



South Carolina
**DEPARTMENT
ON AGING**

**SC Department on Aging
State Waiver Form**

By signing the South Carolina Department on Aging's (SCDOA's) State Waiver Form, the

Area Agency on Aging (AAA)

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

Older Americans Act (OAA) Section 305(a)(1)(C) authorizes the SCDOA to set policies to deliver aging services in South Carolina and states that the SCDOA "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 SCDOA has established written policies and procedures to administer aging services and programs in South Carolina. The procedural protocols set by the SCDOA to deliver aging services are based on Federal and State Law. However, the SCDOA acknowledges that the Area Agency on Aging (AAA) could determine that there may be an extenuating circumstance regionally which results in a AAA generating a waiver.

State Waivers, which allow the AAA to operate outside the written policies and procedures of the SCDOA, 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 SCDOA reserves the right to invalidate waivers that amend its policies and procedures at any time.

The AAA assumes 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 SCDOA policies and procedures.

AAA Requesting Waiver:	
Type of Waiver Requested	
Date the Waiver is Requested to cover:	
Is this a waiver consideration on behalf of the AAA or the provider?	
Name of the provider's director	
Name of site for waiver consideration if appropriate:	

Provider's Contact Information

What type of waiver is being requested? Please specify what action plans and protocol steps the AAA has taken to assist the service provider to comply with the requirements of the OAA, ACL and SCDOA and the duration of the assistance given.

Please state what specific challenges the AAA and service provider encountered and why they were unable to successfully perform the requirements of the AAA, ACL, OAA and SCDOA which necessitated the need for this waiver.

Challenges	Reason Unable to Perform the Requirement

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.

Area Agency on Aging Director

Date

SC Department on Aging Director

_____ Accepted _____ Not Accepted

Date: _____

The waiver form should be sent to:

SC Department on Aging
Attn: Lily Cogdill
1301 Gervais Street, Suite 350
Columbia, South Carolina 29201