Lieutenant Governor's Office on Aging
State Waiver Form
Waiver: W-001

By signing the Lieutenant Governor's Office on Aging's (LGOA's)StateWaiver Form, the

Waccamaw Area Agency on Aging and Disability Resource Center

Planning and Service Area

has determined that there is a need within its planning and service area to waive an existing LGOA policy and procedure to better serve the needs of its region.

Older Americans Act (OAA) Section 305(a)(1)(C) authorizes the LGOA to set policies to deliver aging services in South Carolina and states that the LGOA "be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of this Act."The OAA and the South Carolina Code of Laws are the foundation of the aging service delivery system across the State.

In accordance with the OAA, the LGOA has established written policies and procedures to administer aging services and programs in South Carolina. The procedural protocols set by the LGOA to deliver aging services are based on Federal and State Law. However, the LGOA acknowledges that the Planning and Service Area (PSA) could determine that there may be an extenuating circumstance regionally which results in a PSA generating a waiver.

State Waivers, which allow the PSA to operate outside the written policies and procedures of the LGOA, will not be accepted if it is determined that the waiver conflicts with the OAA or South Carolina law. A State Waiver is for up to a one-year period, terminating on June 30th. The LGOA reserves the right to invalidate waivers that amend its policies and procedures at any time.

The PSA and itsExecutive Directorassume all legal responsibility and liability for the procedural and operational practices associated with this waiver, and will be held accountable for any consequences that might result from this waiver being enacted. The multiple parties associated with the State Waiver are required to follow all established LGOA policies and procedures for data collection in order to accurately track and record client data. The PSA will be responsible for fulfilling all other areas of LGOA policies and procedures operations not covered by this waiver.

The LGOA will not reimburse the PSA for unearned funding: Performance outcome requirements set through contractual agreements in the planning and service area are the legal responsibility of the PSA. The PSA is responsible for ensuring that its service providers/contractors earn their funding in accordance to the OAA and LGOA policies and procedures. If it is determined that funding is not being earned, or that data is not being accurately tracked, the PSA will be expected to execute a thorough review of the service provider's/contractor's operations which could result in a thirty (30) day Corrective Action Plan to bring the multiple parties into OAA and LGOA compliance.

PSA Requesting Waiver:	**Waccamaw Regional Council of Governments**
Type of Waiver Requested	**Less than 25 participants per day**
Date the Waiver is Requested to cover:	

Is this a waiver consideration on behalf of thePSA or the Provider/Contractor?	**Georgetown County Bureau of Aging Services Provider/Contractor**
Name of Provider/Contractor Director if appropriate:	**Beth Goodale - Director**

Name of site for waiver consideration if appropriate:	**Geogetown Senior Center 2104 Lincoln St. Geogetown, SC 29440 843-546-9410**
Provider/Contractor contact information if appropriate:	**Jacqueline Elliott 2104 Lincoln St. Georgetown, SC 29440 843-545-3195**

What type of waiver is being requested? Please specify what action plans and protocol steps the PSA has taken to assist the Service/Provider Contractor to comply with the requirements of the OAA, AoA and LGOA and the duration of the assistance given.
Waiver of 25 meal participants per day requirement. Agency and staff continue to reach out to other local community and faith based groups and elder housing complexes to make the commnunity aware of nutritional supplement , educational, physical and mental activities offered at the center

Please state what specific challenges the PSA and Service Provider/Contractor encountered and why they were unable to successfully perform the requirements of the PSA, AoA, OAA and LGOA which necessitated the need for this waiver.	
Challenges	Reason Unable Perform the Requirement
25 or more participants per day at this nurition/activity site	**health issues, doctor appointments, hospital admissions, family emergencies, babysitting grandchildren (on occasion) and during school holidays, family visiting out of town or visiting family out of town**

What do you anticipate the positive results or benefits of the waiver will be if granted?
Daily Nutrition meal provided will supplement clients dietary needs and limited funds for food Socialization will prevent isolation. Participants will have opportunities to share common interest with their peers Physical and mental stimulation thru daily exercise and activities at the center Monitoring of well being - many clients have chronic health conditions and may not see their family daily - site managers monitor changes in mental and physical

behavior and report to family problems or changes
What do you anticipate the negative consequences of not grantingthe waiver will be?
Poor nutrition/hunger in the senior population **Early institutionalization** **Depression from lack of socialization**

How will you determine if this waiver will lead to service or programmatic improvements?	**Thru new participant enrollments and reassessments to determine new nutrition scores of existing participants. General observations of participants nutritional and health issues and concerns.**
What steps will the PSA take to ensure that the Provider/Contractor adheres to the contracts signed with the PSA to provide services, functions, and activities required for OAA and LGOA funding, in addition to this waiver?	
These waivers will be monitored on a monthly basis to track attendance and outreach efforts.	

Additional comments or information needed to support waiver request:

By signing this document, I certify that the waiver will be implemented as described above in this State Waiver Form.

Planning Service Area Director

10/2/13
Date

Tony Kester
Lieutenant Governor's Office on Aging Director

✓ Approved

_____ Not Approved

10-4-13
Date

The waiver form should be sent to:

Gerry Dickinson, Policy Manager
Lieutenant Governor's Office on Aging
1301 Gervais Street, Suite 350
Columbia, South Carolina 29201

All Approved State Waivers will be listed on the LGOA website, per Section 210 of the South Carolina Aging Network's Policies and Procedures Manual regarding State Waivers.