	ND EQR	Multiple States QIO
Data Analysis	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sampling	✓	✓	✓	✓	✓	✓	✓	✓	
Ad Hoc Data Reports	✓	✓	✓	✓					
Quarterly Reports (analysis, data displays, discussion, and recommendations)	✓	✓	✓	✓					
Annual Reports (analysis, data displays, discussion, and recommendations)	✓	✓	✓	✓	✓	✓	✓	✓	
Quality Improvement and Focus Studies	✓	✓	✓	✓	✓			✓	✓
Survey Monkey: design and implement surveys, analyze results	✓	✓		✓					
Interviews (face to face or telephonically)	✓	✓	✓	✓	✓	✓	✓	✓	
NCI® Mail Surveys	✓	✓							

Qlarant has far-reaching experience with various types of data analytic techniques, and significance testing that will benefit MDHS, including predictive analysis, principal component analysis, factor analysis, comparative analysis, and other multivariate methods that use various sociodemographic variables in the models. We have worked with a multitude of datasets, including:



- Medicare and Medicaid claims and eligibility data
- Encounter data
- Hospital discharge data
- Proprietary data collected using Qlarant's data entry applications (Data Quality Management System – DQMS)
- Survey data collected through Survey Monkey

In many of our contracts we are responsible for sampling people receiving services, providers offering those services, medical records, or staff. Depending upon requirements of the contract, sampling methods may vary; simple random, stratified random, cluster designs, stratification techniques, or two stage processes. We design random probability sampling methods, using techniques required for the sample to be representative and results (e.g., average age or percent of outcomes met) can be inferred to the population. (See [Sections D.2.1.6 and D.2.1.7](#) for details). This expertise benefits the state, ensuring samples for the Needs Assessment Surveys will adequately represent the population and results, inferred to the population, will provide accurate (within +/- 5%) future projections to guide resource allocations for older Mississippians.

In addition, we have produced over 150 quarterly and annual reports for clients in eight different states, and over 100 ad hoc data reports. We have completed 40 Quality Improvement studies, often predicting what best increases the likelihood of positive outcomes for people receiving services (See [Sections D.2.1.5, D.2.1.8 and D.2.1.10](#) for reporting details). Focus studies completed as part of our EQR contracts may focus on various aspects of a managed care organization's service delivery to guide performance improvement projects. In each, Qlarant provides clear data displays with discussion of key findings, drawing connections across different perspectives of the same outcome, and evidence-based recommendations to improve service systems.

Our experience with this wide array of analytic techniques and report production provides a benefit to the state, as we are positioned to effectively and efficiently provide the analytic and reporting tasks required for this project, and to do so within the timelines set out in the RFP.

Directly beneficial to the state for this project is our experience with Survey Monkey. We have developed dozens of surveys used internally and by stakeholders to provide feedback and other information for various activities. Every quarter our analytic team downloads data from Survey Monkey to analyze provider feedback from providers who have received a Qlarant Provider Performance Review. The data are downloaded into Excel and results are provided not only to our clients but to program managers, used for internal quality improvement as indicated by comments and feedback findings. Our familiarity with Survey Monkey will benefit MDHS, as we will quickly set up the surveys, including features such as skip patterns, so phone calls can start as indicated in the timeline and all data will be properly collected and stored.

Many of our contracts require interviews with individuals and providers, including since the COVID-19 pandemic such as conducting:

- NCI® In-Person survey via phone or video
- Qlarant's own interviews with individuals and providers via the phone and video.
- Phone interviews with providers as "secret shoppers" to help complete Network Adequacy Validation, assessing availability of an MCOs services and providers.
- Over 4,000 NCI® Aging and Disability surveys

Therefore, we offer MDHS the benefit of an experienced work force ready to begin the calling process as soon as the sample is selected and distributed.

Qlarant also has experience with NCI® mail surveys in both our Georgia and Florida programs. We have mailed approximately 1,500 of both the Adult Family and Family Guardian Surveys almost every year in both states, since 2008 in Georgia and since 2010 in Florida. Our mail room is familiar with our processes and will readily execute the mailings once they receive the list of providers and their address.

In addition, Qlarant often provides data presentations, presenting results from complex data analytics to a broad array of audiences, including state legislators, state staff, providers, people with disabilities, and families supporting people who receive services. Reports and Power Point presentations are designed to be easily understood by the audience, particularly for people who do not have a background in statistical analysis. This offers a great benefit to MDHS as we will produce reports with clear and meaningful data presentations that do not require a background in statistical analysis to understand.

### D.2.3. Timeline

Qlarant has developed a timeline for all key tasks for this project to ensure deliverables are met within the six-month contract timeframe. In **Attachment A - Project Plan Timeline**, the project timeline provides an outline for each phase of the project, the specific tasks that will be conducted, the projected number of days to complete the task, and the person(s) responsible for that task. In this section, portions of the timeline are inserted to demonstrate the proposed timelines.

#### D.2.3.1. Ability to Meet Projected Timeline

To ensure we monitor and meet all deadlines, Qlarant teams meet regularly to review the status of each task and discuss reallocation of resources as needed. The information in **Table 2** shows the meetings scheduled to take place throughout the duration of this contract.

**Table 2: Meetings Scheduled Throughout Program Duration**

Leadership Role	Timeline for Meetings
Project Director and Project Coordinator	Weekly
Analyst Team	Bi-weekly
Management Team: Vice President, Project Director, Project Coordinator, and Scientist	Bi-weekly

The Project Plan Timeline is composed of three phases: Implementation, Surveys, and Reports. The timeframes identified in the timeline for the different phases may overlap depending on the task and the anticipated start of that task (**Table 3**).

**Table 3: Monthly Timeline**

Key Tasks	Month 1 (30 days)	Month 2 (60 Days)	Month 3 (90 Days)	Month 4 (120 Days)	Month 5 (150 Days)	Month 6 (180 Days)
<b>PHASE 1: IMPLEMENTATION</b>						
Kickoff Meeting	↔					
Finalize Project Plan and Timeline	↔					
Finalized Communication Plan	↔					
Finalize Policy & Procedures	↔					
Build Surveys in Survey Monkey	↔					
Onboarding & Training of Surveyors	↔					
Reliability of Surveyors		↔				
<b>PHASE 2: SURVEYS</b>						
Select Samples for Needs Assessment	↔					
Clean Samples for Needs Assessment		↔				
Mail Postcards to Needs Assessment Participants		↔				
Conduct Needs Assessment Survey		↔	↔	↔		
Obtain Service Provider List & Verify Contact Information	↔					
Mail Survey to Service Providers		↔				
Enter Returned Surveys Data Into Survey Monkey		↔				
<b>PHASE 3: ANNUAL REPORT</b>						
Finalize Annual Report Outline			↔			
Download & Clean Data				↔		
Complete Survey Analysis & Submit Draft Annual Report				↔		
Obtain Feedback from MDHS					↔	
Modify the Draft Annual Report & Submit Final Annual Report						↔

**D.2.3.1.1. Statewide Assessment of Current and Unmet Need**

This section of the project includes conducting the DAAS Needs Assessment survey with people sampled who currently receive services. **Table 4** provides an outline of the specific timelines and key tasks that will be conducted to ensure they are all completed within the required timeframe.

**Table 4: Needs Assessment Surveys**

Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
Select random sample/oversample for Needs Assessment survey	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample (up to 3000)	5	Day 12	Day 16	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	4	Day 20	Day 24	Project Coordinator, Qlarant Mail Room	
Begin conducting 3000 Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.

**D.2.3.1.2. Statewide Assessment of Projected Need for Service Providers**

From the time the Service Provider survey will be mailed to providers, Qlarant anticipates it will take 28 days to ensure a maximum number of surveys are returned and we have completed all data entry in Survey Monkey. The key tasks and timelines developed for this process are presented in **Table 5**.

**Table 5: Service Provider Mailed Survey**

Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
Obtain the list of eligible providers and contact information from AAAs	7	Day 6	Day 12	Senior Scientist, Health Analyst	
Verify mailing addresses	5	Day 13	Day 17	Project Coordinator	
Mail survey to Providers	3	Day 27	Day 30	Project Coordinator, Qlarant Mail Room	
Update any addresses based upon returned surveys and re-send	10	Day 31	Day 40	Project Coordinator, Qlarant Mail Room	
Enter results of mail out survey into the web-based Survey Monkey	14	Day 41	Day 54	Project Support	
Review return rate and if needed mail reminder postcards to providers	4	Day 47	Day 49	Project Coordinator, Qlarant Mail Room	

### D.2.3.1.3. Statewide Assessment of Projected Needs Among Those on Waiting Lists for Services

The DAAS Needs Assessment survey will be conducted concurrently for both people who currently receive services and those on the waiting list. Therefore, the timelines shown below are the exact same as they are for the people who receive services. It is anticipated it will take 63 days to conduct both surveys (Table 6).

**Table 6: Needs Assessment Survey for People on the Waiting List**

Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
Obtain the list of people on the Waiting List from MDHS	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample	5	Day 12	Day 17	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	5	Day 12	Day 16	Project Coordinator	
Begin conducting Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.

### D.2.3.1.4. Analysis and Initial Report Drafting

The timeline developed for the analysis and completion of the draft and annual reports begins at day 90 of the contract and is anticipated to end by day 132. Within this timeframe the following tasks will be performed:

- Meet with MDHS to discuss the content and format of the report (1 day)
- Download, clean and validate the data (7 days)
- Complete analysis and write the report (30 days)

After the data are validated, it will take Qlarant’s analysts 30 days to submit a draft report to MDHS.

### D.2.3.1.5. MDHS/DAAS Review of Draft Report

Once the draft report has been submitted, Qlarant will need to receive comments from MDHS within 14 days in order for Qlarant to maintain the established timeline. Qlarant will have six days to review the comments and edits received and schedule a meeting with MDHS. On the seventh day, the meeting with MDHS will occur to discuss the feedback and comments and address any remaining questions.

### D.2.3.1.6. Final Report Drafted and Published

After the meeting with MDHS, Qlarant’s Senior Data Analyst and Scientist will have 22 days to conduct any additional analysis and make any modifications needed to the report. The Project Director and Project Coordinator will review the report and provide any feedback, as applicable

and send back to the Scientist for final edits. Once completed, the Scientist will submit the final report to MDHS.

**Table 7** shows an outline of the entire timeline from the initial meeting with MDHS to discuss the content and format of the report to the submission of the final Annual Report.

**Table 7: Annual Report**

Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
Meeting with MDHS to discuss report outline	1	Day 90	Day 90	Project Director, Scientist, Senior Data Analyst, MDHS Contract Manager and other MDHS/DAAS leadership	
Download and clean data	7	Day 94	Day 101	Scientist, Sr. Data Analyst	
Complete Survey Analysis	30	Day 102	Day 131	Scientist, Sr. Data Analyst	
Submit Draft Report	1	Day 132	Day 132	Scientist	
MDHS reviews Draft Report and submits to Qlarant	14	Day 138	Day 146	MDHS Contract Manager	
Review comments and feedback on the Draft Report and schedule meeting with MDHS	6	Day 147	Day 152	Scientist, Sr. Data Analyst	
Conduct meeting with MDHS to review the Draft Annual Report	1	Day 153	Day 153	Project Coordinator, Scientist, Sr. Data Analyst	Meeting will be scheduled and conducted during this timeframe.
Complete modifications to the Draft Annual Report	22	Day 152	Day 174	Scientist, Sr. Data Analyst	
Submit Final Annual Report	1	Day 175	Day 175	Scientist	

### D.3. Corporate Experience and Capacity

#### D.3.1. Experience of Firm

Qlarant Quality Solutions, Inc (Qlarant) understands the content and the importance of this request for proposal (RFP) from the Mississippi Department of Human Services (MDHS) to conduct the Division of Aging and Adult Services' (DAAS) 2022 Mississippi Needs Assessment. This is an exciting component of MDHS' ongoing commitment to elders living in the state. We applaud all efforts to understand what is working and where system challenges continue to exist, as this is critical in evaluating the effectiveness of existing services and supports, and ultimately determining the best allocation of future resources.

Qlarant is responding to this RFP because we are passionate about the opportunities realized from the effective operationalization of this type of contract. For the past 24 years we have been conducting interviews and surveys with people receiving state and federal support, in a focused effort to enhance the quality of life for some of the most vulnerable members of our society. The information we have collected has been used by states to guide policy decisions, improve service delivery systems, and maximize the utilization of existing dollars. Our person-centered approaches to information gathering ensure the most important person, the one receiving supports, is given the opportunity to communicate experiences, needs, dreams, struggles, and even fears. By creating a trusting environment for communication, our surveyors are able to capture the information MDHS needs to truly understand the best design for future service delivery.

Qlarant began gathering information from service recipients in 2001, utilizing an interview tool developed by the Council on Quality and Leadership called Personal Outcome Measures (POM®). This tool enabled us to collect information directly from people with intellectual and developmental disabilities in Florida, and report our findings to the state relating to the presence of both services and outcomes in people's lives. We began working with a survey developed by the Human Services Research Institute (HSRI) called the National Core Indicators (NCI®) in 2007 in South Carolina, and have since conducted mail out, face-to-face, and virtual NCI® surveys in both Georgia and Florida. **Our NCI® expertise was recognized in 2014 when the Division of Aging Services in Georgia contracted with us to pilot the new NCI®-AD survey. The National Association of States United for Aging and Disabilities (NASUAD) then contracted with us to assist HSRI in the development of training modules to conduct face-to-face surveys for interviewers in other states.** We initiated the NCI®-AD face-to-face survey process in Georgia shortly thereafter, and since then have conducted their surveys for four separate contract years. We anticipate conducting telephonic and virtual NCI®-AD surveys in Georgia in the next data capture cycle.

Besides utilizing these three national survey tools, Qlarant has developed numerous other person centered and provider focused tools to capture information regarding individual experiences in service delivery settings. Though the majority of interviews conducted as part of our quality assurance programs have been conducted face-to-face, in 2020 we adapted all our interview processes to incorporate virtual interviews in response to health concerns driven by the COVID-19 pandemic. We are eager to apply this experience as we support MDHS in the design and implementation of the DAAS Needs Assessment, and in the development of creative techniques for reporting our findings.

***Qlarant has conducted over 70,000 individual interviews, utilizing national tools such as the POMs®, NCI®-ADs, and NCIs®, as well as the interview tools we specifically designed to support unique state needs and initiatives.***

In each of the state contracts in which we have operationalized survey related projects, Qlarant has generated sufficient, complete, valid, and reliable data, as well as individualized reporting processes designed to meet the needs of diverse audiences. We achieve success in our contract operations by:

- Effectively communicating with our customers at the beginning of each contract, at regular status meetings, and through ongoing reporting, to ensure we understand customer expectations and our customer is current on contract progress
- Efficiently assigning, hiring, and training experienced and competent people to manage the project, conduct the necessary analytic activities, conduct surveys, and provide project support
- Proficiently conducting all sampling activities to ensure a proper representation of interviewees and survey recipients are identified
- Thoroughly establishing rater-reliability for all surveyors
- Appropriately utilizing proven scheduling and interviewing processes and established tools for data collection
- Conscientiously protecting all data collected and the integrity of the survey process
- Respectfully interacting with individuals involved in the survey process

*“(Surveyor’s name) was kind, intelligent, and made us feel at ease. She showed a genuine caring for my daughter (person receiving services) and she made her smile a lot. Great experience.” - Anonymous Family Member*

Qlarant has been a QIO or a QIO-like organization since the Centers for Medicare and Medicaid Services (CMS) established this distinction. **Since we are a QIO-like organization, states using our quality services, such as those described in this RFP, are eligible for a 75 percent federal match on all associated contract activities.** Taking advantage of Qlarant’s QIO-like status would potentially enable Mississippi to reduce the costs associated with this contract relative to the use of general revenue state dollars, while still maintaining the scope of the contract.

Qlarant is committed to quality in our contractual and support services operations. We are International Organization of Standards (ISO 9001-2015) certified in all of our offices throughout the country. We are also CMMI Maturity Level 3, and SOC 2 compliant. We establish tried and true procedures we can replicate in new environments, thus enhancing the speed with which we can implement a new program, and the quality of the product we can offer our customers.

Qlarant has gained extensive experience from our many years of utilizing a variety of survey instruments, using both interview and mailing methods, including POM®, NCI-AD®, NCI®, and Qlarant developed assessment tools. This will be leveraged to ensure the efficiency, integrity and validity of our data collection and sampling processes. **Table 8** depicts the types of surveys we have administered, the total contract years in which we have conducted these activities, and the total number of surveys completed.

**Table 8: Number of Years Administering a Variety of Surveys.**

Survey Type	Combined Years of Experience	Number of Surveys Administered
Phone and Virtual	2	4054
In-Person Aging	5	4126
In-Person IDD	23	71,000
Mail Out Surveys	23	34,500
<b>Total</b>	<b>70</b>	<b>113,680</b>

### D.3.2. Corporate Expansion

Qlarant, Inc. is a financially sound organization with a 47-year history of not-for-profit operations. We currently employ over 500 employees, 40 of whom are involved in survey development, survey utilization and resultant data collection, analysis, and/or reporting. We maintain highly efficient and productive support departments including: Human Resources, Finance, Information Technology, Security, Facilities, and Contracts. We operate offices in Maryland, Florida, Texas, and California, and support home-based employees in about 35 states. Qlarant will primarily be using existing staff to conduct activities relating to this contract, as well as a team of surveyors who have experience contracting with us on several previous contracts. **Qlarant will not require corporate expansion to support the operations of this contract.**

### D.4. Personnel

With the issuance of this RFP, MDHS has defined the needs of the state and set the expectations for all interested vendors. MDHS needs a highly qualified and reliable vendor, with an experienced team of professionals, to achieve the stated objectives of this contract. Qlarant's team is well versed in the requirements of this RFP. We propose staff with excellent credentials, and proven skillsets in developing and implementing survey tools, and established systems for analyzing and reporting on survey findings. Skilled employees are the backbone of Qlarant's commitment to providing exceptional customer service, as validated by our outstanding satisfaction results from current customers in the following areas:

- Quality of deliverables and services
- Timeliness of performance
- Cost control
- Business relationships

Qlarant has developed extensive in-house and subcontractor survey experience. The proposed Project Director, Marion Olivier, has been involved in Qlarant survey and review activities since 2001, and has been in leadership roles in two statewide quality contracts. She has developed and modified numerous survey tools, and has trained teams to utilize them in the field. Ms. Olivier has been the Director of our Georgia project from its inception in 2008, and has overseen the staff operating the NCI®-AD contract with Georgia's Division of Aging Services. In this contract, Ms. Olivier will oversee all operations, liaison with MDHS, interface with Qlarant's corporate support groups, monitor production, and manage the budget. She will directly coach Jessica Justman, the proposed Project Coordinator, and interface with Ms. Justman and the analytics team to ensure all deliverables are met.

Ms. Justman has previously been involved in our Georgia operations as a Surveyor as well as in a leadership position, where she has been involved in conducting and overseeing a variety of survey and review activities. She has demonstrated leadership in a production setting, and has ensured deliverables are completed at performance levels that meet or exceed the expectations of our customer. Ms. Justman will be responsible for tracking production, training and coaching the Surveyors, while also maintaining rater-reliability standards. She will manage the sample and oversample, to ensure surveys are appropriately and efficiently distributed to the Surveyors, and will support efforts to validate the quality of the data being collected. She will monitor and track the mailed survey process. Ms. Justman will interact with MDHS as necessary, and participate in the development of reports and other deliverables. She will also interface with the analytic team, and oversee the contributions of the Project Support, Shawntavia Fletcher.

Ms. Fletcher has supported Qlarant's survey and review processes in Florida since 2013. She has taken a lead on receiving completed surveys and entering responses into the data base. She



has utilized tracking systems to determine the status of mail-out surveys and provided regular counts to the management team. Ms. Fletcher will provide similar supports for this contract.

Our analytic team has a combined total of over 72 years of experience, including developing sampling methodologies for all survey types, ensuring the data we collect are appropriate for analytic and reporting purposes and produce reliable and valid results. Our team has developed regular and ad hoc reports to meet the specific needs of our customers, and produced quality improvement studies to help states identify systemic issues that would benefit from quality improvement initiatives. Leading Qlarant's analytic efforts for this contract will be Katherine Glasgow, PhD.

Dr. Glasgow has 10 years of analytic experience, including six years working with Qlarant and supporting the analytics processes for large statewide quality contracts. She is proficient in a variety of analytic techniques including trending data, quality measures development and calculation (e.g., HEDIS, NCQA, CAHPS, and homegrown measures), as well as comparative and predictive analysis. She regularly conducts analysis of survey and review data, develops evidence based recommendations, and has demonstrated an effective style to present findings to diverse audiences. In this contract, Dr. Glasgow will oversee the analysis of data captured by the survey processes. She will engage with representatives from MDHS to design sophisticated reports to effectively portray the findings of the survey activity. She will also oversee the activities of Nathalie Robin, another analyst who will support this contract.

While relatively new to the Qlarant Quality Solutions analytic team, Ms. Robin has 15 years of analytic experience, including as the lead on two national surveys, funded by the Centers for Disease Control and Protection (CDC) and the Robert Wood Johnson Foundation (RWJF), to collect data on local health departments. She has experience with various statistical analysis packages (R; SAS; SPSS; Stata) and analytic techniques including the development and generation of quality measures for the CMS core set of Health Home measures. She will enhance the analysis efforts for this contract and support validation of findings.

Ten of our subcontracted Surveyors have experience working with Qlarant, conducting NCI®-AD surveys. Many of them have participated in all four of the survey cycles in which we have been engaged through the Georgia Division of Aging. This team has proven skills in the areas of making contact with individuals, creating a suitable interview environment, collecting reliable data, and effectively capturing data in the designated web-based application. Each Surveyor will be assigned an equitable number of surveys to complete. They will initiate and track call activities, conduct telephonic surveys, and capture data per established guidelines.

Team members will attend all required training, and demonstrate proficiency via our rater-reliability processes. The training will consist of the following:

- Confidentiality
- Security awareness
- Conducting the survey: policy and procedures
- Interviewing refresher
- Review of the DAAS 2022 Mississippi Needs Assessment
- Review of the Survey Monkey application and how to enter the survey results

Competency-based testing will be conducted after each training session and Surveyors will have to pass at 85 percent or higher. Rater-reliability will also be included as part of Qlarant's commitment to ensuring the survey is being implemented and scored appropriately. The Project Coordinator will listen in on a phone interview being conducted by the Surveyor and independently score the assessment. After the survey is concluded, the Project Coordinator will compare results to the Surveyor's. A match rate of at least 85 percent or higher will be required to pass. If the

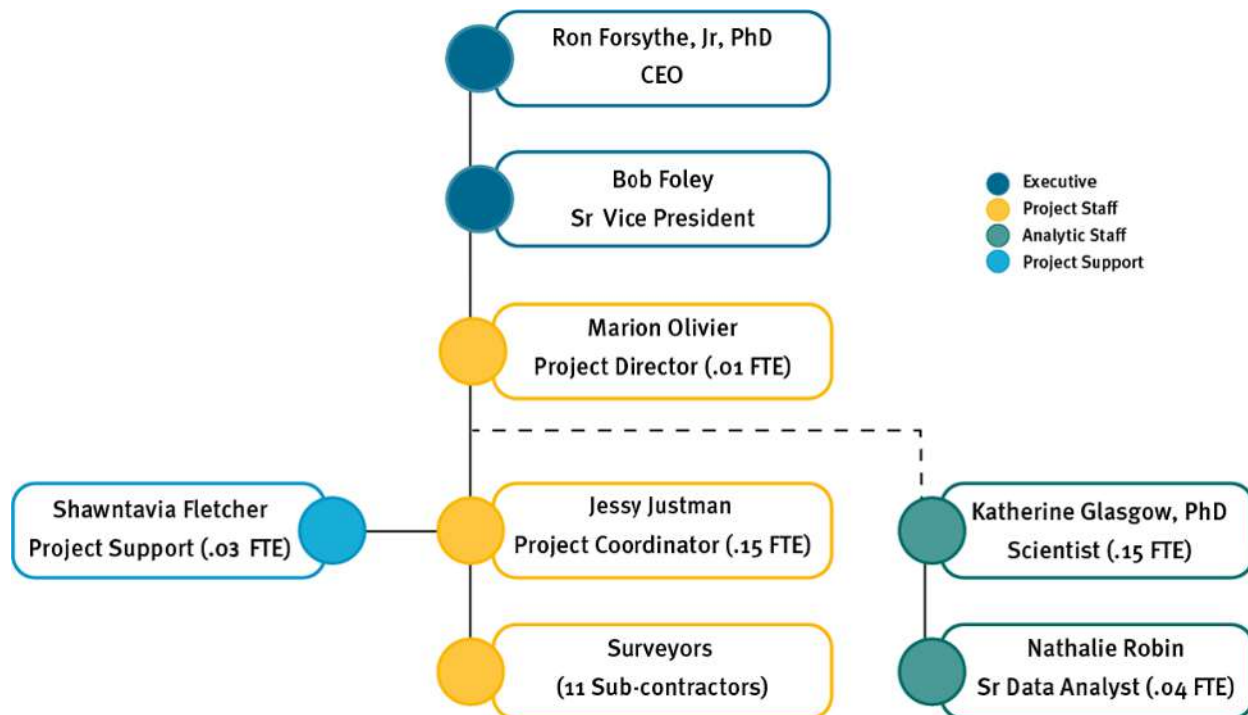
Surveyor does not pass, coaching and re-training and a second rater-reliability session will occur. If the Surveyor again does not pass, he or she will no longer participate in this project.

Further, to support the Surveyors on an ongoing basis, the team will meet via Zoomgov video conference bi-weekly or more often to discuss questions about the survey, provide clarification as needed, address any barriers to conducting the survey and offer solutions. During these meetings, Surveyors will also share efficiencies they found to be effective in managing the survey process, as well as best practices. Any needed updates on the project, possible proficiencies or changes in processes, and guidance will be provided by leadership.

At the corporate level, our mailroom is proficient in distributing thousands of informational materials annually, including mail surveys to families and guardians, meeting all assigned deadlines. They have efficiently completed multiple annual survey distributions for our Florida and Georgia operations and will provide similar support for this contract.

The following Organizational Chart, **Figure 3**, provides a relational depiction of the staff who will be assigned to this contract. Resumes for team members can be found in **Section D.4.1 of this Proposal**.

**Figure 3: MDHS DAAS Needs Assessment Project Organization Chart**



**D.4.1. Resumes**

**Table 9** identifies the Qlarant team that will ensure the success of the project. It shows their total number of years of experience including experience with conducting this type of work.

**Table 9: Qlarant's Contract Team**

No.	Name	Title	Total Years of Experience	Relevant Years of Experience	Employment Status
1.	Bob Foley	Senior Vice President	34	22	Employee
2.	Marion Olivier	Project Director	26	21	Employee
3.	Jessy Justman	Project Coordinator	20	7	Employee
4.	Katherine Glasgow, PhD	Scientist	10	10	Employee
5.	Nathalie Robin	Senior Data Analyst	15	15	Employee
6.	Shawntavia Fletcher	Project Support	17	17	Employee
7.	Angel Hardy	Surveyor	13	8	Subcontractor
8.	Bob Herrin	Surveyor	45	10	Subcontractor
9.	Cody Christoff	Surveyor	9	7	Subcontractor
10.	Elijah Collins	Surveyor	30	7	Subcontractor
11.	Eric Dougherty	Surveyor	18	5	Subcontractor
12.	Kaliah Collins	Surveyor	18	7	Subcontractor
13.	Melbka Dougherty	Surveyor	7	7	Subcontractor
14.	Larry E. Hodges	Surveyor	32	7	Subcontractor
15.	Marva Malone	Surveyor	6	4	Subcontractor
16.	Melba Screven	Surveyor	27	5	Subcontractor
17.	Tavorris White	Surveyor	15	3	Subcontractor

**D.4.1.1. Key Staff Resumes**

<b>Robert J. Foley</b>	<b>Candidate Highlights</b>	
	<ul style="list-style-type: none"> <li>• Provided leadership to Qlarant’s state and locally funded contracts, including quality-related programs supporting people with disabilities and aging populations.</li> </ul>	
	<b>Professional Experience</b>	
<b>Qlarant, Inc.</b>	<b>Tampa, FL</b>	
<b>Senior Vice President</b>	<b>Sept 2001 - present</b>	
<p><b>Summary:</b></p> <p>Seasoned leader with 35 years of managerial, director, and executive level leadership experience as well as 30+ years experience in the field of intellectual and developmental disabilities supporting Home and Community Based Services and Intermediate Care Facility operations. Expertise in Qlarant’s state programs focus on health care quality, person-centered practices, information gathering and interviewing skills, and state of the art data analytics and applications.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>▪ Oversee and overall program delivery, customer satisfaction, and quality assurance.</li> <li>▪ Serve on the program's risk committee</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee all state and local operations, with contracts in the areas of Intellectual and Developmental Disabilities, External Quality Review, and Program Integrity.</li> <li>• Member of Qlarant’s Executive Management Team with involvement in corporate planning, oversight, and leadership.</li> <li>• Maintain reporting role to Qlarant’s CEO and Board of Directors.</li> <li>• Liaison with customers, community leaders, &amp; national associations.</li> <li>• Oversee and participate in business development activities including customer outreach, proposal writing, and Red and Gold Team reviews.</li> <li>• Participate in corporate, department, and contract level strategic planning initiatives.</li> <li>• Directly or indirectly manage the performance of 70 team members.</li> </ul>	
	<b>Gulf Coast Community Care</b>	<b>Tampa, FL</b>
	<b>Project Administrator-Support Coordination</b>	<b>1993 – 2001</b>
<p><b>Summary:</b></p> <p>Seasoned leader with 35 years of managerial, director, and executive level leadership experience as well as 30+ years experience in the field of intellectual and developmental disabilities supporting Home and Community Based Services and Intermediate Care Facility operations. Expertise in Qlarant’s state programs focus on health care quality, person-centered practices, information gathering and interviewing skills, and state of the art data analytics and applications.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>▪ Oversee and overall program delivery, customer satisfaction, and quality assurance.</li> <li>▪ Serve on the program's risk committee</li> </ul>	<ul style="list-style-type: none"> <li>• Oversaw state Support Coordination operations providing case management services to over 1200 individuals with intellectual and/or developmental disabilities as part of Florida’s Home and Community Based Services Medicaid Waiver.</li> <li>• Managed a \$1.5 million budget and 40+ employees.</li> <li>• Liaised with Florida funders, legislators, and providers</li> <li>• Chaired intra-agency committees and provided general advocacy for individuals with intellectual and/or developmental disabilities.</li> </ul>	
	<b>The Arc of Prince George’s County</b>	<b>Largo, MD</b>
	<b>Director, Employee Services</b>	<b>1988 –1993</b>
<p><b>Summary:</b></p> <p>Seasoned leader with 35 years of managerial, director, and executive level leadership experience as well as 30+ years experience in the field of intellectual and developmental disabilities supporting Home and Community Based Services and Intermediate Care Facility operations. Expertise in Qlarant’s state programs focus on health care quality, person-centered practices, information gathering and interviewing skills, and state of the art data analytics and applications.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>▪ Oversee and overall program delivery, customer satisfaction, and quality assurance.</li> <li>▪ Serve on the program's risk committee</li> </ul>	<ul style="list-style-type: none"> <li>• Managed a Supported Employment program to assist 93 individuals with intellectual and/or developmental disabilities to maintain employment in their communities.</li> <li>• Managed five alternative living units, providing residential services and community integration for individuals with intellectual and/or developmental disabilities.</li> <li>• Provided home management and live-in support for five men with intellectual and developmental disabilities.</li> <li>• Developed behavior change plans, managed, and developed team members, and oversaw operation activities including budget management.</li> </ul>	

<b>Robert J. Foley</b>	<b>Life Concepts, Inc. (Quest)</b>	<b>Tampa, FL</b>
	<b>Behavior Program Specialist</b>	<b>1987 - 1998</b>
<b>Senior Vice President</b>	<ul style="list-style-type: none"> <li>• Developed and supervised the implementation of treatment plans for twelve individuals with intellectual and developmental disabilities in an Intermediate Care Facility.</li> <li>• Oversaw life skill development and general operations in two homes.</li> </ul>	
<b>Education</b> <ul style="list-style-type: none"> <li>▪ Bachelor of Arts in Psychology, Miami University, Oxford, Ohio, 1985</li> <li>▪ Minor in Business-Decision Science, Miami University, Oxford, Ohio, 1985</li> </ul> <b>Certifications/Licenses:</b> <ul style="list-style-type: none"> <li>▪ Six Sigma Green Belt Certification</li> <li>▪ Qualified Intellectual/Developmental Disabilities Professional</li> </ul>	<b>Bank One</b>	<b>Columbus, OH</b>
	<b>Supervisor of Data Preparation</b>	<b>1985 – 1987</b>
	<ul style="list-style-type: none"> <li>• Supervised and developed 25 data entry employees, to ensure timely check/draft processing within departmental and contractual deadlines.</li> <li>• Supervised 11 employees performing various check processing tasks relating to brokerage firm debit accounts, including stop payments.</li> </ul>	


<p><b>Marion Olivier</b></p>	<p><b>Candidate Highlights</b></p>	
	<ul style="list-style-type: none"> <li>• Over 30 Years of success positively impacting lives in the field of Medicaid and Quality Assurance.</li> <li>• Held a position as a Non-Profit Director of statewide quality assurance programs.</li> </ul>	
	<p><b>Professional Experience</b></p>	
	<p><b>Qlarant</b></p>	<p><b>Atlanta, Georgia</b></p>
<p><b>Project Director</b></p>	<p><b>Project Director</b></p>	<p><b>2008 - present</b></p>
<p><b>Summary:</b> Has over 26 years in the field of quality assurance and improvement for intellectual and developmental disability programs. 23 of these years were spent in evaluating provider’s compliance with service delivery rendered to individuals with intellectual and developmental disabilities who receive community-based waiver services. For 4 years she supported the NCI-AD project. She has been instrumental in starting two statewide contracts for Qlarant and provided oversight and leadership for three separate statewide contracts.</p>	<ul style="list-style-type: none"> <li>• Appointed as the Project Director for the Georgia Department of Behavioral Health &amp; Developmental Disabilities awarded program.</li> <li>• Coordinating all start up activities including hiring staff and opening an office.</li> <li>• Initial and ongoing development of procedures, review tools and web-based applications and website associated with all review processes: Person Centered Reviews, Provider Reviews and Technical Assistance Consultations.</li> <li>• Ongoing responsibilities include managing a \$3.9mm annual budget and provide direct supervision of three Regional Managers, with oversight of 16 field staff and manage the Atlanta office.</li> <li>• Monitor to ensure all contract deliverables are met and report on these monthly during bi-weekly status meetings with state personnel and through monthly reports.</li> <li>• Manage and monitor a sub-contractor with the project to ensure the quality and timeliness of their deliverables.</li> <li>• Develop and maintain relationships with all stakeholders and state advocacy groups.</li> <li>• Develop and facilitate stakeholder workgroups to modify statewide quality assurance processes.</li> <li>• Facilitate and support the State and a Regional Quality Improvement Councils.</li> <li>• Annually, conduct between 15 – 30 training sessions and make presentations at the State and local levels.</li> <li>• Work internally with IT to develop, test, and monitor web-based applications to support all review processes.</li> <li>• Through analysis of data collected throughout the annual review activity, create and support recommendations generated through quarterly and annual reports.</li> <li>• Support, encourage and advocate for continuous quality improvement practices at the State, Regional and provider level and internally for this project.</li> </ul>	
<p><b>Roles &amp; Responsibilities:</b> 1. Serve as the single point of contact for the MS DHS contract and maintain the overall responsibility for the execution of the contract requirements.</p>	<p><b>Qlarant</b></p>	<p><b>Richmond, Virginia</b></p>
	<p><b>Project Director</b></p>	<p><b>2017 - 2019</b></p>
	<ul style="list-style-type: none"> <li>• Appointed as the Project Director for the Virginia Department of Behavioral Health and Developmental Services awarded program.</li> <li>• Conduct quality improvement and assurance activities for HCBS waiver services delivered to individuals with intellectual/developmental disabilities.</li> </ul>	

<p><b>Marion Olivier</b></p>	<ul style="list-style-type: none"> <li>The review activities included the implementation of Person Centered Reviews and Provider Quality Reviews to generate of reports reflective of the state's compliance with the Department of Justice settlement agreement.</li> </ul>						
<p><b>Project Director</b></p>	<ul style="list-style-type: none"> <li>As the Director, responsibilities included managing an annual \$2.4 million dollar contract and provided direct support and supervision of the Project Manager, with oversight of seven field staff.</li> </ul>						
<p>2. Allocate resources, monitor performance and quality, and ensure the team is on track to meet all project tasks per the anticipated duration described in the project timeline. [RFP 2.2.C]</p>	<ul style="list-style-type: none"> <li>Monitor all contract deliverables to ensure they were met and reported on these by facilitating bi-monthly status meetings with state personnel and monthly reports.</li> <li>Manage and monitored the quality and timeliness of deliverables for two sub-contractors through bi-weekly or quarterly meetings and review of their deliverables.</li> <li>Work internally with IT to develop, support, monitor and test electronic applications to support all review processes.</li> <li>Assist in the re-design and continued maintenance of the web-based application and three portal websites.</li> <li>Create and supported recommendations generated through quarterly and annual reports.</li> <li>Support, encourage, and advocate for continuous quality improvement practices for the Commonwealth, individuals served and providers rendering services.</li> </ul>						
<p><b>Education</b></p> <ul style="list-style-type: none"> <li>Florida State University; Tallahassee, Florida. Master of Social Work, Clinical Track - 1993.</li> <li>University of Louisiana; Lafayette, Louisiana. Bachelor of Arts in Sociology. Minor in English - 1990.</li> <li>Millsaps College; Jackson, Mississippi - 1986 to 1988</li> </ul>	<table border="1"> <tr> <td data-bbox="537 699 1133 772"> <p><b>Qlarant</b></p> </td> <td data-bbox="1133 699 1427 772"> <p><b>Atlanta, Georgia</b></p> </td> </tr> <tr> <td data-bbox="537 772 1133 1031"> <p><b>Project Director</b></p> </td> <td data-bbox="1133 772 1427 1031"> <p><b>2014 – 2018</b></p> </td> </tr> <tr> <td data-bbox="537 1031 1133 1291"> <ul style="list-style-type: none"> <li>Appointed as the Project Director for the Georgia Department of Aging Services awarded program.</li> <li>Implemented the new National Core Indicator survey for 800 aging and/or disabled people receiving services in the State of Georgia.</li> <li>Coordinated all start up activities including hiring staff, development of procedures and logistics associated with the project.</li> <li>Monitored the project to ensure all contract deliverables were met and facilitated monthly status and feedback meetings with state personnel and national organizations developing the survey and submitted monthly reports.</li> </ul> </td> <td data-bbox="1133 1031 1427 1291"></td> </tr> </table>	<p><b>Qlarant</b></p>	<p><b>Atlanta, Georgia</b></p>	<p><b>Project Director</b></p>	<p><b>2014 – 2018</b></p>	<ul style="list-style-type: none"> <li>Appointed as the Project Director for the Georgia Department of Aging Services awarded program.</li> <li>Implemented the new National Core Indicator survey for 800 aging and/or disabled people receiving services in the State of Georgia.</li> <li>Coordinated all start up activities including hiring staff, development of procedures and logistics associated with the project.</li> <li>Monitored the project to ensure all contract deliverables were met and facilitated monthly status and feedback meetings with state personnel and national organizations developing the survey and submitted monthly reports.</li> </ul>	
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<p><b>Affiliations</b></p> <ul style="list-style-type: none"> <li>Adjunct Professor, National Leadership Consortium on Developmental Disabilities from January 2020 to present</li> <li>Georgia Learning Community Board Member from 2018 to present</li> </ul>	<table border="1"> <tr> <td data-bbox="537 1291 1133 1365"> <p><b>Qlarant</b></p> </td> <td data-bbox="1133 1291 1427 1365"> <p><b>Sonoma, California</b></p> </td> </tr> <tr> <td data-bbox="537 1365 1133 1747"> <p><b>Independent Review Expert</b></p> </td> <td data-bbox="1133 1365 1427 1747"> <p><b>2013 – 2014</b></p> </td> </tr> <tr> <td data-bbox="537 1365 1133 1747"> <ul style="list-style-type: none"> <li>Appointed as an Independent Review Expert under the Health and Human Services Agency, Department of Public Health awarded program.</li> <li>Conducted root cause analysis regarding quality of supports and services for their Immediate Care Facilities (ICF) at Sonoma Developmental Center (SDC).</li> <li>Conducted individual and staff interviews, observations, record reviews and data analysis based upon the ICF regulations.</li> </ul> </td> <td data-bbox="1133 1365 1427 1747"></td> </tr> </table>	<p><b>Qlarant</b></p>	<p><b>Sonoma, California</b></p>	<p><b>Independent Review Expert</b></p>	<p><b>2013 – 2014</b></p>	<ul style="list-style-type: none"> <li>Appointed as an Independent Review Expert under the Health and Human Services Agency, Department of Public Health awarded program.</li> <li>Conducted root cause analysis regarding quality of supports and services for their Immediate Care Facilities (ICF) at Sonoma Developmental Center (SDC).</li> <li>Conducted individual and staff interviews, observations, record reviews and data analysis based upon the ICF regulations.</li> </ul>	
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<p><b>Independent Review Expert</b></p>	<p><b>2013 – 2014</b></p>						
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<b>Marion Olivier</b>	<ul style="list-style-type: none"> <li>Monitored activities also included collection of data, detailed analysis of findings and report generation to reflect SDC's current performance and recommendations to support ongoing quality improvement after each review.</li> </ul>
<b>Project Director</b>	
<b>Affiliations</b> <ul style="list-style-type: none"> <li>AAIDD Georgia Chapter Chair from 2013-2014, Vice Chair 2012-2013, Secretary 2014 to 2019</li> <li>Presenter at the National Home and Community Based Service conference September 2010 and 2012</li> <li>Presenter at the National Reinventing Quality Conference August 2010 and 2012</li> <li>Graduate of the National Leadership Consortium on Developmental Disabilities July 2010</li> </ul> <b>Other Work Experience</b> <ul style="list-style-type: none"> <li>1992-1993: Florida State University, Tallahassee, Florida: Teacher Assistant</li> <li>1992-1993: Bob Grim Insurance, Tallahassee, Florida: Administrative Secretary</li> <li>1991-1991: Acadian Oaks Hospital, Lafayette, Louisiana: Unit Secretary</li> <li>1989-1990: Acadian Oaks Hospital, Lafayette, Louisiana: PBX Operator</li> </ul>	<b>Qlarant</b> <span style="float: right;"><b>Tallahassee, Florida</b></span>
	<b>Regional Manager</b> <span style="float: right;"><b>2003 – 2008</b></span>
	<ul style="list-style-type: none"> <li>Appointed as a Regional Manager for the Agency for Health Care Administration for the State of Florida to perform quality assurance and quality improvement review activities for providers who render Home and Community Based Services through a Medicaid waiver.</li> <li>Primary responsibilities included being accountable for the design, development, modifications and implementation of the provider review processes including policy and procedures.</li> <li>Provided supervision, coaching and rater reliability activities for six field staff, Quality Improvement Consultants.</li> <li>Provided oversight of daily operations of the Tallahassee Office and supervision of the Administrative Assistant.</li> <li>Participated in stakeholder monthly/quarterly meetings and conducted training sessions across the state.</li> <li>Prepared and submitted deliverables to the contract manager monthly.</li> </ul>
	<b>Joint Commission for the Accreditation of Healthcare Organizations</b> <span style="float: right;"><b>Tallahassee, Florida</b></span>
	<b>Quality Assurance Reviewer</b> <span style="float: right;"><b>2001 – 2003</b></span>
<ul style="list-style-type: none"> <li>Appointed as a Quality Assurance Reviewer under the Florida Statewide Quality Assurance Program to conduct Person Centered Reviews and Provider Reviews developed by Qlarant, Inc., in conjunction with the Joint Commission.</li> <li>Monitored and performed quality assurance and utilization reviews for providers to ensure compliance of the application of the HCBS waiver standards as dictated by the state.</li> <li>These reviews include conducting individual Personal Outcome Measure interviews, interviews with the provider, family members and any other necessary person.</li> <li>Provided technical assistance and recommendations to assist providers in improving their quality of supports and services.</li> <li>Conduct follow up reviews with identified providers to review their progress towards improvement and provide technical assistance and submit a detailed report.</li> </ul>	
<b>Middle Tennessee Regional Office</b> <span style="float: right;"><b>Nashville, Tennessee</b></span>	
<b>Regional Monitor</b> <span style="float: right;"><b>1998 – 2000</b></span>	
<ul style="list-style-type: none"> <li>Monitored and ensured the compliance of the Settlement Agreement which the state of Tennessee was under.</li> <li>Carried a caseload of approximately 70 members of the settlement agreement class with varying intellectual/developmental disabilities.</li> </ul>	



<b>Marion Olivier</b>	<ul style="list-style-type: none"> <li>• Provided quality assurance reviews by monitoring their health, safety, community integration and quality of life.</li> </ul>		
Project Director	<ul style="list-style-type: none"> <li>• Completed at least monthly home visits and interviewed the person and provider staff, reviewed records, and attended meetings to address any barriers or risk.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Provided technical assistance regarding policies, procedures, and practices to provider agencies to ensure they provided quality services.</li> <li>• These services included residential, day programs, supportive living, support coordination and supportive employment.</li> <li>• Ensured the settlement agreement class members had access and received all the necessary supports and services by monitoring and advocating for services, including therapy services, behavioral services, medical services, and vocational rehabilitation.</li> <li>• Provided technical assistance to the community providers and support coordinators on a daily basis.</li> </ul> <p>Reviewed and monitored person centered support plans and the process for their development as well as implementation. Completed monitoring reports and followed to conclusion any identified issues needing to be corrected.</p>		
	<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><b>Arlington Developmental Center</b></td> <td style="text-align: right;"><b>Arlington, Tennessee</b></td> </tr> </table>	<b>Arlington Developmental Center</b>	<b>Arlington, Tennessee</b>
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<b>Assistant Director of Therapeutic Services</b>	<b>1996 – 1998</b>		
	<ul style="list-style-type: none"> <li>• Monitored and ensured the compliance of the Court Order which Arlington Development Center (ADC) was under.</li> <li>• Prepared compliance reports for the Court and Management Team</li> <li>• Developed, trained, and maintained all of the policy and procedures for the department.</li> <li>• Developed, trained, and monitored systems for the therapeutic services department, which were implemented across the entire Center including the Mealtime Monitoring System and Physical Management Monitoring System.</li> <li>• Assisted the Director in supervising and performing administrative duties for approximately 120 personnel, which included Physical Therapists, Occupational Therapists, Dietitians, Nurses, Certified Occupational Therapy Assistants, Physical Therapy Assistants, and Technicians, in the department.</li> <li>• Served as a member of the Management Team for ADC.</li> <li>• Facilitated and coordinated transitioning of the residents of the center into the community.</li> <li>• Developed, trained, and monitored internal quality assurance Peer Review System for the department.</li> </ul>		

<b>Jessy Justman</b>	<b>Candidate Highlights</b>	
	<ul style="list-style-type: none"> <li>• Over 20 years of cumulative experience with 7 years survey administration, conducting individual interviews, and data collection.</li> <li>• Excellent management and coordination skills and subject matter expertise on quality improvement.</li> </ul>	
	<b>Professional Experience</b>	
<b>Project Coordinator</b>	<b>Sage Events Management</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
<p><b>Summary:</b> Experienced Projects Coordinator with an MA Counseling Psychology and BS in Human Development and Family Studies. Direct surveying experience on Qlarant Government Programs experience aiding in filling out clear and complete surveys.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>- Coordinate day to day activities between project team and the Project Director and help address administrative issues related to administering the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic</li> </ul>	<b>Site Selection Specialist</b> <span style="float: right;"><b>2015 - Present</b></span>	
	<ul style="list-style-type: none"> <li>• Negotiated over 50 contracts for a high-profile event management company who serves a client base of successful organizations and produces live events which range from 2,000-10,000 attendees.</li> <li>• Created and oversaw over 100+ detailed RFPs using innovative technology (CVENT).</li> <li>• Collected, analyzed, and negotiated over 500 proposals from tier one hotels / resorts around the world.</li> <li>• Lead all aspects of site selection for events from identifying required space specifications to F&amp;B requirements for the event.</li> <li>• Created and presented detailed keynote presentations of all preferred properties for each client.</li> </ul>	
	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
	<b>Regional Manager</b> <span style="float: right;"><b>2010 - 2012</b></span>	
<p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>- Coordinate day to day activities between project team and the Project Director and help address administrative issues related to administering the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic</li> </ul>	<ul style="list-style-type: none"> <li>• Supervised a team of quality consultants and developed policies and procedures, organizational structures, and documentation systems.</li> <li>• Analyzed and summarized data findings, and generated recommendations for quality improvement for the State of Georgia</li> <li>• Served as Lead Manager for the design, development, modification, and implementation of the Quality Enhancement Provider Review process, including internal policies, materials, and procedures.</li> </ul>	
	<b>Quality Improvement Consultant</b> <span style="float: right;"><b>2008 - 2010</b></span>	
	<ul style="list-style-type: none"> <li>• Conducted 200+ interviews for developmental and intellectual disabilities individuals to determine quality of supports and services.</li> <li>• Conducted over 200 NCI interviews in person and entered all data into the web-based ODESA system.</li> <li>• Gathered and summarized data regarding organizational practices with a focus on Community Life, Choice, Person Centered Supports, Health, Rights, and Safety outcomes.</li> <li>• Provided expertise, data, related trends, and current approaches in the field of developmental disabilities to providers.</li> </ul>	
<p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>- Coordinate day to day activities between project team and the Project Director and help address administrative issues related to administering the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic</li> </ul>	<b>EnAble of Georgia, Inc</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
	<b>Quality Improvement Coordinator</b> <span style="float: right;"><b>2006 - 2008</b></span>	
<p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>- Coordinate day to day activities between project team and the Project Director and help address administrative issues related to administering the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic</li> </ul>	<ul style="list-style-type: none"> <li>• Organized and conducted annual surveys for persons served, parents and staff. Analyzed completed surveys and made recommendations to management team for follow up.</li> <li>• Created procedures, trainings, and protocols to increase the efficiency of quality improvement processes within the organization supporting over 100 people with IDD.</li> </ul>	

<b>Jessy Justman</b>	<ul style="list-style-type: none"> <li>• Conducted residential &amp; vocational facility inspections and filed inspection reports and presenting findings to committees.</li> <li>• Reported and conducted investigations into state's Critical Incident system. Assessed contributing factors to critical incidents and recommended corrective action, including systemic change, in all written final reports.</li> <li>• Served as an active member on the following committees: Human Rights Committee, The Council Accreditation Committee, CARF Accreditation Committee, and Day Service Planning Committee.</li> <li>• Developed and implemented training on Stress Management for all employees.</li> <li>• Designed and trained employees on an organizational system in preparation for accreditation.</li> </ul>
<b>Project Coordinator</b>	
characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]	
<b>Education</b>	
<ul style="list-style-type: none"> <li>○ Argosy University - Master of Arts: Counseling Psychology</li> <li>○ University of Wisconsin-Madison - Bachelor of Arts: Human Development and Family Studies</li> </ul>	
<b>ANSWERS For Autism</b>	<b>Atlanta, GA</b>
<b>Program Coordinator</b>	<b>2005 - 2006</b>
	<ul style="list-style-type: none"> <li>• Supervised, coached, and mentored team of Senior Lead Therapists along with 2 Behavioral Consultants from the Atlanta May Institute to fulfill all contract requirements for a Federal Grant awarded to the State of Illinois.</li> <li>• Supervised Senior Lead Therapists to effectively implement Applied Behavior Analysis supports to individuals with Autism.</li> <li>• Coordinated planning seminar with statewide leaders to discuss collaboration opportunities for individuals with Autism throughout the state of Illinois.</li> <li>• Collaborated with the Deans of surrounding Universities to enhance services and supports for individuals with autism throughout the state of Illinois.</li> <li>• Presented quarterly status reports during monthly executive board meetings.</li> <li>• Designed, developed, and communicated autism awareness activities to over 50,000 community members.</li> <li>• Highlighted as ANSWERS Spokesperson and Program Coordinator on the local news, radio, and newspaper.</li> <li>• Administrated weekly status meetings with staff and consultants.</li> </ul>
<b>CASPER</b>	<b>Atlanta, GA</b>
<b>Program Supervisor</b>	<b>2000 - 2003</b>
	<ul style="list-style-type: none"> <li>• Supervised 10 staff members and 15 volunteers who planned and implemented meaningful after school activities for children with special needs living in local shelters.</li> <li>• Recruited, selected, trained, and evaluated staff (paid &amp; volunteer) each year.</li> <li>• Managed all aspects of the program site, including activity planning and schedules.</li> <li>• Collaborated with other programs and various University of Wisconsin groups.</li> <li>• Designed &amp; updated program materials (info handouts, staff handbooks, forms, etc.).</li> <li>• Trained all staff and volunteers on company policies and procedures.</li> </ul>

<p><b>Katherine Glasgow</b></p>	<b>Candidate Highlights</b>	
	<ul style="list-style-type: none"> <li>• Over 10 Years of years of experience in Data Analytics</li> <li>• Held leadership positions to oversee and manage data analysis requirements on numerous government related programs</li> </ul>	
	<b>Professional Experience</b>	
	<b>Qlarant, Inc.</b>	<b>Tallahassee, Florida</b>
<b>Scientist</b>	<b>Effective Jul 2021</b>	
<b>Sr. Data Analyst</b>	<b>Jul 2018 - present</b>	
<b>Analyst IV</b>	<b>Nov 2014 – Jun 2018</b>	
<b>Scientist</b>	<ul style="list-style-type: none"> <li>• Works closely with a team of analysts to manage the collection and reporting of data collected as part of quality assurance programs for Medicaid waiver services for individuals with IDD in FL, GA, and VA, including the National Core Indicators (NCI) Surveys.</li> </ul>	
<b>Summary:</b>		
<p>Dedicated and adaptable statistician with a PhD in Sociology and Masters in Demography. Has technical expertise to work on complex databases. Superb analytical and communication skills to create clear reports and presentations and breaking down complex information. Demonstrated by ten years of experience in data analytics and committed to collecting, analyzing, and reporting on reliable and accurate data. Adept in working with SAS, Stata, and Excel, and have experience writing technical reports.</p>	<ul style="list-style-type: none"> <li>• Over 5 years of experience in applying statistical sampling methodologies (e.g., simple random and stratified random) to select representative samples (+/- 95% CI) for the NCI In-Person Survey, the NCI Mail Surveys, and the selection of individuals and providers eligible for quality assurance reviews.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Utilize SAS and Excel to clean, aggregate, and analyze data collected in the field and housed within a relational database.</li> </ul>	
<ul style="list-style-type: none"> <li>• Perform descriptive and multivariate analyses to monitor quality of life and services for individuals with IDD &amp; providers' performance.</li> </ul>		
<ul style="list-style-type: none"> <li>• Routinely develop custom reports for various state entities - many of which are used to meet requirements set forth by the CMS.</li> </ul>		
<ul style="list-style-type: none"> <li>• Develop presentations and present information to self-advocates, providers, state agencies, and other stakeholders.</li> </ul>		
<ul style="list-style-type: none"> <li>• Work collaboratively with managers and state agencies to develop initiatives and trainings to improve services for people with IDD.</li> </ul>		
<ul style="list-style-type: none"> <li>• Use statistical validation techniques to construct more efficient and accurate measurement tools.</li> </ul>		
<ul style="list-style-type: none"> <li>• Developed and validated SAS Programs for the DC HHM.</li> </ul>		
<ul style="list-style-type: none"> <li>• Coach fellow analysts on various tasks and develop annual performance evaluations to further their own development.</li> </ul>		
<b>Roles &amp; Responsibilities:</b>	<b>Florida State University</b>	
<p>Oversee and coordinate the production of required reports and deliverables and certify the accuracy of all</p>	<b>Tallahassee, Florida</b>	
	<b>Adjunct Professor</b>	<b>Jan 2020 – Current</b>
<ul style="list-style-type: none"> <li>• Create lesson plans, syllabi, lectures, assignments, and exams for an undergraduate Introduction to Biostatistics course in Florida State University's Public Health Department.</li> </ul>		
<ul style="list-style-type: none"> <li>• Instruct students on various statistical methods including descriptive statistics, sampling methodologies, probability, and inferential statistic including, difference of means/proportions tests, estimation of confidence intervals, and linear regression analysis.</li> </ul>		
<ul style="list-style-type: none"> <li>• Instruct students on the use of Excel and R for data management and analysis.</li> </ul>		

<b>Katherine Glasgow</b>	<b>Florida State University</b>	<b>Tallahassee, Florida</b>
	<b>Graduate Instructor</b>	<b>Aug 2011– May 2015</b>
<b>Data Analysis Manager</b>	<ul style="list-style-type: none"> <li>• Taught Social Research Methods, Population and Society, and Social Problems while working towards PhD at Florida State University.</li> <li>• Developed original course syllabi, lectures, assignments, and exams for each course.</li> </ul>	
<p>information submitted to the State.</p> <p>Play a major role in Qlarant's continuous quality improvement efforts through the production of reports and analysis of data gathered</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>▪ Florida State University <ul style="list-style-type: none"> <li>– DPhil - Sociology - 18'</li> <li>– MS - Sociology - 13'</li> <li>– MS - Demography 10'</li> <li>– BS - Anthropology &amp; Sociology 09'</li> </ul> </li> </ul>	<b>Florida Department of Health</b>	<b>Tallahassee, Florida</b>
	<b>Statistician I</b>	<b>Aug 2012 – Apr 2013</b>
	<b>Statistician I (Intern)</b>	<b>Jun 2010 – Aug 2010</b>
	<ul style="list-style-type: none"> <li>• Create lesson plans, syllabi, lectures, assignments, and exams for an undergraduate Introduction to Biostatistics course in Florida State University's Public Health Department.</li> <li>• Assisted in the development of the Life Course Metrics project in collaboration with the CDC and 7 other states.</li> <li>• Create lesson plans, syllabi, lectures, assignments, and exams for an undergraduate Introduction to Biostatistics course in Florida State University's Public Health Department.</li> <li>• Collaborated with others on creating new techniques for utilizing data from the American Community Survey and Census within CHARTS software.</li> </ul>	

<p><b>Nathalie Robin, MPH</b></p>	<p><b>Candidate Highlights</b></p>
	<ul style="list-style-type: none"> <li>• Over 18 Years of experience in research and data analytics</li> <li>• Held senior technical positions leading surveys in federal healthcare environments and managed analysis requirements</li> </ul>
	<p><b>Professional Experience</b></p>
	<p><b>Qlarant, Inc.</b> <span style="float: right;"><b>Easton, MD</b></span></p>
<p><b>Senior Data Analyst</b></p>	<p><b>Sr. Data Analyst</b> <span style="float: right;"><b>Jan 2020 - present</b></span></p>
<p><b>Summary:</b></p> <p>Dedicated and adaptable statistician with a MS of Public Health and BS in Psychology. Has technical expertise to work within complex databases, and the analytical and communication skills to create clear reports and presentations from complex information. Adept in working with SAS, Stata, and Excel, and have experience writing technical reports.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>▪ Oversee and coordinate the production of required reports and deliverables and certify the accuracy of all information submitted to the State. [RFP 2.2]</li> <li>▪ Provide analysis of social and economic variables taken into consideration [RFP 2.2.B.5]</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze data and summarize into quality indicator values</li> <li>• Designed and build algorithms and predictive models to identify fraud, waste, and abuse.</li> <li>• Trend data to identify potential opportunities for quality improvement or focused investigations.</li> <li>• Develop tabular and graphical presentations of data which clearly and concisely illustrate current levels of care.</li> <li>• Develop epidemiological sound indicators of the quality of care.</li> <li>• Contribute to the development of interventions which will improve healthcare processes and outcomes.</li> <li>• Analyze re-measurement data and summarize into quality indicator values.</li> </ul>
	<p><b>NACCHO</b> <span style="float: right;"><b>Washington, DC</b></span></p>
	<p><b>Sr. Research Analyst</b> <span style="float: right;"><b>Apr 2009 – Jan 2019</b></span></p>
	<ul style="list-style-type: none"> <li>• Led two national surveys collecting data on local health departments funded by the Centers for Disease Control and Protection (CDC) and the Robert Wood Johnson Foundation (RWJF)</li> <li>• Worked with internal and external stakeholders on research projects collecting quantitative and qualitative data</li> <li>• Drafted data collection instruments, sampling plans, and standard operating procedures for data cleaning and analysis</li> <li>• Programmed web instruments to ensure data accuracy, data confidentiality, and positive user experiences</li> <li>• Cleaned and analyzed data</li> <li>• Drafted reports, journal articles, conference presentations, recommendations, and other research-driven products</li> <li>• Maintained data repository.</li> </ul>
<p><b>Kaplan</b> <span style="float: right;"><b>Tallahassee, Florida</b></span></p>	
<p><b>Pre-College Faculty</b> <span style="float: right;"><b>Sep 2009 – Nov 2017</b></span></p>	
<ul style="list-style-type: none"> <li>• Taught preparatory classes for the SAT and ACT to improve test scores</li> <li>• Tutored individual students for standardized exams and school subjects</li> <li>• Led marketing and informational sessions for prospective buyer promoting Kaplan products</li> </ul>	

<p><b>Nathalie Robin, MPH</b></p> <p><b>Senior Data Analyst</b></p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Virginia Commonwealth University, <i>MS Public Health - 08</i></li> <li>University of Pittsburgh, BS Psychology - <i>03'</i></li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Certificate, Full-Stack Web Development, George Washington University, 2017</li> </ul>	<p><b>VCU Medical Center</b> <span style="float: right;"><b>Richmond, VA</b></span></p> <p><b>Lab Technician</b> <span style="float: right;"><b>Sept 2008– Sept 2009</b></span></p> <ul style="list-style-type: none"> <li>Worked as a field data collector investigating STAPH infections</li> <li>Generated descriptive statistics</li> <li>Taught preparatory classes for the SAT and ACT to improve test scores</li> <li>Led marketing and informational sessions for prospective buyer promoting Kaplan products</li> </ul>
	<p><b>CBE Consulting</b> <span style="float: right;"><b>Richmond, VA</b></span></p> <p><b>Program Support Technician</b> <span style="float: right;"><b>Jan 2008 – Sep 2008</b></span></p> <ul style="list-style-type: none"> <li>Compiled data, aggregated results, and drafted benchmarking reports for Virginia’s State Children’s Health Insurance Program (sCHIP) subgrantees</li> <li>Updated and maintained Access database</li> </ul>
	<p><b>Virginia Commonwealth University</b> <span style="float: right;"><b>Richmond, VA</b></span></p> <p><b>Graduate Technical Assistant</b> <span style="float: right;"><b>Jan 2008 – Sep 2008</b></span></p> <ul style="list-style-type: none"> <li>Compiled data, aggregated results, and drafted quarterly benchmarking reports six sub-grantee sites on lead housing rehabilitation efforts</li> <li>Updated and maintained Access database</li> </ul>
	<p><b>Florida Department of Health</b> <span style="float: right;"><b>Tallahassee, Florida</b></span></p> <p><b>Program Tech Specialist</b> <span style="float: right;"><b>Sep 2006 – Jun 2007</b></span></p> <ul style="list-style-type: none"> <li>Provided customer support Lead-Safe Virginia informational hotline regarding elevated blood level and general education lead safety measures</li> <li>Uploaded data on elevated lead levels into Virginia state database</li> <li>Conducted analyses for state and federal reports</li> <li>Communicated with testing laboratories and doctors’ offices to retrieve missing data</li> <li>Created case management and treatment files for children identified with elevated levels</li> </ul>
	<p><b>UPMC</b> <span style="float: right;"><b>Pittsburgh, PA</b></span></p> <p><b>Research Specialist</b> <span style="float: right;"><b>May 2003 – Aug 2006</b></span></p> <ul style="list-style-type: none"> <li>Worked on three separate smoking cessation studies</li> <li>Recruited, screened, and guided research participants through clinical trials</li> <li>Drafted documents for The National Institute on Drug Abuse (NIDA) and the Institutional Review Board (IRB)</li> <li>Purchased research equipment, paid research participants, and reconciled travel reimbursements for coworkers</li> <li>Analyzed data and contributed to the methodology and analysis sections to journal articles and conference presentations</li> <li>Trained and supervised undergraduate interns</li> </ul>

<b>Shawntavia Fletcher</b>	<b>Candidate Highlights</b>
	<ul style="list-style-type: none"> <li>• 7 years of experience working on contracts supporting people with disabilities and provider quality assurance.</li> <li>• Working knowledge on government programs as a project support with customer service experience and interpersonal skills.</li> </ul>
	<b>Professional Experience</b>
<p style="text-align: center; background-color: #FFD700; padding: 5px;"><b>Project Support</b></p> <p><b>Summary:</b> Shawntavia has 10 years' experience in providing program support and data entry. She has the ability to handle multiple tasks and projects simultaneously, and has excellent communication skills.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>– Provide administrative support throughout the lifetime of the program.</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>▪ American InterContinental University - Associate of Arts in Business Administration</li> <li>▪ Florida Agricultural Mechanical University - Bachelor of Arts in Interdisciplinary Studies emphasis in Health and Quantitative Analysis</li> </ul>	<b>Qlarant</b> <span style="float: right;"><b>Tallahassee, FL</b></span>
	<b>Project Support</b> <span style="float: right;"><b>2013 - Present</b></span>
	<ul style="list-style-type: none"> <li>• <b>Florida Statewide Quality Assurance Program:</b> Make purchases and develop purchasing orders; Work with vendors; Plan and organize events; Complete monthly reports; Conduct administrative duties; Complete billing reports; Transcribe meeting minutes; Coordinate National Core Indicator mail surveys, including tracking and data entry for 600 - 800 surveys every other year.</li> <li>• <b>Virginia Quality Management System:</b> Made purchases and developed purchasing orders; Worked with vendors; Conducted administrative duties; Arranged travel accommodations; Provided staff support.</li> </ul>
	<b>Hewlett Packard</b> <span style="float: right;"><b>Tallahassee, FL</b></span>
	<b>File Room Coordinator</b> <span style="float: right;"><b>2007 - 2012</b></span>
	<ul style="list-style-type: none"> <li>• Filing Medical and Dental claims.</li> <li>• Updating, and Entering Claims for Medicaid and Medicare.</li> <li>• Faxing, copy, and uploading information.</li> </ul>
	<b>Aegis</b> <span style="float: right;"><b>Nashville, TN</b></span>
	<b>Data Entry Specialist</b> <span style="float: right;"><b>2005 - 2006</b></span>
	<ul style="list-style-type: none"> <li>• Entering and updating client files for hospital records.</li> <li>• Create plantlets for client files.</li> </ul>
	<b>Department of Revenue</b> <span style="float: right;"><b>Tallahassee, FL</b></span>
<b>Data Entry Specialist</b> <span style="float: right;"><b>2001 - 2004</b></span>	
<ul style="list-style-type: none"> <li>• Promoted family wellness and parent involvement programs.</li> <li>• Supported the implementation of the family partnership process.</li> <li>• Operated as a liaison between classroom and home setting in education, child development and mental health.</li> </ul>	
<b>Citizens Insurance</b> <span style="float: right;"><b>Tallahassee, FL</b></span>	
<b>Support Staff</b> <span style="float: right;"><b>2004 - 2004</b></span>	
<ul style="list-style-type: none"> <li>• Opening, closing, assign, and logging files for Insurance claims.</li> <li>• Creating spreadsheets.</li> <li>• Staff Support for field and office adjusters.</li> </ul>	
<b>Florida National Guard</b> <span style="float: right;"><b>Tallahassee, FL</b></span>	
<b>Military Personnel Specialist</b> <span style="float: right;"><b>2003- 2005</b></span>	
<ul style="list-style-type: none"> <li>• Responsible for screening, intake and orientation services, timely and accurate clinical documentation, case management, participation in multidisciplinary treatment team meetings, and conducting and documenting group education services.</li> </ul>	



**D.4.1.2. Surveyor Resumes**

<p><b>Angel Hardy</b></p> <p><b>Surveyor</b></p> <p><b>Summary:</b></p> <p>Dedicated and adaptable surveyor with a BA in Sociology and Anthropology and direct surveying experience on Qlarant state Programs. Superb communication skills, research experience, and records management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Valdosta State University, Valdosta, GA - 2014</li> <li>Bachelors of Art in Sociology &amp; Anthropology</li> <li>Concentration in Clinical Sociology</li> </ul>	<p><b>Candidate Highlights</b></p> <ul style="list-style-type: none"> <li>Over 4 years of experience in data collection and conducting survey interviews for Qlarant NCI-AD projects.</li> <li>Experienced with client interface and worked at multiple local government offices on data collection and records management.</li> </ul>
	<p><b>Professional Experience</b></p>
	<p><b>Qlarant, Inc. Atlanta, GA</b></p> <p><b>NCI-AD Survey Interviewer Nov 2017 - Present</b></p> <ul style="list-style-type: none"> <li>Conducted face to face in-field interviews using the National Core Indicator survey for the GA Department of Aging Services.</li> <li>Identified areas of service needs and obtained feedback related to satisfaction and quality of the services provided by the state.</li> <li>Verify the accuracy of survey data, including measurements and calculations conducted at survey sites.</li> </ul>
	<p><b>Wilson Family Atlanta, GA</b></p> <p><b>Care Provider Aug 2014 - Dec 2018</b></p> <ul style="list-style-type: none"> <li>Tended to the general and basic needs of the children while providing careful supervision to ensure the safety in day-to-day activities.</li> </ul>
	<p><b>International Students Volunteers Yorba Linda, CA</b></p> <p><b>Brand Ambassador &amp; Recruiter Jun 2014 - Dec 2015</b></p> <ul style="list-style-type: none"> <li>Recruited students from California, Washington, and Southern Canada at their respective university campuses to study abroad with one of the highest rated volunteer adventure travel programs in the country via campus wide marketing &amp; in-classroom demonstrations.</li> </ul>
	<p><b>Brooks County Department of Family &amp; Children Services (Child Protective Services) Atlanta, GA</b></p> <p><b>Agency Intern Jan 2014 - Jun 2014</b></p> <ul style="list-style-type: none"> <li>Aided Social Services Case Managers while attending court hearings, home visits, and interviewing clients at school.</li> <li>Extensive client interaction and conflict resolution when uniting paternal and foster parents, addressing abuse allegations within clients' homes and demonstrating cultural competence.</li> </ul>
	<p><b>Feeding America: Hunger-Relief Charity Atlanta, GA</b></p> <p><b>Data Collector May 2013 - Jul 2013</b></p> <ul style="list-style-type: none"> <li>Administered the National Hunger survey to various clients of food agencies and programs, including emergency feeding programs like food pantries, shelters, and soup kitchens.</li> <li>Compiled information on more than 100,000 clients' services supporting the 2014 National Hunger Study focused on food security.</li> </ul>
	<p><b>Feeding America: Hunger-Relief Charity Atlanta, GA</b></p> <p><b>Records Management Intern May 2008 - Jun 2008</b></p> <ul style="list-style-type: none"> <li>Prepared new county employee files and maintained hundreds of existing confidential employee files. Aided record keepers as needed.</li> </ul>

<b>Robert Herrin</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>Over 45 years of cumulative experience and over 10 years in data collection and conducting survey interviews.</li> <li>Experienced with program monitoring and quality assurance serving multiple government agencies.</li> </ul>
<p><b>Summary:</b> Experienced surveyor with a MA in Counseling and BA in Sociology. Direct surveying experience on Qlarant state programs with proven communication skills, research experience, and records management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Pepperdine University, Beaufort, SC - MA, Counseling (1976)</li> <li>University of Georgia, Athens, GA - BA, Sociology (1972)</li> </ul>	<b>Professional Experience</b>
	<b>Qlarant, Inc.</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>Jun 2014 - Present</b></span>
	<ul style="list-style-type: none"> <li>Conducted on-site surveys over a period of four years for the NCI-AD Program. Entered results into an online database.</li> </ul>
	<b>Project Free</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>Consultant</b> <span style="float: right;"><b>Nov 2007 - Present</b></span>
	<ul style="list-style-type: none"> <li>Conducted on-site and virtual interviews with families enrolled in the Fostering Relationship &amp; Economic Enrichment project.</li> <li>Entered data into an online database; telephone contact, and occasional video conferencing tools were utilized.</li> </ul>
	<b>GA DHS, Division of Public Health</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>Program Specialist</b> <span style="float: right;"><b>July 1996 - Sep 2007</b></span>
	<ul style="list-style-type: none"> <li>Quality Assurance Coordinator for the Babies Can't Wait program: responsible for monitoring 18 district Babies Can't Wait programs.</li> <li>Coordinated conversion from a general monitoring approach to a focused monitoring approach.</li> <li>Programmatic Data Coordinator – analyzed data program to support monitoring efforts, program improvement.</li> </ul>
<b>Health District 2</b> <span style="float: right;"><b>Gainesville, GA</b></span>	
<b>Developmental Services Chief</b> <span style="float: right;"><b>Oct 1988 - Jun 1996</b></span>	
<ul style="list-style-type: none"> <li>Responsible for the operation of six work centers for adults with IDD and a residential program.</li> <li>Responsibilities included quality assurance and data management.</li> <li>Served as president of the Developmental Service Chiefs organization.</li> </ul>	
<b>GA DHR, Division of Mental Health, Developmental Disabilities, and Addictive Diseases</b> <span style="float: right;"><b>Atlanta, GA</b></span>	
<b>Program Consultant</b> <span style="float: right;"><b>Aug 1981 - Sept 1988</b></span>	
<ul style="list-style-type: none"> <li>Provided technical assistance to programs and staff serving adults with IDD in community- based residential programs.</li> <li>Developed innovative service models, policies and procedures, and database for monitoring residential programs.</li> </ul>	
<b>University of Georgia</b> <span style="float: right;"><b>Athens, GA</b></span>	
<b>Regional Training Coordinator</b> <span style="float: right;"><b>May 1979 - Jul 1981</b></span>	
<ul style="list-style-type: none"> <li>Provided training and technical assistance for staff working with adults with IDD.</li> <li>Developed, tested, and implemented training programs, visual aids, videos, and other training materials.</li> </ul>	

<b>Tavorris White</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>• Over 15 years of cumulative experience and 5 years conducting interviews, and one year in survey administration, data collection, and data entry.</li> <li>• Working knowledge on government programs as a surveyor and interviewer with clinical/medical experience and interpersonal skills.</li> </ul>
<b>Summary:</b> Experienced surveyor with a M.S. in Education and a BS in Criminal Justice. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.	<b>Professional Experience</b>
<b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>
<b>Education</b> ○ Fort Valley State University, MS of Education (2010) ○ Fort Valley State University, BA In Criminal Justice(2010)	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2019 - Present</b></span>
	<ul style="list-style-type: none"> <li>• Provide interviews with the elderly to gain his/her insight/voice regarding services.</li> <li>• Collect the data from the interviews with the elderly and placed in a database for further evaluation of services received.</li> <li>• Encourages transparency and reassures client their concerns will be addressed.</li> <li>• Report any contact information/inaccurate information.</li> <li>• Identify areas of service needs and obtain feedback related to satisfaction and quality of the services provided by the state.</li> <li>• Enter all survey results into ODESA and verify the accuracy of survey data collected at survey sites.</li> </ul>
	<b>Community Development Systems, Inc</b> <span style="float: right;"><b>Macon, GA</b></span>
	<b>CORE Team /License Clinical Professional</b> <span style="float: right;"><b>Jan 2017 – May 2021</b></span>
	<ul style="list-style-type: none"> <li>• Conduct individual and family counseling and biopsychosocial assessments through interviews face/face &amp; phone.</li> <li>• Give preliminary clinical diagnosis, complete BIRP Note, CAFAS/CANS assessments, and develop Treatment Plans</li> <li>• A member of the crisis response team.</li> </ul>
	<b>Community Development Systems, Inc</b> <span style="float: right;"><b>Macon, GA</b></span>
	<b>Paraprofessional for IFIT</b> <span style="float: right;"><b>Jun 2006 – Jan 2017</b></span>
	<ul style="list-style-type: none"> <li>• Provided clinical skill building for families.</li> <li>• Served as part of the Crisis Team and the Plan of Care Team.</li> <li>• Provided transportation of patients.</li> <li>• Conduct Anger Management Assessments.</li> </ul>

<b>Melbka Dougherty</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>Over 7 years of cumulative experience in government &amp; commercial survey administration, financial audits, and claims review.</li> </ul>
<p><b>Summary:</b> Experienced surveyor with a MBA and BS in Healthcare Administration and Management. Direct surveying experience on Qlarant state programs with audit and claims review experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>University of Phoenix, MBA, (2015)</li> <li>Certificate in Healthcare IT</li> <li>Albany State University, BS Healthcare Administration &amp; Management (2015)</li> </ul>	<b>Professional Experience</b>
	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2015 - Present</b></span>
	<ul style="list-style-type: none"> <li>Conduct in-person NCI-AD survey interviews with individuals receiving services in Georgia.</li> <li>Participate in necessary training to conduct the surveys according to guidelines.</li> <li>Enter all data into web-based data collection system.</li> </ul>
	<b>State Farm</b> <span style="float: right;"><b>(Remote)</b></span>
	<b>Commercial, Boat, Farm, Large Loss Claims Adjuster for Auto/CR</b> <span style="float: right;"><b>2020 - Present</b></span>
	<b>Claims Adjuster for Auto/CR</b> <span style="float: right;"><b>2018 - 2019</b></span>
	<ul style="list-style-type: none"> <li>Determines policy status and coverage; reviews appropriate policies for coverage, limits and deductibles; mitigations, scoping and authority for payments.</li> <li>Conducts investigation necessary to determine compensability and/or liability, including recorded statements based on Department processes and procedures.</li> <li>Evaluate and settle Loss of income, liability, business interruption, or structural claims with minimal input from supervisor.</li> </ul>
	<b>TD Insurance Company (Canada)</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>Team Leader (Commercial/Residential) International Claims Adjuster</b> <span style="float: right;"><b>2020 - 2020</b></span>
<b>International Claims Adjuster</b> <span style="float: right;"><b>2018- 2018</b></span>	
<b>International Claims Adjuster</b> <span style="float: right;"><b>2015 - 2017</b></span>	
<ul style="list-style-type: none"> <li>Hire, train, evaluate, and lead over 10 assigned claims staff</li> <li>Interview claimant and witnesses to gather pertinent information.</li> <li>Monitors controls to ensure customer service is delivered to the satisfaction of the customer.</li> <li>Inspect property damage to determine extent of damages to claims.</li> <li>Consult with accountants, architects, construction workers, engineers, lawyers, and physicians to get expert evaluation.</li> </ul>	
<b>Mapfre Insurance</b> <span style="float: right;"><b>Valdosta, GA</b></span>	
<b>Social Services Technician</b> <span style="float: right;"><b>2017- 2018</b></span>	
<ul style="list-style-type: none"> <li>Determines policy status and coverage; reviews appropriate policies for coverage, limits and deductibles; mitigations, scoping &amp; authority</li> <li>Evaluate and settle Loss of income, liability, business interruption, or structural claims with minimal input from supervisor.</li> <li>Analyzed financial statements and prepared monthly budget reports.</li> </ul>	

<b>Melba Screven</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>• Over 27 years of cumulative experience and 4 years in survey administration, conducting interviews, data collection, and data entry.</li> <li>• Working knowledge on healthcare systems and state programs as a surveyor and interviewer with customer service experience</li> </ul>
<b>Summary:</b>	<b>Professional Experience</b>
Melba is an experienced surveyor with proven surveying work experience on Qlarant state programs. She has proven communication skills and management experience, aiding in conducting and completing surveys.	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>
<b>Roles &amp; Responsibilities:</b>	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2019 - Present</b></span>
– Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]	<ul style="list-style-type: none"> <li>• Conduct in-person interviews with aging and disability populations.</li> <li>• Provide education to interviewed on the importance of the data.</li> <li>• Enter all responses into ODESA system.</li> </ul>
<b>Education</b>	<b>St. Joseph's/Candler Health System</b> <span style="float: right;"><b>Savannah, GA</b></span>
○ Richard Arnold High School, Savannah, GA	<b>File Room Coordinator</b> <span style="float: right;"><b>2019 - Present</b></span>
	<ul style="list-style-type: none"> <li>• Maintains personnel files and API Badge system, and supplies.</li> <li>• Serves as a back-up for the front desk.</li> <li>• Perform clerical duties such as scan records into databases, prepare legal records for attorneys as legal issues arise.</li> </ul>
	<b>Sullivan Temporary Services</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>File Room Coordinator</b> <span style="float: right;"><b>2019 - 2019</b></span>
	<ul style="list-style-type: none"> <li>• Maintains personnel files and API badge system.</li> <li>• Serves as a back-up for the front desk and perform clerical duties.</li> </ul>
	<b>Chatham County Health Department</b> <span style="float: right;"><b>Waycross, GA</b></span>
	<b>Immunization/Women Health/Clerk II</b> <span style="float: right;"><b>2004 - 2018</b></span>
	<ul style="list-style-type: none"> <li>• Entered data via computer terminal.</li> <li>• Performed routine clerical work as required.</li> <li>• Collected fees and processes all types of insurance policies.</li> <li>• Processed clients efficiently with no reported errors on QA reports.</li> <li>• Provided excellent customer service to clients and professionals.</li> </ul>
	<b>Health Check for Children</b> <span style="float: right;"><b>1998 - 2004</b></span>
	<ul style="list-style-type: none"> <li>• Registered children in the database during medical visits.</li> <li>• Scheduled visits as recommended per policy and medical personnel (Doctors, Nurses, and Nurse Practitioners, Etc.).</li> <li>• Verified various qualifications such as but not limited to valid identification, pay statements, Medicare, Medicaid, third party insurance, and other financial and medical supporting documents.</li> </ul>
	<b>Health Check (Manpower Temp Services)</b> <span style="float: right;"><b>1994 - 1998</b></span>
	<ul style="list-style-type: none"> <li>• Requested and obtained all available past medical records on a child, including hospitalizations, outpatient visits immunizations, and other pertinent medical records (physical, mental health and dental care) as well as the current medical data.</li> <li>• Contacted the child's caregiver to establish a working relationship.</li> <li>• Ensured adequate response to any acute medical needs.</li> <li>• Coordinated to ensure all required medical care, dental care, and mental health services are received and initiated medical care plans.</li> </ul>

<b>Marva Malone</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>Over 6 years of cumulative experience and 3 years in data collection, administering surveys, and interviews under the NCI-AD Program.</li> <li>Advanced supervisory/managerial skills, i.e., organizing, meeting deadlines, resolving problems, verbal, and written communication.</li> </ul>
<b>Summary:</b>	<b>Professional Experience</b>
<p>Experienced surveyor with an MS and BS in Criminal Justice. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b></p> <p>– Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>St. Leo University, MS Criminal Justice, (2012)</li> <li>St. Leo University, BS Criminal Justice, (2010)</li> </ul>	<b>Brown Middle School</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>Interrelated Teacher</b> <span style="float: right;"><b>May 2019 - Present</b></span>
	<ul style="list-style-type: none"> <li>Provide research-based instruction to address the instructional goals and objectives within a student's IEP.</li> <li>Develop and implements annual Individualized Educational Program (IEP) plans for students.</li> <li>Serve as case manager for special education service recipients.</li> <li>Responsible for weekly parent contact calls.</li> </ul>
	<b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>Mar 2019 - Present</b></span>
	<ul style="list-style-type: none"> <li>Conducted in-person interviews with aging and disability populations in compliance with state guidelines.</li> <li>Educated participants on the importance of providing survey data.</li> <li>Entered response survey data into ODESA system.</li> <li>Completed virtual training modules on compliance and job responsibilities.</li> </ul>
	<b>Georgia Department of Early Learning &amp; Care</b> <span style="float: right;"><b>Atlanta, GA</b></span>
	<b>Scholarship Administration Specialist</b> <span style="float: right;"><b>Nov 2017 - May 2019</b></span>
	<ul style="list-style-type: none"> <li>Determine eligibility for statewide daycare assistance.</li> <li>Conducted telephone and face to face eligibility interviews.</li> <li>Provide resolutions for ineligible families.</li> <li>Verified validity legal documents.</li> </ul>
	<b>Accelerated Recovery Center</b> <span style="float: right;"><b>Marietta, GA</b></span>
<b>Office Manager/ Skills Trainer</b> <span style="float: right;"><b>Sept 2015 - March 2017</b></span>	
<ul style="list-style-type: none"> <li>Supervised all administrative staff.</li> <li>Processed and paid contractor invoices.</li> <li>Educated clients on coping skills, triggers, and the effects of alcohol.</li> <li>Managed Clinical schedule/handled all planning and logistics.</li> </ul>	

<p style="text-align: center; margin: 0;"><b>Larry Hodges</b></p> <p style="text-align: center; margin: 5px 0 0 20px;"><b>Surveyor</b></p> <p><b>Summary:</b> Experienced surveyor with an MBA and BS in Electronics Engineering Technology. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - Attachment J via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>○ La Salle University, MBA, (2002)</li> <li>○ Cleveland State University, BS Electronics Engineering Technology, (1989)</li> <li>○ Cuyahoga Comm. College, AAS Elect./Electronic Engineering, (1987)</li> </ul>	<b>Candidate Highlights</b>
	<ul style="list-style-type: none"> <li>• Over 32 years of cumulative experience with over 7 years in data collection, administering surveys, and conducting interviews.</li> <li>• Excellent communication skills coupled with management skills ensuring seamless and successful survey administration.</li> </ul>
	<b>Professional Experience</b>
	<b>Qlarant</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>2014 - Present</b></span>
	<ul style="list-style-type: none"> <li>• Through collaboration with the Georgia Department of Aging Services, schedule (via phone) and complete NCI surveys, via in-person interviews, with the aging and disabilities populations throughout the state of Georgia.</li> <li>• This interview process includes collecting service-related information from each person interviewed and entering the information into ODESA, an online data entry survey application.</li> </ul>
	<b>Emmanuel Worship Center</b> <span style="float: right;"><b>Homerville, GA</b></span>
	<b>Associate Pastor</b> <span style="float: right;"><b>2015 - 2019</b></span>
	<ul style="list-style-type: none"> <li>• Collaborated with the senior pastor to implement the vision, mission, and goals of the ministry.</li> <li>• Oversaw ministry leads. Administered finances, and budgets, and monitored progress of church initiatives.</li> <li>• Reached out to create and maintain alliances with other ministries.</li> <li>• Served in preaching, teaching, and creating a bible study curriculum</li> </ul>
	<b>Antioch First Baptist Church</b> <span style="float: right;"><b>Homerville, GA</b></span>
<b>Assistant Pastor/CFO</b> <span style="float: right;"><b>2007 - 2015</b></span>	
<ul style="list-style-type: none"> <li>• Developed and implemented prison ministry, mentoring, after-school tutoring programs, family and couples counseling, and multiple other outreach ministries.</li> <li>• Provided spiritual, visionary, and financial leadership to church body, staff, and community.</li> <li>• Prepared lessons and taught weekly Bible study.</li> </ul>	
<b>General Electric Transportation Systems</b> <span style="float: right;"><b>Valdosta, GA</b></span>	
<b>Project Manager/Materials Manager</b> <span style="float: right;"><b>1990 - 2006</b></span>	
<ul style="list-style-type: none"> <li>• Coordinated and managed acquisition and transportation between other warehouse locations and vendors. Provided training in warehouse and equipment use safety.</li> <li>• Project Manager/Lead Technical Director - Planned and managed the productivity of technical directors and the CSX workforce. Provided technical expertise on GE diesel electric locomotives.</li> <li>• Lead Technical Advisor - Advised workforce. Repaired/maintained locomotives.</li> </ul>	
<b>Westinghouse Naval Systems Division</b> <span style="float: right;"><b>Valdosta, GA</b></span>	
<b>Electrical Engineer</b> <span style="float: right;"><b>1989 - 1995</b></span>	
<ul style="list-style-type: none"> <li>• Built defense weapons for U.S. Navy.</li> <li>• Granted confidential clearance and qualified for secret clearance.</li> </ul>	

<p><b>Kaliah Collins</b></p> <p><b>Surveyor</b></p> <p><b>Summary:</b> Experienced surveyor with a B.S. in Social Psychology. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>○ Park University, B.S. Social Psychology, (2009)</li> <li>○ Georgia Military College, A.S. Behavioral Science and A.S. Criminal Justice (2003)</li> </ul>	<p><b>Candidate Highlights</b></p> <ul style="list-style-type: none"> <li>• Over 18 years of cumulative experience and over 7 years in survey administration, conducting interviews, data collection, and data entry.</li> <li>• Working knowledge on government programs as a surveyor and interviewer with customer service experience and interpersonal skills.</li> </ul>
	<p><b>Professional Experience</b></p>
	<p><b>Qlarant Atlanta, GA</b></p> <p><b>NCI-AD Survey Interviewer 2014 - Present</b></p> <ul style="list-style-type: none"> <li>• Conducted over 300 interviews for the NCI-AD survey that collects data about LTSS services &amp; quality of life outcomes of consumers.</li> <li>• Followed data collection requirements (sample size, timeframe, etc.), and attended training on survey administration &amp; reporting.</li> </ul>
	<p><b>South GA Partnership to End Homelessness Valdosta, GA</b></p> <p><b>Case Manager 2012 - 2014</b></p> <ul style="list-style-type: none"> <li>• Provide supportive services for the homeless including medical, Prescriptions, vision, nutrition, education, childcare, transportation.</li> <li>• Complete client intakes, screening, and follow-ups and manage caseload and completed data entry including HMIS (pathways).</li> </ul>
	<p><b>Prof. Case Management Services of America Valdosta, GA</b></p> <p><b>Support Coordinator 2009 - 2010</b></p> <ul style="list-style-type: none"> <li>• Provided case management services for people with IDD. Conducted counseling, assessments and ensured needs were met.</li> <li>• Developed annual service plans by interviewing the person served, family, and service providers. Served as liaison between clients and provider agencies.</li> </ul>
	<p><b>Concerted Services, Head Start Waycross, GA</b></p> <p><b>Family Advocate 2006 - 2008</b></p> <ul style="list-style-type: none"> <li>• Promoted family wellness and parent involvement programs and supported the implementation of the family partnership process.</li> <li>• Provided case management while operating as a liaison between classroom and home setting in education, child development, and mental health.</li> </ul>
	<p><b>L.A.M.P. Valdosta, GA</b></p> <p><b>Homeless Case Manager 2005 - 2006</b></p> <ul style="list-style-type: none"> <li>• Provided targeted case management services to Lowndes County Homeless population at L.A.M.P.</li> <li>• Performed follow-ups to determine quantity and quality of service provided to clients and visited clients' homes and institutions.</li> </ul>
	<p><b>Behavioral Health Services Valdosta, GA</b></p> <p><b>Social Services Technician 2003- 2005</b></p> <ul style="list-style-type: none"> <li>• Responsible for screening, intake and orientation services, timely and accurate clinical documentation, case management, participation in multidisciplinary treatment team meetings, and conducting and documenting group education services.</li> </ul>



<p><b>Eric Dougherty</b></p>	<p><b>Candidate Highlights</b></p>
	<ul style="list-style-type: none"> <li>• 21 years of analytics experience and strong team leadership, communication, and management skills.</li> <li>• Six Sigma yellow belt certification and, proficient in statistical analysis and data visualization tools such as SQL, Big Query, SSRS &amp; Tableau.</li> </ul>
<p><b>Surveyor</b></p>	<p><b>Professional Experience</b></p>
<p><b>Summary:</b> Experienced surveyor with a B.S. in Business Administration. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.</p> <p><b>Roles &amp; Responsibilities:</b> – Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>○ Texas State University – 2000 to 2003 – Bachelor of Science in Business Administration</li> <li>○ Austin Community College – 1997 to 2000 – Associate of Science Degree</li> </ul>	<p><b>Qlarant</b> <span style="float: right;"><b>Atlanta, GA</b></span></p>
	<p><b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>Jan 2018 - Present</b></span></p>
	<ul style="list-style-type: none"> <li>• Conduct in-person interviews with the aging population in the Atlanta metro area.</li> <li>• Enter interview results into the HRSI database via web portal.</li> <li>• Report any contact information/inaccurate information.</li> </ul>
	<p><b>The Home Depot</b> <span style="float: right;"><b>Atlanta, GA</b></span></p>
	<p><b>Sr. Manager, Strategy and Operations</b> <span style="float: right;"><b>Sept 2018 - Present</b></span></p>
	<ul style="list-style-type: none"> <li>• Strategic oversight of associate satisfaction, productivity/efficiency, and customer satisfaction.</li> <li>• Drive cross-functional projects supporting the overall PRO Strategy.</li> <li>• Develop, plan, and execute enhancements of contact center applications and technology.</li> </ul>
	<p><b>Workforce Manager</b> <span style="float: right;"><b>Oct 2015 - Aug 2018</b></span></p>
	<ul style="list-style-type: none"> <li>• Provide overarching strategic guidance for projects and initiatives for the online contact center.</li> <li>• Direct ownership of workforce management KPI metrics such as forecast accuracy, occupancy, service level and abandon rate.</li> <li>• Oversee design, execution and post-hoc analysis of staffing plans for multi-site 3,500 seat call center with work from home agents.</li> <li>• Foster business partnerships with cross-functional teams in finance, marketing and supply-chain.</li> </ul>
<p><b>Sr. Workforce Analyst</b> <span style="float: right;"><b>May 2014 - Oct 2017</b></span></p>	
<ul style="list-style-type: none"> <li>• Oversee coaching and development 7 salaried associates on the workforce management team.</li> <li>• Facilitate weekly meetings with all levels of Management, discussing forecast variance, upcoming projects, call center performance, training needs and staffing recommendations.</li> <li>• Assist operational leadership, planning and implementing cross functional projects to drive associate satisfaction.</li> <li>• Build and maintain both near-term and long-range staffing models.</li> </ul>	
<p><b>Workforce Analyst</b> <span style="float: right;"><b>April 2010 - May 2019</b></span></p>	
<ul style="list-style-type: none"> <li>• Facilitated the division of workforce management into three groups (Forecasting, Scheduling, and Intra-day).</li> <li>• Implemented weekly scheduling process including production of weekly scheduling periods.</li> <li>• Designed monthly workforce management metrics slide for monthly MBR meeting.</li> </ul>	

<p><b>Cody Christoff</b></p> <p><b>Surveyor</b></p> <p><b>Summary:</b> ACRE Certified Case Manager with 10+ years' experience, specializing in crisis management and quality assurance, with extensive knowledge on developmental disabilities case management and assist supported individuals with completing post-event surveys.</p> <p><b>Roles &amp; Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Bachelor of Science in Behavioral Sciences Emphasis Addiction Psychology - Martin Methodist College - Pulaski, TN (2012)</li> <li>Adult Case Management Certification</li> </ul>	<p><b>Candidate Highlights</b></p> <ul style="list-style-type: none"> <li>Over 9 years of experience in case management, research, and data collection for developmental disabilities programs.</li> <li>Experienced with client interface and worked at multiple healthcare-based organizations on case management and coordination.</li> </ul>
	<p><b>Professional Experience</b></p>
	<p><b>Empower Cherokee</b> <span style="float: right;"><b>Canton, GA</b></span></p>
	<p><b>Quality Assurance Manager</b> <span style="float: right;"><b>Dec 2018 - 2021</b></span></p> <ul style="list-style-type: none"> <li>Quality Assurance and Case Management.</li> <li>Assisting individuals and families in finding resources.</li> <li>Assisted Supported Individuals with completing post-event surveys for outside agencies.</li> <li>Research new programs and licensure requirements to provide services to individuals in need.</li> <li>Checks on the quality and quantity of billable services.</li> <li>Provides quality person centered services for individuals served.</li> <li>Guides and trains staff on new state and federal oversight agency guidelines (i.e., CARF, Qlarant, GVRA, etc.).</li> <li>Managing and leading a team of 4 staff in providing quality supported employment services based on DBHDD and GVRA guidelines.</li> <li>Provides GVRA Traditional Supported Employment services as well as Customized Supported Employment services.</li> <li>Manage and maintain relationship with local collegiate organizations Job Shadow and Internship programs.</li> <li>Creating program content.</li> <li>Assisting in creating and updating policy and procedures.</li> </ul>
	<p><b>Mountain Lakes Behavioral Healthcare</b> <span style="float: right;"><b>Guntersville, AL</b></span></p>
	<p><b>Care Coordinator/Case Manager</b> <span style="float: right;"><b>Jul 2016 - Nov 2018</b></span></p> <ul style="list-style-type: none"> <li>Child and adolescent in-home team, child and adolescent case manager, adult case manager.</li> </ul>
	<p><b>Mountain Lakes Behavioral Healthcare</b> <span style="float: right;"><b>Centre, AL</b></span></p>
	<p><b>Geriatric Specialist</b> <span style="float: right;"><b>Jan 2014 - Jun 2016</b></span></p> <ul style="list-style-type: none"> <li>Direct patient care with geriatric population in nursing home, provided therapeutic activities and mental health evaluations.</li> </ul>
	<p><b>Bradford Health Services</b> <span style="float: right;"><b>Warrior, AL</b></span></p>
	<p><b>Assistant Counselor</b> <span style="float: right;"><b>Sep 2012 - Dec 2013</b></span></p> <ul style="list-style-type: none"> <li>Direct patient care, assisting counselors, setting up family sessions, informing family members of basic treatment updates, giving lectures on addiction recovery.</li> </ul>
<p><b>Glenwood Autism and Behavioral Health Center</b> <span style="float: right;"><b>Birmingham, AL</b></span></p>	
<p><b>Residential Instructor</b> <span style="float: right;"><b>May 2012 - Sep 2012</b></span></p> <ul style="list-style-type: none"> <li>Monitoring the safety and security of children with severe emotional disturbances, completing shift paperwork, leading groups education.</li> </ul>	

<b>Elijah Collins Jr.</b>	<b>Candidate Highlights</b>
<b>Surveyor</b>	<ul style="list-style-type: none"> <li>• Over 30 years of cumulative experience and over 7 years in data collection, administering surveys, and interviews.</li> <li>• Advanced supervisory/managerial skills, i.e., organizing, meeting deadlines, resolving problems, verbal, and written communication.</li> </ul>
<b>Summary:</b>	<b>Professional Experience</b>
Experienced surveyor with an MBA and BS in Social Psychology. Direct surveying experience on Qlarant state programs with proven communication skills and management experience, aiding in conducting and completing surveys.	<b>Grace Healthcare Services</b> <span style="float: right;"><b>Valdosta, GA</b></span>
<b>Roles &amp; Responsibilities:</b>	<b>Home Health Manager</b> <span style="float: right;"><b>Feb 2020 - Present</b></span>
– Administer the "2021 Mississippi Older Adult Needs Assessment and Waiting List" - <b>Attachment J</b> via telephone to gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions [RFP 2.2.B.1]	<ul style="list-style-type: none"> <li>• Manages a multidisciplinary team of nurses, therapists, support coordinators, and aides providing professional services to patients.</li> <li>• Coordinates clinician schedules and assigns patients based on the frequency and expected duration of prescribed treatments.</li> <li>• Monitors utilization, productivity, and tracks patient outcomes. Ensures compliance with agency policies and procedures.</li> <li>• Coordinates the efforts and communication of department heads. Oversees facility finances and maintains facility records.</li> </ul>
<b>Education</b>	<b>RTI International</b> <span style="float: right;"><b>Valdosta, GA</b></span>
<ul style="list-style-type: none"> <li>○ American Public University, MBA, (2020)</li> <li>○ Park University, BS Social Psychology - Minot Human Resources Minor (2006)</li> </ul>	<b>Field Interviewer</b> <span style="float: right;"><b>Apr 2019 - Jul 2019</b></span>
	<ul style="list-style-type: none"> <li>• Conducts field work for survey research projects and prepare for and conduct data collection operations according to project protocols.</li> <li>• Ensure that field data collection activities are carried out in an efficient and cost-effective manner, that data collected are of the highest possible quality, and all activities are conducted in a professional manner following established procedures.</li> </ul>
	<b>Northwest Florida Comprehensive Services</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>SSVF Supervisor/Outreach Coordinator</b> <span style="float: right;"><b>Nov 2017 - Aug 2018</b></span>
	<ul style="list-style-type: none"> <li>• Assisted with implementation of SSVF client surveys to monitor outcomes and identified opportunities for program improvement.</li> <li>• Assessed Supportive Services for Veterans Families caseloads by providing guidance and direction to each team member.</li> </ul>
	<b>GA Department of Corrections</b> <span style="float: right;"><b>Valdosta, GA</b></span>
	<b>Correctional Counselor</b> <span style="float: right;"><b>Apr 2017 - Nov 2017</b></span>
	<ul style="list-style-type: none"> <li>• Observed, interviewed, gathered data, evaluated, and directed treatment of substance abuse and sexually abused offenders.</li> <li>• Ensured HIPAA Compliance for offender population.</li> <li>• Communicated as needed with other agencies such as work release, community mental health, psychiatric hospitals, and other prisons.</li> </ul>
	<b>Qlarant</b> <span style="float: right;"><b>Southeast, GA</b></span>
	<b>NCI-AD Survey Interviewer</b> <span style="float: right;"><b>Jan 2014 - Aug 2019</b></span>
	<ul style="list-style-type: none"> <li>• Conducted interviews with individuals receiving state or waiver funded supports and services, using the NCI-AD interview tool to gather experiences and opinions to evaluate quality.</li> <li>• Conducted evaluation of provider performance and the presence of person-centered supports using the tool and guidelines.</li> <li>• Generated recommendations for quality improvement.</li> </ul>

<p><b>Elijah Collins Jr.</b></p> <p><b>Surveyor</b></p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Georgia Military College, AA Behavioral Science (2003)</li> </ul>	<p><b>Volunteers of America</b> <b>Valdosta, GA</b></p> <p><b>Substance Use Counselor</b> <b>Nov 2014 - Nov 2017</b></p> <ul style="list-style-type: none"> <li>Responsible for screening, intake and orientation services, timely and accurate clinical documentation, case management, participation in multidisciplinary treatment team meetings, and conducting and documenting group education services.</li> </ul>
	<p><b>South Georgia Partnership To End Homelessness</b> <b>Valdosta, GA</b></p> <p><b>VA Coordinator (Volunteer)</b> <b>Jan 2012 - Present</b></p> <ul style="list-style-type: none"> <li>Provide advocacy services and support to survivors of relationship violence, stalking, and sexual assault or abuse and their children.</li> <li>Assess immediate crisis needs of clients and address appropriately.</li> <li>Meet regularly with clients to support case plan accomplishment.</li> <li>Participate in staff meetings, case conferences and other meetings and facilitate support groups as needed.</li> </ul>
	<p><b>GA Department of Veteran Services</b> <b>Valdosta, GA</b></p> <p><b>Veterans Field Service Office Manager</b> <b>Sept 2011 - Apr 2014</b></p> <ul style="list-style-type: none"> <li>Managed a Field Service Office engaged in advising and assisting a diverse population of veterans, their dependents, and survivors, in applying for veteran's benefits.</li> <li>Supervised office personnel responsible for fulfilling department mission and goals and performs related duties as directed.</li> <li>Conducted interviews for eligibility, verified application information, resolved complex problems, and established a system of social assistance in a work environment,</li> </ul>
	<p><b>LFI/Lowndes Forestry Institute</b> <b>Southeast, GA</b></p> <p><b>MH Counselor</b> <b>Jul 2003 - Nov 2009</b></p> <ul style="list-style-type: none"> <li>Assessed, screened, and counseled clients in a variety of program areas performing social services activities to enhance, meet or restore their functioning capacity.</li> <li>Provided case management/case coordination services to clients.</li> <li>Monitored operations of community-based treatment, training, and personal support residences.</li> </ul>
	<p><b>U.S. Army/Reserves</b> <b>USA</b></p> <p><b>Supervisor/Counselor/Unit Supply Specialist</b> <b>Jan 1992 - Apr 2003</b></p> <ul style="list-style-type: none"> <li>Maintained accountability and asset visibility of radios, transmitters, antennas, masks, and other sensitive items to TM standards.</li> <li>Ordered, stocked, and issued repair parts, clothing, and general supplies.</li> <li>Maintained financial records and accounting systems, inventoried databases for material stocked in unit supply warehouse.</li> <li>Organized and maintained correspondence files, reports, logistics and financial publications.</li> </ul>

#### D.4.2. Principals Involvement in the Day-to-Day Operation of the Contract

Qlarant’s CEO Ron Forsythe, PhD, and Senior Vice President Bob Foley are committed to the successful operations of this contract. Dr. Forsythe will ensure sufficient corporate resources (financial, human, and technological) are available to support day-to-day operations in a manner to meet or exceed the expectations of MDHS. Mr. Foley has been involved in the preparation of this proposal, has overseen 15+ contracts in his almost 20-year tenure with Qlarant, and is aware of the importance of corporate oversight of contract operations. He will participate in initial kick-off meetings with MDHS, support operations as needed, participate in monthly budget reviews for the contract, and review contract operations via direct contact with the Project Director as well as participation in Qlarant’s Quality Management team.

Any significant operational challenges will be brought to the attention of Mr. Foley, who will oversee the management of any potential risks and ensure appropriate mitigation steps are being implemented. Upon request, Mr. Foley will also be available to meet with representatives of MDHS for the duration of this contract. Dr. Forsythe and Mr. Foley will participate in any discussions regarding the need for corporate expansion relative to this project, though this is not currently anticipated.

#### D.5. References

For each of the programs listed in **Table 10**, we summarize key activities that mimic the MS Needs Assessment PCR Program requirements. This demonstrates the relevance of our current and past experiences.

**Table 10: Qlarant’s experience is similar in scope to PCR’s requirements**

Program References Summary				
Contract	Customer	Similar Size and Scope	Awarded During the Past 3 Years	Awarded Before 3 Years
NCI® Aging and Disability (NCI AD)	State of Georgia	✓	✓	✓
Florida Statewide Quality Assurance Program (FSQAP)	State of Florida	✓	✓	✓
Georgia Collaborative Administrative Services Organization (CASO)	State of Georgia	✓	✓	✓
External Quality Review (EQR)	District of Columbia	✓	✓	✓

Quality and relevance of past experience are included in the following tables, which also include contact information for references for each project as required in the RFP.

##### D.5.1. NCI® AD – GA

NCI – AD Georgia		
Project Details		
Program Information	Name of Organization	State of Georgia, Department of Human Services, Division of Aging Services
	Contact Person Name	Arvine Brown
	Client Address	2 Peachtree Street, NW, Suite 33-391, Atlanta, GA
	Contact Person Email	Arvine.Brown@dhs.ga.gov

	Contact Person Phone Number	404-657-5285
	Period of Performance	Fiscal Years 2015, 2016, 2018, and 2019
	Estimated Contract Dollar Amount	\$717,176
	Qlarant's Project Manager	Marion Olivier and Tessa Brown Hodges
	Location of Performance	Atlanta, GA
	FTEs	Qlarant: .75; Sub-Contractors: 10
<b>Scope of Services</b>		
<b>Scope of Services</b>	<p>Qlarant has had a contract to conduct National Core Indicator Surveys for the aging and disability (NCI-AD) population in Georgia for four years (FY 15, FY 16, FY 18, and FY 19) and has conducted 4,126 face-to-face interviews. This work has allowed us to develop and maintain excellent relationships with providers, local senior centers, AAAs, and participants. This experience strengthens our stance to represent ourselves as experts in conducting surveys and performing data analysis and reporting to identify areas of need, and suggested initiatives to address those needs.</p> <p>For the Division of Aging Services, the scope of work conducted for the NCI-AD surveys include obtaining the sample from the state and assign each person in the sample to a professionally trained and skilled interviewer. The interviewers complete any necessary background research and prep work, including data entry prior to conducting the remote survey They call the person to determine if they want to participate, schedule the interview, and conduct the face-to-face survey. They complete all results into a web-based system. The interviewers are very familiar with interviewing the aging population and have developed the skills needed to ensure the person is comfortable during the interview to ensure it is a pleasant experience.</p>	
<b>Project Relevance</b>		
<b>Relevance of Past Experience</b>	<p>Qlarant's relationship with the Georgia Division of Aging (DAS) services began in 2014 when DAS requested that Qlarant conduct a pilot project in the state of Georgia to implement the National Core Indicator Aging and Disability (NCI® AD) survey. Since then, Qlarant has conducted these surveys, as a sole source contractor, for the aging and disabled population of Georgia in fiscal years 2015, 2016, 2018, and 2019.</p> <p>Qlarant values this work in Georgia and has developed a positive relationship not only with the state but also stakeholders, including the people receiving services and AAAs. Due to Qlarant's participation in the NCI® AD pilot and subsequent implementation years, Qlarant supported Advancing States and Human Services Research Institute's (HSRI) efforts to recruit other states to participate in this survey.</p>	

**D.5.2. IDD – FL (Current)**

<b>Florida Statewide Quality Assurance Program (FSQAP)</b>		
<b>Project Details</b>		
<b>Program Information</b>	Name of Organization	Agency for Health Care Administration (AHCA)
	Contact Person Name	Cathy Cross
	Contact Person Email	Cathy.Cross@ahca.myflorida.com
	Contact Person Phone Number	(850) 412-4690
	Period of Performance	July 2001 to June 2021
	Estimated Contract Dollar Amount	\$5,250,778.53/year in current contract July 2001 – December 2009 \$40,116,414 January 2010 – June 2017 \$41,827,064 July 2017 – June 2021 \$21,003,114

	Qlarant's Project Manager	Theresa Skidmore
	Location of Performance	Florida
	FTEs	35
<b>Scope of Services</b>		
<b>Scope of Services</b>	<p>Qlarant has held a QA contract with the state of Florida since October of 2001, the Florida Statewide Quality Assurance Program (FSQAP). We are under our third contract with AHCA, originally running through June 30, 2020, but including three option years. This long-term relationship is evidence of the quality of our work, dedication of our staff, and commitment to providing the best solutions for our clients. In the most recent five years of the contract, we have received 100 percent compliance on our annual audits from AHCA. We work closely with both AHCA, Florida's Medicaid agency, and the Agency for Persons with Disabilities (APD), Administrator of the HCBS waiver services.</p> <p>Our Florida operations are the foundation for our statewide quality assurance efforts in support of HCBS Medicaid Waiver service delivery systems for individuals with intellectual and developmental disabilities. Through our Florida work, Qlarant employs 35 people including qualified intellectual disabilities professionals (QIDPs), doctorate level analysts, a developmental disabilities registered nurse and a medical director with community and ICF expertise.</p> <p>Initially unique to Qlarant protocol, the Person Centered Review begins with a face-to-face interview with the person. During the Person Centered Review we evaluate services and satisfaction from the perspective of the person receiving services. The review also includes information gathered from the person's Support Coordinator to provide an overall evaluation of the quality of services and life of the person. The NCI® In-Person survey is completed as part of the process, for approximately 750 people annually. We have conducted over 12,600 such interviews for the state of Florida since the inception of this contract. Since 2010, we have conducted the Adult Family and Family Guardian NCI® mail surveys.</p> <p>The Provider Discovery Review (PDR) evaluates provider performance through interviews with people served, including staff, and an assessment of how well the organization provides person-centered approaches to services and maintains compliance with state and waiver requirements. It includes an administrative review of the organization's policies and procedures and observations of day and residential programs. As part of this process, we conduct utilization reviews, analyzing claims data and provider documentation to ensure proper use of state and federal funding.</p> <p>Qlarant also provides extensive data analysis through regular and ad hoc reports, integrating information from all aspects of both the Person Centered Review and Provider Discovery Review. We use secure portals, websites, and real-time data reporting systems to share information with stakeholders. We maintain websites to host our materials and tools for Florida providers and state officials.</p> <p>Qlarant provides a wide array of training to Florida audiences including for individuals receiving services, families, providers, Support Coordinators and state personnel. Qlarant also facilitates three statewide Quality Council stakeholder meetings annually to review data collected via review processes and to identify and initiate improvement activities.</p>	
<b>Project Relevance</b>		
<b>Relevance of Past Experience</b>	<p>FSQAP contract activities include completion of surveys, analysis and reporting similar to the requirements for the DAAS Needs Assessment scope of work. The survey activities include sampling (often stratified proportionate sampling) of individuals, staff, and facilities for observations; interviews with people receiving services; and mailed surveys. The NCI® In-Person survey is completed as part of the process, and also includes the NCI® mailed surveys sent to family members and guardians of people receiving services. Our team has worked to revise and update all the QA processes and also to transition the NCI® In-Person survey and all documentation reviews to remote processes, due to the pandemic "shut down" in March 2020.</p>	

	Extensive Inter-rater reliability (IRR) is completed for all QARs on all components of the reviews. On-site IRR was completed prior to the pandemic (now completed remotely), and the Silkroad Software program is used to establish reliability for record reviews for all services and for administrative reviews. Managers shadow all reviewers during individual interviews annually to ensure proper protocols are understood and followed.
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**D.5.3. IDD - GA (Current)**

Georgia Collaborative Administrative Services Organization		
Project Details		
<b>Program Information</b>	Name of Organization	Beacon Health Options
	Contact Person Name	ASO: Wendy Farmer
	Contact Person Email	<a href="mailto:Wendy.Farmer@beaconhealthoptions.com">Wendy.Farmer@beaconhealthoptions.com</a>
	Contact Person Phone Number	706-799-0181
	Period of Performance	September 2014 – June 2021
	Estimated Contract Dollar Amount	ASO: \$23,236,532
	Qlarant's Project Manager	Marion Olivier
	Location of Performance	Georgia
	FTEs	20
Scope of Services		
<b>Scope of Services</b>	<p>We have provided QA for HCBS services throughout Georgia since July of 2008, first as the primary contractor (Georgia Quality Management System (GQMS)) and since July 2015 as a subcontractor with Beacon Health Options (Beacon) as part of the Georgia Collaborative Administrative Services Organization (ASO). The current ASO contract runs through June 30, 2022. This long-term relationship is further evidence of the quality of our work, dedication of our staff, and commitment to providing the best solutions for our clients. As part of the current contract we work closely with both Beacon and the Department of Behavioral Health and Developmental Disabilities (DBHDD), integrating QA activities in monitoring, collecting data and reporting on both behavioral health and IDD providers' performance and the quality of life of the people receiving services.</p> <p>Since working in Georgia, Qlarant has collected data from the perspective of the person receiving services. Interviewing people has been a key component of the quality improvement review processes. These processes include Person Centered Reviews (2008 through 2019) similar to the process completed as described for our FSQAP work. The Person Centered Review began with a face-to-face interview with the person. During the Person Centered Review component we evaluate services and satisfaction from the perspective of the person. The NCI® In-Person survey is also completed as part of the process, and also includes the NCI® mailed surveys sent to family members and guardians of people receiving services. Our team has worked to revise and update all the QA processes and also to transition the NCI® In-Person survey and all documentation reviews to remote processes, due to the pandemic "shut down" in March 2020.</p> <p>Qlarant's QA processes also include the Quality Enhancement Provider Review (QEPR) to evaluate the provider's organizational practices, use of person-centered practices, overall policies and procedures, and compliance with state and HCBS requirements. The QEPR includes individual and staff interviews, record reviews, observations, and staff and administrative record reviews.</p> <p>Qlarant has designed and implemented a Quality Technical Assistance Consultation (QTAC) to ensure providers are responsive to our QEPR findings and committed to improvement. The TA provided focuses on an individual's supports and services or the provider's systems and</p>	



	<p>practices. Interviews with people receiving services and staff providing services are integral in this process.</p> <p>Qlarant also provides extensive data analysis through regular and ad hoc reports and quality improvement studies. Our reports are designed to integrate information from all review activities to support evidence-based recommendations aimed at improving provider and system performance. We use secure portals, websites, and real-time data reporting systems to share information with stakeholders and state officials.</p>
<b>Project Relevance</b>	
<b>Relevance of Past Experience</b>	<p>Our GA contract's survey activities mirror the activities required for the DAAS Needs Assessment survey processes. Each includes sampling (often stratified proportionate sampling) of individuals, staff, and facilities for observations; interviews with people receiving services using the NCI® survey instruments and interview tools created by Qlarant; mailed NCI® surveys for family members and guardians of people receiving services; and interviewing providers.</p> <p>Qlarant worked closely with DBHDD to develop interview tools and processes designed to ensure we met all expectations for the interviews and surveys. Qlarant's analytic team provides quarterly and annual reports, quality improvement studies, and ad hoc reports to DBHDD. These include analysis using demographic information, key findings, and recommendations for improvement to the service delivery systems.</p> <p>Extensive Inter-rater reliability (IRR) is completed for all reviewers on all components of the reviews, including interviews. Managers shadow all reviewers during the review processes, including NCI® In-Person Surveys annually to ensure proper protocols are understood and followed.</p>

**D.5.4. EQR - DC (Current)**

DC External Quality Review (EQR)		
Project Details		
<b>Program Information</b>	Name of Organization	Division of Quality and Health Outcomes, Health Care Delivery Management Administration Department of Health Care Finance
	Contact Person Name	Serina Kavanaugh, MPH, CPM
	Client Address	441 4th Street NW, Suite 900S, Washington, DC 20001
	Contact Person Email	<a href="mailto:serina.kavanaugh@dc.gov">serina.kavanaugh@dc.gov</a>
	Contact Person Phone Number	202-299-2117
	Period of Performance	08/07/2017 to 08/06/2021
	Estimated Contract Dollar Amount	\$5,177,548
	Qlarant's Project Manager	Georgia Wilkison
	Location of Performance	District of Columbia
	FTEs	6.2
Scope of Services		
<b>Scope of Services</b>	<p>Qlarant supports the District of Columbia (DC) through our External Quality Review (EQR) contract, which we have held continuously since 2002. The contract includes oversight of three Managed Care Organizations (MCOs) and one Performance Improvement Project. Qlarant provides extensive technical assistance to DC, as well as to the MCOs. The DC EQR project includes a variety of activities to ensure the MCOs are serving their populations appropriately and submitting valid and accurate performance data to CMS, including, work surrounding Consumer Report Cards, Performance Measure Validation, Encounter Data</p>	

	<p>Validation, and Health Home Performance Measure Validation and Calculation. Of particular relevance to this project is our work with Network Adequacy Validation.</p> <p>Qlarant conducts a phone survey with providers, analyzes results and provides a report for each MCO to DHCF annually, with recommendations to help the MCO come into compliance with any problematic areas. Through this Network Adequacy Validation process conducted for each MCO we determine if there is sufficient access to health care and services based on federal and contractual requirements - a set of standards for MCOs covering provider availability, geographic and physical access, and timely access to appointments and services. Provider networks that meet requirements support enrollee access and beneficiaries' opportunity to obtain preventive and diagnostic medical care and treatment when needed. Accurate provider directory information ensures enrollees have access to correct contact information.</p>
<b>Project Relevance</b>	
<b>Relevance of Past Experience</b>	<p>Qlarant's long standing relationship with DC, through the EQR contract, demonstrates our close relationship with DHCF and the quality of our work and flexibility in our processes, as rules, regulations, requirements, and performance measures evolve over the years.</p> <p>Telephonic surveys performed throughout the EQR contract are experiences relevant to those identified for this project.</p>

## D.6. Acceptance of Conditions

The Qlarant does not take any exceptions to any RFP Sections and Attachments and intends to comply fully with the requirements as written. A signed **Attachment D - Proposal Exception Summary Form** has been signed and provided in **Appendix G - Proposal Exception Summary Form (RFP Attachment D)**.

## Appendix A - Project Plan Timeline

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 1</b>					
<b>Implementation Period</b>	<b>31 days</b>	<b>Day 1</b>	<b>Day 27</b>		
<b>Contract Execution/Start</b>	1	Day 1	Day 1		
Schedule Kickoff	1	Day 2	Day 2	Project Director and MDHS Contract Manager	
Conduct Kickoff Meeting: <ul style="list-style-type: none"> <li>• Discuss project plan timelines</li> <li>• Discuss project plan</li> <li>• Discuss sampling methodology</li> <li>• Discuss communication plan for external stakeholders</li> <li>• Discuss any changes needed for the Needs Assessment and Service Provider Survey</li> <li>• Set up re-occurring meetings during implementation period</li> </ul>	1	Day 5	Day 5	Senior Vice President, Project Director, Project Coordinator, and MDHS/DAAS Leadership	
Obtain list of providers and people receiving services and those on the waiting list (including contact information) from MDHS/DAAS	5	Day 1	Day 5	MDHS Contract Manager	
Receive final surveys (Needs Assessment and Service Provider) from MDHS	5	Day 1	Day 5	MDHS Contract Manager	If MDHS is expecting any changes to the current surveys, this task will be completed during this timeframe.
<b>Submit Final Project Plan and Timeline to MDHS</b>	3	Day 5	Day 7	Project Director and Project Coordinator	
<b>Submit final Communication Plan for external stakeholders:</b> <ul style="list-style-type: none"> <li>• PPT content for external stakeholders</li> <li>• Postcards' content for external stakeholders</li> </ul>	3	Day 5	Day 7	Project Director and Project Coordinator	
Develop PPT presentation for stakeholders to be presented via webinar	5	Day 8	Day 12	Project Director	
Submit PPT presentation for review and approval	1	Day 13	Day 13	Project Director	
Provide edits for PPT presentation	5	Day 14	Day 18	MDHS Contract Manager	
Update PPT and submit final PPT presentation	2	Day 19	Day 20	Project Director	
Schedule webinar session	1	Day 12	Day 12	Project Director, Project support	
Conduct scheduled webinar session	2	Day 26	Day 27	Project Director and Project Coordinator	
<b>Develop policy and procedures</b>	3	Day 2	Day 4	Project Director, Project Coordinator, and Scientist	
Submit policy and procedures to MDHS for review	1	Day 5	Day 5	Project Coordinator	
Provide edits for policy and procedures	4	Day 6	Day 9	MDHS Contract Manager	
Finalize policy and procedures based upon feedback from MDHS	1	Day 10	Day 10	Project Director and Project Coordinator	

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>Data Collection System</b>					
Building Needs Assessment survey in the Survey Monkey	5	Day 6	Day 10	Scientist, Project Coordinator	
Testing	1	Day 11	Day 11	Project Coordinator and Sr. Data Analyst	
Fixes	1	Day 12	Day 12	Scientist, Project Coordinator	
Final and Complete Release	1	Day 13	Day 13	Scientist, Project Coordinator	
Building Service Provider mailed survey in the Survey Monkey	3	Day 14	Day 16	Scientist, Project Coordinator	
Testing	1	Day 16	Day 16	IT personnel, Project Coordinator, Data Analyst	
Fixes	1	Day 17	Day 17	Scientist, Project Coordinator	
Final and Complete Release	1	Day 18	Day 18	Scientist, Project Coordinator	
Develop internal Portal for Survey Tracking System	3	Day 2	Day 4	IT personnel	
Testing	1	Day 5	Day 5	IT personnel, Project Coordinator	
Fixes/Release	1	Day 6	Day 6	IT personnel	
<b>Onboard Sub-Contracted Surveyors and Competency-Based Testing</b>					
Onboard sub-contracted Surveyors	15	Day 1	Day 15	Project Coordinator, Qlarant Contracts Department	Onboarding includes signing the contract with Qlarant and completing required corporate training from Qlarant.
Surveyors receive training to conduct the Need Assessment and policy and procedures from Qlarant	5	Day 20	Day 25	Project Coordinator, Project Director, Surveyor	Prior to implementation of Needs Assessment Surveys, this training will be completed for Surveyors. Training sessions will take place over the five day period.
Begin rater reliability process with Surveyors	1	Day 26	Day 26	Project Coordinator, Surveyor	Each Surveyor will go through rater reliability testing.

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 2</b>					
<b>Needs Assessment Surveys</b>					
Select random sample/oversample for Needs Assessment survey	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample (up to 3000)	5	Day 12	Day 16	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	4	Day 20	Day 24	Project Coordinator, Qlarant Mail Room	
Begin conducting 3000 Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.
<b>Needs Assessment Survey for People on the Waiting List</b>					
Obtain the list of people on the Waiting List from MDHS	7	Day 6	Day 12	Scientist, Sr. Data Analyst	
Clean the sample	5	Day 12	Day 17	Project Coordinator	
Mail postcards to people selected to communicate call from surveyors	5	Day 12	Day 16	Project Coordinator	
Begin conducting Needs Assessment Surveys: *Contact person *Conduct survey *Enter results of survey into Survey Monkey *Complete Survey Tracking system	63	Day 31	Day 93	Surveyors	Will conduct the Needs Assessment Survey for both populations (people receiving services and people on the waitlist) concurrently. Therefore, the timeframe is combined to equal 63 days.
<b>Service Provider Mailed Survey</b>					
Obtain the list of eligible providers and contact information from AAAs	7	Day 6	Day 12	Senior Scientist, Health Analyst	
Verify mailing addresses	5	Day 13	Day 17	Project Coordinator	
Mail survey to Providers	3	Day 27	Day 30	Project Coordinator, Qlarant Mail Room	
Update any addresses based upon returned surveys and re-send	10	Day 31	Day 40	Project Coordinator, Qlarant Mail Room	
Enter results of mail out survey into the web-based Survey Monkey	14	Day 41	Day 54	Project Support	
Review return rate and if needed mail reminder postcards to providers	4	Day 47	Day 49	Project Coordinator, Qlarant Mail Room	

NEEDS ASSESSMENT SURVEY PROJECT PLAN					
Task Name	# of Calendar Days to Complete	Start	Finish	Resource Names	Comments
<b>PHASE 3</b>					
<b>Annual Report</b>					
Meeting with MDHS to discuss report outline	1	Day 90	Day 90	Project Director, Scientist, Senior Data Analyst, MDHS Contract Manager and other MDHS/DAAS leadership	
Download and clean data	7	Day 94	Day 101	Scientist, Sr. Data Analyst	
Complete Survey Analysis	30	Day 102	Day 131	Scientist, Sr. Data Analyst	
Submit Draft Report	1	Day 132	Day 132	Scientist	
MDHS reviews Draft Report and submits to Qlarant	14	Day 138	Day 146	MDHS Contract Manager	
Review comments and feedback on the Draft Report and schedule meeting with MDHS	6	Day 147	Day 152	Scientist, Sr. Data Analyst	
Conduct meeting with MDHS to review the Draft Annual Report	1	Day 153	Day 153	Project Coordinator, Scientist, Sr. Data Analyst	Meeting will be scheduled and conducted during this timeframe.
Complete modifications to the Draft Annual Report	22	Day 152	Day 174	Scientist, Sr. Data Analyst	
Submit Final Annual Report	1	Day 175	Day 175	Scientist	

**Appendix B - Signed Debarment Verification Form (RFP Attachment B)**

**ATTACHMENT B  
 DEBARMENT VERIFICATION FORM**

Subgrantee's/Contractor's Name	Qlarant Quality Solutions, Inc.
Authorized Official's Name	Ronald G. Forsythe, Jr., PhD
DUNS Number	09 301 5246
Address	28464 Marlboro Avenue, Easton, MD 21601
Phone Number	410-822-0697
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	No

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

**Federal Debarment Certification:**

By signing below, I hereby certify that Qlarant Quality Solutions, Inc. is not on the list  
*(Subgrantee's Name/Contractor's Name)*  
 for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that Qlarant Quality Solutions, Inc. is not on the list  
*(Subgrantee's Name/Contractor's Name)*  
 for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

  
 \_\_\_\_\_  
 Signature of Authorized Official  
*(No stamped signature)*

6/3/21  
 \_\_\_\_\_  
 Date



**Appendix B - Signed Proprietary Information Form (RFP Attachment C)**

**ATTACHMENT C  
PROPRIETARY INFORMATION FORM**

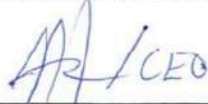
The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

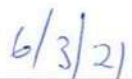
For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. **If this is not applicable, please indicate with "N/A" below.**

1. Please refer to attached list.
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

  
\_\_\_\_\_  
Signature of Authorized Official/ Title  
(No stamped signature)

  
\_\_\_\_\_  
Date

## Additional Information for Proprietary Information Form (RFP Attachment C)

### Information Considered to be Proprietary and Confidential to Qlarant Quality Solutions

Qlarant requests that those portions of our proposal identified within the chart below be considered to contain proprietary information in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 and not be subject to review by the general public. In accordance with the above noted sections, this information includes trade secrets and other confidential commercial/financial information. Qlarant offers the following information in justification of this request.

The information for which exclusion from public posting is sought falls within the following general categories:

- Staffing solutions and approach, including identification and/or credentials of proposed staff, as well as proposed designated roles
- Project management approach, methodology and technology resources

### Staffing:

Qlarant has assembled an exceptional team of professionals to perform services on the project. If the identities of the team members were disclosed to our business competitors, we would run the risk of those team members being targeted and recruited by our competitors specifically to take advantage of the experience and knowledge the team members have obtained during their engagement with Qlarant.

Where credentials and proposed designated roles are noted in addition to the identity of the team members, this information provides insight into Qlarant's proprietary internal project management approach, developed over our years of experience.

### Project Management Approach, Methodology and Technology Resources:

Qlarant has developed its unique approach to performing services over its years of experience and has expended substantial resources in the development process. Disclosure of details regarding Qlarant's approach and methodologies would diminish Qlarant's competitive advantage and instead provide that advantage to Qlarant's competitors. Over the years, Qlarant has developed effective and efficient processes for performing this work. Disclosure of this information to our competitors would allow such competitors to profit unfairly from Qlarant's efforts. The same is true in connection with Qlarant's internally developed software tool(s) which are utilized in connection with performing services on Qlarant's projects.

The information in the identified categories is not known or available to the public and provides Qlarant with an economic advantage over its competitors. Qlarant actively protects this information from disclosure through reasonable efforts to maintain its confidential status. Disclosure of such information would be likely to cause substantial harm to Qlarant's competitive position in the market place and allow Qlarant's competitors to profit from Qlarant's considerable efforts and expenditures.

Page	Location	Data/Information to be Protected	Reason
<b>Section A.2.1.1</b>			
Page 7	Table 1 Innovative and Tested Methods – 3 <sup>rd</sup> row, beginning with “Send...”  3 <sup>rd</sup> bullet at bottom of page beginning with “Sending...”	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
Page 8	Third full paragraph, beginning with “Qlarant has...”  Figure 2 and following paragraph beginning “Qlarant will.”  First phrase in first sentence of final paragraph on page, beginning, “Prior to..”	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
Page 9	Figure 3: Pre-survey Workflow Activities  4 <sup>th</sup> bulleted item under “Step 1: Surveyor contacts the person selected to participate”	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
<b>Section A.2.1.2</b>			
Page 12	Last three sentences of final paragraph on the page, beginning with “If less than 50...” through the end of the paragraph.	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
Page 12	Figure 7 Reminder Postcard Sent to Service Providers  Figure 8 Survey And Post Survey Activities Workflow	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
<b>Section A.2.1.3</b>			
Page 15	Figure 9 DAAS Needs Assessment Survey Workflow for People on Waiting List	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach

			and proposed methodology.
<b>Section A.2.1.4</b>			
Page 16	Full paragraph and call out box following two bulleted items, beginning with, "In addition..." and continuing to the end of the sentence "Have you lost a service provider due to the pandemic".	Additional COVID – related questions developed by Qlarant.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
Page 17	Second paragraph, beginning with "The team..." and continuing through to the end of the paragraph.	Information regarding an unpublished study performed in connection with another contract sponsor.	Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology and information regarding other Qlarant customers.
<b>Section A.2.1.5</b>			
Page 17	First paragraph in this section, identity (two instances) of proposed scientist for this contact.	Name of proposed scientist in second line and sixth line of the paragraph, the first and second sentences in the paragraph.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions and the identity of current and/or potential team members.
Page 19	Chart with Range of Scores by Provider size.	Includes information from an unpublished report generated for another contract sponsor.	Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology and information regarding other Qlarant customers.
Page 20	Second half of 1 <sup>st</sup> paragraph, beginning with line 7, "For example, " and continuing for the entire remainder of the page.	Includes information from an unpublished studies and/or reports generated for another contract sponsor.	Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology and information regarding other Qlarant customers.
Page 21	First paragraph on the page, beginning "Controlling for..."	Includes information from unpublished studies and/or reports generated for another contract sponsor.	Confidential and proprietary commercial information; this includes proprietary and confidential information

			regarding Qlarant's approach and proposed methodology and information regarding other Qlarant customers
<b>Section A.2.1.9</b>			
Page 25	<p>Second paragraph in this section, beginning, "For example..."</p> <p>Next paragraph following formula, beginning, "Our findings..." and continuing through the end of the page, including the call out box starting with "Findings..."</p>	Includes information regarding Qlarant's advanced analysis techniques and approaches.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
Page 26	<p>Second paragraph on this page, beginning with "Table 2..."</p> <p>Table 2: Population Projections by Age Category: 2020-2030</p>	Includes information regarding Qlarant's advanced analysis techniques and approaches.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
Page 27	Figure 13: Growth Rate by Age Category, along with the first paragraph under the figure, beginning with "Qlarant can ..."	Includes information regarding Qlarant's advanced analysis techniques and approaches.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
<b>Section A.2.1.10</b>			
Page 28	Second paragraph in section, beginning with "Our QA processes... and continuing for entire paragraph and callout box beginning "Qlarant uses..."	Includes information regarding Qlarant's unique quality assurance processes and techniques.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
<b>Section A.2.1.12</b>			
Page 31	Table 3 Sample Project Meeting Agenda	Includes information regarding proposed staffing.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions and the identity of current and/or potential team members.
<b>Section A.2.2.1.</b>			

Page 32	4 <sup>th</sup> bullet at the bottom of the page, beginning, "Communication plan..."	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
Page 33	Second paragraph, first sentence under "Phase 2", beginning, "Once the sample..."  Last paragraph on the page, third sentence, beginning, "Based on this information..."	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.1.1.</b>			
Page 35	4 <sup>th</sup> bullet under Data Cleaning and Validation, beginning "Dual ..."	Includes information regarding Qlarant's advanced analysis techniques and approaches.	Trade secret / Confidential and proprietary commercial information; this includes proprietary and confidential information regarding Qlarant's approach and proposed methodology.
<b>Section A.2.2.1.2.</b>			
Page 36	Under Phase 2, second portion of third sentence, beginning with "Qlarant will..." and continuing through end of paragraph."	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.1.3.</b>			
Page 37	Figure 17: Staffing and Employee Roles	Identifies proposed staffing for the project.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity of current and/or potential team members, and provides insight into Qlarant's internal project management approach.
<b>Section A.2.2.2.</b>			
Page 38	Table 3 Qlarant Analysts' Experience Providing analysis and Reporting	Details of Qlarant experience and customer base.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's

			experience and customer base.
Page 39	4 <sup>th</sup> bullet under Table 4, beginning "Proprietary data ..."	Details regarding Qlarant's proprietary internally developed software tool.	Trade secret / Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's technology resources.
<b>Section A.2.2.3.1.</b>			
Page 41	Table 5: Monthly Timeline	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.3.1.1.</b>			
Page 41	Table 6: Needs Assessment Surveys	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.3.1.2.</b>			
Page 42	Table 7: Service Provider Mailed Survey	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.2.2.3.1.3.</b>			
Page 42	Table 8: Needs Assessment Survey for People on the Waiting List	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
<b>Section A.4.</b>			
Page 46	First paragraph under bulleted items, beginning with "Qlarant has developed" and continuing through the end of the page.	Identifies proposed personnel/staffing plan.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the

			identity of current and/or potential team members, and provides insight into Qlarant's internal project management approach. .
Page 47	Carryover paragraph at top of page and three full paragraphs that follow.	Identifies proposed personnel	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity of current and/or potential team members, and provides insight into Qlarant's internal project management approach. .
Page 47	Final paragraph on page, beginning "Competency-based..."	Training plans for staff	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
Page 48	Carryover paragraph at the top of the page, beginning with "Surveyor does not..."	Training plans for staff	Trade secret; this includes proprietary and confidential information regarding Qlarant's internal project management approach and proposed methodology.
Page 48	Figure 18: MDHS DAAS Needs Assessment Project Organization Chart	Identifies proposed Qlarant team members.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity of current and/or potential team members, and provides insight into Qlarant's internal project management approach.
<b>Section A.4.1.</b>			
Page 49	Table 11 Qlarant's Contract Team	Identifies proposed Qlarant team, along with years of experience	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity of current and/or potential team members,



			and provides insight into Qlarant's internal project management approach.
<b>Section A.4.1.1.</b>			
Pages 50 - 62	Key Staff Resumes	Identities and biographical details regarding proposed Qlarant team members.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity and biographical details of current and/or potential team members.
<b>Section A.4.1.2.</b>			
Pages 62 -74	Surveyor Resumes	Identities and biographical details regarding proposed Qlarant team members.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding Qlarant's proposed staffing solutions, including the identity and biographical details of current and/or potential team members.
<b>Section A.5.</b>			
Pages 75	Table 12: Qlarant's Experience Similar in Scope	Details regarding Qlarant's experience and customer base.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding details of Qlarant's experience and customer base.
<b>Section A.5.1. – A.5.4.</b>			
Pages 75-80	Specific Details of Relevant Past Experience	Specific project details regarding Qlarant's experience.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding details of Qlarant's experience and customer base.
<b>Section A.7.</b>			
Page 82	Table 13: Project Pricing Information	Specific details of Qlarant's cost proposal.	Confidential and proprietary commercial and financial information.
<b>Section A.8.</b>			
Pages 83-84	Financial Information	Detailed financial information including financial statements, audit information, evidence of financial	Confidential and proprietary commercial and financial information.

		responsibility, lines of credit, working capital, financial track record, and disclosure statements.	
<b>Appendix A – Project Plan Timeline</b>			
Page 87	3 <sup>rd</sup> row under Phase 2 8 <sup>th</sup> row under Phase 2 16 <sup>th</sup> row under Phase 2	Information regarding unique proposed methodology.	Trade secret; this includes proprietary and confidential information regarding Qlarant’s internal project management approach and proposed methodology.
<b>Appendix B – Qlarant Quality Solutions (QQS) Financial Statement</b>			
Page 89 - 137	Audited financial statements	Confidential financial information	Confidential and proprietary commercial and financial information.
<b>Appendix C – Qlarant, Inc. &amp; Subsidiaries Financial Statements</b>			
Page 138- 159	Qlarant, Inc. Financial Statement	Confidential financial information	Confidential and proprietary commercial and financial information.
<b>Appendix H – References (RFP Attachment E)</b>			
Pages 164 - 165	References	Details regarding Qlarant’s experience and customer base.	Confidential and proprietary commercial information; this includes confidential and proprietary information regarding details of Qlarant’s experience and customer base.

**Appendix C - Signed Proposal Exception Summary Form (RFP Attachment D)**

**ATTACHMENT D  
 PROPOSAL EXCEPTION SUMMARY FORM**


List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below.

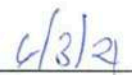
Indicate "N/A", if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

RFP Reference	Respondent Proposal Reference	Brief Explanation of Exception	MDHS Acceptance (sign here only if accepted)
(Reference specific outline point to which exception is taken)	(Page, section, items in respondent's proposal where exception is explained)	(Short description of exception being made)	
1 N/A			
2			
3			
4			
5			
6			
7			

  
 \_\_\_\_\_  
 Signature of Authorized Official/ Title

  
 \_\_\_\_\_  
 Date

**Appendix D - References (RFP Attachment E)**

**ATTACHMENT E  
REFERENCES**

Respondents may submit as many references as desired by submitting as many additional copies of Attachment E, References, as deemed necessary. References will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed for each of the two (2) references. No further references will be contacted; however, respondents are encouraged to submit additional references to ensure that at least two (2) references are available for interview. MDHS staff must be able to contact two (2) references within two (2) business days of proposal opening to be considered responsive.

**REFERENCE 1**

Name of Company: State of Georgia, Dept. of Human Services, Division of Aging Services  
Dates of Service: Fiscal Years: 2015, 2016, 2018, 2019  
Contact Person: Arvine Brown  
Address: 2 Peachtree Street, NW, Suite 33-391, Atlanta, GA  
City/State/Zip: Atlanta, GA 30303  
Telephone Number: 404-657-5285  
Cell Number: 404-657-5285  
E-mail: Arvine.Brown@dhs.ga.gov  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: Conduct National Core Indicator Surveys for the aging & disability(NCI-AD) population in Georgia for four years conducting 4,126 face-to-face interviews (Reference Section A.5.1- NDI AD -GA in our Proposal)

**REFERENCE 2**

Name of Company: Agency for Health Care Administration (AHCA) - Florida Statewide QA Program  
Dates of Service: July 2001 to June 2021  
Contact Person: Cathy Cross  
Address: 2727 Mahan Drive, Mail Stop #38  
City/State/Zip: Tallahassee, Florida 32308-5403  
Telephone Number: (850) 412-4003  
Cell Number: (850) 412-4690  
E-mail: Cathy.Cross@ahca.myflorida.com  
Alternative Contact Person (optional): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Summary of Project/Contract: Perform on the the Florida Statewide Quality Assurance Program (FSQAP) where our team of 35 employees conduct face-to-face interviews to evaluate State offered services and satisfaction from the perspective of the person receiving services. (Reference Section A.5.1- NDI AD -GA in our Proposal)

**REFERENCE 3**

Name of Company: Beacon Health Options - GA Collaborative Administrative Services Organization

Dates of Service: September 2014 – June 2021

Contact Person: Wendy Farmer

Address: 229 Peachtree St NW

City/State/Zip: Atlanta, GA 30303

Telephone Number: 706-799-0181

Cell Number: 706-799-0181

E-mail: Wendy.Farmer@beaconhealthoptions.com

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Summary of Project/Contract: HCBS services throughout GA integrating QA activities, monitoring, collecting data, and reporting on behavioral health & IDD providers' performance (Section A.5.3)

**REFERENCE 4** Division of Quality and Health Outcomes, Health Care Delivery Management Admin

Name of Company: Department of Health Care Finance

Dates of Service: 08/07/2017 to 08/06/2021

Contact Person: Serina Kavanaugh, MPH, CPM

Address: 441 4th Street, NW, 900S

City/State/Zip: Washington, DC 20001

Telephone Number: 202-299-2117

Cell Number: 202-299-2117

E-mail: serina.kavanaugh@dc.go

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Summary of Project/Contract: Oversight of three Managed Care Organizations (MCOs) and one Performance Improvement Project. Qlarant provides extensive technical assistance to DC, as well ensure the MCOs are serving their populations appropriately (Ref. Proposal Section A.5.4)

**REFERENCE 5**

Name of Company: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternative Contact Person (optional): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Summary of Project/Contract: \_\_\_\_\_

## Appendix E - Amendment 1 Acknowledgement



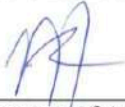
Please acknowledge receipt of Amendment #1 by returning it, along with your proposal package, by June 11, 2021, at 2:00 PM, CT. This acknowledgement should be enclosed in your proposal package. **Failure to submit this acknowledgement may result in rejection of the proposal package.**

Qlarant Quality Solutions, Inc.

\_\_\_\_\_  
Name of Company

Ronald G. Forsythe, Jr. / Chief Executive Officer

\_\_\_\_\_  
Authorized Official's Typed Name/Title

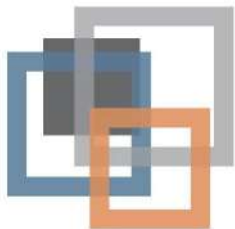


\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

6/3/21  
\_\_\_\_\_  
Date

Should an amendment to the RFP be issued, it will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the MDHS website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view. Further, respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on the amendment, or by letter. The acknowledgment should be received by the MDHS by the time and at the place specified for receipt of proposals. It is the respondent's sole responsibility to monitor the websites for any updates or amendments to the RFP.

**ELITE RESEARCH – FILE FOLDER 1 – ENTIRE PROPOSAL NOT REDACTED PURSUANT TO 4.3.A (NOT PROVIDED TO EVALUATION COMMITTEE)**



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# PROPOSAL

Mississippi Department of Human Services

RFP No. 20210511

DAAS Needs Assessment

Submission: Friday, June 11, 2021 at 2:00 p.m. CT

TO: MDHS Procurement Services  
RFP No. 20210511 DAAS Needs Assessment  
RfX Numbers: 3180001360 / 3120002223  
Opening Date: June 11, 2021; 2:30 PM CT  
200 South Lamar Street  
Jackson, Mississippi 39201  
***SEALED PROPOSAL – DO NOT OPEN***

FROM: Dr. René Paulson  
Elite Research, LLC  
9901 East Valley Ranch Parkway, Suite 2035  
Irving, TX 75063  
T. (800) 806-5661  
F. (800) 806-5661  
E. [rpaulson@eliteresearch.com](mailto:rpaulson@eliteresearch.com)  
W. [www.eliteresearch.com](http://www.eliteresearch.com)



# TAB 1 – Entire Proposal (Not Redacted)

## Table of Contents

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### Abbreviations Used Throughout This Document

- ER = Elite Research, LLC
- MDHS = Mississippi Department of Human Services
- RFP = Request for Proposal

# 1. Management Summary

## ATTACHMENT A PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES

Organization Name: Elite Research, LLC

Organization's Physical Address: 9901 Valley Ranch Parkway E. Ste. 2035, Irving, TX 75063

Organization's Mailing Address: 9901 Valley Ranch Parkway, E. Ste. 2035, Irving, TX 75063

Organization's Principal Place of Business: 9901 Valley Ranch Parkway E., Ste. 2035, Irving, TX 75063

Organization's Place of Performance of Services (if different): Same

Contact Person's Name: Rene M. Paulson

Contact Person's Title: President

Contact Person's Phone No.: 972-538-1374

Contact Person's Fax No.: 1-800-806-5661

Contact Person's Email Address: rpaulson@eliteresearch.com

Tax I.D. Number: 42-1628901

DUNS Number: 010796633

Age of business 17+ years Average number of employees over the past three (3) years: 24

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned \_\_\_\_\_ Women-Owned X

Indicate the underlying philosophy of the firm in providing the services required within this solicitation:

Elite Research's (ER) underlying philosophy in all of its work is empowerment. Whether we are working to build capacity within organizations or provide tools or data to empower groups to make data-driven and data-informed approaches, our goal is to move the dial for our clients. Specific to the work laid out in this RFP, ER commits to transparency, integrity, quality, and equity in all of our practices to research design, data collection, data analysis, and results presentation. ER has committed to these same tenants when working to conduct needs assessments or community surveys for other community, corporate/industry, and government clients. Our philosophy applies to the many facets of needs assessments from survey development and/or modification to sampling and analysis. We bring value add to projects because of our end-to-end service quality and abilities that range from building, hosting, and maintaining online surveys and collection tools (providing budget-friendly collection options using secure third-party online survey collection tools) and CATI-telephone surveys to preparing a research design, calculating sample plans, and conducting high-level analysis for diverse clientele. We want our work with people to change how they think, to improve their processes, and to increase their impact.

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at its own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it has not retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
9. **REPRESENTATION REGARDING GRATUITIES**  
The Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.
10. **INDEPENDENT PRICE DETERMINATION**  
The respondent certifies that the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.
11. **PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES**  
The prospective Contractor represents as a part of such Contractor's proposal that such Contractor has not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** Elite Research, LLC

**Printed Name and Title of Representative:** Rene Paulson

**Signature/Date:** 

*Note: Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.*

**ATTACHMENT B  
DEBARMENT VERIFICATION FORM**

Subgrantee's/Contractor's Name	Elite Research, LLC
Authorized Official's Name	Rene Paulson
DUNS Number	010796633
Address	9901 Valley Ranch Parkway E., Ste. 2035, Irving, TX 75063
Phone Number	972-538-1374
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	Yes

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

**Federal Debarment Certification:**

By signing below, I hereby certify that Elite Research, LLC is not on the list  
(Subgrantee's Name/Contractor's Name)  
for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that Elite Research is not on the list  
(Subgrantee's Name/Contractor's Name)  
for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

  
\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

8/7/21  
\_\_\_\_\_  
Date

Retrieved from SAM.GOV

**Elite Research, LLC**

**DUNS** Unique Entity ID:  
010796633

Purpose of Registration:  
All Awards

Registration Status: **Active**      Expiration Date: **Dec 17, 2021**

**SAM** Unique Entity ID:  
VM6LK3LNJAU5

Address:  
9901 Valley Ranch Pkwy E Ste 2035  
Irving, TX 75063-4872 USA

CAGE/NCAGE:  
750B9

**ATTACHMENT C  
PROPRIETARY INFORMATION FORM**

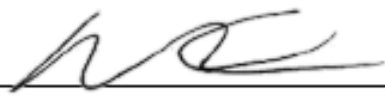
The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. If this is not applicable, please indicate with "N/A" below.

1. N/A
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

  
\_\_\_\_\_  
Signature of Authorized Official/ Title  
(No stamped signature)

6/7/21  
\_\_\_\_\_  
Date

## 2. Proposal

### Statement of Interest

**Purpose.** Elite Research, LLC is submitting this proposal in response to Mississippi Department of Human Services (MDHS) Request for Proposals (RFP) # 20210511 entitled, **DAAS Needs Assessment**. This proposal seeks to address the stated purpose of the RFP, which is “contract for developing the 2022 Mississippi Needs Assessment for the MDHS Division of Aging and Adult Services (DAAS)”.

**Geographic & Community Scope.** Surveys are to be distributed to the random selection of households (older Mississippian adults 55+) and providers from all 10 Area Agencies on Aging (AAAs).

**Scope of Work.** This proposal reflects our approach to the development or modification, implementation, and analysis of two separate Surveys offered to the households (older adults 55+) and providers by Elite Research, LLC in response to RFP #20210511. ER will modify these surveys and develop protocols, methodologies, analysis plans, and report templates that are approved by MDHS DAAS.

- Two versions of the surveys (one for households with those 55+, one for providers) as well as subsequent analysis plans and reports, will be developed or modified. Both surveys will be available in English *and* Spanish.
- Surveys will be administered via telephone, as well as text and email invitation with link (to apply new innovative technology and techniques that provide cost savings and address user preference), and data collected to a secure HIPAA and HITECH compliant online platform, hosted by ER. Households and providers for whom an email is not supplied will be contacted via telephone and asked if they will be willing to take the survey. Households that do not respond to the survey via link will be contacted via telephone.
- Analysis of the survey data will be stratified by demographic characteristics of respondents chosen by MDHS DAAS; the minimum list of social and economic variables for report stratification are noted in RFP Section 2.2. B.5.a (p9).
- Findings will be presented in a branded final report with both narrative, summary tables, geographical mapping, and graphical display to represent the findings. ER will present to MDHS DAAS management if requested.

**About Elite Research, LLC.** Elite Research is a *WBENC-certified Women Owned Small Business (WOSB)*, *Historically Underutilized Business (HUB)* and *SBA* certified research and statistical consulting firm based out of Dallas, Texas. For over 17 years, ER has provided superior research and evaluation design, statistical and qualitative analysis support to education systems, medical health organizations, academic students, faculty, and institutions, along with nonprofit organizations, and independent researchers.

**Previous Work in Community and Needs Assessment Surveys.** ER has worked with community, corporate/industry, and government clients ranging from researchers and practitioners to school districts and health departments to conduct needs assessments or community surveys. Our extensive experience working with multi-facets of community surveys, sampling, and analysis include projects that range from building, hosting, and maintaining online surveys and collection tools (providing budget-friendly collection options using secure third-party online survey collection tools), to CATI-telephone surveys collection to preparing research design, calculating sample plans, and conducting high-level analysis for diverse clientele. Each of these services, as well as others, are highlighted in the project examples described in the References and the qualifications section.

**Support Services.** Elite Research views itself as a support structure for its clients. We work to develop a customized package of services to meet the client’s specific needs. In some cases, it means research design, data collection, analysis, and report writing, while at other times, it is providing a *specific* service the client cannot do themselves for any specified reason (time, resource, or lack of expertise).

## Background

The Mississippi Department of Human Services, Division of Aging and Adult Services (MDHS DAAS) is the state entity designated by the Office of the Governor to receive and administer federal funds appropriated as a result of the Older Americans Act of 1965, as amended 2016, DAAS administers fund to a statewide network of Area Agencies on Aging (AAAs), works with local service organizations, the private sector, and other state agencies to improve the lives of Mississippi's aging and vulnerable adults (State Plan on Aging FFY 2019-2022, p8).

The Mississippi Department of Human Services (MDHS) Division of Aging and Adult Services (DAAS) website<sup>1</sup> states: *"With the population of Mississippi living longer and longer each year, specialized services for persons more than 60 years of age become increasingly important. The Mississippi Department of Human Services (MDHS), Division of Aging and Adult Services (DAAS) is dedicated to keeping pace with the needs of the state's older citizens and to improving their quality of life. One of every six adults in Mississippi is more than 60. In this population segment, about 79 percent own the homes in which they live. Their independence does not separate them far from their families, for more than two-thirds of this older generation live within 25 miles of relatives. As their numbers continue to grow, so does the need for providing specialized services for older adults."* As part of its dedication to understanding the needs of the state's older citizens and improving their quality of life, the MDHS DAAS has instituted a needs assessment for this population. The last needs assessment was conducted in 2011 (Amendment #1 Q&A, p8).

## Statement of Need

With the goal of assisting the Aging network in obtaining information about the needs of the aging adults currently served and potentially served as well as obtaining further data regarding the developing need for services over the next several years (RFP, p8), MDHS seeks a Contractor to develop the **2022 Mississippi Needs Assessment (MNA)** for the MDHS Division of Aging and Adult Services (DAAS). MDHS DAAS expects that this MNA:

- Follow the example of the 2011 MNA, but with several updates *including* questions related the COVID-19
- Gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions of Mississippians over 55
- Collects data from a randomized sample of current participants, service providers, and those individuals on waiting lists; it is understood that there are 2 surveys
- Use telephone surveys, as well as apply new innovative technology and techniques
- Data findings come within a 5% margin of error for each survey

**Survey 1** (Older Adults): Using the 2011 MNA (RFP Attachment J, p.44) as its basis, ER will modify and develop the **2022 Mississippi Needs Assessment**. With 71.5% of the Mississippi households with broadband internet subscriptions<sup>2</sup>, it is highly likely that many older adults have access to the internet. More recent studies, including one ER conducted this year for the Teachers Retirement System of Texas, indicate a preference of online collection and increased internet services for older adults.<sup>3</sup> As such, ER proposes a cost-savings option whereby the primary data collection mode be via a secure online platform, supplemented by telephone

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<sup>1</sup> Cited from MDHS website, <https://www.mdhs.ms.gov/adults-seniors/services-for-seniors/>

<sup>2</sup> Cited from US Census Bureau, <https://www.census.gov/quickfacts/fact/table/MS/INT100219>

<sup>3</sup> Corey KL, McCurry MK, Sethares KA, Bourbonniere M, Hirschman KB, Meghani SH. Utilizing Internet-based recruitment and data collection to access different age groups of former family caregivers. *Appl Nurs Res*. 2018 Dec;44:82-87. doi: 10.1016/j.apnr.2018.10.005. Epub 2018 Oct 17. PMID: 30389065; PMCID: PMC6662184.

Kelfve, S., Kivi, M., Johansson, B. et al. Going web or staying paper? The use of web-surveys among older people. *BMC Med Res Methodol* 20, 252 (2020). <https://doi.org/10.1186/s12874-020-01138-0>.

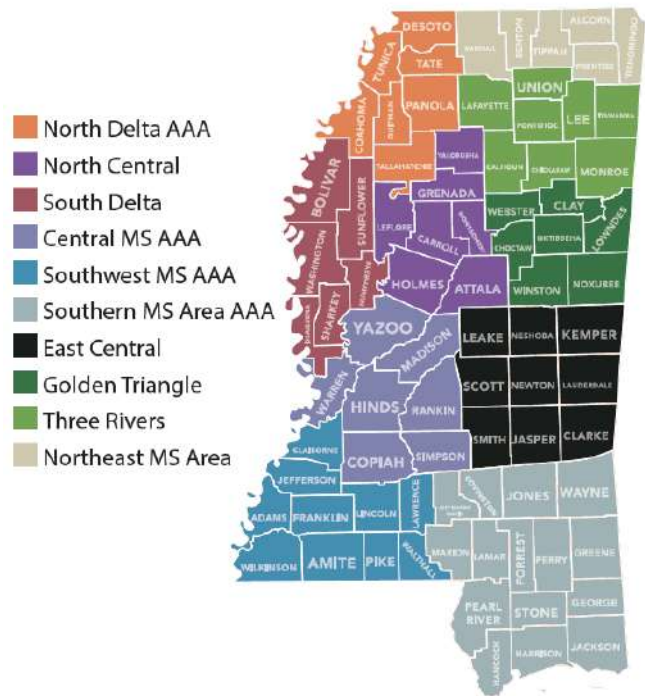
Remillard, M. L., Mazor, K. M., Cutrona, S. L., Gurwitz, J. H., & Tjia, J. (2014). Systematic review of the use of online questionnaires of older adults. *Journal of the American Geriatrics Society*, 62(4), 696–705. <https://doi.org/10.1111/jgs.12747>

interviews where needed. It is expected that 70% of the responses will be conducted via the online survey and 30% via telephone. This survey would include COVID-19 and waiting list questions, and will be available in English and Spanish. This survey would be sent to two different groups, those older Mississippians across the overall sample, as well as those older Mississippians who are identified from AAAs as being on waiting lists.

**Survey 2 (Providers):** MDHS DAAS has provided the **2021 Mississippi Older Adult Needs Assessment Provider Survey** (RFP Amendment #1, p12). ER will provide any suggested enhancements to MDHS DAAS before finalizing the survey for use. A list of providers and their email contact information will be requested from each Area Agency on Aging (AAA) (RFP Attachment K, p54). Given that these are state funded facilities, it would be appropriate that these surveys be conducted on a secure online platform. This survey will be available in English only, and will be electronically sent to each of the providers within the 10 AAAs.

ER will analyze the surveys and the data will be stratified by demographic characteristics chosen by MDHS DAAS. ER will also conduct a longitudinal comparison between the 2011 MNA and the 2021 MNA. Should MDHS DAAS want to compare its older adult population against other states, for benchmarking purposes, ER can identify similar needs assessments from other states that are similar in demographic, economic, and rural make-up.

ER and MDHS DAAS will collaborate on the report which will be published for the Aging network personnel to inform program planning and policy development including incorporation into the Mississippi State Plan for Aging and Adult Services (RFP, p8). Lead team members identified in this proposal have been published in peer reviewed journal articles, presented in professional and academic conferences, and have written and submitted professional branded reports for city, county, state, federal, and non-governmental entities so they are well-versed in preparing formal, written reports.



## Methodology/Approach

The following section details the specific *steps* Elite Research would take to conduct this service. Processes, design and analysis plan approaches are described in the section entitled, *Process Descriptions*. The steps below are similar for both the residential and business surveys. Expected differences between the two surveys include survey items and the sampling frame. Please note, the survey intended for Older Mississippians (1) will be provided in both English and Spanish. ER will also provide longitudinal trend analysis and graphs for questions that were collected in the prior 2011 data collection, and the normative comparison analysis between MDHS DAAS and other states (if requested). These milestones are **bolded blue** in the steps below.

### **Phase 1: Planning & Review (Month 1)**

- 1.1 MDHS DAAS to provide ER the prior survey, analysis, and report templates for review.
- 1.2 ER and MDHS DAAS kickoff **planning meeting**.
  - Identify specific research questions that can help guide analysis.
- 1.3 ER and MDHS DAAS to determine sampling and survey planning.

### **Survey 1 (Older Adults)**

- Determine the data sources for the contact database.



- Determine **sampling frame** for randomized sample and identify participant contact list by district.
- A total of 3,000 older Mississippians (55+ years old) – this total is to be comprised of 10 sets of 300 randomly selected participants. The ten sets are to be representative of each of the 10 Area Agencies of Aging (AAA) service areas: 704--Central Mississippi, 705--East Central, 706 --Golden Triangle, 707--North Central, 708-North Delta, 709--South Delta, 709--South Delta, 709--South Delta, 709--South Delta. Each of these AAAs cover over 6 or more counties (RFP Attachment K, p54). Specific area demographic statistics will be pulled from the most recent public U.S. and state level census sources, such as the U.S. Census Bureau, socioeconomic and demographic data, the Current Population Survey, health indicator data from the Centers for Disease Control and Prevention, and service trend data from the Administration on Aging.
  - ER will identify the demographic makeup, **specifically rural status and minority**, for each county within the 10 AAAs. The 300 per AAA sample will reflect an over-sample of the rural and minority populations (RFP p9, Section 2.2-B.1.c), as well as the demography of the counties within the service area. *Specifically, minority populations include African Americans, Hispanic, Asian Americans, American Indians, Pacific Islanders, and Vietnamese (if applicable) (RFP Amendment p9).* Specific area rural and minority statistics will be pulled from the most recent public U.S. and state level census sources.
  - ER will obtain list and contact details of older Mississippians on waiting lists (see below) from MDHS (RFP p11). It is understood from RFP Amendment #1 (p10) that MDHS DAAS will provide the target number of older adults on the waiting list once the vendor is selected.
- Review measures and **submit questions** (ex. survey edits/modifications, incentives, sampling and power calculations, validity questions, etc.) for MDHS DAAS feedback. It is understood that the 2021 MNA will include 3 questions pertaining to COVID-19, as identified in Attachment J (RFP p3).

#### Survey 2 (Provider)

- Determine the data sources for the contact database.
- Contact each PDD and AAA Director at each of the 10 AAAs and obtain:
  - A list of all service providers and their contact information. *It is noted that RFP Amendment #1 p14-23 provides the list of providers, but the Contractor would need a contact name, phone number, and email address, as well as identification of county served where none are given. RFP p11 indicates this as a responsibility of MDHS.*
  - A list and contact details (telephone, address, and email) of all Older Mississippians on a waiting list within their AAA. *This actually pertains to Survey 1 above, but it will be conducted at the same time to minimize confusion.*
- Identify the total number of service providers in the 10 Area Agencies of Aging (AAA) service areas: 704--Central Mississippi, 705--East Central, 706 --Golden Triangle, 707--North Central, 708-North Delta, 709--South Delta, 709--South Delta, 709--South Delta, 709--South Delta. Each of these AAAs cover over 6 or more counties (RFP Attachment K, p54). *Preliminarily, it appears there are approximately 86 providers, but it is unknown how many service which counties or AAAs.*
- Determine sampling frame for minimum number of provider responses.
- Review measures and submit questions (ex. survey edits/modifications, incentives, sampling and power calculations, validity questions, etc.) for MDHS DAAS feedback.

**Comfort Keepers**  
**Services: Homemaker Services**  
**Hours: SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21**

#### 1.4 Identify analysis preferences for reporting for Surveys 1 and 2.

- ER will stratify survey data by demographic characteristics of respondents chosen by MDHS DAAS; the minimum list of social and economic variables in consideration are noted in RFP Section 2.2. B.5.a (p9).

- ER will conduct longitudinal analysis to compare data from 2011 and 2021 to identify shifts in service use.
  - ER is able to analyze trends in population shifts, not only in the aging shifts, but also in the rural and minority movement between areas. This type of data would help MDHS DAAS to anticipate increases and decreases in specific types of services provided in counties.
  - Clustered modeling and geo-spatial analysis will be conducted to examine multivariate relationships and spatial specific trends in the data.
- 1.5 ER to create the **contact database** using the data sources determined and any MDHS provided sources.
  - 1.6 ER to **update both survey instruments** according to MDHS DAAS feedback.
  - 1.7 ER to translate Survey 1 into Spanish.
  - 1.8 ER finalize collection schedule, sampling plan, incentives, and online surveys. This includes identifying which contacts must be contacted via telephone interview (i.e., e-mail is returned undeliverable). Create a deidentified respondent code for response rate calculations and e-mail or phone follow-up.
  - 1.9 Identify prior data sources for longitudinal trend analysis.
  - 1.10 Identify the other state needs assessments for older adults and data sources for the normative comparison analysis for MDHS DAAS feedback (if requested).
  - 1.11 Develop documentation and process syntax as the references for future surveys.

*Phase 1 DELIVERABLE(S): 1) Finalized Survey 1 in English and Spanish and finalized Survey 2 in English; 2) Protocol/Methodology, including documentation for an annual process*

### **Phase 2: Data Collection (Months 2-3)**

- 2.1 ER to identify and train telephone interviewers. The training will include a basic overview of survey research, the community survey-specific methodology (including its overall goals and purpose), typical challenges in data collection, eliciting survey responses, and frequently asked questions.
- 2.2 Upload surveys (1 and 2) to online survey collection platform, including participant completion directions.
- 2.3 ER to **email and text survey invitations** with a link to take the survey online. Respondents will be given the opportunity to take the survey on their own online or to schedule a convenient time for a phone interview.
- 2.4 Conduct **telephone surveys** with those who do not have an email associated with their names; they will be contacted via telephone (CATI) and asked to take the survey through a trained interviewer. Elite Research will monitor interviews to ensure survey quality and/or address any questions.
  - Telephonic contact shall be attempted three (3) times; once per day. If after the third attempt no answer is received, ER will notate and no longer contact the person (RFP p9, Section 2.2-B.1.d).
- 2.5 ER to conduct two **validity checks** on the data. See *Data Cleaning & Validation* in Process Descriptions. Provide opt out counts, response rates, validity status report.
- 2.6 ER to send two reminders to complete the survey and close the survey at the scheduled time.
  - ER will close the survey or stop making telephone survey calls once the response rate meets the necessary representative sample for both Survey 1 and Survey 2 samples.
  - ER will attempt to reach all older adults on waiting lists.
- 2.7 Develop documentation and process syntax as the references for future surveys.

*Phase 2 DELIVERABLE(S): 1) Response & Opt-out rate and validity report; 2) Raw deidentified data in excel and SPSS format; 3) Validity check syntax and documentation*

### **Phase 3: Data Analysis and Results (Months 4-5)**

- 3.1 Develop analysis plan, including the longitudinal analysis from prior data collection and the normative comparison analysis from the secondary data sources with a margin of error no greater than 5%. Known analysis plan approaches to date include;
  - Stratify survey data by demographic characteristics of respondents chosen by MDHS DAAS; current minimum list of variables in consideration are noted in RFP Section 2.2. B.5.a (p9).

- Longitudinal analysis to compare data from 2011 and 2021 to identify shifts in service use.
  - Analyze trends in population shifts, not only in the aging shifts, but also in the rural and minority movement between areas.
  - Clustered modeling and geo-spatial analysis to examine multivariate relationships and spatial specific trends in the data.
- 3.2 Clean data, conduct final validity check, instrument scoring, weighting and prepare the data for analysis.
- 3.3 Using MDHS DAAS approved analysis plan, ER to conduct **analysis of survey data**.
- 3.4 ER to prepare tables, charts, results text.
- 3.5 Develop documentation and process syntax as the references for future surveys.

*Phase 3 DELIVERABLE(S): 1) Cleaned Validated Deidentified Data, 2) Code Book, 3) Analysis Plan, 4) Analysis Syntax and Output*

#### **Phase 4: Findings & Report (Month 6)**

- 4.1 ER to prepare branded **preliminary report and analysis**.  
ER will meet with MDHS DAAS to determine the following information that will help them build the reports required as part of this RFB's deliverables:
- Who is the primary audience for these reports?
  - Are separate levels of reporting required for separate audiences?
  - Who is the primary point person for report feedback?
  - What formats and branding must be included on the reports?
- 4.2 ER to submit report for MDHS DAAS to review and feedback.
- The charts, graphs, and main content will reflect the preferences identified in the planning phase, as well as any key data that should be logically be included.
  - Specific analysis will be conducted to identify population shifts (based on census data) and the projected increase or decrease of specific services as a result of these anticipated shifts. Additionally, data from 2011 and 2021 will be compared to identify shifts in service use
- 4.3 ER to **meet in-person with MDHS DAAS to review draft report** to ensure the specific requirements are met per the Older American Act.
- This request is typical for this type of reporting. ER can prepare PPT for presentation of findings and/or be prepared to walk through portions of the report for specific feedback.
- 4.4 ER to finalize and submit branded **final report and analysis**.
- 4.5 Develop documentation and process syntax as the references for future surveys.

*Phase 4 DELIVERABLE(S): 1) Preliminary Report with Analysis, 2) In-person Meeting for Draft Report Review with Applicable Presentation Methods, 3) Final Branded Report with Analysis*

#### Deliverables

The following deliverables will be presented to MDHS DAAS:

- Finalized Surveys in English; Spanish provided for Survey 1 only
- Response rate and validity report
- Validity check syntax and documentation
- Raw deidentified data in Excel and SPSS (or other analysis software) format
- Cleaned validated deidentified data and code book
- Analysis plan, analysis syntax and output
- Preliminary report and final branded report in Word and PDF
- Protocol/methodology, including documentation as the references for future surveys
- PowerPoint presentation of findings (If requested)

Elite Research will provide metadata (field name description, definition, source, source data, and equation if computed) for all raw and computed data fields. All reports will be branded with the provided logos from MDHS DAAS, with information about ER as it relates to their involvement with the project.

## Process Descriptions

### **Quantitative Collection Methods**

Needs Assessment Surveys. Two (older Mississippians & providers) multi-modal (online & telephone) state-wide surveys will be conducted to understand older adults and older adult service providers' perception of the long-term needs, services, general issues, quality of life issues, and demographic information. ER will ensure those not currently receiving services (those on waiting lists) are assessed. ER will review current surveys and offer recommended changes (if any) to reflect the overall goals established in the design and planning phase. Having established surveys reduces cost and time, and provides for the possibility of longitudinal trend analysis. The final sample and sampling frame will be determined in the planning phase. Data will be analyzed and presented at various segmentations determined in the planning phase and confirmed after data cleaning.

Online Surveys. Many benefits of online data collection methods have been outlined in the literature. Specifically, online data collection can be more cost-effective, reach a wider audience than traditional data collection methods, increased response rate, and may result in a higher quality of data collected. Furthermore, researchers have also noted that the increased anonymity offered by online survey collection may yield more truthful responses compared to face-to-face or phone interviews in which participants may respond in a pro-social or socially desirable manner out of fears of judgment.<sup>4</sup> Thus, the present project will include options for respondents to complete an online survey which is presented via the email link or a telephone survey. Statistical comparisons will be made between the delivery methods.

Computer-Assisted Telephone Interviewing (CATI). Telephone interviewing is a cost saver when components of the target population are widely dispersed geographically or when population densities are low. CATI is a telephone surveying technique in which the interviewer follows a script provided by a software application that is able to customize the flow of the questionnaire based on the answers provided, as well as information already known about the participant. CATI provides benefits for collecting phone interview data. Interviewers sit at a computer workstation as the software provides the customizable interview schedule and records completed interviews, refusals, out-of-service, and schedule callback times, telephone numbers across multiple stations. The computer continuously monitors the sample and interviewing process and automatically dials pre-loaded telephone numbers for the interviewers. Interview errors are reduced with standardized protocols in which the program prompts interviewers to follow. Demographic characteristics of the data will be monitored regularly for valid respondents and demographic makeup of the sample, as well as additional promotion of survey to target demographics including district. Announcements will target specific districts for which more data is needed.

Sampling and Power. For most studies, it is impractical in terms of time, finances, and effort to collect data on every person in the target population. A representative sample allows the collected results to be generalized to a larger population by matching sample characteristics to the population. There are two ways to achieve a representative sample: probability sampling and purposive sampling. In purposive sampling, controls are placed on the types of respondents chosen for the survey in terms of quotas and we specifically look for different types of people to make sure the sample is correctly balanced. Random sampling involves choosing participants from your target population at random minimizing potential sample bias. To be able to sample randomly you need to know details about your target population, such as the gender, ethnicity, age, business type, etc. This proposed project will utilize a random sample of 3000 older Mississippians (55+ years), which will include 300 from 10 AAAs. The demographic makeup of the sample is reflective of the county demographics, with an over-sample of rural and minority populations. Target numbers will be provided by MDHS DAAS for those on the waiting list. Additionally, a sampling frame will be determined for the providers in the 10 AAAs.

Data Collection Protocol. ER will design a specified data collection protocol that will cover all of the basic elements of the data collection decision-making and processes. This protocol will be designed and distributed

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<sup>4</sup> Herrwegh D. Mode differences between face-to-face and web surveys: An experimental investigation of data quality and social desirability effects. *International Journal of Public Opinion Research*, 21; August 2007

for feedback to MDHS DAAS to ensure that it is in alignment with its objectives and processes for data collection. Elements of this protocol will include, but are not limited to:

- A brief justification for the project and team composition
- Research question(s)
- A description of the program/research methods, data collection protocols and scripts
- Study population and sampling techniques
- Descriptions of the instrumentation and data collection tools used to measure
- Implementation schedules for each project
- A detailed discussion of the data collection, validation, and storage processes

COVID. Assessment and evaluation design, as well as data collection, will look different during COVID-19 – especially if there are resurgent waves of the pandemic. Considerations must be taken in light of the restrictions for the safety of all personnel and stakeholders. Projects must consider essential versus non-essential items, delayed data collection and results due to shutdowns, contingency plans, pivoting to more productive or alternative methods, augmenting the pace of the project, availability of certain equipment, etc. We will work with coalition grantees to consider any necessary changes to the data collection methodology; these changes may include the need to plan for physical (social) distancing, linking participants to COVID-19 screening and care, remote data collection, etc. Providing a safe experience for all will remain key through these efforts.

Cultural Competence & Cultural Humility. Cultural competence is defined by the HHS' Health Resources & Services Administration as the “behaviors, attitudes, and policies that can come together on a continuum that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation, and respect of cultural differences and similarities within, among, and between groups”<sup>5</sup>. In 1998, Tervalon & Murray-Garcia<sup>6</sup> introduced the idea of cultural humility as “a lifelong commitment to self-evaluation and critique, to redressing power imbalances...and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.” There has been much debate on whether professionals in public health, medical, social work, and other fields should take a cultural competence *or* a cultural humility approach to their work. ER upholds the same position as Green-Moton and Minkler (2020)<sup>7</sup>, that “we see substantial complementarity and synergy between the concepts and practice of cultural humility and cultural competence.” Understanding that we cannot ever be *fully* competent in another’s culture, we view cultural competence as not something to be attained (or not), but rather a reminder and prompt to continue to strive to know more about and understand the communities with which we work, while being reflexive about our position as researchers and evaluators. The two concepts work together to provide professionals (and citizens at large) with critical tools for working with diverse individuals, groups, and communities in today’s complex world.

As part of our approach utilizing both practices, we understand that our own evaluation work is culturally-influenced, as is stated by the AEA<sup>8</sup> that, “Evaluations cannot be culture free. Those who engage in evaluation do so from perspectives that reflect their values, their ways of viewing the world, and their culture. Culture shapes the ways in which evaluation questions are conceptualized, which in turn influence what data are collected, how the data will be collected and analyzed, and how data are interpreted.”

The ways in which we are mindful and committed to taking both a cultural competence and cultural humility approach include, but are not limited to:

- Practice cultural relativism; the idea that a person’s or group’s beliefs, values, and practices should be

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<sup>5</sup> Selig, S., Tropiano, E., & Greene-Moton, E. (2006). Teaching cultural competence to reduce health disparities. *Health Promotion Practice*, 7(3 Suppl.), 247S–255S. <https://doi.org/10.1177/1524839906288697>

<sup>6</sup> Tervalon, M. & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117–125.

<sup>7</sup> Greene-Moton E. & Minkler M. (2020). Cultural competence or cultural humility? Moving beyond the debate. *Health Promotion Practice*, 21(1), 142–145. <https://doi.org/10.1177/1524839919884912>

<sup>8</sup> American Evaluation Association. (2011). *American evaluation association public statement on cultural competence in evaluation*. <https://www.eval.org/Portals/0/Docs/aea.cultural.competence.statement.pdf>

understood within context of their own culture and not judged by values and beliefs of another culture.

- Engage in self-reflective thinking.
- Take the time up front to really learn about the cultural realities of groups with whom we work in order to diminish misunderstandings and distrust that can hold partnerships from reaching full potential.
- Acknowledge our own explicit and implicit biases, assumptions, as well as stereotypic beliefs.
- Recognize and value natural systems (family, community, church, etc.) as support mechanisms.
- Understand that the needs of some groups may require that they are served and facilitated by people who share their cultural identity.
- Being conscious of the fact that cultural groups are affected—directly and indirectly—by the evaluation decisions, and working to ensure those perspectives are given consideration in the evaluation process.
- Listen to the needs of stakeholders without making generalizations about individuals based on some element or fact related to a cultural group.
- Analysis of data should include cultural and contextual factors related to the issue being evaluated.

Practical evaluation terms includes educating ourselves about the cultural groups involved in the programs and evaluation, which can include literature reviews, desk research, and informational interviewing with stakeholders and other members of target populations. We provide surveys, interviews, and focus groups in multiple languages and include interpreters when appropriate. When collecting data, we consider diversity within target populations and strive to include voices from varied groups. We practice reflexivity and cultural awareness when designing data collection instruments such as questionnaires and interview and focus group guides by carefully scrutinizing instrument wording for appropriateness given the cultural context of target populations, and for biases or assumptions being reflected in the wording. We recognize that involving stakeholders in the evaluation process is essential to the success of an evaluation, and we draw upon them to provide feedback on data collection instruments, and we pilot instruments with target samples. Continuing this approach as evaluation plans and instruments are developed and utilized, as data are analyzed and interpreted, being careful of tokenism, avoiding jargon, exclusive language and behaviors, ensuring stakeholders from diverse backgrounds are a part of the process, and recognizing that diversity means relationships of difference are concrete ways to incorporate cultural competence and cultural humility into our work.

### **Quantitative Analysis**

Appropriate techniques for data preparation, validation, and coding will be applied to primary and secondary quantitative data sources to prepare the data for analysis. Basic descriptive analyses will be conducted to summarize the measures of interest for presentation for tables and figures such as geographic area, population, and social variables of interest. Comparative inferential will also be conducted to assess group differences (i.e., gender, age, geographic area, population, and other social variables of interest) on key outcomes of interest. Using historical survey data from 2011 MNA, longitudinal analyses will be conducted to assess change over survey collection periods on key outcomes of interest. Additional statistical analyses can be conducted around benchmarking MDHS DAAS data with other state needs assessments for older adults, if requested.

*Data Cleaning & Validation.* Several measures will be taken to check the validity of the data. Items will be embedded in the surveys that ensure data quality by verifying that each survey respondent is: 1) real: respondents must be who and where they say they are, 2) unique: respondents can never be allowed to enter a survey twice, and 3) engaged: participants must provide honest, thoughtful responses. For example, an item asking participants how many years they have been driving will be included in the surveys. This can be checked against the age item to identify participants that are likely being untruthful. We will also identify and remove individuals who do not pay attention to the survey using oppositely worded items that will be embedded in the surveys and compared. In addition, inattentive or careless responses can be filtered by assessing the variance of matrix questions, and participants with no variance will be considered for removal. Completion time will be assessed for individuals who finish the survey too quickly or too slowly.

All data will be subjected to rigorous data screening to ensure that there are no invalid cases and that missing data is assessed for structure (proportion of missing data) and whether it is missing completely at random

(MCAR) or not using Little's MCAR test.<sup>9</sup> If the data is found to have a substantial proportion of missing values to where it may impact power or if the missing data mechanism is not MCAR, either multiple imputations or full-information maximum likelihood methods will be employed.<sup>10</sup> Variables will then be subjected to univariate assumptions testing to ensure proper sample within levels of categorical variables and to ensure normal distributions and removed extreme outliers in continuous variables.

Survey Weighting. Weighting is the process of adjusting data to reflect differences in the number of population units that each respondent represents. For example, if a population is 50% male but respondents are only 33% male, then male respondents are given more weight and female respondents are given less weight in the data so that the results more accurately reflect the population. In practical terms, weight is a number in a data file assigned to each respondent and is used as a multiplier to adjust the number of cases used in a calculation. Survey data will be weighted by the population statistics provided by MDHS DAAS, accounting for the probability of selection and the distribution of the older residential population.

Analysis. Descriptive statistics will be calculated for all variables, comprising means, standard deviations, medians, minima, and maxima for continuous variables, while frequencies and percentages, will be calculated for all categorical demographic variables, such as ethnicity, gender, and business type. Distributions of the continuous variables will be examined to determine if normality assumptions are met and parametric testing is appropriate, or whether transformed data or non-parametric tests should be used. Extreme outliers will be investigated for technical or clerical errors. If the size of the measurement cannot be attributed to such an error, it will be included in the analysis and the effect of deleting the observation will also be reported. The data will be analyzed using SPSS v.27.0. Alpha levels for all inferential analyses will be set at .05 ( $\alpha$ ).

Inferential analyses will be conducted to assess the simple/bivariate relationships among the independent and dependent variables, as well as to assess for potential covariates that need to be included in the primary analysis. Specifically, independent samples t tests (effect size = Cohen's d) and Analysis of variance (ANOVA; effect size = partial eta squared ( $\eta^2_p$ )) will be conducted to assess the relationships between one categorical variable and one continuous variable. Pearson's product moment correlations (r) will be conducted to assess the relationships between two continuous variables. Bivariate correlations also provide a measure of the strength of this relationship, with values closer to 1 indicating a stronger relationship and values closer to 0 indicating a weaker relationship. Longitudinal trends will be analyzed using repeated measures ANOVA and other geo-spatial modeling. Regression analysis will identify the most important services driving overall satisfaction with services.

To better illustrate the findings in the reports, the outcomes will be visualized by tables, graphs, maps, etc. Visualizations may be built in R packages (i.e., ggplot, tmaptools) and Tableau or other visualization software.

GIS Evaluation. GIS analysis will be incorporated from the U.S. Census at the zip code, census tract, and block group levels to tie in social determinants of poor health (poverty, transportation access, etc.) and how these factors can impact the participants in these programs within a spatial context. The hospital utilization and cost-benefit evaluations can also be incorporated into the GIS system to help provide actionable insights on how to implement appropriate programs given the population needs. Ultimately, the GIS research design, analysis plan, and data visualizations chosen will take into consideration the spatial attributes, measurement level, level of spatial aggregation, visualization best practices, and the availability of geographic data. These considerations will drive how these data will be used to inform and evaluate the aims of the specific programs proposed and maximize the impact and insights from the data. Lastly, GIS mapping at the zip code and area levels can be used to identify locations where, for example, certain needs may correlate with location. These GIS tools can also incorporate the utilization and cost-benefit evaluations of programs to review potential spatial relationships.

Data Visualization. Insight and solutions extracted from data do not end with statistical analysis. The results of statistical analyses need to be communicated in a way in which the broadest possible audience can easily

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<sup>9</sup> Little, R. J. A. (1988). A test of missing completely at random for multivariate data with missing values. *Journal of the American Statistical Association*, 83(404), 1198–1202. <https://doi.org/10.2307/2290157>

<sup>10</sup> Little, R. J. A., & Rubin, D. B. (2002). *Statistical analysis with missing data* (2nd ed.). New York, NY: Wiley

understand them. We take pride in our ability to achieve this goal effectively and efficiently. Lengthy tables loaded with p-values and coefficients are bland and off-putting, whereas good data visualization can both demand attention and curiosity while easily delivering a complex message to the viewer. Whether it is a series of scatter plots or interactive visualization dashboards, we have a strong track record of providing the highest quality visualizations to our clients. Complexity for complexity's sake should never be the goal for visualization. If a simple bar graph communicates the intended message best, then we recommend that visualization. Far too often, flashiness is given precedent over interpretability. A great data visualization presents eye-catching aesthetics without sacrificing clarity. The consultants and developers at Elite Research have extensive experience using tools such as R, R shiny, ggplot2, D3.js, Python, and many others to create illuminating static and interactive data visualizations following industry best practices and technological advancements in the field.

### Brief Data Security Program

Elite Research restricts access to controlled data that may be confidential or secured. Our commitment is to the client's data and how inappropriate access might adversely affect our long-standing reputation. Through increased user awareness with documented and policy driven data management, storage and usage, ER promotes a strong stance against malicious data theft, internally and externally. Our data program applies to all client or company data in storage, awareness, access, and retention and is subject to all risk assessment and compliance for HIPAA, HITRUST, HITECH Act requirements. All company employees and affiliates are expected to abide by the standards of this program. Access is granted with specific credential and managed by a single administrator. A multi-tenant, compliant, cloud-based location is provided for internal non-networked file storage, along with secure data transfer and sharing. Records of security access to the storage and sharing of files is routinely audited. Credentials are managed by the security administrator and identity management and provisions are handled through [support@eliteresearch.com](mailto:support@eliteresearch.com) e-mail communication with IT support. IT support will provide any requested documentation of the data security policy and governance under NDA assuming proposal award. Password requirements are outlined within the policies and procedures executed by the company. Individual requirements for security at the desktop, workspace and credentials are outlined in the company data standards protocol. Levels of access are granted per project and data file management requirement. Access control methods in place are withheld within the policies and procedures and audits are regularly conducted. Incident reports are communicated within 24 hours to the support department. Outlined per job description are data level ownership, administration, responsibility and response requirements. Any access found within violation of this program and written protocol are subject to disciplinary action, up to and including termination of employment. No network access is provided to subcontractors or affiliates.



## Timeline

The following timeline use the milestones requested in the RFP. This six-month proposed timeline is subject to change, although minimally so, based off of preliminary meetings and with MDHS approval. ER proposes four major phases incorporating unique or innovative approaches to accomplishing project deliverables, such as online data collection, CATI computer assisted telephone inquiry, and process documentation for routine collection and analysis. For more than 17 years, ER has extensive experience in successfully completing large scale surveys with targeted timelines, incorporating innovative and cost-saving techniques, process optimization, visualization and actionable insights (see example projects described in the *Corporate Experience and Capacity* section. In addition, Elite Research uses a combination of waterfall project management (WPM), critical path method (CPM), and agile extreme programming (AEP) to manage projects. While these project management approaches can seem conflicting, Elite Research’s expertise in where to use different management approaches throughout a large-scale project can optimize the efficiency and accuracy of the work needed. Specifically for this project, ER has assigned a senior project manager (Woodside) to provide project management, process optimization, communications, and logistical support.

Activity	Responsible	2021																									
		MONTH 1				MONTH 2				MONTH 3					MONTH 4				MONTH 5				MONTH 6				
		1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	5
<b>Phase 1 - Planning &amp; Review</b>																											
1.1 Review prior survey, analysis, report templates	ER/DAAS																										
1.2 Kickoff planning meeting	ER/DAAS		V																								
1.3 Determine sampling and survey planning	ER/DAAS																										
1.4 Identify analysis preferences for reporting for Surveys 1, 2	ER/DAAS																										
1.5 Create contact database using data sources determined	ER																										
1.6 Update survey instruments	ER																										
1.7 Translate Survey 1 into Spanish	ER																										
1.8 Finalize collection schedule, sampling plan, etc.	ER																										
1.9 Identify prior data sources for longitudinal trend analysis	ER/DAAS																										
1.10 Identify other state needs assessments (if requested)	ER/DAAS																										
1.11 Develop documentation and process syntax	ER																										
<b>Phase 2 - Data Collection</b>																											
2.1 ER to identify and train telephone interviewers	ER				V																						
2.2 Upload surveys 1 & 2 to online survey collection platform	ER																										
2.3 Email survey invitations with survey link *	ER																										
2.4 Conduct CATI telephone surveys *	ER																										
2.5 Two validity checks on the data	ER																										
2.6 Two reminders to complete the survey	ER																										
2.7 Develop documentation and process syntax	ER																										
<b>Phase 3 - Data Analysis and Results</b>																											
3.1 Develop analysis plan	ER/DAAS																										
3.2 Clean and prepare the data for analysis	ER																										
3.3 Conduct analysis of survey data	ER																										
3.4 Prepare tables, charts, results text	ER																										
2.7 Develop documentation and process syntax	ER																										
<b>Phase 4 - Findings &amp; Report</b>																											
4.1 Prepare branded preliminary report and analysis	ER																										
4.2 DAAS to review and feedback	ER/DAAS																										
4.3 In-person meeting to review draft report	ER/DAAS																										
4.4 Finalize branded report and analysis	ER																										
4.5 Develop documentation and process syntax	ER																										
<b>Communication &amp; Meetings; Process Documentation</b>																											
General communication	ER/DAAS																										
Check in with key officers	ER/DAAS				V				V					V					V					V			

IP = In Person; V = Virtual; \* Surveys 1 (older adults using services and those on waiting list) and survey 2 (providers) will run simultaneously

### 3. Corporate Experience and Capacity

Elite Research, LLC, (ER) is diversity classified as an **WBENC-certified Women Owned Small Business (WOSB), Historically Underutilized Business (HUB)** and for the last 17 years have provided global consulting services of research, monitoring and evaluation, analytics, and statistics. Headquartered just outside of Dallas Texas, the Elite Research team of 27 employees and more than a hundred connected research partners and subject matter experts reach outside of the typical “advice giving” consulting approach to provide capacity building, actionable insights, and applicable processes.

ER follows a consulting model that provides superior services and builds capacity in organizations. In support of their clients, they work to understand the scope of their needs and mold their services and deliverables according to that need. During the lifecycle of their partnership, ER redefines the approach and deliverables and provides solution focused recommendations in collaboration with their external partners along the way.

Current/previous data collection with innovative collection and reporting techniques, data governance, analysis and reporting work includes, but is not limited to:

- A national advocacy and service organization, Services & Advocacy for LGBT Elders (SAGE), supporting their internal project of *LGBT Older Adult Program Assessment Processes* transitioned in 2020, with the help of Elite Research, to a fully electronic data collection tool that integrates with their customer relationship management tool. ER provided **improvement metrics and innovative processes** for their **data collection, data quality** and **data management** processing with updates to their survey and outcomes. Training and capacity building among their staff members to conduct **efficient and accurate data collection** in their residential centers and programs, expanding to their organizational programs in the future.
- Conducting a **statewide needs assessment** study in Oklahoma with the Oklahoma Association for Problematic and Compulsive Gaming (OAPCG) regarding the behavioral and rehabilitative needs of the residents. ER’s sampling frame of the state produced respondents that mirrored the U.S. Census data for the state. ER designed the survey, completed the **representative sampling plan**, collected the data via CATI telephone interviews, social media, and with survey link distribution. They cleaned and prepared the data, conducted primary and secondary data analysis, prepared **draft and final reporting, visualization, facilitated stakeholder meetings** and various presentations for OAPCG and the Oklahoma Department of Mental Health and Substance Abuse Services.
- In 2021, ER conducted a **national data collection** of 3600 valid participants focusing on **COVID impact within minority groups** ages 18-65 years old, living in the United States, of any race but with an over-sampling of Black or Hispanic respondents. The University of Texas at Austin contracted ER for sampling plans, survey design, data collection, data validation, and weighting calculations **reflecting a margin of error no greater than 5%**. Deliverables include **raw data in Excel**, validated data in Excel, cleaned data in excel, survey in Word, and **final reporting in both branded Word and PDF formats for accessibility**.
- As part of their service evaluation, The Teachers Retirement System of Texas contracted ER in early 2020 for their annual Membership Satisfaction Survey of both their retirees and active member participants. This survey reviews member engagement of **health, social, and economic variables** and products. ER redesigned the survey, **translated for native Spanish** speaking participants, collected via **online survey tool** distribution in email, and via **CATI telephone survey**. ER supplied the data management, analysis, graph and chart creation, report, **facilitated stakeholder meetings** and board presentations. Continuing in 2021, dashboard development and near real-time monitoring will begin.
- The Town of Brookline outside of Boston, Massachusetts conducted an assessment where ER sampled **town-wide programs and employees** on their diversity, equity and inclusion practices and policies to help strengthen their town’s racial equity focus and to meet performance indicators of their strategic plan. ER performed the survey tool setup, dissemination of link to respondents, data collection, analysis **reflecting a margin of error no greater than 5%**, and reporting/implementation planning. This helps to **inform modifications and suggested opportunities** in policy and to advance the town’s goals.

- **Rural community needs assessment** in the town of Lubbock, Texas, and surrounding rural cities for inclusion of a social program required **sampling frame**, survey development, telephone, face-to-face, online data collection and focus groups/interviews of random residents and key stakeholders. Texas Tech University awarded ER this project in preparation for their Promised Neighborhoods Proposal. ER provided data collection of the residents, power analysis for regional level comparisons, data preparation, analysis and reporting. Elite Research met with the University to **review the draft report**, brand the report, and to present the final report in a way that was of use to both the community and their proposal. Final reports are provided in both **Word and PDF accessible formats**.

In each of the above examples of conducted **needs assessments** and surveys, reporting was designed to serve populations, in underserved, **rural and minority communities with inequities in health, diversity, social, age, gender, behavior**, etc. Raw data was provided in Excel and/or SPSS. Reporting on needs assessment data based on representation of the community samples are critical to shape the need for and **increase or decrease in programs or ways in which a community is impacted and served**. To meet these needs, ER works diligently as a **partner** in designing, interpreting and reporting of this data. In cohort with MHDS, the draft report will be reviewed in-person for further elaboration with community knowledge and suggested improvement strategy for collective need to develop the **final report, which will be delivered in both Word and PDF**.

The company follows a matrix organizational structure with the primary decision maker as the President. Functional departments such as research and statistics, computing and information technology, editing, and optimization coordinate regularly with production groups based on individual project needs. Their team consists of over 25 graduate-level consultants with Master’s and PhD degrees from variety of cultural, educational, and professional backgrounds, and additional support staff. This structure allows facilitation of expert staff per project, rather than the duplication of products or resources. Unlike other firms, consultants at ER are often trained in real-world research, rather than solely theoretical or mathematical approaches, and, as such, are highly qualified to deal with the unique situations that often go hand-in-hand with real-world research. Elite Research uses a combination of waterfall project management (WPM), critical path method (CPM), and agile extreme programming (AEP) to manage projects. While these project management approaches can seem conflicting, Elite Research’s expertise in where to use different management approaches throughout a large-scale project can optimize the efficiency and accuracy of the work needed.

With a goal and solutions approach, ER works to fill the gaps with external content experts and internal team members, providing a search and selection of client internal teams/roles, if needed. During the consultancy, ER will support tasks by filling any client gaps in resources or knowledge, which allows the use of our collective expertise anywhere in the process where our client sees fit. Elite Research utilizes its community partners as subject and content experts within contracts, as needed. This collaboration builds a consistency in the product and strengthens our client’s goals and reaches our end goal of organizational support and empowerment. This approach strengthens not only the project, the team, and the organization, but it manifests into greater internal/external collaboration and cohesive nature of future projects. Having a consultancy team as a resource always proves to have a lasting effect for future workflow, not only in the present.

To meet the needs of the proposal and to explicitly state as part of our commitment to the MDHS DASS assessment and reporting, as outlined in the technical approach/proposal:

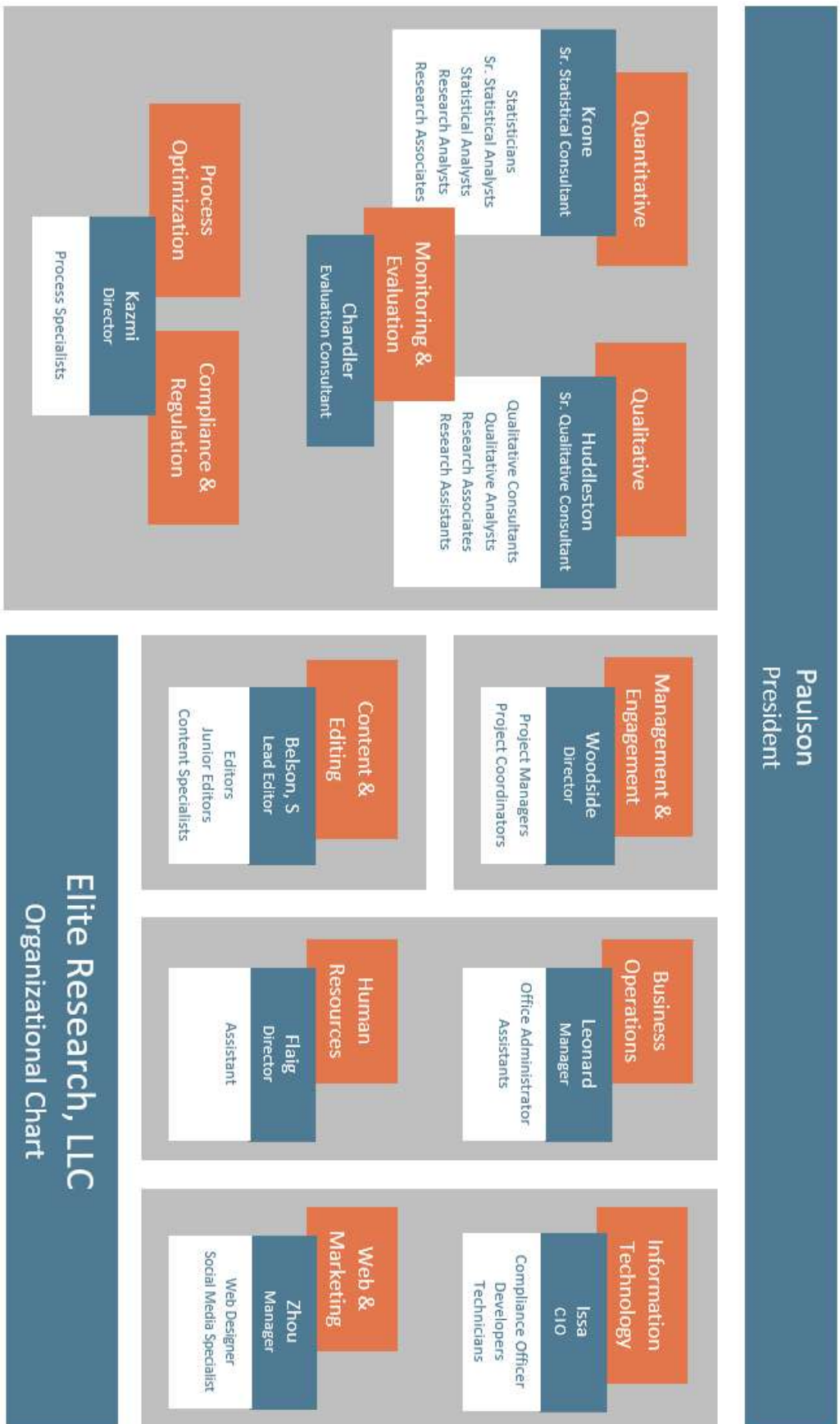
ER will facilitate a meeting in-person with MDHS DAAS to review the draft report to ensure the specific requirements are met per the Older American Act. ER can prepare PPT for presentation of findings and/or be prepared to walk through portions of the report for specific feedback.

Primary company contacts for this project are designed as follows:

Rene M. Paulson, Ph.D. – Primary Technical Contact  
 President & Senior Statistician  
 Telephone: (972) 538-1374  
 Email: [rpaulson@eliteresearch.com](mailto:rpaulson@eliteresearch.com)

Jodi Woodside – Contract and Management Contact  
 Director, Project Manager  
 Telephone: (972) 538-1374  
 Email: [jwoodside@eliteresearch.com](mailto:jwoodside@eliteresearch.com)

Company Organizational Chart



Elite Research, LLC  
Organizational Chart

## Relevant Experience

The following projects demonstrate Elite Research’s knowledge and experience in survey and assessment research design, data collection, data analysis and reporting.

- 1) **Contracting Activity & Number (If applicable):** Member Satisfaction Survey; TRS Contract 20-0000104  
**Project:** *TRS Membership Satisfaction Surveys*  
**Partner:** Teacher Retirement System  
**Project Description:** The Teacher Retirement System of Texas (TRS), consisting of Benefit Services, Health and Insurance Benefits, and Investment Management historically conducts a Member Satisfaction Survey biennially to gauge satisfaction. In 2020, TRS introduced member and retiree surveys to evaluate member engagement annually. Contracting ER to develop customized survey instruments to determine group service evaluations, data management, analyses, visualization, and an annual report/presentation to the Board.  
**Performance Period:** August 2020 – Present, Yearly with up to 3 additional renewal years  
**Total Contract Amount:** \$80,0000 yearly  
**Contact Reference:** Caasi Lamb, Director of Strategic Initiatives; [Caasi.Lamb@trs.texas.gov](mailto:Caasi.Lamb@trs.texas.gov)  
**Key Services:** Survey Development, Secondary Data Analysis, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Presentations
  
- 2) **Contracting Activity & Number (If applicable):** Town of Brookline, MA; Diversity Contract  
**Project:** *Racial Equity Assessment: Town of Brookline*  
**Partner:** Town of Brookline & The Racial Equity Group  
**Project Description:** Racial Equity Group, with data collection, data preparation, analysis and reporting support from Elite Research, is conducting a racial equity audit to help the Town of Brookline — a vibrant community of approximately 60,000 residents located within the Boston urban core — become a leader in advancing municipal racial equity by cultivating an environment inside all departments, where staff and stakeholders experience genuine respect, fairness, inclusion, and dignity. Achieving racial equity for Brookline included ensuring service delivery, employment, procurement, and programs are administered with an equity mindset to prevent disparate impacts on people of color, on what may appear as neutral policies, practices, and procedures, culminating in a Town-wide equity plan that sustains racial equity. REG facilitates the Racial Equity Audit for 1,500 employees and provides the Equity Eye Analysis toolkit for 20 department heads to evaluate policies and practices that were strengthening or impeding equity. The audit assessment also informs Brookline leadership of employee competency levels, data collection gaps, and opportunities to modify policies and practices to advance equity and become an anti-racist institution.  
**Performance Period:** 2021 – Current  
**Total Contract Amount:** \$85,000 yearly  
**Contact Reference:** Bird Guess, President & CEO; 617-730-2326; [bguess@racialequitygroup.com](mailto:bguess@racialequitygroup.com)  
**Key Services:** Assessment, Survey Development, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Actionable Insights, Training, Presentations
  
- 3) **Contracting Activity & Number (If applicable):** DEI Assessment and Benchmarking  
**Project:** *Racial Equity Mindset Framework - UVA Finance*  
**Partner:** University of Virginia  
**Project Description:** REG, with data collection, data preparation, analysis and reporting support from ER, is assessing the Racial Equity Mindset framework for the University of Virginia (UVA) that included the following: measure and evaluate the current state of belonging and inclusion, develop a deep understanding of equity, diversity, and inclusion, bias, best practices, evaluate strengths, weaknesses, opportunities, and threats within UVA in the context of racial equity, evaluate current policies and practices and how they impact equity, diversity, and inclusion, including but not limited to practices in recruitment, hiring,

promotions, performance management, and compensation, establish goals and adopt baseline metrics and reporting to utilize in measuring, monitoring, and managing UVA progress towards desired goals.

**Performance Period:** 2021 - Current

**Total Contract Amount:** Under NDA; range \$50 – 75K

**Contact Reference:** Bird Guess, President & CEO; 617-730-2326; [bguess@racialequitygroup.com](mailto:bguess@racialequitygroup.com)

**Key Services:** Assessment, Survey Development, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Actionable Insights, Training, Presentations

4) **Project:** *MEGA Life Insurance Satisfaction Study*

**Partner:** The MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company, and Chesapeake Life Insurance Company

**Project Description:** To best serve the needs of the members, providers, and agents of the national health insurance provider, MEGA conducted routine satisfaction and market surveys using a custom online survey data collection tool created, hosted, and maintained by Elite Research, LLC. MEGA needed custom data fields to website user profiles (agent #, agent district, agency, contract date, state) with the ability to display/sort posted questions by specified fields. However, since most questions will be posted by site administrators and not agents, this approach would not satisfy the intent. Advanced features also included survey website with client branding, secure encryption, question organization into categories, with generated summary reports by client designated sticky questions, latest questions, popular questions, and lockable questions. Deliverables included 1) Online custom and branded data collection tool, response and validity reports, raw and cleaned data files in CSV format, summary reports.

*Sample size and number responding:* Various depending on the survey. All surveys required 95% confidence level, 3% confidence interval, and samples to be representative of the state census data for each survey's state of collection with typically a minimum of 950 valid cases.

**Performance Period:** 8+ years, including initial year and yearly renewal.

**Contact Reference:** Amy Moss, Vice President, John Hunter, Sr. VP, Philip Issa, Lead Architect (214-450-4800), The MEGA Life and Health Insurance Company, 9151 Boulevard 26, North Richland Hills, TX 76180; [philip.issa@hmks.com](mailto:philip.issa@hmks.com); [amy.moss@hmks.com](mailto:amy.moss@hmks.com)

**Key Services:** Report and analysis of results: Summary reports of each survey including descriptive statistics of overall sample, as well as by demographics such as age, gender, race/ethnicity, education level, and state.

5) **Project:** Texas Tech University Rural Communities Assessment

**Partner:** Texas Tech University (TTU)

**Project Description:** This project with Texas Tech University included a community assessment of rural communities in the Lubbock area for potential inclusion in TTU's Promise Neighborhoods proposal. The survey focused on how the school setting promotes or inhibits academic performance by collecting data from students, staff, families, etc., focusing on major categories of safety, teaching and learning, interpersonal relationships and the institutional environment. A 15-minute community needs assessment survey was developed and administered via telephone, F2F, and online, as well as focus groups/interviews with key stakeholders were conducted. Phone interviews of residents were address-based sampling whereby participants are randomly selected by postal code and then invited by telephone to participant in a phone interview. Deliverables included 1) valid survey in Spanish and English, online data collection survey link, response and validity report, raw and cleaned data in excel and SPSS, final report. A minimum sample of 500 was needed for a final valid analyzable sample of 400 (power analysis for city level comparisons). A total of 589 respondents were collected with a final valid sample size of 481.

**Contact Reference:** Kathy Austin, PhD & Tena Gonzales, M.B.A, Unit Associate Director – Research Grants, College of Education, Texas Tech University, 806-834-0840, [tena.gonzales@ttu.edu](mailto:tena.gonzales@ttu.edu)

**Key Services:** Report for each major city, descriptive statistics of respondents, health, education, child information, housing, physical activity, resources.

6) **Project:** Oklahoma Gambling Prevalence Study

**Partner:** Oklahoma Association for Problematic and Compulsive Gaming & Oklahoma Department of Mental Health and Substance Abuse Services

**Project Description:** To best serve the behavioral and rehabilitative needs of the residents of the state of Oklahoma, the OAPCG conducted a gambling prevalence survey within the state, as well as awareness of state resources. Conducting such a study assisted the OAPCG in lobbying for additional funds and intervention resources on behalf of its residents. There were three forms of participant recruitment: online, social media, and phone all via an address-based sampling frame. Deliverables included 1) development of valid survey, online data collection survey link, response and validity report, raw and cleaned data, final report. A minimum sample of 2700 was needed for a final valid analyzable sample of 2200 (95% confidence level, 3% confidence interval, based on a 1.5% prevalence rate) representative of the U.S. Census data for the state of Oklahoma. A total of 3253 respondents were collected with a final valid sample size of 2636. The prevalence study was representative of the state in terms of demographics and social economics status, allowing for analysis in terms of age, race/ethnicity, education level, and county.

**Performance Period:** 5 years, including ongoing analyses for expanded reports.

**Contact Reference:** Wiley D. Harwell, D.Min, Executive Director, 405-801-3329, [wharwell@oapcg.org](mailto:wharwell@oapcg.org)

**Key Services:** Weighted prevalence rates and unweighted inferential analyses. Pilot study report and annual report including descriptive statistics of overall sample, as well as by demographics such as collection method, age, gender, marital status.

7) **Project:** The Diffusion Group Market & Satisfaction Surveys

**Partner:** The Diffusion Group

**Project Description:** The Diffusion Group (TDG) conducted routine satisfaction and market surveys for its clients using a custom online survey data collection tool created, hosted, and maintained by Elite Research, LLC, as well as by a third party online survey software tool, such as Qualtrics, PsychData, and SurveyMonkey. Advanced features included survey website with client branding, secure encryption, question organization into categories, with generated summary reports by client designated sticky questions, latest questions, popular questions, and lockable questions. Elite Research conducted specific satisfaction surveys for TDG clients including Adstream, ATI, Dell, DirecTV, Intel, MS Video, and Zillion TV. Deliverables included 1) Online custom and branded data collection tool, survey collection links, valid surveys, response and validity reports, raw and cleaned data files in CSV format, banner tables, and summary reports. All surveys required 95% confidence level, 3% confidence interval, and samples to be representative of the population focus for each survey with typically a minimum of 750 valid cases, but often in the thousands.

*Report and analysis of results:* Summary reports of each survey including descriptive statistics and banner tables of overall sample, as well as by demographics such as age, gender, race/ethnicity, education level, and adoption status, including inferential analysis such as regression modeling, discriminant and cluster analysis, factor and conjoint analysis.

**Performance Period:** 7 years

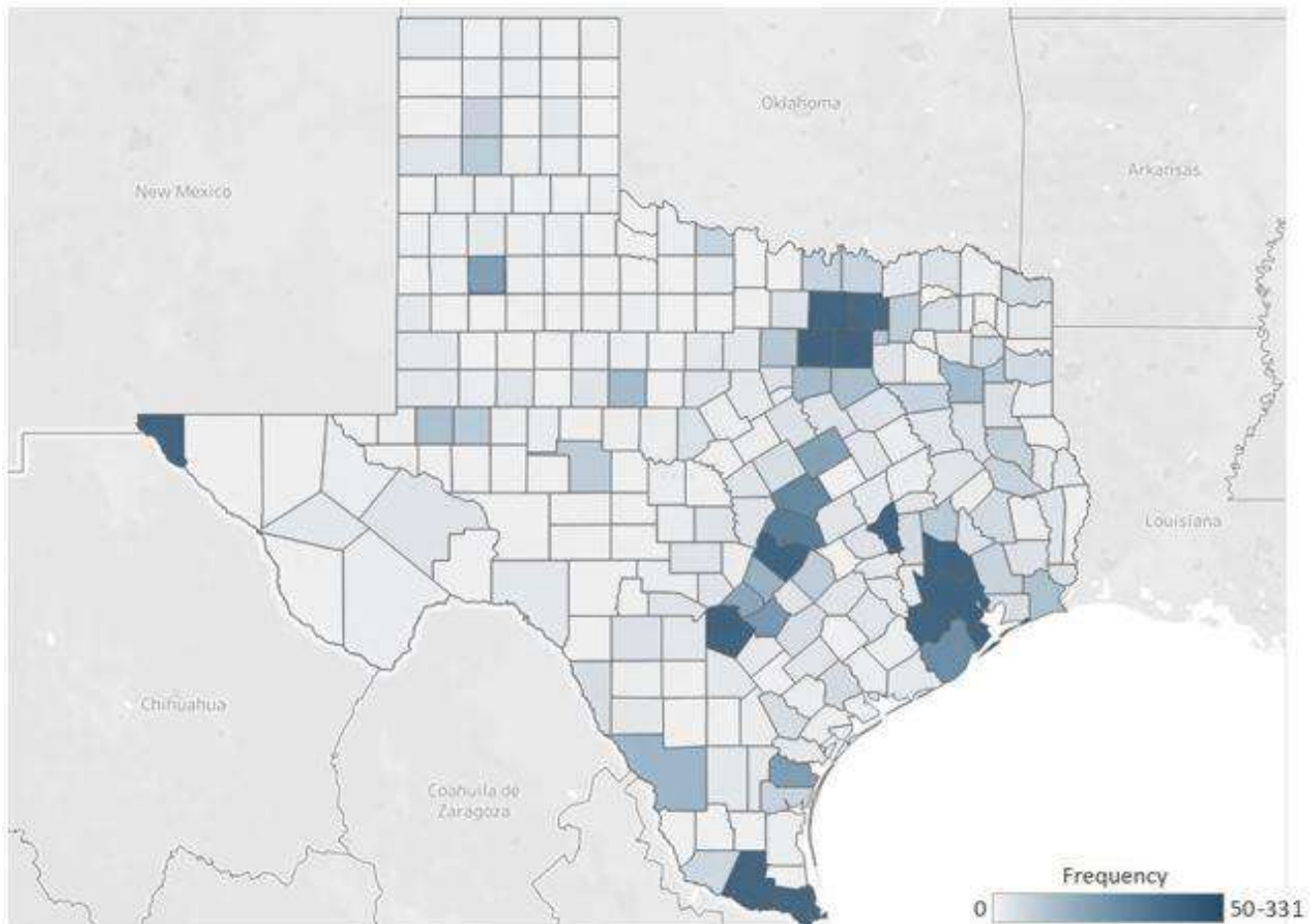
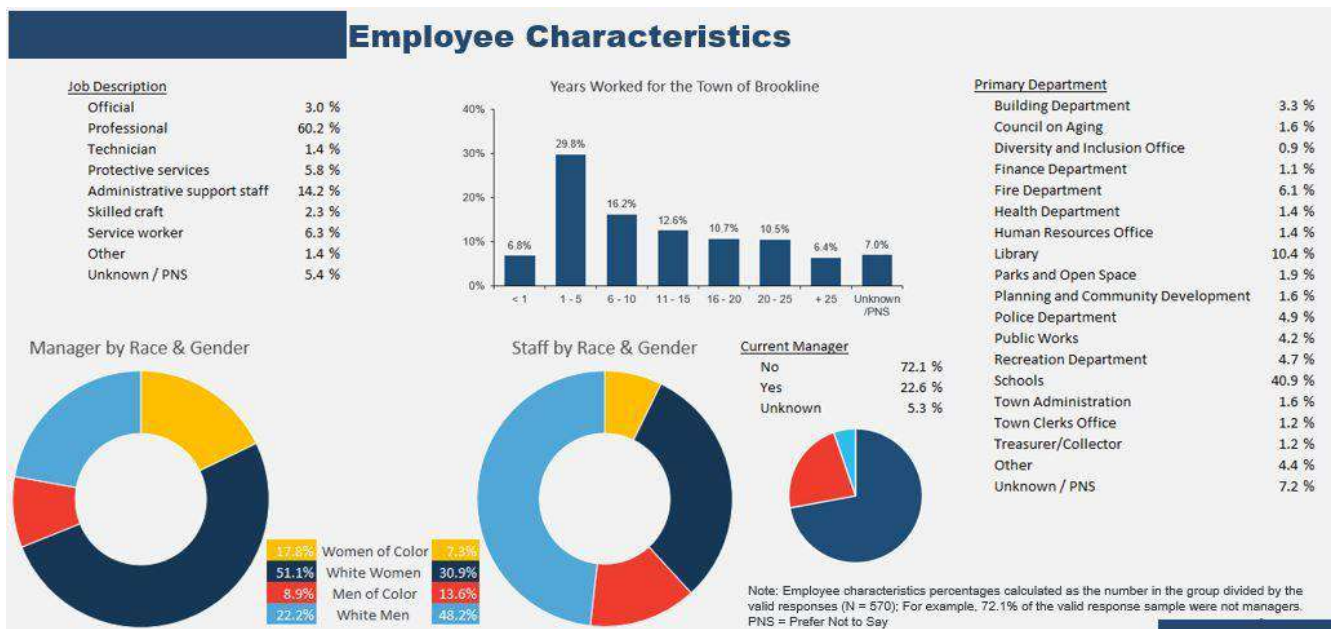
**Contact Reference:** Michael Gresson, President, Principal Analyst, 214-726-6351,

[gresson@thediffusiongroup.com](mailto:gresson@thediffusiongroup.com); Dale Gilliam, Analyst, [gilliamdale@att.net](mailto:gilliamdale@att.net)

**Key Services:** Summary reports of each survey including descriptive statistics and banner tables of overall sample, as well as by demographics such as age, gender, race/ethnicity, education level, and adoption status, including inferential analysis such as regression modeling, discriminant and cluster analysis, factor and conjoint analysis.

## Mapping and Graphic Examples

The following services mapping and graphic examples from deidentified client project results showcase ER capabilities to produce modern and impactful visualizations.



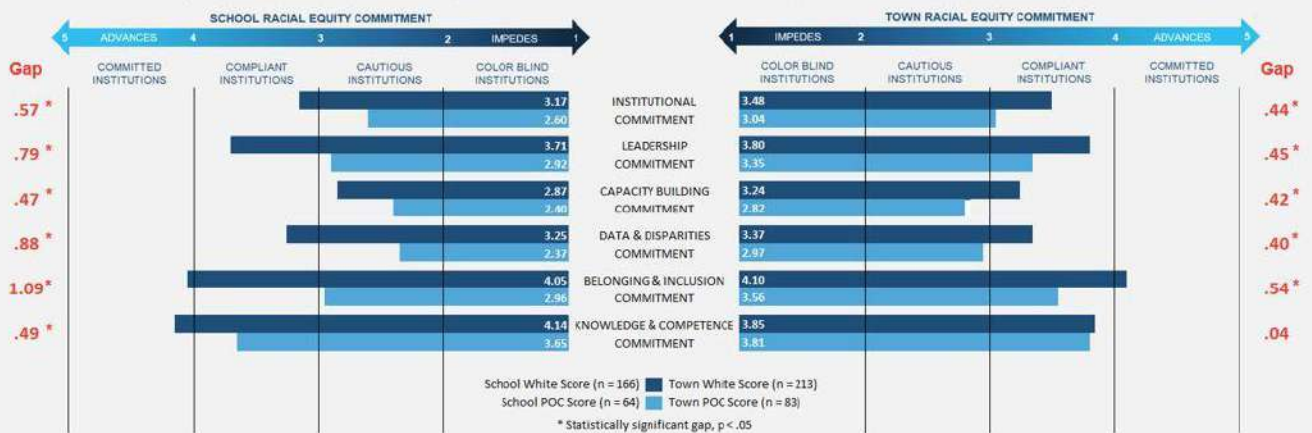


TOWN OF BROOKLINE (ALL)	Benchmark (Org = 570)	White (n = 379)	Asian (n = 40)	Black (n = 41)	Hispanic (n = 31)	Two or More (n = 28)	Other (n = 7)	Unknown (n = 44)
<b>INSTITUTIONAL COMMITMENT</b>								
Town government has a written public declaration clearly stating our commitment to Racial Equity.	3.81 (1.27)	3.97 (1.20)	3.47 * (1.36)	3.23 * (1.33)	3.32 * (1.52)	3.57 * (1.33)	3.40 * (1.14)	4.09 (1.22)
Training and development opportunities to build skills for implementing Racial Equity are made available to all levels of staff.	3.10 (1.42)	3.21 (1.39)	3.00 * (1.46)	2.39 * (1.44)	2.92 * (1.41)	2.71 * (1.43)	2.33 * (1.51)	3.33 (1.42)
A functioning Racial Equity Taskforce/Committee or Chief Diversity Officer exist inside my institution.	3.26 (1.50)	3.43 (1.48)	3.21 * (1.42)	2.67 * (1.51)	2.91 * (1.51)	2.95 * (1.75)	2.50 * (1.23)	3.29 (1.43)
Performance reviews for managers and senior leadership include clear Racial Equity expectations and goals.	2.77 (1.36)	2.88 (1.37)	2.81 (1.47)	2.10 * (1.21)	2.55 * (1.30)	2.37 * (1.12)	1.67 * (0.58)	3.16 * (1.27)
All departments have established Racial Equity indicators of performance and progress.	2.59 (1.39)	2.67 (1.44)	2.76 (1.33)	2.10 * (1.17)	2.65 (1.53)	1.95 * (1.05)	2.00 * (0.82)	2.88 * (1.28)

Numbers in parentheses = Standard Deviations; \* Statistically significant gap, p < .05; Gap = Absolute Value of White Minus Race/Ethnicity; Asian = Asian & Pacific Islander

## School and Town: White and People of Color (POC) Consensus

- For Institutional and Capacity Building, the gap between whites and POC were similar for School and Town, but school scores were lower than town scores for both white and POC.
- For Leadership, Data & Disparities, and Belonging & Inclusion, the gap between white and POC were larger for School than Town, but school and town scores were similar for whites, but school scores were lower than town scores for POC.
- For Knowledge & Competence, there was no significant gap between white and POC for Town. However for school, whites had higher scores than POC. White school REC scores were greater than white town REC scores, while POC school scores were not statistically difference than town POC scores.



## Road to INSTITUTIONAL COMMITMENT

### FC: Develop Internal Sustainability

- Create a functioning Racial Equity Taskforce or Committee
- Develop shared language/glossary of Racial Equity terminology, establish goals and objectives, communicate progress organization wide
- Establish an effective executive position accountable for Racial Equity
- Empower Diversity and Equity Officer with sufficient resources and authority to create transformational change

### FC: Reinforce Management Accountability

- Align manager and leadership performance to compensation and Racial Equity goals

### FC: Prioritize Awareness of Racial Equity

- Create a formal declaration stating Racial Equity is an organizational priority
- Communicate why Racial Equity is a priority and what success looks like

### FC: Build Capacity and Culture of Racial Equity

- Provide voluntary training on Racial Equity appropriate for all levels

### FC: Develop Data Metrics for Monitoring Racial Equity

- Develop scorecards and key performance metrics of progress on desired Racial Equity goals
- Develop and display a dashboard of indicators for internal and external stakeholders

- Functional Competency (FC) Developed
- Functional Competency (FC) Started
- Functional Competency (FC) Not Currently in Practice

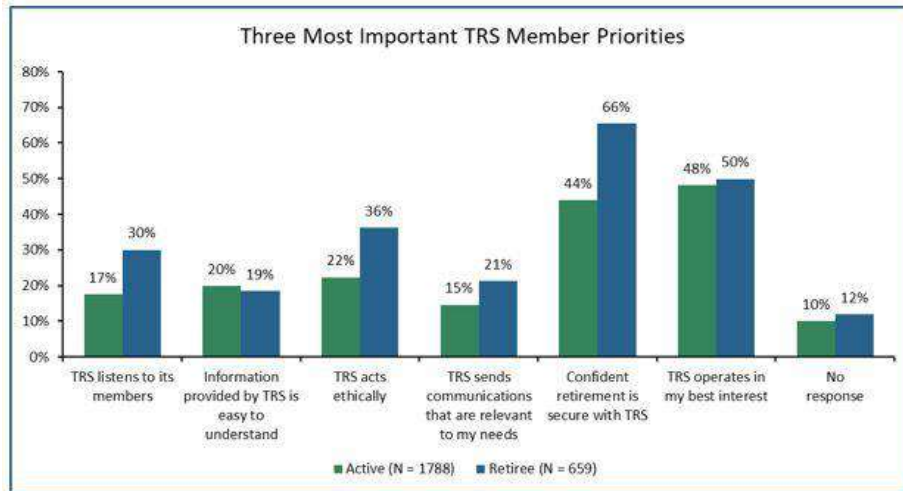


Figure 17. Three Most Important TRS Member Priorities. More retired members reported that “Confident retirement is secure with TRS” (66%), “TRS acts ethically” (36%), and “TRS listens to its members” (30%) as their top three most important TRS member priorities compared to active members (44%, 22%, and 17% respectively).

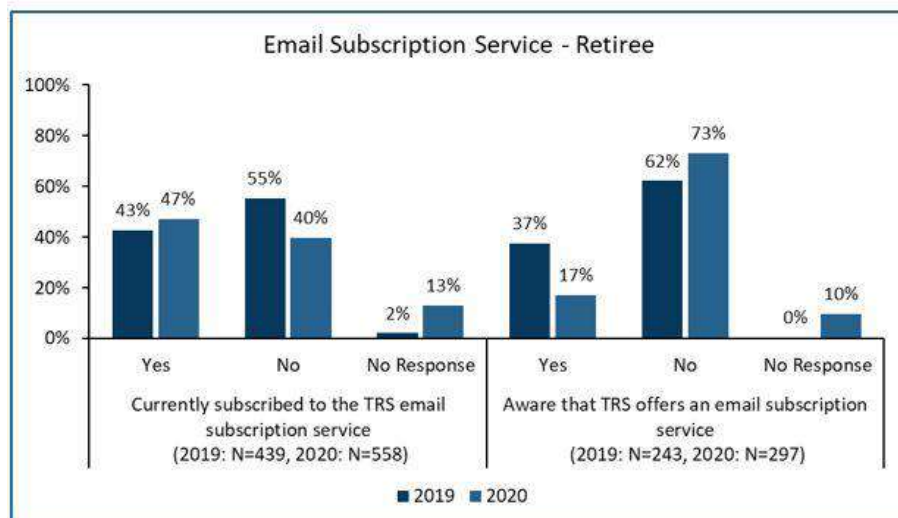
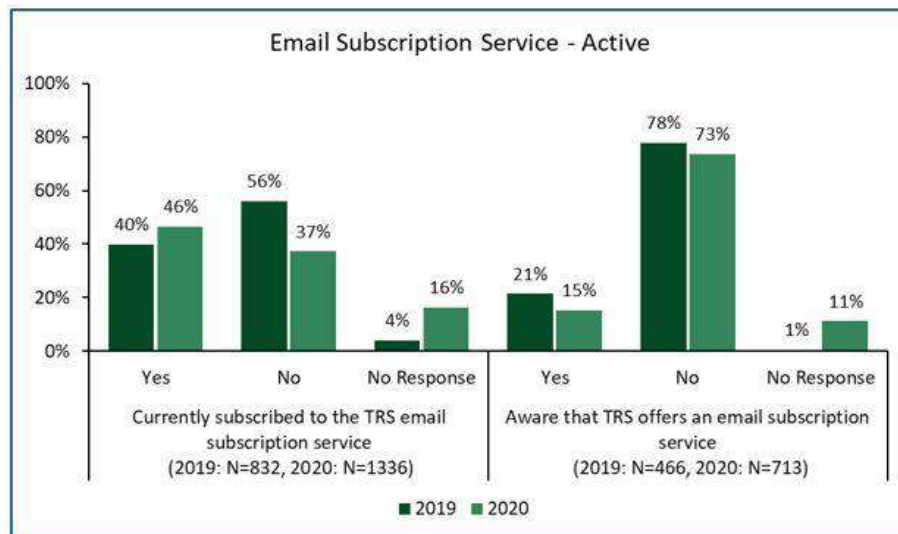


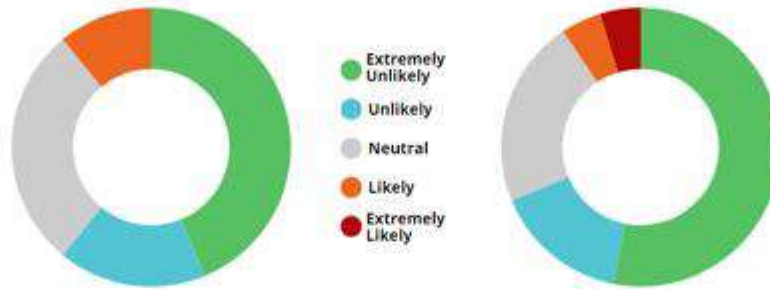
Figure 93 (A & B). Subscription and Awareness to TRS Email Service by Year. For both active and retired members, the subscribers in the TRS email subscription service increases in 2020 compared to 2019. The majority of active and retired members who are not subscribed are not aware of the email subscription service.

# TURNOVER INTENT

**ORGANIZATION** All Organizations  
**DEPARTMENT** All Departments  
**PROGRAM TYPE** All Employees  
**BOI GROUP** All BOI Groups

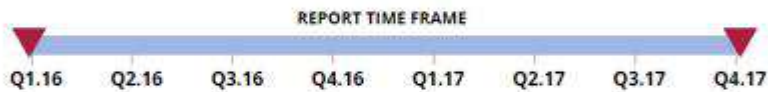
**TWO YEAR TIME FRAME** 2016-2017  
**SINGLE QUARTER REPORT** Q1.16 Q2.16 Q3.16 Q4.16 Q1.17 Q2.17 Q3.17 Q4.17

Show/Hide PVCG Chart

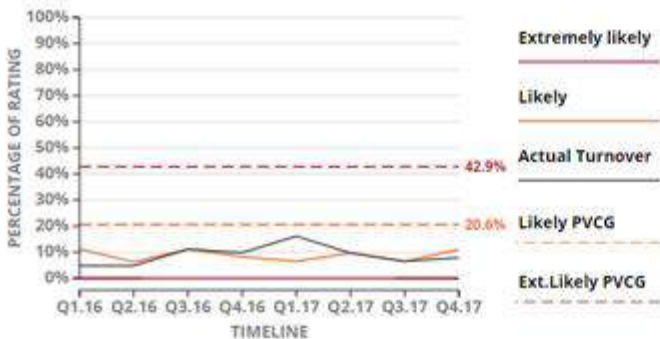
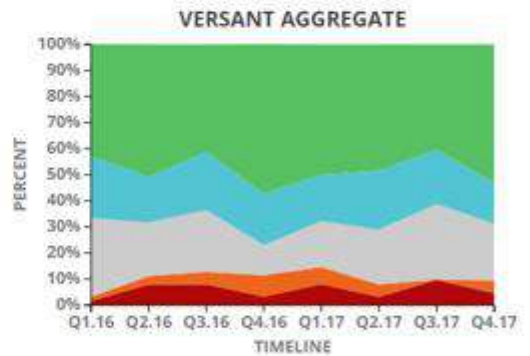
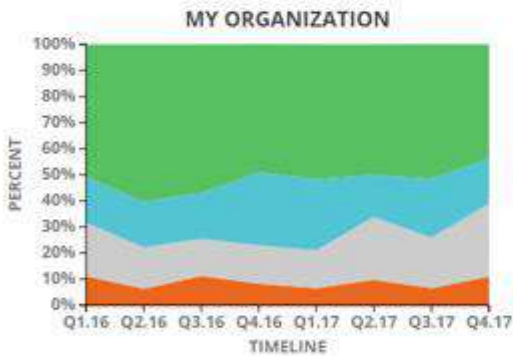


MY ORGANIZATION

VERSANT AGGREGATE



All Organizations | All Departments | All Employees | All BOI Groups |



## 4. Personnel

Elite Research has the resource capability and project management for planning and performing the survey research and analysis outlined in the RFP. The research team leads for this project include company principal **Dr. Rene Paulson** (statistics, primary technical contact), **Dr. Ryan Krone** (statistics, reporting), **Dr. Sen Zhu** (survey design and statistical analysis), **Dr. Karina Donald** (qualitative analysis, data collection), **Ms. Chelsea Leonard** (data collection, CATI training), **Ms. Jodi Woodside** (project management). Each member of the team brings unique expertise and experience to the project. Elite Research proposes a hybrid survey with CATI phone and internet for data collection. If there is a greater need for telephone collection, we will hire and train more interviewers with our existing partners for past project for large CATI phone collection. Principal Rachel Kazmi, Director of Process Optimization and Regulatory Application is not assigned as lead staff on this project.

For this project, Elite Research will appropriate the following lead consultants according to the expertise they bring to various stages of the project.



**Dr. René M. Paulson, President** – brings expertise in statistics, evaluation, instrument development, and methodological protocols. Her role will be oversight of the project as the primary correspondent with the MDHS, report presentation, and overall project leadership. At the core of these efforts is her ability to form partnerships, engage stakeholders and work collectively towards project synergies. Community needs and assessment is the keystone of her entrance into the research arena. *Responsible for day-to-day operation of the contract.*



**Dr. Ryan Krone** – brings expertise in advanced statistics, evaluation, research design, instrumentation development, and online survey data collection. His role and the quantitative team will be one of providing technical assistance, training, and insight to techniques related to quantitative data. This may include survey and collection design, data collection methodology, analysis plans, analysis of findings through the appropriate quantitative analysis software, and reporting findings.



**Dr. Sen Zhu** – brings expertise in technical aspects of analysis, dashboard creation and integration, as well as data visualization. As a senior research analyst, he aligns collected and model data for customer satisfaction surveys, community assessment, and health research. His role will be to bring technical assistance and insight to longitudinal analysis visualization, reporting, data preparation, analysis, and database needs.



**Dr. Karina Donald** – brings expertise in mixed method design and culturally-relevant approaches to research, specializing in analyzing non-verbal expressions in human experiences. She has supported numerous projects where she has designed qualitative research through interviews, semi-structured interviews, focus groups, and observations. Her role will be one of providing design and implementation, and oversight of data collection techniques and best practices. She will analyze the findings through the appropriate qualitative analysis software.

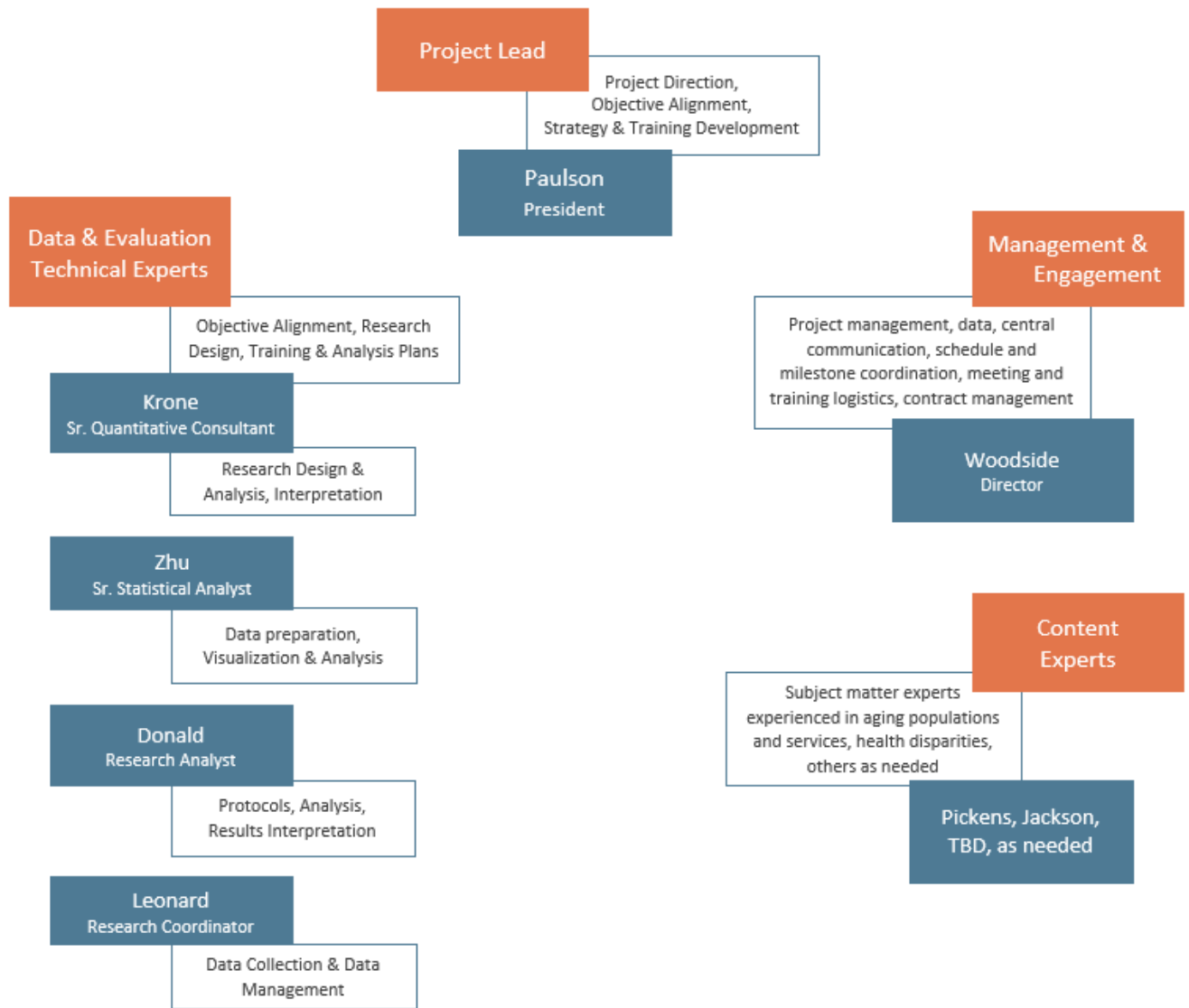


**Ms. Chelsea Leonard** – brings expertise in qualitative research and evaluation design, coding, and analysis. She has worked with numerous health researchers, practitioners, and communities to design qualitative research through interviews. Her role and the qualitative team will be one of providing technical assistance, CATI training, and serve as the coordinator of collection in support of accuracy and efficiency.



**Ms. Jodi Woodside** – brings expertise in project management, optimization, contracts and confidentiality, communications, and logistical support. She will collaborate with the MDHS teams to provide efficient and effective project management for community partnerships to see goals, data collection, and analysis, and reporting through to completion

# Project Team Chart





## RENÉ PAULSON

President

[rpaulson@eliteresearch.com](mailto:rpaulson@eliteresearch.com)

(972) 538-1374

### BIOGRAPHY

Dr. Rene Paulson is the Founder of Elite Research and Divergent Web Solutions. Her main goal in the development of both companies was to provide scientific and technical support to institutions seeking collaborative expertise across academic business functions including research and evaluation, program design, marketing and advertising, informational systems and technologies, operations and strategic planning, and finance. Her personal research has been dedicated to attitude and behavioral change in relation to minority groups and women in STEM. Dr. Paulson has led the inception, strategic planning, implementation and staffing of the first research design and analysis center in Texas State institutions. She has sat on the boards for strategic planning, quality enhancement and improvement, and advancement and opportunity for various academic entities. She is exceptional at the evaluative process and hold a Six Sigma Black Belt in optimization. Her psychological background is a foundation for the way that she leads teams and motivates and propels her staff and colleagues. She has published her work in optimization, change management, research design, and evaluation for over 20 years.

### EDUCATION

Ph.D. Honorary, Community Leadership, Franklin University, 2015

Ph.D. Experimental Psychology, Texas Christian University, 2004

M.S. Experimental Psychology, Texas Christian University, 2001

B.S. Psychology, Ohio University, 1999

### EXPERTISE

- Creativity in reviewing external and internal factors that are the bases for current or future strategies
- In-depth knowledge of performance measurement and corrective action
- Designing effective research and evaluation strategies
- High performer capable of leading exceptional team under tough deadlines to meet key deliverables and expectations
- Creating tools and solutions for process optimization and presentation
- Multi-tasker, with strong organization ability; planning, project, and people management

### RELEVANT EXPERIENCE AND PROJECTS

Elite Research, LLC

- Direct Team of Consultants
- Research Design and Statistics
- Clinical Protocols & Program Evaluations
- Evaluation of Institutional and Organizational Effectiveness
- Factors for strategic development and implementation
- Optimization of Data File Management
- Training and capacity building
- Verification of Statistical Approaches
- Analyze Data, Manuscript Preparation for Grants, Industry, and Individual Research

- Small and Large Group Training Seminars
- Manuscript and Grant Preparation
- University/Company Wide Consulting

#### Divergent Web Solutions

- Direct technical teams from project inception to maintenance
- Develop long and short-term strategies for growth
- Develop and manage budgets for marketing, operations, and technology
- Recruit, manage, and develop personnel to support business growth
- Develop a culture of success and employee satisfaction
- Directs solutions to functional and technical problems
- Directs the work of project staff that design, develop, and test programs and information systems

#### Texas Woman's University

- Consult on Research Design and Statistics for Grant and Faculty Research
- Advise on Data File Management
- Training of Statistical Software
- Verification of Statistical Approaches
- Advise on Manuscript and Grant Preparation
- Evaluation of Institutional Effectiveness
- Teaching, *Statistical Programming Packages, Statistics Primer, Grant Proposal Development*

### TECHNICAL CAPABILITIES/CERTIFICATIONS

MS Office Suite, Six Sigma, Trello, Java 8, Adobe Suite, Prezi, Oracle, Google Suite, Web Browsers, Photoshop, FileZilla, Notepad++, Dropbox, R/RStudio, SPSS, MySQL, Microsoft SQL Server, Microsoft Access, Google Ads & Analytics, Moz, Google Keyword Planner, Social Media Platforms

### PROFESSIONAL AFFILIATIONS

American Statistical Association  
 Search Engine Marketing Professionals Organization  
 International Mathematical Optimization Society  
 Association for Women in Mathematics  
 Regional Educational Laboratories Southwest  
 Psi Chi, National Honor Society in Psychology  
 Society for Personality and Social Psychology  
 Southwestern Psychological Association  
 Society for the Scientific Study of Religion



## RYAN KRONE

Senior Statistical Research Consultant  
rkrone@eliteresearch.com  
(972) 538-1374

### BIOGRAPHY

Dr. Ryan Krone is the Senior Statistical Research Consultant for Elite Research where he directs and conducts a team of consultants in the areas of research design and advanced statistical techniques. As a research consultant, Dr. Krone works with clients to determine the best path forward with their research, evaluation, or analytic needs in order to create actionable insights from their data. He has extensive expertise in helping clients identify their research needs and develop a strategic plan to execute against their goals. He excels in helping clients better understand the research process, how to internalize the practical application of research and statistical methods, and the justification for their use. He is a strong proponent of making the client a collaborator in the process in order to achieve this. Dr. Krone leads a talented team of research consultants, analysts, and assistants that have helped to drive growth for the company and contribute to empowered researchers/organizations and more rigorous research in the field.

### EDUCATION

Ph.D. Public Policy and Political Economy, University of Texas at Dallas, 2016  
M.S. International Political Economy, University of Texas at Dallas, 2012  
B.A. History, Friends University, 2001  
B.A. Art, Friends University, 2001

### EXPERTISE

- Expertise in guiding clients to help them identify their research needs, goals, and strategies.
- Excels at educating clients on methods and research process
- Capable of leading high performing teams under tough deadlines to meet expectations of client/program needs
- Designing effective research and evaluation design strategies
- In-depth knowledge of statistical techniques and modeling

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Research Design and Statistics
- Grant Proposal Development
- Analyze Data
- Manuscript Preparation for Grants, Industry, and Individual Research
- Verification of Appropriate Research Design and Statistical Approaches
- Advise on Data File Management
- Training of Company Processes and Statistical Methods and Software

#### Texas Woman's University

- Program Evaluation
- Survey/Instrumentation Creation
- Online Survey Data Collection



- Statistical Analysis and Reporting
- Consulting Design and Statistics for Students and Faculty

## TECHNICAL CAPABILITIES/CERTIFICATIONS

Research Skills: Study design, Research design, Survey design, Data collection procedures, Data management and preparation, Statistical analysis, Post-estimation diagnostics, Statistical writeup, Development of tables and figures, Publication and report dissemination, Presentation of findings, Interviewing skills, Focus group moderation experience, and Qualitative coding and theme building analysis

Statistical Skills: Bivariate statistics (crosstabs, t-tests, correlations, ANOVA, and MANOVA), Multivariate statistics (linear, logistic, ordinal, multinomial, Poisson, Negative binomial, Probit, Tobit, and GLM), Time series forecasting, Hierarchical linear modelling (HLM), Structural equation modelling (SEM), Factor analysis, Power analysis, Missing replacement techniques, and Bayesian techniques

Software Proficiencies: MS Office Suite, Dropbox, Trello, Microsoft Excel, SPSS, Stata, Lisrel, Mplus, AMOS, R / R Studio, ArcGIS, G\*Power, and Optimal design

## PROFESSIONAL AFFILIATIONS

Association for Public Policy Analysis and Management (APPAM), 2014-present  
Phi Kappa Phi Honor Society, 2014-present



## SEN ZHU

Senior Research Analyst  
[szhu@eliteresearch.com](mailto:szhu@eliteresearch.com)  
(972) 538-1374

### BIOGRAPHY

Dr. Sen Zhu is a Senior Research Analyst for Elite Research where he directs and conducts advanced statistical techniques to project consultation, design, data visualization, statistical analysis, and write up. His dual doctoral work gives him unique understanding in the fields of bioinformatics and medical research, but his statistical knowledge and experience expand into areas of data visualization and presentation, data mining and statistical analysis, and business intelligence and strategy. With more than ten years of experience in the field of data science, Dr. Zhu is proficient in using statistical and machine learning tools to deliver data-driven insights.

### EDUCATION

Ph.D. Pathophysiology, Peking University, 2011  
MD. Jining Medical University, 2006

### EXPERTISE

- Capable of leading high performing research teams under tough deadlines to meet expectations of client/program needs
- Creating tools and solutions for data visual presentation
- In-depth knowledge of statistical techniques and modeling
- Profound experiences in building machine learning models for prediction and actionable insights
- Creativity and forethought in solving complex project issues
- Multi-tasker, with strong organization ability, planning and project management

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Project consultation and design
- Junior analyst training
- Statistical analysis, research design
- Table making and statistical write up
- Manuscript preparation

#### Techlent

- Design research plans for data gathering and analysis
- Extract actionable insights from complex datasets using data mining, statistics, and database techniques
- Build predictive models and machine-learning algorithms
- Present information using data visualization techniques

#### Houston Methodist Research Institute

- Perform scientific research in the area of cardiovascular disease and cancer
- Design study, perform experiments and collect data
- Perform bioinformatics analysis on genomic and clinical data
- Present the findings in the form of presentations and publications

## RECENT PROJECT SUMMARIES

- **SUNY Upstate Medical University (Academic Institution)** Examining the immune responses in human subjects to determine response to symptoms for a specific virus over the course of a 28-day collection with analysis coding, output, figures and lay terms for data. Hierarchical cluster analysis with heatmap and correlation matrices for mediator grouping which shared similar change trends in dosing. Relationship comparison between mediators with clinical symptom identification. The mediators' correlations were examined by viral load.
- **Teachers Retirement System of Texas (Corporation)**. Annual analysis of membership satisfaction survey for both retirees and current members. Data collection, longitudinal analysis for trend identification, visualization reporting, and stakeholder presentation.
- **Smith Center (Nonprofit)**. COVID factor analysis on patient's survival status. Results interpretation and presentation to the medical community in a dataset/data preparation summary, and analysis planning, output, and research summary report.
- **Water Mission (Nonprofit)**. Strategic planning on long term goals. Development of attrition and stratified sampling plan and client survey. Audit analysis of longitudinal data collection in over 28 communities and two countries (2614 records). Finalization of report branding, analysis code templates, and internal capacity building for year over year reporting.
- **Goldspring Consulting (Corporation)**. Travel satisfaction survey analysis over 13 years of responses. Provided multivariate analysis of data to (1) provide actionable insights to their customer's benchmarks with recommended amount of change on identified variables that impact outcomes; and (2) identify thought leadership insights through dashboard analytics. Data visualization, reporting and presentation of findings.

## TECHNICAL CAPABILITIES/CERTIFICATIONS

Biostatistics, Biological research, Study design, Statistical analysis, Data processing, Data visualization, Data mining, Feature engineering, Machine learning (Regression, Classification, Clustering), Deep learning (CNN, RNN), Time series forecasting, Python (Numpy, Pandas, Matplotlib, Seaborn, Scipy, StatsModels, Scikit-Learn, Tensorflow, Keras, Beautiful Soup, Selenium), R (Dplyr, data.table, Ggplot2, Caret), Microsoft Excel, Tableau, Jupyter Notebook, Flask, GCP, AWS, SQL, Spark, NLTK, NLP, Linux, Github, A/B testing, Java

## PROFESSIONAL AFFILIATIONS

American Heart Association (AHA)



## KARINA DONALD

Qualitative Research Consultant  
kdonald@eliteresearch.com  
(972) 538-1374

### BIOGRAPHY

Karina Donald is a qualitative and mixed methods analyst with Elite Research. She has worked as an analyst on qualitative and mixed methods projects for diverse clients across a broad range of industries since 2015. Karina holds a Bachelor's degree in psychology from Brooklyn College, a Master's degree in art therapy from George Washington University, and doctor of philosophy in marriage and family therapy from Texas Woman's University. She is passionate about utilizing social science research methods to provide culturally-relevant solutions to underserved communities. Karina specializes in analyzing non-verbal expressions in human experiences, including projects in the arts.

### EDUCATION

Ph.D. Marriage and Family Therapy, Texas Woman's University, 2020  
M.A. Art Therapy, George Washington University, 2011  
B.A. Psychology, Brooklyn College, City University of New York, 2008

### EXPERTISE

- Focus group and interview question development and facilitation
- Insight into cultural considerations and culturally-appropriate approaches to research
- In-depth analysis of the creative arts and non-verbal expressions
- Rigor in the integration of qualitative and quantitative data analysis

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Data collection
- Interview/Focus Group Creation
- Mixed Methods Research Design and Analysis Consulting
- Qualitative Coding and Analysis
- Qualitative Research Design Consulting
- Review Research Proposals
- Provides training on Qualitative Research Software (NVivo, Dedoose)
- Provides Qualitative Coding and Analysis

#### Texas Woman's University

- Qualitative Research Design and Analysis
- Mixed Methods Research Design and Analysis
- Interview/Focus Group Creation
- Training of Qualitative Research Software
- Analyze Data for Faculty Research
- Advise on and Conduct Manuscript Preparation
- University: Faculty, Students, Staff Consulting
- Data Cleaning of Fragile Families Projects Dataset

Child Protection Authority, St. George's Grenada

- Managed counseling department for children and adolescents affected by abuse and neglect
- Group, individual, family therapy, and art therapy for child and adolescent victims of abuse
- Clinical case consultations with professionals, and caregivers on child/adolescent abuse and neglect
- Clinical supervision for counseling staff, interns, and volunteers

## TECHNICAL CAPABILITIES/CERTIFICATIONS

Marriage and Family Therapist Associate, State of Texas, License No. 203487

Mixed Methods Research, University of Michigan

Online Facilitation, University of the West Indies Open Campus

Board Certified Registered Art Therapist, Art Therapy Credentials Board, #14-059

## PROFESSIONAL AFFILIATIONS

American Association for Marriage and Family Therapy

International Society for Traumatic Stress Studies

Mixed Methods International Research Association

National Society for Leadership and Success

Psi Chi, National Honor Society in Psychology



## CHELSEA LEONARD

Data Collection/Training  
[cleonard@eliteresearch.com](mailto:cleonard@eliteresearch.com)  
(972) 538-1374

### BIOGRAPHY

Chelsea Leonard is a qualitative and mixed methods analyst with Elite Research. She has worked as an analyst on qualitative projects for diverse clients across a broad range of industries since 2018. Chelsea holds a bachelor's degree in integrative studies from the University of North Texas. She is passionate about utilizing social science research methods to provide broad solutions to communities. Chelsea specializes in interviewing as a means of gathering data from individuals but is skilled in participant observations and case study review. This allows her expertise to shine when training in data collection techniques.

### EDUCATION

B.S. Integrative Studies, University of North Texas, 2019  
A.A. General Studies, Associates of Arts, San Jacinto College, 2016

### EXPERTISE

- Attention to detail that exceeds expectations of client/program needs
- Communication with internal and external partners
- Creating tools and solutions for visual presentation
- Creativity and forethought in complex project issues
- Multi-tasker, with strong organization ability, planning and project management

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Coordinating and record keeping in focus groups
- Structuring interviews and reports
- Organizing and managing schedules for staff, managers, and leadership
- Creating reports for managers and leadership
- Attend meetings and create notes and messages.

#### Parkland Center for Clinical innovation, PCCI

- Qualitative data collection of patients social workers, and program staff
- Taking notes and coding
- Maintaining collection schedules and updates
- Coordinating transcriptions
- Training interviewers on techniques

#### North Central University, Garduno Collection

- Setting up online survey platform
- Responding to participants
- Interviewing participants
- Coordinating partner panelists

Every Village (Monitoring and Evaluation System)

- Conducting focus group discussions
- Stakeholder communication
- Planning and organizing participants
- Reporting and documentation

## TECHNICAL CAPABILITIES/CERTIFICATIONS

MS Project, Windows, MS Office Suite, Joomla!, Quickbooks, Dropbox, Basecamp, Trello, NVIVO, DeDoose

## PROFESSIONAL AFFILIATIONS

Qualitative Research Consultants Association 2018-Current



## JODI WOODSIDE

Director of Operations  
Project & Systems Manager  
jwoodside@eliteresearch.com, info@divergentwebsolutions.com  
(972) 538-1374

### BIOGRAPHY

Jodi Woodside is the Director of Operations for Elite Research where she directs daily operations for a consulting team with solution focused functional and technical problems, including the Divergent Web Solutions team. She has held roles within the organization and others in business optimization and program management. She often is tasked with designing systems and processes for increased impact, efficiency, quality improvement and cost reduction. She has held C-suite positions with top level executives where she coordinated large-scale events, managed policies/procedures, held confidentiality, and coordinated staff communications and logistics. She also supports Texas Woman's University in their data system management of their strategic initiative for faculty promotion and presentation, managing the three campus' faculty activities into an online display system that has shown to increase faculty collaboration, student interaction, and enrollment.

### EDUCATION

B.S. Business Administration, Management Information Systems, SNHU Expected 2022  
A.S. Associates of Science, Dallas County Community College, 2020

### EXPERTISE

- Capable of leading high performing teams under tough deadlines to meet expectations of client/program needs
- Formalizing visions and reflecting them to a result of report, advertisement, or webpage
- Creating tools and solutions for visual presentation
- Creativity and forethought in solving complex project issues
- Multi-tasker, with strong organization ability, planning and project management
- In-depth knowledge of social media marketing platforms

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Planning and strategize projects, systems analysis and troubleshooting, forecasting, results tracking
- Alignment of organizational mission with daily operations
- Liaison between management, clients, and personnel
- Executive and company initiative training

#### Divergent Web Solutions

- Lead development, maintenance, and redesign efforts of various sites for responsiveness, functionality, and visual presentation models in CMS systems, such as Joomla!, WordPress and Wix.
- Coordinating hosts, developers and stakeholders.
- Collaborated with team and developer to build user personas, strategy boards, site maps, wireframes, graphics, and content. Chaired meetings.
- Enhanced proposals with changes for site architecture, navigation, functionality, and user development.



- Developed process items for online marketing consultations outside of website development and maintenance. Expanding the client reach.

#### Texas Woman's University

- Data systems for MY1CV
- Faculty support and training
- Program marketing and robust web presence, SEO
- Communications management for stakeholders and end users
- Maintains development, credentials, and activity and assessment records

#### Stewart Partners/Ian Reid, LLC.

- Account and communications management
- Logistic coordination of projects, meetings, materials and dissemination
- Process and procedure development and implementation

#### Lerner Enterprises & Lerner Family Foundation

- Managed confidential material and data
- Monitored costs, expense reports, and vendor contracts
- Created promotional materials and record management for non-profit

## TECHNICAL CAPABILITIES/CERTIFICATIONS

MS Project, Windows, MS Office Suite, Joomla!, Wordpress, Wix, Quickbooks, Dropbox, Basecamp, Trello, PhotoShop, HTML, CSS, Google Ads Search, Google Ads Display, Google Ads Video, Shopping Ads, Google Ads Apps, and Google Ads Measurement, Certified Technical Program Manager, Digital Dexterity, Agile Project Management

## PROFESSIONAL AFFILIATIONS

American Marketing Association (AMA)  
The American Society of Administrative Professionals  
National Center for Faculty Development and Diversity

## 5. References

### Attachment E

Respondents may submit as many references as desired by submitting as many additional copies of Attachment E, References, as deemed necessary. Reference will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed for each of the two (2) references. No further reference will be contacted; however, respondents are encouraged to submit additional references to ensure that at least two (2) references are available for interview. MDHS staff must be able to contact two (2) references within two (2) business days of proposal opening to be considered responsive.

#### REFERENCE 1

**Name of Company:** The Teacher Retirement System of Texas (TRS)

**Dates of Service:** August 2020 – Present, yearly with up to 3 additional renewal years

**Contact Person:** Caasi Lamb, Director of Strategic Initiatives

**Address:** 1000 Red River St.

**City/State/Zip:** Austin, TX 78701

**Telephone Number:** 512-542-6853

**Cell Number:** Unknown

**E-mail:** Caasi.Lamb@trs.texas.gov

**Summary of Project/Contract:** The Teacher Retirement System of Texas (TRS), consisting of Benefit Services, Health and Insurance Benefits, and Investment Management historically conducts a Member Satisfaction Survey biennially to gauge satisfaction. In 2020, TRS introduced two surveys (active member and retiree) to evaluate member engagement annually with approximately 2,800 survey responses. Contracting ER to develop customized survey instruments to determine group service evaluations, data collection via on-line survey and CATI telephone interviews, data management, data preparation and analyses, visualization, and an annual report/presentation to the Board. *Key Services:* Survey Development, Secondary Data Analysis, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Presentations

#### REFERENCE 2

**Name of Company:** Town of Brookline, MA

**Dates of Service:** 2021 – Present

**Contact Person:** Bird Guess, President & CEO, Racial Equity Group

**Address:** Town of Brookline

**City/State/Zip:** Brookline, Massachusetts

**Telephone Number:** 617-730-2326

**Cell Number:** 617-730-2326

**E-mail:** bird@racialequitygroup.com

**Summary of Project/Contract:** Racial Equity Group, with data collection and analysis support from Elite Research, is conducting a racial equity audit to help the Town of Brookline — a vibrant community of approximately 60,000 residents located within the Boston urban core — become a leader in advancing municipal racial equity by cultivating an environment inside all departments, where staff and stakeholders experience genuine respect, fairness, inclusion, and dignity. Achieving racial equity for Brookline included ensuring service delivery, employment, procurement, and programs are administered with an equity mindset to prevent disparate impacts on people of color, on what may appear as neutral policies, practices, and procedures, culminating in a Town-wide equity plan that sustains racial equity. REG facilitates the Racial Equity Audit for ~1,500 employees and provides the Equity Eye Analysis toolkit for 20 department heads to evaluate policies and practices that were strengthening or impeding equity. The audit assessment report also informs Brookline leadership of employee competency levels, data collection gaps, trends and

opportunities to modify policies and practices to advance equity and become an anti-racist institution. *Key Services:* Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Presentations

### REFERENCE 3

**Name of Company:** Oklahoma Association for Problematic and Compulsive Gaming & Oklahoma Department of Mental Health and Substance Abuse Services

**Dates of Service:** 2014 – 2019

**Contact Person:** Wiley D. Harwell, D.Min, Executive Director

**Address:** 501 Alameda St suite e, Norman, OK 73071

**City/State/Zip:** Brookline, Massachusetts

**Telephone Number:** 405-801-3329

**Cell Number:** 405-801-3329

**E-mail:** wharwell@oapcg.org

**Summary of Project/Contract:** To best serve the behavioral and rehabilitative needs of the residents of the state of Oklahoma, the OAPCG conducted statewide gambling prevalence survey, as well as awareness of state resources. Conducting such a study assisted the OAPCG in lobbying for additional funds and intervention resources on behalf of its residents. There were three forms of participant recruitment: online, social media, and phone all via an address-based sampling frame. Deliverables included 1) development of valid survey, online data collection survey link, response and validity report, raw and cleaned data, final report. A minimum sample of 2700 was needed for a final valid analyzable sample of 2200 (95% confidence level, 3% confidence interval, based on a 1.5% prevalence rate) representative of the U.S. Census data for the state of Oklahoma. A total of 3253 respondents were collected with a final valid sample size of 2636. The prevalence study was representative of the state in terms of demographics and social economics status, allowing for analysis in terms of age, race/ethnicity, education level, and county. *Key Services:* Survey Development, Secondary Data Analysis, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Presentations

## 6. Acceptance of Conditions

### ATTACHMENT D

#### PROPOSAL EXCEPTION SUMMARY FORM

List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below.

Indicate "N/A", if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

RFP Reference	Respondent Proposal Reference	Brief Explanation of Exception	MDHS Acceptance
(Reference specific outline point to which exception is taken)	(Page, section, items in respondent's proposal where exception is explained)	(Short description of exception being made)	(sign here only if accepted)
N/A	N/A	N/A	N/A


 \_\_\_\_\_ President \_\_\_\_\_ 06/09/21 \_\_\_\_\_  
 Signature of Authorized Official/Title Date

20210511 DAAS Needs Assessment (RFx 3120002223)

## 7. Cost Data

The table below outlines the estimated cost of the services as directed in Section 4.1.6 of the RFP (p12).

PROJECT TASKS	TOTAL COSTS
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$109,500
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$49,500
Final report drafted and published	\$4,500
<b>TOTAL COST OF PROJECT:</b>	<b>\$163,500</b>

### Budget Details

The engagement costs of the proposal are outlined in the below table based on the proposed work plan and timeline, as well as the associated fees for travel and participant incentive fees.

#### **Proposed Budget**

The following table outlines the proposed cost of the timeline and work plan based on the project team hourly work toward phases outlined, as well as the associated participant collection fees needed for the older adults and provider surveys. This table may be modified upon the completion of Phase 1 for potential change in scope of work needed. This table does not contain costs for additional subject matter experts, travel, or expenses, should they be identified and approved during the project.

There may be some recommendation changes that can decrease the overall budget across the two surveys if needed. For example

- reducing the overall survey length to increase response rate and participant fees
- recalculating the sampling calculations to potential reduce the 3000 total sample size for older adults survey and ~1000 total provider surveys (distributed across the 10 AAAs)
- develop processes and materials across the two surveys in order to create time efficiencies, such as the report template
- process documentation and materials will also streamline cost from year to year because the same code and templates can be utilized with minor modifications to survey questions

ER offers the option with this proposal for up to three (3) renewals, as the survey schedule is determined (i.e., annually, every other year. Once the survey and sample sizes are determined in year one (2021) and MDHS continues with the same sampling frame and surveys approved, ER can offer between a 25%-40% cost savings from the initial survey year as the process and reporting will be replicated. See renewal year costs in the table below.

#### **Hourly Rates and Potential Costs**

The budget table below presents the costs associated with consulting services which are billed in ¼ hour increments. ER uses a blended hourly rate for the proposed workplan of \$75 per hour for the project team members. Due to the contractual nature of the consulting relationship, an hourly rate is set based on the project terms set forth in the Consulting Agreement. Billable blended hourly rates are calculated based on salary, fringes, benefits, and operating expenses as standard to the industry with our **government/nonprofit entity discount of 15%** already applied.

Software, instruments, and licenses needed for this project are owned and operated by Elite Research.

Phase and Major Components	Initial Collection	Renewal Collections
<b>Phase 1: Planning &amp; Review</b>		
Stakeholder planning meetings	\$2,500	\$1,500
Quantitative design & protocols with process documentation	\$15,000	\$7,000
Existing data review, other state assessments analysis plans	\$12,000	\$4,000
Spanish translation	\$1,500	\$500
<b>Phase 2: Data Collection (3000 older adults, 1000 providers)</b>		
Online survey setup & testing, maintenance, hosting	\$6,500	\$4,000
Participant incentives	\$7,000	\$7,000
Quantitative data collection and validation checks, reminders, and process documentation (expecting 70% online, 30% phone)	\$65,000	\$55,000
<b>Phase 3: Data Prep, Analysis, &amp; Results</b>		
Quantitative data prep, coding with process documentation	\$14,500	\$8,000
Prior data sources & analysis (longitudinal if possible)	\$7,000	\$4,000
Analysis & Results with process documentation	\$17,000	\$10,000
<b>Phase 4: Findings &amp; Report</b>		
Branded report with process documentation (draft & final)	\$12,000	\$8,000
In-person meeting to review draft report (2 ER members)	\$1,500	\$1,500
Estimated travel costs (From Dallas)	\$2,000	\$2,000
<b>Total</b>		<b>\$163,500</b>
		<b>\$112,500</b>

Due to the simplicity of the survey and branding needs a HIPAA compliant online survey software tool (Qualtrics) will be utilized to optimize budget resources. If a custom survey is preferred by MDHS then an additional \$40,000 in the initial year and \$15,000 in each renewal year will be added to the total annual cost.  
 \* Each additional 1000 respondents with same 70%/30% split = \$20,000

### Billing Structure

ER does not require an advanced payment in order to begin contracted work. A purchase order issued to ER will initiate the work outlined in this proposal. Payments and/or disbursements are proposed as follows:

- Disbursement 1: Hours invoiced in Phase 1 upon completion.
  - Disbursement 2: 50% of hours & participant fees invoiced upon data collection start.
  - Disbursement 2: Remaining 50% hours & participant fees invoiced in Phase 2 upon completion.
  - Disbursement 3: Hours invoiced in Phase 3 upon completion.
  - Disbursement 4: Hours invoiced in Phase 4 upon completion.
- Communication and meetings are included in all disbursements.

Payment of invoiced hours will be net 45, with a 10-day dispute process based on the work activities and outlined in the contract. If the timeline is extended an updated invoice structure will be updated, outlined, and approved by all parties to this proposal. If the proposed work plan and engagement changes, this disbursement plan may be updated in reflection of those changes.

### Expense Reimbursement

Please note, due to Covid-19 guidelines and travel restrictions, this methodology assumes a series of *virtual meetings*, however in-person meetings are possible and noted for the report presentation in Phase 4. Travel

time is billed at 75% of the blended hourly rate for travel time between project team member’s residence/office and destination.

Any travel must be pre-approved by MDHS Project Manager before the cost is incurred. Any claim for travel reimbursement by Contractor shall be submitted in accordance with the rules prescribed in the State Travel Allowance Guide. Airfare will be reimbursed at the actual cost of the airfare, not to exceed cost of lowest priced airfare available. Under no circumstances will MDHS reimburse Contractor for first-class airfare.

### Management & Resource Plan

Elite Research has the resource capability and project management for planning and performing the survey research and analysis outlined in the RFP. The research team leads for this project include company principal **Dr. Rene Paulson** (statistics, primary technical contact), **Dr. Ryan Krone** (statistics, reporting), **Dr. Sen Zhu** (survey design and statistical analysis), **Dr. Karina Donald** (qualitative analysis, data collection), **Ms. Chelsea Leonard** (data collection, CATI training), **Ms. Jodi Woodside** (project management). Each member of the team brings unique expertise and experience to the project. ER proposes a survey with CATI phone and internet for data collection. If there is a greater need for telephone collection, we will hire and train more interviewers with our existing partners for large CATI phone collection. Principal Rachel Kazmi, Director of Process Optimization and Regulatory Application is not assigned as lead staff on this project. Qualifications are located in References section below. Subject Matter Experts will be brought in as needed.

Name	Title	Role	Reports To
Rene Paulson	President	Oversight of project team, directives, & objectives	Self
Ryan Krone	Sr. Statistician	Survey development, design, methods, analysis & findings	Paulson
Sen Zhu	Sr. Analyst	Data preparation, analysis, visualization, data management	Krone
Karina Donald	Research Analyst	Design, evaluation, analysis & findings	Krone & Woodside
Chelsea Leonard	Associate	Data collection, CATI scripting and training	Krone & Woodside
Jodi Woodside	Director	Project management, communication, and engagement	Paulson & Krone

*Note.* All email user names follow the same naming convention [fristinitiallastname@eliteresearch.com](mailto:fristinitiallastname@eliteresearch.com)

During the *planning and review* phase ER and MDHS DAAS will work side by side to set the foundational review needed to progress into the survey development, translation, and secondary data sources. Along the way ER will develop documentation and processing syntax relevant to the project, this is necessary for methodological replication of the study and to build capacity internally for future assessments at MDHS.

Primary Lead areas for ER (Paulson):

- Facilitating meetings and planning phases
- Sampling planning
- Assessing existing data and analysis planning
- Collecting data
- Translating survey (Spanish)
- Documenting and processing working files
- Timely and accurate invoicing
- Managing milestones, deliverables and proposed timeline

Primary Lead Areas for MDHS DAAS (TBD):

- Facilitating communications from ER with project requests
- Meetings and feedback where needed
- Managing project needs and scope

- Meeting and feedback on the initial and final draft of reports (remote and in-person)
- Disbursing payments & contract management

These roles may change as more information becomes available through the initial planning meetings and during the progression of the project.

A shared cloud-based Dropbox will be used to coordinate *all* project planning, surveys, analysis plans, drafts, schedules and meeting notations.

### **Responsibility**

ER will identify a primary contact person to be the go-to on questions and status, and a team member will be assigned to manage the day-to-day tasks, deadlines, scheduling, etc. As planning progresses, team members will be assigned to various aspects of this work. Management responsibilities will be outlined and shared on the joint Dropbox or other shared secure file system.

### **Quality Assurance Measures**

It is the policy of ER's team to provide quality work, service, and products that meet or exceed needs and expectations. Our quality assurance approach focuses on defining quality, measuring quality, and improving quality. *Defining* quality means identifying the expected level of performance for a project or system whether it is for technical performance, service access, interpersonal relations, service delivery, safety, etc. These standards are based on up-to-date scientific evidence but may also include stakeholder perception and expectations depending on the circumstance. *Improving* quality involves closing the gap between the current and expected level of quality; this is done by identifying the element that needs improvement, analyzing the problem, developing possible solutions (hypotheses), implementing the changes and testing their effectiveness, and then determining the best way forward (abandoning, modifying, or implementing the change). *Measuring* quality, to Elite Research, is all about determining whether current performance meets or complies with expected standards. To do this, specific and appropriate-to-industry performance indicators must be identified and then used to assess the level of compliance with standards. The ER team will apply quality measures for alignment with MDHS approach to work to ensure process optimization both in project management, partnership development, and work product.

### **Dependency Clause**

The respondent will use reasonable effort to provide the services outlined in this proposal provided that the service recipient relays clear and reasonable requests for service, and that when request changes occur they are documented and scope is adjusted for timeline, resources, or deliverables. Obligations to perform any services are outlined in separate contractual documentation and are not part of this proposal. MDHS acknowledges that some of the services outlined in this proposal require instructions, data, information and access from MDHS or third parties, or are dependent in whole or in part of completion of prior acts by the Service Recipient, if those pre- or post-requisites are not provided ER will not be liable for breach of the representations, warranties or covenants made under this proposal or the life of the contract due to these outlined dependencies.



## 8. Financial Information

Elite Research is not a tax-exempt organization. Below is a copy of the operating agreement and the last two year's financial statement Form 1065 provided from the external accountant.

### Current Operating Agreement

#### **OPERATING AGREEMENT OF ELITE RESEARCH, LLC**

##### **Article I - Organization**

###### **Section A - Formation and Qualification**

The members have formed a Limited-Liability Company (the "Company") in the state of Texas by filing Articles of Organization with the Secretary of State.

###### **Section B - Name**

The name of the Company shall be Elite Research, LLC. The business of the Company may be conducted under that name or, in compliance with applicable laws, any other name that the Company deems appropriate.

###### **Section C - Principle Office**

The principal office of the Company shall be at such place or places of business within or without the state of Texas as the Company may determine.

###### **Section D - Governing Law**

This Agreement shall be governed by and interpreted in accordance with the laws of the state of Texas. The rights and liabilities of the Members shall be determined pursuant to the laws of the state of Texas and this Agreement. To the extent that any provision of this Agreement is inconsistent with the law, this Agreement shall govern to the extent permitted by law.

###### **Section E - Term**

The term of the Company commenced on the filing of the Articles of Organization and shall be perpetual.

###### **Section F - Registered Agent & Office**

The Company shall continuously maintain a registered agent in the state of Texas as required by law. The registered agent and office of the Company shall be as stated in the Articles of Organization or any amendment thereof. The registered agent and/or office may be changed from time to time by a resolution of the Members of the Company.

###### **Section G - Purpose of the Company**

The purpose of the Company is to engage in all lawful activities, including, but not limited to the following: research and statistical consulting.

##### **Article II – Membership Interests**

###### **Section A –Members of the Company**

The Members of the Company are the Members who are identified in Exhibit A (attached).

###### **Section B - Percentage of Ownership**

A member's ownership of the Company is the total of his Voting Shares and Nonvoting Shares, together with all of the rights that arise from the ownership of such shares. The Percentage of Ownership ("Ownership Percentage") shall be calculated by adding together that Member's membership shares (Voting and Nonvoting) and then dividing this sum by the total of all of the Member's membership shares (Voting and Nonvoting).

The initial Ownership, Percentage Ownership and Percentage Voting Interests in the Company of each Member are identified in Exhibit A.

### **Section C - Membership Classifications**

The Company shall issue Class A Voting Membership Shares ("Voting Shares") to the members who vote (the "Voting Members"). The Voting Members shall have the right to vote on all company matters, as outlined in this Agreement.

The Company may issue Class B Nonvoting Membership Shares ("Nonvoting Shares"). Nonvoting shares hold no voting rights whatsoever, and members who only own Nonvoting Shares will have no right to vote on any matters. Members may hold both Voting Shares and Nonvoting Shares.

### **Section D - Management by Members**

The Primary Member shall manage the Company. In her capacity as Manager, she shall have the right to make decisions and vote upon all matters as specified in this Agreement, in proportion to their respective Ownership Percentage of the Company. Voting Members need not identify whether or not they are acting as a Member or a Manager when they take action.

Nonvoting Members have no right to participate in the management of the Company, nor vote on any matters of the Company. No Nonvoting Member shall take any action or enter into any contract or obligation on behalf of the Company without the prior written consent of all of the Voting Members. Likewise, no Nonvoting Member shall perform any act that is in any way pertaining to the Company or its assets.

### **Section E - New Members**

The Voting Members may issue additional Voting Capital or Nonvoting Capital and thereby admit a new Member or Members, as the case may be, to the Company, only if such new Member (a) is approved unanimously by the Voting Members; (b) delivers to the Company his required capital contribution and (c) agrees in writing to be bound by the terms of this Agreement by becoming a party hereto.

Upon the admission of a new Member to the Company, the capital accounts of all Members, and the calculations that are based on the capital accounts, shall be adjusted appropriately.

### **Section F - Capital Accounts**

A separate capital account shall be maintained for each Member. The capital account of each Member shall be increased by (a) the amount of money contributed to the Company by the Member, (b) the fair market value of any property contributed to the Company by the Member, (c) allocations of profit to the Member, (d) The Member's share of the increase in the tax basis of Company property, if any, arising out of the recapture of any tax credit, and (e) Allocations of income or gain to the Member, as provided under this Agreement.

The capital account of each Member shall be reduced by (a) the amount of any cash and the fair market value of any property distributed to the Member by the Company (net of liabilities, secured by such distributed property that such Member is assumed to take), (b) the amount of expenses or loss allocated to the Member and (c) the Member's share of the decrease in the basis of the Company's property arising from the allowance of a tax credit.

### **Section G - Liability of Members**

No Member shall be personally responsible for any debts, liabilities or obligations of the Company solely by reason of being a Member. All debts, obligations and liabilities of the Company, whether by contract or not, shall belong solely to the Company.

### **Section H – Transfer and Assignment of Interests**

A Member may not sell, assign, transfer or otherwise dispose of all or part of his Membership Interest in the Company without first making a written offer to sell such Membership Interests to

the other Members or the Company at a mutually agreed upon price. If the Company or such other Members decline the purchase of the Membership Interest within thirty (30) days, and the sale or assignment is made and the Members fail to approve this sale or assignment unanimously then, the purchaser or assignee shall have no right to vote nor participate in the management of the business or other affairs of the Company. The purchaser or assignee shall only be entitled to receive the share of the profits or other compensation by way of income and the return of contributions to which that Member would otherwise be entitled.

In the event of a Member's bankruptcy or other involuntary transfer of interest, such as a creditor obtaining a lien or a charging order against a Member's interest, this act shall constitute a material breach of this Agreement by such Member. The creditor or claimant shall only be considered an Assignee and shall have no right to become a Member or have rights to participate in the affairs of the company nor have the right to participate as a Member or Manager in any regard. Said creditor or claimant shall only be entitled to receive the share of profit and losses, or the return of capital, to which the Member would otherwise have been entitled.

In the event of a charging order, bankruptcy, lien or other involuntary transfer, the Members may unanimously elect that the Company purchase all or any part of the membership shares that are in question. The price shall be equal to one-half (1/2) of the fair market value of such shares. Written notice of such purchase shall be provided to the creditor or claimant within sixty (60) days.

## **Article III - Allocations and Profit Distributions**

### **Section A - Allocations of Profits and Losses**

The profits and losses of the Company shall be allocated to the Members in proportion with their individual ownership percentages. Should the Company wish to make special allocations, they must comply with Section 704 of the Internal Revenue Code and the corresponding regulations.

### **Section B – Distributions**

Subject to applicable law and limitations elsewhere in this Agreement, the members may elect, to make a distribution of assets at any time that would not be prohibited under by law or under this Agreement. The amount and timing of all distributions of cash, or other assets, shall be determined by a unanimous vote of the Voting Members. All such Distributions shall be made to those Members who, according to the books and records of the Company, were the holders of record of Membership Interests on the date of Distribution.

The Voting Members may base a determination that a distribution of cash may be made on a balance sheet, profit and loss statement, cash flow statement of the Company or other relevant information. Neither the Company nor any Members shall be liable for the making of any Distributions in accordance with the provisions of this section.

No Member has the right to demand and receive any distribution from the Company in any form other than money. No Member may be compelled to accept from the Company a distribution of any asset in kind in lieu of a proportionate distribution of money being made to other Members except on the dissolution and winding up of the Company.

## **Article IV - Meetings & Voting**

### **Section A - Notice of Meetings**

If any action on the part of the Members is to be proposed at the meeting, then written notice of the meeting must be provided to each Member entitled to vote not less than ten (10) days or more than sixty (60) days prior to the meeting. Notice may be given in person, by fax, by first class mail, or by any other written communication, charges prepaid, at the Members' address listed in Exhibit A, attached. The notice shall contain the date, time and place of the meeting and a statement of the general nature of this business to be transacted there.

### **Section B – Meetings**

The Company shall have no predetermined annual or regular meetings of the Members. However, any Member or Members with a collective ownership percentage of 20% or more may call a meeting of the Members at any time.

No action may be taken at a meeting that was not proposed in the notice of the meeting, unless all Voting Members consent unanimously.

Any meeting may be adjourned upon the vote, and subsequent approval, of the majority of the Membership Interests represented at the meeting.

### **Section C - Quorum**

Members holding at least fifty-one percent (51%) of the Voting Membership Interests in the Company represented in person, by telephone, or by proxy, shall constitute a quorum at any meeting of Voting Members. In the absence of a quorum at any such meeting, the Voting Members may adjourn the meeting for a period not to exceed sixty days.

### **Section D – Voting**

Except as expressly set forth elsewhere in this Agreement or otherwise required by law, all actions requiring the vote of the Members may be authorized upon the vote of those Members collectively holding a majority of the Membership Interests in the Company. The following actions require the unanimous vote of all Members, who are not the transferors of a Membership Interest:

- (i) Making an Amendment to the Articles of Organization or this Agreement;
- (ii) Absolving any Member from the obligation of making a capital contribution or returning money or property that was distributed to such Member in violation of law or this Agreement;
- (iii) Approving the sale, transfer, assignment or exchange of a Member's Interest in the Company and the admission of the transferee as a Member with full rights therein;
- (iv) Purchasing, by the Company or its nominee, the Membership Interest of a transferor Member.

### **Section E – Proxies**

Proxies are only valid when signed by the Member entitled to the vote and must be filed with the secretary of the meeting prior to the commencement of voting on the matter in which the proxy is being elected to vote upon. Proxies shall become invalid after 11 months from the date of its execution unless otherwise stated in the proxy. Additionally, the proxy may be terminated at-will by the voting member. The termination of such proxy must be submitted to the Company prior to the termination being effective.

## **Article V - Management & Duties**

### **Section A – Election and Appointment**

The Company shall be managed by one or more appointed Managers. The name and address of the Managers of the Company can be found in Exhibit B, attached. The Members, by a majority vote, shall elect and appoint as many Managers as the Members determine shall be in the best interest of the Company, though no less than one.

One manager shall be elected to take the position of Chief Operating Manager. The Chief Operating Manager shall be held responsible for managing the operations of the Company and shall carry out the decisions of the Managers.

Members shall serve until they resign or their successors are duly elected and appointed by the Members.

### **Section B - Delegation of Powers**

The Managers are authorized on the Company's behalf to bind the Company to contracts and obligations, and to do or cause all acts to be done deemed necessary or appropriate to carry out or further the business of the Company. All decisions and actions of the Managers shall be made by majority vote of the Managers as provided in this Agreement. The managers have in their power to authorize or decide the following:

- (i) The employment of persons or institutions for the operation and management of the company affairs.
- (ii) Execute all checks, drafts and money orders for the payment of company funds.
- (iii) Deliver and execute promissory notes, loans or security agreements.
- (iv) The purchase or acquisition of company assets.
- (v) The sale, lease or other disposition of company assets.
- (vi) Granting security interests in the company assets in exchange for capital.
- (vii) The pre-payment or refinancing of any loan secured by the company assets.
- (viii) Execute and deliver all contracts, franchise agreements, licensing agreements, assignments, leases, and subleases which affect the company assets.

### **Section C – Compensation**

Any Manager whom renders services to the Company shall be entitled to compensation in direct proportion to the value of such services. Additionally, the Company shall reimburse all direct out-of-pocket expenses incurred by the Managers while managing the Company.

### **Section D – Indemnification**

Unless otherwise provided by law or expressly assumed, a person who is a Member or Manager, or both, shall not be liable for the acts, debts, or liabilities of the Company, except to the extent any related loss results from fraud, gross negligence or willful or wanton misconduct on the part of such Member or the material breach of any obligation under this Agreement or of the fiduciary duties owed to the Company or the other Members by such Member.

In addition, the Company shall, to the fullest extent allowed by law, indemnify, save and hold harmless and pay all judgments and claims against the Members, and each of such Member's agents, legal representatives, heirs, affiliates, successors and/or assigns from, against, an in respect of any and all liability, loss, damage, and expense incurred or sustained by the indemnified party in connection with the activities of the Company or in dealing with third parties on behalf of the Company, including all costs and attorney's fees, as incurred, and any amounts expended in the settlement of any claims of liability, loss, or damage to the fullest extent allowed by law.

## **Article VI - Miscellaneous**

### **Section A – Books and Records**

The Members shall maintain at the Company's principle place of business the following books and records: a current list of the full name and last known business or residence address of each Member, together with their capital contribution and membership interest; a copy of the Articles and all amendments thereto; copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six (6) most recent taxable years and a copy of this Agreement and any amendments to it.

### **Section B - Financial Records and Reporting**

The complete and accurate accounting and financial records of the Company shall be held by the Managers at the Company's principal place of business. Such records shall be kept on such method of accounting as the Managers shall select. The Company's accounting period shall be the calendar year.

The Managers shall close the accounting records at the close of each calendar year, and shall prepare and send to each member a statement of such Member's distributive share of income and expense – in the form of a Schedule K-1 - for income tax reporting purposes.

### Section C - Indemnification Clause

The Company shall indemnify any person, to the fullest extent permitted by law, who is a party defendant or is threatened to be made a party defendant, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that he is or was a Member of the Company, Manager, employee or agent of the Company, or is or was serving at the request of the Company, so long as the person did not behave in violation of law or this Agreement, for instant expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding.

### Section D - Dispute Resolution

The Members agree that in the event of any dispute or disagreement solely between or among any of them arising out of, relating to or in connection with this Agreement or the Company or its organization, formation, business or management, the Members shall use their best efforts to resolve any dispute arising out of or in connection with this Agreement by good-faith negotiation and mutual agreement. The Members shall meet at a mutually convenient time and place to attempt to resolve any such dispute.

However, in the event that a member dispute cannot be resolved, such parties shall first attempt to settle such dispute through a non-binding mediation proceeding. In the event any party to such mediation proceeding is not satisfied with the results thereof, then any unresolved disputes shall be finally settled in accordance with an arbitration proceeding. In no event shall the results of any mediation proceeding be admissible in any arbitration or judicial proceeding.

### Section E – Dissolution

Should a dissolution event occur, the Company shall be dissolved, its assets disposed of and its affairs wound up. The following events constitute "Dissolution Events": (i) at any time as specified in the Articles of Organization or this Agreement, (ii) upon the happening of a specific event as specified in the Articles of Organization or elsewhere in this Agreement, (iii) upon the unanimous consent of all members, (iv) upon the withdrawal, bankruptcy, expulsion, death or dissolution of a Member, unless within ninety (90) days after the date of disassociation, a majority of the remaining Members consent to continue the business operations.

  
\_\_\_\_\_  
SIGNATURE

René Paulson, Ph.D., President

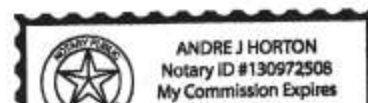
  
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DATE

  
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SIGNATURE

Rachel Paulson, Business Optimization Specialist

  
\_\_\_\_\_  
DATE

*Paulson-Kazmi  
N/A 5/1/2017  
adding to*



<b>Form 1065 Return Summary</b>			
For calendar year 2020, or tax year beginning _____, and ending _____			
<u>ELITE RESEARCH LLC</u>		<u>42-1628901</u>	
<b>Ordinary Business Income (Loss)</b>		<b>Tax and Payment</b>	
Total income	729,966	Total balance due	
Total deductions	( 652,023 )	Payments	( _____ )
<b>Ordinary Business Income (Loss)</b>	<u>77,943</u>	<b>Amount owed</b>	
		<b>Overpayment</b>	
<b>Analysis of Net Income (Loss), Line 1</b>		<b>Form 8804 - Foreign Partner Withholding</b>	
Ordinary business income (loss)	77,943	Total number of foreign partners	
Net rental real estate income (loss)		Effectively connected taxable income	
Other net rental income (loss)			
Guaranteed payments		Total withholding tax	
Interest income		Payments	( _____ )
Dividends		Estimated tax penalty	
Royalties		Overpayment allocated to partners	
Net short-term capital gain (loss)		<b>Withholding Tax Due (Overpaid)</b>	<u>0</u>
Net long-term capital gain (loss)			
Net section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction	( _____ )		
Contributions	( _____ )		
Investment interest expense	( _____ )		
Section 50(e)(2) expenditures	( _____ )		
Other deductions	( _____ )		
Total foreign taxes paid / accrued	( _____ )		
<b>Analysis of Net Income (Loss), Line 1</b>	<u>77,943</u>		

<b>Analysis of Net Income (Loss)</b>		<b>Schedule L</b>		<b>Beginning of Year</b>	<b>End of Year</b>
Analysis, line 1	77,943	Assets		37,962	108,638
Analysis, line 2	77,943	Liabilities		227,652	30,055
Difference	<u>0</u>	Capital		-189,690	78,583
		Liabilities and capital		<u>37,962</u>	<u>108,638</u>
		Difference		<u>0</u>	<u>0</u>

<b>Analysis of Net Income (Loss) and M-1/M-3 Reconciliation</b>		<b>Partners' Capital</b>		<b>Schedule M-2</b>	<b>Schedule K-1</b>
Analysis, line 1	77,943	Beginning balance		-189,690	-189,690
Schedule M-1, line 9	77,943	Contributions		145,000	145,000
Schedule M-3, page 2, line 26(d)		Current year income (loss)		123,273	123,273
Difference	<u>0</u>	Other increases (decreases)			
		Distributions	( 0 )	( 0 )	
		Ending balance		<u>78,583</u>	<u>78,583</u>

Form **1065**  
Department of the Treasury  
Internal Revenue Service

**U.S. Return of Partnership Income**

OMB No. 1545-0123

For calendar year 2020, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
▶ Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

**2020**

A Principal business activity  <b>SERVICE</b>	Type or Print	Name of partnership <b>ELITE RESEARCH LLC</b>	D Employer identification number <b>42-1628901</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1923 LONGMEADOW HILL DRIVE</b>	E Date business started <b>05/03/2004</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>IRVING TX 75063</b>	F Total assets (see instructions) \$ <b>108,638</b>
B Principal product or service <b>CONSULTING</b>			
C Business code number <b>541600</b>			

G Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return  
H Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶ \_\_\_\_\_  
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**  
J Check if Schedules C and M-3 are attached ▶   
K Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	<b>729,966</b>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		<b>729,966</b>
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		<b>729,966</b>
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		<b>729,966</b>	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		<b>457,872</b>
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		<b>14,916</b>
	12 Bad debts	12		
	13 Rent	13		<b>54,023</b>
	14 Taxes and licenses	14		<b>35,252</b>
	15 Interest (see instructions)	15		
	16a Depreciation (if required, attach Form 4562)	16a	<b>3,000</b>	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		<b>3,000</b>
	17 Depletion (Do not deduct oil and gas depletion.)	17		
18 Retirement plans, etc.	18			
19 Employee benefit programs	19		<b>1,056</b>	
20 Other deductions (attach statement) <b>SEE STATEMENT 1</b>	20		<b>85,904</b>	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		<b>652,023</b>	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		<b>77,943</b>	
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8897)	23		
	24 Interest due under the look-back method—income forecast method (attach Form 8866)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 Total balance due. Add lines 23 through 26	27		
	28 Payment (see instructions)	28		
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29		
	30 Overpayment. If line 28 is larger than line 27, enter overpayment	30		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

Paid Preparer Use Only

Print/Type preparer's name: **BRYAN L. WRIGHT** Preparer's signature: \_\_\_\_\_ Date: **06/08/21** Check  if self-employed PTIN: **P00394368**

Firm's name: **MCCLAIN, SMITH & WENZ, P.C.** Firm's EIN: **38-3382520**

Firm's address: **6915 ROCHESTER ROAD, STE. 100 TROY, MI 48085-1285** Phone no.: **248-879-8400**

For Paperwork Reduction Act Notice, see separate instructions. Form 1065 (2020) DAA



## Form 1065 Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

ELITE RESEARCH LLC

42-1628901

**Ordinary Business Income (Loss)**

Total income	377,327
Total deductions	( 354,664 )
<b>Ordinary Business Income (Loss)</b>	<u><u>22,663</u></u>

**Tax and Payment**

Total balance due	
Payments	( _____ )
<b>Amount owed</b>	
<b>Overpayment</b>	

**Analysis of Net Income (Loss), Line 1**

Ordinary business income (loss)	22,663
Net rental real estate income (loss)	
Other net rental income (loss)	
Guaranteed payments	
Interest income	
Dividends	
Royalties	
Net short-term capital gain (loss)	
Net long-term capital gain (loss)	
Net section 1231 gain (loss)	
Other income (loss)	
Section 179 deduction	( _____ )
Contributions	( _____ )
Investment interest expense	( _____ )
Section 50(e)(2) expenditures	( _____ )
Other deductions	( _____ )
Total foreign taxes paid / accrued	( _____ )
<b>Analysis of Net Income (Loss), Line 1</b>	<u><u>22,663</u></u>

**Form 8804 - Foreign Partner Withholding**

Total number of foreign partners	
Effectively connected taxable income	
<b>Total withholding tax</b>	
Payments	( _____ )
Estimated tax penalty	
Overpayment allocated to partners	
<b>Withholding Tax Due (Overpaid)</b>	<u><u>0</u></u>

		Beginning of Year	End of Year
<b>Analysis of Net Income (Loss)</b>	<b>Schedule L</b>		
	Assets	35,727	37,962
	Liabilities	245,749	227,652
	Capital	-210,022	-189,690
		<u>35,727</u>	<u>37,962</u>
Analysis, line 1			
22,663	Liabilities and capital	<u>35,727</u>	<u>37,962</u>
Analysis, line 2			
22,663	Difference	<u><u>0</u></u>	<u><u>0</u></u>
Difference			
<u><u>0</u></u>			
<b>Analysis of Net Income (Loss) and M-1/M-3 Reconciliation</b>	<b>Partners' Capital</b>	<b>Schedule M-2</b>	<b>Schedule K-1</b>
	Beginning balance	-210,022	-210,022
Analysis, line 1	Contributions	0	0
22,663	Current year income (loss)	20,332	20,332
Schedule M-1, line 9	Other increases (decreases)		
22,663	Distributions	( _____ )	( _____ )
Schedule M-3, page 2, line 26(d)			
<u><u>0</u></u>	Ending balance	<u><u>-189,690</u></u>	<u><u>-189,690</u></u>
Difference			
<u><u>0</u></u>			

Form **1065**  
Department of the Treasury  
Internal Revenue Service

**U.S. Return of Partnership Income**

For calendar year 2019, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

OMB No. 1545-0123  
**2019**

A Principal business activity <b>SERVICE</b>	Type or Print	Name of partnership <b>ELITE RESEARCH LLC</b>	D Employer identification number <b>42-1628901</b>
		Number, street, and room or suite no. If a P.O. box, see the instructions. <b>9901 VALLEY RANCH PKWY E. STE 3075</b>	E Date business started <b>05/03/2004</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>IRVING TX 75063</b>	F Total assets (see instructions) <b>\$ 37,962</b>
B Principal product or service <b>CONSULTING</b>			
C Business code number <b>541600</b>			

G Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return  
H Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶ \_\_\_\_\_  
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**  
J Check if Schedules C and M-3 are attached ▶   
K Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	<b>377,327</b>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		<b>377,327</b>
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		<b>377,327</b>
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		<b>377,327</b>	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		<b>227,035</b>
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		<b>37,146</b>
	14 Taxes and licenses	14		<b>18,429</b>
	15 Interest (see instructions)	15		
	16a Depreciation (if required, attach Form 4562)	16a	<b>56</b>	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		<b>56</b>
	17 Depletion (Do not deduct oil and gas depletion.)	17		
Tax and Payment	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		<b>1,603</b>
	20 Other deductions (attach statement) <b>SEE STATEMENT 1</b>	20		<b>70,395</b>
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		<b>354,664</b>
	22 Ordinary business income (loss). Subtract line 21 from line 8	22		<b>22,663</b>
	23 Interest due under the look-back method—completed long-term contracts (attach Form 8897)	23		
	24 Interest due under the look-back method—income forecast method (attach Form 8866)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 Total balance due. Add lines 23 through 26	27		
28 Payment (see instructions)	28			
29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29			
30 Overpayment. If line 28 is larger than line 27, enter overpayment	30			

Sign Here  
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information which preparer has any knowledge.

Signature of partner or limited liability company member: \_\_\_\_\_ Date: \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only

Print/Type preparer's name <b>BRYAN L. WRIGHT</b>	Preparer's signature	Date <b>02/20/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00394368</b>
Firm's name <b>MCCLAIN, SMITH &amp; WENZ, P.C.</b>	Firm's EIN <b>38-3382520</b>			
Firm's address <b>6915 ROCHESTER ROAD, STE. 100 TROY, MI 48085-1285</b>	Phone no. <b>248-879-8400</b>			

For Paperwork Reduction Act Notice, see separate instructions. Form 1065 (2019) DAA

CHASE for BUSINESS Sign out

Accounts Pay & transfer Collect & deposit Account management Security

[Overview](#) / Account: Elite Checking (..)

Elite Checking | [See full account number >](#)  
 ELITE RESEARCH, LLC

\$199,399.72 <small>Available balance</small>	\$0.00 <small>Available credit</small>	\$199,399.72 <small>Available plus credit</small>
\$199,399.72 <small>Present balance</small>		

[Statements](#) | [Paperless](#) | [Transfer money](#) | [More...](#)

Uncollected funds Total \$0.00 ⓘ

7:00 PM  
6/9/2021

Signed Statement of Confirmations

- Elite Research is not substantially or wholly owned by another corporate entity.
- They have never filed for bankruptcy.
- There have been no company restructurings, mergers, or acquisitions over the past three (3) years, and there are none intended.
- Additional information may be provided upon request.

Elite Research, LLC



Rene M. Paulson  
 President

**ELITE RESEARCH – FILE FOLDER 2 – PRICE AND FINANCIAL DATA REDACTED  
PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE 6/22/21)**

## TAB 2 - Price and Financial Data (REDACTED)

### Table of Contents

TAB 2 - Price and Financial Data (REDACTED).....	1
Cost Data (REDACTED).....	2
Financial Information (REDACTED).....	5

### Abbreviations Used Throughout This Document

- REDACTED
- MDHS = Mississippi Department of Human Services
- RFP = Request for Proposal

## Cost Data (REDACTED)

The table below outlines the estimated cost of the services as directed in Section 4.1.6 of the RFP (p12).

PROJECT TASKS	TOTAL COSTS
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$109,500
Analysis and initial report drafting for MDHS/DAAS review of draft report	\$49,500
Final report drafted and published	\$4,500
<b>TOTAL COST OF PROJECT:</b>	<b>\$163,500</b>

### Budget Details

The engagement costs of the proposal are outlined in the below table based on the proposed work plan and timeline, as well as the associated fees for travel and participant incentive fees.

#### **Proposed Budget**

The following table outlines the proposed cost of the timeline and work plan based on the project team hourly work toward phases outlined, as well as the associated participant collection fees needed for the older adults and provider surveys. This table may be modified upon the completion of Phase 1 for potential change in scope of work needed. This table does not contain costs for additional subject matter experts, travel, or expenses, should they be identified and approved during the project.

There may be some recommendation changes that can decrease the overall budget across the two surveys if needed. For example

- reducing the overall survey length to increase response rate and participant fees
- recalculating the sampling calculations to potential reduce the 3000 total sample size for older adults survey and ~1000 total provider surveys (distributed across the 10 AAAs)
- develop processes and materials across the two surveys in order to create time efficiencies, such as the report template
- process documentation and materials will also streamline cost from year to year because the same code and templates can be utilized with minor modifications to survey questions

REDACTED COMPANY NAME offers the option with this proposal for up to three (3) renewals, as the survey schedule is determined (i.e., annually, every other year. Once the survey and sample sizes are determined in year one (2021) and if MDHS continues with the same sampling frame and surveys approved, REDACTED COMPANY NAME can offer between a 25%-40% cost savings from the initial survey year as the process and reporting will be replicated. See renewal year costs in the table below.

#### **Hourly Rates and Potential Costs**

The budget table below presents the costs associated with consulting services which are billed in ¼ hour increments. REDACTED COMPANY NAME uses a blended hourly rate for the proposed workplan of \$75 per hour for the project team members. Due to the contractual nature of the consulting relationship, an hourly rate is set based on the project terms set forth in the Consulting Agreement. Billable blended hourly rates are calculated based on salary, fringes, benefits, and operating expenses as standard to the industry with our **government/nonprofit entity discount of 15%** already applied.

Software, instruments, and licenses needed for this project are owned and operated by REDACTED COMPANY NAME.

Phase and Major Components	Initial Collection	Renewal Collections
<b>Phase 1: Planning &amp; Review</b>		
Stakeholder planning meetings	\$2,500	\$1,500
Quantitative design & protocols with process documentation	\$15,000	\$7,000
Existing data review, other state assessments analysis plans	\$12,000	\$4,000
Spanish translation	\$1,500	\$500
<b>Phase 2: Data Collection (3000 older adults, 1000 providers)</b>		
Online survey setup & testing, maintenance, hosting	\$6,500	\$4,000
Participant incentives	\$7,000	\$7,000
Quantitative data collection and validation checks, reminders, and process documentation (expecting 70% online, 30% phone)	\$65,000	\$55,000
<b>Phase 3: Data Prep, Analysis, &amp; Results</b>		
Quantitative data prep, coding with process documentation	\$14,500	\$8,000
Prior data sources & analysis (longitudinal if possible)	\$7,000	\$4,000
Analysis & Results with process documentation	\$17,000	\$10,000
<b>Phase 4: Findings &amp; Report</b>		
Branded report with process documentation (draft & final)	\$12,000	\$8,000
In-person meeting to review draft report (2 ER members)	\$1,500	\$1,500
Estimated travel costs (From Dallas)	\$2,000	\$2,000
<b>Total</b>	<b>\$163,500</b>	<b>\$112,500</b>

Due to the simplicity of the survey and branding needs a HIPAA compliant online survey software tool (Qualtrics) will be utilized to optimize budget resources. If a custom survey is preferred by MDHS then an additional \$40,000 in the initial year and \$15,000 in each renewal year will be added to the total annual cost.  
 \* Each additional 1000 respondents with same 70%/30% split = \$20,000

### Billing Structure

REDACTED COMPANY NAME does not require an advanced payment in order to begin contracted work. A purchase order issued to REDACTED COMPANY NAME will initiate the work outlined in this proposal. Payments and/or disbursements are proposed as follows:

- Disbursement 1: Hours invoiced in Phase 1 upon completion.
  - Disbursement 2: 50% of hours & participant fees invoiced upon data collection start.
  - Disbursement 2: Remaining 50% hours & participant fees invoiced in Phase 2 upon completion.
  - Disbursement 3: Hours invoiced in Phase 3 upon completion.
  - Disbursement 4: Hours invoiced in Phase 4 upon completion.
- Communication and meetings are included in all disbursements.

Payment of invoiced hours will be net 45, with a 10-day dispute process based on the work activities and outlined in the contract. If the timeline is extended an updated invoice structure will be updated, outlined, and approved by all parties to this proposal. If the proposed work plan and engagement changes, this disbursement plan may be updated in reflection of those changes.

## Expense Reimbursement

Please note, due to Covid-19 guidelines and travel restrictions, this methodology assumes a series of *virtual meetings*, however in-person meetings are possible and noted for the report presentation in Phase 4. Travel time is billed at 75% of the blended hourly rate for travel time between project team member's residence/office and destination.

Any travel must be pre-approved by the MDHS Project Manager before the cost is incurred. Any claim for travel reimbursement by Contractor shall be submitted in accordance with the rules prescribed in the State Travel Allowance Guide. Airfare will be reimbursed at the actual cost of the airfare, not to exceed the cost of the lowest priced airfare available. Under no circumstances will MDHS reimburse Contractor for first-class airfare.

## Dependency Clause

The respondent will use reasonable effort to provide the services outlined in this proposal provided that the service recipient relays clear and reasonable requests for service, and that when request changes occur they are documented and scope is adjusted for timeline, resources, or deliverables. Obligations to perform any services are outlined in separate contractual documentation and are not part of this proposal. MDHS acknowledges that some of the services outlined in this proposal require instructions, data, information and access from MDHS or third parties, or are dependent in whole or in part of completion of prior acts by the Service Recipient, if those pre- or post-requisites are not provided REDACTED COMPANY NAME will not be liable for breach of the representations, warranties or covenants made under this proposal or the life of the contract due to these outlined dependencies.



## Financial Information (REDACTED)

REDACTED COMPANY NAME is not a tax-exempt organization. Below is a copy of the operating agreement and the last two year's financial statement Form 1065 provided from the external accountant.

### Current Operating Agreement

## **OPERATING AGREEMENT OF**

REDACTED COMPANY NAME

### **Article I - Organization**

#### **Section A - Formation and Qualification**

The members have formed a Limited-Liability Company (the "Company") in the state of REDACTED by filing Articles of Organization with the Secretary of State.

#### **Section B - Name**

The name of the Company shall be REDACTED COMPANY NAME . The business of the Company may be conducted under that name or, in compliance with applicable laws, any other name that the Company deems appropriate.

#### **Section C - Principle Office**

The principal office of the Company shall be at such place or places of business within or without the state of Texas as the Company may determine.

#### **Section D - Governing Law**

This Agreement shall be governed by and interpreted in accordance with the laws of the state of Texas. The rights and liabilities of the Members shall be determined pursuant to the laws of the state of REDACTED and this Agreement. To the extent that any provision of this Agreement is inconsistent with the law, this Agreement shall govern to the extent permitted by law.

#### **Section E - Term**

The term of the Company commenced on the filing of the Articles of Organization and shall be perpetual.

#### **Section F - Registered Agent & Office**

The Company shall continuously maintain a registered agent in the state of REDACTED , as required by law. The registered agent and office of the Company shall be as stated in the Articles of Organization or any amendment thereof. The registered agent and/or office may be changed from time to time by a resolution of the Members of the Company.

#### **Section G - Purpose of the Company**

The purpose of the Company is to engage in all lawful activities, including, but not limited to the following: research and statistical consulting.

### **Article II – Membership Interests**

#### **Section A –Members of the Company**

The Members of the Company are the Members who are identified in Exhibit A (attached).

#### **Section B - Percentage of Ownership**

A member's ownership of the Company is the total of his Voting Shares and Nonvoting Shares, together with all of the rights that arise from the ownership of such shares. The Percentage of Ownership ("Ownership Percentage") shall be calculated by adding together that Member's membership shares (Voting and Nonvoting) and then dividing this sum by the total of all of the Member's membership shares (Voting and Nonvoting).

The initial Ownership, Percentage Ownership and Percentage Voting Interests in the Company of each Member are identified in Exhibit A.

### **Section C - Membership Classifications**

The Company shall issue Class A Voting Membership Shares ("Voting Shares") to the members who vote (the "Voting Members"). The Voting Members shall have the right to vote on all company matters, as outlined in this Agreement.

The Company may issue Class B Nonvoting Membership Shares ("Nonvoting Shares"). Nonvoting shares hold no voting rights whatsoever, and members who only own Nonvoting Shares will have no right to vote on any matters. Members may hold both Voting Shares and Nonvoting Shares.

### **Section D - Management by Members**

The Primary Member shall manage the Company. In her capacity as Manager, she shall have the right to make decisions and vote upon all matters as specified in this Agreement, in proportion to their respective Ownership Percentage of the Company. Voting Members need not identify whether or not they are acting as a Member or a Manager when they take action.

Nonvoting Members have no right to participate in the management of the Company, nor vote on any matters of the Company. No Nonvoting Member shall take any action or enter into any contract or obligation on behalf of the Company without the prior written consent of all of the Voting Members. Likewise, no Nonvoting Member shall perform any act that is in any way pertaining to the Company or its assets.

### **Section E - New Members**

The Voting Members may issue additional Voting Capital or Nonvoting Capital and thereby admit a new Member or Members, as the case may be, to the Company, only if such new Member (a) is approved unanimously by the Voting Members; (b) delivers to the Company his required capital contribution and (c) agrees in writing to be bound by the terms of this Agreement by becoming a party hereto.

Upon the admission of a new Member to the Company, the capital accounts of all Members, and the calculations that are based on the capital accounts, shall be adjusted appropriately.

### **Section F - Capital Accounts**

A separate capital account shall be maintained for each Member. The capital account of each Member shall be increased by (a) the amount of money contributed to the Company by the Member, (b) the fair market value of any property contributed to the Company by the Member, (c) allocations of profit to the Member, (d) The Member's share of the increase in the tax basis of Company property, if any, arising out of the recapture of any tax credit, and (e) Allocations of income or gain to the Member, as provided under this Agreement.

The capital account of each Member shall be reduced by (a) the amount of any cash and the fair market value of any property distributed to the Member by the Company (net of liabilities, secured by such distributed property that such Member is assumed to take), (b) the amount of expenses or loss allocated to the Member and (c) the Member's share of the decrease in the basis of the Company's property arising from the allowance of a tax credit.

### **Section G - Liability of Members**

No Member shall be personally responsible for any debts, liabilities or obligations of the Company solely by reason of being a Member. All debts, obligations and liabilities of the Company, whether by contract or not, shall belong solely to the Company.

### **Section H – Transfer and Assignment of Interests**

A Member may not sell, assign, transfer or otherwise dispose of all or part of his Membership Interest in the Company without first making a written offer to sell such Membership Interests to

the other Members or the Company at a mutually agreed upon price. If the Company or such other Members decline the purchase of the Membership Interest within thirty (30) days, and the sale or assignment is made and the Members fail to approve this sale or assignment unanimously then, the purchaser or assignee shall have no right to vote nor participate in the management of the business or other affairs of the Company. The purchaser or assignee shall only be entitled to receive the share of the profits or other compensation by way of income and the return of contributions to which that Member would otherwise be entitled.

In the event of a Member's bankruptcy or other involuntary transfer of interest, such as a creditor obtaining a lien or a charging order against a Member's interest, this act shall constitute a material breach of this Agreement by such Member. The creditor or claimant shall only be considered an Assignee and shall have no right to become a Member or have rights to participate in the affairs of the company nor have the right to participate as a Member or Manager in any regard. Said creditor or claimant shall only be entitled to receive the share of profit and losses, or the return of capital, to which the Member would otherwise have been entitled.

In the event of a charging order, bankruptcy, lien or other involuntary transfer, the Members may unanimously elect that the Company purchase all or any part of the membership shares that are in question. The price shall be equal to one-half (1/2) of the fair market value of such shares. Written notice of such purchase shall be provided to the creditor or claimant within sixty (60) days.

## **Article III - Allocations and Profit Distributions**

### **Section A - Allocations of Profits and Losses**

The profits and losses of the Company shall be allocated to the Members in proportion with their individual ownership percentages. Should the Company wish to make special allocations, they must comply with Section 704 of the Internal Revenue Code and the corresponding regulations.

### **Section B – Distributions**

Subject to applicable law and limitations elsewhere in this Agreement, the members may elect, to make a distribution of assets at any time that would not be prohibited under by law or under this Agreement. The amount and timing of all distributions of cash, or other assets, shall be determined by a unanimous vote of the Voting Members. All such Distributions shall be made to those Members who, according to the books and records of the Company, were the holders of record of Membership Interests on the date of Distribution.

The Voting Members may base a determination that a distribution of cash may be made on a balance sheet, profit and loss statement, cash flow statement of the Company or other relevant information. Neither the Company nor any Members shall be liable for the making of any Distributions in accordance with the provisions of this section.

No Member has the right to demand and receive any distribution from the Company in any form other than money. No Member may be compelled to accept from the Company a distribution of any asset in kind in lieu of a proportionate distribution of money being made to other Members except on the dissolution and winding up of the Company.

## **Article IV - Meetings & Voting**

### **Section A - Notice of Meetings**

If any action on the part of the Members is to be proposed at the meeting, then written notice of the meeting must be provided to each Member entitled to vote not less than ten (10) days or more than sixty (60) days prior to the meeting. Notice may be given in person, by fax, by first class mail, or by any other written communication, charges prepaid, at the Members' address listed in Exhibit A, attached. The notice shall contain the date, time and place of the meeting and a statement of the general nature of this business to be transacted there.

### **Section B – Meetings**

The Company shall have no predetermined annual or regular meetings of the Members. However, any Member or Members with a collective ownership percentage of 20% or more may call a meeting of the Members at any time.

No action may be taken at a meeting that was not proposed in the notice of the meeting, unless all Voting Members consent unanimously.

Any meeting may be adjourned upon the vote, and subsequent approval, of the majority of the Membership Interests represented at the meeting.

### **Section C - Quorum**

Members holding at least fifty-one percent (51%) of the Voting Membership Interests in the Company represented in person, by telephone, or by proxy, shall constitute a quorum at any meeting of Voting Members. In the absence of a quorum at any such meeting, the Voting Members may adjourn the meeting for a period not to exceed sixty days.

### **Section D – Voting**

Except as expressly set forth elsewhere in this Agreement or otherwise required by law, all actions requiring the vote of the Members may be authorized upon the vote of those Members collectively holding a majority of the Membership Interests in the Company. The following actions require the unanimous vote of all Members, who are not the transferors of a Membership Interest:

- (i) Making an Amendment to the Articles of Organization or this Agreement;
- (ii) Absolving any Member from the obligation of making a capital contribution or returning money or property that was distributed to such Member in violation of law or this Agreement;
- (iii) Approving the sale, transfer, assignment or exchange of a Member's Interest in the Company and the admission of the transferee as a Member with full rights therein;
- (iv) Purchasing, by the Company or its nominee, the Membership Interest of a transferor Member.

### **Section E – Proxies**

Proxies are only valid when signed by the Member entitled to the vote and must be filed with the secretary of the meeting prior to the commencement of voting on the matter in which the proxy is being elected to vote upon. Proxies shall become invalid after 11 months from the date of its execution unless otherwise stated in the proxy. Additionally, the proxy may be terminated at-will by the voting member. The termination of such proxy must be submitted to the Company prior to the termination being effective.

## **Article V - Management & Duties**

### **Section A – Election and Appointment**

The Company shall be managed by one or more appointed Managers. The name and address of the Managers of the Company can be found in Exhibit B, attached. The Members, by a majority vote, shall elect and appoint as many Managers as the Members determine shall be in the best interest of the Company, though no less than one.

One manager shall be elected to take the position of Chief Operating Manager. The Chief Operating Manager shall be held responsible for managing the operations of the Company and shall carry out the decisions of the Managers.

Members shall serve until they resign or their successors are duly elected and appointed by the Members.

### **Section B - Delegation of Powers**

The Managers are authorized on the Company's behalf to bind the Company to contracts and obligations, and to do or cause all acts to be done deemed necessary or appropriate to carry out or further the business of the Company. All decisions and actions of the Managers shall be made by majority vote of the Managers as provided in this Agreement. The managers have in their power to authorize or decide the following:

- (i) The employment of persons or institutions for the operation and management of the company affairs.
- (ii) Execute all checks, drafts and money orders for the payment of company funds.
- (iii) Deliver and execute promissory notes, loans or security agreements.
- (iv) The purchase or acquisition of company assets.
- (v) The sale, lease or other disposition of company assets.
- (vi) Granting security interests in the company assets in exchange for capital.
- (vii) The pre-payment or refinancing of any loan secured by the company assets.
- (viii) Execute and deliver all contracts, franchise agreements, licensing agreements, assignments, leases, and subleases which affect the company assets.

### **Section C – Compensation**

Any Manager whom renders services to the Company shall be entitled to compensation in direct proportion to the value of such services. Additionally, the Company shall reimburse all direct out-of-pocket expenses incurred by the Managers while managing the Company.

### **Section D – Indemnification**

Unless otherwise provided by law or expressly assumed, a person who is a Member or Manager, or both, shall not be liable for the acts, debts, or liabilities of the Company, except to the extent any related loss results from fraud, gross negligence or willful or wanton misconduct on the part of such Member or the material breach of any obligation under this Agreement or of the fiduciary duties owed to the Company or the other Members by such Member.

In addition, the Company shall, to the fullest extent allowed by law, indemnify, save and hold harmless and pay all judgments and claims against the Members, and each of such Member's agents, legal representatives, heirs, affiliates, successors and/or assigns from, against, an in respect of any and all liability, loss, damage, and expense incurred or sustained by the indemnified party in connection with the activities of the Company or in dealing with third parties on behalf of the Company, including all costs and attorney's fees, as incurred, and any amounts expended in the settlement of any claims of liability, loss, or damage to the fullest extent allowed by law.

## **Article VI - Miscellaneous**

### **Section A – Books and Records**

The Members shall maintain at the Company's principle place of business the following books and records: a current list of the full name and last known business or residence address of each Member, together with their capital contribution and membership interest; a copy of the Articles and all amendments thereto; copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six (6) most recent taxable years and a copy of this Agreement and any amendments to it.

### **Section B - Financial Records and Reporting**

The complete and accurate accounting and financial records of the Company shall be held by the Managers at the Company's principal place of business. Such records shall be kept on such method of accounting as the Managers shall select. The Company's accounting period shall be the calendar year.

The Managers shall close the accounting records at the close of each calendar year, and shall prepare and send to each member a statement of such Member's distributive share of income and expense – in the form of a Schedule K-1 - for income tax reporting purposes.

**Section C - Indemnification Clause**

The Company shall indemnify any person, to the fullest extent permitted by law, who is a party defendant or is threatened to be made a party defendant, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that he is or was a Member of the Company, Manager, employee or agent of the Company, or is or was serving at the request of the Company, so long as the person did not behave in violation of law or this Agreement, for instant expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding.

**Section D - Dispute Resolution**

The Members agree that in the event of any dispute or disagreement solely between or among any of them arising out of, relating to or in connection with this Agreement or the Company or its organization, formation, business or management, the Members shall use their best efforts to resolve any dispute arising out of or in connection with this Agreement by good-faith negotiation and mutual agreement. The Members shall meet at a mutually convenient time and place to attempt to resolve any such dispute.

However, in the event that a member dispute cannot be resolved, such parties shall first attempt to settle such dispute through a non-binding mediation proceeding. In the event any party to such mediation proceeding is not satisfied with the results thereof, then any unresolved disputes shall be finally settled in accordance with an arbitration proceeding. In no event shall the results of any mediation proceeding be admissible in any arbitration or judicial proceeding.

**Section E – Dissolution**

Should a dissolution event occur, the Company shall be dissolved, its assets disposed of and its affairs wound up. The following events constitute "Dissolution Events": (i) at any time as specified in the Articles of Organization or this Agreement, (ii) upon the happening of a specific event as specified in the Articles of Organization or elsewhere in this Agreement, (iii) upon the unanimous consent of all members, (iv) upon the withdrawal, bankruptcy, expulsion, death or dissolution of a Member, unless within ninety (90) days after the date of disassociation, a majority of the remaining Members consent to continue the business operations.

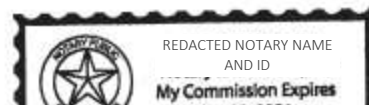
REDACTED MEMBER 1 NAME AND SIGNATURE

\_\_\_\_\_ 5/1/17  
DATE

REDACTED MEMBER 2 NAME AND SIGNATURE

\_\_\_\_\_ 5/1/17  
DATE

Run 5/1/2017  
adding to



Financial Statements

<b>Form 1065 Return Summary</b>			
For calendar year 2020, or tax year beginning _____, and ending _____			
REDACTED COMPANY NAME _____		REDACTED COMPANY EIN _____	
<b>Ordinary Business Income (Loss)</b>		<b>Tax and Payment</b>	
Total income	729,966	Total balance due	
Total deductions	( 652,023 )	Payments	( _____ )
<b>Ordinary Business Income (Loss)</b>	<u>77,943</u>	<b>Amount owed</b>	
		<b>Overpayment</b>	
<b>Analysis of Net Income (Loss), Line 1</b>		<b>Form 8804 - Foreign Partner Withholding</b>	
Ordinary business income (loss)	77,943	Total number of foreign partners	
Net rental real estate income (loss)		Effectively connected taxable income	
Other net rental income (loss)			
Guaranteed payments		Total withholding tax	
Interest income		Payments	( _____ )
Dividends		Estimated tax penalty	
Royalties		Overpayment allocated to partners	
Net short-term capital gain (loss)		<b>Withholding Tax Due (Overpaid)</b>	<u>0</u>
Net long-term capital gain (loss)			
Net section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction	( _____ )		
Contributions	( _____ )		
Investment interest expense	( _____ )		
Section 50(e)(2) expenditures	( _____ )		
Other deductions	( _____ )		
Total foreign taxes paid / accrued	( _____ )		
<b>Analysis of Net Income (Loss), Line 1</b>	<u>77,943</u>		
<b>Analysis of Net Income (Loss)</b>		<b>Schedule L</b>	
		<b>Beginning of Year</b>	<b>End of Year</b>
Analysis, line 1	77,943	Assets	108,638
Analysis, line 2	77,943	Liabilities	30,055
Difference	<u>0</u>	Capital	78,583
		Liabilities and capital	<u>108,638</u>
		Difference	<u>0</u>
<b>Analysis of Net Income (Loss) and M-1/M-3 Reconciliation</b>		<b>Partners' Capital</b>	
		<b>Schedule M-2</b>	<b>Schedule K-1</b>
Analysis, line 1	77,943	Beginning balance	-189,690
Schedule M-1, line 9	77,943	Contributions	145,000
Schedule M-3, page 2, line 26(d)		Current year income (loss)	123,273
Difference	<u>0</u>	Other increases (decreases)	
		Distributions	( 0 ) ( 0 )
		Ending balance	<u>78,583</u>

Form **1065** U.S. Return of Partnership Income  
 Department of the Treasury Internal Revenue Service  
 For calendar year 2020, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
 OMB No. 1545-0123  
**2020**  
 Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

A Principal business activity <b>SERVICE</b>	Type or Print	Name of partnership <b>REDACTED COMPANY NAME</b>	D Employer identification number <b>REDACTED COMPANY EIN</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>REDACTED COMPANY ADDRESS</b>	E Date business started <b>05/03/2004</b>
B Principal product or service <b>CONSULTING</b>			F Total assets (see instructions) \$ <b>108,638</b>
C Business code number <b>541600</b>			

G Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return  
 H Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶ \_\_\_\_\_  
 I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**  
 J Check if Schedules C and M-3 are attached ▶   
 K Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes  
 Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	<b>729,966</b>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		<b>729,966</b>
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		<b>729,966</b>
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		<b>729,966</b>	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		<b>457,872</b>
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		<b>14,916</b>
	12 Bad debts	12		
	13 Rent	13		<b>54,023</b>
	14 Taxes and licenses	14		<b>35,252</b>
	15 Interest (see instructions)	15		
	16a Depreciation (if required, attach Form 4562)	16a	<b>3,000</b>	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		<b>3,000</b>
	17 Depletion (Do not deduct oil and gas depletion.)	17		
18 Retirement plans, etc.	18			
19 Employee benefit programs	19		<b>1,056</b>	
20 Other deductions (attach statement) <b>SEE STATEMENT 1</b>	20		<b>85,904</b>	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		<b>652,023</b>	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		<b>77,943</b>	
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8897)	23		
	24 Interest due under the look-back method—income forecast method (attach Form 8866)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 Total balance due. Add lines 23 through 26	27		
	28 Payment (see instructions)	28		
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29		
	30 Overpayment. If line 28 is larger than line 27, enter overpayment	30		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

Paid Preparer Use Only

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if PTIN \_\_\_\_\_

**REDACTED ACCOUNTANT INFORMATION**



## Form 1065 Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

REDACTED COMPANY NAME \_\_\_\_\_ REDACTED COMPANY EIN \_\_\_\_\_

**Ordinary Business Income (Loss)**

Total income	377,327
Total deductions	( 354,664 )
<b>Ordinary Business Income (Loss)</b>	<u><u>22,663</u></u>

**Tax and Payment**

Total balance due	
Payments	( _____ )
<b>Amount owed</b>	
<b>Overpayment</b>	

**Analysis of Net Income (Loss), Line 1**

Ordinary business income (loss)	22,663
Net rental real estate income (loss)	
Other net rental income (loss)	
Guaranteed payments	
Interest income	
Dividends	
Royalties	
Net short-term capital gain (loss)	
Net long-term capital gain (loss)	
Net section 1231 gain (loss)	
Other income (loss)	
Section 179 deduction	( _____ )
Contributions	( _____ )
Investment interest expense	( _____ )
Section 50(e)(2) expenditures	( _____ )
Other deductions	( _____ )
Total foreign taxes paid / accrued	( _____ )
<b>Analysis of Net Income (Loss), Line 1</b>	<u><u>22,663</u></u>

**Form 8804 - Foreign Partner Withholding**

Total number of foreign partners	
Effectively connected taxable income	
<b>Total withholding tax</b>	
Payments	( _____ )
Estimated tax penalty	
Overpayment allocated to partners	
<b>Withholding Tax Due (Overpaid)</b>	<u><u>0</u></u>

		Beginning of Year	End of Year
<b>Analysis of Net Income (Loss)</b>	<b>Schedule L</b>		
Analysis, line 1	Assets	35,727	37,962
Analysis, line 2	Liabilities	245,749	227,652
Difference	Capital	-210,022	-189,690
	Liabilities and capital	<u>35,727</u>	<u>37,962</u>
	Difference	<u>0</u>	<u>0</u>
<b>Analysis of Net Income (Loss) and M-1/M-3 Reconciliation</b>	<b>Partners' Capital</b>	<b>Schedule M-2</b>	<b>Schedule K-1</b>
Analysis, line 1	Beginning balance	-210,022	-210,022
Schedule M-1, line 9	Contributions	0	0
Schedule M-3, page 2, line 26(d)	Current year income (loss)	20,332	20,332
Difference	Other increases (decreases)		
	Distributions	( 0 )	( 0 )
	Ending balance	<u>-189,690</u>	<u>-189,690</u>

Form **1065**

Department of the Treasury  
Internal Revenue Service

**U.S. Return of Partnership Income**

For calendar year 2019, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

OMB No. 1545-0123

**2019**

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

A Principal business activity  <b>SERVICE</b>	Type or Print	Name of partnership  REDACTED COMPANY NAME	D Employer identification number  REDACTED COMPANY EIN
		Number, street, and room or suite no. If a P.O. box, see the instructions.  REDACTED COMPANY ADDRESS	E Date business started <b>05/03/2004</b>
		C Business code number  <b>541600</b>	F Total assets (see instructions) \$ <b>37,962</b>

G Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return

H Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**

J Check if Schedules C and M-3 are attached ▶

K Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	<b>377,327</b>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		<b>377,327</b>
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		<b>377,327</b>
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		<b>377,327</b>	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		<b>227,035</b>
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		<b>37,146</b>
	14 Taxes and licenses	14		<b>18,429</b>
	15 Interest (see instructions)	15		
	16a Depreciation (if required, attach Form 4562)	16a	<b>56</b>	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		<b>56</b>
	17 Depletion (Do not deduct oil and gas depletion.)	17		
18 Retirement plans, etc.	18			
19 Employee benefit programs	19		<b>1,603</b>	
20 Other deductions (attach statement) <b>SEE STATEMENT 1</b>	20		<b>70,395</b>	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		<b>354,664</b>	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		<b>22,663</b>	
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8897)	23		
	24 Interest due under the look-back method—income forecast method (attach Form 8886)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 Total balance due. Add lines 23 through 26	27		
	28 Payment (see instructions)	28		
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29		
	30 Overpayment. If line 28 is larger than line 27, enter overpayment	30		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information which preparer has any knowledge.






Signature of partner or limited liability company member: \_\_\_\_\_ Date: \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only

Print/preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if PTIN: \_\_\_\_\_

REDACTED ACCOUNTANT INFORMATION




**CHASE** for BUSINESS
 

[Sign out](#)

[Accounts](#) | [Pay & transfer](#) | [Collect & deposit](#) | [Account management](#) | [Security](#)

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[Overview](#) / Account: REDACTED COMPANY NAME

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**Checking** | [See full account number >](#)  
 REDACTED COMPANY NAME

<b>\$199,399.72</b>	\$0.00	\$199,399.72
<small>Available balance</small>	<small>Available credit</small>	<small>Available plus credit</small>
<hr/>		
\$199,399.72		
<small>Present balance</small>		

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[Statements](#) | [Paperless](#) | [Transfer money](#) | [More...](#)

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Uncollected funds Total \$0.00 

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7:00 PM  
 6/9/2021

Signed Statement of Confirmations

- REDACTED COMPANY NAME is not substantially or wholly owned by another corporate entity.
- They have never filed for bankruptcy.
- There have been no company restructurings, mergers, or acquisitions over the past three (3) years, and there are none intended.
- Additional information may be provided upon request.

REDACTED COMPANY NAME

REDACTED MEMBER 1 NAME AND  
SIGNATURE

**ELITE RESEARCH – FILE FOLDER 3 – TECHNICAL DATA REDACTED PURSUANT TO  
4.3.A (PROVIDED TO EVALUATION COMMITTEE 6/16/21)**

## TAB 3 - Technical Data (REDACTED)

### Table of Contents

TAB 3 - Technical Data (REDACTED) .....	1
RESPONSE TO 2.2.B. Deliverables – TECHNICAL FACTOR (REDACTED).....	2
Proposal (REDACTED) .....	4

### Abbreviations Used Throughout This Document

- REDACTED
- MDHS = Mississippi Department of Human Services
- RFP = Request for Proposal

## RESPONSE TO 2.2.B. Deliverables – TECHNICAL FACTOR (REDACTED)

Outlined in the Proposal below are the details that support the following paragraphs regarding the ability of REDACTED COMPANY NAME to meet the technical factor needs of The MDHS Needs Assessment. To meet the needs of the technical factor the following are direct response to B. Deliverables.

REDACTED COMPANY NAME is a diversity certified research, evaluation, and statistical consulting firm. For **over 17 years** they have supported *global* efforts in research advancement in understanding populations. Their mission is to support researchers where they are in the research process and build capacity within their organizations to do and understand more about the logic, process, outcomes and how to make real world application of findings. They work collectively with organizations and the community to have the appropriate and best expertise supporting each project. Brining over 20 employees with graduate level degrees in varying fields, with project administrators that have worked in research for almost 20 years.

In the past five years REDACTED COMPANY NAME has supported over **12 needs assessments within counties, townships, states and nationally**. Their **innovative approach to collections** methods has improved collection year over year for their clients. For example:

- When the state of Oklahoma initiated their gaming assessment, REDACTED COMPANY NAME leveraged social media avenues to reach more participants. With this innovation they were able to reach the demographic data they needed for valid results.
- When working with older adults through Services & Advocacy for LGBT Elders (SAGE), REDACTED COMPANY NAME was able to support their community in their assessment of LGBT individuals through their internal project of data for LGBT Other Adult Program Assessment Processing by aiding their implementation of a fully **electronic data collection tool** that integrates with their customer relationship management tool and app. Showing improvement metrics and innovative process in near-real time.

For this project, REDACTED COMPANY NAME will use computer-assisted telephone interviewing **CATI technology for modernized phone research** gives us insights quickly. We train staff (enumerators) to use computer interview scripting and to record responses using a keyboard, mouse, and specialized headsets for noise blocking. REDACTED COMPANY NAME will staff xyz number of enumerators from 8-5pm CST for the course of week to confirm that three attempts are made per contact and have an internal process for those who “opt-out.” Additionally, if MDHS provides a list of service providers that require **postal mailing**, REDACTED COMPANY NAME has worked locally with the Teacher Retirement System of Texas in their state-wide member survey where they were able to mail merge the provided list and documentation and send to the community within a week’s timeframe working with their local post office on supplies and shipping costs.

Recently, REDACTED COMPANY NAME conducted a **national collection of the impact of COVID** (valid responses over 3600) on minority groups ranging from 18 to 65 years of age for a project sponsored by the University of Texas at Austin. Because REDACTED COMPANY NAME has **compliant and secured technology, processing systems, and resources** they are able to handle personally identifiable information with confidentiality and where the respondents have comfort and ease in their responses. The survey contained 30-45 items lasting about 15-20 minutes with no incentive.

With all of its analysis work, REDACTED COMPANY NAME prepares *in advance during the planning phases* the variables and research questions desired by the client. **Analysis of social and economic variables** requires an analysis plan, management of the data files for stratification of variables, **analysis for shifts in population**, services, age, location, and minority movement. REDACTED COMPANY NAME will conduct **clustered modeling and geo-spatial analysis** to examine multivariate relationships and spatial specific trends that emerge from the data. All software is provided by REDACTED COMPANY NAME.

Needs assessments and surveys, reporting are designed to serve populations, in underserved, rural and minority communities with inequities in health, diversity, social, age, gender, behavior, etc. Reporting on needs assessment data based on representation of the community samples are critical to shape the need for and

increase or decrease in programs or ways in which a community is impacted and served. To ensure vulnerable populations' needs are adequately presented in the data, REDACTED COMPANY NAME will ensure an **over sample of rural and minority populations** (those matching the county demographics). To provide an analysis/assessment reflecting an industry **standard margin of error no greater than 5%, or a 95% confidence**, REDACTED COMPANY NAME will calculate the sampling numbers with those standards with adequate representation by each AAA and minority and rural status. **Inclusion of all ten (10) Area Agencies on Aging** requires a sampling frame that provides representation of all AAAs from the planning and services areas. REDACTED COMPANY NAME **also over-collects** to account for nonvalid responses (~20%) by service areas.

In preparing its deliverables to MDHS, It is standard practice to **provide draft report in write up and reporting graphs and charts** separately prior to the merging of the final report for feedback by MDHS. Once these reports are presented, and at the request of MDHS, REDACTED COMPANY NAME will **facilitate an in person meeting for presentation and review** of the draft reporting. This meeting should contain community and stakeholders that have reviewed and provided unbiased feedback to the draft report. This feedback may contain community program discussion, branding, visualization modification, etc., but not changes to the data or the data processing as provided by REDACTED COMPANY NAME. The meeting with MDHS will also review any supporting data before the final submission, at least three weeks in advance of the final deadline, to ensure the requirements are met per the Older American Act. Formal written **reports will be provided in Word and PDF** accessible formats via email to the MDHS project manager in both draft and final versions. This is standard procedure for all REDACTED COMPANY NAME work, along with providing **raw data, valid data, and cleaned data in Excel** format.

REDACTED COMPANY NAME is prepared and committed to meet the quality and standards required by the MDHS Needs Assessment and to provide an efficient, valid, collaborative, and service-oriented data collection and analysis where the final report is reflective of the accurate data collected, has low margin of error, reflects the diversity of the community served, is reviewed and approved by the MDHS team, and contains increase or decrease service recommendations.

# Proposal (REDACTED)

## Statement of Interest

**Purpose.** REDACTED COMPANY NAME is submitting this proposal in response to Mississippi Department of Human Services (MDHS) Request for Proposals (RFP) # 20210511 entitled, *DAAS Needs Assessment*. This proposal seeks to address the stated purpose of the RFP, which is “contract for developing the 2022 Mississippi Needs Assessment for the MDHS Division of Aging and Adult Services (DAAS)”.

**Geographic & Community Scope.** Surveys are to be distributed to the random selection of households (older Mississippian adults 55+) and providers from all 10 Area Agencies on Aging (AAAs).

**Scope of Work.** This proposal reflects our approach to the development or modification, implementation, and analysis of two separate Surveys offered to the households (older adults 55+) and providers by REDACTED COMPANY NAME in response to RFP #20210511. REDACTED COMPANY NAME will modify these surveys and develop protocols, methodologies, analysis plans, and report templates that are approved by MDHS DAAS.

- Two versions of the surveys (one for households with those 55+, one for providers) as well as subsequent analysis plans and reports, will be developed or modified. Both surveys will be available in English *and* Spanish.
- Surveys will be administered via telephone, as well as text and email invitation with link (to apply new innovative technology and techniques that provide cost savings and address user preference), and data collected to a secure HIPAA and HITECH compliant online platform, hosted by REDACTED COMPANY NAME. Households and providers for whom an email is not supplied will be contacted via telephone and asked if they will be willing to take the survey. Households that do not respond to the survey via link will be contacted via telephone.
- Analysis of the survey data will be stratified by demographic characteristics of respondents chosen by MDHS DAAS; the minimum list of social and economic variables for report stratification are noted in RFP Section 2.2. B.5.a (p9).
- Findings will be presented in a branded final report with both narrative, summary tables, geographical mapping, and graphical display to represent the findings. REDACTED COMPANY NAME will present to MDHS DAAS management if requested.

**About REDACTED COMPANY NAME.** REDACTED COMPANY NAME is a *WBENC-certified Women Owned Small Business (WOSB), Historically Underutilized Business (HUB)* and SBA certified research and statistical consulting firm based out of REDACTED CITY, STATE. For over 17 years, REDACTED COMPANY NAME has provided superior research and evaluation design, statistical and qualitative analysis support to education systems, medical health organizations, academic students, faculty, and institutions, along with nonprofit organizations, and independent researchers.

**Previous Work in Community and Needs Assessment Surveys.** REDACTED COMPANY NAME has worked with community, corporate/industry, and government clients ranging from researchers and practitioners to school districts and health departments to conduct needs assessments or community surveys. Our extensive experience working with multi-facets of community surveys, sampling, and analysis include projects that range from building, hosting, and maintaining online surveys and collection tools (providing budget-friendly collection options using secure third-party online survey collection tools), to CATI-telephone surveys collection to preparing research design, calculating sample plans, and conducting high-level analysis for diverse clientele. Each of these services, as well as others, are highlighted in the project examples described in the References and the qualifications section.

**Support Services.** REDACTED COMPANY NAME views itself as a support structure for its clients. We work to develop a customized package of services to meet the client’s specific needs. In some cases, it means research design, data collection, analysis, and report writing, while at other times, it is providing a *specific* service the client cannot do themselves for any specified reason (time, resource, or lack of expertise).



## Background

The Mississippi Department of Human Services, Division of Aging and Adult Services (MDHS DAAS) is the state entity designated by the Office of the Governor to receive and administer federal funds appropriated as a result of the Older Americans Act of 1965, as amended 2016, DAAS administers fund to a statewide network of Area Agencies on Aging (AAAs), works with local service organizations, the private sector, and other state agencies to improve the lives of Mississippi's aging and vulnerable adults (State Plan on Aging FFY 2019-2022, p8).

The Mississippi Department of Human Services (MDHS) Division of Aging and Adult Services (DAAS) website<sup>1</sup> states: *"With the population of Mississippi living longer and longer each year, specialized services for persons more than 60 years of age become increasingly important. The Mississippi Department of Human Services (MDHS), Division of Aging and Adult Services (DAAS) is dedicated to keeping pace with the needs of the state's older citizens and to improving their quality of life. One of every six adults in Mississippi is more than 60. In this population segment, about 79 percent own the homes in which they live. Their independence does not separate them far from their families, for more than two-thirds of this older generation live within 25 miles of relatives. As their numbers continue to grow, so does the need for providing specialized services for older adults."* As part of its dedication to understanding the needs of the state's older citizens and improving their quality of life, the MDHS DAAS has instituted a needs assessment for this population. The last needs assessment was conducted in 2011 (Amendment #1 Q&A, p8).

## Statement of Need

With the goal of assisting the Aging network in obtaining information about the needs of the aging adults currently served and potentially served as well as obtaining further data regarding the developing need for services over the next several years (RFP, p8), MDHS seeks a Contractor to develop the **2022 Mississippi Needs Assessment (MNA)** for the MDHS Division of Aging and Adult Services (DAAS). MDHS DAAS expects that this MNA:

- Follow the example of the 2011 MNA, but with several updates *including* questions related the COVID-19
- Gather updated information regarding the socio-demographic characteristics and current status, formal service usage, projected needs and opinions of Mississippians over 55
- Collects data from a randomized sample of current participants, service providers, and those individuals on waiting lists; it is understood that there are 2 surveys
- Use telephone surveys, as well as apply new innovative technology and techniques
- Data findings come within a 5% margin of error for each survey

**Survey 1** (Older Adults): Using the 2011 MNA (RFP Attachment J, p.44) as its basis, REDACTED COMPANY NAME will modify and develop the **2022 Mississippi Needs Assessment**. With 71.5% of the Mississippi households with broadband internet subscriptions<sup>2</sup>, it is highly likely that many older adults have access to the internet. More recent studies, including one REDACTED COMPANY NAME conducted this year for the Teachers Retirement System of REDACTED STATE, indicate a preference of online collection and increased internet services for older adults.<sup>3</sup> As such, REDACTED COMPANY NAME proposes a cost-savings option whereby the primary data

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<sup>1</sup> Cited from MDHS website, <https://www.mdhs.ms.gov/adults-seniors/services-for-seniors/>

<sup>2</sup> Cited from US Census Bureau, <https://www.census.gov/quickfacts/fact/table/MS/INT100219>

<sup>3</sup> Corey KL, McCurry MK, Sethares KA, Bourbonniere M, Hirschman KB, Meghani SH. Utilizing Internet-based recruitment and data collection to access different age groups of former family caregivers. *Appl Nurs Res*. 2018 Dec;44:82-87. doi: 10.1016/j.apnr.2018.10.005. Epub 2018 Oct 17. PMID: 30389065; PMCID: PMC6662184.

Kelfve, S., Kivi, M., Johansson, B. et al. Going web or staying paper? The use of web-surveys among older people. *BMC Med Res Methodol* 20, 252 (2020). <https://doi.org/10.1186/s12874-020-01138-0>.

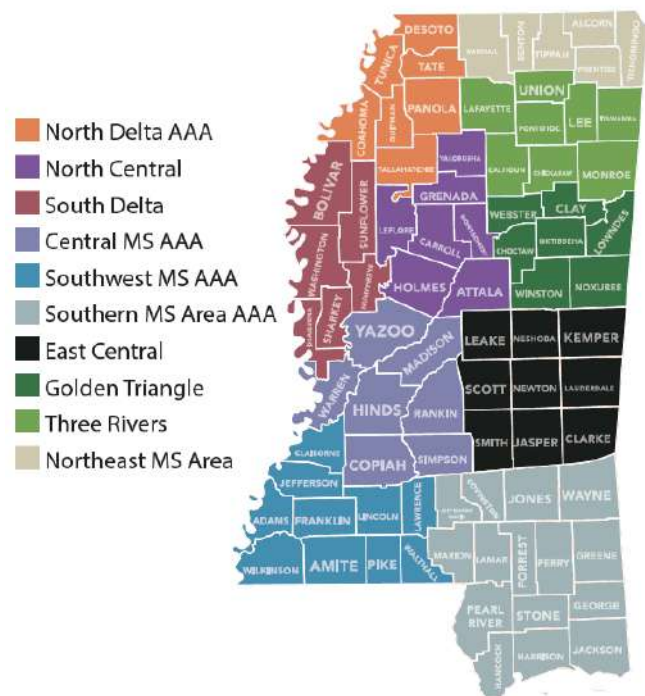
Remillard, M. L., Mazor, K. M., Cutrona, S. L., Gurwitz, J. H., & Tjia, J. (2014). Systematic review of the use of online questionnaires of older adults. *Journal of the American Geriatrics Society*, 62(4), 696–705. <https://doi.org/10.1111/jgs.12747>

collection mode be via a secure online platform, supplemented by telephone interviews where needed. It is expected that 70% of the responses will be conducted via the online survey and 30% via telephone. This survey would include COVID-19 and waiting list questions, and will be available in English and Spanish. This survey would be sent to two different groups, those older Mississippians across the overall sample, as well as those older Mississippians who are identified from AAAs as being on waiting lists.

**Survey 2 (Providers):** MDHS DAAS has provided the **2021 Mississippi Older Adult Needs Assessment Provider Survey** (RFP Amendment #1, p12). REDACTED COMPANY NAME will provide any suggested enhancements to MDHS DAAS before finalizing the survey for use. A list of providers and their email contact information will be requested from each Area Agency on Aging (AAA) (RFP Attachment K, p54). Given that these are state funded facilities, it would be appropriate that these surveys be conducted on a secure online platform. This survey will be available in English only, and will be electronically sent to each of the providers within the 10 AAAs.

REDACTED COMPANY NAME will analyze the surveys and the data will be stratified by demographic characteristics chosen by MDHS DAAS. REDACTED COMPANY NAME will also conduct a longitudinal comparison between the 2011 MNA and the 2021 MNA. Should MDHS DAAS want to compare its older adult population against other states, for benchmarking purposes, REDACTED COMPANY NAME can identify similar needs assessments from other states that are similar in demographic, economic, and rural make-up.

REDACTED COMPANY NAME and MDHS DAAS will collaborate on the report which will be published for the Aging network personnel to inform program planning and policy development including incorporation into the Mississippi State Plan for Aging and Adult Services (RFP, p8). Lead team members identified in this proposal have been published in peer reviewed journal articles, presented in professional and academic conferences, and have written and submitted professional branded reports for city, county, state, federal, and non-governmental entities so they are well-versed in preparing formal, written reports.



### Methodology/Approach

The following section details the specific *steps* REDACTED COMPANY NAME would take to conduct this service. Processes, design and analysis plan approaches are described in the section entitled, *Process Descriptions*. The steps below are similar for both the residential and business surveys. Expected differences between the two surveys include survey items and the sampling frame. Please note, the survey intended for Older Mississippians (1) will be provided in both English and Spanish. REDACTED COMPANY NAME will also provide longitudinal trend analysis and graphs for questions that were collected in the prior 2011 data collection, and the normative comparison analysis between MDHS DAAS and other states (if requested). These milestones are **bolded blue** in the steps below.

#### **Phase 1: Planning & Review (Month 1)**

- 1.1 MDHS DAAS to provide REDACTED COMPANY NAME the prior survey, analysis, and report templates for review.
- 1.2 REDACTED COMPANY NAME and MDHS DAAS kickoff **planning meeting**.

- Identify specific research questions that can help guide analysis.

1.3 REDACTED COMPANY NAME and MDHS DAAS to determine sampling and survey planning.

**Survey 1 (Older Adults)**

- Determine the data sources for the contact database.
- Determine **sampling frame** for randomized sample and identify participant contact list by district.
- A total of 3,000 older Mississippians (55+ years old) – this total is to be comprised of 10 sets of 300 randomly selected participants. The ten sets are to be representative of each of the 10 Area Agencies of Aging (AAA) service areas: 704--Central Mississippi, 705--East Central, 706 --Golden Triangle, 707--North Central, 708-North Delta, 709--South Delta, 709--South Delta, 709--South Delta, 709--South Delta. Each of these AAAs cover over 6 or more counties (RFP Attachment K, p54). Specific area demographic statistics will be pulled from the most recent public U.S. and state level census sources, such as the U.S. Census Bureau, socioeconomic and demographic data, the Current Population Survey, health indicator data from the Centers for Disease Control and Prevention, and service trend data from the Administration on Aging.
  - REDACTED COMPANY NAME will identify the demographic makeup, **specifically rural status and minority**, for each county within the 10 AAAs. The 300 per AAA sample will reflect an over-sample of the rural and minority populations (RFP p9, Section 2.2-B.1.c), as well as the demography of the counties within the service area. *Specifically, minority populations include African Americans, Hispanic, Asian Americans, American Indians, Pacific Islanders, and Vietnamese (if applicable) (RFP Amendment p9).* Specific area rural and minority statistics will be pulled from the most recent public U.S. and state level census sources.
  - REDACTED COMPANY NAME will obtain list and contact details of older Mississippians on waiting lists (see below) from MDHS (RFP p11). It is understood from RFP Amendment #1 (p10) that MDHS DAAS will provide the target number of older adults on the waiting list once the vendor is selected.
- Review measures and **submit questions** (ex. survey edits/modifications, incentives, sampling and power calculations, validity questions, etc.) for MDHS DAAS feedback. It is understood that the 2021 MNA will include 3 questions pertaining to COVID-19, as identified in Attachment J (RFP p3).

**Survey 2 (Provider)**

- Determine the data sources for the contact database.
- Contact each PDD and AAA Director at each of the 10 AAAs and obtain:
  - A list of all service providers and their contact information. *It is noted that RFP Amendment #1 p14-23 provides the list of providers, but the Contractor would need a contact name, phone number, and email address, as well as identification of county served where none are given. RFP p11 indicates this as a responsibility of MDHS.*
  - A list and contact details (telephone, address, and email) of all Older Mississippians on a waiting list within their AAA. *This actually pertains to Survey 1 above, but it will be conducted at the same time to minimize confusion.*
- Identify the total number of service providers in the 10 Area Agencies of Aging (AAA) service areas: 704--Central Mississippi, 705--East Central, 706 --Golden Triangle, 707--North Central, 708-North Delta, 709--South Delta, 709--South Delta, 709--South Delta, 709--South Delta, 709--South Delta. Each of these AAAs cover over 6 or more counties (RFP Attachment K, p54). *Preliminarily, it appears there are approximately 86 providers, but it is unknown how many service which counties or AAAs.*
- Determine sampling frame for minimum number of provider responses.
- Review measures and submit questions (ex. survey edits/modifications, incentives, sampling and power calculations, validity questions, etc.) for MDHS DAAS feedback.

**Comfort Keepers**  
**Services:** Homemaker Services  
**Hours:** SUN: 14:21 To 14:21, MON: 14:21 To 14:21, TUE: 14:21 To 14:21, WED: 14:21 To 14:21, THU: 14:21 To 14:21, FRI: 14:21 To 14:21, SAT: 14:21 To 14:21

- 1.4 Identify analysis preferences for reporting for Surveys 1 and 2.
  - REDACTED COMPANY NAME will stratify survey data by demographic characteristics of respondents chosen by MDHS DAAS; the minimum list of social and economic variables in consideration are noted in RFP Section 2.2. B.5.a (p9).
  - REDACTED COMPANY NAME will conduct longitudinal analysis to compare data from 2011 and 2021 to identify shifts in service use.
  - REDACTED COMPANY NAME is able to analyze trends in population shifts, not only in the aging shifts, but also in the rural and minority movement between areas. This type of data would help MDHS DAAS to anticipate increases and decreases in specific types of services provided in counties.
  - Clustered modeling and geo-spatial analysis will be conducted to examine multivariate relationships and spatial specific trends in the data.
- 1.5 REDACTED COMPANY NAME to create the **contact database** using the data sources determined and any MDHS provided sources.
- 1.6 REDACTED COMPANY NAME to **update both survey instruments** according to MDHS DAAS feedback.
- 1.7 REDACTED COMPANY NAME to translate Survey 1 into Spanish.
- 1.8 REDACTED COMPANY NAME finalize collection schedule, sampling plan, incentives, and online surveys. This includes identifying which contacts must be contacted via telephone interview (i.e., e-mail is returned undeliverable). Create a deidentified respondent code for response rate calculations and e-mail or phone follow-up.
- 1.9 Identify prior data sources for longitudinal trend analysis.
- 1.10 Identify the other state needs assessments for older adults and data sources for the normative comparison analysis for MDHS DAAS feedback (if requested).
- 1.11 Develop documentation and process syntax as the references for future surveys.

*Phase 1 DELIVERABLE(S): 1) Finalized Survey 1 in English and Spanish and finalized Survey 2 in English; 2) Protocol/Methodology, including documentation for an annual process*

### **Phase 2: Data Collection (Months 2-3)**

- 2.1 REDACTED COMPANY NAME to identify and train telephone interviewers. The training will include a basic overview of survey research, the community survey-specific methodology (including its overall goals and purpose), typical challenges in data collection, eliciting survey responses, and frequently asked questions.
- 2.2 Upload surveys (1 and 2) to online survey collection platform, including participant completion directions.
- 2.3 REDACTED COMPANY NAME to **email and text survey invitations** with a link to take the survey online. Respondents will be given the opportunity to take the survey on their own online or to schedule a convenient time for a phone interview.
- 2.4 Conduct **telephone surveys** with those who do not have an email associated with their names; they will be contacted via telephone (CATI) and asked to take the survey through a trained interviewer. REDACTED COMPANY NAME will monitor interviews to ensure survey quality and/or address any questions.
  - Telephonic contact shall be attempted three (3) times; once per day. If after the third attempt no answer is received, REDACTED COMPANY NAME will notate and no longer contact the person (RFP p9, Section 2.2-B.1.d).
- 2.5 REDACTED COMPANY NAME to conduct two **validity checks** on the data. See *Data Cleaning & Validation in Process Descriptions*. Provide opt out counts, response rates, validity status report.
- 2.6 REDACTED COMPANY NAME to send two reminders to complete the survey and close the survey at the scheduled time.
  - REDACTED COMPANY NAME will close the survey or stop making telephone survey calls once the response rate meets the necessary representative sample for both Survey 1 and Survey 2 samples.
  - REDACTED COMPANY NAME will attempt to reach all older adults on waiting lists.
- 2.7 Develop documentation and process syntax as the references for future surveys.

*Phase 2 DELIVERABLE(S): 1) Response & Opt-out rate and validity report; 2) Raw deidentified data in excel and SPSS format; 3) Validity check syntax and documentation*

### **Phase 3: Data Analysis and Results (Months 4-5)**

- 3.1 Develop analysis plan, including the longitudinal analysis from prior data collection and the normative comparison analysis from the secondary data sources with a margin of error no greater than 5%. Known analysis plan approaches to date include;
  - Stratify survey data by demographic characteristics of respondents chosen by MDHS DAAS; current minimum list of variables in consideration are noted in RFP Section 2.2. B.5.a (p9).
  - Longitudinal analysis to compare data from 2011 and 2021 to identify shifts in service use.
  - Analyze trends in population shifts, not only in the aging shifts, but also in the rural and minority movement between areas.
  - Clustered modeling and geo-spatial analysis to examine multivariate relationships and spatial specific trends in the data.
- 3.2 Clean data, conduct final validity check, instrument scoring, weighting and prepare the data for analysis.
- 3.3 Using MDHS DAAS approved analysis plan, REDACTED COMPANY NAME to conduct **analysis of survey data**.
- 3.4 REDACTED COMPANY NAME to prepare tables, charts, results text.
- 3.5 Develop documentation and process syntax as the references for future surveys.

*Phase 3 DELIVERABLE(S): 1) Cleaned Validated Deidentified Data, 2) Code Book, 3) Analysis Plan, 4) Analysis Syntax and Output*

### **Phase 4: Findings & Report (Month 6)**

- 4.1 REDACTED COMPANY NAME to prepare branded **preliminary report and analysis**. REDACTED COMPANY NAME will meet with MDHS DAAS to determine the following information that will help them build the reports required as part of this RFB's deliverables:
  - Who is the primary audience for these reports?
  - Are separate levels of reporting required for separate audiences?
  - Who is the primary point person for report feedback?
  - What formats and branding must be included on the reports?
- 4.2 REDACTED COMPANY NAME to submit report for MDHS DAAS to review and feedback.
  - The charts, graphs, and main content will reflect the preferences identified in the planning phase, as well as any key data that should be logically be included.
  - Specific analysis will be conducted to identify population shifts (based on census data) and the projected increase or decrease of specific services as a result of these anticipated shifts. Additionally, data from 2011 and 2021 will be compared to identify shifts in service use
- 4.3 REDACTED COMPANY NAME to **meet in-person with MDHS DAAS to review draft report** to ensure the specific requirements are met per the Older American Act.
  - This request is typical for this type of reporting. REDACTED COMPANY NAME can prepare PPT for presentation of findings and/or be prepared to walk through portions of the report for specific feedback.
- 4.4 REDACTED COMPANY NAME to finalize and submit branded **final report and analysis**.
- 4.5 Develop documentation and process syntax as the references for future surveys.

*Phase 4 DELIVERABLE(S): 1) Preliminary Report with Analysis, 2) In-person Meeting for Draft Report Review with Applicable Presentation Methods, 3) Final Branded Report with Analysis*

### Deliverables

The following deliverables will be presented to MDHS DAAS:

- Finalized Surveys in English; Spanish provided for Survey 1 only
- Response rate and validity report

- Validity check syntax and documentation
- Raw deidentified data in Excel and SPSS (or other analysis software) format
- Cleaned validated deidentified data and code book
- Analysis plan, analysis syntax and output
- Preliminary report and final branded report in Word and PDF
- Protocol/methodology, including documentation as the references for future surveys
- PowerPoint presentation of findings (If requested)

REDACTED COMPANY NAME will provide metadata (field name description, definition, source, source data, and equation if computed) for all raw and computed data fields. All reports will be branded with the provided logos from MDHS DAAS, with information about REDACTED COMPANY NAME as it relates to their involvement with the project.

## Process Descriptions

### **Quantitative Collection Methods**

*Needs Assessment Surveys.* Two (older Mississippians & providers) multi-modal (online & telephone) state-wide surveys will be conducted to understand older adults and older adult service providers' perception of the long-term needs, services, general issues, quality of life issues, and demographic information. REDACTED COMPANY NAME will ensure those not currently receiving services (those on waiting lists) are assessed. REDACTED COMPANY NAME will review current surveys and offer recommended changes (if any) to reflect the overall goals established in the design and planning phase. Having established surveys reduces cost and time, and provides for the possibility of longitudinal trend analysis. The final sample and sampling frame will be determined in the planning phase. Data will be analyzed and presented at various segmentations determined in the planning phase and confirmed after data cleaning.

*Online Surveys.* Many benefits of online data collection methods have been outlined in the literature. Specifically, online data collection can be more cost-effective, reach a wider audience than traditional data collection methods, increased response rate, and may result in a higher quality of data collected. Furthermore, researchers have also noted that the increased anonymity offered by online survey collection may yield more truthful responses compared to face-to-face or phone interviews in which participants may respond in a pro-social or socially desirable manner out of fears of judgment.<sup>4</sup> Thus, the present project will include options for respondents to complete an online survey which is presented via the email link or a telephone survey. Statistical comparisons will be made between the delivery methods.

*Computer-Assisted Telephone Interviewing (CATI).* Telephone interviewing is a cost saver when components of the target population are widely dispersed geographically or when population densities are low. CATI is a telephone surveying technique in which the interviewer follows a script provided by a software application that is able to customize the flow of the questionnaire based on the answers provided, as well as information already known about the participant. CATI provides benefits for collecting phone interview data. Interviewers sit at a computer workstation as the software provides the customizable interview schedule and records completed interviews, refusals, out-of-service, and schedule callback times, telephone numbers across multiple stations. The computer continuously monitors the sample and interviewing process and automatically dials pre-loaded telephone numbers for the interviewers. Interview errors are reduced with standardized protocols in which the program prompts interviewers to follow. Demographic characteristics of the data will be monitored regularly for valid respondents and demographic makeup of the sample, as well as additional promotion of survey to target demographics including district. Announcements will target specific districts for which more data is needed.

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<sup>4</sup> Herrwegh D. Mode differences between face-to-face and web surveys: An experimental investigation of data quality and social desirability effects. *International Journal of Public Opinion Research*, 21; August 2007

Sampling and Power. For most studies, it is impractical in terms of time, finances, and effort to collect data on every person in the target population. A representative sample allows the collected results to be generalized to a larger population by matching sample characteristics to the population. There are two ways to achieve a representative sample: probability sampling and purposive sampling. In purposive sampling, controls are placed on the types of respondents chosen for the survey in terms of quotas and we specifically look for different types of people to make sure the sample is correctly balanced. Random sampling involves choosing participants from your target population at random minimizing potential sample bias. To be able to sample randomly you need to know details about your target population, such as the gender, ethnicity, age, business type, etc. This proposed project will utilize a random sample of 3000 older Mississippians (55+ years), which will include 300 from 10 AAAs. The demographic makeup of the sample is reflective of the county demographics, with an over-sample of rural and minority populations. Target numbers will be provided by MDHS DAAS for those on the waiting list. Additionally, a sampling frame will be determined for the providers in the 10 AAAs.

Data Collection Protocol. REDACTED COMPANY NAME will design a specified data collection protocol that will cover all of the basic elements of the data collection decision-making and processes. This protocol will be designed and distributed for feedback to MDHS DAAS to ensure that it is in alignment with its objectives and processes for data collection. Elements of this protocol will include, but are not limited to:

- A brief justification for the project and team composition
- Research question(s)
- A description of the program/research methods, data collection protocols and scripts
- Study population and sampling techniques
- Descriptions of the instrumentation and data collection tools used to measure
- Implementation schedules for each project
- A detailed discussion of the data collection, validation, and storage processes

## Quantitative Analysis

Appropriate techniques for data preparation, validation, and coding will be applied to primary and secondary quantitative data sources to prepare the data for analysis. Basic descriptive analyses will be conducted to summarize the measures of interest for presentation for tables and figures such as geographic area, population, and social variables of interest. Comparative inferential will also be conducted to assess group differences (i.e., gender, age, geographic area, population, and other social variables of interest) on key outcomes of interest. Using historical survey data from 2011 MNA, longitudinal analyses will be conducted to assess change over survey collection periods on key outcomes of interest. Additional statistical analyses can be conducted around benchmarking MDHS DAAS data with other state needs assessments for older adults, if requested.

Data Cleaning & Validation. Several measures will be taken to check the validity of the data. Items will be embedded in the surveys that ensure data quality by verifying that each survey respondent is: 1) real: respondents must be who and where they say they are, 2) unique: respondents can never be allowed to enter a survey twice, and 3) engaged: participants must provide honest, thoughtful responses. For example, an item asking participants how many years they have been driving will be included in the surveys. This can be checked against the age item to identify participants that are likely being untruthful. We will also identify and remove individuals who do not pay attention to the survey using oppositely worded items that will be embedded in the surveys and compared. In addition, inattentive or careless responses can be filtered by assessing the variance of matrix questions, and participants with no variance will be considered for removal. Completion time will be assessed for individuals who finish the survey too quickly or too slowly.

All data will be subjected to rigorous data screening to ensure that there are no invalid cases and that missing data is assessed for structure (proportion of missing data) and whether it is missing completely at random (MCAR) or not using Little's MCAR test.<sup>5</sup> If the data is found to have a substantial proportion of missing values

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<sup>5</sup> Little, R. J. A. (1988). A test of missing completely at random for multivariate data with missing values. *Journal of the American Statistical Association*, 83(404), 1198–1202. <https://doi.org/10.2307/2290157>

to where it may impact power or if the missing data mechanism is not MCAR, either multiple imputations or full-information maximum likelihood methods will be employed.<sup>6</sup> Variables will then be subjected to univariate assumptions testing to ensure proper sample within levels of categorical variables and to ensure normal distributions and removed extreme outliers in continuous variables.

Survey Weighting. Weighting is the process of adjusting data to reflect differences in the number of population units that each respondent represents. For example, if a population is 50% male but respondents are only 33% male, then male respondents are given more weight and female respondents are given less weight in the data so that the results more accurately reflect the population. In practical terms, weight is a number in a data file assigned to each respondent and is used as a multiplier to adjust the number of cases used in a calculation. Survey data will be weighted by the population statistics provided by MDHS DAAS, accounting for the probability of selection and the distribution of the older residential population.

Analysis. Descriptive statistics will be calculated for all variables, comprising means, standard deviations, medians, minima, and maxima for continuous variables, while frequencies and percentages, will be calculated for all categorical demographic variables, such as ethnicity, gender, and business type. Distributions of the continuous variables will be examined to determine if normality assumptions are met and parametric testing is appropriate, or whether transformed data or non-parametric tests should be used. Extreme outliers will be investigated for technical or clerical errors. If the size of the measurement cannot be attributed to such an error, it will be included in the analysis and the effect of deleting the observation will also be reported. The data will be analyzed using SPSS v.27.0. Alpha levels for all inferential analyses will be set at .05 ( $\alpha$ ).

Inferential analyses will be conducted to assess the simple/bivariate relationships among the independent and dependent variables, as well as to assess for potential covariates that need to be included in the primary analysis. Specifically, independent samples t tests (effect size = Cohen's d) and Analysis of variance (ANOVA; effect size = partial eta squared ( $\eta^2p$ )) will be conducted to assess the relationships between one categorical variable and one continuous variable. Pearson's product moment correlations (r) will be conducted to assess the relationships between two continuous variables. Bivariate correlations also provide a measure of the strength of this relationship, with values closer to 1 indicating a stronger relationship and values closer to 0 indicating a weaker relationship. Longitudinal trends will be analyzed using repeated measures ANOVA and other geo-spatial modeling. Regression analysis will identify the most important services driving overall satisfaction with services.

To better illustrate the findings in the reports, the outcomes will be visualized by tables, graphs, maps, etc. Visualizations may be built in R packages (i.e., ggplot, tmaptools) and Tableau or other visualization software.

GIS Evaluation. GIS analysis will be incorporated from the U.S. Census at the zip code, census tract, and block group levels to tie in social determinants of poor health (poverty, transportation access, etc.) and how these factors can impact the participants in these programs within a spatial context. The hospital utilization and cost-benefit evaluations can also be incorporated into the GIS system to help provide actionable insights on how to implement appropriate programs given the population needs. Ultimately, the GIS research design, analysis plan, and data visualizations chosen will take into consideration the spatial attributes, measurement level, level of spatial aggregation, visualization best practices, and the availability of geographic data. These considerations will drive how these data will be used to inform and evaluate the aims of the specific programs proposed and maximize the impact and insights from the data. Lastly, GIS mapping at the zip code and area levels can be used to identify locations where, for example, certain needs may correlate with location. These GIS tools can also incorporate the utilization and cost-benefit evaluations of programs to review potential spatial relationships.

Data Visualization. Insight and solutions extracted from data do not end with statistical analysis. The results of statistical analyses need to be communicated in a way in which the broadest possible audience can easily understand them. We take pride in our ability to achieve this goal effectively and efficiently. Lengthy tables loaded with p-values and coefficients are bland and off-putting, whereas good data visualization can both demand attention and curiosity while easily delivering a complex message to the viewer. Whether it is a series

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<sup>6</sup> Little, R. J. A., & Rubin, D. B. (2002). Statistical analysis with missing data (2nd ed.). New York, NY: Wiley



of scatter plots or interactive visualization dashboards, we have a strong track record of providing the highest quality visualizations to our clients. Complexity for complexity's sake should never be the goal for visualization. If a simple bar graph communicates the intended message best, then we recommend that visualization. Far too often, flashiness is given precedent over interpretability. A great data visualization presents eye-catching aesthetics without sacrificing clarity. The consultants and developers at REDACTED COMPANY NAME have extensive experience using tools such as R, R shiny, ggplot2, D3.js, Python, and many others to create illuminating static and interactive data visualizations following industry best practices and technological advancements in the field.

### Brief Data Security Program

REDACTED COMPANY NAME restricts access to controlled data that may be confidential or secured. Our commitment is to the client's data and how inappropriate access might adversely affect our long-standing reputation. Through increased user awareness with documented and policy driven data management, storage and usage, REDACTED COMPANY NAME promotes a strong stance against malicious data theft, internally and externally. Our data program applies to all client or company data in storage, awareness, access, and retention and is subject to all risk assessment and compliance for HIPPA, HITRUST, HITECH Act requirements. All company employees and affiliates are expected to abide by the standards of this program. Access is granted with specific credential and managed by a single administrator. A multi-tenant, compliant, cloud-based location is provided for internal non-networked file storage, along with secure data transfer and sharing. Records of security access to the storage and sharing of files is routinely audited. Credentials are managed by the security administrator and identity management and provisions are handled through [support@REDACTED COMPANY NAME](mailto:support@REDACTED COMPANY NAME) e-mail communication with IT support. IT support will provide any requested documentation of the data security policy and governance under NDA assuming proposal award. Password requirements are outlined within the policies and procedures executed by the company. Individual requirements for security at the desktop, workspace and credentials are outlined in the company data standards protocol. Levels of access are granted per project and data file management requirement. Access control methods in place are withheld within the policies and procedures and audits are regularly conducted. Incident reports are communicated within 24 hours to the support department. Outlined per job description are data level ownership, administration, responsibility and response requirements. Any access found within violation of this program and written protocol are subject to disciplinary action, up to and including termination of employment. No network access is provided to subcontractors or affiliates.

**ELITE RESEARCH – FILE FOLDER 4 – MANAGEMENT DATA NOT REDACTED  
PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE 6/25/21)**

# TAB 4 - Management Data

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### Abbreviations Used Throughout This Document

- ER = Elite Research, LLC
- MDHS = Mississippi Department of Human Services
- RFP = Request for Proposal

# Management Plan

For over 17 years, Elite Research has worked with community, corporate/industry, and government clients ranging from researchers and practitioners to school districts and health departments to conduct needs assessments or community surveys. Our extensive experience working with multi-facets of community surveys, sampling, and analysis include projects that range from building, hosting, and maintaining online surveys and collection tools (providing budget-friendly collection options using secure third-party online survey collection tools), to CATI-telephone surveys collection to preparing research design, calculating sample plans, and conducting high-level analysis for diverse clientele. Over the past three years Elite Research has had 24 employees on average, of which over 20 employees have graduate level degrees within varied scientific and applied research fields. The remaining employees are administrative in nature and have worked with over 100 clients a year at various stages of their research journey.

To meet the needs of the MDHS Needs Assessment surveys are to be distributed via phone, postal-mail and online to randomly selected households (older Mississippian adults 55+) and providers from all 10 Area Agencies on Aging (AAAs). Elite Research will create a sampling frame that is an over-sample and encompasses the demographic need from all areas. Data collection will be closely monitored for valid responses including opt-out management for future collections. Raw data is stored, and the data goes through a file processing of different iterations to get to a valid and cleaned data set for analysis. Both cluster modeling and geo-spatial analysis is conducted to derive findings that are presented in graph and chart form (with associated write-ups). All software and processes are governed by internal Elite Research policy that provides compliance of data collection and storage laws. Together Elite Research and MDHS will review the draft report for updates and revisions. A collective final report is presented in both Word and PDF format and Elite Research, at the request of MDHS will facilitate an in-person meeting. Stakeholder and community presentations are offered as needed.

To complete this detailed work within the 6-month timeline, Elite Research has derived a staffing and communication plan to meet the services needed.

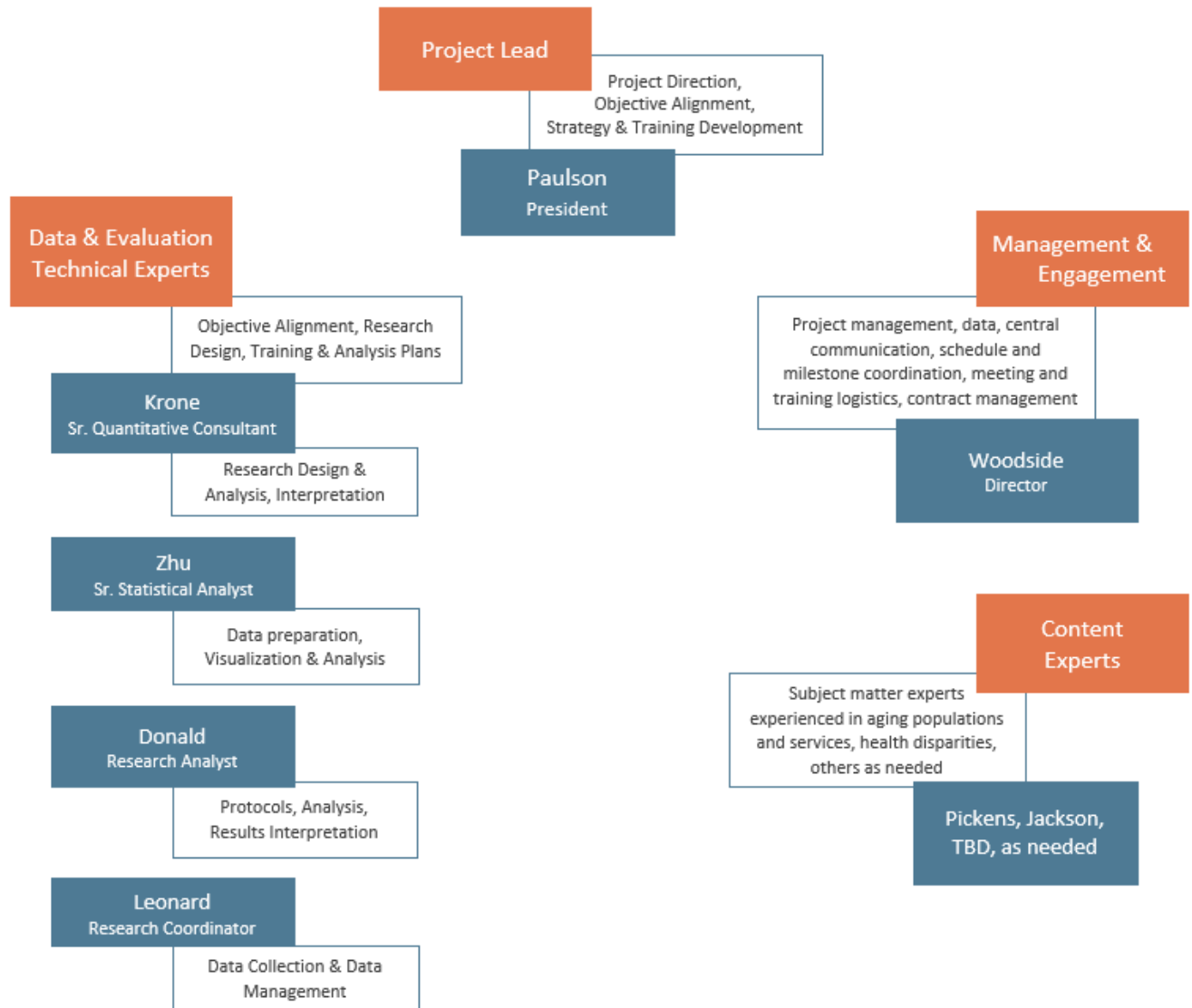
## Staffing Plan

Elite Research has the resource capability and project management for planning and performing the survey research and analysis outlined in the RFP. The research team leads for this project include company principal **Dr. Rene Paulson** (statistics, primary technical contact), **Dr. Ryan Krone** (statistics, reporting), **Dr. Sen Zhu** (survey design and statistical analysis), **Dr. Karina Donald** (qualitative analysis, data collection), **Ms. Chelsea Leonard** (data collection, CATI training), **Ms. Jodi Woodside** (project management). Each member of the team brings unique expertise and experience to the project. Elite Research proposes a hybrid survey with CATI phone and internet for data collection. If there is a greater need for telephone collection, we will hire and train more interviewers with our existing partners for past project for large CATI phone collection. Principal Rachel Kazmi, Director of Process Optimization and Regulatory Application is not assigned as lead staff on this project. Qualifications located in References section below, and Subject Matter Experts brought in as needed.

Name	Title	Role	Reports To
Rene Paulson	President	Oversight of project team, directives, & objectives	Self
Ryan Krone	Sr. Statistician	Survey development, design and methods, analysis & findings	Rene Paulson
Sen Zhu	Sr. Analyst	Data preparation, analysis, visualization, & database management	Krone
Karina Donald	Research Analyst	Design, evaluation, analysis & findings	Krone & Woodside
Chelsea Leonard	Associate	Data Collection, CATI scripting and training, meeting facilitator	Krone & Woodside
Jodi Woodside	Director	Partnership liaison, communication, and engagement	Paulson & Krone

\*all email user names follow the same naming convention *firstinitiallastname@eliteresearch.com*

## Project Team Chart



## Contacts & Location

Elite Research is headquartered just outside of Dallas, TX in a professional office located at 9901 Valley Ranch Parkway, E. Ste. 2035, Irving, TX 75063. Due to COVID restrictions staff is working a schedule with a remote work option on rotation.

Primary company contacts for this project are designed as follows:

Rene M. Paulson, Ph.D. – Primary Technical Contact  
President & Senior Statistician  
Telephone: (972) 538-1374  
Email: [rpaulson@eliteresearch.com](mailto:rpaulson@eliteresearch.com)

Jodi Woodside – Contract and Management Contact  
Director, Project Manager  
Telephone: (972) 538-1374  
Email: [jwoodside@eliteresearch.com](mailto:jwoodside@eliteresearch.com)

## Timeline & Responsibilities

The timeline below outlines the steps needed to reach the milestones requested in the RFP along with the responsible party necessary for those tasks.

During the *planning and review* phase Elite Research and MDHS DAAS will work side by side to set the foundational review needed to progress into the survey development, translation, and secondary data sources. Along the way ER will develop documentation and processing syntax relevant to the project, this is necessary for methodological replication of the study and to build capacity internally for future assessments at MDHS.

Primary Lead areas for ER (Paulson):

- Facilitating meetings and planning phases
- Sampling planning
- Assessing existing data and analysis planning
- Collecting data
- Translating survey (Spanish)
- Documenting and processing working files
- Timely and accurate invoicing
- Managing milestones, deliverables and proposed timeline

Primary Lead Areas for MDHS DAAS (TBD):

- Facilitating communications from ER with project requests
- Meetings and feedback where needed
- Managing project needs and scope
- Meeting and feedback on the initial and final draft of reports (remote and in-person)
- Disbursing payments & contract management

These roles may change as more information becomes available through the initial planning meetings and during the progression of the project.

A shared cloud-based Dropbox will be used to coordinate *all* project planning, surveys, analysis plans, drafts, schedules and meeting notations.

### **Responsibility**

ER will identify a primary contact person to be the go-to on questions and status, and a team member will be assigned to manage the day-to-day tasks, deadlines, scheduling, etc. As planning progresses, team members will be assigned to various aspects of this work. Management responsibilities will be outlined and shared on the joint Dropbox or other shared secure file system.

### **Quality Assurance Measures**

It is the policy of ER's team to provide quality work, service, and products that meet or exceed needs and expectations. Our quality assurance approach focuses on defining quality, measuring quality, and improving quality. *Defining* quality means identifying the expected level of performance for a project or system whether it is for technical performance, service access, interpersonal relations, service delivery, safety, etc. These standards are based on up-to-date scientific evidence but may also include stakeholder perception and expectations depending on the circumstance. *Improving* quality involves closing the gap between the current and expected level of quality; this is done by identifying the element that needs improvement, analyzing the problem, developing possible solutions (hypotheses), implementing the changes and testing their effectiveness, and then determining the best way forward (abandoning, modifying, or implementing the change). *Measuring* quality, to Elite Research, is all about determining whether current performance meets or complies with expected standards. To do this, specific and appropriate-to-industry performance indicators must be identified and then used to assess the level of compliance with standards. The ER team will apply quality measures for alignment with MDHS approach to work to ensure process optimization both in project management, partnership development, and work product.

# Timeline

The following timeline use the milestones requested in the RFP. This six-month proposed timeline is subject to change, although minimally so, based off of preliminary meetings and with MDHS approval. ER proposes four major phases incorporating unique or innovative approaches to accomplishing project deliverables, such as online data collection, CATI computer assisted telephone inquiry, and process documentation for routine collection and analysis. For more than 17 years, ER has extensive experience in successfully completing large scale surveys with targeted timelines, incorporating innovative and cost-saving techniques, process optimization, visualization and actionable insights (see example projects described in the *Corporate Experience and Capacity* section. In addition, Elite Research uses a combination of waterfall project management (WPM), critical path method (CPM), and agile extreme programming (AEP) to manage projects. While these project management approaches can seem conflicting, Elite Research’s expertise in where to use different management approaches throughout a large-scale project can optimize the efficiency and accuracy of the work needed. Specifically for this project, ER has assigned a senior project manager (Woodside) to provide project management, process optimization, communications, and logistical support.

Activity	Responsible	2021																									
		MONTH 1				MONTH 2				MONTH 3					MONTH 4				MONTH 5				MONTH 6				
		1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	5
<b>Phase 1 - Planning &amp; Review</b>																											
1.1 Review prior survey, analysis, report templates	ER/DAAS																										
1.2 Kickoff planning meeting	ER/DAAS		V																								
1.3 Determine sampling and survey planning	ER/DAAS																										
1.4 Identify analysis preferences for reporting for Surveys 1, 2	ER/DAAS																										
1.5 Create contact database using data sources determined	ER																										
1.6 Update survey instruments	ER																										
1.7 Translate Survey 1 into Spanish	ER																										
1.8 Finalize collection schedule, sampling plan, etc.	ER																										
1.9 Identify prior data sources for longitudinal trend analysis	ER/DAAS																										
1.10 Identify other state needs assessments (if requested)	ER/DAAS																										
1.11 Develop documentation and process syntax	ER																										
<b>Phase 2 - Data Collection</b>																											
2.1 ER to identify and train telephone interviewers	ER				V																						
2.2 Upload surveys 1 & 2 to online survey collection platform	ER																										
2.3 Email survey invitations with survey link *	ER																										
2.4 Conduct CATI telephone surveys *	ER																										
2.5 Two validity checks on the data	ER																										
2.6 Two reminders to complete the survey	ER																										
2.7 Develop documentation and process syntax	ER																										
<b>Phase 3 - Data Analysis and Results</b>																											
3.1 Develop analysis plan	ER/DAAS																										
3.2 Clean and prepare the data for analysis	ER																										
3.3 Conduct analysis of survey data	ER																										
3.4 Prepare tables, charts, results text	ER																										
2.7 Develop documentation and process syntax	ER																										
<b>Phase 4 - Findings &amp; Report</b>																											
4.1 Prepare branded preliminary report and analysis	ER																										
4.2 DAAS to review and feedback	ER/DAAS																										
4.3 In-person meeting to review draft report	ER/DAAS																										
4.4 Finalize branded report and analysis	ER																										
4.5 Develop documentation and process syntax	ER																										
<b>Communication &amp; Meetings; Process Documentation</b>																											
General communication	ER/DAAS																										
Check in with key officers	ER/DAAS			V			V			V			V			V			V			V			V		

IP = In Person; V = Virtual; \* Surveys 1 (older adults using services and those on waiting list) and survey 2 (providers) will run simultaneously

**ATTACHMENT A  
PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES**

Organization Name: Elite Research, LLC

Organization's Physical Address: 9901 Valley Ranch Parkway E. Ste. 2035, Irving, TX 75063

Organization's Mailing Address: 9901 Valley Ranch Parkway, E. Ste. 2035, Irving, TX 75063

Organization's Principal Place of Business: 9901 Valley Ranch Parkway E., Ste. 2035, Irving, TX 75063

Organization's Place of Performance of Services (if different): Same

Contact Person's Name: Rene M. Paulson

Contact Person's Title: President

Contact Person's Phone No.: 972-538-1374

Contact Person's Fax No.: 1-800-806-5661

Contact Person's Email Address: rpaulson@eliteresearch.com

Tax I.D. Number: 42-1628901

DUNS Number: 010796633

Age of business 17+ years Average number of employees over the past three (3) years: 24

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned \_\_\_\_\_ Women-Owned X

Indicate the underlying philosophy of the firm in providing the services required within this solicitation:

Elite Research's (ER) underlying philosophy in all of its work is empowerment. Whether we are working to build capacity within organizations or provide tools or data to empower groups to make data-driven and data-informed approaches, our goal is to move the dial for our clients. Specific to the work laid out in this RFP, ER commits to transparency, integrity, quality, and equity in all of our practices to research design, data collection, data analysis, and results presentation. ER has committed to these same tenants when working to conduct needs assessments or community surveys for other community, corporate/industry, and government clients. Our philosophy applies to the many facets of needs assessments from survey development and/or modification to sampling and analysis. We bring value add to projects because of our end-to-end service quality and abilities that range from building, hosting, and maintaining online surveys and collection tools (providing budget-friendly collection options using secure third-party online survey collection tools) and CATI-telephone surveys to preparing a research design, calculating sample plans, and conducting high-level analysis for diverse clientele. We want our work with people to change how they think, to improve their processes, and to increase their impact.



By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at its own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it has not retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
9. **REPRESENTATION REGARDING GRATUITIES**  
The Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.
10. **INDEPENDENT PRICE DETERMINATION**  
The respondent certifies that the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.
11. **PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES**  
The prospective Contractor represents as a part of such Contractor's proposal that such Contractor has not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** Elite Research, LLC

**Printed Name and Title of Representative:** Rene Paulson

**Signature/Date:** 

*Note: Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.*

**ATTACHMENT B  
DEBARMENT VERIFICATION FORM**

Subgrantee's/Contractor's Name	Elite Research, LLC
Authorized Official's Name	Rene Paulson
DUNS Number	010796633
Address	9901 Valley Ranch Parkway E., Ste. 2035, Irving, TX 75063
Phone Number	972-538-1374
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	Yes

\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.

**Federal Debarment Certification:**

By signing below, I hereby certify that Elite Research, LLC is not on the list  
*(Subgrantee's Name/Contractor's Name)*  
for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management (SAM).

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that Elite Research is not on the list  
*(Subgrantee's Name/Contractor's Name)*  
for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.

  
\_\_\_\_\_  
Signature of Authorized Official  
*(No stamped signature)*

8/7/21  
\_\_\_\_\_  
Date

Retrieved from SAM.GOV

**Elite Research, LLC**

**DUNS** Unique Entity ID:  
010796633

Purpose of Registration:  
All Awards

Registration Status: **Active**      Expiration Date: **Dec 17, 2021**

**SAM** Unique Entity ID:  
VM6LK3LNJAU5

Address:  
9901 Valley Ranch Pkwy E Ste 2035  
Irving, TX 75063-4872 USA

CAGE/NCAGE:  
750B9

**ATTACHMENT C  
PROPRIETARY INFORMATION FORM**

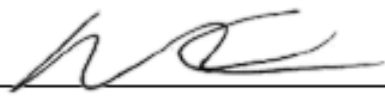
The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. If this is not applicable, please indicate with "N/A" below.

1. N/A
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

  
\_\_\_\_\_  
Signature of Authorized Official/ Title  
(No stamped signature)

6/7/21  
\_\_\_\_\_  
Date

## Corporate Experience and Capacity

Elite Research, LLC, (ER) is diversity classified as an **WBENC-certified Women Owned Small Business (WOSB), Historically Underutilized Business (HUB)** and for the last 17 years have provided global consulting services of research, monitoring and evaluation, analytics, and statistics. Headquartered just outside of Dallas Texas, the Elite Research team of 27 employees and more than a hundred connected research partners and subject matter experts reach outside of the typical “advice giving” consulting approach to provide capacity building, actionable insights, and applicable processes.

ER follows a consulting model that provides superior services and builds capacity in organizations. In support of their clients, they work to understand the scope of their needs and mold their services and deliverables according to that need. During the lifecycle of their partnership, ER redefines the approach and deliverables and provides solution focused recommendations in collaboration with their external partners along the way.

Current/previous data collection with innovative collection and reporting techniques, data governance, analysis and reporting work includes, but is not limited to:

- A national advocacy and service organization, Services & Advocacy for LGBT Elders (SAGE), supporting their internal project of *LGBT Older Adult Program Assessment Processes* transitioned in 2020, with the help of Elite Research, to a fully electronic data collection tool that integrates with their customer relationship management tool. ER provided **improvement metrics and innovative processes** for their **data collection, data quality** and **data management** processing with updates to their survey and outcomes. Training and capacity building among their staff members to conduct **efficient and accurate data collection** in their residential centers and programs, expanding to their organizational programs in the future.
- Conducting a **statewide needs assessment** study in Oklahoma with the Oklahoma Association for Problematic and Compulsive Gaming (OAPCG) regarding the behavioral and rehabilitative needs of the residents. ER’s sampling frame of the state produced respondents that mirrored the U.S. Census data for the state. ER designed the survey, completed the **representative sampling plan**, collected the data via CATI telephone interviews, social media, and with survey link distribution. They cleaned and prepared the data, conducted primary and secondary data analysis, prepared **draft and final reporting, visualization, facilitated stakeholder meetings** and various presentations for OAPCG and the Oklahoma Department of Mental Health and Substance Abuse Services.
- In 2021, ER conducted a **national data collection** of 3600 valid participants focusing on **COVID impact within minority groups** ages 18-65 years old, living in the United States, of any race but with an over-sampling of Black or Hispanic respondents. The University of Texas at Austin contracted ER for sampling plans, survey design, data collection, data validation, and weighting calculations **reflecting a margin of error no greater than 5%**. Deliverables include **raw data in Excel**, validated data in Excel, cleaned data in excel, survey in Word, and **final reporting in both branded Word and PDF formats for accessibility**.
- As part of their service evaluation, The Teachers Retirement System of Texas contracted ER in early 2020 for their annual Membership Satisfaction Survey of both their retirees and active member participants. This survey reviews member engagement of **health, social, and economic variables** and products. ER redesigned the survey, **translated for native Spanish** speaking participants, collected via **online survey tool** distribution in email, and via **CATI telephone survey**. ER supplied the data management, analysis, graph and chart creation, report, **facilitated stakeholder meetings** and board presentations. Continuing in 2021, dashboard development and near real-time monitoring will begin.
- The Town of Brookline outside of Boston, Massachusetts conducted an assessment where ER sampled **town-wide programs and employees** on their diversity, equity and inclusion practices and policies to help strengthen their town’s racial equity focus and to meet performance indicators of their strategic plan. ER performed the survey tool setup, dissemination of link to respondents, data collection, analysis **reflecting a margin of error no greater than 5%**, and reporting/implementation planning. This helps to **inform modifications and suggested opportunities** in policy and to advance the town’s goals.

- **Rural community needs assessment** in the town of Lubbock, Texas, and surrounding rural cities for inclusion of a social program required **sampling frame**, survey development, telephone, face-to-face, online data collection and focus groups/interviews of random residents and key stakeholders. Texas Tech University awarded ER this project in preparation for their Promised Neighborhoods Proposal. ER provided data collection of the residents, power analysis for regional level comparisons, data preparation, analysis and reporting. Elite Research met with the University to **review the draft report**, brand the report, and to present the final report in a way that was of use to both the community and their proposal. Final reports are provided in both **Word and PDF accessible formats**.

In each of the above examples of conducted **needs assessments** and surveys, reporting was designed to serve populations, in underserved, **rural and minority communities with inequities in health, diversity, social, age, gender, behavior**, etc. Raw data was provided in Excel and/or SPSS. Reporting on needs assessment data based on representation of the community samples are critical to shape the need for and **increase or decrease in programs or ways in which a community is impacted and served**. To meet these needs, ER works diligently as a **partner** in designing, interpreting and reporting of this data. In cohort with MHDS, the draft report will be reviewed in-person for further elaboration with community knowledge and suggested improvement strategy for collective need to develop the **final report, which will be delivered in both Word and PDF**.

The company follows a matrix organizational structure with the primary decision maker as the President. Functional departments such as research and statistics, computing and information technology, editing, and optimization coordinate regularly with production groups based on individual project needs. Their team consists of over 25 graduate-level consultants with Master’s and PhD degrees from variety of cultural, educational, and professional backgrounds, and additional support staff. This structure allows facilitation of expert staff per project, rather than the duplication of products or resources. Unlike other firms, consultants at ER are often trained in real-world research, rather than solely theoretical or mathematical approaches, and, as such, are highly qualified to deal with the unique situations that often go hand-in-hand with real-world research. Elite Research uses a combination of waterfall project management (WPM), critical path method (CPM), and agile extreme programming (AEP) to manage projects. While these project management approaches can seem conflicting, Elite Research’s expertise in where to use different management approaches throughout a large-scale project can optimize the efficiency and accuracy of the work needed.

With a goal and solutions approach, ER works to fill the gaps with external content experts and internal team members, providing a search and selection of client internal teams/roles, if needed. During the consultancy, ER will support tasks by filling any client gaps in resources or knowledge, which allows the use of our collective expertise anywhere in the process where our client sees fit. Elite Research utilizes its community partners as subject and content experts within contracts, as needed. This collaboration builds a consistency in the product and strengthens our client’s goals and reaches our end goal of organizational support and empowerment. This approach strengthens not only the project, the team, and the organization, but it manifests into greater internal/external collaboration and cohesive nature of future projects. Having a consultancy team as a resource always proves to have a lasting effect for future workflow, not only in the present.

To meet the needs of the proposal and to explicitly state as part of our commitment to the MDHS DASS assessment and reporting, as outlined in the technical approach/proposal:

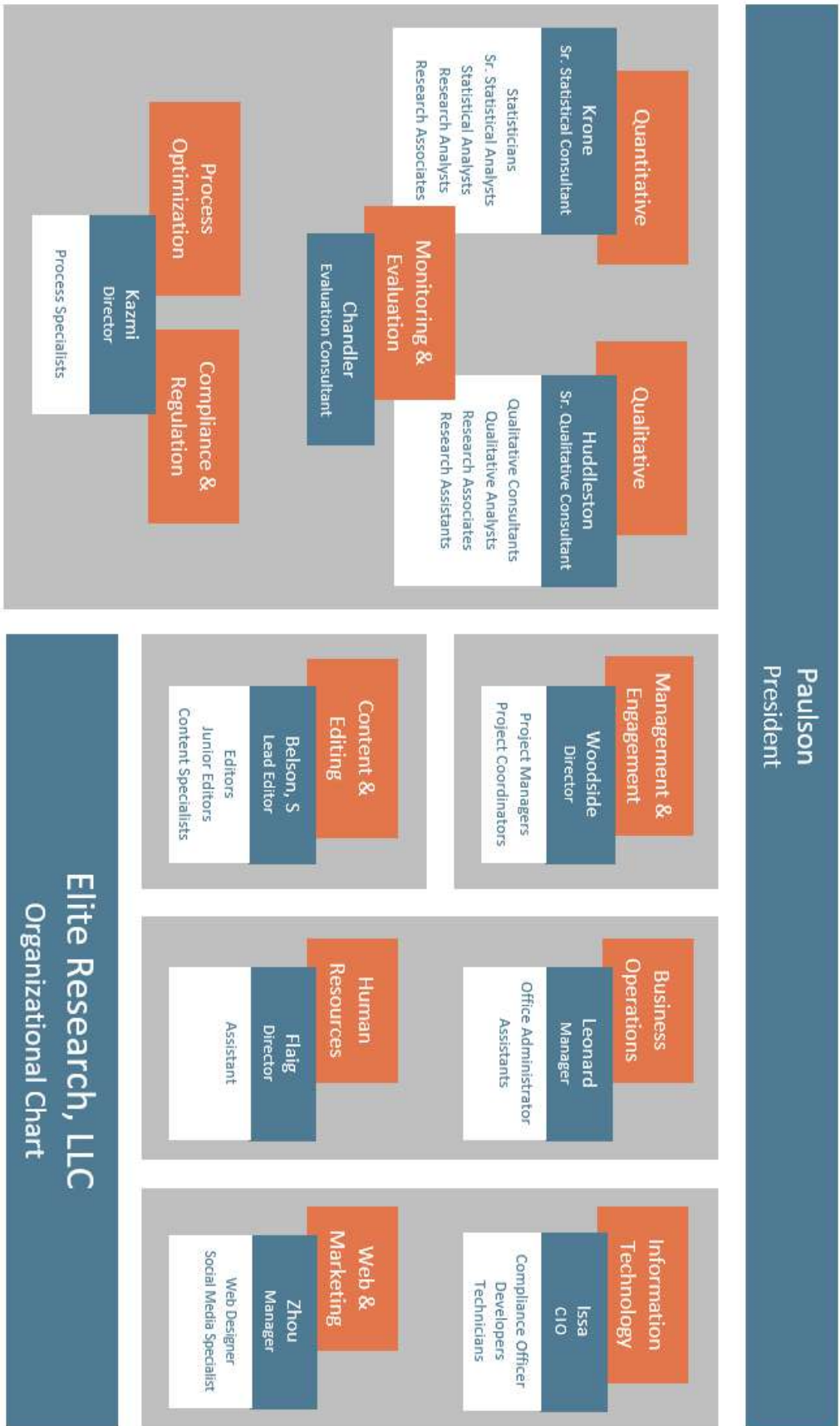
ER will facilitate a meeting in-person with MDHS DAAS to review the draft report to ensure the specific requirements are met per the Older American Act. ER can prepare PPT for presentation of findings and/or be prepared to walk through portions of the report for specific feedback.

Primary company contacts for this project are designed as follows:

Rene M. Paulson, Ph.D. – Primary Technical Contact  
 President & Senior Statistician  
 Telephone: (972) 538-1374  
 Email: [rpaulson@eliteresearch.com](mailto:rpaulson@eliteresearch.com)

Jodi Woodside – Contract and Management Contact  
 Director, Project Manager  
 Telephone: (972) 538-1374  
 Email: [jwoodside@eliteresearch.com](mailto:jwoodside@eliteresearch.com)

Company Organizational Chart



Elite Research, LLC  
Organizational Chart

## Relevant Experience

The following projects demonstrate Elite Research's knowledge and experience in survey and assessment research design, data collection, data analysis and reporting.

- 1) **Contracting Activity & Number (If applicable):** Member Satisfaction Survey; TRS Contract 20-0000104  
**Project:** *TRS Membership Satisfaction Surveys*  
**Partner:** Teacher Retirement System  
**Project Description:** The Teacher Retirement System of Texas (TRS), consisting of Benefit Services, Health and Insurance Benefits, and Investment Management historically conducts a Member Satisfaction Survey biennially to gauge satisfaction. In 2020, TRS introduced member and retiree surveys to evaluate member engagement annually. Contracting Elite Research to develop customized survey instruments to determine group service evaluations, data management, analyses, visualization, and an annual report/presentation to the Board.  
**Performance Period:** August 2020 – Present, Yearly with up to 3 additional renewal years  
**Total Contract Amount:** \$80,0000 yearly  
**Contact Reference:** Caasi Lamb, Director of Strategic Initiatives; [Caasi.Lamb@trs.texas.gov](mailto:Caasi.Lamb@trs.texas.gov)  
**Key Services:** Survey Development, Secondary Data Analysis, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Presentations
  
- 2) **Contracting Activity & Number (If applicable):** Town of Brookline, MA; Diversity Contract  
**Project:** *Racial Equity Assessment: Town of Brookline*  
**Partner:** Town of Brookline & The Racial Equity Group  
**Project Description:** Racial Equity Group, with data collection, data preparation, analysis and reporting support from Elite Research, is conducting a racial equity audit to help the Town of Brookline — a vibrant community of approximately 60,000 residents located within the Boston urban core — become a leader in advancing municipal racial equity by cultivating an environment inside all departments, where staff and stakeholders experience genuine respect, fairness, inclusion, and dignity. Achieving racial equity for Brookline included ensuring service delivery, employment, procurement, and programs are administered with an equity mindset to prevent disparate impacts on people of color, on what may appear as neutral policies, practices, and procedures, culminating in a Town-wide equity plan that sustains racial equity. REG facilitates the Racial Equity Audit for 1,500 employees and provides the Equity Eye Analysis toolkit for 20 department heads to evaluate policies and practices that were strengthening or impeding equity. The audit assessment also informs Brookline leadership of employee competency levels, data collection gaps, and opportunities to modify policies and practices to advance equity and become an anti-racist institution.  
**Performance Period:** 2021 – Current  
**Total Contract Amount:** \$85,000 yearly  
**Contact Reference:** Bird Guess, President & CEO; 617-730-2326; [bguess@racialequitygroup.com](mailto:bguess@racialequitygroup.com)  
**Key Services:** Assessment, Survey Development, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Actionable Insights, Training, Presentations
  
- 3) **Contracting Activity & Number (If applicable):** DEI Assessment and Benchmarking  
**Project:** *Racial Equity Mindset Framework - UVA Finance*  
**Partner:** University of Virginia  
**Project Description:** REG, with data collection, data preparation, analysis and reporting support from Elite Research, is assessing the Racial Equity Mindset framework for the University of Virginia (UVA) that included the following: measure and evaluate the current state of belonging and inclusion, develop a deep understanding of equity, diversity, and inclusion, bias, best practices, evaluate strengths, weaknesses, opportunities, and threats within UVA in the context of racial equity, evaluate current policies and practices and how they impact equity, diversity, and inclusion, including but not limited to practices in recruitment, hiring, promotions, performance management, and compensation, establish goals and adopt baseline

metrics and reporting to utilize in measuring, monitoring, and managing UVA progress towards desired goals.

**Performance Period:** 2021 - Current

**Total Contract Amount:** Under NDA; range \$50 – 75K

**Contact Reference:** Bird Guess, President & CEO; 617-730-2326; [bguess@racialequitygroup.com](mailto:bguess@racialequitygroup.com)

**Key Services:** Assessment, Survey Development, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Actionable Insights, Training, Presentations

4) **Project:** *MEGA Life Insurance Satisfaction Study*

**Partner:** The MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company, and Chesapeake Life Insurance Company

**Project Description:** To best serve the needs of the members, providers, and agents of the national health insurance provider, MEGA conducted routine satisfaction and market surveys using a custom online survey data collection tool created, hosted, and maintained by Elite Research. MEGA needed custom data fields to website user profiles (agent #, agent district, agency, contract date, state) with the ability to display/sort posted questions by specified fields. However, since most questions will be posted by site administrators and not agents, this approach would not satisfy the intent. Advanced features also included survey website with client branding, secure encryption, question organization into categories, with generated summary reports by client designated sticky questions, latest questions, popular questions, and lockable questions. Deliverables included 1) Online custom and branded data collection tool, response and validity reports, raw and cleaned data files in CSV format, summary reports.

**Sample size and number responding:** Various depending on the survey. All surveys required 95% confidence level, 3% confidence interval, and samples to be representative of the state census data for each survey's state of collection with typically a minimum of 950 valid cases.

**Performance Period:** 8+ years, including initial year and yearly renewal.

**Contact Reference:** Amy Moss, Vice President, John Hunter, Sr. VP, Philip Issa, Lead Architect (214-450-4800), The MEGA Life and Health Insurance Company, 9151 Boulevard 26, North Richland Hills, TX 76180; [philip.issa@hmkts.com](mailto:philip.issa@hmkts.com); [amy.moss@hmkts.com](mailto:amy.moss@hmkts.com)

**Key Services:** Report and analysis of results: Summary reports of each survey including descriptive statistics of overall sample, as well as by demographics such as age, gender, race/ethnicity, education level, and state.

5) **Project:** Texas Tech University Rural Communities Assessment

**Partner:** Texas Tech University (TTU)

**Project Description:** This project with Texas Tech University included a community assessment of rural communities in the Lubbock area for potential inclusion in TTU's Promise Neighborhoods proposal. The survey focused on how the school setting promotes or inhibits academic performance by collecting data from students, staff, families, etc., focusing on major categories of safety, teaching and learning, interpersonal relationships and the institutional environment. A 15-minute community needs assessment survey was developed and administered via telephone, F2F, and online, as well as focus groups/interviews with key stakeholders were conducted. Phone interviews of residents were address-based sampling whereby participants are randomly selected by postal code and then invited by telephone to participant in a phone interview. Deliverables included 1) valid survey in Spanish and English, online data collection survey link, response and validity report, raw and cleaned data in excel and SPSS, final report. A minimum sample of 500 was needed for a final valid analyzable sample of 400 (power analysis for city level comparisons). A total of 589 respondents were collected with a final valid sample size of 481.

**Contact Reference:** Kathy Austin, PhD & Tena Gonzales, M.B.A, Unit Associate Director – Research Grants, College of Education, Texas Tech University, 806-834-0840, [tena.gonzales@ttu.edu](mailto:tena.gonzales@ttu.edu)

**Key Services:** Report for each major city, descriptive statistics of respondents, health, education, child information, housing, physical activity, resources.



6) **Project:** Oklahoma Gambling Prevalence Study

**Partner:** Oklahoma Association for Problematic and Compulsive Gaming & Oklahoma Department of Mental Health and Substance Abuse Services

**Project Description:** To best serve the behavioral and rehabilitative needs of the residents of the state of Oklahoma, the OAPCG conducted a gambling prevalence survey within the state, as well as awareness of state resources. Conducting such a study assisted the OAPCG in lobbying for additional funds and intervention resources on behalf of its residents. There were three forms of participant recruitment: online, social media, and phone all via an address-based sampling frame. Deliverables included 1) development of valid survey, online data collection survey link, response and validity report, raw and cleaned data, final report. A minimum sample of 2700 was needed for a final valid analyzable sample of 2200 (95% confidence level, 3% confidence interval, based on a 1.5% prevalence rate) representative of the U.S. Census data for the state of Oklahoma. A total of 3253 respondents were collected with a final valid sample size of 2636. The prevalence study was representative of the state in terms of demographics and social economics status, allowing for analysis in terms of age, race/ethnicity, education level, and county.

**Performance Period:** 5 years, including ongoing analyses for expanded reports.

**Contact Reference:** Wiley D. Harwell, D.Min, Executive Director, 405-801-3329, [wharwell@oapcg.org](mailto:wharwell@oapcg.org)

**Key Services:** Weighted prevalence rates and unweighted inferential analyses. Pilot study report and annual report including descriptive statistics of overall sample, as well as by demographics such as collection method, age, gender, marital status.

7) **Project:** The Diffusion Group Market & Satisfaction Surveys

**Partner:** The Diffusion Group

**Project Description:** The Diffusion Group (TDG) conducted routine satisfaction and market surveys for its clients using a custom online survey data collection tool created, hosted, and maintained by Elite Research, as well as by a third party online survey software tool, such as Qualtrics, PsychData, and SurveyMonkey. Advanced features included survey website with client branding, secure encryption, question organization into categories, with generated summary reports by client designated sticky questions, latest questions, popular questions, and lockable questions. Elite Research conducted specific satisfaction surveys for TDG clients including Adstream, ATI, Dell, DirecTV, Intel, MS Video, and Zillion TV. Deliverables included 1) Online custom and branded data collection tool, survey collection links, valid surveys, response and validity reports, raw and cleaned data files in CSV format, banner tables, and summary reports. All surveys required 95% confidence level, 3% confidence interval, and samples to be representative of the population focus for each survey with typically a minimum of 750 valid cases, but often in the thousands.

*Report and analysis of results:* Summary reports of each survey including descriptive statistics and banner tables of overall sample, as well as by demographics such as age, gender, race/ethnicity, education level, and adoption status, including inferential analysis such as regression modeling, discriminant and cluster analysis, factor and conjoint analysis.

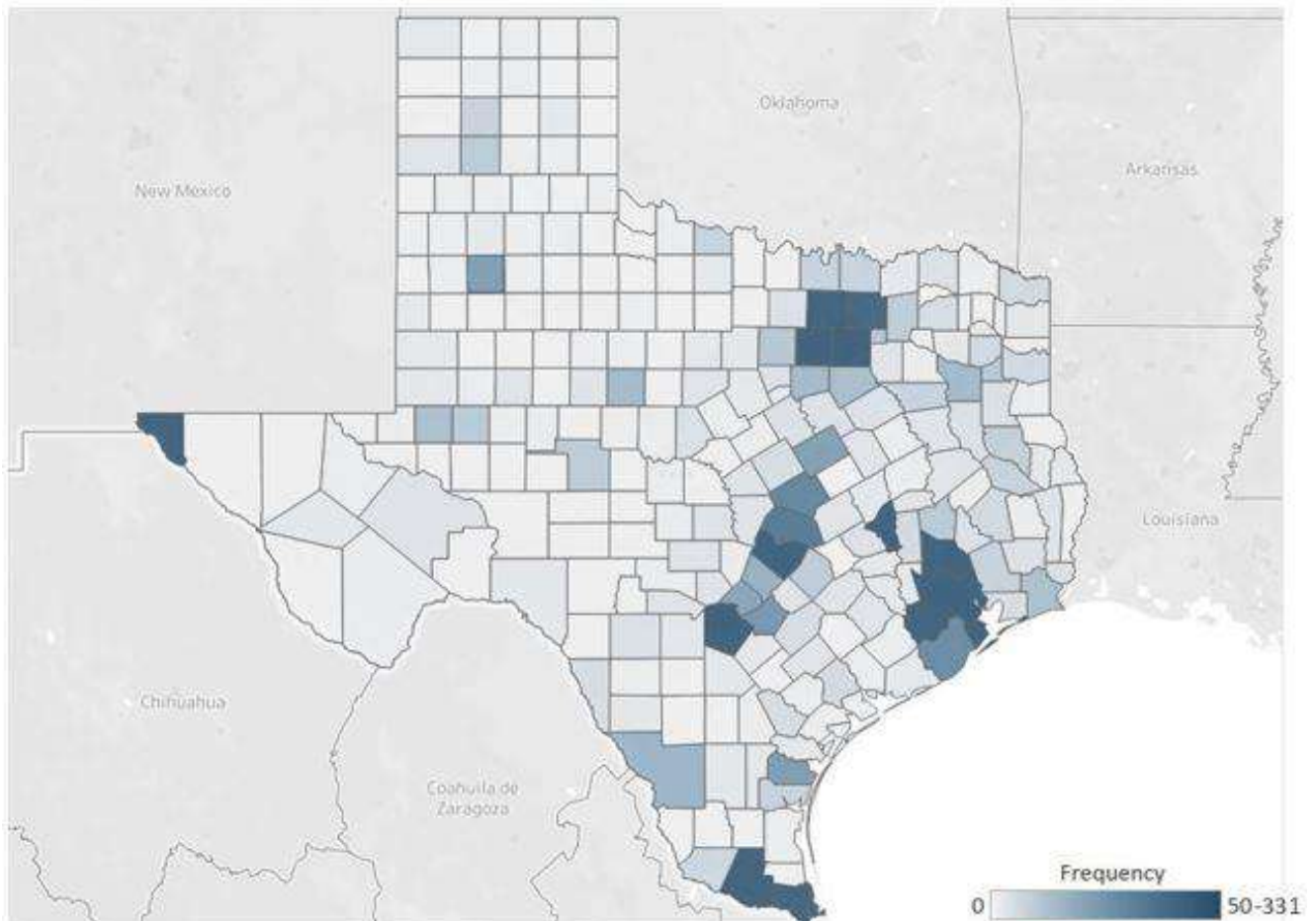
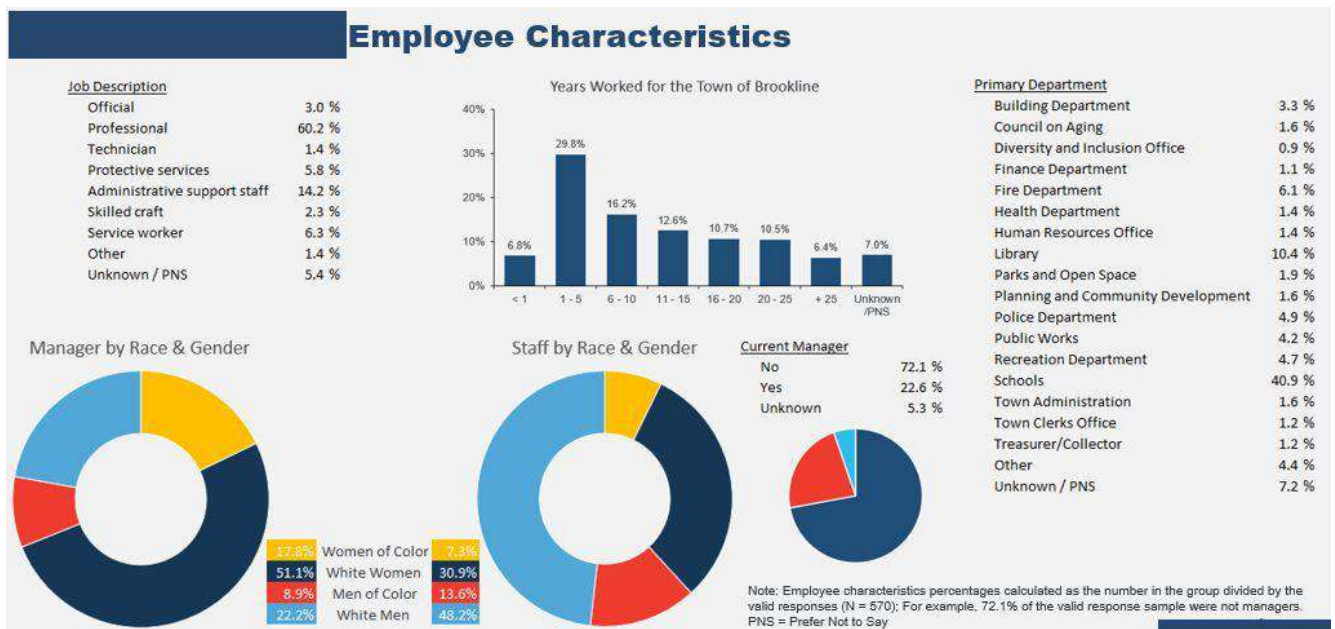
**Performance Period:** 7 years

**Contact Reference:** Michael Gresson, President, Principal Analyst, 214-726-6351, [gresson@thediffusiongroup.com](mailto:gresson@thediffusiongroup.com); Dale Gilliam, Analyst, [gilliamdale@att.net](mailto:gilliamdale@att.net)

**Key Services:** Summary reports of each survey including descriptive statistics and banner tables of overall sample, as well as by demographics such as age, gender, race/ethnicity, education level, and adoption status, including inferential analysis such as regression modeling, discriminant and cluster analysis, factor and conjoint analysis.

## Mapping and Graphic Examples

The following services mapping and graphic examples from deidentified client project results showcase REDACTED COMPANY NAME capabilities to produce modern and impactful visualizations.

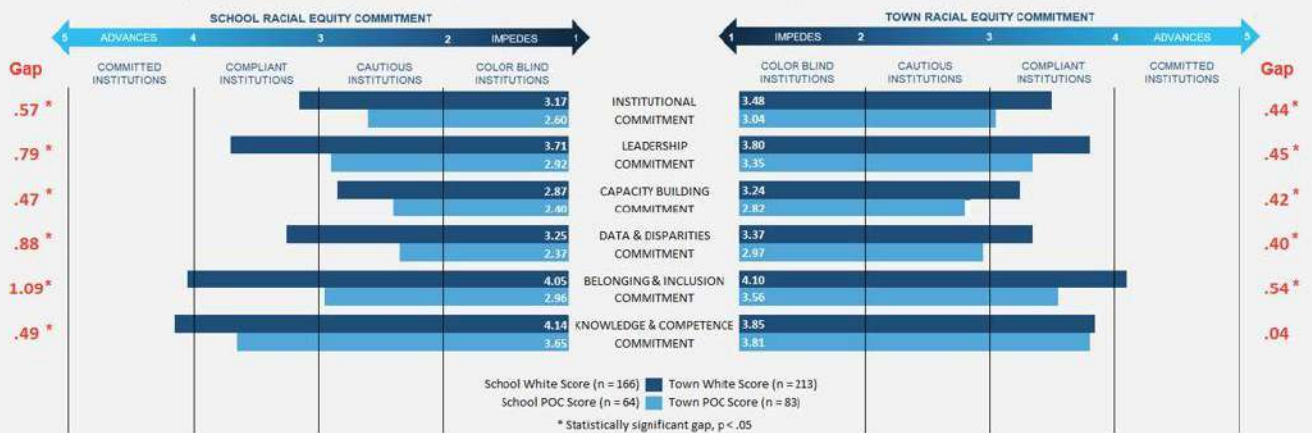


TOWN OF BROOKLINE (ALL)	Benchmark (Org = 570)	White (n = 379)	Asian (n = 40)	Black (n = 41)	Hispanic (n = 31)	Two or More (n = 28)	Other (n = 7)	Unknown (n = 44)
<b>INSTITUTIONAL COMMITMENT</b>								
Town government has a written public declaration clearly stating our commitment to Racial Equity.	3.81 (1.27)	3.97 (1.20)	3.47 * (1.36)	3.23 * (1.33)	3.32 * (1.52)	3.57 * (1.33)	3.40 * (1.14)	4.09 (1.22)
Training and development opportunities to build skills for implementing Racial Equity are made available to all levels of staff.	3.10 (1.42)	3.21 (1.39)	3.00 * (1.46)	2.39 * (1.44)	2.92 * (1.41)	2.71 * (1.43)	2.33 * (1.51)	3.33 (1.42)
A functioning Racial Equity Taskforce/Committee or Chief Diversity Officer exist inside my institution.	3.26 (1.50)	3.43 (1.48)	3.21 * (1.42)	2.67 * (1.51)	2.91 * (1.51)	2.95 * (1.75)	2.50 * (1.23)	3.29 (1.43)
Performance reviews for managers and senior leadership include clear Racial Equity expectations and goals.	2.77 (1.36)	2.88 (1.37)	2.81 (1.47)	2.10 * (1.21)	2.55 * (1.30)	2.37 * (1.12)	1.67 * (0.58)	3.16 * (1.27)
All departments have established Racial Equity indicators of performance and progress.	2.59 (1.39)	2.67 (1.44)	2.76 (1.33)	2.10 * (1.17)	2.65 (1.53)	1.95 * (1.05)	2.00 * (0.82)	2.88 * (1.28)

Numbers in parentheses = Standard Deviations; \* Statistically significant gap, p < .05; Gap = Absolute Value of White Minus Race/Ethnicity; Asian = Asian & Pacific Islander

## School and Town: White and People of Color (POC) Consensus

- For Institutional and Capacity Building, the gap between whites and POC were similar for School and Town, but school scores were lower than town scores for both white and POC.
- For Leadership, Data & Disparities, and Belonging & Inclusion, the gap between white and POC were larger for School than Town, but school and town scores were similar for whites, but school scores were lower than town scores for POC.
- For Knowledge & Competence, there was no significant gap between white and POC for Town. However for school, whites had higher scores than POC. White school REC scores were greater than white town REC scores, while POC school scores were not statistically difference than town POC scores.



## Road to INSTITUTIONAL COMMITMENT

### FC: Develop Internal Sustainability

- Create a functioning Racial Equity Taskforce or Committee
- Develop shared language/glossary of Racial Equity terminology, establish goals and objectives, communicate progress organization wide
- Establish an effective executive position accountable for Racial Equity
- Empower Diversity and Equity Officer with sufficient resources and authority to create transformational change

### FC: Reinforce Management Accountability

- Align manager and leadership performance to compensation and Racial Equity goals

### FC: Prioritize Awareness of Racial Equity

- Create a formal declaration stating Racial Equity is an organizational priority
- Communicate why Racial Equity is a priority and what success looks like

### FC: Build Capacity and Culture of Racial Equity

- Provide voluntary training on Racial Equity appropriate for all levels

### FC: Develop Data Metrics for Monitoring Racial Equity

- Develop scorecards and key performance metrics of progress on desired Racial Equity goals
- Develop and display a dashboard of indicators for internal and external stakeholders

- Functional Competency (FC) Developed
- Functional Competency (FC) Started
- Functional Competency (FC) Not Currently in Practice



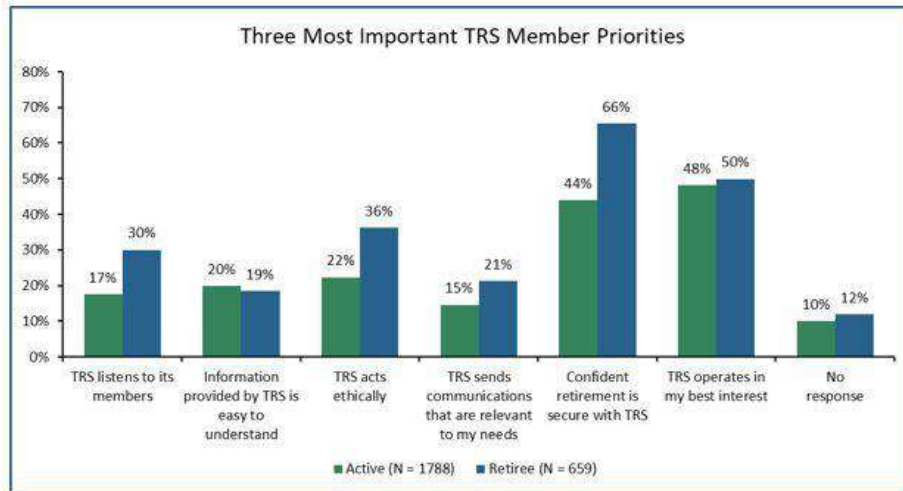


Figure 17. Three Most Important TRS Member Priorities. More retired members reported that “Confident retirement is secure with TRS” (66%), “TRS acts ethically” (36%), and “TRS listens to its members” (30%) as their top three most important TRS member priorities compared to active members (44%, 22%, and 17% respectively).

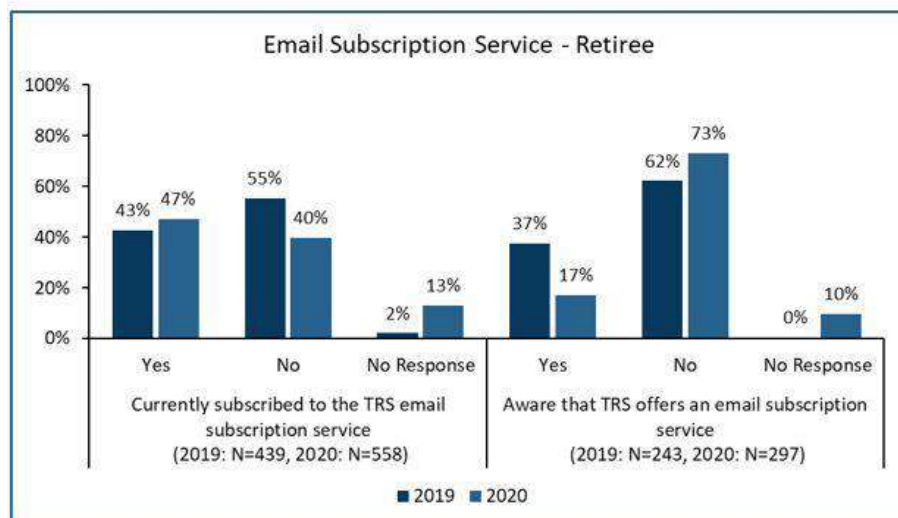
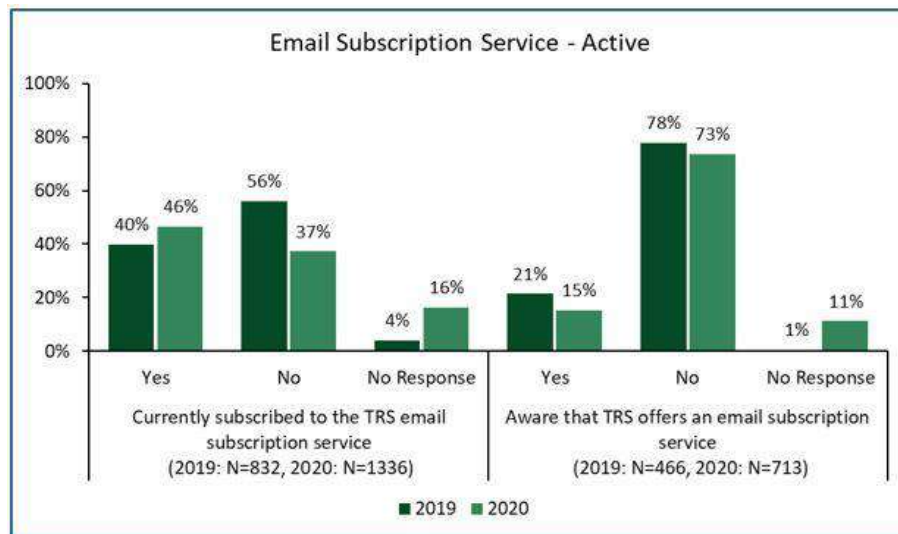


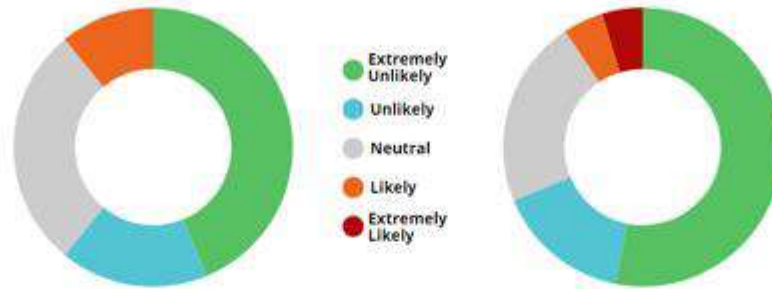
Figure 93 (A & B). Subscription and Awareness to TRS Email Service by Year. For both active and retired members, the subscribers in the TRS email subscription service increases in 2020 compared to 2019. The majority of active and retired members who are not subscribed are not aware of the email subscription service.

# TURNOVER INTENT

**ORGANIZATION** All Organizations  
**DEPARTMENT** All Departments  
**PROGRAM TYPE** All Employees  
**BOI GROUP** All BOI Groups

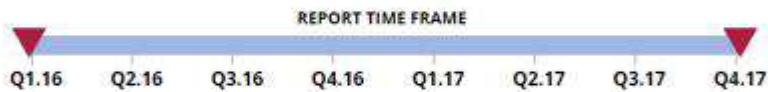
**TWO YEAR TIME FRAME** 2016-2017  
**SINGLE QUARTER REPORT** Q1.16 Q2.16 Q3.16 Q4.16 Q1.17 Q2.17 Q3.17 Q4.17

Show/Hide PVCG Chart

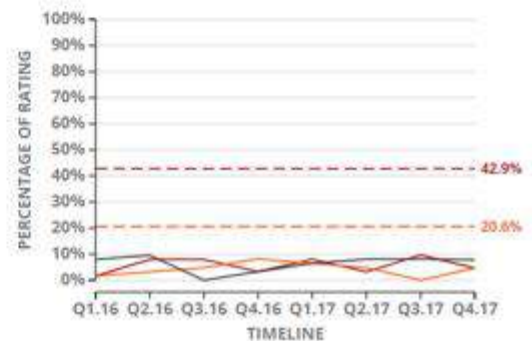
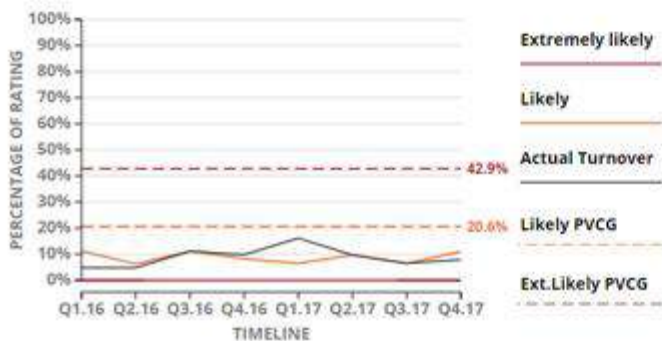
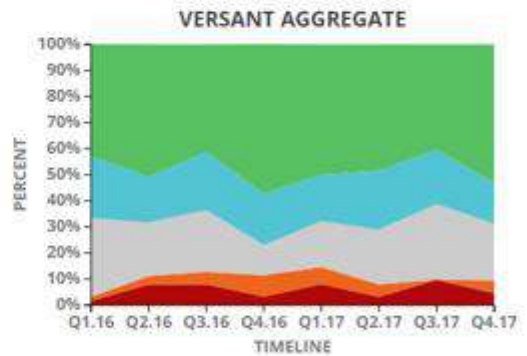
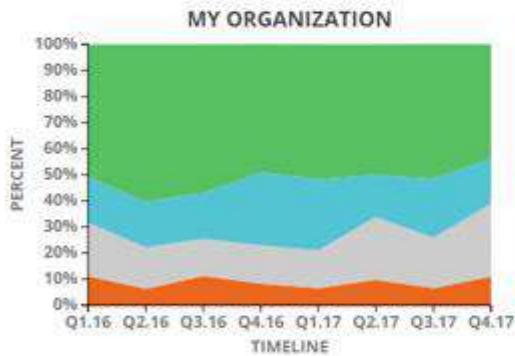


MY ORGANIZATION

VERSANT AGGREGATE



All Organizations | All Departments | All Employees | All BOI Groups |



## Personnel

Elite Research has the resource capability and project management for planning and performing the survey research and analysis outlined in the RFP. The research team leads for this project include company principal **Dr. Rene Paulson** (statistics, primary technical contact), **Dr. Ryan Krone** (statistics, reporting), **Dr. Sen Zhu** (survey design and statistical analysis), **Dr. Karina Donald** (qualitative analysis, data collection), **Ms. Chelsea Leonard** (data collection, CATI training), **Ms. Jodi Woodside** (project management). Each member of the team brings unique expertise and experience to the project. Elite Research proposes a hybrid survey with CATI phone and internet for data collection. If there is a greater need for telephone collection, we will hire and train more interviewers with our existing partners for past project for large CATI phone collection. Principal Rachel Kazmi, Director of Process Optimization and Regulatory Application is not assigned as lead staff on this project.

For this project, Elite Research will appropriate the following lead consultants according to the expertise they bring to various stages of the project.



**Dr. René M. Paulson, President** – brings expertise in statistics, evaluation, instrument development, and methodological protocols. Her role will be oversight of the project as the primary correspondent with the MDHS, report presentation, and overall project leadership. At the core of these efforts is her ability to form partnerships, engage stakeholders and work collectively towards project synergies. Community needs and assessment is the keystone of her entrance into the research arena. *Responsible for day-to-day operation of the contract.*



**Dr. Ryan Krone** – brings expertise in advanced statistics, evaluation, research design, instrumentation development, and online survey data collection. His role and the quantitative team will be one of providing technical assistance, training, and insight to techniques related to quantitative data. This may include survey and collection design, data collection methodology, analysis plans, analysis of findings through the appropriate quantitative analysis software, and reporting findings.



**Dr. Sen Zhu** – brings expertise in technical aspects of analysis, dashboard creation and integration, as well as data visualization. As a senior research analyst, he aligns collected and model data for customer satisfaction surveys, community assessment, and health research. His role will be to bring technical assistance and insight to longitudinal analysis visualization, reporting, data preparation, analysis, and database needs.



**Dr. Karina Donald** – brings expertise in mixed method design and culturally-relevant approaches to research, specializing in analyzing non-verbal expressions in human experiences. She has supported numerous projects where she has designed qualitative research through interviews, semi-structured interviews, focus groups, and observations. Her role will be one of providing design and implementation, and oversight of data collection techniques and best practices. She will analyze the findings through the appropriate qualitative analysis software.



**Ms. Chelsea Leonard** – brings expertise in qualitative research and evaluation design, coding, and analysis. She has worked with numerous health researchers, practitioners, and communities to design qualitative research through interviews. Her role and the qualitative team will be one of providing technical assistance, CATI training, and serve as the coordinator of collection in support of accuracy and efficiency.



**Ms. Jodi Woodside** – brings expertise in project management, optimization, contracts and confidentiality, communications, and logistical support. She will collaborate with the MDHS teams to provide efficient and effective project management for community partnerships to see goals, data collection, and analysis, and reporting through to completion.



## RENÉ PAULSON

President

[rpaulson@eliteresearch.com](mailto:rpaulson@eliteresearch.com)

(972) 538-1374

### BIOGRAPHY

Dr. Rene Paulson is the Founder of Elite Research and Divergent Web Solutions. Her main goal in the development of both companies was to provide scientific and technical support to institutions seeking collaborative expertise across academic business functions including research and evaluation, program design, marketing and advertising, informational systems and technologies, operations and strategic planning, and finance. Her personal research has been dedicated to attitude and behavioral change in relation to minority groups and women in STEM. Dr. Paulson has led the inception, strategic planning, implementation and staffing of the first research design and analysis center in Texas State institutions. She has sat on the boards for strategic planning, quality enhancement and improvement, and advancement and opportunity for various academic entities. She is exceptional at the evaluative process and hold a Six Sigma Black Belt in optimization. Her psychological background is a foundation for the way that she leads teams and motivates and propels her staff and colleagues. She has published her work in optimization, change management, research design, and evaluation for over 20 years.

### EDUCATION

Ph.D. Honorary, Community Leadership, Franklin University, 2015

Ph.D. Experimental Psychology, Texas Christian University, 2004

M.S. Experimental Psychology, Texas Christian University, 2001

B.S. Psychology, Ohio University, 1999

### EXPERTISE

- Creativity in reviewing external and internal factors that are the bases for current or future strategies
- In-depth knowledge of performance measurement and corrective action
- Designing effective research and evaluation strategies
- High performer capable of leading exceptional team under tough deadlines to meet key deliverables and expectations
- Creating tools and solutions for process optimization and presentation
- Multi-tasker, with strong organization ability; planning, project, and people management

### RELEVANT EXPERIENCE AND PROJECTS

Elite Research, LLC

- Direct Team of Consultants
- Research Design and Statistics
- Clinical Protocols & Program Evaluations
- Evaluation of Institutional and Organizational Effectiveness
- Factors for strategic development and implementation
- Optimization of Data File Management
- Training and capacity building
- Verification of Statistical Approaches
- Analyze Data, Manuscript Preparation for Grants, Industry, and Individual Research

- Small and Large Group Training Seminars
- Manuscript and Grant Preparation
- University/Company Wide Consulting

#### Divergent Web Solutions

- Direct technical teams from project inception to maintenance
- Develop long and short-term strategies for growth
- Develop and manage budgets for marketing, operations, and technology
- Recruit, manage, and develop personnel to support business growth
- Develop a culture of success and employee satisfaction
- Directs solutions to functional and technical problems
- Directs the work of project staff that design, develop, and test programs and information systems

#### Texas Woman's University

- Consult on Research Design and Statistics for Grant and Faculty Research
- Advise on Data File Management
- Training of Statistical Software
- Verification of Statistical Approaches
- Advise on Manuscript and Grant Preparation
- Evaluation of Institutional Effectiveness
- Teaching, *Statistical Programming Packages, Statistics Primer, Grant Proposal Development*

### TECHNICAL CAPABILITIES/CERTIFICATIONS

MS Office Suite, Six Sigma, Trello, Java 8, Adobe Suite, Prezi, Oracle, Google Suite, Web Browsers, Photoshop, FileZilla, Notepad++, Dropbox, R/RStudio, SPSS, MySQL, Microsoft SQL Server, Microsoft Access, Google Ads & Analytics, Moz, Google Keyword Planner, Social Media Platforms

### PROFESSIONAL AFFILIATIONS

American Statistical Association  
 Search Engine Marketing Professionals Organization  
 International Mathematical Optimization Society  
 Association for Women in Mathematics  
 Regional Educational Laboratories Southwest  
 Psi Chi, National Honor Society in Psychology  
 Society for Personality and Social Psychology  
 Southwestern Psychological Association  
 Society for the Scientific Study of Religion





## RYAN KRONE

Senior Statistical Research Consultant  
rkrone@eliteresearch.com  
(972) 538-1374

### BIOGRAPHY

Dr. Ryan Krone is the Senior Statistical Research Consultant for Elite Research where he directs and conducts a team of consultants in the areas of research design and advanced statistical techniques. As a research consultant, Dr. Krone works with clients to determine the best path forward with their research, evaluation, or analytic needs in order to create actionable insights from their data. He has extensive expertise in helping clients identify their research needs and develop a strategic plan to execute against their goals. He excels in helping clients better understand the research process, how to internalize the practical application of research and statistical methods, and the justification for their use. He is a strong proponent of making the client a collaborator in the process in order to achieve this. Dr. Krone leads a talented team of research consultants, analysts, and assistants that have helped to drive growth for the company and contribute to empowered researchers/organizations and more rigorous research in the field.

### EDUCATION

Ph.D. Public Policy and Political Economy, University of Texas at Dallas, 2016

M.S. International Political Economy, University of Texas at Dallas, 2012

B.A. History, Friends University, 2001

B.A. Art, Friends University, 2001

### EXPERTISE

- Expertise in guiding clients to help them identify their research needs, goals, and strategies.
- Excels at educating clients on methods and research process
- Capable of leading high performing teams under tough deadlines to meet expectations of client/program needs
- Designing effective research and evaluation design strategies
- In-depth knowledge of statistical techniques and modeling

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Research Design and Statistics
- Grant Proposal Development
- Analyze Data
- Manuscript Preparation for Grants, Industry, and Individual Research
- Verification of Appropriate Research Design and Statistical Approaches
- Advise on Data File Management
- Training of Company Processes and Statistical Methods and Software

#### Texas Woman's University

- Program Evaluation
- Survey/Instrumentation Creation
- Online Survey Data Collection

- Statistical Analysis and Reporting
- Consulting Design and Statistics for Students and Faculty

## TECHNICAL CAPABILITIES/CERTIFICATIONS

Research Skills: Study design, Research design, Survey design, Data collection procedures, Data management and preparation, Statistical analysis, Post-estimation diagnostics, Statistical writeup, Development of tables and figures, Publication and report dissemination, Presentation of findings, Interviewing skills, Focus group moderation experience, and Qualitative coding and theme building analysis

Statistical Skills: Bivariate statistics (crosstabs, t-tests, correlations, ANOVA, and MANOVA), Multivariate statistics (linear, logistic, ordinal, multinomial, Poisson, Negative binomial, Probit, Tobit, and GLM), Time series forecasting, Hierarchical linear modelling (HLM), Structural equation modelling (SEM), Factor analysis, Power analysis, Missing replacement techniques, and Bayesian techniques

Software Proficiencies: MS Office Suite, Dropbox, Trello, Microsoft Excel, SPSS, Stata, Lisrel, Mplus, AMOS, R / R Studio, ArcGIS, G\*Power, and Optimal design

## PROFESSIONAL AFFILIATIONS

Association for Public Policy Analysis and Management (APPAM), 2014-present  
Phi Kappa Phi Honor Society, 2014-present



## SEN ZHU

Senior Research Analyst  
[szhu@eliteresearch.com](mailto:szhu@eliteresearch.com)  
(972) 538-1374

### BIOGRAPHY

Dr. Sen Zhu is a Senior Research Analyst for Elite Research where he directs and conducts advanced statistical techniques to project consultation, design, data visualization, statistical analysis, and write up. His dual doctoral work gives him unique understanding in the fields of bioinformatics and medical research, but his statistical knowledge and experience expand into areas of data visualization and presentation, data mining and statistical analysis, and business intelligence and strategy. With more than ten years of experience in the field of data science, Dr. Zhu is proficient in using statistical and machine learning tools to deliver data-driven insights.

### EDUCATION

Ph.D. Pathophysiology, Peking University, 2011  
MD. Jining Medical University, 2006

### EXPERTISE

- Capable of leading high performing research teams under tough deadlines to meet expectations of client/program needs
- Creating tools and solutions for data visual presentation
- In-depth knowledge of statistical techniques and modeling
- Profound experiences in building machine learning models for prediction and actionable insights
- Creativity and forethought in solving complex project issues
- Multi-tasker, with strong organization ability, planning and project management

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Project consultation and design
- Junior analyst training
- Statistical analysis, research design
- Table making and statistical write up
- Manuscript preparation

#### Techlent

- Design research plans for data gathering and analysis
- Extract actionable insights from complex datasets using data mining, statistics, and database techniques
- Build predictive models and machine-learning algorithms
- Present information using data visualization techniques

#### Houston Methodist Research Institute

- Perform scientific research in the area of cardiovascular disease and cancer
- Design study, perform experiments and collect data
- Perform bioinformatics analysis on genomic and clinical data
- Present the findings in the form of presentations and publications

## RECENT PROJECT SUMMARIES

- **SUNY Upstate Medical University (Academic Institution)** Examining the immune responses in human subjects to determine response to symptoms for a specific virus over the course of a 28-day collection with analysis coding, output, figures and lay terms for data. Hierarchical cluster analysis with heatmap and correlation matrices for mediator grouping which shared similar change trends in dosing. Relationship comparison between mediators with clinical symptom identification. The mediators' correlations were examined by viral load.
- **Teachers Retirement System of Texas (Corporation)**. Annual analysis of membership satisfaction survey for both retirees and current members. Data collection, longitudinal analysis for trend identification, visualization reporting, and stakeholder presentation.
- **Smith Center (Nonprofit)**. COVID factor analysis on patient's survival status. Results interpretation and presentation to the medical community in a dataset/data preparation summary, and analysis planning, output, and research summary report.
- **Water Mission (Nonprofit)**. Strategic planning on long term goals. Development of attrition and stratified sampling plan and client survey. Audit analysis of longitudinal data collection in over 28 communities and two countries (2614 records). Finalization of report branding, analysis code templates, and internal capacity building for year over year reporting.
- **Goldspring Consulting (Corporation)**. Travel satisfaction survey analysis over 13 years of responses. Provided multivariate analysis of data to (1) provide actionable insights to their customer's benchmarks with recommended amount of change on identified variables that impact outcomes; and (2) identify thought leadership insights through dashboard analytics. Data visualization, reporting and presentation of findings.

## TECHNICAL CAPABILITIES/CERTIFICATIONS

Biostatistics, Biological research, Study design, Statistical analysis, Data processing, Data visualization, Data mining, Feature engineering, Machine learning (Regression, Classification, Clustering), Deep learning (CNN, RNN), Time series forecasting, Python (Numpy, Pandas, Matplotlib, Seaborn, Scipy, StatsModels, Scikit-Learn, Tensorflow, Keras, Beautiful Soup, Selenium), R (Dplyr, data.table, Ggplot2, Caret), Microsoft Excel, Tableau, Jupyter Notebook, Flask, GCP, AWS, SQL, Spark, NLTK, NLP, Linux, Github, A/B testing, Java

## PROFESSIONAL AFFILIATIONS

American Heart Association (AHA)



## KARINA DONALD

Qualitative Research Consultant  
kdonald@eliteresearch.com  
(972) 538-1374

### BIOGRAPHY

Karina Donald is a qualitative and mixed methods analyst with Elite Research. She has worked as an analyst on qualitative and mixed methods projects for diverse clients across a broad range of industries since 2015. Karina holds a Bachelor's degree in psychology from Brooklyn College, a Master's degree in art therapy from George Washington University, and doctor of philosophy in marriage and family therapy from Texas Woman's University. She is passionate about utilizing social science research methods to provide culturally-relevant solutions to underserved communities. Karina specializes in analyzing non-verbal expressions in human experiences, including projects in the arts.

### EDUCATION

Ph.D. Marriage and Family Therapy, Texas Woman's University, 2020  
M.A. Art Therapy, George Washington University, 2011  
B.A. Psychology, Brooklyn College, City University of New York, 2008

### EXPERTISE

- Focus group and interview question development and facilitation
- Insight into cultural considerations and culturally-appropriate approaches to research
- In-depth analysis of the creative arts and non-verbal expressions
- Rigor in the integration of qualitative and quantitative data analysis

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Data collection
- Interview/Focus Group Creation
- Mixed Methods Research Design and Analysis Consulting
- Qualitative Coding and Analysis
- Qualitative Research Design Consulting
- Review Research Proposals
- Provides training on Qualitative Research Software (NVivo, Dedoose)
- Provides Qualitative Coding and Analysis

#### Texas Woman's University

- Qualitative Research Design and Analysis
- Mixed Methods Research Design and Analysis
- Interview/Focus Group Creation
- Training of Qualitative Research Software
- Analyze Data for Faculty Research
- Advise on and Conduct Manuscript Preparation
- University: Faculty, Students, Staff Consulting
- Data Cleaning of Fragile Families Projects Dataset

Child Protection Authority, St. George's Grenada

- Managed counseling department for children and adolescents affected by abuse and neglect
- Group, individual, family therapy, and art therapy for child and adolescent victims of abuse
- Clinical case consultations with professionals, and caregivers on child/adolescent abuse and neglect
- Clinical supervision for counseling staff, interns, and volunteers

## TECHNICAL CAPABILITIES/CERTIFICATIONS

Marriage and Family Therapist Associate, State of Texas, License No. 203487

Mixed Methods Research, University of Michigan

Online Facilitation, University of the West Indies Open Campus

Board Certified Registered Art Therapist, Art Therapy Credentials Board, #14-059

## PROFESSIONAL AFFILIATIONS

American Association for Marriage and Family Therapy

International Society for Traumatic Stress Studies

Mixed Methods International Research Association

National Society for Leadership and Success

Psi Chi, National Honor Society in Psychology



## CHELSEA LEONARD

Data Collection/Training  
[cleonard@eliteresearch.com](mailto:cleonard@eliteresearch.com)  
(972) 538-1374

### BIOGRAPHY

Chelsea Leonard is a qualitative and mixed methods analyst with Elite Research. She has worked as an analyst on qualitative projects for diverse clients across a broad range of industries since 2018. Chelsea holds a bachelor's degree in integrative studies from the University of North Texas. She is passionate about utilizing social science research methods to provide broad solutions to communities. Chelsea specializes in interviewing as a means of gathering data from individuals but is skilled in participant observations and case study review. This allows her expertise to shine when training in data collection techniques.

### EDUCATION

B.S. Integrative Studies, University of North Texas, 2019  
A.A. General Studies, Associates of Arts, San Jacinto College, 2016

### EXPERTISE

- Attention to detail that exceeds expectations of client/program needs
- Communication with internal and external partners
- Creating tools and solutions for visual presentation
- Creativity and forethought in complex project issues
- Multi-tasker, with strong organization ability, planning and project management

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Coordinating and record keeping in focus groups
- Structuring interviews and reports
- Organizing and managing schedules for staff, managers, and leadership
- Creating reports for managers and leadership
- Attend meetings and create notes and messages.

#### Parkland Center for Clinical innovation, PCCI

- Qualitative data collection of patients social workers, and program staff
- Taking notes and coding
- Maintaining collection schedules and updates
- Coordinating transcriptions
- Training interviewers on techniques

#### North Central University, Garduno Collection

- Setting up online survey platform
- Responding to participants
- Interviewing participants
- Coordinating partner panelists

Every Village (Monitoring and Evaluation System)

- Conducting focus group discussions
- Stakeholder communication
- Planning and organizing participants
- Reporting and documentation

## TECHNICAL CAPABILITIES/CERTIFICATIONS

MS Project, Windows, MS Office Suite, Joomla!, Quickbooks, Dropbox, Basecamp, Trello, NVIVO, DeDoose

## PROFESSIONAL AFFILIATIONS

Qualitative Research Consultants Association 2018-Current





## JODI WOODSIDE

Director of Operations  
Project & Systems Manager  
jwoodside@eliteresearch.com, info@divergentwebsolutions.com  
(972) 538-1374

### BIOGRAPHY

Jodi Woodside is the Director of Operations for Elite Research where she directs daily operations for a consulting team with solution focused functional and technical problems, including the Divergent Web Solutions team. She has held roles within the organization and others in business optimization and program management. She often is tasked with designing systems and processes for increased impact, efficiency, quality improvement and cost reduction. She has held C-suite positions with top level executives where she coordinated large-scale events, managed policies/procedures, held confidentiality, and coordinated staff communications and logistics. She also supports Texas Woman's University in their data system management of their strategic initiative for faculty promotion and presentation, managing the three campus' faculty activities into an online display system that has shown to increase faculty collaboration, student interaction, and enrollment.

### EDUCATION

B.S. Business Administration, Management Information Systems, SNHU Expected 2022  
A.S. Associates of Science, Dallas County Community College, 2020

### EXPERTISE

- Capable of leading high performing teams under tough deadlines to meet expectations of client/program needs
- Formalizing visions and reflecting them to a result of report, advertisement, or webpage
- Creating tools and solutions for visual presentation
- Creativity and forethought in solving complex project issues
- Multi-tasker, with strong organization ability, planning and project management
- In-depth knowledge of social media marketing platforms

### RELEVANT EXPERIENCE AND PROJECTS

#### Elite Research, LLC

- Planning and strategize projects, systems analysis and troubleshooting, forecasting, results tracking
- Alignment of organizational mission with daily operations
- Liaison between management, clients, and personnel
- Executive and company initiative training

#### Divergent Web Solutions

- Lead development, maintenance, and redesign efforts of various sites for responsiveness, functionality, and visual presentation models in CMS systems, such as Joomla!, WordPress and Wix.
- Coordinating hosts, developers and stakeholders.
- Collaborated with team and developer to build user personas, strategy boards, site maps, wireframes, graphics, and content. Chaired meetings.
- Enhanced proposals with changes for site architecture, navigation, functionality, and user development.

- Developed process items for online marketing consultations outside of website development and maintenance. Expanding the client reach.

#### Texas Woman's University

- Data systems for MY1CV
- Faculty support and training
- Program marketing and robust web presence, SEO
- Communications management for stakeholders and end users
- Maintains development, credentials, and activity and assessment records

#### Stewart Partners/Ian Reid, LLC.

- Account and communications management
- Logistic coordination of projects, meetings, materials and dissemination
- Process and procedure development and implementation

#### Lerner Enterprises & Lerner Family Foundation

- Managed confidential material and data
- Monitored costs, expense reports, and vendor contracts
- Created promotional materials and record management for non-profit

## TECHNICAL CAPABILITIES/CERTIFICATIONS

MS Project, Windows, MS Office Suite, Joomla!, Wordpress, Wix, Quickbooks, Dropbox, Basecamp, Trello, PhotoShop, HTML, CSS, Google Ads Search, Google Ads Display, Google Ads Video, Shopping Ads, Google Ads Apps, and Google Ads Measurement, Certified Technical Program Manager, Digital Dexterity, Agile Project Management

## PROFESSIONAL AFFILIATIONS

American Marketing Association (AMA)  
The American Society of Administrative Professionals  
National Center for Faculty Development and Diversity

## References

### Attachment E

Respondents may submit as many references as desired by submitting as many additional copies of Attachment E, References, as deemed necessary. Reference will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed for each of the two (2) references. No further reference will be contacted; however, respondents are encouraged to submit additional references to ensure that at least two (2) references are available for interview. MDHS staff must be able to contact two (2) references within two (2) business days of proposal opening to be considered responsive.

#### REFERENCE 1

**Name of Company:** The Teacher Retirement System of Texas (TRS)

**Dates of Service:** August 2020 – Present, yearly with up to 3 additional renewal years

**Contact Person:** Caasi Lamb, Director of Strategic Initiatives

**Address:** 1000 Red River St.

**City/State/Zip:** Austin, TX 78701

**Telephone Number:** 512-542-6853

**Cell Number:** Unknown

**E-mail:** Caasi.Lamb@trs.texas.gov

**Summary of Project/Contract:** The Teacher Retirement System of Texas (TRS), consisting of Benefit Services, Health and Insurance Benefits, and Investment Management historically conducts a Member Satisfaction Survey biennially to gauge satisfaction. In 2020, TRS introduced two surveys (active member and retiree) to evaluate member engagement annually with approximately 2,800 survey responses. Contracting ER to develop customized survey instruments to determine group service evaluations, data collection via on-line survey and CATI telephone interviews, data management, data preparation and analyses, visualization, and an annual report/presentation to the Board. *Key Services:* Survey Development, Secondary Data Analysis, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Presentations

#### REFERENCE 2

**Name of Company:** Town of Brookline, MA

**Dates of Service:** 2021 – Present

**Contact Person:** Bird Guess, President & CEO, Racial Equity Group

**Address:** Town of Brookline

**City/State/Zip:** Brookline, Massachusetts

**Telephone Number:** 617-730-2326

**Cell Number:** 617-730-2326

**E-mail:** bird@racialequitygroup.com

**Summary of Project/Contract:** Racial Equity Group, with data collection and analysis support from Elite Research, is conducting a racial equity audit to help the Town of Brookline — a vibrant community of approximately 60,000 residents located within the Boston urban core — become a leader in advancing municipal racial equity by cultivating an environment inside all departments, where staff and stakeholders experience genuine respect, fairness, inclusion, and dignity. Achieving racial equity for Brookline included ensuring service delivery, employment, procurement, and programs are administered with an equity mindset to prevent disparate impacts on people of color, on what may appear as neutral policies, practices, and procedures, culminating in a Town-wide equity plan that sustains racial equity. REG facilitates the Racial Equity Audit for ~1,500 employees and provides the Equity Eye Analysis toolkit for 20 department heads to evaluate policies and practices that were strengthening or impeding equity. The audit assessment report also informs Brookline leadership of employee competency levels, data collection gaps, trends and

opportunities to modify policies and practices to advance equity and become an anti-racist institution. *Key Services:* Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Presentations

### REFERENCE 3

**Name of Company:** Oklahoma Association for Problematic and Compulsive Gaming & Oklahoma Department of Mental Health and Substance Abuse Services

**Dates of Service:** 2014 – 2019

**Contact Person:** Wiley D. Harwell, D.Min, Executive Director

**Address:** 501 Alameda St suite e, Norman, OK 73071

**City/State/Zip:** Brookline, Massachusetts

**Telephone Number:** 405-801-3329

**Cell Number:** 405-801-3329

**E-mail:** wharwell@oapcg.org

**Summary of Project/Contract:** To best serve the behavioral and rehabilitative needs of the residents of the state of Oklahoma, the OAPCG conducted statewide gambling prevalence survey, as well as awareness of state resources. Conducting such a study assisted the OAPCG in lobbying for additional funds and intervention resources on behalf of its residents. There were three forms of participant recruitment: online, social media, and phone all via an address-based sampling frame. Deliverables included 1) development of valid survey, online data collection survey link, response and validity report, raw and cleaned data, final report. A minimum sample of 2700 was needed for a final valid analyzable sample of 2200 (95% confidence level, 3% confidence interval, based on a 1.5% prevalence rate) representative of the U.S. Census data for the state of Oklahoma. A total of 3253 respondents were collected with a final valid sample size of 2636. The prevalence study was representative of the state in terms of demographics and social economics status, allowing for analysis in terms of age, race/ethnicity, education level, and county. *Key Services:* Survey Development, Secondary Data Analysis, Data Collection, Data Preparation, Analysis, Reporting, Visualization, Stakeholder Communication, Presentations

# Acceptance of Conditions

## ATTACHMENT D

### PROPOSAL EXCEPTION SUMMARY FORM

List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below.

Indicate "N/A", if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

RFP Reference	Respondent Proposal Reference	Brief Explanation of Exception	MDHS Acceptance
(Reference specific outline point to which exception is taken)	(Page, section, items in respondent's proposal where exception is explained)	(Short description of exception being made)	(sign here only if accepted)
N/A	N/A	N/A	N/A


 \_\_\_\_\_ President \_\_\_\_\_ 06/09/21 \_\_\_\_\_  
 Signature of Authorized Official/Title Date

20210511 DAAS Needs Assessment (RFx 3120002223)

**AMENDMENT #1**  
**REQUEST FOR PROPOSALS (RFP) NO. 20210511 DAAS NEEDS ASSESSMENT**  
**RFX NUMBER(S): 3180001360 / 3120002223**  
**DIVISION OF AGING AND ADULT SERVICES 2022 NEEDS ASSESSMENT**

Amendments to the RFP are as follows:

1. Regarding Proposal Opening Date and Time:
  - a. Section 1.1 Opening Date: June 11, 2021; 2:30 PM CT ~~3:00 PM CT~~
  - b. Section 1.1.1 Timeline, Proposal Opening: June 11, 2021; 2:30 PM CT ~~3:00 PM CT~~
  - c. Mississippi Contract/Procurement Opportunity Search Portal for this RFP, RFX Opening Date: 06/11/2021; 2:30 PM CT ~~3:00 PM CT~~.
  
2. Regarding Insurance:
  - a. 3.1 Insurance, 1<sup>st</sup> Paragraph: The successful respondent shall maintain at least the minimum level of workers' compensation insurance, comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All ~~workers' compensation~~, comprehensive general liability and professional liability will provide coverage to the MDHS as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance.
  - b. Attachment G, No. 7. Insurance: Contractor represents that it will maintain workers' compensation insurance as required by the State of Mississippi which shall inure to the benefit of all Contractor's personnel provided hereunder; and comprehensive general liability or professional liability insurance, with minimum limits of \$1,000,000.00 per occurrence. All ~~workers' compensation~~, comprehensive general liability, and professional liability insurance will provide coverage to the State of Mississippi as an additional insured. The MDHS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance. Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement and upon request by MDHS at any time during the contract period. Contractor shall not commence work under this contract until it obtains all insurance and/or bond required under this provision and furnishes a certificate or other form showing proof of current coverage to the State. After work commences, the Contractor will keep in force all required insurance and/or bond until the contract is terminated or expires. The Contractor is responsible for ensuring that any subcontractors provide adequate insurance and/or bond coverage for the activities arising out of subcontracts. In no event shall the requirement for an insurance bond, or other surety be waived. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by Agency.
  
3. Questions and Answers attached.



Please acknowledge receipt of Amendment #1 by returning it, along with your proposal package, by June 11, 2021, at 2:00 PM, CT. This acknowledgement should be enclosed in your proposal package. **Failure to submit this acknowledgement may result in rejection of the proposal package.**

\_\_\_ Elite Research, LLC \_\_\_\_\_  
Name of Company

Rene Paulson/President  
\_\_\_\_\_  
Authorized Official's Typed Name/Title

  
\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

\_\_\_ 06/09/2021 \_\_\_  
Date

Should an amendment to the RFP be issued, it will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the MDHS website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view. Further, respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on the amendment, or by letter. The acknowledgment should be received by the MDHS by the time and at the place specified for receipt of proposals. It is the respondent's sole responsibility to monitor the websites for any updates or amendments to the RFP.

**PARHAM GROUP – FILE FOLDER 1 – ENTIRE PROPOSAL NOT REDACTED  
PURSUANT TO 4.3.A (NOT PROVIDED TO EVALUATION COMMITTEE)**



**MDHS Procurement Services**  
**RFP No. 20210511 DAAS Needs Assessment**  
**Rfx Numbers: 3180001360/3120002223**  
**Opening Date: June 11, 2021; 2:30 PM CT**  
**200 South Lamar Street**  
**Jackson, MS 39201**  
**SEALED PROPOSAL – DO NOT OPEN**

**MDHS/DAAS  
NEEDS ASSESSMENT  
RFP**

**TABLE OF CONTENTS**

		Also in
Management Summary	page 3	(TAB 4)
Proposal/Implementation Plan	page 7	(TAB 3)
Management Timeline	page 9	(TAB 4)
Experience and Capacity	page 9	(TAB 4)
Personnel	page 12	(TAB 4)
References	page 19	(TAB 4)
Acceptance of Conditions	page 20	(TAB 4)
Cost Data	page 21	(TAB 2)
Financial Information	page 21	(TAB 2)

**RFP# 20210511 DAAS NEEDS ASSESSMENT**

**4.3 A: TAB 1 ENTIRE PROPOSAL PACKAGE NOT REDACTED**

**4.3 A. 1. MANAGEMENT SUMMARY**

**ATTACHMENT A  
PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES**

Organization Name: Parham Group, Nonprofit Advisors, LLC

Organization's Physical Address: 4400 Old Canton Rd., Suite 160, Jackson, MS 39211

Organization's Mailing Address: P. O. Box 16712, Jackson, MS 39236

Organization's Principal Place of Business: 4400 Old Canton Rd., Suite 160, Jackson, MS 39211

Organization's Place of Performance of Services (if different): Same

Contact Person's Name: William D. Parham

Contact Person's Title: President

Contact Person's Phone No.: 601-260-6003

Contact Person's Fax No.: NA

Contact Person's Email Address: buddy@parhamgroup.net

Tax I.D. Number: 64-0898861

DUNS Number: 049798262

Age of business: 22 yrs. Average number of employees over the past three (3) years: 3

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned NA Women-Owned NA

Indicate the underlying philosophy of the firm in providing the services required within this solicitation:

Our underlying philosophy in providing this service is that accurate data is important and necessary to making informed policy decisions needed to positively impact on older Mississippians (55 and over). Our understanding is that the quality of the data resulting from the surveys depends greatly on and is reflective of the (a) quality of the survey interviews, (b) fidelity to the survey process and protocol, (c) the ability of the management team to provide effective leadership and oversight, (d) the ability to effectively analyze the resulting data and (e) the ability produce clear, concise, reader-friendly reports.

**ATTACHMENT B**

**DEBARMENT VERIFICATION FORM**

Subgrantee/ Contractor's Name	Parham Group, Nonprofit Advisors, LLC
Authorized Official's Name	William D. Parham
DUNS Number	049798262
Address	P. O. Box 16712 Jackson, MS 39236
Phone Number	601-260-6003
*Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	No

*\* Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with [www.sam.gov](http://www.sam.gov)? YES; Registration Status? ACTIVE; Active Exclusions? NO.*

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that Parham Group, Nonprofit Advisors, LLC is not on the list for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.


6/10/21  
 \_\_\_\_\_  
 Signature of Authorized Official                      Date

**ATTACHMENT C  
PROPRIETARY INFORMATION FORM**

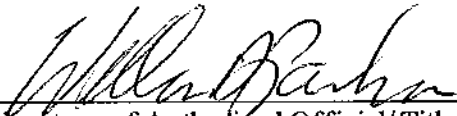
The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

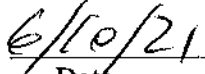
For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. **If this is not applicable, please indicate with "N/A" below.**

1. NA
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

  
\_\_\_\_\_  
Signature of Authorized Official/ Title  
(No stamped signature)

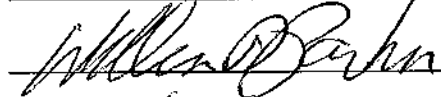
  
\_\_\_\_\_  
Date

### Acknowledgement of Amendments

Please acknowledge receipt of **Amendment #1** by returning it, along with your proposal package, by June 11, 2021, at 2:00 PM, CT. This acknowledgement should be enclosed in your proposal package. Failure to submit this acknowledgement may result in rejection of the proposal package.

Parham Group, Nonprofit Advisors, LLC Name of Company

William D. Parham, President Authorized Official's Typed Name/Title

 Signature of Authorized Official

6/10/21 Date

(No stamped signature) Should an amendment to the RFP be issued, it will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the MDHS website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view. Further, respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on the amendment, or by letter. The acknowledgment should be received by the MDHS by the time and at the place specified for receipt of proposals. It is the respondent's sole responsibility to monitor the websites for any updates or amendments to the RFP.

#### **4.3 A. 2. PROPOSAL/IMPLEMENTATION PLAN (TAB 3)**

The Parham Group, LLC is pleased to submit a proposal to the MS Department of Human Services, Division of Aging and Adult Services (MDHS/DAAS) for developing a report identifying the socio-demographic characteristics, current service usage, projected service needs, and wait list data of aging Mississippians (over age 55). The resulting needs assessment information, along with other service-related data, will be organized into a report that will be used to inform program planning and policy development and be included in the Mississippi State Plan for Aging and Adult Services.

The Contractor team will collect and report data from at least 3,000 interviews with older adults currently receiving services, older adults on wait lists for services, and service providers (Planning and Development District Area Agencies on Aging ) using the survey provided through this RFP. Based on our experience and the limited timeframe, we estimate approximately 6-7 surveyors will be needed to complete the interviews within the 12-week designated survey period. The telephonic surveys will be administered using random samples of 300 participants from each of the ten (10) PDD AAA and with an over sample of rural and minority populations. Resulting data will be reported in a manner denoting these and other characteristics. If approved by DAAS, the contractor will also utilize several focus groups (listening sessions) to capture the desired information. Service provider information will be collected using a combination of mail, email, and phone.

The contractor will ensure that all questions and response categories are programmed in an appropriate computer-assisted telephone interviewing (CATI) system, Win CATI/Ci3) or similar, and uploaded to a secure platform for surveyors to use. Depending on the comfort level of the surveyor, this may be as simple as a secure Google doc platform. Interviews will be conducted daily and weekends in accordance with the contractor's scheduling guidelines and survey protocols. Survey contacts will be attempted three (3) times, one per day, for each identified participant. If no contact is made, caller shall notate and no longer attempt.

The company will utilize established procedures, including on-site and remote monitoring of interviews, for assurance and documentation of interview quality and fidelity to the guidelines for collecting current and needed services, social and economic data, and COVID-19 information. A random sample of completed interviews will be verified, stratified by interviewer, and validated in 4 selected criteria. (A part of the training for new interviewers will include a company principal sitting in on practice calls made by each interviewer with a follow-up critique.) Each interviewer will administer a certain percentage of the questionnaires from their home or other remote, secure location and a certain percentage from the Contractor's office with appropriate Covid-19 measures in place.

Respondent confidentiality is respected and steps will be implemented to ensure that each respondent can be confident that their personal information is protected.

It is anticipated that 6-7 additional surveyors/ interviewers will be needed to complete the required number of completed interviews in the required schedule of various times and days. The company has

immediate access to 1/2 of this number of experienced interviewers (independent contractors used currently and in the past). The remaining interview contractors will be identified from current interviewer recommendations, University of Southern MS graduate students (where a company associate is a professor) and/or through a contract with Staffers, a temp employment agency that places older adults in temporary assignments. All interviewers will be trained (some retrained) on the Contractor's survey and data collection procedures and protocols, on using electronic devices to record survey information, general telephone interviewing etiquette, and particularly on the goal and philosophy of MDHS/DAAS to accurately capture desired information.

Based on the Contractor's experience, raw data will be collected in excel, assessed and analyzed within a 5% margin of error, reviewed with DAAS, and reported in an understandable and reader-friendly format that reflects the elderly population trends and shifts, current and unmet needs, projected needs, and provider input.

With DAAS' approval, the Contractor proposes to utilize Focus Groups, in conjunction with telephone surveys, to capture information from participants and providers. Focus groups are a proven means to ascertain insight and information from a population that may be uncomfortable and uncooperative with telephone interviewers (concern with scam and spam calls).

Contractor has the experience and ability (as indicated on the previous performance chart on pages 8-9 of this proposal itemizing similar, successful projects, as well as the background and experience of each principal as evidenced by resumes on pages 10-16 of this proposal) to provide statewide assessments of current and unmet, and projected needs of older adults, COVID inquiries, analyze social and economic variables, ensure representation of all 10 PDD Area Agencies on Aging, perform analyses within a 5% margin of error, and provide written, reader-friendly reports on collected data.

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## **Management Timeline of Activities (TAB 4)**

The contractor will adhere to each of the timeline durations identified in the RFP:

- 12 weeks for information gathering (surveys, etc.)
- 1 month for analysis and report drafting
- 2 weeks for MDHS/DAAS review with contractor, and
- 1 month for the final report to be complete and submitted to MDHS/DAAS

All work/tasks identified in the RFP will be completed within the approximate 23-week (5.5 months) designated period.

More specifically, the twelve-week assessment period will include recruiting and retaining of the needed surveyors. Training on administering surveys, recording data electronically, the specifics of this survey, and proper phone etiquette particularly with older adults will be scheduled and provided to all surveyors. Survey questions and optional answers will be uploaded to the electronic devices, needed information (contact lists, etc.) to be provided by DAAS will be obtained, reviewed, and analyzed for contacting (to ensure rural over sample and to ensure each PDD/AAA is represented appropriately) and a trial run for testing any survey issues will be performed. Then, the actual surveying (and other sources) will begin to assess current and unmet needs, projected needs for services providers, and needs of those on a waiting list for services. Analysis of collected data, drafting an initial report, reviewing with DAAS, and producing a final report can easily be accomplished in the remaining two and one-half months allocated in the RFP timeline.

### **4.3 A. 3. EXPERIENCE AND CAPACITY (TAB 4)**

William Parham has owned and operated Parham Group, Nonprofit Advisors for over 20 years. During this time he has consulted with and supported public and private nonprofit clients throughout the state. In addition to fundraising and managerial activities, for the past 15 years his services have expanded to include planning, designing, and implementing project evaluation services and instruments, including in-person, telephone, and electronic surveys, data collection and analysis, and CQI activities.

Matt Parham, now a principal, has worked with the company for 10 years. His scope of work has focused on planning, designing, overseeing, and managing project evaluation services, including in-person and telephone assessments, data collection and analysis, and CQI activities on projects such as:

- (1) Family outcome assessment and satisfaction questionnaires with participants in a MS Department of Child Protection Services project, In-Circle Family Preservation Program,
- (2) Quality Of Life assessment surveys with participants in the CMS Money Follows the Person program,
- (3) Youth outcome and process surveys for a Federally-funded Transitional Living Program, and
- (4) In-person and telephone functional assessments administered with families and reported participant outcomes for youth and family members as part of a Centers for Medicaid and Medicare Services (CMS) National Evaluation project.

Dr. Hwanseok Choi, a long-time contracted associate with the Parham Group, is a Professor in the School of Health Professions at the University of Southern Mississippi and holds a Ph.D. in Applied Statistics from the University of Alabama. For over 18 years Dr. Choi has participated in the design, data entry design, data coding, data editing, analysis, and statistical reporting on nearly 100 studies using multiple statistical packages. He has led various survey and interviewing projects and has authored or co-authored over 60 research papers.

Resumes for William Parham, Matt Parham, and Dr. Choi are attached. Resumes for the surveyors can be provided once they are all retained.

The following chart itemizes and describes Parham Group's prior efforts with providing similar data, analysis, and reporting with other governmental agencies. Although four (4) of the contact persons are listed as official references, any of the following may be contacted to verify the successful and satisfactory completion of contracts.

<b>Client</b>	<b>Federal Agency/ Grant Program</b>	<b>Project</b>	<b>Timeframe</b>	<b>Role/Responsibility</b>	<b>Contact Person/ Reference</b>
Region 8 Mental Health Services	Laura and John Arnold Foundation	Implementation and evaluation mgt. of the "Critical Time Intervention" service model	2021 - 2025	Local Partner with the Univ. of Chicago Health Labs to <b>collect and report data</b> (from participant interviews) through a Randomized Control Trial	Dave Van, Ex. Dir. Region 8 601-824-0342
Catholic Charities	MDCPS	Caregiver Navigator Program	August, 2020 - current	Evaluation design & implementation, <b>including participant outcome surveys and family interviews</b>	Wanda Thompson Ex. Dir. 601-842-1562
MS Dept. of Child Protection Services	DHHS/ACF	In-Circle (family preservation program)	2017 - 2020	Project design; evaluation design & implementation, <b>including outcome surveys and family interviews</b>	Bonnie Windham MDCPS (retired) 601-813 4341
MS Division of Medicaid	CMS	Healthy MS Waiver Program	2018 - current	Evaluation design & implementation; Collection, analysis, and reporting of data to CMS; <b>Utilization of surveys and focus groups</b>	Shanda Borden, Nurse Bureau Director 601-359-9125
MS Division of Medicaid	CMS: Balancing Incentive Program	Person-centered Practices Training Program with all Medicaid waiver programs	2017 - 2019	Design, development, and implementation of the PCP training evaluation; <b>survey development, interviewing, collection of data, and submission of reports.</b>	Jennifer Fulcher, DOM (currently) MSDH 601-576-7751

MS Division of Medicaid	CMS: Balancing Incentive Program	NCI-AD and ID/DD Consumer and family surveys	2016 - 2017	Planning, logistical support, facilitation, <b>management of pre-survey and survey implementation</b>	Jennifer Fulcher, DOM (current) MSDH 601-576-7751
MS Division of Medicaid	CMS	Money Follows the Person (B2i)	2015 - 2018	Evaluation implementation; including administration of the <b>National Quality of Life surveys and interviews and submission to CMS</b>	Jennifer Fulcher, DOM (Current) MSDH 601-576-7751
MDHS/DAAS	CMS: Balancing Incentive Program	Developing a No Wrong Door state-wide system (MAC)	2013 - 2018	Project development; Evaluation implementation, <b>including needs assessment through interviews with older adults, users of MAC Centers and MAC center staff</b>	Melinda Bertucci MDHS/DAAS (retired) 601-497-0017
Sally Kate Winters Family Services	DHHS -ACF	Transitional Living Program	2012-present	Evaluation design & implementation, <b>data collection, surveying, and interviews with participants</b>	Sheila Brand Ex. Dir., 662-494-4867
MS Dept. of Mental Health	SAMHSA	System of Care for Transitional Age youth	2009-2013	<b>Fidelity monitoring; Surveying/ interviewing of participating families</b>	Sandra Parks, Children Services Dir. 601 359-6825
MS Division of Medicaid	CMS	PRTF Demonstration grant (MYPAC)	2007-2014	Project design and rollout; <b>including outcome evaluation, provider and family surveys; and Fidelity monitoring interviews</b>	Kristi Plotner, Community Services Dir. DOM (retired) 601- 594-0595
MS Dept. of Mental Health	SAMHSA	System of Care Grant for Children/ Youth with SED	2005 - 2009	Program design and development; Evaluation design & <b>implementation, including programmatic interviews</b>	Brenda Scafidi, Dir. Children's Services, DMH (ret.)
MS Dept. of Mental Health	SAMHSA	Fetal Alcohol Spectrum Disorder Grant	2005 -2008	Project design and development; Evaluation design & implementation; <b>Fidelity monitoring surveys.</b>	Brenda Scafidi, DMH (ret.)
Region 8 Mental Health Services		Program Outcome Measures	2004 - 2014	<b>Survey dev./adm; Collecting, scoring, reporting data collected</b>	Dave Van, Ex. Dir. Region 8 601-824-0342

#### 4.3 A. 4. PERSONNEL (TAB 4)

**William D. Parham  
P. O. Box 16712  
Jackson, MS 39211**

**buddy@parhamgroup.net**

**(601) 260-6003**

#### PROFESSIONAL EXPERIENCE

##### **President, Parham Group, LLC, Jackson, MS (21 years)**

The Parham Group is a professional services firm that specializes in helping public and private nonprofit organizations cultivate leadership, promote credibility, and reach maximum effectiveness. Since its inception, the Parham Group has advised and supported over 50 public agencies and private nonprofit organizations in MS and throughout the Southeast.

Activities included:

- Led and supported clients with strategic and sustainability planning, needs assessment and organizational analysis activities, plans, and implementation.
- Led/participated in the application, development, and implementation of Federal grant projects totaling over \$100 Million for state government agencies, and nearly \$10 Million of foundation grant projects for private nonprofit organizations.
- Advised and assisted agencies and organizations with managerial support for projects, including mission and goal development, design and structure, staffing, financial management, troubleshooting, and reporting activities.
- **Planned, designed, and implemented project evaluation services and instruments, including in-person, telephone, and electronic surveys, data collection and analysis, and CQI activities.**
- Assisted agencies with identifying and selecting executive leadership and developing and administering executive and staff assessment tools.

Parham Group continues to provide ongoing consultation services to numerous governmental and private, non-profit clients.

##### **President/CEO, North Georgia Foundation, Gainesville, GA**

The North Georgia Foundation serves an eight-county region in northern Georgia as the primary vehicle for building and managing the area's permanent charitable resources.

Some accomplishments during this tenure:

- Led the development and implementation of a strategic plan for the organization
- Reorganized internal operations to effectively address goals, objectives and strategies
- Significantly improved the foundation's profile and enhanced its image in the region
- Developed strategic partnerships with local and regional organizations
- Increased unrestricted giving by 288%
- Increased permanent assets by 400%
- Generated \$17Million of new planned gifts

- Generated over \$2 Million of donations for investment in community projects stimulated with a \$500,000 Robert Woodruff Foundation grant

#### **President, CREATE Foundation, Tupelo, MS**

CREATE is a private, nonprofit corporation serving Northeast Mississippi as a community foundation. The scope of work included the supervision and management of a six-member staff, preparation and oversight of a \$2,000,000 annual budget, community need assessing, grant-making, new program development, community relations/marketing, and fundraising. Some accomplishments during this tenure:

- Facilitated the development and implementation of a strategic plan for the foundation
- Significantly increased CREATE's regional profile and activity
- Reorganized internal governance/operation of the foundation
- Initiated 20 new community programs (including a family resource center, free healthcare clinic, regional leadership program, public/private local education improvement program, youth mentoring program, and a regional workforce development program)
- Provided strategic & sustainability planning and operational guidance for funded organizations
- Increased unrestricted giving by 600%
- Received over \$5 million of grants and over \$6 million of planned gifts
- Awarded a Ford Foundation Challenge Grant, and as a result, generated over \$10 million of gifts and grants for re-investment in the community through grants and initiatives.

#### **EDUCATION/TRAINING**

- Graduate of Covey Leadership Center, Provo, UT
- Master of Planning / Public Administration, University of Mississippi
- Bachelor of Business Administration (Finance), Mississippi State University

**William Matthew Parham**  
1430 Wilhurst Street  
Jackson, MS 39211

**Phone: (601) 953-6191**

**E-mail: [Matt@parhamgroup.net](mailto:Matt@parhamgroup.net)**

## **EXPERIENCE**

### **Principal, Parham Group, LLC (January 2014 – Present)**

The Parham Group is a professional services firm that specializes in helping nonprofit organizations cultivate leadership, promote credibility, and reach maximum effectiveness. Since its inception, the Parham Group has advised and supported over 50 different public agencies and private nonprofit organizations in MS and throughout the Southeast. Activities include:

- Support clients with strategic and sustainability planning, needs assessment and organizational analysis activities.
- Participate in the application, development, and implementation of federal grant projects for the State government agencies.
- Participate in the application, development, and implementation of foundation grant projects for private nonprofit organizations.
- Advise and assist agencies with management support for grant projects.
- Provide staff training and oversight of ongoing project.
- **Plan, design, oversees, and manages project evaluation services, including in-person and telephone assessments, data collection and analysis, and CQI activities.**
- Assist agencies with identifying and selecting executive leadership.

### **Consultant, Parham Group, LLC (2011- 2013)**

Managed the implemented evaluation services on behalf of Parham Group including **in-person and telephone assessments, data collection and analysis**, such as (1) Quality Of Life assessment interviews with participants in the federally-funded Money Follows the Person program, (2) functional assessment interviews with participants in MYPAC, a Mississippi Division of Medicaid project, and (3) surveyed youth participating in a federally- funded Transitional Living Program, collected, analyzed, and reported resulting outcome data.

### **Evaluation Interviewer, Region 8 Mental Health Services (2009 – 2011)**

**Administered in-person and telephone functional assessments** to families and reported participant outcomes for youth and family members as part of a Center for Medicaid and Medicare Services (CMS) National Evaluation project.

## **EDUCATION**

**Mississippi State University, Starkville, MS**

Major: Business Management  
December 2013

**Jackson Academy, Jackson, MS**

May, 2008

## **SKILLS DEVELOPED**

- Interpersonal communication, interviewing, and survey administration skills
- Data collection, management, and presentation
- Social marketing and outreach
- Strategic thinking and planning
- Multiple project management

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## BIOGRAPHICAL SKETCH

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NAME: Hwanseok Choi

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POSITION TITLE: Professor

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### EDUCATION/TRAINING

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INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY
Hankuk University of Foreign Studies	B.A.	07/1996	Business Administrator
The University of Alabama	M.A.	05/2002	Marketing
The University of Alabama	M.S.	05/2004	Applied Statistics
The University of Alabama	Ph.D.	08/2010	Applied Statistics

### A. Personal Statement

My graduate work is Applied Statistics, and I have been trained as a statistician for a long time. From 2002 to 2008, I have been working as a graduate assistant for data collection, variable creation and modification, and various statistical analyses in numerous economic and business researches. Economic data is usually related to longitudinal data or repeated measured data of which this proposed research will use for the analyses. The characteristics of the data have various covariance matrices depending on the different contexts, which I have experienced while I was working as a graduate assistant.

In my previous experiences as a biostatistician at the University of Alabama at Birmingham (UAB), I have participated in multiple projects from cardiovascular diseases research, cancer researches, social behavior researches, to clinical trials. I have involved in design of the studies, data entry design, data coding, data edit checking, analyses, and statistical reports in over 60 studies as a statistical staff using multiple statistical packages such as SAS, SPSS, STATA, ArcGIS, etc.

One of the studies I have been involved was CARDIA (Coronary Artery Risk Development in Young Adults) which is a study that examines the development of heart disease in black and white adults. Sponsored by the National Heart, Lung, and Blood Institute of the National Institutes of Health, the study began in 1985-86 with 5,115 participants and takes place at four field centers. It has been studied for last thirty years, and I have worked on this research as one of the main statistical members verifying statistical methods and analyses for over 60 research papers and participating in preparing the data sets for almost 100 researches related to this study.

Since I have transferred from a statistician in a research institution to the Assistant Professor in a teaching-focused organization, I have been developing a new research topic, obesity. There are a couple of reasons to choose this topic; (1) one of researches I have participated in at the previous position was the relationship between obesity and depression and (2) Mississippi has been the one of the high ranked states in obesity prevalence rate in the U.S. One of my researches I have been working on is 'Church-based programs to reduce obesity prevalence rate in African-American young females in Delta area of Mississippi Research—comparison between positive and negative communication methods.' According to the previous researches, the targeted group is the main reason, which makes a big difference between other states and Mississippi in obesity prevalence rate, and the church-based approach might be the most appropriate method to achieve the goal,



reducing the obesity prevalence rate effectively and efficiently. And, my on-going research will help me to understand this proposed research deeply as well as to expand the aspects more and better.

## **B. Positions and Honors**

### Positions and Employment

2002 – 2008	Research Assistant, Center for Business & Economic Research, University of Alabama, Tuscaloosa, AL
2008 – 2012	Biostatistician, Division of Preventive Medicine, University of Alabama at Birmingham, Birmingham, AL
2012 – 2018	Assistant Professor, Department of Public Health, University of Southern Mississippi, Hattiesburg, MS
2018 – Present	Associate Professor, Department of Public Health, University of Southern Mississippi, Hattiesburg, MS

### Professional Memberships

2005 – Present	American Statistical Association
2010 – Present	Korean Academy of Commodity Science & Technology
2014 – Present	Mississippi Academy of Sciences
2017 – Present	American Public Health Association
2018 – Present	Mississippi Public Health Association

### Honors, Awards, & Scholarships

June 2008	R.L. Anderson Student Paper Award, 2008 SRCOS, Charleston, SC
June 2008	The American Statistical Association Travel Award (TASA) to attend 2008 SRCOS SRC, Charleston, SC
April 2008	Outstanding Ph.D. Student in Applied Statistics, University of Alabama, Tuscaloosa, AL
2006 – 2008	Clarence Dewitt Smith Memorial Endowed Scholarship, University of Alabama, Tuscaloosa, AL
2006 – 2007	Meritorious Achievement in Applied Statistics, University of Alabama, Tuscaloosa, AL
April 2005	Meritorious Achievement in Outreach, University of Alabama, Tuscaloosa, AL

## **C. Contributions to Science**

Since I have transferred from the University of Alabama at Birmingham (UAB), to the University of Southern Mississippi (USM), I have been developing a new research topic, obesity. There are a couple of reasons to choose this topic; (1) one of researches I have participated in at the previous position was the relationship between obesity and depression and (2) Mississippi has been the one of the high ranked states in obesity prevalence rate in the U.S. One of my researches I have been working on is to improve rural health among minority population by decreasing obesity or obesity-related diseases. Since 2015, I have been working as a co-investigator and a biostatistician for the NIH funded project, "The Church as a Bridge to Deliver Health Resources via Tele-health to Alleviate Obesity and Chronic Disease Disparities in Rural African Americans of Mississippi," which is to alleviate obesity and chronic disease disparities in rural African Americans in Mississippi using church-based program to deliver health resources via telehealth. A weight management intervention was tested and data were collected over two phases. Intervention adaptations were made based on phase 1 results and tested in phase 2.

My statistical research topic is multivariate time series clustering. Thanks to advanced technology in computing and storing data, multi-dimensional, complex data such as multivariate time series are common in various fields. It is often necessary to use those complicated data and decide

quickly using some specific features, where a subject can be categorized; for example, deadly disease or not for new patients with similar symptoms; good credit or default for credit applicants; or normal or contaminated process.

Conventionally, modeling time series is the most popular method in time-series analysis. A time series can be decomposed into a model structure and an error part. However, if there are not enough data points, it is not guaranteed a valid model from the given data. Also, without any prior information, building a model has limitations. In this case, exploring the data by clustering can provide an informal means of suggesting interesting hypotheses concerning relationships. To cluster these complex data, I used one of the promising methods, kernel variant multi-way principal component analysis (KMPCA) with simulated data in a paper, "A Simulation Study on Clustering Multivariate Time Series Using Kernel Variant Multi-Way Principal Component Analysis" which is now being reviewed in the Journal of Data Science.

#### **D. Research Support and/or Scholastic Performance**

Research Support - Over the past 15 years, I have served as the lead statistician for nine (9) research projects funded by Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid (CMS) and have authored or co-authored over 18 published research reports.

#### 4.3. A. 5. REFERENCES (TAB 4)

#### Attachment E: References

##### Reference 1

**Name of Company:** MS Division of Medicaid  
**Dates of Services:** 2015–2020 (QOL surveys, NCI consumer surveys, PCP interviews)  
**Contact Person:** Jennifer Fulcher (Now at MSDH)  
**Address:** 570 E Woodrow Wilson, Jackson, MS 39216  
**Telephone:** 601-576-7751  
**Email:** [Jennifer.fulcher@msdh.ms.gov](mailto:Jennifer.fulcher@msdh.ms.gov)

##### Reference 2

**Name of Company:** Region 8 Mental Health Services  
**Dates of Services:** 2009–2020 (MYPAC, Outcome Measures, Consumer satisfaction surveys, Critical Time Intervention evaluation project)  
**Contact Person:** Dave Van, Executive Director  
**Address:** 613 Marquette, Brandon, MS 39042  
**Telephone:** 601-824-0342 / 601-906-0077  
**Email:** [dvan@regionmhs.org](mailto:dvan@regionmhs.org)

##### Reference 3

**Name of Company:** MS Department of Child Protection Services  
**Dates of Services:** 2017 – 2020 (In-Circle Family Preservation surveys/interviews)  
**Contact Person:** Bonnie Windham (retired)  
**Address:** 616 Lowder Drive, Jackson, MS 39209  
**Telephone:** 601-813-4341  
**Email:** [bonlitha.windham@gmail.com](mailto:bonlitha.windham@gmail.com)

##### Reference 4

**Name of Company:** Catholic Charities  
**Dates of Services:** June 2020-present (Kinship Care Navigator Program data collection and reporting)  
**Contact Person:** Wanda Thomas  
**Address:** 850 E River Place, Suite 300, Jackson, MS 39202  
**Telephone:** 601-842-1652  
**Email:** [wanda.thomas@catholiccharitiesjackson.org](mailto:wanda.thomas@catholiccharitiesjackson.org)

**4.3. A. 6. ACCEPTANCE OF CONDITIONS (TAB 4)**

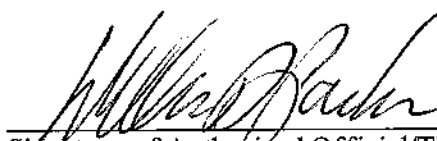
**ATTACHMENT D  
PROPOSAL EXCEPTION SUMMARY FORM**

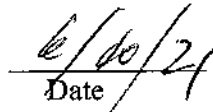
List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below. Indicate "N/A", if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

<b>RFP Reference</b>	<b>Respondent Proposal Reference</b>	<b>Brief Explanation of Exception</b>	<b>MDHS Acceptance</b>
Reference specific outline point to which exception is taken	Page, section, items in respondent's proposal where exception is explained	Short description of exception being made	
NA	NA	NA	

  
Signature of Authorized Official/Title

  
Date

**4.3. A. 7. COST DATA (TAB 2)**

<b>PROJECT TASKS</b>	<b>TOTAL COST</b>	<b>EXPLANATION</b>
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$46,500	Includes cost for retaining and training surveyors, purchasing and/or adapting equipment and programs, completion of approximately 3,000+ successful surveys , and support, oversight, and management of survey implementation and data collection and recording
Analysis and initial report drafting for MDHS/DASS review of draft report	\$12,000	Includes cost for capturing and organizing the raw data, analysis by Dr. Choi, utilization of the analysis to draft a preliminary report, and review of preliminary report with DAAS
Final report drafted and published	\$5,000	Includes cost for review of analysis, incorporating DAAS suggested modifications, finalizing the formatting and presentation, and submission of a final needs assessment report.
<b>TOTAL COST OF PROJECT:</b>	<b>\$63,500</b>	

**4.3. A. 8. FINANCIAL INFORMATION (TAB 2)**

Parham Group, Nonprofit Advisors is classified as a single-member Limited Liability Company. Single member LLC finances are reported on Schedule C of the member's personal tax return. As such, the company does not have audited financial statements.

The company has sufficient financial resources to meet the requirements of this RFP and has responsibly and judiciously managed all federal/state funds associated with the 14 previous and current contracted projects identified in this proposal. Below is a Parham Group Income and Expenses Statement For the Past 5 Years (Based on Information from Schedule C of the Member's tax returns.)

	2016	2017	2018	2019	2020
INCOME *	202,000	235,000	221,000	216,000	194,000
EXPENSES					
Advertising	1,250	1,400	1,600	1,550	825
Car/truck expense	2,600	5,250	6,760	5,333	1,950
Contract Labor	67,000	96,000	102,000	98,000	86,000
Depreciation	2,100	2,100	2,100	1,175	1,050
Insurance	11,000	12,400	13,200	13,200	12,300
Legal/accounting/professional	500	600	600	600	600
Office expense	1,950	2,260	2,745	3,600	6,000
Supplies	1,600	1,820	2,300	1,475	760
Travel	2,800	2,250	2,988	3,765	1,090
Utilities	8,204	8,330	8,816	7,750	5,750
Miscellaneous	700	878	677	894	522
TOTAL	99,704	133,288	143,786	137,342	116,847
NET INCOME (before tax)	102,296	96,712	77,214	78,658	77,153

\*From an average of 8 professional services contracts, at least 1 or 2 with a state agency/subdivision, each year.

#### Parham Group Balance Sheet

<b>ASSETS</b>	
Average Cash Balance	\$35,000
Office Furniture and Equipment	\$25,000
<b>LIABILITIES</b>	
Open Line of Credit of \$50,000 with a current outstanding balance of \$5,000	\$5,000
<b>NET</b>	<b>\$55,000</b>

Although the primary purpose of establishing a LLC is to avoid liability to the individual member(s), the single member of Parham Group, LLC has always considered every company contract to be a personal liability. As such, the Parham group single member has a personal net worth of \$3,000,000 with which to assure financial responsibility in performing the requirements of this RFP.

At its request, MDHS/DAAS may obtain a statement from a CPA (the CPA that has been preparing the member's tax returns, (including Parham Group and other companies) verifying the member's financial veracity, including similar language as that utilized in audited financial statements regarding the use of accepted accounting practices and no findings (exceptions) of questionable or unexplained income or expenses.

**FINANCIAL INFORMATION ASSURANCE STATEMENT**  
**DAAS Needs Assessment**

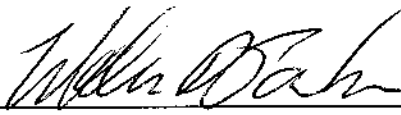
The respondent is neither substantially nor wholly owned by another corporate entity and thus unconditionally guarantees performance of each and every term, covenant, and condition of the contract that may be executed.

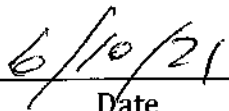
The respondent, either as the LLC or the sole member, has never filed bankruptcy.

The company has not restructured, merged, been acquired, nor acquired another entity in the past three (3) years.

The responding LLC is not currently, nor ever has been, debarred from submitting a proposal for contracts issued by a subdivision of the State of Mississippi. It is not an agent for a person or entity that is currently disbarred.

The responding LLC has never had a contract suspended or terminated by any subdivision of the State of Mississippi for financial irresponsibility or irregularity, non-performance, dissatisfaction of service, or any other violation to any of the contracts.

  
\_\_\_\_\_  
William D. Parham, President  
Parham Group, Nonprofit Advisors, LLC

  
\_\_\_\_\_  
Date

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at it's own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.

**8. REPRESENTATION REGARDING CONTINGENT FEES**

Contractor represents that it **has not** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.

**9. REPRESENTATION REGARDING GRATUITIES**

The Contractor represents that it **has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.

**10. INDEPENDENT PRICE DETERMINATION**

The respondent certifies that the prices submitted in response to the solicitation **have** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.



**11. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES**

The prospective Contractor represents as a part of such Contractor's proposal that such Contractor **has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** Parham Group

**Printed Name and Title of Representative:** William D. Parham, President

**Signature/Date:**  6/10/24

**Note:** Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.

PARHAM GROUP – FILE FOLDER 2 – PRICE AND FINANCIAL DATA REDACTED  
PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE ON 6/22/21)

**4.3. A. 7. COST DATA (TAB 2)**

<b>PROJECT TASKS</b>	<b>TOTAL COST</b>	<b>EXPLANATION</b>
Statewide assessment of current and unmet needs, projected needs for service providers, and projected needs among those on waiting lists for services	\$46,500	Includes cost for retaining and training surveyors, purchasing and/or adapting equipment and programs, completion of approximately 3,000+ successful surveys, and support, oversight, and management of survey implementation and data collection and recording
Analysis and initial report drafting for MDHS/DASS review of draft report	\$12,000	Includes cost for capturing and organizing the raw data, analysis [REDACTED] utilization of the analysis to draft a preliminary report, and review of preliminary report with DAAS
Final report drafted and published	\$5,000	Includes cost for review of analysis, incorporating DAAS suggested modifications, finalizing the formatting and presentation, and submission of a final needs assessment report.
<b>TOTAL COST OF PROJECT:</b>	<b>\$63,500</b>	

**4.3. A. 8. FINANCIAL INFORMATION (TAB 2)**

[REDACTED] is classified as a single-member Limited Liability Company. Single member LLC finances are reported on Schedule C of the member's personal tax return. As such, the company does not have audited financial statements.

The company has sufficient financial resources to meet the requirements of this RFP and has responsibly and judiciously managed all federal/state funds associated with the 14 previous and current contracted projects identified in this proposal. Below is a [REDACTED] [REDACTED] For the Past 5 Years (Based on Information from Schedule C of the Member's tax returns.)

	2016	2017	2018	2019	2020
INCOME *	202,000	235,000	221,000	216,000	194,000
<b>EXPENSES</b>					
Advertising	1,250	1,400	1,600	1,550	825
Car/truck expense	2,600	5,250	6,760	5,333	1,950
Contract Labor	67,000	96,000	102,000	98,000	86,000
Depreciation	2,100	2,100	2,100	1,175	1,050
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Legal/accounting/professional	500	600	600	600	600
Office expense	1,950	2,260	2,745	3,600	6,000
Supplies	1,600	1,820	2,300	1,475	760
Travel	2,800	2,250	2,988	3,765	1,090
Utilities	8,204	8,330	8,816	7,750	5,750
Miscellaneous	700	878	677	894	522
TOTAL	99,704	133,288	143,786	137,342	116,847
NET INCOME (before tax)	102,296	96,712	77,214	78,658	77,153

\*From an average of 8 professional services contracts, at least 1 or 2 with a state agency/subdivision, each year.

**Balance Sheet**

<b>ASSETS</b>	
Average Cash Balance	\$35,000
Office Furniture and Equipment	\$25,000
<b>LIABILITIES</b>	
Open Line of Credit of \$50,000 with a current outstanding balance of \$5,000	\$5,000
<b>NET</b>	<b>\$55,000</b>

Although the primary purpose of establishing a LLC is to avoid liability to the individual member(s), the single member of [REDACTED] has always considered every company contract to be a personal liability. As such, [REDACTED] single member has a personal net worth of \$3,000,000 with which to assure financial responsibility in performing the requirements of this RFP.

At its request, MDHS/DAAS may obtain a statement from a CPA (the CPA that has been preparing the member's tax returns, (including [REDACTED] and other companies) verifying the member's financial veracity, including similar language as that utilized in audited financial statements regarding the use of accepted accounting practices and no findings (exceptions) of questionable or unexplained income or expenses.

**FINANCIAL INFORMATION ASSURANCE STATEMENT**  
**DAAS Needs Assessment**

The respondent is neither substantially nor wholly owned by another corporate entity and thus unconditionally guarantees performance of each and every term, covenant, and condition of the contract that may be executed.

The respondent, either as the LLC or the sole member, has never filed bankruptcy.

The company has not restructured, merged, been acquired, nor acquired another entity in the past three (3) years.

The responding LLC is not currently, nor ever has been, debarred from submitting a proposal for contracts issued by a subdivision of the State of Mississippi. It is not an agent for a person or entity that is currently disbarred.

The responding LLC has never had a contract suspended or terminated by any subdivision of the State of Mississippi for financial irresponsibility or irregularity, non-performance, dissatisfaction of service, or any other violation to any of the contracts.

[REDACTED]

6/10/21  
Date

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Proposals and the attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in this Request for Proposals and the attachments thereto;
3. That the company agrees to all provisions of this Request for Proposals and the attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this RFP (Attachments G and H);
4. That the company will perform the services required at the prices quoted;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date;
6. That the company has, or will secure, at it's own expense, applicable licensed and certified personnel or personnel with requisite credentials who shall be qualified to perform the duties required to be performed under this Request for Proposals.
7. **NON-DEBARMENT:** By submitting a proposal, the respondent certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi.
8. **REPRESENTATION REGARDING CONTINGENT FEES**  
Contractor represents that it **has not** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.
9. **REPRESENTATION REGARDING GRATUITIES**  
The Contractor represents that it **has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations.
10. **INDEPENDENT PRICE DETERMINATION**  
The respondent certifies that the prices submitted in response to the solicitation **have** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate prices offered.

**11. PROSPECTIVE CONTRACTOR'S REPRESENTATION REGARDING CONTINGENT FEES**

The prospective Contractor represents as a part of such Contractor's proposal that such Contractor **has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

Company Name: [REDACTED]

Printed Name and Title of Representative; [REDACTED]

Signature/Date: [REDACTED]

***Note: Failure to sign this form may result in the proposal being rejected as nonresponsive. Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.***

**PARHAM GROUP – FILE FOLDER 3 – TECHNICAL DATA REDACTED PURSUANT TO  
4.3.A (PROVIDED TO EVALUATION COMMITTEE ON 6/16/21)**



#### **4.3 A. 2. PROPOSAL/IMPLEMENTATION PLAN (TAB 3)**

██████████ is pleased to submit a proposal to the MS Department of Human Services, Division of Aging and Adult Services (MDHS/DAAS) for developing a report identifying the socio-demographic characteristics, current service usage, projected service needs, and wait list data of aging Mississippians (over age 55). The resulting needs assessment information, along with other service-related data, will be organized into a report that will be used to inform program planning and policy development and be included in the Mississippi State Plan for Aging and Adult Services.

The Contractor team will collect and report data from at least 3,000 interviews with older adults currently receiving services, older adults on wait lists for services, and service providers (Planning and Development District Area Agencies on Aging ) using the survey provided through this RFP. Based on our experience and the limited timeframe, we estimate approximately 6-7 surveyors will be needed to complete the interviews within the 12-week designated survey period. The telephonic surveys will be administered using random samples of 300 participants from each of the ten (10) PDD AAA and with an over sample of rural and minority populations. Resulting data will be reported in a manner denoting these and other characteristics. If approved by DAAS, the contractor will also utilize several focus groups (listening sessions) to capture the desired information. Service provider information will be collected using a combination of mail, email, and phone.

The contractor will ensure that all questions and response categories are programmed in an appropriate computer-assisted telephone interviewing (CATI) system, Win CATI/Ci3) or similar, and uploaded to a secure platform for surveyors to use. Depending on the comfort level of the surveyor, this may be as simple as a secure Google doc platform. Interviews will be conducted daily and weekends in accordance with the contractor's scheduling guidelines and survey protocols. Survey contacts will be attempted three (3) times, one per day, for each identified participant. If no contact is made, caller shall notate and no longer attempt.

The company will utilize established procedures, including on-site and remote monitoring of interviews, for assurance and documentation of interview quality and fidelity to the guidelines for collecting current and needed services, social and economic data, and COVID-19 information. A random sample of completed interviews will be verified, stratified by interviewer, and validated in 4 selected criteria. (A part of the training for new interviewers will include a company principal sitting in on practice calls made by each interviewer with a follow-up critique.) Each interviewer will administer a certain percentage of the questionnaires from their home or other remote, secure location and a certain percentage from the Contractor's office with appropriate Covid-19 measures in place.

Respondent confidentiality is respected and steps will be implemented to ensure that each respondent can be confident that their personal information is protected.

It is anticipated that 6-7 additional surveyors/ interviewers will be needed to complete the required number of completed interviews in the required schedule of various times and days. The company has

immediate access to 1/2 of this number of experienced interviewers (independent contractors used currently and in the past). The remaining interview contractors will be identified from current interviewer recommendations, [REDACTED] and/or through a contract with Staffers, a temp employment agency that places older adults in temporary assignments. All interviewers will be trained (some retrained) on the Contractor's survey and data collection procedures and protocols, on using electronic devices to record survey information, general telephone interviewing etiquette, and particularly on the goal and philosophy of MDHS/DAAS to accurately capture desired information.

Based on the Contractor's experience, raw data will be collected in excel, assessed and analyzed within a 5% margin of error, reviewed with DAAS, and reported in an understandable and reader-friendly format that reflects the elderly population trends and shifts, current and unmet needs, projected needs, and provider input.

With DAAS' approval, the Contractor proposes to utilize Focus Groups, in conjunction with telephone surveys, to capture information from participants and providers. Focus groups are a proven means to ascertain insight and information from a population that may be uncomfortable and uncooperative with telephone interviewers (concern with scam and spam calls).

Contractor has the experience and ability (as indicated on the previous performance chart on pages 8-9 of this proposal itemizing similar, successful projects, as well as the background and experience of each principal as evidenced by resumes on pages 10-16 of this proposal) to provide statewide assessments of current and unmet, and projected needs of older adults, COVID inquiries, analyze social and economic variables, ensure representation of all 10 PDD Area Agencies on Aging, perform analyses within a 5% margin of error, and provide written, reader- friendly reports on collected data.

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**PARHAM GROUP – FILE FOLDER 4 – MANAGEMENT DATA NOT REDACTED  
PURSUANT TO 4.3.A (PROVIDED TO EVALUATION COMMITTEE ON 6/25/21)**

**RFP# 20210511 DAAS NEEDS ASSESSMENT**

**4.3 A: TAB 1 ENTIRE PROPOSAL PACKAGE NOT REDACTED**

**4.3 A. 1. MANAGEMENT SUMMARY**

**ATTACHMENT A  
PROPOSAL COVER SHEET WITH CERTIFICATIONS AND ASSURANCES**

Organization Name: Parham Group, Nonprofit Advisors, LLC

Organization's Physical Address: 4400 Old Canton Rd., Suite 160, Jackson, MS 39211

Organization's Mailing Address: P. O. Box 16712, Jackson, MS 39236

Organization's Principal Place of Business: 4400 Old Canton Rd., Suite 160, Jackson, MS 39211

Organization's Place of Performance of Services (if different): Same

Contact Person's Name: William D. Parham

Contact Person's Title: President

Contact Person's Phone No.: 601-260-6003

Contact Person's Fax No.: NA

Contact Person's Email Address: buddy@parhamgroup.net

Tax I.D. Number: 64-0898861

DUNS Number: 049798262

Age of business: 22 yrs. Average number of employees over the past three (3) years: 3

Indicate if this organization is minority or women owned (For Classification Purposes ONLY)

Minority-Owned NA Women-Owned NA

Indicate the underlying philosophy of the firm in providing the services required within this solicitation:

Our underlying philosophy in providing this service is that accurate data is important and necessary to making informed policy decisions needed to positively impact on older Mississippians (55 and over). Our understanding is that the quality of the data resulting from the surveys depends greatly on and is reflective of the (a) quality of the survey interviews, (b) fidelity to the survey process and protocol, (c) the ability of the management team to provide effective leadership and oversight, (d) the ability to effectively analyze the resulting data and (e) the ability produce clear, concise, reader-friendly reports.

**ATTACHMENT B**

**DEBARMENT VERIFICATION FORM**

Subgrantee/ Contractor's Name	Parham Group, Nonprofit Advisors, LLC
Authorized Official's Name	William D. Parham
DUNS Number	049798262
Address	P. O. Box 16712 Jackson, MS 39236
Phone Number	601-260-6003
*Are you currently registered with www.sam.gov (Respond Yes or No)	Yes
*Registration Status (Type Active or Inactive)	Active
*Active Exclusions (Type Yes or No)	No

*\*Respondent shall provide a written justification for any above responses denoted with an "\*" as an attachment to this Attachment B, Debarment Verification Form for any responses other than the following: Are you currently registered with www.sam.gov? YES; Registration Status? ACTIVE; Active Exclusions? NO.*

**State of Mississippi Debarment Certification:**

By signing below, I hereby certify that Parham Group, Nonprofit Advisors, LLC is not on the list for debarment for doing business within the State of Mississippi or with any Mississippi State Agencies.

**Partnership Debarment Certification:**

By signing below, I hereby certify that all entities who are in partnership through this contract with MDHS (subcontractors, subrecipients, et al.) are not on the federal debarment list on www.sam.gov – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDHS.


6/10/21  
 \_\_\_\_\_  
 Signature of Authorized Official                      Date

**ATTACHMENT C  
PROPRIETARY INFORMATION FORM**

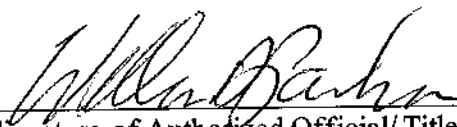
The respondent should mark any and all pages of this response considered to contain proprietary information. Such pages may remain confidential in accordance with Mississippi Code Annotated §§25-61-9 and 79-23-1 (1972, as amended). Each page of this response considered, by the respondent, to contain trade secrets or other confidential commercial/financial information should be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after the award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or other confidential commercial/financial information may result in that information being released in a public records request.

For all procurement contracts awarded by state agencies, the provisions of the contract which contain the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret, or confidential commercial or financial information, and shall be available for examination, copying, or reproduction.

If applicable, please indicate which parts/pages below that the contractor wishes to designate as proprietary. In addition, provide the specific statutory authority for the exemption. **If this is not applicable, please indicate with "N/A" below.**

1. NA
- 2.
- 3.
- 4.
- 5.

By signing below, I understand failure to clearly mark proprietary information as identified above may result in disclosure of such information as it will be subject to review by the general public after the award of the contract.

  
\_\_\_\_\_  
Signature of Authorized Official/ Title  
(No stamped signature)

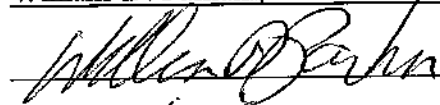
  
\_\_\_\_\_  
Date

### Acknowledgement of Amendments

Please acknowledge receipt of **Amendment #1** by returning it, along with your proposal package, by June 11, 2021, at 2:00 PM, CT. This acknowledgement should be enclosed in your proposal package. Failure to submit this acknowledgement may result in rejection of the proposal package.

Parham Group, Nonprofit Advisors, LLC Name of Company

William D. Parham, President Authorized Official's Typed Name/Title

 Signature of Authorized Official

6/10/21 Date

(No stamped signature) Should an amendment to the RFP be issued, it will be posted on the Mississippi Contract/Procurement Opportunity Search Portal website and the MDHS website (<http://www.mdhs.ms.gov>) in a manner that all respondents will be able to view. Further, respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on the amendment, or by letter. The acknowledgment should be received by the MDHS by the time and at the place specified for receipt of proposals. It is the respondent's sole responsibility to monitor the websites for any updates or amendments to the RFP.

## **Management Timeline of Activities (TAB 4)**

The contractor will adhere to each of the timeline durations identified in the RFP:

- 12 weeks for information gathering (surveys, etc.)
- 1 month for analysis and report drafting
- 2 weeks for MDHS/DAAS review with contractor, and
- 1 month for the final report to be complete and submitted to MDHS/DAAS

All work/tasks identified in the RFP will be completed within the approximate 23-week (5.5 months) designated period.

More specifically, the twelve-week assessment period will include recruiting and retaining of the needed surveyors. Training on administering surveys, recording data electronically, the specifics of this survey, and proper phone etiquette particularly with older adults will be scheduled and provided to all surveyors. Survey questions and optional answers will be uploaded to the electronic devices, needed information (contact lists, etc.) to be provided by DAAS will be obtained, reviewed, and analyzed for contacting (to ensure rural over sample and to ensure each PDD/AAA is represented appropriately) and a trial run for testing any survey issues will be performed. Then, the actual surveying (and other sources) will begin to assess current and unmet needs, projected needs for services providers, and needs of those on a waiting list for services. Analysis of collected data, drafting an initial report, reviewing with DAAS, and producing a final report can easily be accomplished in the remaining two and one-half months allocated in the RFP timeline.

### **4.3 A. 3. EXPERIENCE AND CAPACITY (TAB 4)**

William Parham has owned and operated Parham Group, Nonprofit Advisors for over 20 years. During this time he has consulted with and supported public and private nonprofit clients throughout the state. In addition to fundraising and managerial activities, for the past 15 years his services have expanded to include planning, designing, and implementing project evaluation services and instruments, including in-person, telephone, and electronic surveys, data collection and analysis, and CQI activities.

Matt Parham, now a principal, has worked with the company for 10 years. His scope of work has focused on planning, designing, overseeing, and managing project evaluation services, including in-person and telephone assessments, data collection and analysis, and CQI activities on projects such as:

- (1) Family outcome assessment and satisfaction questionnaires with participants in a MS Department of Child Protection Services project, In-Circle Family Preservation Program,
- (2) Quality Of Life assessment surveys with participants in the CMS Money Follows the Person program,
- (3) Youth outcome and process surveys for a Federally-funded Transitional Living Program, and
- (4) In-person and telephone functional assessments administered with families and reported participant outcomes for youth and family members as part of a Centers for Medicaid and Medicare Services (CMS) National Evaluation project.



Dr. Hwanseok Choi, a long-time contracted associate with the Parham Group, is a Professor in the School of Health Professions at the University of Southern Mississippi and holds a Ph.D. in Applied Statistics from the University of Alabama. For over 18 years Dr. Choi has participated in the design, data entry design, data coding, data editing, analysis, and statistical reporting on nearly 100 studies using multiple statistical packages. He has led various survey and interviewing projects and has authored or co-authored over 60 research papers.

Resumes for William Parham, Matt Parham, and Dr. Choi are attached. Resumes for the surveyors can be provided once they are all retained.

The following chart itemizes and describes Parham Group's prior efforts with providing similar data, analysis, and reporting with other governmental agencies. Although four (4) of the contact persons are listed as official references, any of the following may be contacted to verify the successful and satisfactory completion of contracts.

Client	Federal Agency/ Grant Program	Project	Timeframe	Role/Responsibility	Contact Person/ Reference
Region 8 Mental Health Services	Laura and John Arnold Foundation	Implementation and evaluation mgt. of the "Critical Time Intervention" service model	2021 - 2025	Local Partner with the Univ. of Chicago Health Labs to <b>collect and report data</b> (from participant interviews) through a Randomized Control Trial	Dave Van, Ex. Dir. Region 8 601-824-0342
Catholic Charities	MDCPS	Caregiver Navigator Program	August, 2020 - current	Evaluation design & implementation, <b>including participant outcome surveys and family interviews</b>	Wanda Thompson Ex. Dir. 601-842-1562
MS Dept. of Child Protection Services	DHHS/ACF	In-Circle (family preservation program)	2017 - 2020	Project design; evaluation design & implementation, <b>including outcome surveys and family interviews</b>	Bonnie Windham MDCPS (retired) 601-813 4341
MS Division of Medicaid	CMS	Healthy MS Waiver Program	2018 - current	Evaluation design & implementation; Collection, analysis, and reporting of data to CMS; <b>Utilization of surveys and focus groups</b>	Shanda Borden, Nurse Bureau Director 601-359-9125
MS Division of Medicaid	CMS: Balancing Incentive Program	Person-centered Practices Training Program with all Medicaid waiver programs	2017 - 2019	Design, development, and implementation of the PCP training evaluation; <b>survey development, interviewing, collection of data, and submission of reports.</b>	Jennifer Fulcher, DOM (currently) MSDH 601-576-7751

MS Division of Medicaid	CMS: Balancing Incentive Program	NCI-AD and ID/DD Consumer and family surveys	2016 - 2017	Planning, logistical support, facilitation, <b>management of pre-survey and survey implementation</b>	Jennifer Fulcher, DOM (current) MSDH 601-576-7751
MS Division of Medicaid	CMS	Money Follows the Person (B2i)	2015 - 2018	Evaluation implementation; including administration of the <b>National Quality of Life surveys and interviews and submission to CMS</b>	Jennifer Fulcher, DOM (Current) MSDH 601-576-7751
MDHS/DAAS	CMS: Balancing Incentive Program	Developing a No Wrong Door state-wide system (MAC)	2013 - 2018	Project development; Evaluation implementation, <b>including needs assessment through interviews with older adults, users of MAC Centers and MAC center staff</b>	Melinda Bertucci MDHS/DAAS (retired) 601-497-0017
Sally Kate Winters Family Services	DHHS -ACF	Transitional Living Program	2012-present	Evaluation design & implementation, <b>data collection, surveying, and interviews with participants</b>	Sheila Brand Ex. Dir., 662-494-4867
MS Dept. of Mental Health	SAMHSA	System of Care for Transitional Age youth	2009-2013	<b>Fidelity monitoring; Surveying/ interviewing of participating families</b>	Sandra Parks, Children Services Dir. 601 359-6825
MS Division of Medicaid	CMS	PRTF Demonstration grant (MYPAC)	2007-2014	Project design and rollout; <b>including outcome evaluation, provider and family surveys; and Fidelity monitoring interviews</b>	Kristi Plotner, Community Services Dir. DOM (retired) 601- 594-0595
MS Dept. of Mental Health	SAMHSA	System of Care Grant for Children/ Youth with SED	2005 - 2009	Program design and development; Evaluation design & <b>implementation, including programmatic interviews</b>	Brenda Scafidi, Dir. Children's Services, DMH (ret.)
MS Dept. of Mental Health	SAMHSA	Fetal Alcohol Spectrum Disorder Grant	2005 -2008	Project design and development; Evaluation design & implementation; <b>Fidelity monitoring surveys.</b>	Brenda Scafidi, DMH (ret.)
Region 8 Mental Health Services		Program Outcome Measures	2004 - 2014	<b>Survey dev./adm; Collecting, scoring, reporting data collected</b>	Dave Van, Ex. Dir. Region 8 601-824-0342

#### 4.3 A. 4. PERSONNEL (TAB 4)

**William D. Parham**  
P. O. Box 16712  
Jackson, MS 39211

buddy@parhamgroup.net

(601) 260-6003

#### PROFESSIONAL EXPERIENCE

##### **President, Parham Group, LLC, Jackson, MS (21 years)**

The Parham Group is a professional services firm that specializes in helping public and private nonprofit organizations cultivate leadership, promote credibility, and reach maximum effectiveness. Since its inception, the Parham Group has advised and supported over 50 public agencies and private nonprofit organizations in MS and throughout the Southeast.  
Activities included:

- Led and supported clients with strategic and sustainability planning, needs assessment and organizational analysis activities, plans, and implementation.
- Led/participated in the application, development, and implementation of Federal grant projects totaling over \$100 Million for state government agencies, and nearly \$10 Million of foundation grant projects for private nonprofit organizations.
- Advised and assisted agencies and organizations with managerial support for projects, including mission and goal development, design and structure, staffing, financial management, troubleshooting, and reporting activities.
- **Planned, designed, and implemented project evaluation services and instruments, including in-person, telephone, and electronic surveys, data collection and analysis, and CQI activities.**
- Assisted agencies with identifying and selecting executive leadership and developing and administering executive and staff assessment tools.

Parham Group continues to provide ongoing consultation services to numerous governmental and private, non-profit clients.

##### **President/CEO, North Georgia Foundation, Gainesville, GA**

The North Georgia Foundation serves an eight-county region in northern Georgia as the primary vehicle for building and managing the area's permanent charitable resources.  
Some accomplishments during this tenure:

- Led the development and implementation of a strategic plan for the organization
- Reorganized internal operations to effectively address goals, objectives and strategies
- Significantly improved the foundation's profile and enhanced its image in the region
- Developed strategic partnerships with local and regional organizations
- Increased unrestricted giving by 288%
- Increased permanent assets by 400%
- Generated \$17Million of new planned gifts

- Generated over \$2 Million of donations for investment in community projects stimulated with a \$500,000 Robert Woodruff Foundation grant

### **President, CREATE Foundation, Tupelo, MS**

CREATE is a private, nonprofit corporation serving Northeast Mississippi as a community foundation. The scope of work included the supervision and management of a six-member staff, preparation and oversight of a \$2,000,000 annual budget, community need assessing, grant-making, new program development, community relations/marketing, and fundraising. Some accomplishments during this tenure:

- Facilitated the development and implementation of a strategic plan for the foundation
- Significantly increased CREATE's regional profile and activity
- Reorganized internal governance/operation of the foundation
- Initiated 20 new community programs (including a family resource center, free healthcare clinic, regional leadership program, public/private local education improvement program, youth mentoring program, and a regional workforce development program)
- Provided strategic & sustainability planning and operational guidance for funded organizations
- Increased unrestricted giving by 600%
- Received over \$5 million of grants and over \$6 million of planned gifts
- Awarded a Ford Foundation Challenge Grant, and as a result, generated over \$10 million of gifts and grants for re-investment in the community through grants and initiatives.

### **EDUCATION/TRAINING**

- Graduate of Covey Leadership Center, Provo, UT
- Master of Planning / Public Administration, University of Mississippi
- Bachelor of Business Administration (Finance), Mississippi State University

**William Matthew Parham**  
1430 Wilhurst Street  
Jackson, MS 39211

**Phone: (601) 953-6191**

**E-mail: [Matt@parhamgroup.net](mailto:Matt@parhamgroup.net)**

## **EXPERIENCE**

### **Principal, Parham Group, LLC (January 2014 – Present)**

The Parham Group is a professional services firm that specializes in helping nonprofit organizations cultivate leadership, promote credibility, and reach maximum effectiveness. Since its inception, the Parham Group has advised and supported over 50 different public agencies and private nonprofit organizations in MS and throughout the Southeast. Activities include:

- Support clients with strategic and sustainability planning, needs assessment and organizational analysis activities.
- Participate in the application, development, and implementation of federal grant projects for the State government agencies.
- Participate in the application, development, and implementation of foundation grant projects for private nonprofit organizations.
- Advise and assist agencies with management support for grant projects.
- Provide staff training and oversight of ongoing project.
- **Plan, design, oversees, and manages project evaluation services, including in-person and telephone assessments, data collection and analysis, and CQI activities.**
- Assist agencies with identifying and selecting executive leadership.

### **Consultant, Parham Group, LLC (2011- 2013)**

Managed the implemented evaluation services on behalf of Parham Group including **in-person and telephone assessments, data collection and analysis**, such as (1) Quality Of Life assessment interviews with participants in the federally-funded Money Follows the Person program, (2) functional assessment interviews with participants in MYPAC, a Mississippi Division of Medicaid project, and (3) surveyed youth participating in a federally- funded Transitional Living Program, collected, analyzed, and reported resulting outcome data.

### **Evaluation Interviewer, Region 8 Mental Health Services (2009 – 2011)**

**Administered in-person and telephone functional assessments** to families and reported participant outcomes for youth and family members as part of a Center for Medicaid and Medicare Services (CMS) National Evaluation project.

## **EDUCATION**

**Mississippi State University**, Starkville, MS

Major: Business Management  
December 2013

**Jackson Academy**, Jackson, MS

May, 2008

## **SKILLS DEVELOPED**

- Interpersonal communication, interviewing, and survey administration skills
- Data collection, management, and presentation
- Social marketing and outreach
- Strategic thinking and planning
- Multiple project management

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## BIOGRAPHICAL SKETCH

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NAME: Hwanseok Choi

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POSITION TITLE: Professor

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### EDUCATION/TRAINING

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INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Hankuk University of Foreign Studies	B.A.	07/1996	Business Administration
The University of Alabama	M.A.	05/2002	Marketing
The University of Alabama	M.S.	05/2004	Applied Statistics
The University of Alabama	Ph.D.	08/2010	Applied Statistics

### A. Personal Statement

My graduate work is Applied Statistics, and I have been trained as a statistician for a long time. From 2002 to 2008, I have been working as a graduate assistant for data collection, variable creation and modification, and various statistical analyses in numerous economic and business researches. Economic data is usually related to longitudinal data or repeated measured data of which this proposed research will use for the analyses. The characteristics of the data have various covariance matrices depending on the different contexts, which I have experienced while I was working as a graduate assistant.

In my previous experiences as a biostatistician at the University of Alabama at Birmingham (UAB), I have participated in multiple projects from cardiovascular diseases research, cancer researches, social behavior researches, to clinical trials. I have involved in design of the studies, data entry design, data coding, data edit checking, analyses, and statistical reports in over 60 studies as a statistical staff using multiple statistical packages such as SAS, SPSS, STATA, ArcGIS, etc.

One of the studies I have been involved was CARDIA (Coronary Artery Risk Development in Young Adults) which is a study that examines the development of heart disease in black and white adults. Sponsored by the National Heart, Lung, and Blood Institute of the National Institutes of Health, the study began in 1985-86 with 5,115 participants and takes place at four field centers. It has been studied for last thirty years, and I have worked on this research as one of the main statistical members verifying statistical methods and analyses for over 60 research papers and participating in preparing the data sets for almost 100 researches related to this study.

Since I have transferred from a statistician in a research institution to the Assistant Professor in a teaching-focused organization, I have been developing a new research topic, obesity. There are a couple of reasons to choose this topic; (1) one of researches I have participated in at the previous position was the relationship between obesity and depression and (2) Mississippi has been the one of the high ranked states in obesity prevalence rate in the U.S. One of my researches I have been working on is 'Church-based programs to reduce obesity prevalence rate in African-American young females in Delta area of Mississippi Research—comparison between positive and negative communication methods.' According to the previous researches, the targeted group is the main reason, which makes a big difference between other states and Mississippi in obesity prevalence rate, and the church-based approach might be the most appropriate method to achieve the goal,

reducing the obesity prevalence rate effectively and efficiently. And, my on-going research will help me to understand this proposed research deeply as well as to expand the aspects more and better.

## **B. Positions and Honors**

### Positions and Employment

2002 – 2008	Research Assistant, Center for Business & Economic Research, University of Alabama, Tuscaloosa, AL
2008 – 2012	Biostatistician, Division of Preventive Medicine, University of Alabama at Birmingham, Birmingham, AL
2012 – 2018	Assistant Professor, Department of Public Health, University of Southern Mississippi, Hattiesburg, MS
2018 – Present	Associate Professor, Department of Public Health, University of Southern Mississippi, Hattiesburg, MS

### Professional Memberships

2005 – Present	American Statistical Association
2010 – Present	Korean Academy of Commodity Science & Technology
2014 – Present	Mississippi Academy of Sciences
2017 – Present	American Public Health Association
2018 – Present	Mississippi Public Health Association

### Honors, Awards, & Scholarships

June 2008	R.L. Anderson Student Paper Award, 2008 SRCOS, Charleston, SC
June 2008	The American Statistical Association Travel Award (TASA) to attend 2008 SRCOS SRC, Charleston, SC
April 2008	Outstanding Ph.D. Student in Applied Statistics, University of Alabama, Tuscaloosa, AL
2006 – 2008	Clarence Dewitt Smith Memorial Endowed Scholarship, University of Alabama, Tuscaloosa, AL
2006 – 2007	Meritorious Achievement in Applied Statistics, University of Alabama, Tuscaloosa, AL
April 2005	Meritorious Achievement in Outreach, University of Alabama, Tuscaloosa, AL

## **C. Contributions to Science**

Since I have transferred from the University of Alabama at Birmingham (UAB), to the University of Southern Mississippi (USM), I have been developing a new research topic, obesity. There are a couple of reasons to choose this topic; (1) one of researches I have participated in at the previous position was the relationship between obesity and depression and (2) Mississippi has been the one of the high ranked states in obesity prevalence rate in the U.S. One of my researches I have been working on is to improve rural health among minority population by decreasing obesity or obesity-related diseases. Since 2015, I have been working as a co-investigator and a biostatistician for the NIH funded project, "The Church as a Bridge to Deliver Health Resources via Tele-health to Alleviate Obesity and Chronic Disease Disparities in Rural African Americans of Mississippi," which is to alleviate obesity and chronic disease disparities in rural African Americans in Mississippi using church-based program to deliver health resources via telehealth. A weight management intervention was tested and data were collected over two phases. Intervention adaptations were made based on phase 1 results and tested in phase 2.

My statistical research topic is multivariate time series clustering. Thanks to advanced technology in computing and storing data, multi-dimensional, complex data such as multivariate time series are common in various fields. It is often necessary to use those complicated data and decide



quickly using some specific features, where a subject can be categorized; for example, deadly disease or not for new patients with similar symptoms; good credit or default for credit applicants; or normal or contaminated process.

Conventionally, modeling time series is the most popular method in time-series analysis. A time series can be decomposed into a model structure and an error part. However, if there are not enough data points, it is not guaranteed a valid model from the given data. Also, without any prior information, building a model has limitations. In this case, exploring the data by clustering can provide an informal means of suggesting interesting hypotheses concerning relationships. To cluster these complex data, I used one of the promising methods, kernel variant multi-way principal component analysis (KMPCA) with simulated data in a paper, "A Simulation Study on Clustering Multivariate Time Series Using Kernel Variant Multi-Way Principal Component Analysis" which is now being reviewed in the Journal of Data Science.

#### **D. Research Support and/or Scholastic Performance**

Research Support - Over the past 15 years, I have served as the lead statistician for nine (9) research projects funded by Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid (CMS) and have authored or co-authored over 18 published research reports.

#### 4.3. A. 5. REFERENCES (TAB 4)

#### Attachment E: References

##### Reference 1

**Name of Company:** MS Division of Medicaid  
**Dates of Services:** 2015–2020 (QOL surveys, NCI consumer surveys, PCP interviews)  
**Contact Person:** Jennifer Fulcher (Now at MSDH)  
**Address:** 570 E Woodrow Wilson, Jackson, MS 39216  
**Telephone:** 601-576-7751  
**Email:** [Jennifer.fulcher@msdh.ms.gov](mailto:Jennifer.fulcher@msdh.ms.gov)

##### Reference 2

**Name of Company:** Region 8 Mental Health Services  
**Dates of Services:** 2009–2020 (MYPAC, Outcome Measures, Consumer satisfaction surveys, Critical Time Intervention evaluation project)  
**Contact Person:** Dave Van, Executive Director  
**Address:** 613 Marquette, Brandon, MS 39042  
**Telephone:** 601-824-0342 / 601-906-0077  
**Email:** [dvan@regionmhs.org](mailto:dvan@regionmhs.org)

##### Reference 3

**Name of Company:** MS Department of Child Protection Services  
**Dates of Services:** 2017 – 2020 (In-Circle Family Preservation surveys/interviews)  
**Contact Person:** Bonnie Windham (retired)  
**Address:** 616 Lowder Drive, Jackson, MS 39209  
**Telephone:** 601-813-4341  
**Email:** [bonlitha.windham@gmail.com](mailto:bonlitha.windham@gmail.com)

##### Reference 4

**Name of Company:** Catholic Charities  
**Dates of Services:** June 2020-present (Kinship Care Navigator Program data collection and reporting)  
**Contact Person:** Wanda Thomas  
**Address:** 850 E River Place, Suite 300, Jackson, MS 39202  
**Telephone:** 601-842-1652  
**Email:** [wanda.thomas@catholiccharitiesjackson.org](mailto:wanda.thomas@catholiccharitiesjackson.org)

**4.3. A. 6. ACCEPTANCE OF CONDITIONS (TAB 4)**

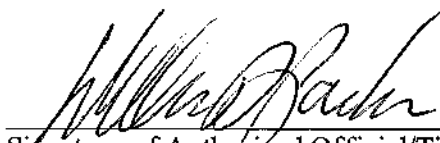
**ATTACHMENT D  
PROPOSAL EXCEPTION SUMMARY FORM**

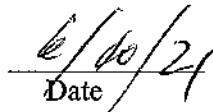
List and clearly explain any exceptions, for all RFP Sections and Attachments, in the table below. Indicate "N/A", if there are no exceptions.

**This Form MUST be COMPLETED and SIGNED.**

Failure to indicate any exception will be interpreted as the respondent's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

<b>RFP Reference</b>	<b>Respondent Proposal Reference</b>	<b>Brief Explanation of Exception</b>	<b>MDHS Acceptance</b>
Reference specific outline point to which exception is taken	Page, section, items in respondent's proposal where exception is explained	Short description of exception being made	
NA	NA	NA	

  
 \_\_\_\_\_  
 Signature of Authorized Official/Title

  
 \_\_\_\_\_  
 Date