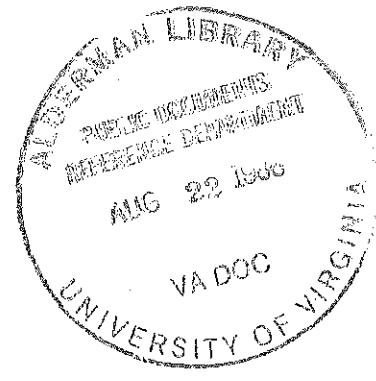
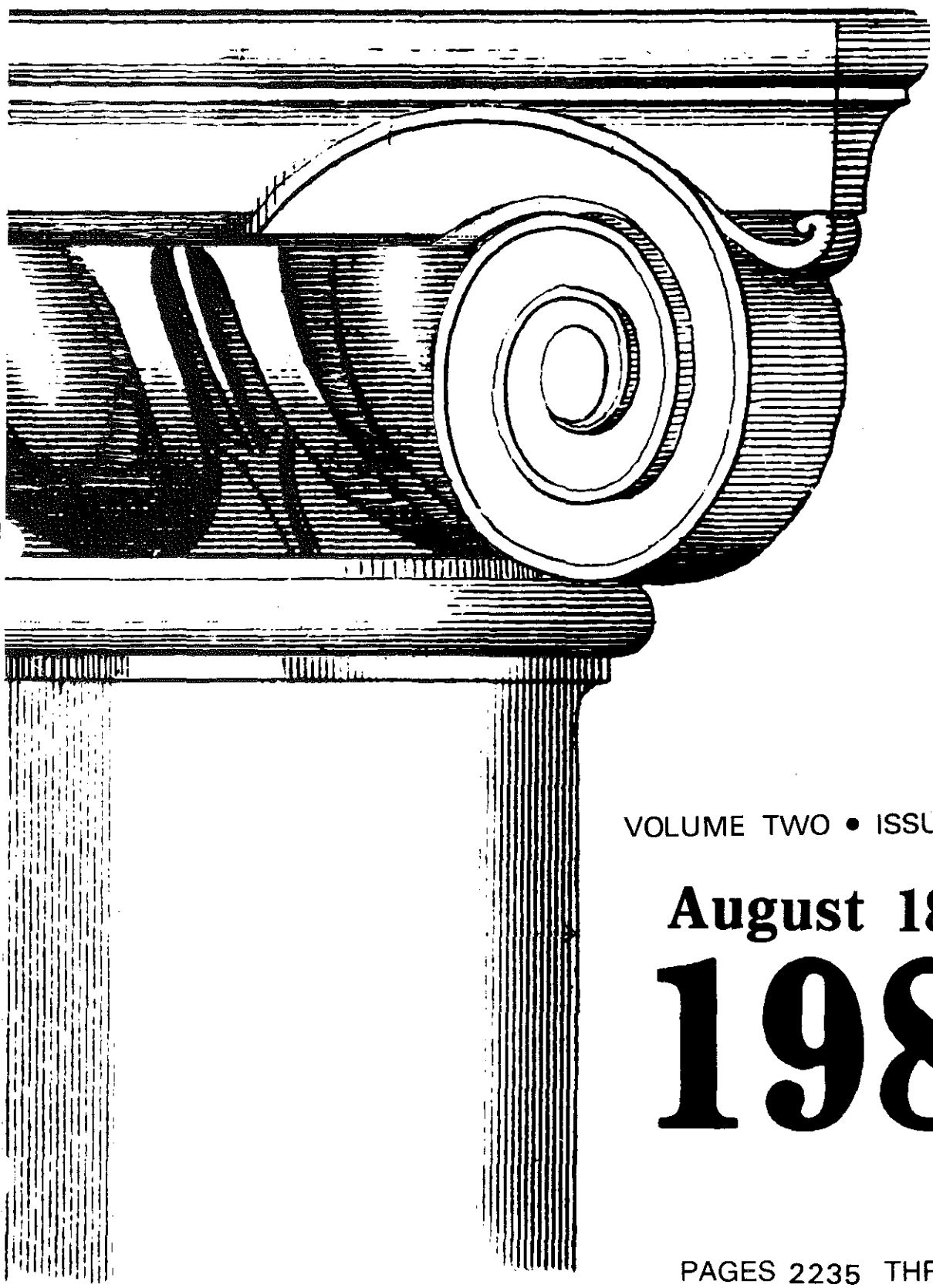


COV
5/R26/2-23 a.2

THE VIRGINIA REGISTER

OF REGULATIONS



VOLUME TWO • ISSUE TWENTY-THREE

August 18,
1986

PAGES 2235 THROUGH 2336

INFORMATION ABOUT THE VIRGINIA REGISTER OF REGULATIONS

VIRGINIA REGISTER

The *Virginia Register* is an official state publication issued every other week throughout the year. Indexes are published quarterly, and the last index of the year is cumulative.

The *Virginia Register* has several functions. The full text of all regulations, both as proposed and as finally adopted or changed by amendment are required by law to be published in the *Virginia Register of Regulations*.

In addition, the *Virginia Register* is a source of other information about state government, including all Emergency Regulations issued by the Governor, and Executive Orders, the Virginia Tax Bulletin issued monthly by the Department of Taxation, and notices of all public hearings and open meetings of state agencies.

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

An agency wishing to adopt, amend, or repeal regulations must first publish in the Virginia Register a notice of proposed action; a basis, purpose, impact and summary statement; a notice giving the public an opportunity to comment on the proposal, and the text of the proposed regulations.

Under the provisions of the Administrative Process Act, the Registrar has the right to publish a summary, rather than the full text, of a regulation which is considered to be too lengthy. In such case, the full text of the regulation will be available for public inspection at the office of the Registrar and at the office of the promulgating agency.

Following publication of the proposal in the *Virginia Register*, sixty days must elapse before the agency may take action on the proposal.

During this time, the Governor and the General Assembly will review the proposed regulations. The Governor will transmit his comments on the regulations to the Registrar and the agency and such comments will be published in the *Virginia Register*.

Upon receipt of the Governor's comment on a proposed regulation, the agency (i) may adopt the proposed regulation, if the Governor has no objection to the regulation; (ii) may modify and adopt the proposed regulation after considering and incorporating the Governor's suggestions, or (iii) may adopt the regulation without changes despite the Governor's recommendations for change.

The appropriate standing committee of each branch of the General Assembly may meet during the promulgation or final adoption process and file an objection with the *Virginia Registrar* and the promulgating agency. The objection will be published in the *Virginia Register*. Within twenty-one days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative Committee, and the Governor.

When final action is taken, the promulgating agency must again publish the text of the regulation, as adopted, highlighting and explaining any substantial changes in the final regulation. A thirty-day final adoption period will commence upon publication in the *Virginia Register*.

The Governor will review the final regulation during this time and if he objects, forward his objection to the Registrar and the agency. His objection will be published in the *Virginia Register*. If the Governor finds that changes made to the proposed regulation are substantial, he may suspend the regulatory process for thirty days and

require the agency to solicit additional public comment on the substantial changes.

A regulation becomes effective at the conclusion of this thirty-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the twenty-one day extension period; or (ii) the Governor exercises his authority to suspend the regulatory process for solicitation of additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified which date shall be after the expiration of the period for which the Governor has suspended the regulatory process.

Proposed action on regulations may be withdrawn by the promulgating agency at any time before final action is taken.

EMERGENCY REGULATIONS

If an agency determines that an emergency situation exists, it then requests the Governor to issue an emergency regulation. The emergency regulation becomes operative upon its adoption and filing with the Registrar of Regulations, unless a later date is specified. Emergency regulations are limited in time and cannot exceed a twelve-months duration. The emergency regulations will be published as quickly as possible in the *Virginia Register*.

During the time the emergency status is in effect, the agency may proceed with the adoption of permanent regulations through the usual procedures (See "Adoption, Amendment, and Repeal of Regulations," above). If the agency does not choose to adopt the regulations, the emergency status ends when the prescribed time limit expires.

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 of Chapter 1.1:1 (§§ 9-6.14:6 through 9-6.14:9) of the Code of Virginia be examined carefully.

CITATION TO THE VIRGINIA REGISTER

The Virginia Register is cited by volume, issue, page number, and date. 1:3 VA.R. 75-77 November 12, 1984 refers to Volume 1, Issue 3, pages 75 through 77 of the Virginia Register issued on November 12, 1984.

Virginia Register of Regulations. Published bi-weekly, with an index published quarterly by the Commonwealth of Virginia, Virginia Code Commission, P.O. Box 3-AG, Richmond, Virginia 23208, pursuant to Article 7 of Chapter 1.1:1 (§ 9-6.14:2 et seq.) of the Code of Virginia. Subscriptions \$85 per year, postpaid to points in the U.S., 3rd-Class postage paid at Richmond, Virginia and individual copies \$4 each. Direct all mail to Registrar of Regulations, P.O. Box 3-AG, Richmond, Virginia 23208, Telephone (804) 786-3591.

Members of the Virginia Code Commission: Theodore V. Morrison, Jr., Chairman, Delegate; Dudley J. Emick, Jr., Vice Chairman Senator; A. L. Philpott, Speaker of the House of Delegates; James P. Jones, Senator; Russell M. Carneal, Circuit Judge; John Wingo Knowles, Retired Circuit Judge; H. Lane Kneedler, Chief Deputy Attorney General; John A. Banks, Jr., Secretary, Director of the Division of Legislative Services.

Staff of the Virginia Register: Joan W. Smith, Registrar of Regulations; Ann M. Brown, Assistant Registrar of Regulations.

VIRGINIA REGISTER OF REGULATIONS

PUBLICATION DEADLINES AND SCHEDULES

PUBLICATION DATE	MATERIAL SUBMITTED BY 12 noon Wednesday
July 7	June 18
July 21	July 2
Aug. 4	July 16
Aug. 18	July 30
Sept. 1	Aug. 13
Sept. 15	Aug. 27
Sept. 29	Sept. 10
Final Index - Volume II	
Oct. 13	Sept. 24
Oct. 27	Oct. 8
Nov. 10	Oct. 22
Nov. 24	Nov. 5
Dec. 8	Nov. 19
Dec. 22	Dec. 3
Index - 1st Issue, Volume III	
1987	
Jan. 5	Dec. 17
Jan. 19	Dec. 31
Feb. 2	Jan. 14
Feb. 16	Jan. 28
Mar. 2	Feb. 11
Mar. 16	Feb. 25
Index - 2nd Issue	
Mar. 30	Mar. 11
Apr. 13	Mar. 25
Apr. 27	Apr. 8
May 11	Apr. 22
May 25	May 6
June 8	May 20
June 22	June 3
Index - 3rd Issue	
July 6	June 17
July 20	July 1
Aug. 3	July 15
Aug. 17	July 29
Aug. 31	Aug. 12
Sept. 14	Aug. 26
Sept. 28	Sept. 9
Final Index - Volume III	

TABLE OF CONTENTS

PROPOSED REGULATIONS

DEPARTMENT OF CORRECTIONS

Standards for Post Disposition Confinement for Secure Detention and Court Service Units. (VR 230-40-003) 2236

BOARD OF HEALTH

Regulations Governing Eligibility and Charges for Medical Care Services. (VR 355-39-01) 2237

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

Virginia Uniform Statewide Building Code, Volume I - New Construction Code/1984. (VR 394-01-21) 2245

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Rehabilitation Services 2246

Definition of Home Ownership. (VR 460-03-2.6152) 2255

FINAL REGULATIONS

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Rules and Regulations Pertaining to Tolerances and Prohibitions Applicable to Sausage. (VR 115-05-07) ... 2256

STATEWIDE HEALTH COORDINATING COUNCIL

Standards for Evaluating Certificate of Public Need Applications to Establish or Expand Computed Tomography or Magnetic Resonance Imaging Services. (VR 360-01-02) 2256

MARINE RESOURCES COMMISSION

Extension of Public Relaying Season. (VR 450-01-8603) 2263

DEPARTMENT OF SOCIAL SERVICES

Funding Limitations for the Refugee Resettlement Program. (VR 615-01-13) 2264

Virginia Fuel Assistance Program. (VR 615-08-1) 2265

STATE CORPORATION COMMISSION

Prefiling of Medical Malpractice Liability Insurance Rates. Case No. INS860119 2268

GENERAL NOTICES/ERRATA

NOTICES OF INTENDED REGULATORY ACTION

Notices of Intent 2269

GENERAL NOTICES

Department of Health

Notice to Persons Desiring to Participate in Rule-Making 2275

State Milk Commission

Termination of Order No. 13, as amended 2275

NOTICE TO STATE AGENCIES 2275

The Commission on Transportation in the Twenty-First Century

Confronting Virginia's Transportation Challenge - Phase I Report 2276

ERRATA

Board of Corrections

Standards for Post Disposition Confinement for Secure Detention and Court Service Units. (VR 230-40-003) 2309

CALENDAR OF EVENTS

EXECUTIVE

Open Meetings and Public Hearings 2310

LEGISLATIVE

Open Meetings and Public Hearings 2332

CHRONOLOGICAL LIST

Open Meetings 2334

Public Hearings 2335

PROPOSED REGULATIONS

For information concerning Proposed Regulations, see information page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates proposed new text. Language which has been stricken indicates proposed text for deletion.

DEPARTMENT OF CORRECTIONS

Title of Regulation: VR 230-40-003. Standards for Post Disposition Confinement for Secure Detention and Court Service Units.

Statutory Authority: § 16.1-284.1 of the Code of Virginia.

Public Hearing Date: November 12, 1986 - 10 a.m.
(See Calendar of Events section for additional information)

Summary:

These regulations establish minimum standards for court service units and secure detention facilities regarding the post dispositional placement and confinement of juveniles. The statutory addition of § 16.1-284.1 of the Code of Virginia requires that secure detention facilities and court service units comply with standards established by the Board of Corrections for such placements.

VR 230-40-003. Standards for Post Disposition Confinement for Secure Detention and Court Service Units.

PART I. INTRODUCTION.

§ 1.1. Definitions.

The following words and terms, when used in these regulations shall have the following meaning, unless the context clearly indicates otherwise:

"Community treatment programs" means programs and services which also serve children who are not being held in secure custodial facilities and in which sentenced children may participate.

"Community treatment service plan" means a written plan stating the purpose(s) of confinement and treatment, objectives to be attained by the child, methods by which objectives are to be accomplished, the responsibilities of the agencies and individuals involved, and the means by which progress will be evaluated.

"Marked law enforcement vehicle" means any vehicle displaying the emblem or designation of a law enforcement agency.

"Sentenced child/children" means a child ordered confined pursuant to § 16.1-284.1 of the Code of Virginia.

"Staff meeting" means a meeting of the representatives of the court service unit of the committing court and the secure facility, for the purpose of developing the community treatment service plan.

§ 1.2. Legal base.

A. Section 16.1-284.1 of the Code of Virginia requires the Board of Corrections to establish standards of compliance for placement in a secure local facility.

B. The Board of Corrections is empowered by § 53.1-5 of the Code of Virginia to develop and establish program and fiscal standards for correctional facilities.

§ 1.3. Current standards.

The Standards for Secure Detention, adopted by the Board of Corrections, on February 11, 1981; and Minimum Standards for Court Services, adopted by the Board of Corrections, on January 12, 1983, remain applicable to facilities receiving children under this regulation.

§ 1.4. Application.

Primary responsibility for application of these standards shall be with secure detention facilities and court service units of the juvenile and domestic relations district courts.

§ 1.5. The proposed effective date of this regulation is June 1, 1987.

§ 1.6. Severability.

If any provision of these regulations or the application of them to any person or circumstances is held to be invalid, such invalidity shall not affect other provisions or application of any other part of these regulations which can be given effect without the invalid provisions of the application, and to this end, the provisions of these regulations and the various applications of them are declared to be severable.

PART II. STANDARDS.

§ 2.1. There shall be a written agreement between the detention home and the court service unit of the committing court, defining working relationships and responsibilities for the implementation of the Community Treatment Service Plan for sentenced children.

§ 2.2. Children sentenced for more than 30 days shall

Proposed Regulations

receive the services of one or more community treatment programs during their confinement. Such programs and services shall include those which also serve children who are not being held in secure custodial facilities.

§ 2.3. The detention home shall designate a staff member as having primary responsibility for the coordination of services for each sentenced child as defined in the Community Treatment Service Plan.

§ 2.4. The Court Service Unit of the committing court shall designate a staff member as having primary responsibility for the coordination of services for each sentenced child as defined in the Community Treatment Service Plan.

§ 2.5. A staff meeting regarding children sentenced for more than 30 days shall be held no later than the fifth working day of the child's confinement. Representatives of the court service unit and the secure facility shall participate. The child, parent(s)/legal guardian and community treatment program(s) shall be informed of the staff meeting no less than 48 hours in advance, and may be present or represented.

§ 2.6. The staff meeting regarding a sentenced child shall result in a community treatment service plan, stating the purpose(s) of confinement and treatment, objectives to be attained by the child, methods by which objectives are to be accomplished, the responsibilities of the agencies and individuals involved, and the means by which progress will be evaluated. The final plan shall be forwarded to all involved parties within three working days of the staff meeting.

§ 2.7. At the time of admission of any sentenced child, the court service unit shall provide the secure facility with a copy of the court order, the child's most recent social history, and any other written information considered by the court during the sentencing hearing.

§ 2.8. The detention home shall provide counseling to children serving sentences, to aid in the child's adjustment to the secure setting, and to enhance progress in any community treatment program involvement.

§ 2.9. Children sentenced to more than 30 days shall, beginning no later than the initial 30 day court review, be temporarily released at least once every seven days for purpose(s) specified in the Community Treatment Service Plan. All such releases shall be documented in a central log or case record. Use of uniformed law enforcement officers, or physical restraining devices, or marked law enforcement vehicles shall not constitute a release for Community Treatment Service Plan purposes.

§ 2.10. A detention home approved to hold sentenced children shall not use more than 20% of its rated capacity for such children at any one time, and such sentenced child/children shall not be placed when the detention home is at capacity.

BOARD OF HEALTH

Title of Regulation: VR 355-39-01. Regulations Governing Eligibility Standards and Charges for Medical Care Services.

Statutory Authority: § 32.1-12 of the Code of Virginia

Public Hearing Date: October 20, 1986 - 2 p.m.
(See Calendar of Events section
for additional information)

Summary:

These regulations set forth the methods by which the Health Department will determine patients' eligibility for free services; identify patients for which copayment is required for services; methods of billing patients for service charges; provides a wavier process by which a copayment patient may become exempt from service charges and an appeals process by which the patient can pursue a requested wavier, if denied.

The Health Department is amending these regulations to include the Commonwealth's guidelines on billing of delinquent patient accounts; strengthening the patient waiver section; and has added an exemption statement of copayments for patients charges in Income Levels B and C in service categories where the patient may be at high risk if continued medical care is not given.

VR 355-39-01. Regulations Governing Eligibility Standards and Charges for Medical Care Services.

PART I. SECTION 2.00 DEFINITIONS.

~~2.01~~ § 1.1. Definitions

The words and terms used in these regulations have the following meanings unless the context indicates otherwise:

~~2.01-01~~ "Applicant" means the person requesting medical care services for themselves or on behalf of a dependent family member or foster child.

~~2.01-02~~ "Automatic eligibility" means applicants whose gross income is defined as Income Level A and recipients of public assistance programs:

Aid to Dependent Children (ADC)

General Relief

Title XIX - MEDICAID

Automatic eligibility for certain services:

Maternal, preventive child health (well child clinics, child development clinic networks), and family

Proposed Regulations

planning services for recipients in Income Levels B and C, or recipients who qualify for food stamp benefits seeking the above medical services .

Dental services for children who qualify for the national school lunch program or its equivalent.

Identifying information must be collected on these persons in order to make the above determinations.

2.01-03 "Board" means the State Board of Health.

"Chargeable services" means medical and dental services offered by the department for which a charge is made.

2.01-04 "Charges for services" means that after complying with the Administrative Process Act, the board shall establish reasonable charges for medical care services. These charges shall be based on the state average cost for providing the services. The charges may be further adjusted when cost changes occur.

2.01-05 "Commissioner" means the Commissioner of Health.

2.01-06 "Department" means the State Department of Health to include central offices, regional offices and health districts.

"Disabled" means any person crippled or otherwise incapacitated from earning a living. Incapacity must be supported by a physician's determination.

2.01-10 *Adult disabled children (persons) may or may not be included in the family unit depending on the support received from the parents. If the adult disabled child operates as a separate economic unit, she/ he will be excluded even though she/ he shares the parent's residence.*

2.01-09 "Family - family unit" means the family unit and includes the patient, the spouse of the patient, the parents of a patient who is an unemancipated minor, the parents of a patient who has been declared by a physician to be disabled, and any other person actually and properly dependent upon or contributing to the family's income for subsistence.

Child includes a biological or adopted child, and children placed for adoption or foster care unless otherwise treated as a separate unit by these regulations.

Parents include biological, adoptive, or step parent, or a cohabiting partner included in the family unit.

2.01-09b A husband and wife who have been separated and are not living together, ~~or~~ and who are not dependent on each other for support shall be considered separate family units.

2.01-09e The family unit which is based on cohabitation is considered to be a separate family unit for determining eligibility for services. The cohabitating partners and any children shall be considered a family unit. (§ 63.1-90.1 of the Code of Virginia.)

2.01-09d Eligible ADC Medicaid children shall be considered a separate family unit.

2.01-11 "Family gross income" means gross income earned by members of a family with the exception of wages of minor children.

2.01-07 "~~Non-Chargeable Services~~" "Free services" means services which the Health Department provides to all persons without charge as mandated by the Code of Virginia (see Part IV).

The department may also provide certain free services to all citizens, i.e., hypertension check-ups, pregnancy testing, etc., which are not necessarily required by the Code of Virginia.

2.01-12 "Gross income" means total cash receipts before taxes from all sources. These include money wages and salaries before any deductions, but do not include food or rent in lieu of wages. These receipts include net receipts from nonfarm or farm self-employment (e.g., receipts from own business or farm after deductions for business or farm expenses.) They include regular payments from public assistance (including supplemental security income), social security or railroad retirement, unemployment and worker's compensation, strike benefits from union funds, veterans' benefits, training stipends, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions, and regular insurance or annuity payment; and income from dividends, interest, rents, royalties, or periodic receipts from estates or trusts. ~~Funds obtained through college work study programs, scholarships, grants used for the current living costs are included. These receipts further include funds obtained through college work study programs, scholarships, and grants to the extent said funds are used for current living costs .~~

2.01-13 "Exclusions from gross income" means income does not include the value of food stamps, WIC checks, fuel assistance, money borrowed, tax refunds, gifts, lump sum inheritances or insurance payments, withdrawal of bank deposits, earnings of minor children, money received from the sale of property ~~and any funds derived from a college work study program, a scholarship, a loan, or a grant not used for current living cost~~ Gross income also does not include funds derived from college work study programs, scholarships, loans, or grants to the extent such funds are not used for current living costs .

2.01-14 "Income scales" mean scales based on individual or family gross income will be established: one for

Proposed Regulations

Northern Virginia and one for the remainder of the state.

2.01-14a Income Level A - will be set at 100% of the poverty income guidelines, except for Northern Virginia where the Income Level A will be set at 110% of the poverty income guidelines.

2.01-14b Income Level B - will be set at 110% of the poverty income guidelines, except for Northern Virginia where the Income Level B will be set at 133.3% of the poverty income guidelines.

2.01-14c Income Level C - will be set at 133.3% of the poverty income guidelines, except Northern Virginia where the Income Level C will be set at 166.6% of the poverty income guidelines.

2.01-14d Income Level D - will be set at 166.6% of the poverty income guidelines, except Northern Virginia where the Income Level D will be set at 200% of the poverty income guidelines.

2.01-14e Income Level E - will be set at 200% of the poverty income guidelines, except Northern Virginia where the Income Level E will be set at 233.3% of poverty income guidelines.

2.01-14f Income Level F - will be set at 233.3% of the poverty income guidelines, except Northern Virginia where the Income Level F will be set at 266.6% of poverty income guidelines.

2.01-14 MEDICALLY INDIGENT - Applicants whose family gross income is as defined by Section 2.01-11 at Income Level A or below:

2.01-14a Automatic Eligibility Persons who are receiving public assistance under Aid to Dependent Children and General Relief, or who are receiving medical assistance under Title XIX (Medicaid), are to be considered as medically indigent and are therefore eligible for medical care services of the Department at no charge to the recipient. Persons who meet this criteria are not required to go through the entire eligibility determination process as defined in Section 4.00.

2.01-00a "Minor" means a person less than 18 years of age whose parents are responsible for his/her care. A minor will be considered a separate family unit when married, or when 15 years of age and over and not living with any relatives.

A minor shall be deemed an adult for the purposes of consenting to:

a. Medical or health services needed to determine the presence of or to treat venereal disease or any infectious and contagious disease which the State Board of Health requires to be reported.

b. Medical and health services required in case of birth control, pregnancy, or family planning except for the purposes of sexual sterilization. (§ 54-325 of the Code of Virginia)

2.01-15 "Northern Virginia" means the area which includes the cities of Alexandria, Fairfax, Falls Church, Manassas, Manassas Park, and the counties of Arlington, Fairfax, Loudoun, and Prince William.

PART II. SECTION 1.00 GENERAL INFORMATION.

1.01 § 2.1. Authority for regulations.

Section 32.1-12 of the Code of Virginia establishes the responsibility of the board as follows: "The board may formulate a program of environmental health services, laboratory services and preventive, curative and restorative medical care services, including home and clinic health services described in Titles V, XIII and XIX of the United States Social Security Act and amendments thereto, to be provided by the department on a regional, district or local basis. The board shall define the income limitations within which a person shall be deemed to be medically indigent. Persons so deemed to be medically indigent shall receive the medical care services of the department without charge. The board may also prescribe the charges to be paid for the medical care services of the department by persons who are deemed to be medically indigent and may, in its discretion and within the limitations of available funds, prescribe and scale of such charges based upon ability to pay. Funds received in payment of such charges are hereby appropriated to the board for the purpose of carrying out the provisions of this title. The board shall review periodically the program and charges adopted pursuant to this section.

1.01 § 2.2. Purpose of regulations.

The board has promulgated these regulations to: (i) establish financial eligibility criteria to determine if a person is medically indigent and therefore qualified to receive medical care services of the department without charge; and (ii) to establish income scales and charges for services for medical care provided by the department to individuals who are not medically indigent, based upon their ability to pay. The regulations are constructed to assure that eligibility criteria remain appropriate for changing economic conditions.

1.03 § 2.3. Administration of regulations.

These regulations are administered by the following:

1.03-01 A. State Board of Health. The Board of Health is the governing body of the State Department of Health.

1.03-02 B. State Health Commissioner. The State Health Commissioner is the chief executive officer of the State

Proposed Regulations

Department of Health. The commissioner has the authority to act for the board when it is not in session. The commissioner shall publish specific income levels expressed in dollar amounts for determining eligibility for medical care services of the department. The income levels shall be based on the official poverty guidelines defined by the office of Management and Budget and revised annually in accordance with § 624 of the Economic Opportunity Act of 1964.

~~1-04~~ § 2.4. Recipients of services.

These regulations shall apply to all persons seeking laboratory and preventive, curative and restorative services including medical and dental clinic services provided by the department, except where other eligibility criteria are required for programs administered under federal statute.

~~1-05~~ § 2.5. Effective date of regulations.

These regulations ~~are~~ will be effective January 1, 1987 .

~~1-06~~ § 2.6. Application of the Administrative Process Act.

The provisions of the Virginia Administrative Process Act govern the adoption of these regulations and any subsequent amendments.

~~1-07~~ § 2.7. Powers and procedures of regulations not exclusive.

The board reserves the right to authorize any procedure necessary for the enforcement of the provisions set forth herein under the provisions of § 32.1-12 of the Code of Virginia.

~~1-08~~ § 2.8. Severability.

If any portions or applications of these regulations are declared invalid, such invalidity shall not affect other portions or applications.

PART III. SECTION 2-00 INCOME LIMITATIONS.

~~2-01~~ § 3.1. CHARGEABLE SERVICE Income levels.

~~2-01-01~~ A. Applicants for medical care services, who are found to be medically indigent as defined by Section ~~2-01-04~~ Part I of these regulations shall be provided care at no charge to the applicant.

~~2-01-02~~ B. Applicants for medical care services, including those in Northern Virginia as defined in ~~2-01-05~~ Part I , whose family income exceeds Income Level A shall be assessed a fee as follows:

1. Income Level A - No charge for service.
2. Income Level B - 10% of the established charge for

the service.

3. Income Level C - 25% of the established charge for the service.

4. Income Level D - 50% of the established charge for the service.

5. Income Level E - 75% of the established charge for the service.

6. Income Level F - 100% of the established charge for the service.

For the income levels other than Income Level A, calculations of charges will be made so that amounts will be rounded off to the highest \$.25 and the minimum fee to be collected for any chargeable service shall be at least \$.50.

~~2-01-03~~. A continuing exception to the above standard principles for assessing charges/fees for clinic services will exist for patients determined to be eligible for services under the Crippled Children's Services Program, the Special Supplemental Food Program for Women, Infants and Children (WIC), and to recipients of treatment and food supplements under the phenylketonuria (PKU) Program. The conditions under which each of these programs are operated constitute unusual circumstances which dictate the following special principles for determining the charges to be made as reimbursement for those Program's services:

~~2-01-03a~~ The Crippled Children's Services Program shall charge the annual patient fee for those persons determined to be above Income Level A. Charges shall be imposed in accordance with regulations as stated in the latest State Plan for Provision of Crippled Children's Services approved by the Board of Health.

~~2-01-03b~~ The Phenylketonuria (PKU) Program shall impose no charges for screening, clinic, or laboratory services which are necessary to establish a diagnosis or to recommend treatment of PKU (Section 32-1-65). Charges for specific food supplements will not be made to families in Income Level A nor will charges for these supplements be made to persons financially eligible for the services authorized under the Women, Infants and Children (WIC) Program.

~~2-01-03c~~ Specific food supplements which from time-to-time may be required by recipients of other programs offered by the Department, and which may be provided by the Department, will be supplied in the same manner as provided in Section ~~2-01-03b~~.

~~2-01-04~~ Except under unusual circumstances, chargeable clinic services may not be given to individuals above the income level - Statewide and above the income level - for Northern Virginia, as defined in Section ~~2-01-13~~, unless similar services are

Proposed Regulations

not otherwise available in the community.

3.02.02 The Department may provide immunization services free of charge to all individuals in the event of an epidemic or when declared necessary by the Commissioner to protect the public health of all citizens of the Commonwealth.

PART IV. SECTION 4.00 FREE SERVICES.

3.02 NON-CHARGEABLE SERVICES

3.02.01 The following services are provided without charge and eligibility determination to all citizens regardless of income as required by the Code of Virginia:

3.02.01a Immunization of children against diphtheria, tetanus, whooping cough, polio mylitis, measles (rubeola), german measles (rubella) and mumps.

3.02.01b Examination of persons suspected of having or known to have tuberculosis.

3.02.01c Examination, testing and treatment of persons for venereal disease.

3.02.01d Screening of persons for the disease of sickle cell anemia or the sickle cell trait.

3.02.01e Screening for phenylketonuria, hypothyroidism-homocystinuria, galactosemia and Maple Syrup Urine Disease.

§ 4.1. Free services.

4.01.01 The following services are provided without charge and eligibility determination to all citizens regardless of income as required by the Code of Virginia.

4.01.01a 1. Immunization of children against diphtheria, tetanus, whooping cough, polio-mylitis, measles (rubeola), german measles (rubella) and mumps as required by § 32.1-46 of the Code of Virginia.

4.01.01b 2. Examination of persons suspected of having or known to have tuberculosis as required by § 32.1-50 of the Code of Virginia .

4.01.01c 3. Examination, testing and treatment of persons for venereal disease as required by § 32.1-57 of the Code of Virginia .

4.01.01d 4. Screening of persons for the disease of sickle cell anemia or the sickle cell trait as required by § 32.1-68 of the Code of Virginia .

4.01.01e 5. Screening for phenylketonuria, hypothyroidism homocystinuria, galactosemia and Maple Syrup Urine Disease as required by §§ 32.1-65

and 32.1-67 of the Code of Virginia .

PART V. SECTION 5.00 NONCHARGEABLE SERVICES.

§ 5.1. Nonchargeable services.

In the event of an epidemic or when necessary, the State Health Commissioner, may provide immunization services free of charge to all citizens to protect the public health of all citizens of the Commonwealth. The department may provide immunization services free of charge to all individuals in the event of an epidemic or when declared necessary by the commissioner to protect the public health of all citizens of the Commonwealth.

PART VI. SECTION 6.00 CHARGEABLE SERVICES.

§ 6.1. Chargeable services.

The department may prescribe charges for certain medical services to be paid by persons who are not deemed to be medically indigent and may within the limitations of available funds prescribe a scale of such charges based upon ability to pay.

PART VII. SECTION 7.00 EXCEPTIONS.

§ 7.1. Exceptions.

7.01.01 A. A continuing exception to the above standard principles for assessing charges/fees for clinic services will exist for patients determined to be eligible for services under the Crippled Children's Services Program, the Special Supplemental Food Program for Women, Infants and Children (WIC), the Child Development Clinic Network, and to recipients of treatment and food supplements under the Phenylketonuria (PKU) Program. The conditions under which each of these programs are operated constitute unusual circumstances which dictate the following special principles for determining the charges to be made as reimbursement for those program's services.

7.01.02 B. The Crippled Children's Services Program shall charge the annual patient fee for those persons determined to be above Income Level A. Charges shall be imposed in accordance with regulations as stated in the latest State Plan for Provision of Crippled Children's Services approved by the Board of Health.

7.01.03 C. The Phenylketonuria (PKU) Program shall impose no charges for screening, clinic, or laboratory services which are necessary to establish a diagnosis or to recommend treatment of PKU. Charges for specific food supplements will not be made to families in Income Level

Proposed Regulations

A nor will charges for these supplements be made to persons financially eligible for the services authorized under the Women, Infants and Children (WIC) Program.

7.01-04 D. Specific food supplements which from time to time may be required by recipients of other programs offered by the department, and which may be provided by the department will be supplied in the same manner as provided in ~~§ 3.01-03b~~, ~~7.01-03~~ § 7.2 C.

7.01-05 E. *The Child Development Clinic Network shall impose no charges for services provided children from families in Income Levels A, B and C.*

7.02 § 7.2. *When necessary, the Health and/or Medical Program Director can deny certain medical services to full-paying patients (Income Levels F and above). Such denial is appropriate when the following situations exist:*

7.02a 1. *The demand is great for providing services to lower income patients and/or certain restrictions apply to giving certain services; and*

7.02b 2. *The same services are available in the community by the private sector.*

PART VIII. SECTION 8.00 ELIGIBILITY DETERMINATION.

§ 8.1. Upon request for medical services by an individual, the department will require information as to the family size, financial status and other related data as described on the application for health care (CHS-1). The applicant must be informed during the interviewing process of the provisions as described in this section of the regulations. This process does not apply to services described in Section ~~3.024-01~~ § 4.1.

8.01-01 A. An application date is established when the applicant, his ~~her~~ authorized representative, or other persons acting in his ~~her~~ behalf, completes and signs the application for medical care services.

8.01-01a 1. For the Special Supplemental Food Program for Women, Infants and Children (WIC), the application date is established when an individual visits the health department during office hours to make an oral or written requests for WIC Program benefits.

8.01-02 B. When an applicant is in need of emergency medical care services, the district director, or his ~~her~~ designee shall waive this application process for that individual until such time as the individual is able to respond normally to the interviewing process.

8.01-03 C. It is the applicant's responsibility to furnish the department with the correct financial data in order to be appropriately classified according to income level and to determine applicable charges for medical care services.

The applicant shall be required to provide written verification of financial income such as check stubs, written letter from an employer, W-2 forms, etc., in order to provide documentation for the application.

8.01-04 D. Any individual who is acting on behalf of a minor will be held responsible for the accuracy of all financial data provided the department.

8.02 § 8.2. EXPLANATION OF CHARGES If the patient's family gross income is such that a partial or full charge for service is determined to be required, an explanation of the charges shall be provided to the patient prior to services being rendered.

8.03 § 8.3. PERIODIC REVIEW OF FINANCIAL ELIGIBILITY A person's financial eligibility to receive chargeable medical care services must be redetermined every twelve months, except when the department has reason to believe an applicant's financial or family status has changed sooner or when laws or regulations dictate otherwise.

A. 8.02.02 The Department may provide immunization services free of charge to all individuals in the event of an epidemic or when declared necessary by the Commissioner to protect the public health of all citizens of the Commonwealth.

SECTION 4.00 ELIGIBILITY DETERMINATION

4.01 APPLICATION PROCESS - Upon request for medical services by an individual, the Department will require information as to the family size, financial status and other related data as described on the Application for Health Care (CHS-1). The applicant must be informed during the interviewing process of the provisions as described in this section of the regulations. This process does not apply to services to individuals as described in Section 3.02.

4.01-01 An application date is established when the applicant, his/her authorized representative, or other persons acting in his/her behalf, completes and signs the application for medical care services.

4.01-01a For the Special Supplemental Food Program for Women, Infants and Children (WIC), the application date is established when an individual visits the health department during office hours to make an oral or written request for WIC Program benefits.

4.01-02 When an applicant is in need of emergency medical care services, the District Director, or his/her designee shall waive this application process of that individual until such time as the individual is able to respond normally to the interviewing process.

4.01-03 It is the applicant's responsibility to furnish the

Proposed Regulations

Department with the correct financial data to be appropriately classified according to income level and determine applicable charges for medical care services. The applicants shall be required to provide written verification of financial income such as check stubs, written letter from an employer, W-2 forms, etc., in order to provide documentation for the application.

4.01.04 Any individual who is acting on behalf of a minor will be accuracy of all financial data provided the Department.

4.02 EXPLANATION OF CHARGES - If the patient's family gross income is such that a partial or full charge for service is determined to be required, an explanation of the charges shall be provided to the patient prior to services being rendered.

4.03 PERIODIC REVIEW OF FINANCIAL ELIGIBILITY - A person's financial eligibility to receive chargeable medical care services must be redetermined every twelve months; except when the Department has reason to believe an applicant's financial or family status has changed sooner or when Laws or Regulations dictate otherwise.

PAYMENTS FOR CHARGEABLE SERVICES - Applicants for medical care services provided by the Department, who are not medically indigent and who do not have third party pay sources, shall be required to pay the full charge or a portion of the charge for such services, as prescribed, according to determined Income Levels. Application of third party resources shall be as follows:

4.04.01 Applicants who are not medically indigent and have third party pay sources will be responsible for paying for services which are not covered by their insurance. Where the Department has accepted assignment of third party pay sources, the applicant is responsible for any deductible and co-insurance based on their income level.

4.04.02 After third party payments are received, and if the applicant is determined to be medically indigent after the deductible and co-insurance have been satisfied, the remainder of any charges will be written off against the Department as non-collectible payments.

8.03.03 § 8.4. The department's policy is to require that a reasonable effort shall be made to collect any fees due for chargeable services.

The department should request payment for a chargeable service at the time the service is given.

When payments are not made at the time of service, the department will present to the patient, guardian or other interested parties, a bill each 30, 60, 90 and 120 calendar days.

If the payment is not made within 120 calendar days of the date of service, additional chargeable services are temporarily refused to individuals whose income levels have been determined Income Levels D through F, until arrangements for payment have been made.

A written notice, including the development of a payment plan, on overdue payments, must be presented to the patient at least 30 days prior to the effective date on which additional chargeable services will be refused because of payment delinquency.

The notice shall describe how a temporary waiver can be obtained in order for the individual to have a fair opportunity to settle on an overdue account.

If a waiver is denied, the department will continue to bill the patient, guardian, or the interested parties according to the above criteria.

8.03.04 § 8.5. The individual, family unit, or other interested parties, may seek relief from the application of the above provisions by using Parts II, §§ 5.00 9.00 and 6.00 10.00 IX and X of these regulations.

4.03.03 A payment for a chargeable service is to be made at the time the service is given; If the payment is not made within 120 calendar days of the date of service. The Department's policy is to require that a reasonable effort shall be made to collect any fees due for chargeable services. Notice on payments overdue must be presented to the patient at least 30 days prior to the effective date on which additional chargeable medical services will be refused because of payment delinquency, in order for the individual to have a fair opportunity to settle an overdue account.

4.03.04 The individual or family unit may seek relief from the application of the above provisions by using Part II, Section 5.00 and 6.00 of the Regulations.

PART IX. SECTION 5.00-9.00 VARIANCES WAIVER OF PAYMENTS.

5.01 The commissioner is designated to act for the Board of Health in granting variances when unusual family or individual health problems or financial hardships are demonstrated to exist and the patient has no other avenue of care. These variances will be granted to postpone payments while continuing to receive chargeable medical services.

9.01 § 9.1. When an unusual family or individual health problem or financial hardships are demonstrated to exist, and there are no other avenues of care, the patient, guardian or other interested parties may request a waiver of payment for chargeable services. A new eligibility determination will be completed on the patient at this time. If the new eligibility determination places the patient in a lower payment plan of Income Levels A, B or C, the

Proposed Regulations

amounts of service payments incurred before the new eligibility determination will be considered for discharge by the Department. During the waiver period, the patient will not be charged for continued medical care. Once the waiver has elapsed and the patient's eligibility determination status returns to Income Levels D through F, the patient will be required to make payments on future medical care. If the new eligibility determination places the patient in a lower payment plan, the amount of service payments incurred before the new eligibility determination and subsequent to the bona fide change in circumstances will be considered for possible discharge by the department or for payment at a level consistent with the newly determined income level. If complete waiver is allowed, during the waiver period the patient will not be charged for continued medical care. If partial waiver is allowed in the form of reduced payments, during the waiver period the patient will be charged at the reduced rate. Once the waiver period has elapsed, or earlier if the reason for the waiver no longer exists, if the patient's eligibility determination status has returned to its previous status or has improved to a higher payment level, the patient will be required to make payments on future medical care at the original or other appropriate level.

If the new eligibility determination made in response to the waiver request reveals no change in income level status, extraordinary circumstances may be taken into account to allow complete or partial waiver for up to 30 days, at which time the continuation of the extraordinary circumstances will be reassessed and the waiver terminated or extended for an additional period up to 30 days, with a repeat reassessment at the end of that time. Extraordinary circumstances will include but not necessarily be limited to natural disasters, uninsured real or personal property damage or legal liability to another for the same, obligatory and unavoidable expenditures for close relatives outside the family unit. Waivers shall not be accorded in the absence of at least one of the foregoing findings of hardship.

If the new eligibility determination proves that the patient's income level status has not changed, the department will continue to charge the patient at the appropriate level for medical care. At this time, the department will work with the patient, guardian, or other interested parties to assure that a reasonable payment plan for services received is established as described in § 8.1. Documentation must be made in the patient's medical file that proper procedures have been taken to assist the patient.

9-02 § 9.2. The Commissioner of Health is designated to act for the Board of Health to grant or deny requested waivers .

9-03 § 9.3. At his discretion, the commissioner may delegate the authority to medical directors in the central, regional and district offices.

9-04 § 9.4. Medical directors may designate other

individuals within their supervision to grant or deny waivers of patient payments in accordance with § 9.1.

9-05 § 9.5. In the event of an adverse decision, the patient, guardian or other interested parties will be advised of their rights to appeal under Part IX.

9-06 § 9.6. Waivers may be requested for any period of time as specified by the Medical Director or his/her designee according to the medical and/or financial situation of the patient. At the time of request in a waiver, the applicant should provide information regarding the length of time he anticipates the waiver may be in force, with a justification for that estimate. The medical director or his /her designee will then determine and specify a reasonable time period based on the facts and circumstances of the particular case. The time specified should serve only as a guide; in operation the waiver should apply only for the duration of the change in the applicant's circumstances. Prior to the expiration date of the waivers, each case will be reviewed by the medical director or his /her designee for further determination. A waiver may be requested orally or in writing to the Health Department. No waiver can be extended beyond a 6 six- month period without review.

After the waiver period has elapsed, a new eligibility determination will be performed to determine the patient's new income level status, or whether another waiver needs to be extended for continued care.

5-01-01 At his discretion, the Commissioner may delegate the authority to grant or deny variances to Medical Directors in Central, Regional, and District Offices. In the event of an adverse decision, individuals will be advised of their rights to appeal under Section 6-00.

5-01-02 Variances may be granted for a period not to exceed ninety (90) days. Prior to expiration of the variances, the case will be reviewed by the Medical Director for further determination. All variances will be reviewed after a six (6) month period has elapsed. The granting of a variance does not remove charges already incurred and the individuals will continue to be charged for future services as their income level indicates.

5-01-03 9-06-01 Services to applicant/recipients patients shall continue pending a final decision on a request for a variance waiver .

PART X. SECTION 6-00-10-00 APPEAL PROCESS.

6-01-10-00 § 10.1. If applicants for or recipients of medical care services as defined in these regulations are denied such services, have services terminated, or are denied a variance waiver as defined in § 5-01 § 9.1 of these regulations , the applicant/recipient is entitled to an

Proposed Regulations

appeal as set forth under this section. There are no further rights of appeal except as set forth in this section.

~~6.01-01-10.01-01~~ A. If an applicant/recipient is denied medical care services as defined in these regulations, the applicant/recipient has the right to be informed in writing of the appeal process, including time limits; and the right to receive a written statement of the reasons for denial. If a person already receiving services is denied those services, a written notice of termination must be given 30 days in advance of discontinuing services. The person has the right to confront any witnesses who may have testified against him ~~her~~.

~~6.01-02-10.01-02~~ B. An individual or his representative may make a written or oral appeal to the district health director or program medical director within 30 days of the denial of service.

~~6.01-03-10.01-03~~ C. Upon receipt of the appeal, the district health director shall review and make written recommendations to the regional medical director and commissioner within 15 days. The regional medical director shall submit his ~~her~~ recommendations to the commissioner within 15 days of the receipt of the local health director's recommendations. Within 45 days following the date on which an appeal is filed, the commissioner shall make a final decision.

~~6.01-04-10.01-04~~ D. Upon receipt of the appeal, the program medical director shall review and make written recommendations to the division director and the commissioner within 15 days. The division director shall submit his ~~her~~ recommendations to the commissioner within 15 days of the receipt of the division director's recommendation. Within 45 days following the date on which an appeal is filed, the commissioner shall make a final decision.

~~6.01-05-10.01-05~~ E. Services to applicants/recipients shall continue during an appeal process.

PART XI. SECTION 7.00-11.00 FRAUD.

~~7.01-11.00~~ § 11.1. If the district health director finds a pattern of abuse of services such as willful misrepresentation, withholding or falsification of information in an attempt to obtain medical services free or at a reduced rate, he ~~she~~ may discontinue services to the affected person 30 days after notification to the person of the intended discontinuation. Such recipient is entitled to the appeal process set forth in Section ~~6.00-10.00~~ Part X of these regulations.

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

Title of Regulation: VR 394-01-21. Virginia Uniform Statewide Building Code, Volume I - New Construction Code/1984.

Statutory Authority: Article 1 (§ 36-97 et seq.) of Chapter 6 of Title 36 of the Code of Virginia.

Public Hearing Date: October 20, 1986 - 10 a.m.
(See Calendar of Events section for additional information)

NOTICE

Due to its length the proposed 1984 Edition of the Virginia Uniform Statewide Building Code, Volume I - New Construction Code, filed by the Division of Building Regulatory Services, Department of Housing and Community Development, is not being published. However, in accordance with § 9-6.14:22 of the Code of Virginia, a summary and proposed amendments are being published in lieu of the full text. The full text of the regulations is available for public inspection at the office of the Registrar of Regulations and the Department of Housing and Community Development.

Summary:

The Board of Housing and Community Development proposes to change the definition of the word "Ambulatory" as it appears in Volume I - New Construction Code of the Uniform Statewide Building Code to make the Uniform Statewide Building Code compatible with the State Statute's definition of "Ambulatory."

VR 394-01-21. Virginia Uniform Statewide Building Code - Volume I - New Construction Code.

"Ambulatory" Means the condition of a person who is physically and mentally capable of making an exit from a building in an emergency. This includes the ascent and descent of stairs, without the assistance of another person or without being dependent on the use of any device, such as, but not limited to, a wheel chair, walker, or leg prosthesis. The determination of whether a persons is ambulatory shall be based on information contained in the medical report. is defined by § 63.1-174.1 of the Code of Virginia.

Proposed Regulations

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: Rehabilitative Services.

Statutory Authority: § 32.1-325 A of the Code of Virginia.

Public Hearing Date: October 31, 1986 - 9 a.m.
(See Calendar of Events section
for more information)

NOTICE

Due to its length, the State Plan for Medical Assistance is not being published. The proposed amendments to the Plan are set out below. The full text of the Plan is available for public inspection at the office of the Registrar of Regulations and the Department of Medical Assistance Services.

Summary:

These regulations propose to provide the new service of rehabilitation services to certain recipients with specific, well defined rehabilitation needs, within rehabilitation facilities which have been exempted by Medicare from its DRG coverage limitations.

The department is proposing to require the preauthorization of this service through the information submitted on the Rehabilitation Certification Form. The recipient's attending physician must supply specific documentation to support his request for program coverage of these services. His patient must be medically stabilized from the condition causing the need for rehabilitation, and require two intensive rehabilitation services in addition to rehab nursing.

The department proposed to reimburse the facility providers of this service on aper diem cost basis, much like inpatient hospital facilities.

Proposed Regulations

PEN/INK CORRECTION
 (A.T. 85-3, Feb. 1985)
 VR 460-02-3.1106

SERVICE	CATEGORICALLY NEEDY	MEDICALLY NEEDY
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan. a. Diagnostic services b. Screening services c. Preventive services d. Rehabilitative services	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided
	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided
	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided
	<input checked="" type="checkbox"/> Provided <input type="checkbox"/> No limitations <input checked="" type="checkbox"/> With limitations* <input type="checkbox"/> Not provided	<input type="checkbox"/> Provided <input type="checkbox"/> No limitations <input type="checkbox"/> With limitations* <input checked="" type="checkbox"/> Not provided

(See Pg. 11, Home Health Services)

*Descriptions provided on attached sheet

Proposed Regulations

VR 460-02-3.1114.

PART I. REHABILITATIVE SERVICES.

§ 1.1. Medicaid covers intensive inpatient rehabilitation services as defined in § 2.1 in facilities certified as rehabilitation hospitals or rehabilitation units in acute care hospitals which have been certified by the Department of Health to meet the requirements to be excluded from the Medicare Prospective Payment System.

§ 1.2. Medicaid covers intensive outpatient rehabilitation services as defined in § 2.1 in facilities which are certified as Comprehensive Outpatient Rehabilitation Facilities (CORFs), or when the outpatient program is administered by a rehabilitation hospital or an exempted rehabilitation unit of an acute care hospital certified and participating in Medicaid.

§ 1.3. These facilities are excluded from the 21 day limit otherwise applicable to inpatient hospital services. Cost reimbursement principles are defined in Attachment 4.19-A.

PART II. COVERED REHABILITATION PROGRAM.

§ 2.1. An intensive rehabilitation program provides intensive skilled rehabilitation nursing, physical therapy, occupational therapy, speech therapy, cognitive rehabilitation, prosthetic-orthotic services, psychology, social work, and therapeutic recreation. The nursing staff must support the other disciplines in carrying out the activities of daily living, utilizing correctly the training received in therapy and furnishing other needed nursing services. The day-to-day activities must be carried out under the continuing direct supervision of a physician with special training or experience in the field of rehabilitation.

Proposed Regulations

HR 465-G2-3-1208

b. Screening services

Provided

No limitations

With limitations*

c. Preventive services

Provided

No limitations

With limitations*

d. Rehabilitative services

Provided

No limitations

With limitations*

14a. Services for individuals age 65 or older in institutions for tuberculosis.

(1) Inpatient hospital services.

Provided

No limitations

With limitations*

* Description provided on attachment.

Proposed Regulations

VR 460-02-3.1304.

PART I. ADMISSION CRITERIA FOR REHABILITATIVE SERVICES.

§ 1.1. A patient qualifies for intensive inpatient or outpatient rehabilitation if:

A. Adequate treatment of his medical condition requires an intensive rehabilitation program consisting of a multi-disciplinary coordinated team approach to upgrade his ability to function as independently as possible; and

B. It has been established that the rehabilitation program cannot be safely and adequately carried out in a less intense setting.

§ 1.2. In addition to the initial disability requirement, participants must meet the following criteria:

A. Require at least two of the listed therapies in addition to rehabilitative nursing

1. Occupational Therapy
2. Physical Therapy
3. Cognitive Rehabilitation
4. Speech Therapy

B. Medical condition stable and compatible with an active rehabilitation program.

PART II. ADMISSION AUTHORIZATION.

§ 2.1. Within 72 hours of a patient's admission to a rehabilitation program, or within 72 hours of notification to the facility of the patient's Medicaid eligibility, the facility must notify the Department of Medical Assistance Services in writing of the patient's admission. This notification must include a description of the admitting diagnoses, plan of treatment, expected progress and a physician's certification that the patient meets the admission criteria. The Department of Medical Assistance Services will make a determination as to the appropriateness of the admission for Medicaid payment and notify the facility of its decision. If payment is approved, the Department will establish and notify the facility of an approved length of stay. Additional lengths of stay must be requested in writing and approved by the Department. Admissions or lengths of stay not authorized by the Department of Medical Assistance Services will not be approved for payment.

PART III. DOCUMENTATION REQUIREMENTS.

§ 3.1. Documentation of rehabilitation services must, at a

minimum:

A. Describe the clinical signs and symptoms of the patient necessitating admission to the rehabilitation program;

B. Describe any prior treatment and attempts to rehabilitate the patient;

C. Document an accurate and complete chronological picture of the patient's clinical course and progress in treatment;

D. Document that a treatment plan specifically designed for the patient has been developed;

E. Document in detail all treatment rendered to the patient in accordance with the plan with specific attention to frequency, duration, modality, response to treatment, and identify who provided such treatment;

F. Document each change in each of the patient's conditions;

G. Describe responses to and the outcome of treatment; and

H. Describe a discharge plan which includes the anticipated improvements in functional levels, the time frames necessary to meet these goals, and the patient's discharge destination.

§ 3.2. Services not specifically documented in the patient's medical record as having been rendered will be deemed not to have been rendered and no coverage will be provided.

PART IV. INPATIENT REHABILITATION EVALUATION.

§ 4.1. For a patient with a potential for rehabilitation for which an outpatient assessment cannot be adequately performed, an inpatient evaluation of no more than seven (7) calendar days will be allowed. A comprehensive assessment will be made of the patient's medical condition, functional limitations, prognosis, possible need for corrective surgery, attitude toward rehabilitation, and the existence of any social problems affecting rehabilitation. After these assessments have been made, the physician, in consultation with the rehabilitation team, must determine and justify the level of care required to achieve the stated goals.

§ 4.2. If during a previous hospital stay an individual completed a rehabilitation program for essentially the same condition for which inpatient hospital care is now being considered, reimbursement for the evaluation will not be covered unless there is a justifiable intervening circumstance which necessitates a re-evaluation.

§ 4.3. Admissions for evaluation and/or training for solely

vocational or educational purposes are not covered services.

PART V. CONTINUING EVALUATION.

§ 5.1. Team conferences must be held as needed but at least every two weeks to assess and document the patient's progress or problems impeding progress. The team must periodically assess the validity of the rehabilitation goals established at the time of the initial evaluation, and make appropriate adjustments in the rehabilitation goals and the prescribed treatment program. A review by the various team members of each others' notes does not constitute a team conference. A summary of the conferences, noting the team members present, must be recorded in the clinical record and reflect the reassessments of the various contributors.

§ 5.2. Rehabilitation care is to be terminated, regardless of the approved length of stay, when further progress toward the established rehabilitation goal is unlikely or further rehabilitation can be achieved in a less intensive setting.

PART VI. THERAPEUTIC FURLOUGH DAYS.

§ 6.1. Properly documented medical reasons for furlough may be included as part of an overall rehabilitation program. Unoccupied beds (or days) resulting from therapeutic furlough will not be reimbursed by the Department of Medical Assistance Services.

PART VII. DISCHARGE PLANNING.

§ 7.1. Discharge planning must be an integral part of the overall treatment plan which is developed at the time of admission to the program. The plan shall identify the anticipated improvements in functional abilities and the probable discharge destination. The patient, unless unable to do so, shall participate in the discharge planning. Notations concerning changes in the discharge plan shall be entered into the record at least every 2 weeks, as a part of the team conference.

PART VIII. REHABILITATION SERVICES TO PATIENTS.

§ 8.1. Rehabilitation services are medically prescribed treatment for improving or restoring functions which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury, to improve the individual's ability to perform those tasks required for independent functioning. The rules pertaining to them are:

A. Physical Therapy:

1. Physical therapy are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a qualified physical therapist;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a qualified physical therapist or a qualified physical therapy assistant who is under the direct supervision of a qualified physical therapist;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

B. Occupational Therapy:

1. Occupational therapy services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan designed by the physician after any needed consultation with a qualified occupational therapist;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature, that the services can only be performed by a qualified occupational therapist or a qualified occupational therapy assistant under the direct supervision of a qualified occupational therapist;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical

Proposed Regulations

practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

C. Speech Therapy:

1. Speech Therapy services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a qualified speech therapist;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a qualified speech therapist;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

D. Cognitive Rehabilitation:

1. Cognitive Rehabilitation services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan designed by the physician after any needed consultation with a qualified cognitive rehabilitation therapist;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature, that the services can only be performed by, or under the direct supervision of a qualified cognitive rehabilitation therapist. A qualified cognitive rehabilitation therapist is a Virginia Board of Medicine licensed neuropsychologist;

c. Cognitive rehabilitation therapy services may be provided by occupational therapists, speech and language therapists, and psychologists with experience in working with the neurologically

impaired when provided under a plan developed and supervised by a qualified cognitive rehabilitation therapist;

d. The cognitive rehabilitation services must be an integrated part of the total patient care plan and must relate to information processing deficits which are a consequence of and related to a neurologic event;

e. The services include activities to improve a variety of cognitive functions such as orientation, attention/concentration, reasoning, memory, discrimination and behavior; and

f. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis.

E. Psychology:

1. Psychology services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan ordered by a physician;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a qualified psychologist as required by state law;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

F. Social Work:

1. Social Work services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan ordered by a physician;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a qualified social worker as required by state law;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

G. Recreational Therapy:

1. Recreational therapy are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan ordered by a physician;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services are performed as an integrated part of a comprehensive rehabilitation plan of care by a recreation therapist certified with the National Council for Therapeutic Recreation at the professional level;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

H. Prosthetic/orthotic services:

1. Prosthetic services furnished to a patient include prosthetic devices that replace all or part of an external body member, and services necessary to design the device, including measuring, fitting, and instructing the patient in its use;

2. Orthotic device services furnished to a patient include orthotic devices that support or align extremities to prevent or correct deformities, or to improve functioning, and services necessary to design the device, including measuring, fitting and instructing the patient in its use; and

3. Prosthetic/orthotic services must be ordered by the physician and must be necessary to carry out the rehabilitation plan.

VR 460-02-4.1914.

B. In the case of an asset not in existence as of July 18, 1984, the valuation of an visuoperceptual of a hospital or long-term care facility shall be the lesser of the first owner of record, or the acquisition cost to the new owner.

C. In establishing an appropriate allowance for depreciation, interest on capital indebtedness, and return on equity (if applicable) the base to be used for such computations shall be limited to A or B above.

D. Costs (including legal fees, accounting and administrative costs, travel costs, and feasibility studies) attributable to the negotiation or settlement of the sale or purchase of any capital asset (by acquisition or merger) shall be reimbursable only to the extent that they have not been previously reimbursed by Medicaid.

E. The recapture of depreciation up to the full value of the asset is required.

F. Rental charges in sale and lease back agreements shall be restricted to the depreciation, mortgage interest and (if applicable) return on equity based on the cost of ownership as determined in accordance with A and B above.

VIII.

Effective 2/25/86, hospitals that have obtained Medicare certification as inpatient rehabilitation hospitals or rehabilitation units in acute care hospitals, which are exempted from the Medicare Prospective Payment System (DRG), shall be reimbursed in accordance with the current Medicaid Prospective Payment System as described in the preceding paragraphs (1), (2), (3), (4), (5) and (7) in V above. Additionally, rehabilitation hospitals and rehabilitation units of acute care hospitals which are exempt from the Medicare Prospective Payment System will be required to maintain separate cost accounting records, and to file separate cost reports annually utilizing the applicable Medicare cost reporting forms (HCFA 2552 series) and the Medicaid forms (MAP-783 series). For

Proposed Regulations

rehabilitation units with sub-provider status, separate cost reporting forms, Worksheets D, D-1, MAP-783, etc., must be completed.

A. INPATIENT REHABILITATION CERTIFICATION FORM

B. OUTPATIENT REHABILITATION CERTIFICATION FORM

Patient's Name _____
Date of Birth _____
Medicaid Number _____ Medicare Number _____

Prior Hospitalization(s) (Include Hospital Name & Dates)

Medical Justification (Include Admitting Diagnosis, Description of Functional Status)

Plan of Care (Therapies, Frequency, Duration, and Measurable Goals)

Anticipated Progress

This Patient Requires Intensive Rehabilitation Services:

Name of Physician _____ Signature of Physician _____ Date _____

THAS 171-R 2/86 IF Additional Space Is Required, Please Attach Additional Sheet

7. _____

Provider Name	
Provider Number	Telephone Number
Provider Address	
City/State	Zip Code

8. Admission Date (Anticipated) _____
Admission Date (Actual) _____
Anticipated Length of Stay _____

9. REQUEST APPROVAL FOR:

- 1. Admission
- 2. Extension of Stay
- 3. Reconsideration

FOR OFFICE USE ONLY

10. Treatment Authorization No. _____

(a) _____

(b) Approved: Admission _____ Initial Days _____ Extended Days _____ Total Days _____	(c) Denied Admission _____ Extension _____
---	--

Initial Dates of Service _____ (d) to _____ (e)
 Dates of Extension _____ (f) to _____ (g)
 Dates of Extension _____ (h) to _____ (i)

Comments:

Resident Signature _____ Date _____

Proposed Regulations

* * * * *

Title of Regulation: VR 460-03-2.6152. Definition of Home Ownership.

Statutory Authority: § 32.1-325(A) of the Code of Virginia

Public Hearing Date: October 31, 1986 - 9 a.m.
(See Calendar of Events section for additional information)

Summary:

These regulations propose to define home ownership, in compliance with an act of the General Assembly, as the "house and lot used as the principal residence and contiguous property as long as the value of the land, exclusive of the lot occupied by the house, does not exceed \$5,000. The lot occupied by the house shall be a measure of land as designated on a plat or survey or whatever the locality sets as a minimum size for a building lot. In localities where no minimum building lot requirement exists, a lot shall be a measure of land designated on a plat or survey or one acre."

The significance of this regulation is that it is used during the determination of Medicaid eligibility. If the value of the real property owned by the applicant exceeds the dollar value set in this regulation, the applicant can have their application for medical assistance denied on the grounds of excess resources. The implementation of this regulation requires no new forms or procedures.

VR 460-03-2.6152. Definition of Home Ownership.

§ 200. Aged, blind, and disabled (SSI related) individuals.

§ 201. Real property.

§ 201.1. Home ownership. Ownership of a dwelling occupied by the applicant as his home does not affect eligibility. A home means the house and lot used as the principal residence and contiguous property as long as the value of the land, exclusive of the lot occupied by the house, does not exceed \$5,000. The lot occupied by the house shall be a measure of land as designated on a plat or survey or whatever the locality sets as a minimum size for a building lot. In localities where no minimum building lot requirement exists, a lot shall be a measure of land designated on a plat or survey or one acre. The additional value of land - contiguous to the homesite is not exempted unless it meets the income-producing requirements in § 201.2 below, or the exceptions to ownership of other real property precluding eligibility (below).

§ 201.2. Income-producing real property other than the home does not affect eligibility if:

A) 1. It is used in a trade or business or is otherwise

income-producing;

B) 2. The equity value (current market value less the balance of any recorded lien(s) against the property) of the property does not exceed \$6,000; and

C) 3. The property produces a net annual income to the individual of at least 6% of the property's equity value.

D) 4. If the property produces less than the 6% net annual income, it may be excluded if its equity value does not exceed \$6,000 and it is used in a business or nonbusiness income-producing activity, and the following conditions are met:

1) a. Unusual or adverse circumstances, such as a fire, street repair in front of a store, or natural disaster, cause a temporary reduction in the rate of return;

2) b. The property usually produces net annual income of at least 6% of the equity value; and

3) c. The individual expects the property to again produce income at the 6% rate of return within 18 months of the end of the calendar year in which the unusual incident caused the reduction in the rate of return.

FINAL REGULATIONS

For information concerning Final Regulations, see information page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates new text. Language which has been stricken indicates text to be deleted. [Bracketed language] indicates a substantial change from the proposed text of the regulations.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Registrar's Notice: The proposed amendment to the existing regulation is being adopted in response to a federal regulatory mandate. The Department of Agriculture and Consumer Services is requesting exclusion from the requirements of Article 2 (§ 9-6.14:7.1 et seq.) of the Administrative Process Act.

Title of Regulation: VR 115-05-07. Rules and Regulations Pertaining to Tolerances and Prohibitions Applicable to Sausage.

Statutory Authority: § 3.1-394 of the Code of Virginia.

Effective Date: October 17, 1986

Summary:

This amendment is necessary to promote clarity, simplicity and the improvement of sentence structure and to decrease the total permissible fat content in raw sausage from 55% to 50% to conform to federal regulations.

The purpose of this regulation is to establish maximum allowable limits for certain ingredients such as binders, extenders, fat and water in raw and cooked sausage.

VR 115-05-07. Rules and Regulations Pertaining to Tolerances and Prohibitions Applicable to Sausage.

§ 1. Sausage.

A. Cereal, vegetable starch, starchy vegetable flour, soya flour, soy protein concentrate, dried milk, nonfat dry milk, or calcium reduced dried skim milk may be added to sausage in quantities not to exceed, individually or collectively, 3 1/2% by weight of the finished product.

B. Water or ice in quantities not to exceed 3% may be added to sausage which is not cooked; sausage of the type which is cooked, such as frankfurter style, or normal style, and bologna style, may contain not more than 10% added water or moisture to make the product palatable.

C. When dried milk, nonfat dry milk, or calcium reduced dried skim milk is added to sausage as provided above in A and B above its use must not result in added water or moisture in excess of 3% for raw sausage, and 10% for cooked sausage.

D. When cereal, vegetable starch, starchy vegetable flour, soya flour, soy protein concentrate, dried milk, nonfat dry milk, or calcium reduced dried skim milk is added to sausage within the limits as ~~prescribed~~ *prescribed above*, the product and the label shall be marked with the specific name of each added ingredient.

E. Raw pork sausage shall not be permitted to contain in excess of ~~55.0 percent~~ *50%* total fat, as determined by the prescribed official AOAC method.

F. Sausage of the cooked type, such as frankfurter, vienna and bologna styles, shall not contain in excess of ~~30.0 percent~~ *30%* total fat, as determined by the prescribed official AOAC method.



COMMONWEALTH of VIRGINIA

VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 1345
RICHMOND, VIRGINIA 23209
(804) 786-7291

July 31, 1986

Raymond D. Vaughan, Deputy Commissioner
Department of Agriculture and Consumer Services
P. O. Box 1163
Richmond, Virginia 23209

Re: VR 115-05-07 - Rules and Regulations Pertaining to Tolerances and Prohibitions Applicable to Sausage

Dear Mr. Vaughan:

This will acknowledge receipt of the Rules and Regulations from the Department of Agriculture and Consumer Services.

As required by § 9-6.14:4.1 C.4.(c), of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act since they do not differ materially from those required by Federal law.

Sincerely,

Joan W. Smith
Registrar of Regulations

JHS:s11

STATEWIDE HEALTH COORDINATING COUNCIL

Title of Regulation: VR 360-01-02. Standards for Evaluating Certificate of Public Need Applications to Establish or Expand Computed Tomography or Magnetic Resonance Imaging Services.

Statutory Authority: § 32.1-120 of the Code of Virginia

Effective Date: November 1, 1986

Summary:

These regulations will revise the existing Virginia State Health Plan with respect to computed tomography and magnetic resonance imaging services. They provide specific minimum standards for Certificate of Public Need approval, including current patient mix at the applicants' facilities, annual service volume at nearby facilities, proposed staffing and supervision, and physical plant characteristics.

VR 360-01-02. Standards for Evaluating Certificate of Public Need Applications to Establish or Expand Computed Tomography or Magnetic Resonance Imaging Services.

PART I. INTRODUCTION.

§ 1.1. General criteria for evaluating all Certificate of Public Need applications are set forth in § 32.1-102.3 of the Code of Virginia. Section 32.1-102.3 provides that "any decision to issue or approve the issuance of a certificate shall be consistent with the most recent applicable provisions of the State Health Plan and the State Medical Facilities Plan." However, to be valid under Virginia's Administrative Process Act, specific provisions within the State Health Plan or State Medical Facilities Plan, which are to be used by the State Health Commissioner in determining public need for a proposed project by a medical care facility, must be adopted as official regulations of state government, following procedures specified by the Administrative Process Act.

This regulation provides specific standards to be used by the State Health Commissioner to determine whether a public need exists for a proposed project to establish or expand computed tomography (CT) or magnetic resonance imaging (MRI) services. This regulation supersedes § 8.3.2 of the 1979 State Medical Facilities Plan, "CT Scanning Criteria," amended by the State Board of Health on July 28, 1980, with an effective date of September 15, 1980, and incorporated within the [Virginia] State Health Plan 1980-84 effective December 15, 1980. It also supersedes Part D, "Standards for the Issuance of Certificates of Public Need," of the [previous amendment to the Virginia] State Health Plan [component 1980-84 entitled] "Magnetic Resonance Imaging," which became effective November 15, 1984. Finally, it supersedes portions of Volume 1 of the Virginia State Health Plan 1980-84 dealing with CT services; namely, parts of the text found on pages 539, 540, and 545-549.

Analysis.

There are many variables affecting utilization of a CT unit including patient mix, head vs body scan, condition of patient and complexity of the case. All of these variables

will be taken into consideration when reviewing each individual COPN application.

In addition to the criteria and standards presented in Appendix B as adopted by the Board of Health, the State Health Department also endorses the use of the following additional criteria:

1. The facility should currently have an active neurology and neurosurgery department.
2. The facility should have full time radiological staff coverage by a physician proficient in the interpretation of computed tomography. Fully trained technical staff should also be available.
3. Hospitals operating full service 24-hour/day emergency departments will be given priority consideration for acquiring CT scanners needed in a service area.
4. The facility must demonstrate an ability and willingness to make services available for emergency cases at any hour.
5. Hospitals providing or having access to an active radiotherapy program will be given priority consideration for acquiring CT scanners needed in a service area.

Comparison to National Guidelines.

Of the 20 scanners in Virginia for which there is utilization data, only 3 were operating at the National Guideline standard of 2,500 procedures during the survey period of October 1, 1977, to September 30, 1978. This low level of utilization for existing machines must be taken into consideration when projecting future need for additional CT scanners.

3.2. Diagnostic Radiology Equipment: Computerized Axial Tomography Scanners.

Because plans adopted by HSAs are not inconsistent with the National Guidelines, it is appropriate that these standards for CT scanners be used in reviewing local projects. However, in light of the differences in head and body scans; and the special problems associated with the use of contrast media in such procedures, exceptions to the Federal Guidelines will be considered when it can be demonstrated that existing equipment is being fully utilized and that proposed equipment will be fully utilized within two years of its beginning operation. In addition to the criteria and standards adopted by the State Board of Health on July 28, 1980, (see Appendix B) several additional criteria addressing staffing, availability, and therapeutic capability will also be considered by the State Health Department.

Consideration must also be given to the potential for the undesirable consequences that could result from too strict

Final Regulations

or too rigid guidelines. Possible negative effects include: (NHPC, 1979)

1. The suggestion that "throughput" rather than careful medical practice is desirable.
2. The potential motivation to increase the number of procedures beyond those medically necessary in order to meet a "standard".
3. The potential for higher per-patient cost.

It is therefore recommended that utilization of CT scanning equipment be monitored for appropriateness by the medical profession within each hospital and that consideration be given to the development of utilization guidelines. This is an area where input from PSRO's may have a substantial effect.

At present, there have been no surveys indicating the number of non-hospital based CT Scanners in Virginia. It is recommended that these additional scanners be identified and addressed in future State level plans.

It is further recommended that additional consideration and study be given to CT scanning equipment standards as cost-per-unit is decreasing and diagnostic potential increasing. The criteria and standards will have to be modified appropriately as these and other factors become more clearly established.

RA 1-0 Radiologic and imaging services within the Commonwealth should be available and accessible consistent with optimal utilization of these services.

RA 1-2 By 1984, Computerized Axial Tomography Scanners in Virginia should be consistent with the following guidelines:

- (1) a computer Tomographic Scanner (head and body) should operate at a minimum of 2,500 medically necessary patient procedures (HECTS) per year, for the second year of its operation and thereafter
- (2) there should be no additional scanners approved unless each existing scanner in health service area is performing at a rate greater than 2,500 medically necessary patient procedures per year
- (3) there should be no additional scanners approved unless the operators of the proposed equipment will set in place data collection and utilization review systems.

Recommended Actions (RA 1-1, RA 1-2, and RA 1-3)

A. The SHCC should recommend approval of additional radiologic and imaging services only when need has been established and current and projected utilization of specific services can be demonstrated to be consistent with the

guidelines incorporated in RA 1-1 and RA 1-2. Additional consideration should be given to the following factors:

Computerized Axial Tomography

- (1) Criteria and Standards adopted by the Virginia State Board of Health (see Appendix B).
- (2) the facility should currently have an active neurology and neurosurgery department
- (3) the facility should have full-time radiological staff coverage by a physician proficient in the interpretation of computed tomography; fully trained technical staff should also be available
- (4) hospitals operating full service 24-hour/day emergency department will be given priority consideration for acquiring CT scanners needed in a service area
- (5) the facility must demonstrate an ability and willingness to make services available for emergency cases at any hour
- (6) hospitals providing or having access to an active radiotherapy program will be given priority consideration for acquiring CT scanners needed in a service area

CT scanning is a relatively new diagnostic technology. The efficacy of the CT scan for diagnosing certain brain and neurological disorders has been clearly demonstrated. Additionally, it is clear that CT scanning has considerable other efficacious applications throughout the body. Its importance in diagnosing and planning treatment of cancer patients is recognized and accepted. The Board of Health is cognizant of the high cost of CT scanning equipment and the high cost of operating such equipment. The Board believes CT scanning capabilities should be developed in a reasonable manner to insure needed access while minimizing unnecessary duplication and excessive costs.

Several principles shall apply in the decision making process relating to the approval of CT scanners:

1. CT scanner locations should be maximally accessible to the physicians whose patients need for the services is clearly demonstrated.
2. Reasonable levels of medically necessary utilization must be projected based upon historical utilization of other imaging procedures.
3. Personnel trained in use and interpretation of CT scanning equipment and CT scans must be available to insure adequate and effective utilization of the equipment.
4. Assurances should be provided that CT scanning services will be available at any time for emergency

Final Regulations

cases:

5. Assurances should be provided that all patients referred for a CT scan will receive the service in a timely manner consistent with the patient's condition.

6. Full nuclear medicine and ultrasound facilities must be well established and effectively utilized at proposed CT scanner sites.

In developing the criteria which are specifically designed to provide reasonable access to CT scanning services for patients, the Board recognizes three (3) broad classifications for legitimate use of CT scanning: patient care, training, and research.

In recognition of the cost implications (both capital and operating) which attach to the widespread interest in acquiring CT scanning equipment the Board has adopted the following profile to identify and describe potential approvable CT scanner locations. By adoption of this profile of approvable sites the Board encourages and supports the concept that combinations of health service providers together can meet the profile requirement to be an approvable site.

Profile for Obtaining CT Scanning Capability:

Hospitals, which alone or in combination with other health service providers offer:

24-hour ER services with physician on duty

Radiology Department which has at least three (3) full time radiologists and performs at least 30,000 examinations per year.

Criterion Number 1: Applicants for CT scanners must meet the requirements of the Profile.

Criterion Number 2: The use of all CT scanners must be directly supervised by radiologists with the necessary training in radiation protection to optimize radiation safety and the necessary training to provide consultation for the referring physician on the most appropriate imaging modality to answer the patients' clinical problems.

Criterion Number 3: A CT scanner shall be approved only if utilization can be projected (using the head equivalent computerized tomographic scan method HECTs*) to be 2,500 HECTs per year following the second year of operation.

*HECTs: A CT guideline which specifically accommodates the major variables affecting capacity by explicitly correlating the time taken for each study type to that taken for an unenhanced head study. A HECT unit is defined as a single unenhanced CT head study. The average time equivalent of 1 HECT is 33 minutes.

HECT TABLE

Contrast	Without	With	Without and With
Head Study	1.00	1.25	1.75
Body Study	1.50	1.75	2.75

Criterion Number 4: A CT scanner shall be approved only if the proposed owner provides written assurance that CT scanning services will be available for emergency cases at all times.

Criterion Number 5: A CT scanner shall be approved only if the proposed owner provides written assurance that no patient referred for an indicated study will be denied timely access to the service.

Criterion Number 6: A CT scanner shall be approved only in a facility or combination of facilities that have active nuclear medicine and ultrasound facilities which are effectively utilized.

Criterion Number 7: An additional scanner at any facility shall be approved only if it can be demonstrated that current utilization of existing scanners meets or exceeds 3,500 HECTs per year.

D. Standards for the Issuance of Certificates of Public Need

When a medical device incorporates a new technology, there are strong arguments for an initially cautious, staged process of distribution. Among these is the high cost-per-unit of service during the early developmental stages, because of the manufacturer's relatively inefficient production methods, the user's relative inability to use the device and its technology efficiently and effectively, and rapid obsolescence of early generations of devices incorporating that technology. There is also the issue of the technology's safety, efficacy, efficiency, and relative value compared with other existing technology, valid information on which must be collected, synthesized, and disseminated in order to render sound decisions as to the technology's use and distribution.

These factors suggest that the proper initial locations for MRI devices are major metropolitan areas within major medical institutions that have an appropriate volume and mix of patients and medical care resources, and which will participate in the synthesis and dissemination of knowledge pertaining to this technology. Accordingly, the standards set forth below shall apply to MRI services; however, the SHCC shall initiate the public process for formal reconsideration of these standards no later than 90 days after the effective date of its official guidelines for public participation in the development of regulations. It is the intent of the SHCC to offer, by January 1, 1986, any draft revisions of these standards for public review and comment.

1. A magnetic resonance imaging (MRI) device shall only be located in a hospital that:

Final Regulations

- a. performs at least 4,000 CT HECTS^a annually; and
- b. can demonstrate that during a recent one year period at least 1,600 of its inpatients, based upon principal diagnosis at discharge, would have qualified for MRI scans according to the following:

ICD 9 CM Code	% that Qualify	Category of Disease
140 230	55%	neoplasms
320 340	70%	central nervous system disorders
430 437	40%	cerebrovascular disease
585	40%	chronic renal failure
600 602	40%	diseases of the prostate
614	40%	inflammatory disease of the ovary; fallopian tube, pelvic cellular tissue, and peritoneum

2. The preceding requirements shall be modified as follows for an MRI device that is to be formally shared among several hospitals:

- a. the hospitals' combined number of CT HECTS^a must be at least 4,000 annually;
- b. the hospitals' combined number of inpatients that would have qualified for MRI procedures, computed in accordance with 1.b., must be at least 2,000;
- c. the hospital at which the MRI device is to be located must be the source of at least 2,000 CT HECTS and at least 800 inpatients that would have qualified for MRI procedures;

^a (as defined in the current State Medical Facilities Plan)

d. no party to a shared MRI service arrangement for which a COPN has been issued may seek its own MRI device, or be included in a different shared MRI service arrangement for purposes of seeking a COPN, until the other remaining parties to the original arrangement perform in aggregate at least 2,000 MRI procedures annually.

NOTE: Certain behavior among otherwise competing entities may be prohibited by the Sherman Act; therefore, parties contemplating action under this standard are urged to obtain legal counsel. Nothing in this standard is intended to limit a physician's ability to refer patients to another MRI unit.

3. A hospital that maintains an AMA accredited residency training program in diagnostic radiology, proposes to perform at least one third of its MRI procedures within a formal investigational program, and that is not part of a formally shared MRI service

arrangement as described above, may comply with item 1.b. by documenting 1,200 (rather than 1,600) patients that would have qualified for MRI procedures.

4. The following minimum staff shall be available to the hospital's MRI services:

- a. a board certified radiologist, employed full time at the hospital, with training and experience in the interpretation of ultrasonograms and computed tomography (CT) scans, and trained in MRI; interpretation prior to the initiation of that service;
- b. qualified engineering personnel, available to the institution during MRI service hours, with training and experience in the operation and maintenance of the MRI equipment;
- c. diagnostic radiologic technologists with expertise in computed tomography or other cross sectional imaging methods, at a staffing level consistent with the hospital's expected MRI service volume.

NOTE: These standards do not preclude the involvement of other additional staff judged qualified by the relevant governing entity.

PART II. STANDARDS FOR EVALUATING CERTIFICATE OF PUBLIC NEED APPLICATIONS.

Article I. Definitions.

§ 2.1. Definitions.

Unless the context clearly indicates otherwise, the following definitions shall be used in carrying out these regulations.

"Board certified diagnostic radiologist" means a physician certified by the American Board of [Medical] Radiology, Inc. in diagnostic radiology or in diagnostic radiology with special competence in nuclear radiology.

"Body study" means a study of a part of the body other than the head.

"Computed tomography" means the construction of images through the detection and computer analysis of numerous X-ray beams directed through a part of the body (abbreviation: CT).

"Contrast" ("contrast medium") means a substance that is strongly imaged and that, when ingested by or injected into a patient, increases the difference in image brightness between parts of the patient's body containing the substance and those where it is absent.

"Current annual MRI relevant inpatients" means the sum of 0.50 times the number of inpatients with a principal

diagnosis involving neoplasms (ICD-9-CM codes 140-239), 0.46 times the number of inpatients with a principal diagnosis involving diseases of the central nervous system (ICD-9-CM codes 320-349), 0.52 times the number of inpatients with a principal diagnosis involving cerebrovascular disease (ICD-9-CM codes 430-438), 0.20 times the number of inpatients with a principal diagnosis involving diseases of the prostate (ICD-9-CM codes 600-602), 0.20 times the number of inpatients with a principal diagnosis involving inflammatory disease of the ovary, fallopian tube, pelvic cellular tissue, or peritoneum (ICD-9-CM code 614), and 0.19 times the number of [patients inpatients] with a principal diagnosis involving dorsopathies (ICD-9-CM codes [~~730-724~~ 720-724]), discharged by the applicant(s) during a single recent 12-month period.

"Department" means the Virginia Department of Health.

"Driving time" means the estimated automobile transit time between two locations, computed as follows. Step 1: identify the shortest public highway route between the two locations. Step 2: for those portions of the route for which estimated automobile transit times have been reported by the American Automobile Association, compute the sum of those transit times as most recently reported by the American Automobile Association. Step 3: for the remaining portions of the route, compute to the nearest mile the sum of their respective distances on interstate highways, federal highways outside independent cities, federal highways within independent cities, all other highways outside independent cities, and all other highways within independent cities, divide those distances by 50 miles per hour, 45 miles per hour, 35 miles per hour, 40 miles per hour, and 25 miles per hour respectively, convert any decimal fraction to its equivalent number of whole minutes, and compute the sum of the respective results. Step 4: add the results of Step 2 and Step 3.

"Dual study" means a study consisting of two parts: one with contrast, the other without.

"Head equivalent computed tomogram" means a relative workload value for CT studies where a head study without contrast equals 1.00, a head study with contrast equals 1.25, a dual head study equals 1.75, a body study without contrast equals 1.50, a body study with contrast equals 1.75, and a dual body study equals 2.75 (abbreviation: HECT).

"Head study" means a study of the head.

"HECTs attributable to current patient mix" means 1.45 times the following sum: 3.03 times the number of inpatients with a principal diagnosis involving neoplasms (ICD-9-CM codes 140-239), plus 3.00 times the number of inpatients with a principal diagnosis involving cerebrovascular disease (ICD-9-CM codes 430-438), plus 1.35 times the number of inpatients with a principal diagnosis involving other diseases of the digestive system

(ICD-9-CM codes 570-579), plus 1.23 times the number of inpatients with a principal diagnosis involving dorsopathies (ICD-9-CM codes 720-724), discharged by the applicant(s) during a single recent 12-month period.

"Hospital" means an institution licensed by the department as a general hospital or special hospital, but does not include those which primarily provide facilities for the performance of surgical procedures on outpatients.

"Hospital-based" means operating [at one or more sites] within or physically connected to [a hospital one or more hospitals] .

"Magnetic resonance imaging" means the construction of images through the detection and computer analysis of minute changes in magnetic properties of atomic particles, within a strong magnetic field, in response to the transmission of selected radiofrequency pulse sequences (abbreviation: MRI). Also referred to as nuclear magnetic resonance (NMR) imaging.

"Mobile" means periodically relocated among several sites of operation.

"Network" means a group of institutions sharing at least one key element of an operating system, such as a CT machine.

"Physician" means a person licensed by the Virginia State Board of Medicine to practice medicine or osteopathy.

"Proton study" means [the] gathering [of] data specific to protons (hydrogen nuclei) as opposed to other atomic particles that may be imaged.

["Relevant report period" means the most recent 12-month period, prior to the beginning of the application's review cycle, for which acceptable data are available to the department.]

"Service" means an [institution's institution's] facilities, equipment, and staff associated with the provision of a single diagnostic, therapeutic, rehabilitative, preventive, or palliative procedure, or a series of such procedures, that may be separately identified for billing and accounting purposes.

"Study" means the gathering of data, during a single patient visit, from which one or more images may be constructed of a single anatomical region for the purpose of reaching a definitive clinical diagnosis.

"Under development" means currently authorized through the state's certificate of public need program or its equivalent or, if not under the purview of such a program, committed to be developed as evidenced by a signed contract for the purchase or lease of the necessary fixed or major movable equipment.

Final Regulations

Article 2. Standards Pertaining to Both CT and MRI.

§ 2.2. An application to establish a new or expand an existing CT and/or MRI service or network may be approved only if it complies with each of the following:

1. The proposed CT and/or MRI service or network is to be under the direct, on-site supervision of one or more physicians with documented formal training in the production and interpretation of cross-sectional images of the types proposed to be offered by the service or network;
2. The proposed CT and/or MRI service or network is to be staffed by qualified [radiologic technicians technologists] consistent with the types of services [to be] offered and the volume of services expected;
3. The application documents that an appropriate environment will be provided for the proposed CT and/or MRI service or network including necessary protection against radiant energy and other known hazards, and space for patient waiting, patient preparation, staff and patient bathrooms, staff activities, storage of records and supplies, and other space as appropriate and necessary with due consideration of the special needs of handicapped persons; and
4. The application demonstrates that the proposed CT and/or MRI service's or network's physical relationship to the applicant's other diagnostic imaging services is a logical and practical option with respect to patient transportation and staff activity patterns.

Article 3. Additional Standards Pertaining to CT Only.

§ 2.3. An application to establish a new CT service may be approved only if, within a 30-minute driving time of the proposed site, there is neither (i) one or more sites of any COPN-approved hospital-based CT machine not yet in service, nor (ii) one or more sites of any hospital-based CT machine that is operational and performed less than 3,000 HECTs for the [most recent 12-month period, prior to the beginning of the application's review cycle, for which acceptable data are available to the department relevant report period]. In addition, if the proposed new CT service is to be other than hospital-based, the application may be approved only if documentation acceptable to the department shows that the number of outpatient CT studies performed by others on the applicant's patients during a recent 12-month period results in at least 3,000 HECTs.

This standard shall not apply if the proposed new CT service is to be stationary and hospital-based, and diagnosis-specific hospital discharge abstract data acceptable to the department demonstrates that the applicant's HECTs attributable to current patient mix is at

least 3,000.

§ 2.4. An application to increase the number of CT machines in an existing CT service or network may be approved only if that existing service or network performed an average of at least 5,000 HECTs per existing [stationary] CT machine [and 4,500 HECTs per existing mobile machine] for the [most recent 12-month period, prior to the beginning of the application's review cycle, for which acceptable data are available to the department relevant report period].

§ 2.5. An application involving the addition of a stationary CT scanner to an existing CT service may be approved only if the facility at which the stationary CT scanner is to be located is neither the site of, nor part of a formal sharing arrangement for the use of, a COPN-approved or COPN-exempt MRI service or network that has been in operation for less than 12 months as of the beginning of the application's review cycle. This standard shall not apply if [the applicant's existing service performed at least 7,600 HECTs per CT machine for the most recent 12-month period, prior to the beginning of the application's review cycle, for which acceptable data are available to the department , for the relevant report period, the fraction $(H - 2,600M)/C$ is at least 5,000 where H is total HECTs performed by the applicant, M is the number of MRI machines serving the applicant, and C is the number of CT machines serving the applicant].

Article 4. Additional Standards Pertaining to MRI Only.

§ 2.6. An application shall not be approved for an MRI machine to be located at any site that is within a 90-minute driving time of:

1. The designated Virginia site of any COPN-approved or COPN-exempt MRI machine that is not yet operational;
2. The Virginia site of any operational MRI machine that has not performed [among all its sites] at least 3,000 MRI proton studies, excluding such studies performed on behalf of the applicant(s), during the [most recent 12-month period prior to the beginning of the application's review cycle for which acceptable data are available to the department relevant report period];
3. The designated non-Virginia site of any MRI machine under development by or on behalf of one or more hospitals; or
4. The non-Virginia site of any hospital-controlled MRI machine already in operation but that has not performed [among all its sites] at least 3,000 MRI proton studies, excluding such studies performed on behalf of the applicant(s), during the [most recent 12-month period prior to the beginning of the application's review cycle for which acceptable data

are available to the department relevant report period] .

An exception to [~~this standard~~ § 2.6] may be granted if, in the opinion of the State Health Commissioner, each operational MRI machine whose service volume would result in denial was, despite a usual operating schedule of at least 68 hours per week, unable to perform at least 3,000 [MRI] proton studies during the specified 12-month period because of an extraordinary amount of down time or because of a significant commitment to research or physician education.

§ 2.7. An application to establish a new MRI service or network, not otherwise excluded by § 2.6, may be approved only if it complies with each of the following:

1. Diagnosis-specific hospital discharge abstract data acceptable to the department demonstrate that current annual MRI relevant inpatients exceed 1,967 among all Virginia institutions committed to use the proposed service or network;

2. At least 4,000 HECTs were performed among all Virginia institutions committed to use the proposed service or network during the [~~most recent 12-month period; prior to the beginning of the application's review cycle, for which acceptable data are available to the department relevant report period~~] ;

3. The proposed service or network is to be under the operational control of at least one hospital whose current annual MRI relevant inpatients exceeds 980 and at which at least 2,000 HECTs were performed during the [~~most recent 12-month period; prior to the beginning of the application's review cycle, for which acceptable data are available to the department relevant report period~~] ;

4. The application provides specific assurance and a description of the proposed operating arrangements that shows that the production and interpretation of all images made by the MRI machine will be under the immediate on-site control and supervision of one or more board certified diagnostic radiologists with training and experience in the interpretation of CT images and with at least 60 hours of documented instruction in magnetic resonance imaging physics, instrumentation and clinical applications prior to the initiation of the proposed [~~service. This service (this)~~] standard does not preclude the involvement of other additional staff judged qualified by the relevant governing entity [()] ; and

5. Qualified personnel, with training and experience in the operation and maintenance of the MRI equipment, will be available to the proposed service during its service hours.

[Section 2.7 paragraph 4 shall not apply if the

application provides specific assurances that the proposed MRI machine shall be totally dedicated to a single clinical specialty and that the applicant's patients whose clinical conditions fall within the purview of that clinical specialty represent at least 1,967 current annual MRI relevant inpatients.]

§ 2.8. An application for an MRI machine to be operated at more than one site may be approved only if the applicant demonstrates that, compared with a single MRI site located at a hospital relatively central to the proposed service locations, and compared with a single freestanding MRI site located relatively central to the proposed service locations, the proposed mobile arrangement serves the target population most efficiently [overall] in view of at least the following factors:

1. Costs incurred by outpatients and inpatients for transportation to the MRI service,

2. Costs associated with extended lengths of stay for inpatients awaiting MRI services,

3. Costs of operating and maintaining the MRI system, and

4. Capital costs associated with the MRI service (acquisition, construction/renovation, interest, depreciation).

§ 2.9. An application to add an MRI machine to an existing MRI service or network may be approved only if the existing service or network is currently performing at least 3,000 MRI proton studies per year per MRI machine and the applicant's current annual MRI relevant inpatients is at least 1,967 times the resulting number of MRI machines proposed for that service network.

§ 2.10. An MRI study specific to atomic particles other than protons, or for the purpose of spectroscopic analysis, may be counted as the equivalent of an MRI proton study for purposes of §§ 2.6 and 2.9; however, such studies so counted for a given institution shall not exceed 10% of that institution's count of actual MRI proton studies performed during the same time period.

MARINE RESOURCES COMMISSION

Title of Regulation: VR 450-01-8603. Extension of Public Relaying Season.

Statutory Authority: § 28.1-179(4c) of the Code of Virginia.

Effective Date: August 16, 1986

Preamble:

The following Order of the Virginia Marine Resources Commission extends the season for relaying shellfish

Final Regulations

from condemned public shellfish grounds for cleansing. The season is extended through September 12, 1986.

VR 450-01-8603. Extension of Public Relaying Season.

§ 1. Authority and effective date:

A. This Order is promulgated pursuant to authority contained in § 28.1-179(4c) of the Code of Virginia.

B. The effective date of this Order is August 16, 1986.

§ 2. Purpose.

The purpose of this Order is to extend the season for the relaying of shellfish from the condemned public grounds for cleansing.

§ 3. Season extension.

The season for the relaying of shellfish from condemned public grounds shall be extended through Friday, September 12, 1986.

§ 4. Expiration date.

This Order shall terminate September 13, 1986.

/s/ William A. Pruitt, Commissioner

Date: July 22, 1986

DEPARTMENT OF SOCIAL SERVICES

Registrar's Notice: The proposed amendment to the existing regulation is being adopted in response to a federal regulatory mandate. The Department of Social Services, at the direction of the State Board of Social Services, is requesting exclusion from the requirements of Article 2 (§ 9-6.14:7.1 et seq.) of the Administrative Process Act.

Title of Regulation: VR 615-01-13. Funding Limitations for the Refugee Resettlement Program.

Statutory Authority: § 63.1-25 of the Code of Virginia

Effective Date: October 1, 1986

Summary:

Assistance and services provided under the Refugee Resettlement Program will be adjusted to assure that the Commonwealth of Virginia remains in compliance with federal regulations limiting funding for the Program.

VR 615-01-13. Funding Limitations for the Refugee Resettlement Program.

§ 1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning, unless the context clearly indicates otherwise:

"Department" means the Virginia Department of Social Services.

"Refugee ADC" means financial assistance to refugees who meet the eligibility requirements of the Aid to Dependent Children (ADC) Program. It is one of the components of the Refugee Resettlement Program.


"Refugee GR" means financial assistance to refugees who meet the eligibility requirements of the General Relief Program. It is one of the components of the Refugee Resettlement Program.

"Refugee Medicaid Categorically Related" means medical assistance to refugees who meet the eligibility requirements of the Medicaid Program. It is one of the components of the Refugee Resettlement Program.

"Refugee Resettlement Program" means the program established in Virginia, using federal funds, for effectively resettling refugees in accordance with Public Law 96-212 and amendments.

§ 2. Eligibility Requirements Funding Limitations.

In establishing eligibility for assistance in the Refugee Resettlement Program (RRP), the number of months a refugee has been in the United States must be considered. Refugees may qualify for assistance under the Refugee ADC, Refugee GR, or Refugee Medicaid Categorically Related components of the Refugee Resettlement Program, provided they have been in the United States less than 31 months. Subject to the availability of funds and under the terms and conditions approved by the Department of Social Services, reimbursement will be provided for 100 percent of authorized costs of determining eligibility and providing assistance and services in accordance with the Refugee Resettlement Program.


COMMONWEALTH of VIRGINIA
VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 340
RICHMOND, VIRGINIA 23208
(804) 786-2197

July 31, 1986

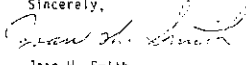
William L. Lukhard, Commissioner
Department of Social Services
8807 Discovery Drive
Richmond, Virginia 23229

Re: VR 615-01-13 - Funding Limitations for the Refugee
Resettlement Program (RRP)

Dear Mr. Lukhard:

This will acknowledge receipt of the Rules and Regulations from the Department of Social Services.

As required by § 9-6.14:4.1 C.4.(c). of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act since they do not differ materially from those required by Federal law.

Sincerely,

Joan W. Smith
Registrar of Regulations

JWS:sll

Title of Regulation: VR 615-08-1. Virginia Fuel Assistance Program.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Effective Date: October 1, 1986

Summary:

The final amendments to the Virginia Fuel Assistance Program reflect changes from the proposed amendments. The voluntary quit provision is being deleted rather than revised. A proposed new eligibility criteria is not being added for the Energy Crisis Assistance Program component. The five geographic regions are being changed to six climate zones; emergency repairs, assistance now mandatory, is being changed to an optional type of assistance; and the administrative cost reimbursement ceiling is being lowered, as proposed.

VR 615-08-1. Virginia Fuel Assistance Program.

**PART I.
DEFINITIONS.**

§ 1.1. The following words and terms, when used herein, shall have the following meaning unless the context indicates otherwise:

"Department" means the Department of Social Services.

"Disabled person" means a person receiving Social Security disability, Railroad Retirement Disability, Supplemental Security Income as disabled, or an individual who has been certified as permanently and totally disabled for Medicaid purposes.

"Elderly person" means anyone who is 60 years of age or older.

["Good cause" means but is not limited to circumstances beyond the household member's control, such as; but not limited to illness, illness of another household member requiring the presence of the person claiming good cause, a household emergency, or the unavailability of transportation; discrimination by an employer based on age, race, sex, handicap, religious belief, national origin, or political beliefs; work demands or conditions that render continued employment unreasonable; enrollment of the wage earner at least halftime in any recognized school, training program, or institution of higher education that requires the wage earner to leave employment; and resignations that are recognized by the employer as retirement.]

"Household" means an individual or group of individuals who occupy a housing unit and function as an economic unit by: purchasing residential energy in common (share heat); or, making undesignated payments for energy in the form of rent (heat is included in the rent).

"Poverty Guidelines" means the Poverty Income Guidelines as established and published annually by the Department of Health and Human Services.

"Primary Heating System" means the system that is currently used to heat the majority of the house.

"Resources" means cash, checking accounts, savings account, saving certificates, stocks, bonds, money market certificates, certificates of deposit, credit unions, Christmas clubs, mutual fund shares, promissory notes, deeds of trust, individual retirement accounts, prepaid funeral expenses in excess of \$900, or any other similar resource which can be liquidated in not more than 60 days.

"Energy-related, weather-related, or supply shortage emergency" means a household has: no heat or an imminent utility cut-off; inoperable or unsafe heating equipment; major air infiltration of housing unit; or a need for air conditioning because of medical reasons.

**PART II.
FUEL ASSISTANCE.**

§ 2.1. The purpose of the Fuel Assistance Program is to provide heating assistance to eligible households to offset the costs of home energy that are excessive in relation to household income.

Final Regulations

A. Eligibility criteria.

1. **Income limits.** Maximum income limits shall be at or below 150% of the Poverty Guidelines. In order to be eligible for Fuel Assistance, a household's income must be at or below the maximum income limits.

2. **Resource limits.** The resource limit for a household containing an elderly or disabled person shall be \$3,000. The resource limit for all other households shall be \$1,500. In order to be eligible for Fuel Assistance, a household's resources must be at or below the amount specified.

[3. **Voluntary quit.** Any person 16 18 years of age or older who voluntarily quits his employment the month of application or the month prior to application without good cause shall render the household ineligible for fuel assistance for the fuel season.]

B. **Resource Transfer.** Any applicant of fuel assistance shall be ineligible for that fuel season if he improperly transfers or otherwise improperly disposed of his legal or equitable interest in nonexempt liquid resources without adequate compensation within one year of application for Fuel Assistance.

Compensation that is adequate means goods, services or money that approximates the value of the resources.

This policy does not apply if any of the following occur:

1. The transfer was not done in an effort to become eligible for Fuel Assistance;
2. The resource was less than the allowable resource limit;
3. The disposition or transfer was done without the person's full understanding.

§ 2.2. Benefits.

Benefit levels shall be established based on income in relation to household size, fuel type, and geographic area, with the highest benefit given to households with the least income and the highest energy need.

Geographic areas are determined by dividing the Commonwealth into five areas: Central, Eastern, Northern, Southern and Western. These areas represent climate zones as defined by Dr. Samuel Bowen from the Virginia Center for Coal and Energy Research at the Virginia Polytechnic Institute and State University: the six climate zones for Virginia recognized by the National Oceanic and Atmospheric Administration and the United States Department of Commerce. The six climate zones are: Northern, Tidewater, Central Mountain, Southwestern Mountain, Eastern Piedmont, and Western Piedmont.

Each year, the Division of Energy within the

Department of Mines, Minerals, and Energy will supply data on the average costs of various fuels.

Each year the benefit amounts for each geographic area shall be determined by the following method:

A. A projection will be made of the number of households who will apply for Fuel Assistance. The projection will be based on the number of households who applied the previous year increased by the additional number of people who applied the year before.

B. An average grant per household will be determined based on the estimated amount of funds that will be available for benefits.

$$\frac{\$ \text{ available}}{\text{number of households}} = \text{average grant}$$

C. The benefits for each geographic area will be determined by using the average grant as a base figure and obtaining the highest and lowest benefits by using a ratio for each area based on degree days and the cost of various fuel types.

PART III. ENERGY CRISIS ASSISTANCE PROGRAM.

§ 3.1. The purpose of the Energy Crisis Assistance Program component is to assist households with energy-related, weather-related or supply shortage emergencies. This component is intended to meet energy emergencies that cannot be met by the Fuel Assistance Program or other local resources.

A. Eligibility criteria.

In order to be eligible for Energy Crisis Assistance, a household shall meet the following criteria:

1. All of the Fuel Assistance Program criteria as set forth in Part II, § 2.1;
2. Have an energy-related, weather-related or supply shortage emergency as defined in Part I;
3. Other resources cannot meet the emergency (including Fuel Assistance);
4. Did not receive Energy Crisis Assistance during the current federal fiscal year: October 1 - September 30.

[5. For households in need of electricity to operate the primary heating equipment and/or heat-related utility security deposits, the need shall be the result of a change in circumstances within the last 90 days over which the household had no control. Possible changes include loss of a job, end of unemployment benefits and temporary illness.]

B. Benefits.

An eligible household can receive no more than \$200 for Energy Crisis Assistance during any federal fiscal year, unless the assistance is for the repair or replacement of heating equipment [*or the purchase of an air conditioner*]; in which case the maximum amount of assistance shall be \$400.

The following forms of assistance must be provided:

1. Repairs or replacement of inoperable or unsafe heating equipment;
2. Emergency repairs of dwelling to prevent heat loss;
3. 2. Paying secondary heating sources. Secondary heating source means the energy source used to operate the primary heating equipment;
4. 3. Paying utility security deposits;

The following forms of assistance can be provided at local option:

1. Providing space heaters;
2. Providing blankets or warm clothing;
3. Providing emergency shelter;
4. Paying for cooling assistance when it is medically needed;
5. *Emergency repairs of dwelling to prevent heat loss;*
6. 6. Other (locality must specify).

PART IV. ADMINISTRATIVE COSTS.

§ 4.1. Local administrative expenditures for the implementation of the Fuel Assistance Program shall not be reimbursed in excess of whichever is the higher of 9% of the agency's allocation or ~~150%~~ 125% of the average administrative cost per case for the previous year.

STATE CORPORATION COMMISSION

AT RICHMOND, JULY 18, 1986

RULE

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

CASE NO. INS860119

Ex Parte: In the matter of
Prefiling of Medical Malpractice
Liability Insurance Rates pursuant to
§ 38.1-279.40 of the Code of Virginia
(§ 38.2-1912 effective July 1, 1986)

FINAL ORDER

WHEREAS, pursuant to an order entered herein June 4, 1986, and after notice as required by Virginia Code §§ 12.1-28 and 38.1-279.40 (§ 38.2-1912 effective July 1, 1986), the Commission conducted a hearing on July 9, 1986, in the Commission's Courtroom to receive evidence from interested parties with respect to whether competition is an effective regulator of the rates charged for medical malpractice liability insurance in the Commonwealth of Virginia for the purpose of aiding the Commission in determining whether it should again renew the rule promulgated pursuant to Virginia Code § 38.1-279.40 in the Commission's order of August 15, 1975;

AND THE COMMISSION, having considered the record herein, is of the opinion and finds that competition is not an effective regulator of the rates charged for medical malpractice liability insurance in the Commonwealth of Virginia and that, pursuant to Virginia Code § 38.2-1912, the rule promulgated by the Commission by order entered herein August 25, 1975, and thereafter annually renewed by Commission order, should be renewed.

The record before the Commission indicates that in 1985, 92.6% of medical malpractice liability insurance premium volume in Virginia was written by three insurers. While this is a decrease over the percentage held by these three insurers in 1984, significant disparity continues to exist in the overall market share of these three insurers. Moreover, the record indicates that only two of these three insurers are presently seeking to write new policies of hospital medical malpractice liability insurance and that only one of these three insurers is presently seeking to write new policies of physicians and surgeons medical malpractice liability insurance. Accordingly, the Commission does not believe that the record supports a finding at this time that competition is sufficient to regulate rates and to avoid the creation of a monopolistic market.

THEREFORE, IT IS ORDERED: That the rule promulgated by the Commission by order entered herein August 25, 1975, and thereafter annually renewed by Commission order pursuant to Virginia Code § 38.1-279.40 (§ 38.2-1912 effective July 1, 1986), shall be renewed for a period of one year from the date of this order as follows:

All insurance companies licensed to write medical malpractice liability insurance in the State of Virginia and all rate service organizations licensed pursuant to the provisions of Chapter 19 of Title 38.2 of the Code of Virginia shall file with the Commissioner of Insurance any and all changes in medical malpractice liability insurance rates and supplementary rate information and, pursuant to § 38.2-1912.B and D, such supporting data and information as is deemed necessary by the Commissioner of Insurance for the proper functioning of the rate monitoring and regulating process at least thirty (30) days prior to their effective date.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to Michael Lovendusky, Esquire, The American Insurance Association, 1025 Connecticut Avenue N.W., Washington, D.C. 20036; Sally Narey Frans, Esquire, St. Paul Fire and Marine Insurance Company, 385 Washington, St. Paul, Minnesota 55102; and the Bureau of Insurance in care of David S. Bordner, Deputy Commissioner, who shall cause an attested copy of this order to be sent to every company licensed to write general liability insurance in the Commonwealth of Virginia and to every rate service organization licensed pursuant to Chapter 19 of Title 38.2 of the Code of Virginia.

GENERAL NOTICES/ERRATA

Symbol Key †

† Indicates entries since last publication of the Virginia Register

NOTICES OF INTENDED REGULATORY ACTION

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Agriculture and Consumer Services intends to consider promulgating regulations entitled: **Recordkeeping and Biosecurity by Poultry Dealers for the Control of Avian Influenza and Other Contagious and Infectious Diseases of Poultry**. The purpose of the proposed regulations is to require the registration of dealers in poultry and their agents doing business in Virginia as a means of tracing poultry disease to its source, and thus as a means of enhancing disease-eradication capability.

Statutory Authority: §§ 3.1-726, 3.1-727, 3.1-735, and 3.1-736 of the Code of Virginia.

Written comments may be submitted until October 1, 1986, to Poultry Dealers, Bureau of Veterinary Services, Virginia Department of Agriculture and Consumer Services, Washington Building, Suite 600, 1100 Bank Street, Richmond, Virginia 23219

Contact: Dr. A. J. Roth, Chief, Bureau of Veterinary Services, Washington Building, Suite 600, 1100 Bank Street, Richmond, Va. 23219, telephone (804) 786-2483

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Agriculture and Consumer Services intends to consider amending regulations entitled: **VR 115-02-12. Health Requirements Governing the Admission of Livestock, Poultry, Companion Animals, and Other Animals or Birds Into Virginia**. The purpose of the proposed regulations is to set standards governing the importation of llamas into the Commonwealth of Virginia from other states, so as to prevent introduction through llamas of the tuberculosis, brucellosis, and bluetongue diseases.

Statutory Authority: §§ 3.1-723 through 3.1-741 of the Code of Virginia.

Written comments may be submitted until September 1, 1986, to Llamas, Bureau of Veterinary Services, Virginia Department of Agriculture and Consumer Services, Washington Building, Suite 600, 1100 Bank Street, Richmond, Virginia 23219

Contact: Dr. A. J. Roth, Chief, Bureau of Veterinary Services, Washington Bldg., Suite 600, 1100 Bank Street, Richmond, Virginia 23219

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Agriculture and Consumer Services intends to reconsider regulations entitled: **VR 115-04-12. Rules and Regulations for the Enforcement of the Virginia Gasoline and Motor Fuels Law**. The purpose of the proposed regulations is to assure consumers that all motor fuel offered for sale is accurately labeled and meets established minimum specifications by prescribing minimum specifications for distillation, Reid vapor pressure, water and sediment and gum in gasoline; flash point, water and sediment, sulfur, cetane, distillation and corrosion in diesel fuel. It provides the requirements for registration and labeling of gasoline and diesel fuel; it prescribes the regulatory action to be taken when motor fuels are found not to conform to minimum specifications and it requires the publication of information filed in connection with registration and results of tests of official samples.

The State Board of Agriculture and Consumer Services conducted a public hearing on February 26, 1986, to consider amendments to the Rules and Regulations for the Enforcement of the Virginia Motor Fuels Law (VR 115-04-12).

During the public participation period, a comment was received that suggested further amendments to the proposed regulations published in the December 9, 1985, edition of the Virginia Register of Regulations. The commenter suggested two additional amendments to "§ 2. Specifications for gasoline and diesel fuel."

A. Gasoline.

Test ASTM Method
1. Distillation D86

The commenter proposed an additional distillation specification that reads:

General Notices/Errata

Percent evaporated at 77°C (170°F)
Maximum 50%

The commentor recommended an amendment to Item No. 2 in the gasoline test procedure related to Reid Vapor Pressure. The current test and method reads:

Reid Vapor Pressure 100°F PSI D323

The proposed amendment, for clarity only, would be added to the test method. The amended regulation would read:

Reid Vapor Pressure 100°F PSI D323
or Division of
Consolidated
Laboratories
dry method for
oxygenated fuels.

There were no further comments supporting or opposing the regulations during the public hearing. At the recommendation of the department staff, the board voted unanimously to adopt the regulations including the proposed amendments.

The final regulation, including the recommended amendments, was scheduled to be published in "final form" in the May 26, 1986, edition of the Virginia Register of Regulations. However, the ethanol industry believes one of the amendments [Percent evaporated at 77°C (170°F)] recommended during the participation period and adopted by the board February 26, 1986, adversely affected that industry and was significant enough to be reconsidered by the board before the planned effective date of June 25, 1986.

The staff agreed and on May 16 the Commissioner requested the Registrar of Regulations to delay the publication of "Final Regulation" until further notice. The Registrar received the request after the type for the May 26, 1986, issue had been set. However, the regulation with overlaid statement "Regulations Temporarily Withdrawn by Agency" were printed in the May 26 edition of the Virginia Register of Regulations.

At the May 22, 1986, board meeting the board moved and adopted to have the regulations become effective 30 days following publication in the Virginia Register of Regulations, with the exception of that portion of § 2.A.1. which reads "Percent evaporated at 77°C (170°F) maximum 50%."

The board moved and adopted that the exception to the regulations effective date be delayed until January 1, 1987. The board instructed the department to publish in the Virginia Register of Regulations a notice providing at least 45 days for additional written comments with regard to the exception.

Statutory Authority: §§ 59.1-153 and 59.1-156 of the Code of

Virginia.

Written comments may be submitted until 5 p.m., August 21, 1986, to Raymond Vaughan, Secretary, Board of Agriculture and Consumer Services, 1100 Bank Street, P.O. Box 1163, Richmond, Virginia 23209

Contact: W. P. Zentmeyer, Supervisor, Fertilizer, Lime and Motor Fuel Section, 1100 Bank St., P.O. Box 1163, Richmond, Va. 23209, telephone (804) 786-3511

STATE AIR POLLUTION CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Air Pollution Control Board intends to consider amending regulations entitled: **VR120-01. Regulations for the Control and Abatement of Air Pollution: Permits for Stationary Sources (Part VIII)**. The primary purpose of this notice is to seek comment on the pros and cons of two proposals (and any possible alternatives) the agency is considering regarding its regulations concerning permits for stationary sources. They are as follows:

1. To establish a requirement for a renewable permit to operate for all existing stationary sources currently subject to the agency's regulations.
2. To establish a requirement that a fee be required for the proposed permit to operate specified above and the permit to construct for new stationary sources currently in the agency's regulations.

In addition to the primary purpose specified above, the secondary purpose will be to undertake a review and seek comment on all aspects of the regulations covering permits for stationary sources. Consideration will be given to any suggestions that are received by the agency prior to September 15, 1986.

Statutory Authority: § 10-17.18(b) of the Code of Virginia.

Written comments may be submitted until September 15, 1986, to Director of Program Development, State Air Pollution Control Board, P.O. Box 10089, Richmond, Virginia 23240

Contact: M. E. Lester, Division of Program Development, State Air Pollution Control Board, P.O. Box 10089, Richmond, Va. 23240, telephone (804) 786-7564

DEPARTMENT OF HEALTH

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Health intends to consider promulgating regulations entitled: **Virginia Hearing Impairment Identification and Monitoring System**. The purpose of the proposed regulation is to implement the Hearing Impairment Identification and Monitoring System.

Statutory Authority: § 32.1-64.1 of the Code of Virginia.

Written comments may be submitted until August 18, 1986.

Contact: Patricia T. Dewey, Speech and Hearing Services Administrator, Bureau of Crippled Children, Virginia Department of Health, 109 Governor St., Richmond, Va. 23219, telephone (804) 786-6281

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Health intends to consider amending regulations entitled: **State Plan for the Provision of Crippled Children's Services**.

The proposed plan will revise the present State Plan of November 1, 1984. The proposals include revised eligibility criteria, expansion of covered conditions and services in the existing program specialty clinics, changes in criteria of hospitalization of newborns, and additions to the statement of responsibilities of the families of program participants.

Statutory Authority: §§ 32.1-12 and 32.1-77 of the Code of Virginia.

Written comments may be submitted until August 18, 1986.

Contact: Nancy R. Bullock, R.N., M.P.H., Nurse Consultant, Bureau of Crippled Children, Virginia Department of Health, 109 Governor St., Richmond, Va. 23219, telephone (804) 786-3691

THE STATE HIGHWAY AND TRANSPORTATION COMMISSION

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that The State Highway and Transportation Commission intends to consider amending regulations entitled: **VR 385-01-4. Rules and Regulations**

for the Administration of Waysides and Rest Areas. The purpose of the proposed amendments is to allow for sale of refreshments in rest areas with Highway and Transportation Board approval.

Statutory Authority: § 33.1-218 of the Code of Virginia.

Written comments may be submitted until November 17, 1986.

Contact: John M. Wray, Jr., Chief Engineer, Virginia Department of Highways and Transportation, 1401 E. Broad St., Richmond, Va. 23219, telephone (804) 786-2707

DEPARTMENT OF LABOR AND INDUSTRY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Labor and Industry intends to consider promulgating regulations entitled: **Virginia Field Sanitation Standard**. The purpose of the proposed regulations is to require agricultural employers to provide potable drinking water and handwashing and toilet facilities for agricultural workers involved in hand labor operations in the field. Comments are requested on the intention to establish a standard as well as the appropriate minimum number of workers to be covered by the standard.

Statutory Authority: § 40.1-22 (5) of the Code of Virginia.

Written comments may be submitted until August 18, 1986, to Carol A. Amato, Commissioner, Virginia Department of Labor and Industry, 205 North Fourth Street, P.O. Box 12064, Richmond, Virginia 23241

Contact: Jay Withrow, VOSH Chief Administrator, Virginia Department of Labor and Industry, P.O. Box 12064, Richmond, Va. 23241, telephone (804) 786-8011

DEPARTMENT OF MOTOR VEHICLES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Motor Vehicles intends to consider promulgating regulations entitled: **Virginia Alcohol Fuel Production Incentive Program Fund Rules and Regulations**. The purpose of the proposed regulations is to provide for interpretation, enforcement and payment of grants under provision of the Virginia Alcohol Fuel Production Incentive Program. These rules and regulations will replace the emergency rules and regulations which became effective

General Notices/Errata

July 11, 1986.

Statutory Authority: Article 3.1 (§ 58.1-2127.1 et seq.) of Chapter 21 of Title 58.1, of the Code of Virginia.

Written comments may be submitted until August 20, 1986.

Contact: B. H. Conner, Manager, Fuels Tax Division, Virginia Department of Motor Vehicles, P.O. Box 27422, Richmond, Va. 23261-7422, telephone (804) 257-8116 OR Bruce Gould, Planning and Program Development, Virginia Department of Motor Vehicles, P.O. Box 27412, Richmond, Va. 23269, telephone (804) 257-0453

STATE BOARD OF PHARMACY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Board of Pharmacy intends to consider promulgating, amending and repealing regulations entitled: **VR 530-01-1. Virginia State Board of Pharmacy Regulations.**

On June 25, 1986, the board withdrew the proposed regulations, published in the Virginia Register of Regulations on December 23, 1985, and which were the subject of an informational hearing on March 12, 1986. This proposal resulted from the regulatory review process mandated by Executive Order of the Governor.

All comments which were received before and after the regulatory review process, and all comments received as a result of the informational proceeding and hearing held March 12, 1986, will be considered and used by the board in developing newly proposed regulations which it intends to promulgate.

The board invites any additional written comments from the public and the professional community on the existing regulations prior to proposing new regulations for public comments. In addition, the board seeks written comments on any problem or issues within its jurisdiction which may be properly addressed by its regulations.

Written comments may be submitted until September 12, 1986.

Contact: Jack B. Carson, Executive Director, Board of Pharmacy, P. O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0239

BOARD FOR THE RIGHTS OF THE DISABLED

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for the Rights of the Disabled intends to consider promulgating regulations entitled: **Public Participation Guidelines.** The purpose of the proposed regulations is to set forth the procedures for public participation in the development of regulations.

Statutory Authority: § 51.01-40 of the Code of Virginia.

Written comments may be submitted until September 30, 1986.

Contact: Bryan K. Lacy, Systems Advocacy Attorney, James Monroe Building, 17th Floor, 101 N. 14th St., Richmond, Va. 23219, telephone (804) 225-2042 (toll-free number 1-800-552-3962)

DEPARTMENT OF SOCIAL SERVICES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Social Services, Division of Licensing Programs, intends to consider amending regulations entitled: **Standards and Regulations for Licensed Homes for Adults.** The purpose of the proposed amendments is to (i) amend standards dealing with TB examination; (ii) review emergency regulations dealing with semi-mobile residents; (iii) incorporate recommendations of the fire safety committee; and (iv) to amend standards dealing with administration of medication.

Statutory Authority: § 63.1-174 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Catherine A. Loveland, Program Specialist, Licensing Programs, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9025

DEPARTMENT OF TAXATION

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled:

VR 630-2-300 et seq. Individual Income Tax and VR 630-3-300 et seq. Corporation Income Tax. The purpose of the proposed amendments is to incorporate legislative changes made by the 1985 Acts of Assembly, Chapters 221, (HB 1475 Technical corrections to recodification) and 560, (SB 712 Conservation tillage credit), and the 1986 Acts of Assembly, Chapter 407, (SB 50 Extend Neighborhood Assistance Act) and other appropriate amendments as may be suggested.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-2-322. Virginia Taxable Income (Virginia Individual Income Tax).** This regulation is being amended to conform to the changes made by the 1986 General Assembly to § 58.1-322 of the Code of Virginia (Chapters 474 and 515). This Code section was amended to provide an additional \$1,000 deduction for each child under permanent foster care residing in a taxpayer's home for the entire taxable year, provided that the child qualifies as that taxpayer's dependent under § 151 of the Internal Revenue Code. This Code section was also amended to provide an exclusion from the income tax for benefits paid by retirement plans organized by public institutions of higher education under § 51-111.28 of the Code of Virginia.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-8-1712. Virginia Tax on Wills and Administration.** The purpose of the proposed amendments is to incorporate legislative changes made by the 1985 Acts of Assembly, Chapter 474, (HB 1521 Raise threshold to \$500) and other appropriate amendments as may be suggested.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-9-3809. Virginia Writ Taxes.** The purpose of the proposed amendments is to incorporate legislative changes made by the 1985 Acts of Assembly, Chapters 106, (HB 1393 Exempt appeal of involuntary commitment order) and 221, (HB 1475 Technical corrections to recodification) and other appropriate amendments as may be suggested.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-10-22.1. Churches (Retail Sales and Use Tax).** This regulation is being amended to conform to the change made by the 1986 General Assembly to § 58.1-608.38 of the Code of Virginia (Chapter 605, Senate Bill 192). This Code section was amended to expand the exemption for nonprofit churches to include purchases of baptistries, certain printed materials used in carrying out the work of the church and gifts for use outside church buildings.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-10-86. Printing (Retail Sales and Use Tax).** The purpose of of the proposed revision is to reference

General Notices/Errata

legislation enacted by the 1986 session of the General Assembly exempting high speed electrostatic duplicators and other duplicators which have a printing capacity of 4000 or more impressions per hour from the sales and use tax when purchased or leased by persons engaged primarily in the printing or photocopying of products for sale or resale.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider promulgating regulations entitled: **VR 630-10-102.11. Taxidermists (Retail Sales and Use Tax)**. This regulation will set forth the application of the sales and use tax to taxidermists.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-14-800 et seq. Virginia Recordation Tax**. The purpose of the proposed amendments is to incorporate legislative changes made by the 1985 Acts of Assembly Chapters 134, (HB 1697 Deeds conveying property to the original beneficiaries of a deed in trust) and 246, (HB 1637 Deed claiming exemption from tax must cite code section granting exemption) and other appropriate amendments as may be suggested.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-18-796.11:3. Levy of Tax; Rules and Regulations; and VR 630-18-796.11:4. Handler to Deduct Tax from Payment to Farmers; Report and Payment of Tax by Handler (Egg Excise Tax)**. The purpose of the proposed amendments is to reflect 1985 legislative changes to § 3.1-796.11:3 of the Code of Virginia which narrowed the levy of the egg excise tax to eggs produced or sold in Virginia.

Statutory Authority: §§ 3.1-796.11:3 and 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 15, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

VIRGINIA BOARD OF VETERINARY MEDICINE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Board of Veterinary Medicine intends to consider promulgating, amending and repealing regulations entitled: **Regulations Governing the Practice of Veterinary Medicine**. The purpose of the proposed regulations is to provide standards for the practice of veterinary medicine and surgery in Virginia, and to establish the requirements for licensure as veterinarians, certification as animal technicians, and registration of animal facilities. The board proposes to act on information and argument received during its period of regulatory review since August 1, 1984.

Statutory Authority: § 54-784.03 of the Code of Virginia.

Written comments may be submitted until August 21, 1986.

Other pertinent information: The board intends to formulate regulations based upon a comprehensive review of existing regulations ordered by Executive Order 5284 from the office of the Governor

Contact: Moria C. Lux, Executive Director, Virginia Board of Veterinary Medicine, P.O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0069

GENERAL NOTICES

DEPARTMENT OF HEALTH

Notice to Persons Desiring to Participate in Rule-Making.

The Virginia Department of Health under its Rules and Regulations for Public Participation is required to periodically publish in the Virginia Register of Regulations, in a newspaper published at Richmond, and in other newspapers, a request that any individual or organization interested in participating in the development of specific rules and regulations so notify the Office of the Commissioner. Individuals and organizations identified through this process will be incorporated into the mailing lists maintained by the divisions and bureaus of the department, and will be notified at such time as the department may amend any of its regulations.

This notice applies to the following rules and regulations:

- Blood Banks
- Campgrounds
- Certificate of Public Need
- Chemical Substances, Reporting of
- Crab Meat
- Cremators
- Crippled Children's Services, Plan
- Diseases, Reporting and Control of
- Eligibility Standards and Charges for Medical Care Services
- Emergency Medical Services
- Emergency Medical Services, Financial Aid for Hospitals
- Hotels
- Marinas
- Maternal High-Risk Hospitalization
- Midwifery (non-nurse)
- Migrant Labor Camps
- Nursing Homes
- Oysters, Clams, and Other Shellfish
- Phenylketonuria (PKU)
- Radiation, Ionizing
- Restaurants
- Scholarships, State Dental
- Scholarships, State Medical
- Service Stations
- Sewage Handling and Disposal
- Sewerage
- Summer Camps
- Swimming Pools, for Tourist Establishments
- Vital Records & Health Statistics
- Voluntary Formulary
- Voluntary Formulary, Implementation of Law
- Waterworks (Public Drinking Water)
- WIC Program

Individuals or organizations wishing to be placed on the

mailing list should submit their name and address and the title of the specific regulation in which they have an interest to:

Office of the Commissioner
State Health Department
400 James Madison Building
109 Governor Street
Richmond, Virginia 23219

Names should be submitted on or before August 30, 1986.

STATE MILK COMMISSION

TERMINATION OF ORDER NO. 13, AS AMENDED

In accordance with the provisions of §§ 3.1-430 and 3.1-437 of the Code of Virginia, the Commission at its meeting held on July 16, 1986, terminated Order No. 13, as amended, effective 12:01 a.m., September 1, 1986.

/s/ C. H. Coleman, Administrator

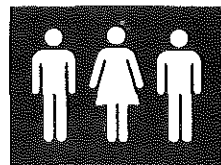
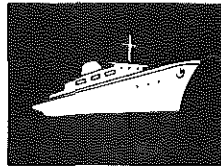
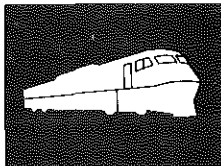
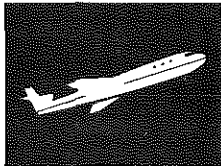
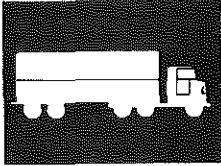
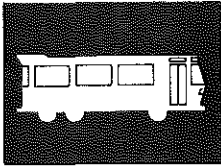
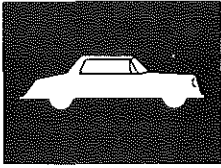
NOTICE TO STATE AGENCIES

RE: Forms for filing material on dates for publication in The Virginia Register of Regulations.

All agencies are required to use the appropriate forms when furnishing material and dates for publication in The Virginia Register of Regulations. The forms are supplied by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Ann M. Brown, Assistant Registrar of Regulations, Virginia Code Commission, P. O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-3591

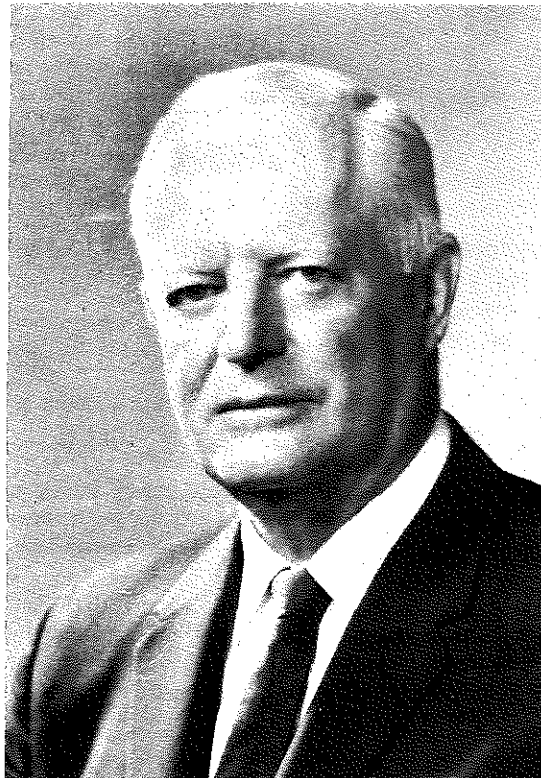
FORMS:

- PROPOSED (Transmittal Sheet) - RR01
- FINAL (Transmittal Sheet) - RR02
- NOTICE OF MEETING - RR03
- NOTICE OF INTENDED REGULATORY ACTION - RR04
- NOTICE OF COMMENT PERIOD - RR05
- AGENCY RESPONSE TO LEGISLATIVE OR GUBERNATORIAL OBJECTIONS - RR06



CONFRONTING VIRGINIA'S TRANSPORTATION CHALLENGE

**PHASE I Report of
The Commission on Transportation
in the Twenty-First Century**



Dedication

If an era can close with the death of a single man, then such occurred when State Senator Edward E. Willey died.

Ed Willey sought and secured power and prestige, not for the sake of personal gain or notoriety, but to serve his constituency and his state. And he did so - for 34 most remarkable years.

The Senator gave meaning and dimension to the term "citizen-legislator." A pharmacist by trade, Senator Willey had the gifts of statesmen.

In public life, knowledge carries authority. The Senior Senator had a fearsome and unsentimental memory. He gave no quarter: Profligate spending of taxpayers dollars and bureaucratic waste were the game. Ed Willey was the hunter.

Others talk of integrity and honor, but Ed Willey was not a man of rhetoric. His principles were manifest in his deeds.

Senator Willey never shrank from a great challenge. He accepted the chairmanship of the Commission for Virginia's Transportation in the 21st Century as he accepted all tasks: with enthusiasm and determination.

Losing the chairman is this commission's regret.—But most we miss the man.

With these words we dedicate this report in his memory.

1

Foreword

August 1, 1986

The Honorable Gerald L. Baliles
Governor of Virginia
Commonwealth of Virginia
Richmond, Virginia 23219

Dear Governor Baliles:

On behalf of the Commission on Transportation in the Twenty-First Century, it is my privilege to transmit to you a summary of our findings and recommendations.

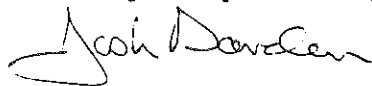
At the initial meeting of the Commission in February, you charged us with confronting Virginia's transportation challenge and with "charting a course to lead Virginia into the 21st Century." More specifically, you requested that in Phase 1 of our study, we:

1. Confirm the critical highway and transportation needs of the Commonwealth;
2. Explore alternative means of financing transportation; and
3. Examine the feasibility of establishing a separate fund for highway construction.

In March Senator Willey appointed Subcommittees to address these three major areas of your concern. The report which follows represents a culmination of the tireless efforts of these three Subcommittees, our four Advisory Committees, and members of the support staff.

As you suspected, Virginia is facing a serious transportation problem. Important decisions must be made now to avoid the impairment of our future mobility. While the work of the Commission continues, this report outlines the extent of our transportation needs, how the revenues needed to confront these needs can be raised, and indicates how the Commonwealth's transportation funds can be utilized in the most efficient and effective manner. We commend these recommendations to you and to the General Assembly for serious consideration.

Respectfully submitted,



Joshua Darden, Jr.
Vice Chairman

Contents

	PAGE
EXECUTIVE SUMMARY	4
INTRODUCTION	6
CURRENT AND PROSPECTIVE TRANSPORTATION NEEDS	12
CAPACITY OF THE CONSTRUCTION INDUSTRY	17
FINANCING TRANSPORTATION	19
ALLOCATING AND MANAGING TRANSPORTATION FUNDS	24
CONCLUSION	28
BIBLIOGRAPHY	29
THE COMMISSION	30
ADVISORY COMMITTEES	31
STAFF TO THE COMMISSION	32

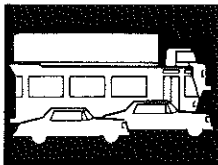


EXECUTIVE SUMMARY

Major Findings and Recommendations:

1. The Commonwealth has more than \$10 billion in present day highway construction needs.
2. Within a 20 year planning perspective, Virginia will face an additional \$10 billion in highway construction needs.
3. Virginia's ports, airports, rail, and mass transit systems will have needs of more than a billion dollars during the coming decade.
4. Meeting current highway construction needs and the need of mass transit, seaports, and airports will require approximately \$6-\$7 billion from state sources during the coming decade.
5. Virginia's construction industry has additional construction capacity. It is not unreasonable to expect that the industry could carry \$1 billion in contract balances (roughly double the current level) by the end of 18 months and as much as \$2.2 billion over the longer period of 15 years and beyond.
6. A commitment on the part of the Commonwealth to a stable, predictable, long-term construction program is critical to smooth industry adjustment, a competitive bidding climate, and a cost effective expenditure of funds.
7. Revenues to meet transportation needs should be derived from a state sales tax increase of .75%; a four cent per gallon increase in the gas tax; an increase in the titling tax to 4% with trade-in; and interest on current and future highway fund balances.
8. A test case should be brought before the Virginia Supreme Court in order to clarify the use of 9 (D) pledge bonds for transportation purposes.
9. Constitutional and statutory changes necessary to give localities the flexibility to raise revenue and otherwise participate in meeting local transportation needs should be enacted.
10. The Construction Allocation Formula adopted by the 1985 General Assembly is the best means of distributing funds to meet the Commonwealth's road system needs, except in those instances where project-specific funding mechanism, such as tolls, are deemed to be more appropriate.

11. In order to maximize and coordinate the investment, management, and distribution of new revenues for transportation needs, it is recommended that such revenue be concentrated into a single entity that would have authority to coordinate financing of all modes of transportation. This could be accomplished by reconfiguring the existing Virginia Highway and Transportation Board by expanding its authority and membership, and by renaming the Board the "Virginia Transportation Board" and the agency "The Virginia Department of Transportation."
12. The Virginia Transportation Board should be given the authority to use 9(c) revenue bonds for toll projects and 9(d) pledge bonds when additional funds beyond immediately available revenues are needed to pay for transportation projects.
13. All new revenues generated for construction as a result of any legislation passed in the 1986 Special Session, as well as revenues left over in the current Highway Maintenance and Construction Fund after maintenance needs have been addressed, toll revenues, and interest on Trust Fund balances, should flow into a new "Transportation Trust Fund."
14. Eighty-five percent of all new revenues should be earmarked for meeting the critical highway needs of the Commonwealth, the remaining 15% should be earmarked for ports, airports, and mass transit needs.



The Transportation Challenge

Virginia's transportation problem touches all parts of the Commonwealth.

In many of our cities and suburban jurisdictions, our major challenge is that of chronic traffic congestion. Intraurban trips which once took only minutes may now take hours to negotiate.

Testimony provided to the Commission at its public hearing in northern Virginia illustrates the magnitude of this problem. As one speaker pointed out at that meeting...

The average Prince William County commuter spends two or more hours on the road each business day getting to and from work. In terms of lost productivity on the job and time lost from home and family, on a yearly basis: EACH commuter loses about 250 hours, 8 commuters lose one work year (2000 hours), and 35 commuters lose a whole year of life (8760 hours).

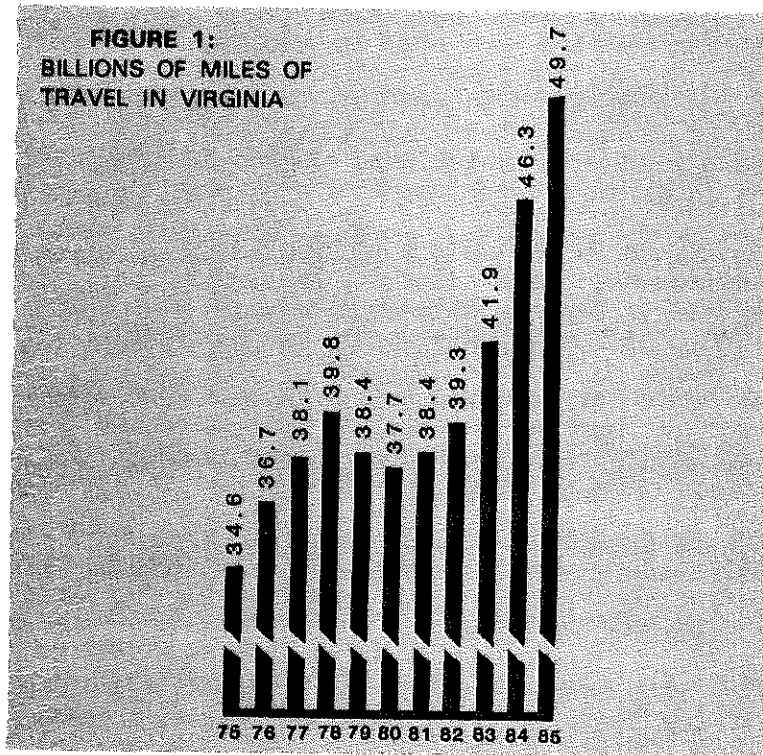
Prince William County is not unique. Comparable statistics from many other jurisdictions within the Commonwealth are just as discouraging.

The mental frustration of spending hours in a traffic jam, and the time lost from work, home, and family, are not the only costs associated with traffic congestion. Such congestion also:

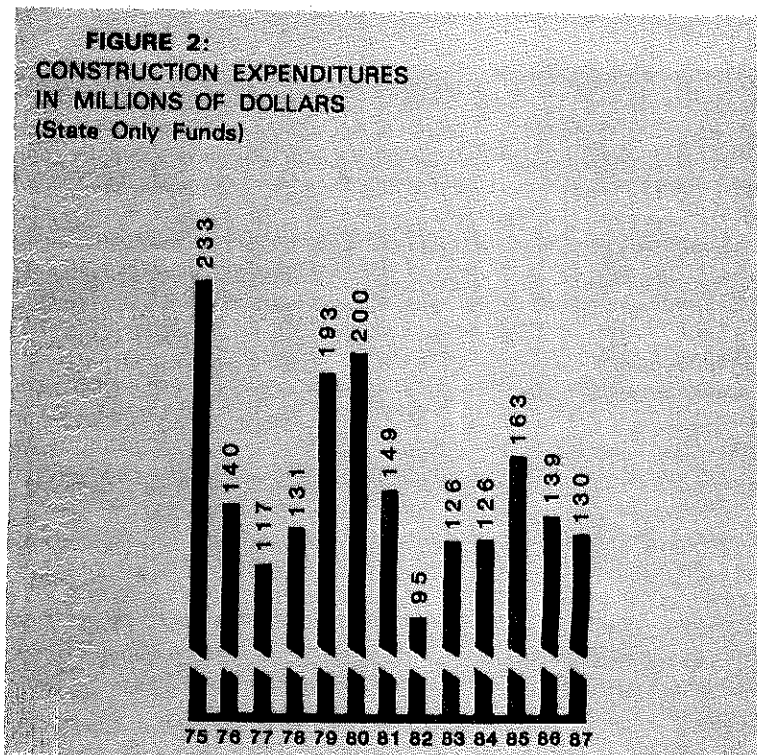
- Increases vehicle accident rates and operating costs;
- Contributes to air pollution problems;
- Increases shipping costs of raw materials and goods produced in the Commonwealth;
- Reduces industrial productivity and business efficiency; and as a result of all these factors;
- Serves as an impediment to increased economic development.

While the congestion problem is the result of many factors, it is basically a problem of the traffic on Virginia's roads outpacing the Commonwealth's highway construction program.

Traffic on Virginia roads has increased from 34.6 billion miles of travel in 1975 to 49.7 billion miles in 1985.



What has not increased is state funding of highway construction; in fact if the following graph were to be adjusted for inflation, it has plummeted.



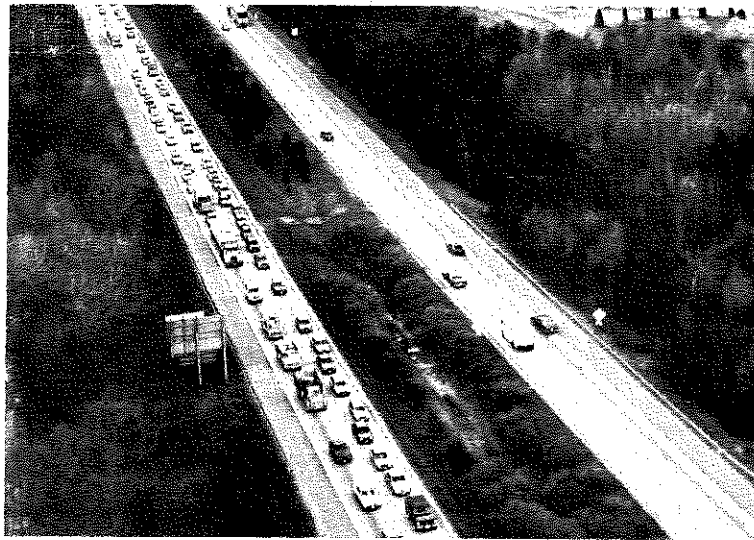
In the more rural areas of the Commonwealth, the major transportation problem is not one of congestion, but rather one of inaccessibility. Plagued with roads that are frequently unpaved, have excessive grades, limited sight distances, and very often no shoulders, -residents of rural Virginia face unsafe road conditions on a daily basis and must spend an inordinate amount of time and money to transport their coal, lumber, and agricultural products to market, or bus their children to school, or simply to get to and from work.

Towns and cities within the more rural areas of the Commonwealth face similar handicaps due to inaccessibility. Because of inadequate roads and access to other modes of transportation, such communities are often unable to compete successfully with surrounding states for tourist trade and new industries. As a result, some of our rural communities are finding it exceedingly difficult simply to maintain their current economic and population bases, let alone to expand them.

At the Commission's public hearing in Abingdon, one speaker very articulately explained the situation in Lee County and other rural communities of the Commonwealth. He stated...

The very future, especially the economic well being of Lee County citizens, will depend on a better, more efficient transportation system. The coal and farming industries which have been the economic backbone of our country are both anemic and degenerating. If Lee County . . . is to experience any sort of economic recovery, a new and different industrial base must be established. This simply will not happen without better highways.





Congestion, inaccessibility, and safety, while certainly major problems, are unfortunately not the only transportation challenges confronting the Commonwealth. Throughout Virginia there are increasingly vocal call for the expansion of public transportation to meet the needs of commuters and of special populations (e.g., the handicapped, the elderly, and lower-income households). Many of Virginia's highways and bridges are reaching the end of their design lives, necessitating the rehabilitation or reconstruction of many structures in the not-to-distant future. Industrial rail access is inadequate in many parts of the State and must be increased if we are to enhance Virginia's climate for economic development. Finally, passenger traffic and goods moved through the Commonwealth's airports and seaports is continually increasing, requiring the expansion of many existing facilities, and in some instances, the creation of new ones.

HOW CAN VIRGINIA COPE WITH THESE DIVERGENT TRANSPORTATION CHALLENGES?



Commission on Transportation In the Twenty-First Century

Formation of the Commission

Recognizing the magnitude of the Commonwealth's transportation challenge, and the fact that if left unattended the problems and costs associated with addressing them would only increase, the "Commission on Transportation in the Twenty-First Century" was created in January at the urging of the Governor Gerald Baliles, and by a joint resolution of the Virginia House and Senate. As called for in the legislation forming it, the Commission is composed of:

- former Governors of Virginia;
- four members of the Virginia Senate, appointed by the Committee on Privileges and Elections;
- six members of the House of Delegates, appointed by the Speaker of the House; and
- fourteen members at large, appointed by the Governor.

In addition to the Commission itself, four advisory groups were appointed to provide advice and counsel to this distinguished body. The Advisory Committees include Virginians from every area of the Commonwealth who possess valuable expertise in local government, and the technical, legal, or financial aspects of Virginia's transportation problems.

The Commission is staffed by volunteers from academia, and from state and local governmental agencies.

The Commission's Charge

The charge of the Commission, as issued by the Governor at its initial meeting, is very straightforward. In Phase 1 of its work, on which this document reports, the Commission was to:

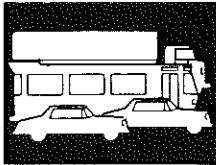
- Confirm the critical highway and transportation needs of the Commonwealth;
- Explore alternative means of financing transportation; and
- Examine the feasibility of establishing a separate fund for highway construction.



In Phase II of its work, to be completed late next year, the Commission will shift its focus to other modes of transportation, and to the roles local governments could play in financing and controlling transportation networks.

The Current Report

The report which follows summarizes the results of the Phase I activities of the Commission. It is divided into five major Chapters. Chapter 2 discusses the methods employed to confirm the critical highway and transportation needs of the Commonwealth and outlines the extent of those needs. Chapter 3 examines the ability of Virginia's construction industry to respond to new transportation initiatives without having an inflationary impact on prices. Chapter 4 suggests how a program designed to address our transportation needs could be financed. Chapter 5 outlines a strategy aimed at utilizing the Commonwealth's limited fiscal resources for transportation in a more efficient and effective fashion. These basic chapters are supplemented with a brief summary of the findings and recommendations of the Commission, and a bibliography of previously published Commission reports.



Current and Prospective Transportation Needs

Confirming the Needs

To obtain input from the citizenry of the Commonwealth, public hearings were conducted in locations scattered throughout the State during the first week of April. As indicated by Table 1, below, more than 720 individuals attended these hearings, some 230 of which provided oral testimony to the Commission. In addition, these hearings generated more than 1500 pages of written testimony, much of which was received from individuals, community groups, and government officials who were not able to appear personally.

TABLE 1: PUBLIC HEARING STATISTICS

Place	Attendance	# of Speakers	# of hours
Charlottesville	150	35	3 hrs 15 min
Richmond	140	40	4 hrs 30 min
Prince William	175	65	6 hrs 40 min
Virginia Beach	125	45	3 hrs 55 min
Abingdon	130	45	4 hrs 30 min
TOTALS:	720	230	23 hours

Written transcripts were made of all testimony and every construction project submitted was tallied. The computer printout listing all the projects mentioned totaled 134 pages. To validate this computer listing, a survey was undertaken of all counties, cities, towns, and planning district commission in the State. Each jurisdiction was provided with the listing of needs generated through the public hearings and asked to assign either a high, medium, or low priority to the listed projects and to add any high priority needs which did not appear. Jurisdictions were also asked to assign a priority to unpaved roads and to mass transit for their locality. As of June 10th, the Commission had received some 164 responses to this survey.

An additional approach in confirming the Commonwealth's transportation needs, was the review of needs assessment information generated by the Virginia Department of Highways and Transportation. In 1984 VDH&T had completed a three year study which listed highway construction needs through the year 2005. The Joint Legislative Audit and Review Commission validated the procedures used by VDH&T to establish the needs listing and utilized the listing in its review of highway funding. As indicated in Table 2, the current estimated cost of the projects on this 20-year projection of needs is over \$20 billion, including federal and state funding.

TABLE 2: COMPONENTS OF THE 20-YEAR NEED PROJECTION

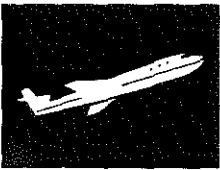
Interstate	\$ 2.409 billion
Primary	5.623 billion
Secondary	4.705 billion
Unpaved Roads	1.866 billion
Urban	4.285 billion
Special Projects	1.602 billion
Total 20-Year Need	\$ 20.500 billion

To determine the magnitude of Virginia's immediate problem, the Commission's Critical Needs Subcommittee directed VHD&T to compile a list of the most critical needs which should be funded in the current Six Year Construction Plan if revenue were available. As suggested by Table 3, the estimated cost to meet these present day needs is \$10.225 billion dollars. Over the next 10 years it is estimated that approximately \$3 billion of this \$10.2 figure could come from federal sources, depending upon Congressional action to balance the budget.

TABLE 3: VIRGINIA PRESENT DAY NEEDS

All projects currently on the Six Year Plan even if not fully funded.....		\$ 3.156 billion
High priority from needs assessment process described below.....		2.744 billion
High priority special projects advanced by tolls or local funding.....		1.602 billion
Secondary Roads		
High priority Collectors and Arterials..		1.501 billion
Local Road needs507 billion
Unpaved Road needs412 billion
Transit		
Six Year Projection243 billion
Total Present Day Needs		\$10.225 billion

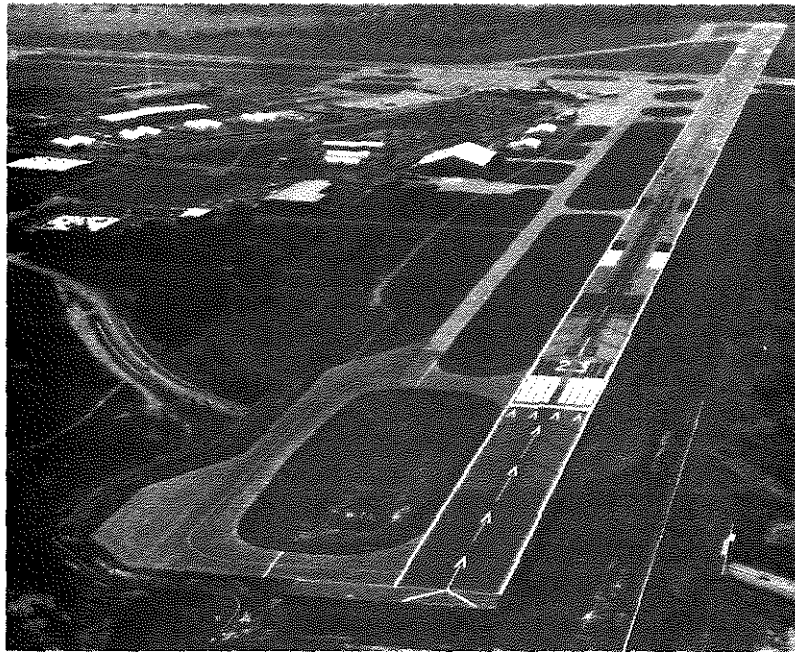
As indicated in Table 3, the estimate of present day needs consist of all projects within the Six Year Plan, funded or not, as well as mass transit and other high priority needs. High priority projects were determined utilizing weighted criteria developed by VDH&T, which took into account: existing and projected traffic levels as compared to the capacity of the road; the function of the road (i.e., main artery, collector, local); the current and projected number of vehicles using the road per day; any geometric problems the road might have, such as curves, sight distances, etc.; accidents rates (counties only); Route continuity (i.e., bottlenecks); and cost related to future vehicle miles traveled.



Other Transportation Needs

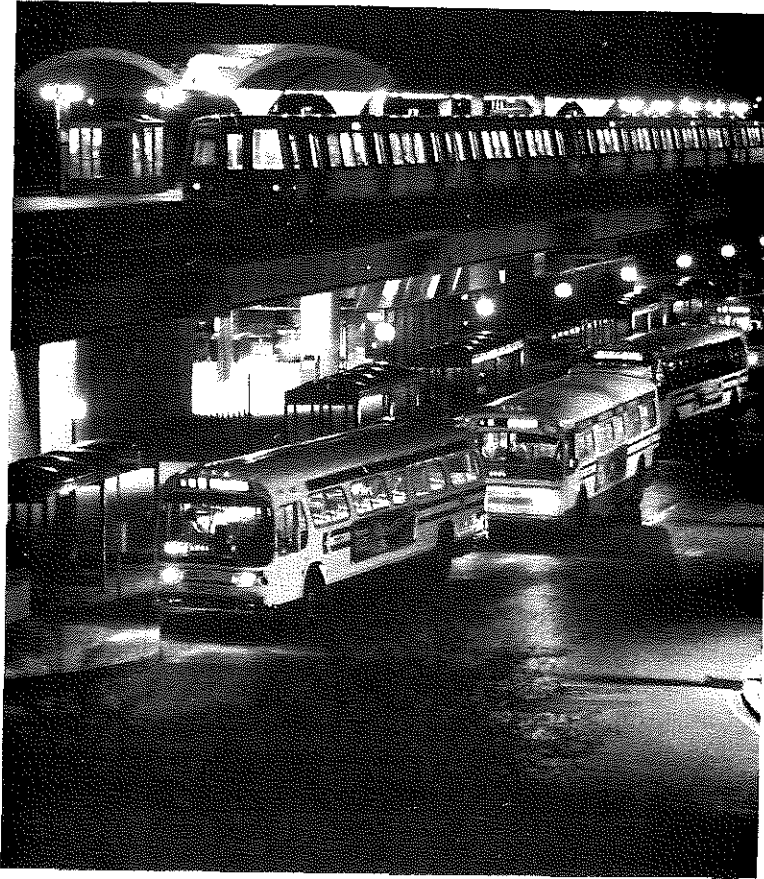
The needs identified above were primarily for highway projects, although some money for mass transit was included since such funding flows through the Virginia Department of Highways and Transportation. What about other transportation needs? The Commission believes that funding decisions made by the General Assembly should not only be made in the context of \$10.2 billion in present day needs and the expected \$10 billion in additional needs between now and the year 2005. Funding decisions should also recognize the projected needs of other modes of transportation: mass transit, ports, airports, and rail.

While the Commission will examine the needs of other transportation modes in greater detail during Phase II of its work, the final step in confirming the Commonwealth's transportation needs was to examine the needs of the other modes. This was accomplished by soliciting testimony from the providers of such services. This testimony supplied the Commission with the following general picture of these needs:



Roanoke Regional Airport

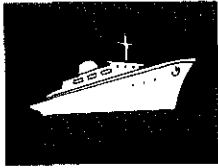
Airports Virginia has 55 publicly owned airports. Revenue needs have been met predominately by the Federal Aviation Trust Fund, airport fees and concessions, aircraft personal property taxes, local general revenues, and bonds. State allocations from the Aviation Special Fund were \$1.8 million last year, derived principally from the state aviation fuel tax. Airport needs over the next 10 years are projected to total over \$250 million, exclusive of Washington National and Washington Dulles International Airports.



Northern Virginia Metro Stop

Mass Transit \$35 million in state assistance is currently given to 31 systems throughout the Commonwealth. In 1985 the operation of these systems was financed by fares (51.4%), local subsidies (23.8%), federal grants (10.8%), and state funds (14%). Capital construction has been funded by revenue bonds, local general obligation bonds, and federal and state funds. Preliminary estimates from a consultant study released June 17, 1986, indicate a future need of \$669 to \$470 million in state funding over the next six years, assuming the continuation of state share of funding for fuels, tires, parts, and administration as adopted in the 1983 Appropriations Act. The total cost of capital alone, without regard to the state share is \$705 million over the next six years. These estimates do not include possible establishment of new systems.

Rail For the first time, the 1986 General Assembly adopted budget language authorizing funding of "industrial access rail tracks if construction of these tracks will have a positive impact upon the economic development of the State." The future cost of such projects is unknown. Commuter rail was also funded for the first time in the 1986 Assembly and represents a transportation alternative for several areas of the Commonwealth, which might seek substantial state support in the future.



Norfolk International Terminal

Ports The Virginia Port Authority has substantially increased its volume of activities by 35% in the last year alone, from 2.7 million tons in 1984 to 3.6 million tons in 1985. By accepted industry standards, the Port of Hampton Roads will be operating at well over 100% of capacity by 1991 without additional expansion. Since 1972 the Virginia Port Authority has financed its capital investments through revenue bonds (\$91.7 million), money from the state General Fund (\$85.4 million), fees and other special funds (\$58.9 million) and state General Obligation bonds (\$9.4 million). Port expansion over the next 10 years is estimated at a total cost of \$300 to \$400 million.

Except where indicated above for mass transit, the projected needs are total needs. No recommendations are intended regarding the level of state funding which might be authorized to meet those needs.

Conclusion

It is clear that the highway and transportation needs of the Commonwealth are massive. To meet just our present day needs within the next decade would require a transportation program of at least a billion dollars per year. Unfortunately, there is no reasonable alternative if Virginia is to maintain its economic base and quality of life. As was pointed out in our public hearing in Abingdon ...

Good transportation access is a key element in maintaining and improving the economic viability and social well being of an area. Transportation routes are the thread which tie together markets, hospitals, schools and government ... Adequate transportation is more than a mere convenience; it is a vital element in maintaining adequate industrial and commercial development. The question is not whether we can afford to improve transportation in Virginia, but can we afford not to improve it?



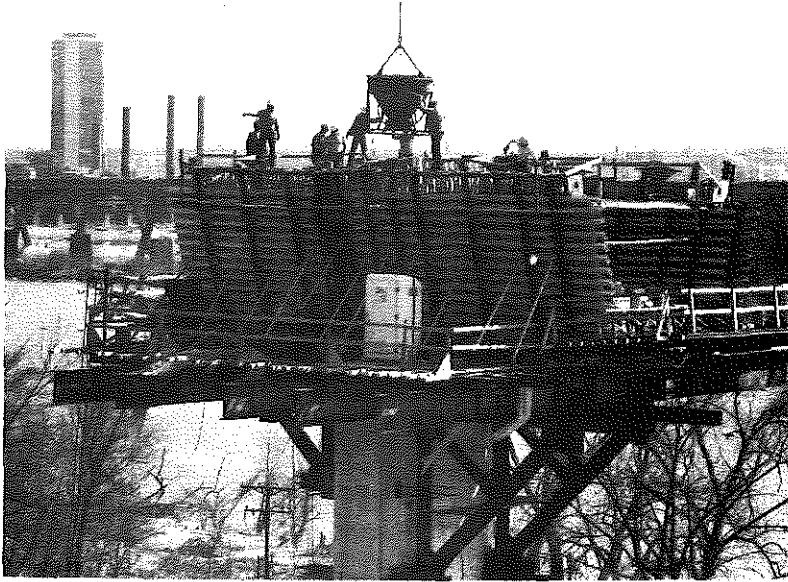
Two important questions have been raised regarding the capacity of the Commonwealth's construction industry. First, is Virginia's construction industry capable of handling a major new transportation initiative? Second, how would an increase in the demand for construction impact prices?

The ability of the construction industry to absorb additional funds, and the impacts of such funding initiatives on bid prices are issues of crucial importance to the State's transportation program. To the extent that Virginia's construction industry either could not handle additional demand, or that such demand would have a major long-term inflationary impact on the costs of new transportation facilities, initiatives of the Commonwealth might have to be curtailed. Thus, before the needs identified in the previous chapter can be addressed, we must first determine what we are actually capable of doing.

Three basic sources of information were utilized by the Commission's Subcommittee on VDH&T Funding Procedures to assess how the construction industry might respond to new transportation initiatives. First, a telephone survey of the transportation finance officers in Pennsylvania, Maryland, West Virginia, Tennessee, Kentucky, and North Carolina was conducted to identify major highway funding initiatives approved or being proposed. Second, testimony was solicited from industry representatives regarding their assessment of capacity. Presentations were made to the Subcommittee by the Presidents of both the Virginia Road and Transportation Builders Association and the Virginia Asphalt Association. Finally, a major study was undertaken on behalf of the Subcommittee by the Senior Economist of the VDH&T Highway and Transportation Research Council. This study examined the industry's capacity based upon records from the Department of Highways and Transportation's prequalification bid process; evaluated the construction industry's adjustment to changes in funding levels in the past as an indicator of their possible response to future funding increases; and presented some practical methods by which the adjustment impacts of funding increases could be softened.

Findings from these undertakings suggest that:

1. Variability and uncertainty which has historically characterized Virginia's construction program has led to losses of contractors, untimely equipment replacement, and instability in bid prices.
2. Industry is very responsive to program changes whether of an increasing or decreasing nature.



Lee Bridge Construction Richmond

3. Industry has the ability to carry contract balances significantly above current levels in the time frame of 12 to 18 months, particularly if the program is seen as stable and continuing.
4. Within a time period up to ten years and beyond, the market place and the stability of the program will dictate the level of industry capacity.
5. Although North Carolina and Tennessee have major highway construction initiatives, there is no clear indication as to how this may affect industry capacity in Virginia.

The above findings lead the Commission to conclude that a commitment by the Commonwealth to a stable, predictable, long-term construction program is critical to smooth industry adjustment, a competitive bidding climate, and a cost effective expenditure of funds. Further, it is clear that the industry has additional capacity. It is not unreasonable to expect that the industry could carry \$1 billion in contract balances (roughly double the current level) by the end of 18 months and as much as \$2.2 billion over the longer period of 15 years and beyond.

These conclusions are based upon the following assumptions: that any increase in construction funding will be widely distributed geographically and programmed in such a fashion as to encourage smooth industry adjustment; that there are no major changes in the environmental or other regulatory processes governing construction; that contractors will continue to be prequalified on advertised construction; that bordering states other than Tennessee and North Carolina not undertake major construction programs; and that state force construction will continue to be used as a cost effective supplement to contract construction.



The Need

As suggested in Chapter 2 of this report, the critical transportation needs of the Commonwealth are staggering. To meet existing highway construction needs and the estimated 10-year needs of ports, airports, rail, and mass transit, will require the spending of between \$11-\$12 billion during the next decade. Part of this figure will be offset by: federal assistance (currently estimated at \$3.9 billion), existing programmed state revenue (\$.4 billion), local and special revenues (\$.4 billion), and toll and other special financing (up to \$.8 billion). Nonetheless, the Commonwealth will still have to raise an additional \$6-\$7 billion to meet our critical transportation needs. Where will such funds come from?

Sources of Revenue

To determine how best to raise the revenues needed the revenue producing potential of both General Fund and Highway Fund sources were examined. Some of the financial options explored included:

- Increases in the individual income tax;
- Increases in the corporate income tax;
- Increases in the sales and use tax;
- Increases in the tax on public utilities;
- Inclusion of selected services in the sales tax base; and
- Increases in nongeneral fund sources related to transportation (i.e., gas tax, road tax, vehicle plates fees, titling tax with trade-in, interest on highway fund balances, motor vehicle rental tax, title fees, driver's license fees, road tax differential, aviation fuel tax, and plate increases for taxis, buses, rental trailers, motorcycles, temporary plates, and reissue and transfer plates.)

In exploring each option, equity issues were examined, as were the likely impacts on Virginia's competitive advantage with other states. Virginia ranks 45th in per capita sales tax burden, and 13th in per capita income tax burden. Virginia's 15¢/gallon motor fuels tax compares to 12¢ to 17¢/gallon in bordering states.

Virginia's sales tax rate is not only relatively low, but sales and gasoline taxes are paid by tourists and by other highway users who are exempt from the state's income tax, including those who maintain official residency in another state.

Finally, to meet the state's critical transportation needs it was necessary to put together a funding package which could generate \$500 to \$700 million annually. Highway user fees alone cannot produce that level of funding. A general tax increase is not only required, but it was determined to be appropriate because of the essential role transportation plays in the economic growth of the Commonwealth. Only with continued economic growth will Virginia be able to fund education and human service programs.

Following a comprehensive review of a host of possible alternatives, the Commission recommends that the revenue needed to meet the Commonwealth's transportation needs be raised utilizing four sources of funds:

1. A .75% increase in the state sales and use tax,
2. A 4 cent per gallon gas tax increase,
3. An additional 2% increase in the titling tax, with an allowance for trade-ins, and
4. Interest on current and future highway fund balances.



As indicated in Table 4, below, this combination of revenue sources will generate approximately \$571.5 million in FY 1988, and approximately 6.3 billion dollars over the next decade. Recognizing that the Commonwealth has other pressing needs, this option also gives the General Assembly the flexibility to add an additional .25% to the sales and use tax for other General Fund needs.

TABLE 4: RECOMMENDED REVENUE SOURCES FOR TRANSPORTATION

(Dollars in millions)

Sources	FY88	5 year Total	6 year Total	10 year Total
+ .75% Sales Tax	301.5	1,753.0	2,103.6	3,506.0
+4 Cent Gas Tax	128.8	642.8	771.4	1,285.6
+2% Titling Tax	119.1	663.0	795.6	1,328.0
Interest on Funds	22.1	98.1	117.7	196.2
TOTAL	571.5	3,156.9	3,788.3	6,313.8

How would these funds be used? The Commission recommends that 85% of all new revenues be devoted to meeting the critical highway construction needs of the Commonwealth, with the remaining 15% being earmarked annually for the needs of airports, seaports, and mass transit.

Bonds

An exhaustive review by the Commission's Legal Advisory Committee suggests that there are four types of bonds which could be used, within Constitutional limitations and market requirements, to finance an expedited overall transportation construction program. These four types are:

- Full faith and credit bonds, issued under Section 9(b) of the Constitution;
- Toll bonds, issued under Section 9(c) of our Constitution; and
- Two different types of bonds that can be issued under Section 9(d) of our Constitution.
 - moral obligation bonds, not backed by full faith and credit; and
 - pledge bonds backed by the pledge of specific sources of revenue.

Virginia has already issued three of these four types and could do so again. It has never, however, issued 9(d) pledge bonds.

The Commission endorses the increased use of 9(c) bonds to pay for revenue-generating transportation projects where toll revenues will pay the debt service on the bonds. The Commission also supports the proposal that a revolving pool of funds to pay the up-front costs of toll projects be established. This front-end money can be repaid to the pool out of the bond proceeds once a project is completed and bonds are sold.

The Commission endorses the use of 9(d) pledge bonds following a successful test case in the Virginia Supreme Court. These bonds should be sold at such times as existing revenue streams are not sufficient to support all critical transportation needs.

The Commission supports the need for debt limits in the 9(d) enabling legislation similar to those constitutional limits for 9(b) and 9(c) bonds. An appropriate limit would be that in any four year period, authorized debt cannot exceed 1.15 times the average annual tax revenues derived from taxes on motor fuels and the sale of motor vehicles in the three fiscal years immediately preceding the authorization of bonds. Furthermore, the Commission believes that a cap needs to be established on total 9(d) pledge bonds for transportation that may be outstanding at any one time. The Subcommittee suggests a limit of \$1 billion.

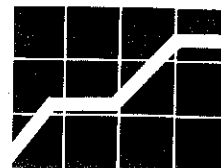
The Commission recommends against using 9(b) General Obligation Bonds to fund transportation projects. The construction industry requires a steady, reliable source of construction funds in order to achieve and maintain an accelerated construction capability. The level of uncertainty surrounding General Assembly approval and the voter referendum which would be required with 9(b) bonds, makes this funding approach less suited for transportation funding, than 9(c) or 9(d) pledge bonds.

Local Financing Options

In order to permit localities to augment State transportation revenues, a variety of options could be made available to them. Essentially, these options would allow localities additional authority to receive contributions, raise revenues, or sell bonds for transportation construction purposes. While such options will be examined in much greater detail in Phase II of the Commission's work, the following options were identified and reviewed:

- Parking Taxes
- Impact Fees
- Special Assessment Districts
- Tax Increment Financing

- Regional Tax
- Recordation Tax
- Transportation Utility Fee
- Road Corporation
- Additional Bonding Authority

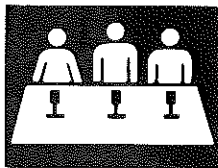


The legality of these revenue sources was considered by the Commission's Legal Advisory Committee which concluded that Article X, Section 1, of the Virginia Constitution, permits the General Assembly to authorize localities to require payments from private entities in a number of ways:

1. By authorizing the localities to levy service charges on particular users;
2. By authorizing the localities to impose license taxes on privileges rather than direct taxes on property;
3. By authorizing the localities to tax based on reasonable classifications; and
4. By authorizing the localities to create special taxing districts.

The Commission believes that Constitutional and statutory changes necessary to give localities the flexibility to raise revenue and otherwise participate in meeting local transportation needs should be enacted.

Allocating and Managing Transportation Funds



A number of questions have been raised related to the funding of future transportation initiatives within the Commonwealth. These questions revolve around two major issues:

1. The Allocation of Funds for Roads and Highways
2. The Management of Transportation Funds

The Allocation of Funds for Roads and Highways

Two questions have been raised related to the allocation of funds for roads and highways. The first relates to problems associated with our current Highway Maintenance and Construction Fund. Under the current system, funds for highway maintenance and other non-construction items are funded first, and whatever is remaining is used for highway construction. As the costs associated with maintenance and non-construction items have escalated, and as the level of funding for highways in real dollars has decreased, revenue for highway construction has dropped off dramatically—so much so that by 1991 the non-construction items will consume all revenues from existing state sources. Certainly the stable, predictable, long-term construction program so critical to smooth industry adjustment is lacking in such a situation. The question is thus, how can highway funds be allocated so as to guarantee that the Commonwealth's critical highway construction needs will be met?

Following an extensive review of background information on current and projected levels of funding for construction and non-construction items, the Commission concluded that:

1. To ensure that the Commonwealth's past investments in transportation infrastructures shall be maintained, traditional sources of revenue should flow into the Highway Maintenance and Construction Fund and be allocated between construction and non-construction as in the past.
2. The costs of all capital construction for highways as well as for other modes of transportation should be borne by a new Transportation Trust Fund. This construction fund will be supported by the revenue sources outline in the preceding Chapter. As suggested earlier, 85% of all new revenue should be devoted toward meeting the Commonwealth's critical highway construction

needs with 15% being reserved for ports, airports, and mass transit.

Once decisions have been made on the levels of new revenue to be raised and on how such funds will be distributed between construction and non-construction, the next question is: How will those funds reserved for road and highway construction be allocated?

After a careful review of the State's critical highway needs, the Commission finds the construction allocation formula adopted by the 1985 General Assembly to be the best means of distributing funds to meet the road system needs throughout the Commonwealth. Further, that the formula should continue to be employed except in those instances where project-specific funding mechanism, such as tolls, are deemed to be more appropriate.

The construction allocation formula distributes funds in three steps:

1. Interstate matching funds are allocated first.
2. Unpaved roads, with over 50 vehicles/day receive 5.67% off the top before the remaining funds are distributed.
3. The remaining funds are divided among the Primary, Secondary, and Urban Systems as follows:
 - 40% to the Primary System (based on vehicle miles traveled -70%, land miles -25%, and need -5%);
 - 30% to the Secondary System (allocated to each County on the basis of population -80%, and area -20%); and
 - 30% to the Urban System (allocated to cities and towns on the basis of population).

The Management of Transportation Funds

A final funding question which must be addressed relates to the financial management of transportation revenues. How can revenues raised to support new transportation initiatives be utilized with the greatest efficiency and effectiveness?

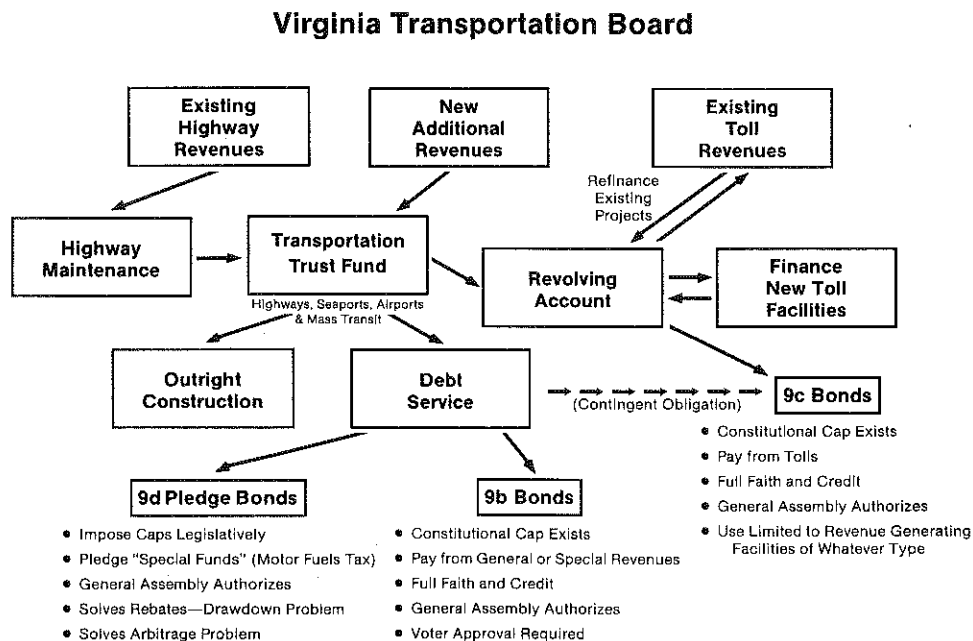
In order to maximize and coordinate the investment oversight, management, and distribution of new revenues for transportation needs, the Commission recommends that a new entity be established having the authority to finance the construction of all modes of transportation. This can be accomplished by expanding the authority

and membership of the existing Virginia Highway and Transportation Board, and by renaming it simply the "Virginia Transportation Board". To be consistent, the Commission further recommends that the Virginia Department of Highways and Transportation be renamed the "Virginia Department of Transportation."

The effect of this new Board will not be to alter the existing operating or financing capabilities of the Virginia Port Authority or the Virginia Aviation Board, but rather to offer an additional pass through financing tool to these entities.

Figure 3 indicates how the "Virginia Transportation Board" would function. As suggested by this illustration, under the direction of the Board, a new Transportation Trust Fund would be created. Money flowing into the fund would come from four basic sources, namely: 1) revenues left over in the current Highway Maintenance and Construction Fund after maintenance needs have been met; 2) new revenues generated for construction as a result of any legislation passed in the 1986 Special Session; 3) interest on Trust Fund balances and on any special funds or revolving accounts set up by the Board; and 4) toll revenues. This concentration of all construction revenues in one fund allows the maximum interest yield on investments, the ability to easily monitor fund size on a daily basis, and the flexibility to take quick advantage of investment opportunities.

Figure 3



The new construction fund could be used in a variety of ways:

- A proportion of total funds could be reserved for seaports, airports, and mass transit needs;
- Trust funds could be used to pay outright for highway construction improvements;
- A portion of the funds could be reconfigured as regional revolving fund to pay the up-front costs of designing and building toll facilities and revenue projects, with repayment to the fund due when the projects are self-supporting or from bond proceeds;
- Revolving account funds could also be used to refinance existing toll projects to get more favorable rates;
- If additional revenues are needed beyond what exists in the fund, trust funds could be used to service bonded indebtedness that the General Assembly authorizes for transportation purposes;
- Funds could be used to respond to federal funding initiatives that require state matching funds; and
- Funds could be used to pay for replacement of highways that are necessary because of accidents, severe weather conditions, acts of God, or vandalism.

Until a large number of construction projects are sufficiently complete so as to warrant full payments of construction costs, it will likely be possible to pay outright for projects from revenues in the Trust Fund. These funds would be appropriated by the General Assembly biennially to pay for projects in the approved plans for highways, seaports, airports, and mass transit. Alternatively, if revenue in the Trust Fund is insufficient, or if market conditions make refinancing an attractive alternative, then it may be desirable for the Commonwealth to issue debt. All debt would be subject to General Assembly approval in full accordance with provisions in Article X, Section 9, of the Virginia Constitution.

The consolidation of all existing and new revenues for transportation would offer many advantages to the Commonwealth. It would ensure that all modes of transportation receive their proper apportionment of funds, as set out in law. It would make maximum use of all funds available through a centralized investment program. Finally, it would enable the State to market any bonds authorized by the General Assembly at optimum times and to obtain the most favorable terms available.

The Commonwealth is facing a transportation challenge of unprecedented proportions. Present day highway construction needs alone are estimated to be in excess of \$10 billion, while the needs of ports, airports, and mass transit will be more than a billion dollars during the coming decade. To meet these needs will require the commitment of some \$6 to \$7 billion from state sources during the next ten years.

While the needs are great, so too is Virginia's ability to address them. The Commonwealth has a construction industry with additional capacity which can be brought to bear to meet our transportation needs. We are a wealthy state, which, without undue hardship to any of our citizens, can raise the revenues needed to confront our transportation challenge. Further, if the response to the Commission's public hearings is any indication, we have a populace that understands the scope of our needs, and one that is willing to support whatever action might be necessary to address them. But, important decisions must be made now if we are to avoid the impairment of our future mobility.

At the Commission's Public Hearing in northern Virginia, one speaker very articulately explained the situation the Commonwealth now finds itself in. He stated...

Virginia has carved in our area from its earth a new industry, a new culture, a new heritage. Our generation has inherited an opportunity and a responsibility to better what came before, enhance what we have now, and preserve some promise for the future.

He went on to suggest that:

If we fail to take decisive action our quality of life will slowly evaporate and our limited transportation improvements will be used by the moving vans of corporate America for departure to greener fields.

But if we make the hard decisions to push for progress we will find that our new roads will be the welcome mats for continued prosperity and quality of life.

The challenge is before us. It remains to be met.

Bibliography

Document 1:

Report of the Virginia Department of Highways and Transportation. February 17, 1986

Document 2:

Bonded Debt in Virginia: Historical Overview and Future Approaches. March 22, 1986

Document 3:

Virginia Department of Highways and Transportation-Preconstruction Activities. March 22, 1986

Document 4:

Final Report -Construction Industry Capacity to Absorb Additional Highway Funds. by the Subcommittee on VDH&T Funding Procedures, May 12, 1986

Document 5:

Report of the Subcommittee on Critical Needs to the Commission on Transportation in the Twenty-First Century. July 28, 1986

Document 6:

Report of the Subcommittee on Financial Options to the Commission on Transportation in the Twenty-First Century. July 28, 1986

Document 7:

Report of the Legal Advisory Committee to the Commission on Transportation in the Twenty-First Century. July 28, 1986

The Commission

Former Governors of Virginia on the Commission

Governor Albertis S. Harrison, Jr.
Governor Mills E. Godwin, Jr.
Governor Linwood Holton
Governor John N. Dalton
Governor Charles S. Robb

Senate Members

The Honorable Edward E. Willey, Chairman
(2/17/86 - 7/17/86 Deceased)

The Honorable Hunter B. Andrews
The Honorable Daniel W. Bird, Jr.
The Honorable Charles L. Waddell

House Members

The Honorable V. Earl Dickinson
The Honorable N. Leslie Saunders, Jr.
The Honorable Robert B. Ball, Sr.
The Honorable Lewis W. Parker, Jr.
The Honorable C. Richard Cranwell
The Honorable J. Robert Dobyns

Governor's Appointees

The Honorable Junie L. Bradshaw
The Honorable Arthur H. Bryant, II
Mr. Curtis M. Coward
Mr. Joshua P. Darden, Jr.
The Honorable Lawrence A. Davies
Mr. Jesse E. Fleming
Mr. Charles G. Gullede
The Honorable Omer L. Hirst
The Honorable Mary Sherwood Holt
Dr. William E. Lavery
Mr. Theodore C. Lutz
Mr. Michael J. Quillen
Mr. R. R. Smith
Mr. Robert H. Spilman

Ex-Officio

Lieutenant Governor L. Douglas Wilder

Advisory Committees

Financial Advisory Committee

Mr. C. Coleman McGehee, Chair
Mr. Albert J. Dwoskin
Mr. Joseph M. Fail
Mr. John W. Hancock
The Honorable A. L. Philpott
Mr. Charles M. Reynolds
Ms. Esther Hay Smith

Legal Advisory Committee

Mr. George Clemon Freeman, Jr., Chair
The Honorable William G. Broaddus
The Honorable Calvin W. Fowler
Mr. Benjamin J. Levy
Ms. Mildred W. Ravenell
Mr. John L. Walker

Local Government Advisory Committee

The Honorable Kathleen K. Seefeldt, Chair
The Honorable Samuel W. Adams
The Honorable J. T. Holland
The Honorable Henry O. Hollimon, Jr.
The Honorable Thomas H. Muehlenbeck
The Honorable Lindsay B. West

Technical Advisory Committee

Mr. Byron E. Waldman, Chair
The Honorable Joseph Alexander
Mr. Edward L. Brown
Mr. Carter L. Burgess
Mr. Harwood Cochrane
Mr. F. D. Robertson

Staff to the Commission

Dr. Gary T. Johnson, Research Director

Ms. Jewel Paige, Staff Assistant

Critical Needs Assessment Staff

The Honorable Vivian Watts, Secretary of
Transportation and Public Safety
Mr. Joseph Ripley, VDH&T
Mr. John Scofield, Prince William County
Mr. Dick Lockwood, VDH&T
Mr. Scott Eubanks, Department of
Economic Development

VDH&T Funding Procedures Staff

The Honorable Ray Pethtel, Commissioner of
Transportation
Mr. Gary Allen, VA Highway and Transportation
Research Council
Ms. Angela Moore, Henrico County
Mr. Jim Atwell, VDH&T
Mr. Stuart J. TenHoor, Alexandria
Mr. Ralph Davis, Division of Motor Vehicles
Mr. Barry Green, Planning and Budget

Financial Options Staff

The Honorable Stuart Connock,
Secretary of Finance
The Honorable William C. Wiley,
Treasurer of Virginia
Ms. Karen Washabau,
Deputy Secretary of Finance
Mr. Pat McDonald, Fairfax County
Mr. Peter Kolakowski, VDH&T
Mr. William Leighty,
Deputy Secretary of Transportation

Legal Issues Staff

Mr. Walter MacFarlane, Deputy Attorney General
Mr. Alan D. Albert, Governor's Office
Mr. Alan Wambold, Legislative Services
Mr. Joseph Ripley, VDH&T

ERRATA

BOARD OF CORRECTIONS

Title of Regulation: VR 230-40-003. Standards for Post Disposition Confinement for Secure Detention and Court Service Units.

Issue: 2:20 V.A.R., pages 1978 - 1980, July 7, 1986

Corrections to the Emergency regulation are as follows:

Effective Date: June 11, 1986 through June 10, 1987

PREAMBLE, third paragraph:

This emergency regulation shall terminate June 10, 1987, or upon the earlier effective date of a similar regulation to be promulgated through the full Administrative Process Act.

CALENDAR OF EVENTS

Symbols Key

- † Indicates entries since last publication of the Virginia Register
☒ Location accessible to handicapped
☎ TDD/Voice Designation

THE VIRGINIA CODE COMMISSION

NOTICE: Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the Virginia Register deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the Standing Committees of the Legislature during the interim, please call Legislative Information at (804) 786-6530.

EXECUTIVE

GOVERNOR'S ADVISORY BOARD ON AGING

September 17, 1986 - 1 p.m. - CANCELED
September 18, 1986 - 9 a.m. - CANCELED
September 19, 1986 - 9 a.m. - CANCELED
Virginia Beach Hilton Inn, 8th Street and Atlantic Avenue,
Virginia Beach, Virginia. ☒ ☎

The above meetings were canceled on August 6, by the Governor's Advisory Board on Aging. For more information please contact: William H. Peterson, Virginia Department for the Aging, 101 N. 14th St., Richmond, Va. 23219-2797, telephone (804) 225-3140, Voice/TDD (804) 225-2271

VIRGINIA AGRICULTURAL COUNCIL

† **August 18, 1986 - 9 a.m. - Open Meeting**
Holiday Inn-Airport, 5203 Williamsburg Road, Sandston,
Virginia

Annual meeting of the Virginia Agricultural Council.

Contact: Henry H. Budd, Assistant Secretary, Washington Bldg., Room 203, 1100 Bank St., Richmond, Va. 23219, telephone (804) 786-2373

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

September 8, 1986 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Agriculture and Consumer Services intends to adopt regulations entitled: **VR 115-02-13. Rules and Regulations Governing the Transportation of Companion Animals.** These regulations establish standards for transportation of impounded companion animals and companion animals moving in commerce.

Statutory Authority: § 29-213.37 of the Code of Virginia.

Written comments may be submitted until September 8, 1986. (804) 786-2483

* * * * *

September 8, 1986 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Agriculture and Consumer Services intends to adopt regulations entitled: **VR 115-02-14. Rules and Regulations Governing the Transportation of Horses.** These regulations establish standards for transportation of loads of horses being transported to a commercial slaughter facility.

Statutory Authority: § 29-213.37 of the Code of Virginia.

Written comments may be submitted until September 8, 1986.

Contact: Tonya K. Higgins, D.V.M., Animal Welfare Veterinarian, Department of Agriculture and Consumer Services, Division of Animal Health, Washington Bldg., Suite 600, 1100 Bank St., Richmond, Va. 23219, telephone (804) 786-2483

* * * * *

September 22, 1986 - 2 p.m. - Public Hearing
Washington Building, 2nd Floor Board Room, 1100 Bank Street, Richmond, Virginia ☒

Notice is hereby given in accordance with § 9-6.14:17.1

Calendar of Events

of the Code of Virginia that the Department of Agriculture and Consumer Services intends to repeal regulations entitled: **Rules and Regulations Governing the Production, Processing and Sale of Grade "A" Condensed and Dry Milk Products and Grade "A" Condensed and Dry Whey.** These regulations govern the production, packing, labeling, storage, transportation, handling and sale of condensed and dry milk products and condensed and dry whey for use in commercial preparation of Grade "A" pasteurized milk products.

Statutory Authority: § 3.1-530.1 of the Code of Virginia.

Written comments may be submitted until September 5, 1986, to Raymond D. Vaughan, Secretary, Board of Agriculture and Consumer Services, P.O. Box 1163, Richmond, Virginia 23209

Contact: William R. Crump, Jr., Chief, Bureau of Dairy Services, Department of Agriculture and Consumer Services, Division of Dairy and Foods, P.O. Box 1163, Richmond, Va. 23209, telephone (804) 786-1452

* * * * *

September 22, 1986 - 2 p.m. - Public Hearing
Washington Building, 2nd Floor Board Room, 1100 Bank Street, Richmond, Virginia ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Agriculture and Consumer Services intends to amend regulations entitled: **VR 115-05-01. Rules and Regulations Governing the Production, Processing and Sale of Grade "A" Pasteurized Market Milk and Grade "A" Pasteurized Market Milk Products and Certain Milk Products.** These regulations prescribe the production, processing, labeling and distribution of Grade "A" Market Milk, and Grade "A" Market Milk Products within the Commonwealth of Virginia.

Statutory Authority: § 3.1-530.1 of the Code of Virginia.

Written comments may be submitted until September 5, 1986, to Raymond D. Vaughan, Secretary, Board of Agriculture and Consumer Services, P.O. Box 1163, Richmond, Virginia 23209

Contact: William R. Crump, Jr., Chief, Bureau of Dairy Services, Department of Agriculture and Consumer Services, Division of Dairy and Food, P.O. Box 1163, Richmond, Va. 23209, telephone (804) 786-1452

* * * * *

September 22, 1986 - 2 p.m. - Public Hearing
Washington Building, 2nd Floor Board Room, 1100 Bank Street, Richmond, Virginia ☐

Notice is hereby given in accordance with § 9-6.14:17.1 of the Code of Virginia that the Department of

Agriculture and Consumer Services intends to amend regulations entitled: **VR 115-05-02. Rules and Regulations Governing the Cooling or Storage of Milk on Dairy Farms; The Sampling and Sample Handling of Milk From the Farm to the Laboratory; The Handling Transferring, Hauling and Delivery of Milk From the Farm to the Processing Plant.** These regulations govern the cooling and storage of milk on dairy farms, sampling and handling of milk samples and the hauling, transferring, storage, handling and delivery of milk from the farm to the processing plant within the Commonwealth of Virginia.

Statutory Authority: § 3.1-530.1 of the Code of Virginia.

Written comments may be submitted until September 5, 1986, to Raymond D. Vaughan, Secretary, Board of Agriculture and Consumer Services, P.O. Box 1163, Richmond, Virginia 23209

Contact: W. R. Crump, Jr., Chief, Bureau of Dairy Services, Department of Agriculture and Consumer Services, Division of Dairy and Foods, P.O. Box 1163, Richmond, Va. 23208, telephone (804) 786-1452

STATE AIR POLLUTION CONTROL BOARD

† **September 3, 1986 - 10:30 a.m. - Open Meeting**
General Assembly Building, Senate Room A, Capitol Square, Richmond, Virginia. ☐

This is a special meeting of the board to discuss a permit application from Mountain View Rendering Company.

Contact: Dick Stone, State Air Pollution Control Board, P.O. Box 10089, Richmond, Virginia 23240, telephone (804) 786-5478

Region VII, Springfield

† **August 20, 1986 - 7:30 p.m. - Public Hearing**
Lorton Volunteer Fire Station, 7701 Armistead Road, Lorton, Fairfax County, Virginia

Following a 30-day comment period, a public hearing will be held on a permit application from the Lower Potomac Pollution Control Plant to modify and operate two sludge incinerators converted from lime recalcination furnaces and rehabilitation and upgrade of four existing sludge incinerators.

Contact: John C. Doherty, State Air Pollution Control Board, Springfield Towers, Suite 502, 6320 August Dr., Springfield, Va. 22150, telephone (703) 644-0311

Calendar of Events

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL BOARD

September 23, 1986 - 10 a.m. - Public Hearing
2901 Hermitage Road, 1st Floor Hearing Room, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Alcoholic Beverage Control intends to adopt and amend regulations concerning the manufacture, sale and advertising of alcoholic beverages. These amendments are to provide clarification of various issues; to establish guidelines and to deregulate the following areas:

Advertising (VR 125-01-2);

Tied-House (VR 125-01-3);

Requirements for Product Approval (VR 125-01-4);

Retail Operations (VR 125-01-5);

Manufacturers and Wholesalers Operators (VR 125-01-6);

Other Provisions (VR 125-01-7).

Title of Regulation: VR 125-01-2. Advertising.

Basis: This amendment is proposed under the authority contained in §§ 4-7(1), 4-11(a), 4-69, 4-98.10(w) and 4-98.14 of the Code of Virginia.

§ 3. Advertising; exterior, signs, trucks, uniforms.

Purpose: The amendment to subsection A, paragraph 3, is the deletion of language which limits the number of directional signs to wineries and farm wineries to engage in additional advertising and increase their visibility to the public. It would also serve as a tourist attraction.

Issue: Is the current restriction of two directional signs not farther than one-half mile from the licensed establishment sufficient for advertising to the general public or would addition advertising cause an unsightly proliferation of signage?

Substance: The farm wineries are in support of this deregulation because it would help introduce the winery and its products to the public and thus increase business. Wineries should be able to advertise in the same manner as any other retail business in the Commonwealth in compliance with the rules, regulations and ordinances of the county, city or town in which the establishment is located.

Impact: It would allow wineries to do unlimited roadside directional advertising in accordance with the laws of the local governing body. It would not cause an unsightly

proliferation of signage because the winery would only put up as many directional signs as permitted by local governing bodies. This is deregulation and would have little or no affect on the agency.

§ 9. Advertising; coupons.

Basis: The amendment is proposed under the authority contained in §§ 4-7(1), 4-11(a), 4-69, 4-79, 4-98.10(w), 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

Purpose: 1. To provide another source for the public to obtain refund coupons. Currently, refund coupons may be obtained from the product, in the print media, or by direct mail to the consumer from the manufacturer. This amendment would permit wholesalers, on behalf of manufacturers, to attach refund coupons to cut case cards.

2. To limit the value of a refund coupon to not more than 50% of the normal retail price.

Issues: 1. Should wholesalers be permitted to provide this additional service for retailers and the general public?

2. Is it in the best interest of the public to place a limit on the value of refund coupons?

3. Would a refund of more than 50% of the normal retail price constitute an inducement to purchase alcoholic beverages?

Substance: 1. Beer wholesalers are opposed to the regulation because they are in competition with wine wholesalers. The wine wholesalers favor the regulation because it would help balance the competition between large wineries and small wineries, which do not have the facilities to attach refund pads prior to their reaching the retail establishment. Also since coupons are allowed to be attached to case cards in the State A.B.C. stores, they should be permitted in the general marketplace.

2. This amendment would limit the amount of the refund where no such limitation currently exists. Refund coupons cannot exceed 50% of the normal retail value of the product. The Beer Wholesalers Association opposed the regulation. It favored manufacturers being permitted to affix coupons of an unlimited value.

Impact: 1. There may be a slight cost of enforcement, making sure retailers consented to the coupons and that coupons were offered to all retail licensees equally. The implementation will cause an additional cost to those wine wholesalers who desire to attach such coupons, but it will not affect the agency other than as noted above.

2. Implementation and enforcement of this regulation will cause an insignificant cost to the agency.

* * * * *

Title of Regulation: VR 125-01-3. Tied-House.

§ 2. Rotation and exchange of stocks of retailers by wholesalers; permitted and prohibited acts.

Basis: This amendment is proposed under the authority contained in §§ 4-7(1), 4-11(a), 4-22.1, 4-33(d), 4-37(e), 4-79, 4-103(b) and 4-115 of the Code of Virginia.

Purpose: 1. To allow wholesalers to remove from their assigned positions the misplaced merchandise of other wholesalers.

2. To permit wholesalers to provide additional services to retailers and further deregulation by the board.

3. To permit wine wholesalers to exchange wine on an identical quantity, brand or package basis for quality control purposes and to ensure that fresh stock is maintained in retail establishments.

Issues: 1. Does permitting a wholesaler to remove another wholesaler's product from an area which the first wholesaler has been assigned by the retailer constitute a resetting which is in violation § 4-79 of the Code of Virginia.

2. Should the board authorize wholesalers to engage in this activity?

3. Would this place an additional burden on small wholesalers?

4. Should wine wholesalers be permitted to exchange wine for quality control purposes, now permitted by beer wholesalers?

Substance: 1. The Beer Wholesalers Association proposed the relaxation in the regulation regarding wholesalers moving the merchandise of other wholesalers. These amendments would permit wholesalers greater flexibility in keeping their assigned space in the retail establishment free from the merchandise of other wholesalers.

2. This deregulation would permit wholesalers to perform a service which is currently prohibited.

3. The Virginia Winery Association is greatly in favor of this amendment because wines have a short shelf life and need to be exchanged to protect the integrity of the product.

Impact: 1. The cost of enforcement and implementation of this amendment would be minimal to this agency. The cost incurred would be by those wineries and wholesalers who wish to engage in this activity. This is deregulation which will allow wholesalers more flexibility in providing services for retailers.

§ 6. Certain transactions to be for cash; "cash" defined; reports by sellers; payments to the board.

Basis: The amendment is proposed under the authority contained in §§ 4-7(1), 4-11(a), 4-33, 4-44, 4-60(h) and (j), 4-98.11, 4-98.18, 4-98.19, 4-103 (b) and 4-107 of the Code of Virginia.

Purpose: Wholesalers would no longer be required to submit an invalid check report when no such checks have been received from retail licensees. This is deregulation.

Issues: Should a wholesaler be required to submit an invalid check report to the board when there are no such invalid checks to report to the board.?

Substance: When a wholesaler has not received any invalid checks he would no longer be required to submit an invalid check report to the board.

Impact: This is deregulation which would enhance both administrative and industrial efficiency. It would eliminate unnecessary paper work for the agency, as well as the wholesaler.

§ 9. Inducement to retailers; tapping equipment; bottle or can openers; banquet licenses; cut case cards; *clip-ons and table tents*.

Basis: These amendments are proposed under the authority contained in §§ 4-7(1), 4-11(a), 4-69.2, 4-79(f) and (h) and 4-98.14 of the Code of Virginia.

Purpose: To clarify and define the limitations and restrictions in which these materials and equipment may be furnished to retailers by manufacturers and wholesalers of alcoholic beverages resulting from a statutory change in § 4-79 of the Code of Virginia, as amended by the 1986 General Assembly.

Issue: Should wholesalers be restricted to the furnishing of such equipment and materials to retailers as presently provided in § 9 of VR 125-01-3?

Substance: 1. The first amendment inserts a new subsection B, which permits wine tapping equipment. The amendment defines what is and is not considered part of the equipment.

2. The second major amendment to the section permits beer manufacturers, bottlers or wholesalers to sell, lend, buy for or give to any retailer beer cut case cards. The cut case cards must be supported by or affixed to an integral part of the case display and the wholesaler may mark or affix retail prices on them with the consent of the retailer.

3. The third amendment permits wine wholesalers to sell, lend, buy for or give to any retailer wine clip-ons and table tents. The amendments limit the number of wines to be listed on these items to four.

Impact: The regulation will permit the wine and beer wholesalers more flexibility in assisting retailers in

Calendar of Events

advertising wine and beer products. The agency will not have to increase staff to enforce this regulation; thus, there should be no significant costs of implementation or enforcement.

§ 10. Routine business entertainment; definition; permitted activities; conditions.

Basis: The amendment is proposed under the authority contained in §§ 4-7(1), 4-11(a), 4-79, 4-98.14 and 4-103(b) of the Code of Virginia.

Purpose: To permit manufacturers to entertain retailers in a similar manner as wholesalers are permitted to do by § 4-79 (a2) of the Code of Virginia and § VR 125-01-3 and pursuant to § 4-79 of the Code of Virginia, as amended by the 1986 General Assembly.

Issues: Should a licensed manufacturer of alcoholic beverages be allowed to furnish entertainment to licensed retailers?

Substance: See purpose.

Impact: This regulation will affect those manufacturers who provide the entertainment and the retailers who are recipients of the entertainment. It will impose no costs on any retailer and a very minor record keeping requirement on the manufacturer. No additional costs to this agency are anticipated with respect to implementation and enforcement of this regulation.

* * * * *

Title of Regulation: VR 125-01-4. Requirements for Product Approval.

§ 2 Wines; qualifying procedures; disqualifying factors; samples; exceptions.

Basis: The regulation is proposed under the authority contained in §§ 4-7(h) and (1) and 4-11(a) of the Code of Virginia.

Purpose: Allows manufacturers of wine coolers and sangria-type wines to use artificial coloring. The language of this regulation is the same as adopted in Emergency Regulation A-245, effective August 7, 1985.

Issues: Should manufacturers of wine coolers and sangria-type wines be permitted to add artificial coloring which is now allowed by the federal authorities?

Substance: See purpose.

Impact: This has been in effect since August 1985. All costs will be incurred by industry. This amendment will have no effect on this agency with respect to implementation and enforcement.

* * * * *

Title of Regulation: VR 125-01-5. Retail Operations.

§ 2. Determination of legal age of purchaser.

Basis: This regulation is proposed under the authority contained in §§ 4-7(1), 4-11(a), 4-62, 4-98.14 and 4-103(b) of the Code of Virginia.

Purpose: To reduce the types of valid identification acceptable by retail licensees as proof of age.

Issues: 1. Will the elimination of college and university identification cards reduce the instances of sales of alcoholic beverages to persons less than the legal drinking age?

2. Will the elimination of such identification cards cause a hardship to those persons not possessing operator's licenses?

3. Can college and university identification cards be easily altered or forged to procure alcoholic beverages?

Substances: Reduce the sources of valid identification that may be used to procure alcoholic beverages. Reduce the potential for false identification as most college identifications fail to meet the specifications of height and weight.

Impact: This may place a greater burden on retailers when purchasers do not possess a driver's license. However, the amendment should reduce incidents of sales of alcoholic beverages to persons less than the legal age. Thus, the costs to this agency for implementation and enforcement will be reduced.

§ 17. Caterer's license.

Basis: This regulation is proposed under the authority contained in §§ 4-7(1), 4-11(a), 4-69 and 4-98.2(c) of the Code of Virginia, amended by Senate Bill 254, of the 1986 General Assembly.

Purpose: To permit and define mixed beverage caterer's licenses and qualifications.

Issues: 1. To whom should such a license be issued?

2. What specific restrictions should be placed on such a license?

Substance: The proposed regulation is Emergency Regulation A-247, effective July 1, 1986, with the following amendments. The proposed amendment to subsection A, paragraph 2, requires the caterer to have gross sales averaging at least \$5,000 per month.

Subsection B, paragraph 4, is proposed to be amended so that the established place of business where the caterer may store alcoholic beverages must also be approved by the board.

Calendar of Events

The proposed amendments to subsections C.2 and C.6 will expand the regulations to include sponsoring groups or organization as well as persons.

The proposed amendment to subsection C.4 will reduce the number of times the caterer will have to notify the board of catered events, but requires the caterer to plan his schedule by the month. The caterer should notify the board in writing at least two calendar days in advance of any events to be catered under his license for the following month.

Subsection C.5 will be limited by the proposed amendment to private events at which alcoholic beverages are served, but not sold.

The proposed amendment to subsection C.7 would replace the present language with the following language: "The licensee shall insure that all functions at which alcoholic beverages are sold are ones which qualify for a banquet license, for a special event license or a mixed beverage special events license. Licensees are entitled to all services and equipment now available under a banquet license from wholesalers."

The proposed amendment to subsection C.8 eliminates the requirement that the caterer's license, which must be present at the catered event, be certified.

The proposed amendment to subsection C.9 would make the exceptions to § 4-79 of the Code of Virginia that provide for banquet or mixed beverage special events licenses inapplicable to a caterer's license.

Impact: The license tax on such a license is \$1,300 per annum; however, this new license category will cause this agency additional costs for processing applications, licensing and monitoring. At this time it cannot be predicted how great an impact this new regulation will have.

* * * * *

Title of Regulation: VR 125-01-6. Manufacturers and Wholesalers Operators.

§ 4. Indemnifying bond required of wholesale wine distributors.

Basis: This amendment is proposed under the authority contained in §§ 4-7(a), (b) and (1), 4-11(a) and 4-31(g) of the Code of Virginia.

Purpose: To eliminate federal, state and local bonds in lieu of surety bond and authorize the board to waive the requirement of both the surety and the bond in cases where the wholesaler has previously demonstrated his financial responsibility as provided by a change in § 4-31 of the Code of Virginia, as amended by the 1986 General Assembly.

Issues: Whether the board should waive the requirement of both the surety and the bond in cases where the wholesaler has previously demonstrated his financial responsibility.

Substance: See purpose.

Impact: This is deregulation. This will result in administrative efficiency by reducing paperwork when a wholesaler requests and is granted such a waiver for good cause shown.

§ 6. Beer, importer licenses; conditions for issuance and renewal.

Basis: The amendment is proposed under the authority contained in §§ 4-7(b) and (1), 4-11 and 4 25(g) and (e) of the Code of Virginia.

Purpose: To eliminate unauthorized persons shipping wine into the Commonwealth to wholesalers without the brand owner's approval.

Issues: 1. Will requiring wine importers to provide the board with a list of the brands of wines they will import and written authorization of those brand owners to import their brand into the state preventing transshipping of wine to wholesalers in Virginia?

2. Do wine importers and wholesalers need the same safeguards now afforded to beer importers?

Substance: The Virginia Wine Wholesalers Association supports this regulation because of the risk of product adulteration and product liability resulting in higher issuance premiums. The regulation would protect wineries.

Impact: The costs of implementation and enforcement are insignificant. The amendment will require wine importers to do more paper work to prove they are authorized to import the wine into the Commonwealth.

* * * * *

Title of Regulation: VR 125-01-7. Other Provisions.

§ 6. Alcoholic beverages for hospitals, industrial and manufacturing users.

Basis: This amendment is proposed under the authority contained in §§ 4-7(a), (b) and (1), 4-11(a), 4-15.02 (effective July 1, 1986), 4-48(a) and 4-72.1 B. of the Code of Virginia.

Purpose: To remove the current regulatory burden on shipper or carrier of a transportation permit.

2. Regulatory clarification as a result of the removal of the board's authority to sell wine.

Issues: 1. Will the elimination of the transportation permit

Calendar of Events

to the shipper or carrier create an enforcement problem relating to the control of alcohol or alcoholic beverages coming into or through Virginia?

2. Will a bill of lading or a complete and accurate memorandum accompanying the shipment of alcoholic beverages to the permittee be sufficient as is the current practice in the marketplace?

3. Should a copy of the bill of lading or memorandum be submitted to the board by the permittee after delivery?

4. Is the elimination of references to "markup," which applied to wine sales by the board, appropriate since the board no longer has authority to sell wines other than Virginia farm winery wines or vermouth?

Substance: 1. This amendment would reduce the burdens of shippers having to get transportation permits for every shipment. Instead, the shipper would only be required to get a yearly permit. However, the permittee shall submit a valid copy of the invoice covering the transaction to the board.

2. The word "markup" usually refers to wine sales. The board can no longer sell wines other than Virginia farm winery wines or vermouth; therefore, "markup" should be changed to "permit fee" to be used with regards to other alcoholic beverages.

Impact: 1. Cost of implementation would be insignificant. The amendment would enhance administrative efficiency, for there would be less paper work.

2. This is merely a clarification in the regulation. No additional costs will be incurred by the agency to implement and enforce this regulation. Also it will have no substantial impact on the alcoholic beverage industry.

Statutory Authority: §§ 9-6.14:7.1 and 9-6.12:22 of the Code of Virginia.

Written comments may be submitted until September 23, 1986.

Contact: Robert N. Swinson, Assistant Secretary to the Board, Department of Alcoholic Beverage Control, P. O. Box 27491, Richmond, Va. 23261, telephone (804) 257-0617

VIRGINIA STATE APPLE BOARD

† August 26, 1986 - 4 p.m. - Open Meeting
1219 Stoneburner Street, Staunton, Virginia. [6]

Monthly board meeting of the Virginia State Apple Board.

Contact: Clayton O. Griffin, P.O. Box 718, Staunton, Va. 24401, telephone (703) 885-9046

STATE BOARD OF ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND CERTIFIED LANDSCAPE ARCHITECTS

September 12, 1986 - 9 a.m. - Open Meeting
Department of Commerce, Travelers Building, 5th Floor, 3600 West Broad Street, Richmond, Virginia. [6]

The board will meet to (i) approve minutes of May 16, 1986; (ii) review disciplinary cases; (iii) consider regulatory changes; and (iv) plan a meeting schedule for next year.

Contact: Joan L. White, Assistant Director, APELSCLA, Department of Commerce, Travelers Bldg., 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8555

State Board of Architects

August 26, 1986 - 1:30 p.m. - RESCHEDULED
† September 11, 1986 - 1:30 p.m. - Open Meeting
Department of Commerce, Travelers Building, 5th Floor, 3600 West Broad Street, Richmond, Virginia 23230. [6]

The board will meet to (i) approve minutes of May 2, 1986, (ii) review investigative cases, and (iii) review applications.

Contact: Jennifer S. Wester, Acting Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8555

VIRGINIA AUCTIONEERS BOARD

† August 26, 1986 - 9 a.m. - Open Meeting
Department of Commerce, Travelers Building, Conference Room 3, 3600 West Broad Street, Richmond, Virginia. [6]

A meeting to finalize the Auctioneers (Certification) Examination.

Contact: Gerald W. Morgan, Assistant Director, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8508

STATE BUILDING CODE TECHNICAL REVIEW BOARD

† August 22, 1986 - 10 a.m. - Open Meeting
Fourth Street Office Building, 2nd Floor Conference Room, 205 North Fourth Street, Richmond, Virginia. [6]
(Interpreter for deaf provided if requested)

A meeting to (i) organize and elect officers; (ii) consider requests for interpretation of the Virginia Uniform Statewide Building Code, and (iii) consider appeals from the rulings of local appeal boards regarding application of the Virginia Uniform

Calendar of Events

Statewide Building Code.

Contact: Jack Proctor, 205 N. 4th St., Richmond, Va. 23219, telephone (804) 786-4751

DEPARTMENT OF COMMERCE

August 26, 1986 - 10 a.m. - Public Hearing
Department of Commerce, Travelers Building, Room 395,
3600 West Broad Street, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Commerce intends to adopt, amend and repeal regulations entitled: **VR 190-04-1. Private Security Services Business Regulations.** These regulations affect businesses offering private security services and their employees.

Statutory Authority: Chapter 17.3 (§ 54-729.27 et seq.) of Title 54 of the Code of Virginia.

Written comments may be submitted until August 22, 1986.

Contact: David E. Dick, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8515 (toll-free number 1-800-552-3016)

* * * * *

September 17, 1986 - 10 a.m. - Public Hearing
Department of Commerce, Travelers Building, 3600 West Broad Street, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Commerce intends to adopt regulations entitled: **VR 190-01-1. Rules and Regulations Governing Employment Agencies.** These regulations regulate individuals, partnerships and corporations offering employment agency services.

Statutory Authority: § 54-872.23:1 of the Code of Virginia.

Written comments may be submitted until September 5, 1986.

Contact: Roberta L. Banning, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8505 (toll-free number 1-800-552-3016)

BOARD OF CORRECTIONS

August 13, 1986 - 10 a.m. - RESCHEDULED
† **August 20, 1986 - 10 a.m. - Open Meeting**
September 17, 1986 - 10 a.m. - Open Meeting
† **October 15, 1986 - 10 a.m. - Open Meeting**
Department of Corrections, 4615 West Broad Street,
Richmond, Virginia. ☐

A regular monthly meeting to consider such matters as may be presented to the board.

Contact: Vivian Toler, Secretary to the Board, 4615 W. Broad St., P.O. Box 26963, Richmond, Va. 23261, telephone (804) 257-6274

* * * * *

† **November 12, 1986 - 10 a.m. - Public Hearing**
Board of Corrections, Board Room, 4615 West Broad Street, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Corrections intends to amend regulations entitled: **VR 230-40-003. Post Dispositional Confinement for Secure Detention and Court Service Units.** This proposed amendment establishes standards for confinement and treatment of juveniles in post dispositional care.

STATEMENT

Statement of Purpose: These regulations establish minimum standards for court service units and secure detention facilities regarding the post dispositional placement and confinement of juveniles as required by § 16.1-284.1E of the Code of Virginia.

Estimated Impact: 1. These standards will affect 17 secure detention facilities and 33 court service units.

2. The projected cost to these entities for implementation and compliance is \$614,570.

3. The projected cost to the department for implementation is \$614,570. There will be no additional enforcement cost.

4. General funds will be used for implementation of, and compliance with, these standards. The general fund source is the Corrections Juvenile Block Grant from the General Assembly.

Impact: These standards have no impact upon small businesses or organizations in Virginia.

Forms: No other forms, reports or procedural requirements are mandated or required.

Statutory Authority: § 16.1-284.1 of the Code of Virginia.

Calendar of Events

Written comments may be submitted until September 30, 1986.

Contact: Glenn D. Radcliffe, Chief of Operations/Support Services, Division of Youth Services, 4615 W. Broad St., P.O. Box 26963, Richmond, Va. 23261, telephone (804) 257-0385

STATE BOARD OF COSMETOLOGY

August 18, 1986 - 9 a.m. - Open Meeting
Department of Commerce, Travelers Building, Conference Room 3, 5th Floor, 3600 West Broad Street, Richmond, Virginia. ☐

A meeting to review investigative reports of complaints and determine disposition, and to consider general correspondence pertinent to the operation of the board.

Contact: Olliver O. Trumbo, II, Assistant Director, Department of Commerce, Travelers Bldg., 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8509

BOARD OF CRIMINAL JUSTICE SERVICES

Committee on Training

September 3, 1986 - 9:30 a.m. - Open Meeting
State Capitol, House Room 2, Capitol Square, Richmond, Virginia. ☐

A meeting to discuss matters related to training for criminal justice personnel.

Contact: Dr. Jay W. Malcan, Staff Executive, Department of Criminal Justice Services, 805 E. Broad St., Richmond, Va. 23219, telephone (804) 786-4000

DEPARTMENT OF EDUCATION

October 23, 1986 - 1:30 p.m. - Public Hearing
General Assembly Building, House Room C, Capitol Square, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Education intends to amend regulations entitled: **Regulations Governing Pupil Transportation Including Minimum Standards for School Buses in Virginia.** The purpose of the proposed amendment is to prescribe the scope of physical examinations for school bus drivers.

Statutory Authority: § 22.1-16 of the Code of Virginia.

Written comments may be submitted until October 29, 1986.

Contact: R. A. Bynum, Associate Director, Department of Education, P.O. Box 6Q, Richmond, Va. 23216, telephone (804) 225-2037

STATE EDUCATION ASSISTANCE AUTHORITY

September 3, 1986 - 10 a.m. - Public Hearing
State Capitol, House Room 1, Capitol Square, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-16.14:7.1 of the Code of Virginia that the State Education Assistance Authority intends to adopt regulations entitled: **Regulations Governing the Virginia Guaranteed Student Loan Program and PLUS Loan Program.** These regulations establish policies governing the administration of the Federal Guaranteed Student Loan Program and PLUS Loan Program in the Commonwealth of Virginia.

Statutory Authority: § 23-38.64 of the Code of Virginia.

Written comments may be submitted until September 3, 1986.

Contact: Regina D. Williams, Director, Marketing/Communications, State Education Assistance Authority, Suite 300, 6 N. 6th St., Richmond, Va. 23219, telephone (804) 786-2035 (toll-free number 1-800-792-5626)

GOVERNOR'S COMMISSION ON EFFICIENCY IN GOVERNMENT

September 25, 1986 - 10 a.m. - Open Meeting
October 15, 1986 - 10 a.m. - Open Meeting
November 18, 1986 - 10 a.m. - Open Meeting
December 17, 1986 - 10 a.m. - Public Hearing
General Assembly Building, House Room D, Capitol Square, Richmond, Virginia. ☐

The Governor's Commission on Efficiency in Government has established its 1986 meeting schedule as follows:

9/25/86: Implementation of commission procedures and July meeting decisions.
10/15/86: Implementation of commission procedures and September meeting decisions.
11/18/86: Review results of work conducted in September and October; prepare recommendations.
12/17/86: Public hearing on recommendations to Governor and 1987 General Assembly; finalize recommendations.

Calendar of Events

Contact: Alan Albert OR Leonard Hopkins, Office of the Governor, State Capitol, Richmond, Va. 23219, telephone (804) 786-2211

FAMILY AND CHILDREN'S TRUST FUND

Board of Trustees

† August 27, 1986 - 10 a.m. - Open Meeting
Blair Building, Conference Rooms A and B, 8007 Discovery Drive, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

Organizational meeting.

Contact: Margaret J. Friedenber, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9217

VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS

August 20, 1986 - 9 a.m. - Open Meeting
August 21, 1986 - 9 a.m. - Open Meeting
John Tyler Community College, 13101 Jefferson Davis Highway, Chester, Virginia

Examinations

August 21, 1986 - 1 p.m. - Open Meeting
Holiday Inn, Route 10 and Interstate 95, Chester, Virginia

A general board meeting.

Contact: Mark L. Forberg, Executive Secretary, P.O. Box 27708, 517 W. Grace St., Richmond, Va. 23261, telephone (804) 786-0076,

COMMISSION OF GAME AND INLAND FISHERIES

August 22, 1986 - 9:30 a.m. - Public Hearing
Game Commission Offices, 4010 West Broad Street, Richmond, Virginia. ☒

A meeting to (i) establish Migratory Waterfowl Seasons for the 1986-87 hunting season, as prescribed under the U.S. Fish and Wildlife Service Framework; (ii) consider changes in the fishing regulations to become effective January 1, 1987; and (iii) consider general administrative matters.

Contact: Norma G. Adams, Administration, 4010 W. Broad St., Richmond, Va. 23230, telephone (804) 257-1000

DEPARTMENT OF GENERAL SERVICES

Art and Architectural Review Board

September 13, 1986 - 10 a.m. - Open Meeting
Virginia Museum of Fine Arts, Main Conference Room, Boulevard and Grove Avenue, Richmond, Virginia. ☒

A meeting of the board to advise the Director of the Department of General Services and the Governor on architecture of state facilities to be constructed and works of art to be accepted or acquired by the Commonwealth.

Contact: Dorothy E. Ivankoe, Department of General Services, Ninth Street Office Bldg., Room 209, Richmond, Va. 23219, telephone (804) 786-3311

Division of Consolidated Laboratory Services Advisory Board

September 5, 1986 - 9:30 a.m. - Open Meeting
James Monroe Building, Conference Room D, 101 North 14th Street, Richmond, Virginia. ☒

A meeting to discuss programs and issues confronting the Division of Consolidated Laboratory Services.

Contact: Dr. A. W. Tiedemann, Jr., Director, Division of Consolidated Laboratory Services, 101 N. 14th St., Richmond, Va. 23219, (804) 786-7905

VIRGINIA BOARD OF GEOLOGY

September 10, 1986 - 9 a.m. - Open Meeting
Department of Commerce, Travelers Building, 5th Floor, 3600 West Broad Street, Richmond, Virginia. ☒

The board will meet to (i) approve the minutes of May 7, 1986, meeting; (ii) grade and review the test administered July 23; (iii) review new test questions; (iv) review new applications as required; (v) discuss our relationship with NC Board; and (vi) elect officers.

Contact: Joan L. White, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8555

BOARD OF HEALTH

† October 20, 1986 - 2 p.m. - Public Hearing
James Madison Building, Main Floor Conference Room, 109 Governor Street, Richmond, Virginia. ☒

Calendar of Events

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to amend regulations entitled: **VR 355-39-01. Regulations Governing Eligibility Standards and Charges for Medical Care Services.** The purpose of the amendments is to establish medical indigency; prescribe income scales and charges for services to patients who are not declared medically indigent.

STATEMENT

Subject: Regulations Governing Eligibility Standards and Charges for Medical Care Services.

Substance: The regulations contain the methods by which the Health Department will determine patients' eligibility for free services; identify patients for which a copayment is required for services; methods of billing patients for service charges; provides a waiver process by which a copaying patient may become exempt from service charges and if denied a request waiver there is an appeals process by which the patient can pursue.

Issues: The Health Department is revising the regulations to include the Commonwealth's guidelines on billing of delinquent patient accounts; strengthening the patient waiver section; and has added an exemption statement of copayments for patients charges in Income Levels B and C in service categories where the patient may be at high risk if continued medical care is not given.

Basis and Purpose: Sections 32.1-11 and 32.1-12 of the code of Virginia direct (i) the Board of Health to define persons who are deemed to be medically indigent, such as persons to receive free medical care services of the department; (ii) authorizes the Board of Health to prescribe a method of charges for services to persons who are not deemed to be medically indigent; (iii) directs the Board of Health to review periodically the program and charges adopted; and (iv) the Board of Health may make, adopt, promulgate and enforce such regulations and provide for reasonable variances and exemptions as may be necessary to carry out the provisions of this title.

Statutory Authority: § 32.1-11 of the Code of Virginia

Contact: Barbara W. Jernigan, Administrative Supervisor, 109 Governor St., Room 512, James Madison Bldg., Richmond, Va. 23219, telephone (804) 786-3554

DEPARTMENT OF HEALTH

Bureau of Pharmacy Services

August 26, 1986 - 10 a.m. - Public Hearing
James Madison Building, Main Floor Auditorium, 109 Governor Street, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Health, Bureau of Pharmacy Services, intends to amend regulations entitled: **Virginia Voluntary Formulary.** This Formulary is a list of drugs of accepted therapeutic value, commonly prescribed and available from more than one source of supply.

Statutory Authority: §§ 32.1-12 and 32.1-79 et seq. of the Code of Virginia.

Written comments may be submitted until August 26, 1986.

Contact: James K. Thomson, Director, Bureau of Pharmacy Services, Department of Health, James Madison Bldg., 109 Governor St., Richmond, Va. 23219, telephone (804) 786-4326

Division of Water Programs

October 15, 1986 - 10 a.m. - Public Hearing
James Madison Building, 1st Floor Conference Room, 109 Governor Street, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Health, Division of Water Programs, intends to amend regulations entitled: **Commonwealth of Virginia Sanitary Regulations for Marinas and Boat Moorings.** The regulations require all marinas and boat moorings to provide sanitary facilities.

Statutory Authority: § 32.1-246 of the Code of Virginia.

Written comments may be submitted until October 15, 1985, to Dr. C. M. Sawyer, Virginia Department of Health, Division of Water Programs, Madison Building, Room 903, 109 Governor Street, Richmond, Virginia 23219

Contact: Albert F. Golding, Marina Supervisor, Virginia Department of Health, Division of Water Programs, James Madison Bldg., Room 903A, 109 Governor St., Richmond, Va. 23219, telephone (804) 786-1761

VIRGINIA STATEWIDE HEALTH COORDINATING COUNCIL

September 19, 1986 - 10 a.m. - Public Hearing
James Madison Building, Main Floor Auditorium, 109 Governor Street, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Statewide Health Coordinating Council intends to amend regulations entitled: **Virginia State Health Plan 1980-1984, Volume 1, pp. 474-475.** Standards for evaluating Certificate of Public Need applications to establish or expand ambulatory surgical services.

Calendar of Events

Statutory Authority: § 32.1-120 of the Code of Virginia.

Written comments may be submitted until September 19, 1986.

Contact: Ellen Zagorin, Health Planning Consultant, James Madison Bldg., Room 1010, 109 Governor St., Richmond, Va. 23219, telephone (804) 786-4891

COUNCIL ON HEALTH REGULATORY BOARDS

Regulatory Research and Evaluation Committee

September 16, 1986 - 1:30 p.m. - Open Meeting
James Monroe Building, Conference Rooms C, D, and E, 101 North 14th Street, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The Virginia Council on Health Regulatory Boards invites comments from the public on the issue of the regulation of social workers employed by public and private nonprofit and certain other organizations. Presently these social workers are exempted from the requirement for licensure under the Code of Virginia, § 54-944 (d) which provides that the requirements for licensure in Chapter 28 shall not be applicable to "Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization." The Board of Social Work has recommended termination of this exemption. This recommendation is under study by the Council on Health Regulatory Boards under the authority granted by § 54-955 of the Code of Virginia. Interested individuals and agencies are invited to submit written comments until 5:00 p.m. on the hearing date. Requests to present oral testimony should be made to Richard D. Morrison, Policy Analyst, Council on Health Regulatory Boards.

Contact: Richard D. Morrison, Policy Analyst, Department of Health Regulatory Boards, P.O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0822

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

August 27, 1986, - 9:30 a.m. - Open Meeting
Virginia Center for Health Affairs, 4200 Innslake Drive, Glen Allen, Virginia ☒

A monthly business meeting of the council for the purpose of addressing financial, policy or technical

matters which may have arisen since the last meeting.

Contact: Ann Y. McGee, Director, 9th Floor, 805 E. Broad St., Richmond, Va. 23219, telephone (804) 786-6371

VIRGINIA BOARD OF HEARING AID DEALERS AND FITTERS

September 8, 1986 - 9 a.m. - Open Meeting
Department of Commerce, Travelers Building, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to (i) review disciplinary cases; (2) review correspondence; and (iii) administer hearing aid dealer and fitter examination.

Contact: Roberta L. Banning, Department of Commerce, 5th Floor, 3600 W. Broad St., Richmond, Va. 23220, telephone (804) 257-8505

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

† September 3, 1986 - 9 a.m. - Open Meeting
4-H Center, Wakefield, Virginia

Monthly council meeting. Agenda available on request.

Contact: Grace I. Lessner, James Monroe Bldg., 9th Floor, 101 N. 14th St., Richmond, Va. 23219, telephone (804) 225-2638

* * * * *

September 22, 1986 - 10 a.m. - Public Hearing
James Monroe Building, 9th Floor Conference Room, 101 North 14th Street, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Council of Higher Education for Virginia intends to adopt regulations entitled: **VR 380-01-01. Regulations for the Senior Citizen Higher Education Program.** These regulations will stipulate the requirements under which senior citizens may take courses at Virginia's state-supported institutions of higher education without paying tuition or fees. The Senior Citizens Higher Education Act, as amended in 1984, provides that courses taken for credit are free if a senior citizen has a taxable income of less than \$7,500. Noncredit courses may be taken without charge regardless of income. Effective July 1, 1986, institutions may count these enrollments in their census of full-time equivalent students (FTES).

Statutory Authority: §§ 23-9.6:1 and 23-38.56 of the Code of Virginia.

Calendar of Events

Written comments may be submitted until September 12, 1986.

Contact: Barry M. Dorsey, Associate Director, State Council of Higher Education for Virginia, 101 N. 14th St., Richmond, Va. 23219, telephone (804) 225-2632

DEPARTMENT OF HIGHWAYS AND TRANSPORTATION (STATE BOARD OF)

August 21, 1986 - 10 a.m. - Open Meeting

† **September 18, 1986 - 10 a.m. - Open Meeting**
Department of Highways and Transportation, Annex Building Board Room, 1401 East Broad Street, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

† **October 16, 1986 - 10 a.m. - Open Meeting**
Hotel Roanoke, Roanoke, Virginia. ☒ (Interpreter for deaf provided if requested)

Monthly meetings of the board to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval.

Contact: Albert W. Coates, Jr., Virginia Department of Highways and Transportation, 1401 E. Broad St., Richmond, Va. 23219, telephone (804) 786-9950

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

† **October 20, 1986 - 10 a.m. - Public Hearing**
State Capitol, House Room C, Capitol Square, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Housing and Community Development intends to amend regulations entitled: *Virginia Uniform Statewide Building Code Volume I - New Construction Code/1984 edition, Article 2.*

The purpose of this amendment is to change the definition of the word "Ambulatory" as it appears in Volume I - New Construction Code of the Uniform Statewide Building Code compatible with the state statute's definition of "Ambulatory" as amended in § 63.1-174.1 of the Code of Virginia by the 1986 Session of the General Assembly.

STATEMENT

Subject and Substance: Proposed amendment by the Board of Housing and Community Development of Article 2 of the 1984 edition of the Virginia Uniform Statewide Building Code - Volume I - New Construction Code.

Issues: 1. Estimated impact with respect to number of

persons affected: All citizens of Virginia will be affected.

2. Projected cost for Implementation and Compliance: No cost increase projected.

Basis: § 63.1-174.1 of the Code of Virginia.

Purpose: § 63.1-174.1 of the Code of Virginia was amended by the 1986 Session of the General Assembly defining the word "Ambulatory" by state statute. This change will make Volume I - New Construction Code of the Uniform Statewide Building Code compatible with state law.

Statutory Authority: Article 1 (§ 36.97 et seq.) of Chapter 6 of Title 36 of the Code of Virginia.

Written comments may be submitted until October 20, 1986.

* * * * *

† **October 20, 1986 - Open Meeting** (following the public hearing at 10 a.m. on "Ambulatory")
State Capitol, House Room C, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

To afford interested persons and groups an opportunity to submit data, views and arguments regarding the impact the Virginia Public Building Safety Law has on existing public buildings. Anyone wishing to speak or offer written statements relating to the impact of this law will be given an opportunity to do so on the day of the hearing. Written statements may be prefiled with the agency if received by October 20, 1986.

Contact: Jack A. Proctor, CPCA, Deputy Director, Building Regulatory Services, Department of Housing and Community Development, 205 N. 4th St., Richmond, Va. 23219, telephone (804) 786-4751

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

August 19, 1986 - 10 a.m. - Open Meeting
13 South 13th Street, Richmond, Virginia. ☒

This will be the regular monthly meeting of the Board of Commissioners to (i) review and, if appropriate, approve the minutes from the prior monthly meeting; (ii) consider for approval and ratification mortgage loan commitments under its various programs; (iii) review the authority's operations for the prior month; and (iv) consider such other matters and take such other actions as they may deem appropriate. The planned agenda of the meeting will be available at the offices of the authority one week prior to the date of the meeting.

Contact: Judson McKellar, Jr., General Counsel, 13 S. 13th St., Richmond, Va. 23219, telephone (804) 786-1986

STATE INSURANCE ADVISORY BOARD

September 12, 1986 - 9:30 a.m. - Open Meeting
Ninth Street Office Building, Room 209, Conference Room of the Director of the Department of General Services, Richmond, Virginia. ☐

A quarterly meeting of the State Insurance Advisory Board.

Contact: Charles F. Scott, Director, Department of General Services, Division of Risk Management, Room 117, 805 E. Broad St., Richmond, Va. 23219, telephone (804) 786-5968

GOVERNOR'S JOB TRAINING COORDINATING COUNCIL

† **September 22, 1986 - 10:30 a.m. - Open Meeting**
Jefferson Sheraton Hotel, Franklin and Adams Streets, Richmond, Virginia. ☐

This is a general meeting of the council and is open to the public.

Contact: Gladys Walker, Governor's Employment and Training Department, P.O. Box 12083, Richmond, Va. 23241, telephone (804) 786-8085

STATE LAND EVALUATION ADVISORY COMMITTEE

August 29, 1986 - 10 a.m. - Open Meeting
September 8, 1986 - 10 a.m. - Open Meeting
Department of Taxation, 2220 West Broad Street, Richmond, Virginia. ☐

A meeting to set suggested ranges of values for agricultural, horticultural, forest and open-space land use under the use value assessment program.

Contact: Otho C. W. Fraher, Director, Property Tax Division, Department of Taxation, P.O. Box 6-L, Richmond, Va. 23220, telephone (804) 257-8020

VIRGINIA STATE LIBRARY BOARD

September 15, 1986 - 11 a.m. - Open Meeting
Jefferson-Madison Regional Library, The McGuire Room, 2nd and East Jefferson Streets, Charlottesville, Virginia

A regular meeting to discuss administrative matters.

Contact: Jean K. Reynolds, Virginia State Library, 11th St. at Capitol Square, Richmond, Va. 23219, telephone (804) 786-2332

COMMISSION ON LOCAL GOVERNMENT

† **September 23, 1986 - 2 p.m. - Open Meeting**
City of Norfolk (site to be determined)

A regular bimonthly meeting to consider such matters as may be presented.

† **October 20, 1986 - 9 a.m. - Open Meeting**
† **October 21, 1986 - 9 a.m. - Open Meeting**
† **October 22, 1986 - 9 a.m. - Open Meeting**
Town of Christiansburg (site to be determined)

Oral presentations regarding the Town of Christiansburg - Montgomery County annexation action.

Contact: Barbara Bingham, Ninth Street Office Bldg., Room 901, Richmond, Va. 23219, telephone (804) 786-6508

VIRGINIA'S LONG-TERM CARE COUNCIL

September 16, 1986 - 9:30 a.m. - Open Meeting
James Monroe Building, Conference Room E, 101 North 14th Street, Richmond, Virginia. ☐ (Interpreter for the deaf provided if requested)

A meeting to discuss issues relevant to the development and provision of long-term care services in the Commonwealth. The council will also hear a report on the development of a statewide uniform intake, assessment and tracking mechanism for use by all publicly-funded human services agencies.

Contact: Catherine Saunders, Staff, Virginia Department for the Aging, 18th Floor, 101 N. 14th St., Richmond, Va. 23219-2797, telephone (804) 225-2271/2912

BOARD OF MEDICAL ASSISTANCE SERVICES

† **October 31, 1986 - 9 a.m. - Public Hearing**
General Assembly Building, Senate Room B, Capitol Square, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medical Assistance Services intends to adopt regulations entitled: **Rehabilitation Services**. These regulations define the amount, duration and scope of rehabilitation services covered by the department.

STATEMENT

Basis and Authority: Section 32.1-325 of the Code of Virginia gives the State Board of Medical Assistance Services the authority to prepare and amend the State Plan for Medical Assistance, subject to the Governor's approval. The Code of Federal Regulations at 42 CFR

Calendar of Events

440.130(d) allows the Medicaid Program to cover rehabilitation services at the option of the Commonwealth. On February 26, 1986, the Governor gave emergency approval to regulations providing for rehabilitation services, in certain qualifying facilities, for certain eligible Medicaid recipients.

Purpose: The purpose of this plan amendment is to propose permanent regulations for rehabilitation services which describe criteria, requirements and limits regarding the provision of rehabilitation services.

Summary and Analysis: Recipients who are expected to need this optional service are those who have had serious accidents or burns resulting in major multiple traumas or have serious neurological disorders (multiple sclerosis, muscular dystrophy, strokes). Advances in medical technology now make possible the resumption for many of these individuals of their pre-accident lives. As important to these individuals as the level of therapy received is the availability of their family support systems. Readily accessible family members to provide encouragement and help while receiving medical care from strangers has been shown to be of significant impact. Aggressive rehabilitation programs, initiated as soon after an accident as medical stability is achieved, restore much usable function to these individuals who, just a few years ago, would have required lifetime maintenance in very expensive institutions. Historical program payments show, for just 13 recipients since 1981 (representing an annual average of 4 people), that an average of \$55,494 has been paid annually per recipient for maintenance only in out-of-state rehabilitation facilities. This out-of-state maintenance has been required for these patients' medical needs and because of the lack of appropriate in-state facilities enrolled in Virginia Medicaid. The administrative difficulty of monitoring recipients placed in out-of-state facilities is considerable. Federal regulations require the semi-annual review of institutionalized recipients for monitoring their medical condition and for appropriate administration of their attending physicians' plans of care. Reviewing and monitoring these recipients required multi-disciplinary teams to travel out of state at no small expense to the program.

Other program data shows that \$5.5 million has been expended in federal fiscal year 1985 for only 626 recipients, who had diagnoses of head trauma, to maintain them in skilled nursing facilities. Patients who have been institutionalized in skilled nursing facilities can expect to receive only maintenance care not necessarily leading to the restoration of their functions and independence. Patients not receiving rehabilitation at the proper time in their recovery are often doomed to a lifetime of restrictive confinement. These individuals can often be capable of significant recovery and resumption of independence and self-care.

Impact: The department's experiences with recipients maintained in out-of-state rehabilitation facilities and with those maintained in in-state skilled nursing facilities have

clearly demonstrated the medical and financial advantages of providing for aggressive rehabilitation in certain in-state facilities. A statistical analysis of the 626 current nursing home residents showed that 88 could potentially benefit from intensive rehabilitation. If these 88 residents were sent out-of-state, along with a annual average of 4, for intensive rehabilitation, program costs would be \$5.06 million.

The department intends to provide for the coverage of these services at facilities now certified by Medicare as exempt from its DRG limits on lengths of stay. Presently, there are 10 facilities with approximately 297 beds in the Commonwealth allocated for rehabilitation services.

It is expected that approximately 120 recipients annually at \$428 average per diem cost for a total estimated expenditure \$2.95 million will be needed. Providing this service on an in-state basis is expected, also, to reduce some of the family suffering, caused in the past by out-of-state placements.

Forms: A new form and new pre-authorization procedures will be required to implement this rehabilitation regulation. Since the department intends to cover this service on a pre-authorization basis only, the Rehabilitation Certification Form is necessary for the provider's use in gaining program approval. The form requires the requesting physician to inform the program about the patient's previous hospitalization, admitting diagnosis, description of functional status, plan of care and anticipated progress. Rehabilitation services is a totally new service that the program is proposing to cover and therefore, requires its own unique preauthorization form. The department intends to use it as a computer input document as well as requiring completion by the attending physician.

Evaluation: The Department of Medical Assistance Services will include the monitoring of this policy in its ongoing monitoring efforts, which assure the appropriate utilization of medically necessary services.

Recommendation: The department has received its board's approval of emergency regulations so that the department may proceed with the public comment period for these proposed regulations required by the Administrative Process Act. During the public comment period, as well as after, the department will entertain all comments from concerned citizens about these regulations.

Statutory Authority: § 32.1-325 of the Code of Virginia

Written comments may be submitted until October 27, 1986.

Contact: Martha B. Pulley, Health Programs Consultant, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219, telephone (804) 786-7933

* * * * *

† **October 31, 1986 - 9 a.m.** — Public Hearing
General Assembly Building, Senate Room B, Capitol
Square, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medical Assistance Services intends to adopt regulations entitled: **VR 460-03-2.6152. Definition of Home Ownership.** The purpose of the regulation is to establish the definition of home ownership to be used in determining eligibility for Medicaid.

STATEMENT

Basis and Authority: Section 32.1-325 (A) of the Code of Virginia gives the State Board of Medical Assistance Services the authority to prepare and amend the State Plan for Medical Assistance subject to the approval of the Governor.

House Bill 473, passed by the 1985 General Assembly, required the Board of Medical Assistance Services to include in the State Plan a requirement that in determining eligibility, a home shall be disregarded. A "home" shall include the house and lot used as the principle residence and not more than \$5,000 worth of land contiguous to the house and lot. Federal regulations in 42 CFR 435.121 and 435.851 allows the Commonwealth to use eligibility criteria which are more restrictive than those used by the Supplemental Security Income (SSI) Program. The definition of home site property required by this legislation is more restrictive than that used by the SSI Program. However, this definition is not more restrictive than the one used by the Medicaid program in its State Plan effective January 1, 1972.

The General Assembly also included language in Chapter 619 (the Appropriation Act) in Item 480 as follows. "The Board of Social Services shall modify the restriction on eligibility for Aid to Dependent Children relative to contiguous property, consistent with SB 605/HB 473."

In implementing these two chapters of the 1985 Acts of Assembly, the Boards of Medical Assistance Services and Social Services adopted slightly different versions for the definition of the term "lot". When this was discovered, staff, the agency heads and respective counsel worked together to develop a standard definition. Advice was also sought from the Chairs of the House Appropriations Committee and the Senate Finance Committee. These actions resulted in the agreed to definition for lot: "in localities where no minimum building lot requirement exists, a lot shall be a measure of land designated on a plat or survey or one acre whichever is less."

On November 30, 1985, Governor Charles S. Robb signed the emergency regulation in accordance with § 9-6.14:4.1 C(5) to add the following definition of home ownership to the respective regulations of the Department of Medical

Assistance Services and the Department of Social Services.

"The Board shall include in this plan a requirement that, in determining eligibility, a home shall be disregarded. A home means the house and lot used as the principal residence and contiguous property as long as the value of the land, exclusive of the lot occupied by the house, does not exceed \$5,000. The lot occupied by the house shall be a measure of land as designated on a plat or survey or whatever the locality sets as a minimum size for a building lot, whichever is less. In localities where no minimum building lot requirement exists, a lot shall be a measure of land designated on a plat or survey or one acre, whichever is less."

The emergency regulations will expire on November 30, 1986. Therefore, the Department of Medical Assistance is promulgating this regulation as required by the Administrative Process Act and public comment on the regulation is solicited.

Comments from local social services agencies implementing the regulations have identified difficulty in understanding the proper application of the regulation, therefore, amendment to the wording of the emergency regulation is proposed.

The modifying phrase "whichever is less" appearing at the end of the third and fourth sentences is being deleted. This change clarifies that the definition of the lot in localities which define minimum building lots shall be defined as the established minimum in that locality. In localities in which there is no minimum building lot requirement and there is no lot marked on the plat, the lot shall be defined as one acre.

Impact: This amendment makes permanent a temporary emergency regulation which was implemented on January 1, 1986. The proposed final regulation will not cause additional expenditures or impact recipients, therefore.

Forms: No additional or revised forms are required by this amendment.

Evaluation: The Department of Medical Assistance Services, the Department of Social Services and the federal government regularly review eligibility determinations to assure that regulations are implemented properly and errors are not made. Any errors found are analyzed by state and federal staff. Necessary corrective action is taken by the Departments.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Written comments may be submitted until October 27, 1986.

Contact: Ann E. Cook, Medical Social Services Director, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219, telephone (804) 225-4220

Calendar of Events

GOVERNOR'S ADVISORY COMMITTEE ON MEDICARE AND MEDICAID; DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† August 19, 1986 - 2 p.m. - Open Meeting
600 East Broad Street, Eleventh Floor Conference Room C,
Richmond, Virginia. ☐

An open meeting to (i) discuss 1987 legislative proposals; (ii) 1987 budget addenda items; and (iii) other business pertinent to the Governor's Advisory Committee.

Contact: Jacqueline M. Fritz, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219, telephone (804) 786-7933

VIRGINIA STATE BOARD OF MEDICINE

Chiropractic Examination Committee

† September 4, 1986 - 12 Noon - Open Meeting
† September 11, 1986 - 12 Noon - Open Meeting
Department of Health Regulatory Boards, 517 West Grace Street, Richmond, Virginia. ☐

The committee will meet in open and executive session to continue the development of the Virginia Chiropractic Part III examination.

Credentials Committee

September 12, 1986 - 8 a.m. - Open Meeting
September 13, 1986 - 8 a.m. - Open Meeting
Virginia Beach Hilton Inn, 8th Street and Atlantic Avenue,
Virginia Beach, Virginia. ☐

A meeting to conduct general business, interview, and review medical credentials of applicants applying for licensure in Virginia in open and executive session.

Contact: Eugenia K. Dorson, Executive Secretary, 517 W. Grace St., P. O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0575

Informal Conference Committee

† September 10, 1986 - 12 Noon - Open Meeting
Roanoke Office - Commonwealth of Virginia Building, 210 Church Avenue S.W., Roanoke, Virginia. ☐
† September 12, 1986 - 10 a.m. - Open Meeting
Department of Health Regulatory Boards, 517 West Grace Street, Richmond, Virginia. ☐

The committee, composed of three members of the Virginia State Board of Medicine, will inquire into

allegations that certain practitioners may have violated laws and regulations governing the practice of medicine in Virginia. The committee will meet in open and closed session pursuant to § 2.1-344 A (6) of the Code of Virginia, relating to executive or closed meetings.

Advisory Committee on Physician Assistants

† September 19, 1986 - 2 p.m. - Open Meeting
Department of Health Regulatory Boards, 517 West Grace Street, Richmond, Virginia. ☐

A meeting to (i) discuss general business; (ii) review regulations; and (iii) discuss Health Care Walk In Centers.

Advisory Committee on Respiratory Therapy

† September 9, 1986 - 2 p.m. - Open Meeting
Department of Health Regulatory Boards, 517 West Grace Street, Richmond, Virginia. ☐

A meeting to (i) evaluate credentials, (ii) elect officers, and (iii) have a general discussion.

Contact: Eugenia K. Dorson, Executive Secretary, 517 W. Grace St., P.O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0575

STATE BOARD OF MENTAL HEALTH AND MENTAL RETARDATION

August 27, 1986 - 10 a.m. - Open Meeting
Central Virginia Community Services Board, 2235 Landover Place, Lynchburg, Virginia. ☐

A regular monthly meeting. The agenda will be published August 20 and may be obtained by calling Jane Helfrich.

† September 24, 1986 - 10 a.m. - Open Meeting
Southwestern State Hospital, Marion, Virginia. ☐

A regular monthly meeting. The agenda will be published on September 17 and may be obtained by calling Jane Helfrich.

Contact: Jane V. Helfrich, Board Secretary, State Mental Health and Mental Retardation Board, P.O. Box 1797, Richmond, Va. 23214, telephone (804) 786-3921

Calendar of Events

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

Interagency Coordinating Council on Delivery of Related Services to Handicapped Children

† August 26, 1986 - 1:30 p.m. - Open Meeting
Commission for the Visually Handicapped, 397 Azalea Avenue, Richmond, Virginia ☐

A regular monthly meeting.

Contact: Dr. Michael N. Fehl, Department of Mental Health and Mental Retardation, P.O. Box 1797, Richmond, Va. 23214, telephone (804) 786-3710

STATE MILK COMMISSION

† August 20, 1986 - 10 a.m. - Open Meeting
Ninth Street Office Building, Room 1015, 9th and Grace Streets, Richmond, Virginia. ☐

A routine monthly meeting.

Contact: C. H. Coleman, Administrator, Ninth Street Office Bldg., Richmond, Va. 23219, telephone (804) 786-2013

VIRGINIA MUSEUM OF FINE ARTS

Full Board of Trustees

September 18, 1986 - 11:30 a.m. - Open Meeting
Virginia Museum of Fine Arts, Auditorium, Boulevard and Grove Avenue, Richmond, Virginia. ☐

A quarterly meeting to consider committee and staff reports and budget review.

Accessions Committee

September 17, 1986 - 2 p.m. - Open Meeting
Virginia Museum of Fine Arts, Auditorium, Boulevard and Grove Avenue, Richmond, Virginia. ☐

A quarterly meeting to consider gifts and purchases.

Education in the Arts Committee

September 30, 1986 - 12 Noon - Open Meeting
Virginia Museum of Fine Arts, Members' Suite, Payne Room, Boulevard and Grove Avenue, Richmond, Virginia. ☐

Study of museum by-laws relative to functioning of the education in the arts committee.

Entertainment Committee

September 16, 1986 - 3 p.m. - Open Meeting
Virginia Museum of Fine Arts, Members' Suite, Boulevard and Grove Avenue, Richmond, Virginia. ☐

A meeting to schedule the year's entertainment events with hostesses.

Executive Committee

October 16, 1986 - 11:30 a.m. - Open Meeting
Virginia Museum of Fine Arts, Auditorium, Boulevard and Grove, Richmond, Virginia. ☐

A meeting to consider committee and staff reports and budget review.

Exhibitions Committee

October 8, 1986 - 10:30 a.m. - Open Meeting
Virginia Museum of Fine Arts, Conference Room, Boulevard and Grove Avenue, Richmond, Virginia. ☐

A meeting to review proposed exhibitions for the museum.

Finance Committee

September 18, 1986 - 10:30 a.m. - Open Meeting
Virginia Museum of Fine Arts, Members' Suite, Payne Room, Boulevard and Grove Avenue, Richmond, Virginia. ☐

Budget review.

October 16, 1986 - 10:30 a.m. - Open Meeting
Virginia Museum of Fine Arts, Members' Suite, Payne Room, Boulevard and Grove Avenue, Richmond, Virginia. ☐

Budget review.

Programs Committee

October 8, 1986 - 12 Noon - Open Meeting
Virginia Museum of Fine Arts, Members' Suite, Payne Room, Boulevard and Grove Avenue, Richmond, Virginia. ☐

Study of museum by-laws relative to functioning of the programs committee.

Calendar of Events

Contact: Emily C. Robertson, Secretary of the Museum, Virginia Museum of Fine Arts, Boulevard and Grove Ave., Richmond, Va. 23221, telephone (804) 257-0553/SCATS 327-0553

Contact: Moria C. Lux, Executive Director, Virginia Board of Optometry, P.O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0131

STATE BOARD OF NURSING

Task Force for the Study of Definitions of Nursing

September 10, 1986 - 7 p.m. - Public Hearing
(correction to above date from Sept. 11, 1986)
General Assembly Building, House Room D, Capitol Square, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

Pursuant to HJR 12 of the 1986 General Assembly, the Department of Health Regulatory Boards' Task Force for the Study of the Definitions of Nursing will hold a public hearing on the need to revise statutory definitions of professional nursing practice. The public is invited to appear at this hearing to present testimony or submit written comments by September 15, 1986, to Corinne F. Dorsey, Executive Director, Virginia State Board of Nursing, P.O. Box 27708, Richmond, Virginia, 23261. Additional public hearings are scheduled in Wytheville (October 2) and Northern Virginia (October 9). Details on these hearings will appear in the Virginia Register of Regulations commencing with the next issue.

Contact: Corinne F. Dorsey, R.N., Executive Director, 517 W. Grace St., Richmond, Va. 23220, telephone (804) 786-0377

STATE BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

† **August 28, 1986 - 9 a.m. - Open Meeting**
Department of Commerce, Travelers Building, Conference Room 2, 3600 West Broad Street, Richmond, Virginia. ☒

A review of the state written examination.

Contact: Gerald W. Morgan, Assistant Director, 3600 W. Broad St., Richmond, Va. 23230-4917, telephone (804) 257-8508

VIRGINIA BOARD OF OPTOMETRY

August 20, 1986 - 8:30 a.m. - Open Meeting
Department of Health Regulatory Boards, Board Room, 517 West Grace Street, Richmond, Virginia. ☒

General business of the Virginia Board of Optometry.

STATE BOARD OF PHARMACY

August 21, 1986 - 9 a.m. - CANCELLED

† **September 9, 1986 - 9 a.m. - Open Meeting**
Holiday Inn, Room 239, 3200 West Broad Street, Richmond, Virginia. ☒

Formal hearing for Leonard L. Edloe, Pharmacist, Edloe's Pharmacy, 1124 N. 25th St., Richmond, Virginia.

Contact: J. B. Carson, Executive Director, 517 W. Grace St., P.O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0182

COMMISSIONERS TO EXAMINE PILOTS

September 10, 1986 - 10 a.m. - Open Meeting
Hasler and Company, 121 Tazewell Street, Norfolk, Virginia

A regular meeting of the board to conduct routine business.

Contact: David E. Dick, 3600 W. Broad St., Richmond, Va. 23220, telephone (804) 257-8515/8563 OR William L. Taylor, 3329 Shore Dr., Virginia Beach, Va. 23451, telephone (804) 496-0995

PRIVATE SECURITY SERVICES ADVISORY BOARD

August 26, 1986 - 2 p.m. - Open Meeting
Department of Commerce, Travelers Building, 3600 West Broad Street, Richmond, Virginia. ☒

The purpose of the meeting is to review the comments received at the public hearing on proposed regulation changes held at 10 a.m. the same day.

Contact: Iva B. Frizzel, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8515/8563

VIRGINIA REAL ESTATE BOARD

† **August 21, 1986 - 8 a.m. - Open Meeting**
Department of Commerce, Travelers Building, 3600 West Broad Street, 5th Floor Conference Room 1, Richmond, Virginia. ☒

Calendar of Events

A meeting to (i) review the regulations and any comments received by the public in order to propose amendments, deletions, and additions to the rules governing the Virginia Real Estate Board's regulations; and (ii) regular business meeting of the board. The agenda will consist of investigative cases (files) to be considered, files to be reconsidered, matters relating to fair housing, property registration and licensing issues (e.g. reinstatement, eligibility requests).

Contact: Florence R. Brassier, Assistant Director, Real Estate Board, Department of Commerce, 3600 W. Broad St., Richmond, Va. ZIP, telephone (804) 257-8552

BOARD OF REHABILITATIVE SERVICES

August 29, 1986 - 10 a.m. - Open Meeting
Department of Rehabilitative Services, 4901 Fitzhugh Avenue, Richmond, Virginia. ☐

A regular meeting of the board to conduct the business of the department.

Evaluation Committee

August 22, 1986 - 1 p.m. - Open Meeting
Department of Rehabilitative Services, 4901 Fitzhugh Avenue, Richmond, Virginia. ☐

A meeting to discuss policy and procedures.

Finance Committee

August 28, 1986 - 3 p.m. - Open Meeting
Department of Rehabilitative Services, 4901 Fitzhugh Avenue, Richmond, Virginia. ☐

A meeting to discuss budgetary matters.

Task Force on Fiscal Policy

† **August 28, 1986 - 9:30 a.m. - Open Meeting**
Department of Rehabilitative Services, 4901 Fitzhugh Avenue, Richmond, Virginia. ☐

A meeting to continue development of an initial draft of a statement of fiscal policies and financial objectives.

Program Committee

August 28, 1986 - 11 a.m. - Open Meeting
Department of Rehabilitative Services, 4901 Fitzhugh Avenue, Richmond, Virginia ☐

A meeting to review, discuss and, when appropriate, recommend to the board necessary policies governing the vocational rehabilitation and independent living rehabilitation programs and services administered and coordinated by the Department of Rehabilitative Services.

Contact: Jim Hunter, 4901 Fitzhugh Ave., Richmond, Va. 23220, telephone (804) 257-6446 (toll-free number 1-800-522-5019)

STATE BOARD OF SOCIAL SERVICES

August 20, 1986 - 3 p.m. - Open Meeting
August 21, 1986 - 9 a.m. - Open Meeting
Lee-Jackson Motor Inn, 711 Millwood Avenue, Winchester, Virginia. ☐

A work session and formal business meeting.

Contact: Phyllis Sisk, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9236

DEPARTMENT OF SOCIAL SERVICES

September 19, 1986 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Social Services intends to amend regulations entitled: **VR 615-01-14. Entitlement Date in the General Relief Program.** These regulations specify the first month for which maintenance assistance shall be provided for an individual eligible for General Relief.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Written comments may be submitted until September 19, 1986, to I. Guy Lusk, Director, Division of Benefit Programs, Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699

Contact: Carolyn Ellis, Supervisor, Economic Assistance Unit, Division of Benefit Programs, Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23229-8600, telephone (804) 281-9046

Advisory Committee for Interdepartmental Licensure and Certification of Children's Residential Facilities

† **September 10, 1986 - 10 a.m. - Open Meeting**
Koger Building, 1st Floor Conference Room, 8001 Franklin Farms Drive, Richmond, Virginia. ☐ (Interpreter for deaf provided if requested)

Calendar of Events

A meeting to receive (i) report from subcommittee on Facilities for High Risk Children; (ii) report from the office of the coordinator; and (iii) follow-up report on the Implementation of the Department of Social Services Observation Report.

Coordinating Committee for Interdepartmental Licensure and Certification of Children's Residential Facilities

† September 12, 1986 - 8 a.m. - Open Meeting
Department of Corrections, Room 105, 4615 West Broad Street, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

A meeting to receive (i) report on advisory committee meeting; and (ii) progress report on structured monitoring.

Contact: John J. Allen, Jr., Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9025

VIRGINIA BOARD OF SOCIAL WORK

August 22, 1986 - 9 a.m. - Open Meeting
Department of Health Regulatory Boards, 517 West Grace Street, Richmond, Virginia. ☒

A meeting to (1) conduct general board business; (ii) review applications; (iii) respond to correspondence; and (iv) discuss regulations.

Contact: John W. Braymer, Ph.D, Executive Director, 517 W. Grace St., Richmond, Va. 23220, telephone (804) 786-7703

DEPARTMENT OF TAXATION

October 6, 1986 - 10 a.m. - Public Hearing
General Assembly Building, House Room C, Capitol Square, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of the Virginia that the Department of Taxation intends to amend regulations entitled: **VR 630-10-49.2. Innovative High Technology Industries and Research (Retail Sales and Use Tax)**. This regulation sets forth the application of the sales and use tax to businesses engaged in high technology production or research.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until October 6, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division,

Department of Taxation, P.O. Box 6-L, Richmond, Va. 23282, telephone (804) 257-8010

VIRGINIA DEPARTMENT FOR THE VISUALLY HANDICAPPED

August 19, 1986 - 3 p.m. - Open Meeting
August 19, 1986 - 7 p.m. - Open Meeting
Rehabilitation Center for the Blind, 401 Azalea Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested) ☞

Commissioner John A. McCann invites the comments of all interested parties regarding the services, priorities, and mission of the Virginia Department for the Visually Handicapped. Comments are especially sought from blind individuals, their families, and advocacy groups of or for the blind.

Contact: Joseph A. Bowman, Virginia Department for the Visually Handicapped, 1809 Staples Mill Rd., Richmond, Va. 23230, telephone and Voice/TDD (804) 257-0030

August 21, 1986 - 4 p.m. - Open Meeting
August 21, 1986 - 7 p.m. - Open Meeting
Arlington County Central Library, 1015 North Quincy, Arlington, Virginia. ☒ (Interpreter for deaf provided if requested) ☞

Commissioner John A. McCann invites the comments of all interested parties regarding the services, priorities, and mission of the Virginia Department for the Visually Handicapped. Comments are especially sought from blind individuals, their families, and advocacy groups of or for the blind.

Contact: Ronald W. Carlisle, Virginia Department for the Visually Handicapped, 2300 S. 9th St., Suite 203, Arlington, Va. 22204-2376, telephone and Voice/TDD (703) 979-3415

August 26, 1986 - 3 p.m. - Open Meeting
August 26, 1986 - 7 p.m. - Open Meeting
Virginia Department of Health, 401 Colley Avenue, Norfolk, Virginia. ☒ (Interpreter for deaf provided if requested) ☞

Commissioner John A. McCann invites the comments of all interested parties regarding the services, priorities, and mission of the Virginia Department for the Visually Handicapped. Comments are especially sought from blind individuals, their families, and advocacy groups of or for the blind.

Contact: Michael W. Scione, Virginia Department for the Visually Handicapped, Holiday Inn-Waterside Area-Downtown, 700 Monticello Avenue, Suite 403, Norfolk, Va. 23510-2598, telephone and Voice/TDD (804) 623-8003

August 28, 1986 - 3 p.m. - Open Meeting
August 28, 1986 - 7 p.m. - Open Meeting

Calendar of Events

First Baptist Church, 301 South Wayne Avenue, Waynesboro, Virginia. ☒ (Interpreter for deaf provided if requested) ☞

Commissioner John A. McCann invites the comments of all interested parties regarding the services, priorities, and mission of the Virginia Department for the Visually Handicapped. Comments are especially sought from blind individuals, their families, and advocacy groups of or for the blind.

Contact: Michael D. Burton, Virginia Department for the Visually Handicapped, King Plaza West, 1320 R Ohio St., Waynesboro, Va. 22980, telephone and Voice/TDD (703) 949-6178)

October 15, 1986 - 3 p.m. - Open Meeting

October 15, 1986 - 7 p.m. - Open Meeting -

Medical Foundation of Roanoke, 3000 Keagy Road, Salem, Virginia. ☒ (Interpreter for deaf provided if requested) ☞

Commissioner John A. McCann invites the comments of all interested parties regarding the services, priorities, and mission of the Virginia Department for the Visually Handicapped. Comments are especially sought from blind individuals, their families, and advocacy groups of or for the blind.

Contact: Donald L. Cox, Virginia Department for the Visually Handicapped, Commonwealth of Virginia Bldg., 210 Church Ave., SW, Room B50, Roanoke, Va., 24011, telephone and Voice/TDD (703) 982-7122

October 16, 1986 - 3 p.m. - Open Meeting

October 16, 1986 - 7 p.m. - Open Meeting

Southwest Region Office, Department of Social Services, 190 Patton Street, Abingdon, Virginia. ☒ (Interpreter for deaf provided if requested) ☞

Commissioner John A. McCann invites the comments of all interested parties regarding the services, priorities, and mission of the Virginia Department for the Visually Handicapped. Comments are especially sought from blind individuals, their families, and advocacy groups of or for the blind.

Contact: Richard Fanis, Virginia Department for the Visually Handicapped, 111 Commonwealth Ave., Bristol, Va. 24201, telephone and Voice/TDD (804) 669-0114

VIRGINIA WASTE MANAGEMENT BOARD

† **August 21, 1986 - 7 p.m. - Open Meeting**

† **August 22, 1986 - 9 a.m. - Open Meeting**

Jefferson Sheraton Hotel, Franklin and Adams Streets, Richmond, Virginia. ☒

August 21: Staff of Department of Waste Management will present general briefing on department activities.

August 22: Report on the by-laws committee; adoption of by-laws, report of nominations committee; election of officers, director's report, detailed staff briefing on department activities and regulations, afternoon public comment period, and consideration of other matters as may be presented to the board.

Contact: Cheryl Cashman, James Monroe Bldg., 11th Floor, 101 N. 14th St., Richmond, Va. 23219, telephone (804) 255-2667

STATE WATER CONTROL BOARD

August 18, 1986 - 7 p.m. - Open Meeting

Ronaoke City Council Chambers, 215 Church Avenue, Roanoke, Virginia. ☒

August 20, 1986 - 7 p.m. - Open Meeting

Williamsburg/James City Courthouse, Council Chambers, 321-45 Court Street, Williamsburg, Virginia. ☒

The Water Quality Standards, as required by state and federal law, are reviewed every three years. As part of the review that is now underway, a series of public meetings will be held around the Commonwealth. The purpose of these meetings is to receive comments and suggestions on our standards program. These comments will be used in proposing specific changes in standards that will be considered at hearings in early 1987.

Contact: Stuart Wilson, Water Resources Ecologist, State Water Control Board, P.O. Box 11143, Richmond, Va. 23230, telephone (804) 257-0387

* * * * *

September 11, 1986 - 7 p.m. - Public Hearing

Henry County Administration Building, Board Meeting Room, Kings Mountain Road, Collinsville, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled: **VR 680-16-02. Roanoke River Basin Water Quality Management Plan.** This will be a revision of poundage limits on the Upper and Lower Segments of the Smith River so as to allow for construction of the proposed sewage treatment plant being proposed by the Henry County Public Service Authority.

Statutory Authority: § 62.1-44.15 of the Code of Virginia.

Written comments may be submitted until September 18, 1986.

† **September 22, 1986 - 8:30 a.m. - Open Meeting**

† **September 23, 1986 - 9 a.m. - Open Meeting**

† **September 24, 1986 - 9 a.m. - Open Meeting**

Northern Virginia (site to be determined)

Calendar of Events

Quarterly board meetings.

Contact: Doneva A. Dalton, Court Reporter, State Water Control Board, P.O. Box 11143, 2111 N. Hamilton St., Richmond, Va. 23230, telephone (804) 257-6829

Contact: Joan W. Smith, Registrar of Regulations, Virginia Code Commission, General Assembly Bldg., 2nd Floor, Capitol Square, Richmond, Va. 23219, telephone (804) 786-3591

COLLEGE OF WILLIAM AND MARY

Board of Visitors

August 22, 1986 - 8 a.m. – Open Meeting
Richard Bland College, Student Center, Petersburg, Virginia

A meeting of the Board of Visitors of the College of William and Mary called by the Rector of the college to review contracts, budget considerations, and any other matters presented by the administrations of William and Mary and Richard Bland College. An informational release will be available four days prior to the board meeting for those individuals or organizations who request it.

Contact: Office of University Relations, James Blair Hall, Room 308, College of William and Mary, Williamsburg, Va. 23185, telephone (804) 253-4226

VIRGINIA COUNCIL ON THE STATUS OF WOMEN

† September 23, 1986 - 9 a.m. – Open Meeting
AT&T Communications, 1st Floor Conference Room, 1001 East Broad Street, (Old City Hall), Richmond, Virginia

A regular meeting of the council to conduct general business and to receive reports from the committees of the council.

Contact: Bonnie H. Robinson, Executive Director, Virginia Council on the Status of Women, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9200

LEGISLATIVE

VIRGINIA CODE COMMISSION

August 27, 1986 - 10 a.m. – Open Meeting
General Assembly Building, Speaker's Conference Room, 6th Floor, Capitol Square, Richmond, Virginia. ☒

The Commission will continue with the Revision of Title 29.

JOINT HOUSE COMMITTEE ON CORPORATIONS, INSURANCE AND BANKING AND SENATE COMMITTEE ON COMMERCE AND LABOR

† September 15, 1986 - 5 p.m. – Open Meeting
General Assembly Building, House Room D, Capitol Square, Richmond, Virginia. ☒

The purpose of this meeting is for briefing by three Commissioners of the State Corporation Commission.

Contact: C. William Cramme', III, Staff Attorney, Division of Legislative Services, General Assembly Bldg., 2nd Floor, Capitol Square, Richmond, Va. 23219, telephone (804) 786-3591

SPECIAL SUBCOMMITTEE STUDYING THE REGULATION OF FINANCIAL PLANNERS,

September 17, 1986 - 10 a.m. – Open Meeting
General Assembly Building, House Room C, Capitol Square, Richmond, Virginia. ☒

An organizational meeting to discuss whether financial planners should be regulated and if so, to what extent.

Contact: C. William Cramme', III, Staff Attorney, Division of Legislative Services, General Assembly Bldg., 2nd Floor, Capitol Square, Richmond, Va. 23219, telephone (804) 786-3591

SUBCOMMITTEE STUDYING THE PURCHASE OF FOREIGN COAL BY ELECTRIC UTILITIES,

August 21, 1986 - 2 p.m. – Open Meeting
General Assembly Building, House Room C, Capitol Square, Richmond, Virginia. ☒

A meeting to discuss utilities' right to recover costs for purchasing coal outside of the Commonwealth.

Contact: C. William Cramme', III, Staff Attorney, Division of Legislative Services, General Assembly Bldg., 2nd Floor, Capitol Square, Richmond, Va. 23219, telephone (804) 786-3591

Calendar of Events

HOUSE APPROPRIATIONS, HOUSE AND SENATE FINANCE, (JOINT MEETING)

August 22, 1986 - 9:30 a.m. - Open Meeting
General Assembly Building, House Room D, Capitol
Square, Richmond, Virginia. ☐

Summary of Fiscal Year End Revenue Collections.

Contact: Donna C. Johnson, House Appropriations
Committee, General Assembly Bldg., 9th Floor, Capitol
Square, Richmond, Va. 23219, telephone (804) 786-1837

JOINT SUBCOMMITTEE REVIEWING THE SAVINGS AND LOAN LAWS AND INTEREST RATE LAWS OF THE COMMONWEALTH AND INTERSTATE BANKING

† September 16, 1986 - 10 a.m. - Open Meeting
State Capitol, House Room 1, Capitol Square, Richmond,
Virginia. ☐

A special subcommittee of the Savings and Loan
Subcommittee will review credit card laws in Virginia.

† September 16, 1986 - 10 a.m. - Open Meeting
State Capitol, House Room 2, Capitol Square, Richmond,
Virginia. ☐

A special subcommittee of the Savings and Loan
Subcommittee will review carried over HB 400 dealing
with interest rate laws in Virginia.

Contact: C. William Cramme', III, Staff Attorney, Division
of Legislative Services, General Assembly Bldg., 2nd Floor,
Richmond, Va. 23219, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING THE COMMONWEALTH'S SPENDING AND SUPPORT FOR PROMOTING TOURISM

August 22, 1986 - 2 p.m. - Open Meeting
General Assembly Building, House Room C, Capitol Square,
Richmond, Virginia. ☐

Organizational meeting and overview of programs and
organization of the Division of Tourism. (HJR 13)

Contact: Donna C. Johnson, House Appropriations
Committee, General Assembly Bldg., 9th Floor, Capitol
Square, Richmond, Va. 23219, (804) 786-1837

JOINT SUBCOMMITTEE STUDYING THE PROBLEMS OF TEEN PREGNANCY IN VIRGINIA

† September 5, 1986 - 9 a.m. - Public Hearing
Lee Center in the Auditorium, 1108 Jefferson Street,
Alexandria, Virginia

The second public hearing for this subcommittee has
been scheduled on Friday, September 5, to consider
HJR 61.

Public hearing: 9 a.m. to 1 p.m.
Working session: 1:30 p.m. to 4:30 p.m.

Contact: Brenda Edwards, Research Associate, Division of
Legislative Services, General Assembly Bldg., 2nd Floor,
P.O. Box 3-AG, Richmond, Va. 23208, telephone (804)
786-3591

COMMISSION ON VETERANS' AFFAIRS

August 23, 1986 - 10 a.m. - Open Meeting
Buckingham County Agricultural Center, Auditorium, Route
60, Buckingham Court House, Virginia

The Commission will take testimony concerning the
possible creation of a State Veterans' Cemetery in
Buckingham County and will consider any other
veteran-related matters which speakers wish to bring
to the attention of the General Assembly.

Contact: Alan Wambold, Research Associate, Division of
Legislative Services, Box 3-AG, Richmond, Va. 23208,
telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING WATER SUPPLY AND WASTEWATER TREATMENT FACILITIES

† August 21, 1986 - 3 p.m. - Open Meeting
General Assembly Building, House Room D, Capitol
Square, Richmond, Virginia. ☐

Third in a series of work sessions of this study
subcommittee. (HJR 7)

Contact: Michael D. Ward, Staff Attorney OR Martin G.
Farber, Research Associate, Division of Legislative
Services, P. O. Box 3-AG, Richmond, Va. 23208, telephone
(804) 786-3591

Calendar of Events

CHRONOLOGICAL LIST

OPEN MEETINGS

August 18

Agriculture Council, Virginia
Cosmetology, State Board of
Water Control Board, State

August 19

Housing Development Authority, Virginia
Medicare and Medicaid, Governor's Advisory
Committee on; Department of Medical Assistance
Services
Visually Handicapped, Virginia Department for the

August 20

† Corrections, Board of
Funeral Directors and Embalmers, Virginia Board of
† Milk Commission, State
Optometry, Virginia Board of
Social Services, State Board of
Water Control Board, State

August 21

Foreign Coal by Electric Utilities, House Subcommittee
Studying the Purchase of
Funeral Directors and Embalmers, Virginia Board of
Highways and Transportation, Department of (State
Board of)
Pharmacy, State Board of
† Real Estate Board, Virginia
Social Services, State Board of
Visually Handicapped, Virginia Department for the
† Waste Management Board, Virginia
† Water Supply and Wastewater Treatment Facilities,
Joint Subcommittee Studying

August 22

† Building Code Technical Review Board, State
College of William and Mary, Board of Visitors
Game and Inland Fisheries, Commission of
House Appropriations, House Finance and Senate
Finance (Joint Meeting)
Rehabilitative Services, Board of
- Evaluation Committee
Social Work, Virginia Board of
Spending and Support for Promoting Tourism, Joint
Subcommittee Studying the Commonwealth's
† Waste Management Board, Virginia
† Water Control Board, State

August 23

Veterans' Affairs, Commission on
† Water Control Board, State
† Women, Virginia Council on the Status of

August 26

† Apple Board, Virginia State
† Auctioneers Board, Virginia
† Mental Health and Mental Retardation,
Department of
Private Security Services Advisory Board
Visually Handicapped, Virginia Department for the

August 27

Code Commission, Virginia
† Family and Children's Trust Fund
Health Services Cost Review Council, Virginia
Mental Health and Mental Retardation, State
Board of

August 28

† Nursing Home Administrators, State Board of
Examiners for
Rehabilitative Services, Board of
- Finance Committee
- Program Committee
- Task Force on Fiscal Policy
Visually Handicapped, Virginia Department for the

August 29

Land Evaluation Advisory Committee, State
Rehabilitative Services, Board of

September 3

† Air Pollution Control Board, State
Criminal Justice Services, Board of
- Committee on Training
† Higher Education for Virginia, State Council of

September 4

† Medicine, Virginia State Board of
- Chiropractic Examination Committee

September 5

General Services, Department of
- Division of Consolidated Laboratory Services
Advisory Board

September 8

Hearing Aid Dealers and Fitters, Virginia Board of
Land Evaluation Advisory Committee, State

September 9

† Medicine, Virginia State Board of
- Advisory Committee on Respiratory Therapy
† Pharmacy, State Board of

September 10

Geology, Virginia Board of
† Medicine, Virginia State Board of
- Informal Conference Committee
Pilots, Commissioners to Examine
† Social Services, Department of
- Advisory Committee for Interdepartmental
Licensure and Certification of Children's Residential
Facilities

Calendar of Events

September 11

- † Architects, Professional Engineers, Land Surveyors and Certified Landscape Architects
 - State Board of Architects
- † Medicine, Virginia State Board of
 - Chiropractic Examinatin Committee

September 12

- Architects, Professional Engineers, Land Surveyors and Certified Landscape Architects
- Insurance Advisory Board, State
- Medicine, Virginia State Board of
 - Credentials Committee
 - Informal Conference Committee
- † Social Services, Department of
 - Coordinating Committee for Interdepartmental Licensure and Certification of Children's Residential Facilities

September 13

- General Services, Department of
 - Art and Architectural Review Board
- Medicine, Virginia State Board of
 - Credentials Committee

September 15

- † Corporations, Insurance and Banking and Senate Committee on Commerce and Labor, Joint House Committee on
- † Library Board, Virginia State

September 16

- Health Regulatory Boards, Council of
 - Regulatory Research and Evaluation Committee
- Long-Term Care Council, Virginia's
- Museum of Fine Arts, Virginia
 - Entertainment Committee
- † Savings and Loan Laws and Interest Rate Laws of the Commonwealth and Interstate Banking, Joint Subcommittee Reviewing

September 17

- Corrections, Board of
- Financial Planners, Special Subcommittee Studying the Regulations of
- Museum of Fine Arts, Virginia
 - Accessions Committee

September 18

- † Highways and Transportation, Department of (State Board of)
- Museum of Fine Arts, Virginia
 - Finance Committee
 - Full Board of Trustees

September 19

- † Medicine, Virginia State Board of
 - Advisory Committee on Physician Assistants

September 22

- † Job Training Coordinating Council, Governor's

September 23

- † Local Government, Commission on

September 24

- † Mental Health and Mental Retardation, State Board of

September 25

- Efficiency in Government, Governor's Commission on

September 30

- Museum of Fine Arts, Virginia
 - Education in the Arts Committee

October 8

- Museum of Fine Arts, Virginia
 - Exhibitions Committee
 - Programs Committee of the Board of Trustees

October 15

- † Corrections, Board of
- Efficiency in Government, Governor's Commission on
- Visually Handicapped, Virginia Department for the

October 16

- † Highways and Transportation, Department of (State Board of)
- Museum of Fine Arts, Virginia
 - Executive Committee
 - Finance Committee
- Visually Handicapped, Virginia Department for the

October 20

- † Housing and Community Development, Board of
- † Local Government, Commission on

October 21

- † Local Government, Commission on

October 22

- † Local Government, Commission on

November 18

- Efficiency in Government, Governor's Commission on

PUBLIC HEARINGS

August 20

- † Air Pollution Control Board, State
 - Region VII, Springfield

August 22

- Game and Inland Fisheries, Commission of

August 26

- Commerce, Department of
- Health, Department of
 - Bureau of Pharmacy Services

Calendar of Events

September 3

Education Assistance Authority, State

September 5

† Teen Pregnancy in Virginia, Joint Subcommittee
Studying the Problems of

September 10

† Nursing, State Board of
- Task Force for the Study of Definitions of Nursing

September 11

Water Control Board, State

September 17

Commerce, Department of

September 19

Health Coordinating Council, Virginia Statewide

September 22

Agriculture and Consumer Services, Department of
Higher Education for Virginia, State Council of

September 23

Alcoholic Beverage Control Board, Department of

October 6

Taxation, Department of

October 15

Health, Department of
- Division of Water Programs

October 20

† Health, Board of
† Housing and Community Development, Board of

October 28

Education, Department of

October 31

† Medical Assistance Services, Board of

November 12

† Corrections, Board of

December 17

Efficiency in Government, Governor's Commission on