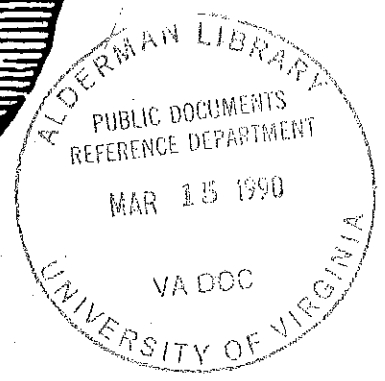
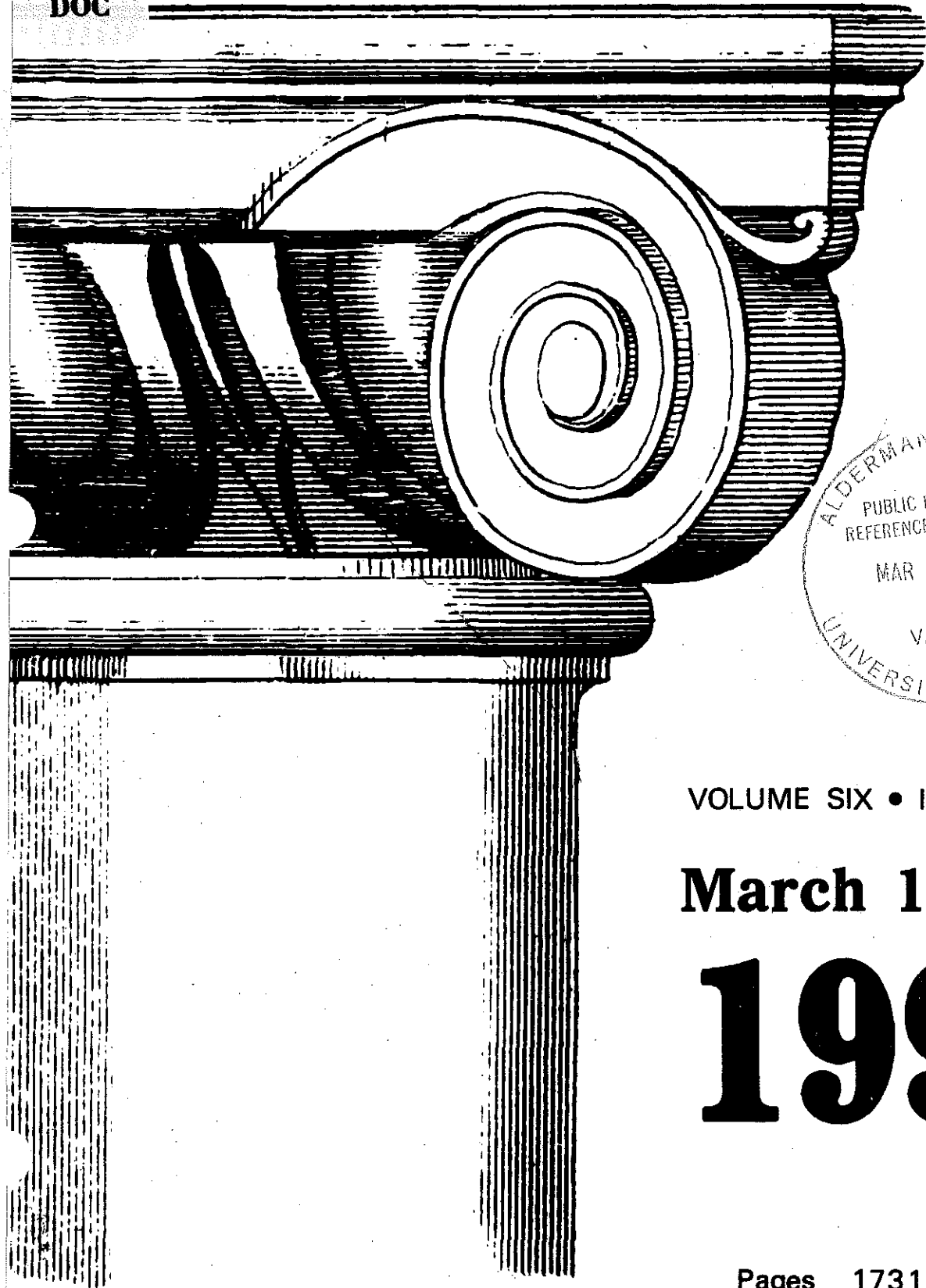


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THE VIRGINIA REGISTER

OF REGULATIONS

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March 12, 1990

1990

Pages 1731 Through 1858

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 periodically 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

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March 1990 through May 1991

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Noon Wednesday

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Apr. 18	May 7
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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.

STATE AIR POLLUTION CONTROL BOARD

Notice: Due to its length, the Regulations for the Control and Abatement of Air Pollution (VR 120-01) filed by the Department of Air Pollution Control is not being published. However, in accordance with § 9-6.14:22 of the Code of Virginia, the summary is being published in lieu of the full text. The full text of the regulation is available for public inspection at the office of the Registrar of Regulations and the Department of Air Pollution Control.

Title of Regulation: VR 120-01. Regulations for the Control and Abatement of Air Pollution.

Statutory Authority: § 10.1-1308 of the Code of Virginia.

Public Hearing Date: April 25, 1990 - 10 a.m.
(See Calendar of Events section for additional information)

Summary:

The proposed amendments to the Emission Standards for Volatile Organic Compounds effect the definition of "volatile organic compound"; "the once in, always in" concept; compliance time frames; general recordkeeping and reporting requirements; disposal of volatile organic compounds (VOC); malfunction and breakdown reporting requirements; RACT requirements for major sources (100 TPY) not covered by other VOC standards; emission standard exemption levels, equivalency determination methods, capture and destruction test methods, purging technique requirements, and transfer efficiency determination methods for coating operations; VOC and gasoline fixed roof tank storage inspection and recordkeeping requirements; automobile and light duty truck coating definitions, emission limits and control technology guidelines; miscellaneous metal parts definitions; graphic arts definitions and high-solids inks as a control method; expansion of the applicability of the rule covering gasoline storage and transfer operations (terminals, bulk plants, service stations) from VOC emissions control areas to the entire state; gasoline storage and transfer emission standard applicability exemption levels for bulk plants and service station storage tanks, and vapor recovery requirements for tank/account trucks; episode prevention procedures; new and modified source permit exemption levels; test methods and procedures for facilities subject to VOC emission standards.

DEPARTMENT OF CONSERVATION AND RECREATION

Title of Regulation: VR 215-02-00. Stormwater Management Regulations.

Statutory Authority: §§ 10.1-104 and 10.1-603.4 of the Code of Virginia.

Public Hearing Dates:

April 9, 1990 - 9 a.m.

April 10, 1990 - 9 a.m.

April 11, 1990 - 8 a.m.

April 12, 1990 - 8 a.m.

(See Calendar of Events section for additional information)

Summary:

The proposed regulations specify minimum technical criteria and administrative procedures for stormwater management programs which local governments are authorized to adopt to achieve the effective control of precipitation runoff from land development projects. These regulations also establish minimum technical criteria and administrative procedures that apply to land development projects that are conducted by state agencies.

VR 215-02-00. Stormwater Management Regulations.

PART I. GENERAL.

§ 1.1. Definitions.

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

"Act" means Article 1.1 (§ 10.1-603.1 et seq.) of Chapter 6 of Title 10.1 of the Code of Virginia.

"Adequate channel" means a watercourse that will convey a chosen frequency storm event without causing erosive damage to the bed, banks and overbank sections of the same.

"Applicant" means any person submitting a stormwater management plan for approval.

"Channel" means a natural stream or man-made waterway.

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"Department" means the Department of Conservation and Recreation.

"Director" means the Director of the Department of Conservation and Recreation.

"Flooding" means a volume of water that is too great to be confined within the banks or walls of the stream, water body or conveyance system and that overflows onto adjacent lands, causing or threatening damage.

"Inspection" means an on-site review of the project's compliance with the approved plan, the local stormwater management program, and any applicable design criteria.

"Land development" or *"land development project"* means a man-made change to the land surface that potentially changes its runoff characteristics.

"Local stormwater management program" or *"local program"* means a statement of the various methods employed by a locality to manage the runoff from land development projects and may include such items as local ordinances, policies and guidelines, technical materials, inspections, enforcement and evaluation.

"Locality" means a county, city, or town.

"Nonpoint source pollution" means pollution whose sources cannot be pinpointed but rather is washed from the land surface in a diffuse manner by stormwater runoff.

"Person" means any individual, partnership, firm, association, joint venture, public or private corporation, trust, estate, commission, board, public or private institution, utility, cooperative, county, city, town or other political subdivision of the Commonwealth, any interstate body or any other legal entity.

"Post-development" refers to conditions that may be reasonably expected or anticipated to exist after completion of the land development activity on a specific site or tract of land.

"Pre-development" refers to conditions that exist at the time that plans for the development of a tract of land are approved by the plan approval authority. Where phased development or plan approval occurs (preliminary grading, roads and utilities, etc.), the existing conditions at the time the first item is approved or permitted shall establish pre-development conditions.

"Regional (basin wide) stormwater management facility" means a facility or series of facilities designed to function in concert with and control stormwater runoff from a large contributing area, although only portions of which may experience land development.

"Regional stormwater management plan" or *"regional plan"* means a document containing material describing

how runoff from pre-developed land, subdivisions and future planned development areas within a watershed will be controlled by coordinated design and implementation of regional stormwater management facilities.

"Runoff" means that portion of precipitation that is discharged across the land surface or through conveyances to one or more waterways.

"Sheet flow" (also called overland flow) means shallow, unconcentrated and irregular flow down a slope. The length of strip for overland flow usually does not exceed 200 feet under natural conditions.

"Site-specific stormwater management facilities" means facilities which are designed to control stormwater emanating from a specific site.

"State project" means the construction of any facility or expansion of an existing facility which is hereafter undertaken by any state agency, board, commission, authority or any branch of state government, including state supported institutions of higher learning, which disturbs more than one acre of land area.

"Stormwater detention" means an impoundment structure designed to temporarily detain runoff and thus reduce flood peaks.

"Stormwater management facility" means a device that controls the free-flowing stormwater runoff and changes the characteristics of that runoff including, but not limited to, the quantity and quality, the period of release or the velocity of flow.

"Stormwater management plan" or *"plan"* means a document containing material for describing how existing runoff characteristics will be maintained by a land development project.

"Subdivision" means the same as defined in § 15.1-465 of the Code of Virginia.

"Watershed" means the total drainage area contributing runoff to a single point.

§ 1.2. Authority.

Article 1.1 (§ 10.1-603.1 et seq.) of Chapter 6 of Title 10.1 of the Code of Virginia authorizes the department to promulgate these regulations.

§ 1.3. Purposes.

The purposes of these regulations are to:

1. Inhibit the deterioration of existing waters and waterways of the Commonwealth by requiring that state agency and local stormwater management programs maintain post-development runoff characteristics, including both water quantity and

quality, as nearly as practicable, equal to or better than the pre-development runoff characteristics;

2. Control nonpoint source pollution, localized flooding and stream channel erosion, by establishing minimum acceptable technical criteria that must be met by all stormwater management programs adopted by state agencies and localities;

3. Establish minimum acceptable administrative procedures that must be met by all local stormwater management programs adopted by localities on or after July 1, 1990;

4. Require the provision of long-term responsibility for, and maintenance of, stormwater management control devices and other techniques specified to manage the quality and quantity of runoff;

5. Provide for the integration of stormwater management programs with erosion and sediment control, site plan review, flood insurance, floodplain management and other land development related programs and laws and regulations requiring compliance prior to authorizing construction;

6. Provide local governments with technical assistance, training, research and coordination of stormwater management technology; and

7. Provide for the periodic review and evaluation of local and state agency stormwater management programs and for annual reporting to the General Assembly of the extent to which the stormwater management program has reduced nonpoint source pollution and mitigated the detrimental effects of localized flooding.

§ 1.4. Applicability.

A. These regulations are applicable to:

1. Every locality that establishes a local stormwater management program; and

2. Every state agency that, after January 1, 1991, undertakes any land clearing, soil movement, or construction activity involving soil movement or land development.

B. The following activities are exempt from these regulations:

1. Permitted surface or deep mining operations and projects conducted under the provisions of Title 45.1 of the Code of Virginia;

2. Tilling, planting or harvesting of agricultural, horticultural, or forest crops;

3. Single-family residences separately built and not

part of a subdivision, including additions or modifications to existing single-family detached residential structures; and

4. Land development projects that disturb less than one acre of land area, except that the governing body of a locality that has adopted a local stormwater management program may exempt a smaller area of disturbed land or may qualify the conditions under which this exemption shall apply.

PART II.

LOCAL STORMWATER MANAGEMENT PROGRAMS.

§ 2.1. Scope.

A. This part specifies administrative procedures and technical criteria for local stormwater management programs.

B. Except for regulations related to plan approval, which are set forth in §§ 2.4 and 2.5 below, a locality may adopt regulations that are more stringent than those necessary to ensure compliance with the regulations set forth in this part, provided that the more stringent regulations are based upon the findings of local comprehensive watershed management studies and that prior to adopting more stringent regulations a public hearing is held after giving due notice.

C. Nothing in this part shall be construed as authorizing a locality to regulate, or to require prior approval by the locality for, a state project.

§ 2.2. Regional planning encouraged.

A. In developing a local stormwater management program, a locality should consider regional planning for the appropriate watershed. The objective of regional stormwater management planning is the achievement of greater economy and efficiency through the use of regional stormwater management and flood control facilities that can serve several land development projects, as opposed to the use of a multitude of facilities that are intended solely for individual land development projects. Localities are encouraged to develop cooperative regional stormwater management plans.

B. Regional stormwater management planning should include the following, as a minimum:

1. Consideration of the locality's comprehensive plan, zoning, government facility plans and similar planning tools;

2. Recommendations for the location of regional stormwater management and flood control facilities;

3. The storage capacity required for each facility of the subwatershed contained within the region; and

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4. Consideration of future expansion of regional stormwater management and flood control facilities based on the anticipated ultimate development of the watershed, as well as on the possibility that development might exceed the anticipated level.

§ 2.3. Administrative procedures: stormwater management plans.

A. A local stormwater management program shall require a person who intends to initiate a land development project in the locality's jurisdiction to submit a stormwater management plan to the locality and to obtain the locality's approval of the plan prior to beginning the project.

B. As a minimum, a stormwater management plan which an applicant submits to a locality shall contain the following:

1. The name and address of the applicant;
2. Overall site plan;
3. The location and the design of the planned stormwater control facility or facilities;
4. Comprehensive hydrologic and hydraulic computations for the pre-development and post-development two-year and 10-year storm events, considered individually;
5. A comprehensive soil map of the area being considered for water quality practices;
6. A description of the measures that are necessary to ensure compliance with the stormwater management provisions of the local erosion and sediment control ordinance;
7. The projected specific water quality control features;
8. A description of any other measures that are necessary to ensure compliance with the requirements of this part and the local stormwater management program;
9. A description of the requirements for maintenance of the stormwater management facilities and a recommended schedule of inspection and maintenance;
10. The identification of a person or persons who will be responsible for maintenance. If a person other than the locality will be responsible for maintenance, the plan shall also contain a proposed agreement between that responsible person and the locality for performing the maintenance;
11. A proposed time period during which the developer or contractor or both will remain liable for

the structural integrity of the stormwater management facility;

12. Certification of maps, plans and designs by a professional engineer or Class III B surveyor; and

13. The mean annual pre-development and post-development flow of receiving water.

§ 2.4. Administrative procedures: approval and disapproval of plans.

A. Not later than 45 days after receipt of a complete stormwater management plan submitted by an applicant, a locality shall either approve or disapprove the plan.

B. A locality shall notify the applicant of its decision by registered or certified mail sent to the address given in the application.

C. A disapproval of a plan shall contain the reasons for disapproval.

§ 2.5. Administrative procedures: conditions of approval.

Each plan approved by a locality shall be subject to the following conditions:

1. The applicant shall comply with all applicable requirements of the approved plan, the local program, these regulations and the Act, and shall certify that all land clearing, construction, land development and drainage will be done according to the approved plan.
2. The land development project shall be conducted only within the area specified in the approved plan.
3. The locality shall be allowed, after giving notice to the owner, occupier or operator of the land development project, to conduct inspections of the project.
4. The person responsible for implementing the approved plan shall conduct monitoring and submit reports as the locality may require to ensure compliance with the approved plan and to determine whether the plan provides effective stormwater management.
5. No transfer, assignment or sale of the rights granted by virtue of an approved plan shall be made without the prior written approval of the locality.

§ 2.6. Administrative procedures: variances.

A. A locality may grant a variance to any structural design criteria that it determines is inappropriate or more restrictive than necessary for site conditions. In deciding whether to grant a variance, the locality shall consider the potential cost savings to the applicant and the need to protect off-site properties and resources from damage.

B. A locality may grant a variance to certain design criteria if there is an approved regional stormwater management plan for the appropriate watershed.

C. The procedures for requesting a variance are as follows:

1. At the time of submission of a plan, an applicant may request a variance from certain requirements of the approved local stormwater management program. The applicant shall explain in writing the reasons for requesting the variance. Specific variances which are granted by the plan approving authority shall be documented on the final approved stormwater management plan.

2. During construction, the person responsible for implementing the approved plan may request a variance. Unless the plan approving authority issues its written approval granting a variance within 10 days after receipt of the request for a variance, the variance shall be deemed to be disapproved. Following disapproval, the applicant may resubmit a variance request with additional documentation.

§ 2.7. Administrative procedures: changes to an approved plan.

A. If a locality determines that any measure required or allowed under an approved plan is not providing effective stormwater management, or is not in accordance with current design criteria, a locality may at any time order a change or changes to the approved plan.

B. A change may make specific modifications to an approved plan, or it may require the person responsible for implementing the plan to submit to the locality revisions to the approved plan.

C. The locality shall state the basis for its change in writing and shall issue its order in writing to the person responsible for implementing the plan.

D. A change shall allow reasonable time for compliance, unless immediate action is needed to abate an imminent threat to the public health and safety, or to the environment.

E. A change shall be subject to judicial review pursuant to § 10.1-603.13 of the Code of Virginia.

§ 2.8. Administrative procedures: inspections.

A locality shall inspect each land development project in its jurisdiction at least once a month and also after every significant precipitation event until the attainment of final site stabilization. Inspection records must be kept a minimum of three years.

§ 2.9. Technical criteria: general requirements.

A. A site design shall be developed so that the post-development peak runoff rate from a two-year storm and a 10-year storm, considered individually, shall not exceed the pre-development characteristics.

B. A stormwater management facility shall maintain the pre-development two-year peak velocity.

C. Construction of facilities and improvements or modifications to channels shall comply with all applicable laws and regulations. Impounding structures that are smaller than those covered by the Virginia Dam Safety Regulations shall be checked for structural integrity and floodplain impacts for the 100-year storm event.

D. A site-specific stormwater management facility shall be designed for the conditions that will, or should reasonably be expected to, exist after completion of development.

E. Properties and waterways downstream from development sites shall be protected from erosion due to increases in volume, velocity and peak flow rate of stormwater runoff.

F. Channel adequacy and pre-development and post-development runoff rates shall be verified by calculations that are consistent with good engineering practices and that are acceptable to the plan approving authority.

G. All temporary stormwater control measures shall be removed within 30 days after final site stabilization or after the temporary measures are no longer needed, unless otherwise authorized by the local program administrator. Trapped sediment and the disturbed soil areas resulting from the disposition of temporary measures shall be permanently stabilized to prevent further erosion and sedimentation.

H. In applying these stormwater management criteria, individual lots in residential subdivision developments shall not be considered separate development projects, but rather the entire residential subdivision development shall be considered a single development project.

I. Proposed commercial or industrial subdivisions shall apply these stormwater management criteria to the development as a whole. Hydrologic parameters which reflect the ultimate subdivision development shall be used in all engineering calculations.

§ 2.10. Technical criteria: channel stability requirements.

A. Concentrated stormwater runoff leaving a development site shall be discharged directly into an adequate natural or man-made receiving channel, pipe or storm sewer system. For those sites where runoff is discharged into a pipe or pipe system, downstream stability analyses at the outfall of the pipe or pipe system shall be performed.

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B. Adequacy of all channels and pipes shall be verified in the following manner:

1. The applicant shall demonstrate that the total drainage area to the point of analysis within the channel is 100 times greater than the contributing drainage area of the project in question.

2. Natural channels shall be analyzed by the use of a two-year frequency storm to verify that stormwater will not overtop channel banks nor cause erosion of channel bed or banks.

3. All previously constructed man-made channels shall be analyzed by the use of a 10-year frequency storm to verify that stormwater will not overtop its banks and by the use of a two-year storm to demonstrate that stormwater will not cause erosion of channel bed or banks.

4. Pipes and storm sewer systems shall be analyzed by the use of a 10-year frequency storm to verify that stormwater will be contained within the pipe or system.

C. If existing natural receiving channels or previously constructed man-made channels or pipes are not adequate, the applicant shall:

1. Improve the channel(s) to a condition where a 10-year frequency storm will not overtop the banks and a two-year frequency storm will not cause erosion to channel the bed or banks; or

2. Improve the pipe or pipe system to a condition where the 10-year frequency storm is contained within the appurtenance(s); and

3. Provide evidence of permission to make the improvements.

D. All hydrologic analyses shall be based on the existing watershed characteristics and the ultimate development condition of the land development project.

E. Increased volumes of sheet flows which may cause erosion or sedimentation on adjacent property shall be diverted to a stable outlet, adequate channel or detention facility.

§ 2.12. Review of plans by the department.

The department may review any stormwater management plan with real or potential interjurisdictional impacts, upon the request of one of the involved localities, to determine whether the plan is consistent with the provisions of the Act and these regulations. Any such review shall be completed and a report submitted to each locality involved within 90 days of such request.

PART III.

STATE AGENCY PROJECTS.

§ 3.1. Stormwater management plans or standards required.

After January 1, 1991, a state agency shall not undertake any land clearing, soil movement or construction activity involving soil movement or land development unless the state agency has:

1. Submitted to the department a stormwater management plan for the land development project and has obtained approval of the plan from the department; or

2. Submitted annually to the department stormwater management standards and specifications and has annually obtained approval of those standards and specifications.

§ 3.2. Minimum requirements for stormwater management plans.

As a minimum, a stormwater management plan shall contain the following:

1. The location and the design of the planned stormwater control device or devices;

2. Overall site plan;

3. Comprehensive hydrologic and hydraulic computations for the pre-development and post-development two-year and 10-year storm events, considered individually;

4. The projected specific water quality control features;

5. A comprehensive soil map of the area being considered for water quality practices;

6. A description of the measures that are necessary to ensure compliance with the stormwater management provisions of the Erosion and Sediment Control Law, Article 4 (§ 10.1-560 et seq.) of Chapter 5 of Title 10.1 of the Code of Virginia, and related regulations;

7. A description of the requirements for maintenance of the stormwater management facilities and a recommended schedule of inspection and maintenance;

8. The identification of a person or persons who will be responsible for maintenance;

9. A proposed time period during which the agency or contractor or both will remain liable;

10. Certification of maps, plans and designs by a professional engineer or Class III B surveyor;

11. The mean annual pre-development and post-development flow of receiving water; and

12. A description of how the plan will meet the criteria set forth in §§ 2.9, 2.10 and 2.11 above.

§ 3.3. Actions on plans by the department.

A. Not later than 30 days after receipt of a complete stormwater management plan submitted by a state agency, the department shall transmit its comments in writing to the state agency which submitted the plan.

B. The department's recommendations shall be binding on the state agency and on the private business or businesses, if any, hired by the state agency.

C. A state agency shall not change an approved stormwater management plan without approval from the department.

§ 3.4. Inspections.

The department shall perform random site inspections of state agency land development projects to assure compliance with these regulations, the Erosion and Sediment Control Law and related regulations.

PART IV. REPORTING.

§ 4.1. Reporting on nonpoint source pollution reduction.

A. Each locality and state agency with an approved local stormwater management program shall report to the department annually on the extent to which its stormwater management program has reduced nonpoint source pollution.

B. An annual report shall include, at a minimum, the location of stormwater management facilities installed in the locality during the preceding year. This inventory shall include the type of each stormwater facility, its storage capacity and the affected water body, watershed or basin, and a summary of water quality monitoring data associated with the facility.

C. The department will compile this information, along with data about stormwater management facilities installed for state projects during the preceding year, and report to the General Assembly on the extent to which stormwater management programs have reduced nonpoint source pollution to the Commonwealth's waters.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Notice: Due to its length, the Nursing Home Payment System filed by the Department of Medical Assistance Services is not being published. However, in accordance

with § 9-6.14:22 of the Code of Virginia, a summary, in lieu of full text, is being published, and the amendments are set out below. The full text of the regulation is available for public inspection at the Office of the Registrar of Regulations and the Department of Medical Assistance Services.

Title of Regulation: VR 460-03-4.1940. Nursing Home Payment System (New Construction Cost Limits).

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

Public Hearing Date: N/A - Written comments may be submitted until May 11, 1990.

(See Calendar of Events section for additional information)

Summary:

The Department of Medical Assistance Services is proposing to modify the Nursing Home Payment System to remove references to the Dodge Construction Index, since it is no longer published by the McGraw Hill Co., as a comparison standard for allowable new construction costs. This proposed regulation does not vary significantly from the currently effective emergency regulation. For 1990 and beyond, the department is proposing to use the R.S. Means as its new allowable costs standard.

VR 460-03-4.1940. Nursing Home Payment System (New Construction Cost Limits).

§ 2.2. New facilities and bed additions.

A. Providers shall be required to obtain three competitive bids when (i) constructing a new physical plant or renovating a section of the plant when changing the licensed bed capacity, and (ii) purchasing the fixed equipment and/or major movable equipment or both related to such a project.

All bids must be obtained in an open competitive market manner, and full disclosure will be required by DMAS prior to initial rate setting. Related parties see § 2.10.

B. Reimbursable costs for building and fixed equipment will be based upon the high average per square foot costs in the Dodge Construction System Costs through December 31, 1988. The provider will have the option of selecting the Dodge construction cost index limit which is effective on the date the Certificate of Need (CON) is issued or the date the facility is licensed.

This provision will be effective for beds licensed after December 31, 1985. Total cost will be calculated by multiplying the high average per square foot cost times 385 sq. ft. (the average per bed square footage.)

For 1989 the provider will have the option of selecting

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the 1988 Dodge Construction Cost Limit, or a 1989 construction cost limit calculated by DMAS. DMAS will compute the 1989 limit by increasing the 1988 Dodge per bed limit by the simple average percent of increase from 1988 to 1989 for the four Dodge Construction Cost Indexes published for Richmond, Norfolk, Roanoke, and Charlottesville. Effective on or after January 1, 1990, reimbursable costs for building and fixed equipment will be based upon the high average square foot costs for nursing homes published annually by R. S. Means & Co.

However, in no case shall allowable reimbursed costs exceed 120 percent of the amounts approved in the original Certificate of Need.

C. Notwithstanding for foregoing provision, if the Certificate of Need is suspended by the Health Commissioner, a construction cost inflator (Dodge Construction Index) will be used to adjust the original CON values of construction or equipment costs.

D. If the provider can show through the CON significant change procedure methodology that this index does not appropriately reflect cost increases during the suspension period, the department may grant an exception to the use of this index.

E. New facilities and bed additions to existing facilities must have prior approval under the state's Certification of Public Need Law and Licensure regulations in order to receive Medicaid reimbursement.

§ 2.3. Major capital expenditures.

A. Major capital expenditures include, but are not limited to, major renovations (without bed increase), additions, modernization, other renovations, upgrading to new standards, and equipment purchases. Major capital expenditures are any capital expenditures costing \$100,000 or more each, in aggregate for like items, or in aggregate for a particular project. These include purchases of similar type equipment or like items within a one-year period (not necessarily the provider's reporting period).

B. Providers (including related organizations as defined in § 2.10) shall be required to obtain three competitive bids and Certificate of Need, if applicable before initiating any major capital expenditures.

All bids must be obtained in an open competitive manner, and full disclosure will be required by the Program prior to initial rate setting (related parties see § 2.10.)

C. Useful life will be determined by the American Hospital Association's (A.H.A.) Estimated Useful Lives of Depreciable Hospital Assets. If the item is not included here, reasonableness will be applied to determine useful life.

D. Major capital additions, modernization, renovations,

and costs associated with upgrading the facility to new standards will be subject to cost limitations based upon the applicable Dodge construction cost index.

APPENDIX III. COST REIMBURSEMENT LIMITATIONS.

§ 1.1. Foreword.

A. The attached information relates to the operating and plant cost limitations presently being used by the Department of Medical Assistance Services.

B. All limitations will be adjusted on January 1 of each calendar year and will be effective for all providers new cost report period beginning on or after that date.

C. Limitations, unless otherwise specifically stated for the individual expense classification, will be increased based upon annualized escalator that is computed (without plant component) as of December 31 of each year.

D. Plant costs will not be increased by an escalator.

E. All of the operating cost limitations are further subject to the applicable ceilings.

§ 1.2. Compensation administrator/owner.

A. Management fees, consulting fees, and other services performed by owners are included in the total salaries if they are performing administrative duties regardless of what such services may be labeled.

B. Compensation is interpreted to mean remuneration paid regardless of the form in which it is paid. This includes, but is not limited to, salaries, professional fees, fringe benefits, insurance premiums, directors' fees, personal use of automobiles, consultant fees, management fees, travel allowances, relocation expenses in excess of IRS guidelines, bonuses, meal allowances, and payments to pension plans.

1. Salaries.

a. Administrator/owner compensation is based on a maximum amount established by Medicare and modified by the DMAS to vary according to facility bed size.

The compensation schedule is adjusted annually to reflect cost-of-living increases based upon the average annualized CPI for the preceding year. This schedule is based upon a 40-hour week.

b. In addition to serving as administrator, owners who provide other services to the facility must maintain adequate records to show that the services were needed, and the cost of the service, if performed by an outside consultant, contractor, et cetera.

c. Where the owner serves as administrator of a facility and also charges for other services rendered, it must be adequately documented that such services were necessary, reasonable and provided beyond the normal hours.

2. Fees.

a. Directors' fees.

(1) Although Medicaid does not require a board of directors (Medicare requires only an annual stockholders' meeting), the Program will recognize reasonable costs for directors' meetings related to patient care.

(2) It is not the intent of DMAS to reimburse a facility for the conduct of business related to owner's investments, nor is it the intent of the Program to recognize such costs in a closely held corporation where one person owns all stock, maintains all control, and approves all decisions.

(3) To receive reimbursement for directors' meetings, the minutes must relate to content and purpose, members in attendance, the time the meeting began and ended, and the date.

(4) Bonafide directors may be paid an hourly rate of \$100 up to a maximum of four hours per month. These fees include reimbursement for time, travel, and services performed.

b. Membership fees.

(1) These allowable costs will be restricted to membership in health care organizations which promote objectives in the provider's field of health care activities.

(2) Membership fees will be allowed for the administrator, owner, and home office personnel in health care organizations.

(3) Comparisons will be made with other providers to determine reasonableness of the number of organizations to which the provider will be reimbursed for such membership and the claimed costs, if deemed necessary.

c. Management fees.

(1) External management services must be needed, cost effective, and nonduplicative of existing facility services.

(2) Costs to the provider, based upon a percentage of net and/or gross revenues, or other variations thereof, shall not be an acceptable basis for reimbursement. In addition, management fees must be reasonable and based upon rates related to

services provided.

(3) Management fees paid to a related party may be recognized by the Program as the owner's compensation and may be subject to administrator salary guidelines.

(4) A management fees service agreement exists when the contractor provides nonduplicative personnel, equipment, services, and supervision.

(5) A consulting service agreement exists when the contractor provides nonduplicative supervisory or management services only.

(6) Limits will be based upon comparisons with other similar size facilities or other Program guidelines and information.

d. Pharmacy consultants fees. Costs will be allowed to the extent they are reasonable and necessary.

e. Physical therapy fees (for outside services). Limits are based upon current HIM-15 guidelines.

f. Respiratory therapy fees (for outside services). Limits are based upon current HIM-15 guidelines.

g. Medical directors' fees. Costs will be allowed up to \$6,000 per year to the extent that such fees are determined to be reasonable and proper. This limit will be escalated annually by a C.P.I.

3. Personal automobile.

a. Use of personal automobiles when related to patient care will be reimbursed at the maximum of the allowable IRS mileage rate when travel is documented.

b. Flat rates for use of personal automobiles are unallowable.

4. Seminar expenses. These expenses will be recognized as allowable costs, providing the following criteria are met:

a. Seminar must be related to patient care activities, rather than promoting the interest of the owner or organization.

b. Expenses must be supported by:

(1) Seminar brochure,

(2) Receipts of room, board, travel, registration, and educational material.

5. Home office costs.

a. Home office costs must be reasonable, cost

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effective, nonduplicative of existing facility services, and related to patient care.

b. Limits will be based upon comparisons with other home office costs or other Program guidelines and information.

6. General limitations.

a. Purchases from organizations are limited to the lower of the related organization's actual cost or the price for which comparable services could be purchased elsewhere. Such related organizations and costs must be identified by the provider in the cost report.

b. The allowance for depreciation is restricted to the straight line method with a useful life in compliance with the American Hospital Association's guidelines.

c. Rent or lease expenses are limited to the underlying historical depreciation, interest, and property tax costs.

7. Interest rates. The allowable interest rate will not exceed the average for Baa rated municipal bonds plus 1.0% during the week in which commitment for construction financing or closing for permanent financing takes place. Where bond issues are used as a source of financing, the date of sale will be considered as the date of closing.

8. Insurance premiums. Mortgage insurance premiums are allowed if required by the lending institution, if the lending institution is made a direct beneficiary, and if such premiums meet HIM-15 criteria for allowability.

9. Legal retainer fees.

a. DMAS will recognize legal retainer fees up to the extent of the following limitations:

BED SIZE	LIMITATIONS
0 - 50	\$ 100 per month
51 - 100	150 per month
101 - 200	200 per month
201 - 300	300 per month
301 - 400	400 per month

b. The expense to be allowed by DMAS must be supported by an invoice and check when required by the Division of Provider Reimbursement.

10. Reserved for future use.

11. Payments to providers. Payments to providers are limited to the lower of allowable cost, charges, or the applicable ceiling.

12. Patient days. The greater of the actual days or 95% of the licensed bed complement shall be used to determine prospective per diem rates, except for distinct parts with 30 beds or less, when 85% occupancy will apply, and except as provided for under § 2.19 B of the Nursing Home Payment System (Supplement to Attachment 4.19 D).

13. Construction cost limitations.

a. Reimbursable cost for building and fixed equipment ~~will~~ shall be limited to and based on the high average per square foot costs in the Dodge Construction System Costs *through December 31, 1988*. The provider ~~will~~ shall have the option of selecting the Dodge construction cost ~~index limit~~ which is effective on the date the COPN is issued or the date the facility is licensed. This provision ~~will~~ shall be effective for beds licensed after December 31, 1985.

Total costs ~~will~~ shall be calculated by multiplying the high average per square foot cost times 385 square feet (the average per bed square footage).

For 1989 the provider will have the option of selecting the 1988 Dodge Construction Cost Limit, or a 1989 construction cost limit calculated by DMAS. DMAS will compute the 1989 limit by increasing the 1988 Dodge per bed limit by the simple average percent of increase from 1988 to 1989 for the four Dodge Construction Cost Indexes published for Richmond, Norfolk, Roanoke, and Charlottesville. Effective on or after January 1, 1990, reimbursable costs for building and fixed equipment will be based upon the high average square foot costs for nursing homes published annually by R. S. Means & Co.

However, in no case shall allowable reimbursed costs exceed 120% of the amounts approved in the original Certificate of Need. The effective limit ~~will~~ shall be updated annually in January of each year and ~~will~~ shall then apply to all new nursing home beds authorized through the COPN process or licensed during the applicable calendar year. When ~~Section~~ § 2.10, Related Organizations, is applied the reimbursement ~~will~~ shall be limited to the lower of the costs determined by ~~Section~~ § 2.2 or ~~Section~~ § 2.10.

b. The aggregate of the following costs ~~will~~ shall be limited to 5.0% of the total allowable project costs:

(1) Examination fees

(2) Guarantee fees

(3) Financing expenses (service fees, placement fees, feasibility studies, etc.)

(4) Underwriters discounts

(5) Loan points

c. The aggregate of the following financing costs ~~will~~ *shall* be limited to 2.0% of the total allowable project costs:

- (1) Legal fees
- (2) Organizational costs
- (3) Cost certification fees
- (4) Title and recording costs
- (5) Printing and engraving costs
- (6) Rating agency fees

14. Architect fees.

a. Architect fees ~~will~~ *shall* be limited to the amounts and standards as published by the Virginia Department of General Services.

b. Since it is recognized that architect fees frequently include financing costs previously stated, care must be exercised to prevent duplication of such allowable costs.

15. Major capital expenditures.

a. Capital expenditures include but are not limited to, major renovations (without bed increase), additions, modernization, other renovations, upgrading to new standards, and equipment purchases. Major capital expenditures are any capital expenditure costing \$100,000 or more each, in aggregate for like items, or in aggregate for a particular project. These include purchases of similar type equipment or like items within a one-year period (not necessarily the provider's reporting period).

b. Providers shall be required to obtain three independent competitive bids (and Certificate of Needs, if applicable) before initiating any major capital expenditures.

Where the operator or a related party serves as the contractor or supplier, an itemized statement of costs may be substituted. All independent bids must be obtained in an open competitive market manner, and full disclosure will be required by DMAS prior to initial rate setting.

c. Useful life ~~will~~ *shall* be determined by the American Hospital Association's "Established Useful Lives of Depreciable Hospital Assets." If the item is not included, reasonableness ~~will~~ *shall* be applied to determine useful life.

d. Capital additions, modernization, renovations, and costs associated with upgrading the facility to new standards ~~will~~ *shall* be subject to cost limitations based upon the applicable Dodge construction cost index.

**16. DEPARTMENT OF MEDICAL ASSISTANCE
SERVICES ADMINISTRATOR/OWNER
COMPENSATION SCHEDULE JANUARY 1, 1986 -
DECEMBER 31, 1986**

BED SIZE	(1)	(2)
	NORMAL ALLOWABLE FOR ONE ADMINISTRATOR	MAXIMUM FOR 2 OR MORE ADMINISTRATOR
1 - 75	29,748	44,623
76 - 100	32,260	48,387
101 - 125	37,096	55,645
126 - 150	41,934	62,901
151 - 175	46,952	70,429
176 - 200	51,792	77,685
201 - 225	55,421	83,128
226 - 250	59,049	88,574
251 - 275	62,679	94,015
276 - 300	66,308	98,568
301 - 325	69,935	104,906
326 - 350	73,565	110,349

17. Dodge Construction cost limit. The Dodge Construction Cost limit for new-bed construction for nursing homes for January 1, 1986, through December 31, 1986, is \$23,962 per bed. This limit ~~will~~ *shall* be updated for each future calendar year using the applicable Dodge construction limit as computed in accordance with Appendix III § 1.2, 1.3. Construction Cost Limitations.

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 HEALTH (STATE BOARD OF)

Title of Regulation: VR 355-33-02. Regulations [**Governing for the**] Licensure of Home Health Agencies [**and Hospices**].

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

Effective Date: April 11, 1990

Summary:

The purpose of these regulations is to define minimum standards of reorganization and operation required of a licensed home health agency. In addition, the regulations are to provide guidelines for the commissioner and notice to the home health agency of the standards on which licensure shall be dependent, and to assist operators in preparation of an application for licensure and other reports. In the absence of such regulations, home health agencies or single service vendors who are not currently regulated by the Medicare or Medicaid certification programs can operate and could provide less than an acceptable standard of care, leaving the consumer with no standard against which to measure a provider's service. By regulating these activities, the Commonwealth intends to promote quality care and protect the safety and welfare of sick and terminally ill individuals receiving home health services.

These regulations are based upon nationally accepted standards established by various accrediting organizations, by certification standards established by the U. S. Department of Health and Human Services, Office of Health Care Financing Administration, and on recommendations received from the Home Health Agency Advisory Committee.

The regulations were originally proposed in conjunction with Regulations for the Licensure of Hospices. In response to public comment, the regulations were split into two separate regulations, both of which are being published as final regulations in this issue of the Virginia Register.

VR 355-33-02. Regulations for the Licensure of Home Health Agencies.

PART I. GENERAL PROVISIONS.

§ 1.1. Definitions.

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

"Agency" unless otherwise qualified, means a home health agency as defined herein.

"Attending physician" means a physician currently licensed by the [Virginia] State Board of Medicine [in Virginia or currently licensed in an adjacent state or both] who is identified by the patient as having the most significant role in determining the delivery of the patient's medical care.

"Board" means the State Board of Health.

"Bylaws" means a set of rules adopted by the governing body.

"Certified" means an agency, institution, organization or individual that has been approved by the state or federal certification agency as a provider or supplier of services under provisions of the Medicare or Medicaid programs.

"Chief administrative officer" means the individual appointed by the governing body to act on its behalf in the overall management of the agency.

"Commissioner" means the State Health Commissioner.

"Department" means the Virginia Department of Health.

"Direction" means authority to carry out policy and give procedural guidance to accomplish a function or activity.

"Discharge summary" means a final written summary filed in a closed medical record of the services delivered, goals achieved and final disposition at the time of discharge from service.

"Division" means the Division of Licensure and Certification of the Virginia Department of Health.

"Employee" means an individual who performs a specific job function for the employer on a full-time or part-time basis for pay or not for pay.

"Full-time" means a minimum of a 37-1/2 hour work week [~~of a 7-1/2 hour work day~~] .

"Governing body" means the individual, group or governmental agency that has legal responsibility and authority [~~for approving over~~] the operating policies of the agency.

"Home health agency" means a public or private agency or organization, whether operated for profit or not for profit, that delivers directly or through contractual agreement one or more home health services, according to a plan of treatment [or nursing services] , to sick or disabled individuals living at home.

"Home health services" means any of the following services and items delivered on a daily or hourly basis [and under a plan of treatment] to a patient in his home:

Part-time or intermittent skilled nursing care;
Physical therapy;
Occupational therapy;
Speech therapy;
Medical social services;
Part-time or intermittent home health aide services;
Medical supplies, excluding drugs and medicines;
Medical appliances;
Specialized nutrition support;
Intravenous therapy; or
Respiratory therapy.

"Intermittent" means home health services provided to an individual who does not require daily visits but who has a condition that requires services at medically predictable intervals over a period of weeks or months.

"Licensing agency" means the Department of Health.

"Medical record" means a continuous and accurate written account of services provided to a patient, including information that has been dated and signed by the individuals who prescribed or delivered the treatment or care.

"Nonprofit" means an agency exempt from Federal Income Taxation under § 501(c) of the Internal Revenue Code of 1986, as amended.

["Nursing services" means patient care services pertaining to the curative, palliative, restorative, or preventive aspects of nursing that are performed or supervised by a registered nurse.]

"Operator" means any individual, partnership, association, trust, corporation, municipality, county, [local] governmental agency or any other legal or commercial entity that is responsible for the day-to-day administrative management and operation of the agency.

"Part-time" means those home health services provided to an individual who does not require full-time service but who has a medical condition that requires [frequent] hourly visits on consecutive days or several days within the same week.

"Patient's residence" means the place where the patient resides, which includes a licensed home for adults, but excludes a licensed hospital or nursing home or certified nursing care facility.

"Person" means any individual, partnership, association, trust, corporation, municipality, county, [local] governmental agency or any other legal or commercial entity that operates an agency.

"Plan of care" means a written plan developed by the agency staff to carry out the patient's prescribed plan of treatment.

"Plan of treatment" means a written plan of services and items needed to treat patient's medical condition that is prescribed, signed and periodically reviewed by the patient's attending physician.

"Progress note" means a written statement [contained within a patient's medical record] , dated and signed by the person delivering the care, treatment or service, describing the effect of the care, treatment or service on the patient's medical condition.

"Supervision" means the ongoing process of monitoring the skills, competencies and performance of the individual supervised and providing regular, documented, face-to-face guidance and instruction.

§ 1.2. General information.

A. Authority.

Title 32.1, Chapter 5, Article 7.1, § 32.1-162.12 of the Code of Virginia, authorizes the board to define the conditions and requirements under which a home health agency may provide services to patients in their home.

B. Purpose.

These regulations have been promulgated by the board for the purpose of defining minimum standards for organization and operation required of a licensed home health agency; and to

1. Provide guidelines for the commissioner and notice to the home health agency and the hospice of the standards on which initial or continued licensure shall be dependent; and

2. Assist the operator and his authorized agents in preparation of an application for licensure and other reports.

C. Effective date.

These regulations shall be effective [October 1, 1989 April 11, 1990] , and shall have general application throughout the Commonwealth.

D. Individuals and agencies exempted from home health agency licensure.

These regulations are not applicable to:

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1. An individual, acting on his own behalf, who provides services as a practitioner to an individual patient in the patient's home, if such individual is currently licensed to provide those professional services under provisions of Title 54.1 of the Code of Virginia. For example, a personal physician, a private duty registered nurse or a private duty licensed practical nurse.

2. An agency that is owned and operated as a formal organized service unit of a hospital or a nursing home licensed in Virginia or of a Medicare or Medicaid nursing facility certified in Virginia.

3. An agency or an identifiable part of an agency certified in Virginia to receive reimbursement under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.

4. An agency or visiting nurse service owned, operated and conducted by and for those who rely upon spiritual means through prayer alone for healing in accordance with the tenets and practices of a recognized church or religious denomination.

[E. Applicable parts and articles.

Parts I, II, III, and IV of these regulations in their entirety are applicable to all home health agencies applying for licensure. The articles contained within Part V of these regulations address home health services to be licensed in accordance with Title 32.1, Chapter 5, Article 7.1 of the Code of Virginia. Only those articles describing the service or services provided by the applicant home health agency should be considered.]

[E. F.] Revocation or suspension of license.

The commissioner may revoke or suspend a license to operate a home health agency under provisions of Title 32.1, Chapter 5, Article 7.1, 32.1-162.13 of the Code of Virginia, for failure to comply with the provisions of Code or the regulations of the board.

[F. G.] Modifications.

Upon receipt of a written request from the governing body or its designated representative, the commissioner, in his sole discretion, may consider a modification and issue a temporary or permanent variance in the application of one or more of these regulations provided safety, patient care or the ability to deliver services will not be adversely affected. The written request shall specify the reason the governing body cannot immediately comply with the identified regulation and how any proposed modification is equal to or will meet the intent of the regulation for which a variance is requested. Upon review of the request, the commissioner may grant a temporary variance for less than a full licensure period, or a permanent variance for a full licensure period, or deny the request. Any

temporary or permanent variance granted by the commissioner shall be subject to review and renewal before a license renewal, extension or reissuance is granted.

§ 1.3. Application fee.

The following fees shall accompany the application for licensure and are not refundable. The fee shall be based on the agency's annual budget that was approved and adopted by the governing body for the 12-month accounting period immediately preceding the date of issuance of the initial or renewal license. A copy of the approved budget shall accompany the application for licensure.

A. Initial license.

Agency annual budget over \$200,000	\$200
Agency annual budget \$100,000 to \$199,999	\$150
Agency annual budget less than \$100,000	\$100

B. Renewal license.

Agency annual budget over \$200,000	\$100
Agency annual budget \$100,000 to \$199,999	\$ 75
Agency annual budget less than \$100,000	\$ 50

C. License extension. \$ 25

D. License reissue. \$ 25

PART II. LICENSURE AND INSPECTION PROCEDURES.

Article 1. Procedures for Licensure.

§ 2.1. Requirements, general.

No person, unless exempted under provisions of § 1.2 D, shall establish or operate a home health agency as defined in and included within provisions of these regulations without having first obtained a license.

A. Separate license.

A separate license shall be required for each office maintained by a home health agency.

B. Posting of the license.

The home health agency license shall be posted in the office of the agency in a place clearly visible to the general public.

C. Service area limitation.

An agency's services shall be geographically limited to the [~~political jurisdiction~~ county or independent city] in which that agency's office is located and the [~~political~~

jurisdictions counties or independent cities or both]
immediately contiguous to that location.

D. Transfer of license.

A license issued under provisions of these regulations shall not be transferred or assigned.

E. Change of operator.

A change in operator of a licensed agency shall, for purposes of these regulations, constitute formation of a new agency and shall require an application for an initial license as set forth in § 2.2 of these regulations.

§ 2.2. Initial licensure.

[Prior to being licensed,] any person intending to establish a home health agency shall notify the division in writing [before the requested date of licensure] .

A. The written notification shall provide at least the following information:

1. The name and mailing address of the owner of the agency.
2. The operating name of the agency.
3. The office location of the agency and the mailing address.
4. The name and title of the chief administrative officer or other contact person.
5. The telephone number of contact person.
6. The effective date requested for licensure.
7. A listing of services the agency intends to offer either directly or by contractual agreement.
8. Written evidence that the building or part of the building in which the agency office is to be located is in compliance with applicable local zoning, building and fire safety laws and regulations.
9. If the agency owner is a corporate entity, written evidence of registration with the Virginia State Corporation Commission.

B. Upon receipt of the written notification, the division will:

1. Forward the licensure application forms and any other appropriate information.
2. Contact the chief administrative officer or other identified contact person to offer precensure consultation.

C. The licensure application, the licensure fee, and all requested documents shall be returned to the division before an on-site precensure inspection is conducted and before the license is issued.

1. An agency shall not begin operation or accept patients prior to the issuance of the license.
2. Before the initial license is issued the division shall determine that the agency meets all licensure regulations.
3. The license shall expire on the date specified on the face of the license.

§ 2.3. License renewal.

A renewal license shall be valid for a period not to exceed 12 months. Renewal of the license shall not be automatic.

A. The division will forward annual license renewal application forms to every licensed agency at least 60 days prior to the expiration date of the current license.

B. The license renewal application, the application fee, and any requested documents shall be returned to the division before the renewal license is issued.

1. If review of the renewal application shows that changes have been made in the previously approved services, the operator, the office location or the business name of the agency, or if there is a question on record concerning adherence to standards of care the division will immediately contact the chief administrative officer to obtain an explanation or additional information.
2. If review of the renewal application and the agency's licensing record reveals no problems or violations of licensing regulations, the division shall approve the license renewal application and any additional required documents and forward the renewal license to the operator prior to the expiration date of the current license, unless cause appears to be to the contrary.

C. Every renewal license shall expire on the date specified on the face of the license.

D. A renewal license may be issued for less than a 12-month period if the division finds, after an on-site inspection, that one or more of the following circumstances exist:

1. An agency was not in full compliance with the regulations at the time of the last annual on-site inspection and upon reinspection had not fully completed its approved plan of correction; or
2. An agency exhibits over a 12-month period a pattern

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of repeated deficiencies; or failed to carry out its approved plan of correction; or exhibits an inability or unwillingness to maintain compliance with licensure regulations.

E. After an on-site inspection or after presentation of documented evidence, if the operator satisfactorily demonstrates that corrective action has been taken, the license may be extended for the remainder of the current licensing period upon payment of the license extension fee.

§ 2.4. License reissue.

It is the responsibility of the governing body of the agency to assure maintenance of a current and accurate license at all times.

A. A licensed agency shall give the division written notification 30 working days in advance of any proposed change that will occur during the license year which may require the reissuance of a license as determined by the division. The following circumstances require the reissuance of a license and payment of a reissuance fee:

1. A change in operating name.
2. A change of address.
3. A revocation or suspension of license under provisions of the Administrative Process Act.

B. When relocation is the reason for the reissuance of a license, the operator shall provide the division with documentation that the building or part of the building that houses the agency offices meets the occupancy, fire safety, and zoning requirements of the locality.

The division shall not reissue the license without complete documentation of the required local approvals.

Article 2. Inspection Procedures.

§ 2.5. On-site inspection.

Each agency shall be inspected periodically, but not less than annually, during normal business hours to determine compliance with these regulations.

A. The division may conduct announced and unannounced inspections during normal hours of operation.

1. When the primary purpose of the inspection is to investigate a complaint allegation the inspection shall be unannounced.
2. Unannounced inspections shall be conducted whenever the division has reason to suspect patient care is not being delivered in accordance with the patient's plan of care or that the agency is not providing qualified staff to deliver or supervise the

delivery of home health services.

B. The division shall have access to agency records for the purpose of determining compliance with these regulations. Access to records shall include, but is not limited to the following:

1. Bylaws approved by the governing body.
2. Policies and procedures and revisions approved by the governing body.
3. Evidence of insurance coverage.
4. Personnel records.
5. Review and evaluation reports of committees.
6. Individual medical records and documents related to the delivery of services, including incident and accident reports.
7. Agreements with individual patients and contractors.
8. Schedules of fees and charges for services.
9. Audited financial statements.

C. At the conclusion of an on-site inspection, the representative from the division may have an exit conference with the chief administrative officer or his designee to give an oral report of findings.

D. The division shall forward a written report of the violations that existed at the time of the on-site inspection to the chief administrative officer within 15 working days from the last day of inspection.

E. The chief administrative officer shall submit a written plan for correcting the violations in accordance with the requirements in § 2.6 of these regulations.

§ 2.6. Plan of correction.

Upon receipt of the written inspection report the chief administrative officer shall be responsible for the preparation of a plan for correcting the violations cited at the time of inspection.

A. The plan of correction shall be submitted to the division within the specified time limit set forth in the report or no later than 15 working days of receipt of the inspection report.

B. The plan of correction shall contain at least the following information for each violation cited:

1. A description of the method implemented to correct each violation.
2. The date each correction is expected to be

completed.

3. A description of the measures implemented to assure continued compliance with the regulations and prevent a recurrence of the violation.

C. The division shall notify the chief administrative officer whenever any item in the plan of correction is determined to be unacceptable and require that a revised plan for that item be submitted for review and approval.

1. Time limits for completion of corrective actions shall not exceed 30 days from the date of the written inspection report.

2. If the division is requested to consider an extension beyond the 30-day correction period the plan of correction shall contain an explanation of any extenuating circumstances or the specific reason the division should consider the request.

a. The division shall review, and may approve or deny each such request.

b. The agency shall provide any information or documents the division may require to make a decision within the time frame specified.

D. The chief administrative officer shall be responsible for assuring that the approved plan of correction is implemented and completed. Failure to implement and complete an approved plan of correction may be sufficient cause [~~for denial of~~ to deny] a licensure extension, a licensure renewal [~~or ;~~] to implement proceeding for licensure suspension or revocation [; or to cause the commissioner to petition the court for an injunction for the home health agency to refrain from providing services] under provisions of [~~§ 32.1-162.6 or~~] § 32.1-162.13 of the Code of Virginia.

PART III. GOVERNING BODIES.

Article 1. Governing Body and Organization.

§ 3.1. Governing body.

Each agency shall have a governing body that is legally responsible for management and operation.

§ 3.2. Responsibilities.

The governing body shall be responsible for assuring compliance with these regulations.

A. The governing body shall adopt written bylaws that include a statement of the scope of services to be offered by the agency [consistent with these regulations] .

B. The governing body shall approve a written

organizational plan that includes at least the following:

1. A statement of objectives.

2. A statement of the relationship of the agency's licensed services to other services operated by the governing body.

3. A statement of the method for review and approval of agency policies and procedures.

4. A statement of the method for establishing a Quality Assurance Committee as described in § 3.12 of these regulations. The governing body may establish a special committee for this purpose or it may assign the responsibility to another committee.

Article 2. Insurance and Bonding.

§ 3.3. Insurance and bonding.

The governing body shall ensure that the agency and its contractors have appropriate insurance coverage in force to compensate patients for injuries and losses resulting from [~~negligence or criminal acts of itself and its services~~ provided by agency] employees.

The following types and minimum amounts of coverage shall be in force at all times:

1. Blanket malpractice insurance for all professional employees of:

a. At least \$1 million per incident; and

b. At least \$3 million aggregate.

2. General liability insurance covering personal property damages, bodily injury, libel and slander of:

a. At least \$1 million comprehensive general liability per occurrence; and

b. At least \$500,000 single limit coverage.

3. Performance bond of \$50,000 minimum.

4. Product liability insurance, when applicable.

Article 3. Administrative Management.

§ 3.4. Administrative management.

The governing body shall appoint an individual to serve as its agent who will be responsible for the agency's day-to-day administration and management.

A. The qualifications, authority and duties assigned to this individual shall be defined in a written statement

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approved by the governing body. The chief administrative officer shall be an individual who has management training and experience and at least one year of supervisory or administrative experience in a health care delivery system.

B. The duties and responsibilities of the chief administrative officer shall include at least the following:

1. Implementing the policies and procedures approved by the governing body.
2. Organizing and supervising the administrative functions of the agency, including budgeting, accounting, data collection, record maintenance and employment practices.
3. Maintaining an on-going liaison with agency committees, agency employees and contractors.
4. Arranging and negotiating services provided through contractual agreement.
5. Maintaining an on-going plan for employee orientation, in-service training and continuing education.
6. Maintaining compliance with applicable laws and regulations and implementing corrective action in response to reports of agency committees and regulatory agencies.

C. To provide administrative direction at all times, the governing body or the chief administrative officer shall designate, in writing, an employee authorized to act in behalf of the chief administrative officer during his absence.

Article 4. Policies and Procedures.

§ 3.5. Policies and procedures.

The agency shall have written operational policies and procedures approved by the governing body that set forth the criteria, acceptable methods and practices to be followed to carry out the day-to-day management and operations.

A. Written policies and procedures shall be developed for, but are not limited to, the following:

1. Administrative and financial records.
2. Personnel records.
3. Admission and discharge criteria.
4. Contracted services.
5. Medical records.

6. Patients rights.

7. Quality assurance.

8. Record retention.

9. Supervision and delivery of each service offered.

[10. Handling consumer complaints.]

B. Copies of policies and procedures shall be readily available for staff use at all times.

C. Copies of policies shall be made available for review, upon request, to patients and their designated representatives and to potential applicants for service.

§ 3.6. Administrative and financial records.

Administrative and financial record policies and procedures shall assure that records are maintained in accordance with [acceptable standards of practice generally accepted accounting principles] .

The written policies and procedures shall include at least the following areas:

1. Admission agreements.
2. Methods for billing for services delivered by employees of the agency.
3. Methods for billing for services delivered by contractors of the agency.
4. Method for billing third party payors.
5. Patient notification of changes in fees and charges.
6. Correction of billing errors and refund policy.
7. Collection of delinquent patient accounts.

§ 3.7. Personnel policies.

Personnel policies and procedures shall include at least the following provisions:

1. Written job descriptions that specify authority, responsibility, qualifications and salary scales for each job classification.
2. Methods for maintenance of an accurate, complete and current personnel record for each employee.
3. Methods for verifying current professional licensing or certification and training of employees.
4. Methods for evaluating employee performance and competency at least annually.

5. Methods for verifying that contractors and their employees meet the personnel policies of the agency.

§ 3.8. Admission and discharge criteria.

Policies and procedures on admission and discharge criteria shall include at least the following:

A. Admissions.

1. Criteria for accepting patient for each service offered.
2. Responsibility for obtaining a plan of treatment.
3. Methods for obtaining physician review, approval, orders and signatures.
4. Responsibility for assigning supervisory and care staff to individual patients.

B. Discharges.

1. Criteria for determining discharge from each service offered and referral to other agencies or community services.
2. Method for notifying patients of intent to discharge or refer.
 - a. Patients shall receive written notice at least five days prior to discharge or referral [, except when a medical emergency exists, when the patient's physician orders admission to an inpatient facility, or when discharge is determined necessary by the chief administrative officer to protect the health and welfare of the staff member providing services] .
 - b. Patients shall receive [a an oral and] written explanation of the reason for discharge or referral.
 - c. Patients who are transferred or referred to another agency or delivery system shall be provided with written information giving the name, address, telephone number and contact person at the referral system.

§ 3.9. Contract services.

Home health services offered by the agency which are not delivered by agency employees shall be documented in a written agreement with the individual or legal entity delivering the service.

A. The written agreement shall clearly delineate the following:

1. A statement of services to be delivered on behalf of the agency.
2. A description of the method the agency will use to

refer patients to the [~~contractor~~ service provider] .

3. The effective date, the expiration date, the conditions for renewal and cancellation, the terms of reimbursement and the procedures for billing patients.

4. A description of the method the agency will use to verify that appropriately qualified individuals will deliver the [~~contracted~~ agreed] service.

5. A statement that services shall be delivered in accordance with the patient's plan of treatment.

6. A description of the method the agency will use to coordinate, monitor and evaluate the [~~contracted~~ agreed] service.

7. A description of the procedures to be used for scheduling visits, patient evaluation, and exchange of patient information, including clinical and progress notes.

8. A description of the method the agency will use to ensure that the individual or legal entity has adequate liability insurance and surety bond coverage.

B. The agency and its contractors shall have written policies and procedures that assure the patient is adequately and appropriately informed. The agency and its contractors shall provide the following written information to every patient before service is delivered.

1. The name of the agency employee responsible for supervising the patient's home care.
2. The name of the individuals who will be supervising and delivering service in the patient's home.
3. The [business] hours] of that] the [agency agency's business office is open to the public] .
4. The name, street address and telephone number of the agency.
5. The name and telephone number of the individual to contact in case of emergency or complaint [during all hours that the agency is providing services] .
6. A copy of the agency's complaint procedure.
7. A copy of the agency's or contractor's schedule of fees and charges.

§ 3.10. Medical records.

Medical record policies and procedures shall assure that records are documented, maintained, filed and stored in accordance with [~~recognized~~ accepted] standards of practice.

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A. An accurate and complete medical record shall be maintained on each patient. The medical record shall include at least the following information:

1. Patient identifying information.
2. Identification of the attending physician.
3. Admitting information, including a patient history.
4. Information of composition of the patient's household, including individuals to be instructed in assisting the patient.
5. Documentation and results of all medical tests ordered by the physician or other health care professional.
6. Plan of treatment.
7. An initial assessment of the patient's needs to carry out the plan of treatment.
8. Plan of care that includes each service to be delivered either by agency employee or agency contractors.
9. Medication sheet, when applicable, which includes the name, dosage, frequency of administration, route of administration, possible side effects, date started, changed or discontinued for each medication administered.
10. Signed and dated [~~clinical notes and~~] progress notes by each individual delivering service [: ~~Clinical notes~~] shall be written on the day the service is delivered and incorporated in the medical record within seven working days.
11. Copies of all summary reports sent to the primary or attending physician.
12. Reports of case reviews.
13. Discharge summary.

B. All entries in the medical record shall be typed or written in ink and signed with the name and title of the individual delivering the service.

§ 3.11. Patients' rights.

Each agency shall establish and implement written policies and procedures regarding the rights of patients.

A. Copies of these policies shall be available to the public for review and be given to each patient or his designee upon admission to service, and a copy of a summary of the policies shall be conspicuously posted in the agency office.

B. Written procedures to implement policies shall ensure that each patient is:

1. Treated with courtesy, consideration and respect and is assured of the right to privacy.
2. Assured confidential treatment of his medical and financial records [as provided by law] .
3. Free from mental and physical abuse and property exploitation.
4. Assured the right to participate in the planning of his home care and the right to refuse services.
5. Served by individuals who are properly trained and competent to perform their duties.
6. Assured the right to voice grievances and complaints related to agency services without fear of reprisal.
7. Assured at least five days' written notice prior to any reduction in [~~or termination of~~] service.

[8. Assured at least five days' written notice prior to any discharge or referral in service, except when a medical emergency exists, when the patient's physician orders admission to an inpatient facility, or when discharge is determined by the chief administrative officer to be necessary to protect the health and welfare of the staff member providing services.]

C. Each agency shall provide each patient or his designee with an informed consent document. The document shall contain at least the following information:

1. The nature and frequency of services to be delivered, the purpose of the service, and any side effects or hazards of which the patient should be aware.
2. A schedule of fees and charges for services.
3. The method of billing and payment for services, including services to be billed to third party payors.
4. The requirements of notice for cancellation or reduction in services by the agency and the patient.
5. The refund policies of the agency.

D. Each agency shall establish and maintain complaint handling policies and procedures.

1. Agency policies shall specify at least the following:
 - a. Identification of the agency employee responsible for complaints intake and acknowledgement of complaints.

b. A system for logging receipt, investigation and resolution of complaints.

c. Identification of the agency employee responsible for investigation of complaints.

d. A written record of the findings of each complaint investigated.

e. Identification of the agency employee responsible for review of investigation findings and resolution of the complaint.

[f. Method in which the local social service department Adult Protective Services unit is to be informed and for what complaints.]

[~~f. g.~~] Identification of the agency employee responsible for providing written notification to the complainant of the proposed resolution within 30 days from the date of receipt.

[~~g. h.~~] A description of the appeal rights if a complainant is not satisfied with the resolution.

2. The patient or his designee shall be given a copy of the complaint procedures at the time of admission to service. The agency shall provide each patient or his designee with the name, mailing address and telephone number of the following:

a. The agency contact person.

[~~b. The local agency on aging Ombudsman.]~~

[~~e. b.~~] The Department for the Aging, Long-Term Care Ombudsman.

[~~d. c.~~] The division.

[~~e. The local social service department Adult Protective Services unit.]~~

3. The agency shall maintain a permanent record of all complaints received and the status of each complaint from date of receipt through its final resolution.

§ 3.12. Quality assurance.

The Quality Assurance Committee required in § 3.2 B 4 of these regulations shall have a written plan for annual review and evaluation of the agency's services.

A. The committee shall meet as often as necessary, but not less than annually.

B. The committee membership shall be composed of at least the following:

1. A licensed physician in the active practice of

medicine in Virginia; and

2. A representative from each service the agency offers, including contracted services; and

3. The chief administrative officer.

C. The review and evaluation responsibilities shall include, but are not limited to the following:

1. Review of the agency's objectives.

2. Evaluation of the appropriateness of the scope of services offered.

3. Review of the agency's policies.

4. Evaluation of staffing policies, including personnel qualifications, position descriptions, employment procedures and wage scales.

5. Evaluation of the effectiveness of employee orientation, inservice training and continuing education policies.

6. Evaluation of admission, discharge and complaint handling policies.

7. Review and evaluation of a 10% sample or a maximum of 50 medical records of active cases and a 5.0% sample or a maximum of 25 discharged cases. The sample records shall be representative of the scope of services offered, including contracted services.

D. A written record shall be maintained on each committee meeting, giving the meeting date and the names and titles of each individual participating in the review and evaluation functions.

The number of meetings or the frequency of meetings needed to complete the annual reviews and evaluations shall be determined by the governing body or in the committee's written plan.

E. The committee's findings and recommendations for corrective actions shall be documented in a written report and submitted to the governing body and the chief administrative officer.

Each evaluation report shall be acted upon by the governing body and all corrective actions shall be documented.

§ 3.13. Record retention.

Each agency shall have written policies and procedures for the retention, reproduction, access and storage of all records.

A. All records shall be retained, at a minimum, in

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accordance with the schedule recommended in the Public Records Act, § 42.1-79.1 of the Code of Virginia.

B. Provisions shall be made for the safe storage of the original records or accurate and legible reproductions of the original.

C. Originals or reproductions of individual patient medical records shall be maintained for a minimum of 10 years following discharge from service.

D. Policies shall specify arrangements for retention and protection of records if the agency discontinues operation, and shall provide for notification to the division of the location of the records.

E. Policies shall specify the procedures for review and release of copies of records, including individual patient financial and medical records.

1. Access to individual patient financial and medical records shall be limited to the following:

a. The patient, his designated representatives, legal guardian, or legal representative.

b. Authorized agency employees and contractors.

c. Duly authorized state or federal health authorities or others specifically authorized by the Code of Virginia [and regulations promulgated thereunder] or federal statutes and regulations.

2. Copies of individual patient financial and medical records shall be released only to the patient or, with written consent of patient, his designated representative, legal guardian, or legal representative to the division [or as otherwise required by law] .

§ 3.14. Service policies and procedures.

Each agency shall have written policies and procedures for each service to be offered, including the qualifications and responsibilities of the individual supervising the service.

PART IV. PROVISION OF SERVICES.

§ 4.1. Provision of services.

The agency shall provide services that are consistent with the statement of scope of services approved by the governing body as specified in § 3.2 A of these regulations.

A. Services shall be delivered by agency employees or agency contractors.

B. All individuals who enter a patient's home for or on behalf of the agency shall be readily identifiable by name tag, uniform or other visible means.

C. The agency shall offer one or more of the following services in the patient's home:

1. On a part-time or intermittent basis:

a. Skilled nursing care.

b. Home health aide services.

2. On a full-time, part-time or intermittent basis:

a. Physical therapy.

b. Occupational therapy.

c. Speech therapy.

d. Medical social services.

e. Medical supplies.

f. Medical appliances.

g. Specialized nutrition support.

h. Intravenous therapy.

i. Respiratory therapy.

D. All services delivered shall be prescribed in the patient's plan of treatment that has been approved and signed by the attending physician.

1. The plan of treatment shall contain at least the following information:

a. Diagnosis and prognosis.

b. Functional limitations.

c. Orders for nursing or other therapeutic services.

d. Orders for medical supplies and equipment, when applicable.

e. Orders for home health aide services, when applicable.

f. Orders for medications and treatments, when applicable.

g. Orders for special dietary or nutritional needs, when applicable.

h. Orders for medical tests, when applicable, including laboratory tests and x-rays.

2. The orders for therapy services shall include the specific procedures and modalities to be used and the frequency and duration for services.

3. Oral or telephone orders shall be immediately documented in the patient's record by the individual authorized to accept the orders and shall be countersigned by the health professional initiating the order within 15 working days of receipt.

4. Agency employees and contractors involved in the care of the patient shall immediately notify the attending physician of any changes in the patient's condition which indicates a need to alter his treatment plan, their plan of care or to terminate the service.

5. The plan of treatment shall be reviewed and approved by the attending physician at least quarterly.

PART V. SERVICES.

Article 1. Nursing Services.

§ 5.1. General.

Nursing services may be licensed as a single service home health agency or as an approved unit of service of a multiple service home health agency.

§ 5.2. Registered nurses.

The agency shall have as an employee a registered nurse who is currently licensed by the Virginia State Board of Nursing to supervise the nursing service.

A. If the registered nurse supervisor is also appointed by the governing body as the agency's chief administrative officer, the agency shall employ at least one additional registered nurse to assist with nursing service supervision.

B. The duties of the registered nurse supervisor shall include:

1. [Assuring that the] initial in-home evaluation of any patients requiring services of a registered nurse, licensed practical nurse, [~~nursing assistant~~] home health aide or other nursing support staff [is performed by a registered nurse] .

2. Reevaluating the patient's nursing needs at least quarterly.

3. Initiating the patient's plan of care in accordance with nursing needs specified in the approved plan of treatment.

4. Delivering or supervising the delivery of skilled nursing services.

5. Initiating preventive and rehabilitation nursing procedures.

6. Preparing and coordinating clinical notes and

progress notes on nursing services delivered.

7. Assigning of registered nurses, licensed practical nurses, nursing assistants and other nursing support staff to individual patients.

8. In-home supervision of nursing services delivered by licensed practical nurses, nursing assistants and other nursing support staff.

a. If the agency contracts with individuals to deliver registered nurse, licensed practical nurse, nursing assistant or nursing support services, the agency nurse supervisor shall be responsible for conducting in-home supervisory visits.

b. If the agency contracts with other agencies or legal entities to deliver registered nurse, licensed practical nurse, nursing assistant or nursing support services, the agency nurse supervisor shall be responsible for assuring that the in-home supervisory visits are conducted by the contractor.

c. In-home supervisory visits shall be made when the licensed practical nurse, nursing assistant or nursing support employee being supervised is present and is delivering services to the patient.

9. Reporting changes in the patient's medical or mental condition to the attending physician and to agency employees and contractors involved in the patient's care.

10. Teaching or supervising the teaching of household members who are responsible for assisting the patient with his nursing or personal care needs.

11. Conducting orientation and training or supervising the orientation and training of agency employees assigned to the nursing service.

12. Participating in the quality assurance reviews and evaluations of the nursing service.

§ 5.3. Licensed practical nurses.

When agency policies allow the use of licensed practical nurses, the agency shall employ or contract for practical nurses who are currently licensed by the Virginia State Board of Nursing.

A. Practical nursing services shall be under the supervision of a registered nurse.

B. The duties of the licensed practical nurse may include:

1. Delivering nursing services in accordance with agency policies.

2. Preparing clinical notes and progress notes.

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3. Assisting the physician or the registered nurse in performing specialized procedures.

4. Preparing equipment and supplies for treatments that require adherence to sterile or aseptic techniques.

5. Assisting the patient with activities of daily living, including the teaching of self-care techniques.

§ 5.4. [~~Nursing assistants~~ Home health aides] .

When agency policy allows the use of [a ~~nursing assistant~~ or] a home health aide to deliver home services the agency may employ qualified individuals or contract with other agencies or legal entities to provide qualified individuals.

A. [~~Nursing assistant~~ Home health aide] services shall be under the general supervision of a registered nurse. Direct supervision of [~~nursing assistants~~ home health aides] shall be provided by a registered nurse or a licensed practical nurse.

B. The duties of the [~~nursing assistant~~ home health aide] shall be defined in agency nursing service policies and may include:

1. Assisting patients with personal hygiene, including shower, tub or bed baths and mouth, skin and hair care.

2. Assisting patients in the use of toilet facilities, including bed pans.

3. Assisting patients in and out of bed, including the use of mechanical lifting equipment, when applicable.

4. Assisting patients with walking, including the use of walkers and wheelchairs, when applicable.

5. Assisting with [the administration of self-administered] medications [that can ordinarily be self-administered] .

6. Assisting with meal preparation and feeding, when required.

7. Performing and recording the results of simple urine tests for sugar, acetone or albumen.

8. Assisting with prescribed exercises when the patient and the nursing assistant have been instructed by the appropriate health professional.

9. Measuring and recording fluid intake and output.

10. Taking and recording blood pressure, pulse and respiration.

11. Recording and reporting changes to the nurse supervisor in the patient's physical condition, behavior

or appearance.

12. Documenting services delivered in accordance with agency medical records policies and procedures.

C. Prior to delivering service to the patient the [~~nursing assistant~~ home health aide] shall receive specific written duty instructions from the nurse supervisor and any other health professional who is relying upon the [~~assistant~~ aide] to deliver service or assist the patient.

D. The nurse responsible for the supervision of the [~~nursing assistant~~ home health aide] shall make visits to the patient's home as frequently as necessary, but not less than once every two weeks.

1. The nurse supervisor shall determine and document in the patient's medical record whether [~~nursing assistant~~ home health aide] services are being delivered in an appropriate and acceptable manner and are consistent with agency nursing service policies and procedures.

2. The nurse shall document the actions taken when the delivered services are found to be unacceptable or inconsistent.

3. If the [~~nursing assistant~~ home health aide] has been assigned duties identified under § 5.4 B 8, the health professional responsible for supervising the delivery of that service shall make visits to the patient's home as often as required, but not less than once every 30 days and document that the service is being delivered in accordance with instructions given.

E. [~~Nursing assistants that~~ Home health aides who] do not meet the qualifications specified in § 5.5 shall not be assigned to patients requiring [~~nursing assistant~~ home health aide] services.

§ 5.5. Contract nursing services.

Individuals employed or individuals provided by contractual agreement to deliver nursing assistant [or home health aide] services shall be qualified by one of the following means:

1. Hold a certificate of completion from an approved nurse aide training program and be registered by the Virginia Department of Health Professions as a certified nurse aide.

2. Hold a certificate of completion from a professional nursing, practical nursing or nurse aide training program approved by the Virginia Department of Education or the Virginia Community College System or the Virginia Department of Health Professions.

3. Hold a certificate of completion from a home health aide training program approved by the Department of Health prior to July 1, 1984 [, and

been in continuous practice since that time] .

Within 12 months of the effective date of these regulations no agency or its contractors shall employ an individual to perform the duties of a [nursing assistant home health aide] who is not qualified in accordance with [subsection A, B or C subdivision 1, 2 or 3] of § 5.5 of these regulations.

§ 5.6. Treatments performed by nursing assistants.

If the agency's nursing policies allow nursing assistants to perform treatments or other special duties, the agency or its contractors shall provide and record in the employee's personnel file that a minimum of eight hours of additional training was successfully completed and competency was evaluated in each special area before the duty assignment was made. This training may include, but is not limited to the following:

1. Treatments, including changing or applying [sterile nonsterile] dressings or applying prescribed ointments and [topical] medicines.
2. Administering [gastrostomy] tube feedings.
3. [Urinary] catheter irrigations.
4. Physical and emotional needs of special case assignments, such as Alzheimer's, mental retardation, AIDS, terminally ill or newborn infants.
- [5. Assist patient with urinary and bowel management programs.]

§ 5.7. Other care assistants.

When agency policy allows the use of a personal care aide, homemaker aide, companion or sitter to supplement or complement nursing assistant services the agency may employ individuals or contract with other agencies or legal entities to provide these individuals.

A. Services that fall within these job classifications shall be under the direct supervision of a licensed nurse.

1. Agency policies shall clearly delineate the duties and the training and experience requirement for these job classifications.
2. When agency policies allow individuals in these job classifications to perform one or more of the duties described in subdivisions B1 through B6 of § 5.4, the individual shall be qualified under the requirements specified in [subsection A, B or C subdivision 1, 2 or 3] of § 5.5.

B. Supervision of individuals performing duties of these positions shall meet the requirements specified in subsections C and D of § 5.4.

Article 2. Physical Therapy Services.

§ 5.8. General.

Physical therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in § 1.2 D 3 that is certified in Virginia as a physical therapist in independent practice under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
2. A service exempted in § 1.2 D 3 that is certified in Virginia as a supplier of outpatient physical therapy and speech therapy services under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
3. A service exempted in § 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
4. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or by a Medicare or Medicaid nursing facility certified in Virginia.
5. An agency licensed under provisions of these regulations.

§ 5.9. Services.

Physical therapy services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for physical therapy services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 5 of § 5.8.

B. Physical therapy services shall be prescribed in a plan of treatment.

1. The plan of treatment shall be prescribed by the patient's attending physician; or
2. The plan of treatment shall be prescribed by a qualified physical therapist and approved by the patient's attending physician.

§ 5.10. Supervision of physical therapy services.

Physical therapy services shall be under the direct supervision of a physical therapist currently licensed by

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the Virginia Board of Medicine.

A. When a qualified physical therapist utilizes the services of a physical therapy assistant, the assistant shall be currently licensed by the Virginia Board of Medicine.

B. The duties of the physical therapist shall include:

1. Evaluating or assisting the attending physician in evaluating the functional level of the patient in order to develop the plan of treatment.
2. Developing a patient's plan of care for physical therapy services.
3. Delivering services in accordance with the approved plan of treatment and plan of care.
4. Participating in the agency's quality assurance reviews and evaluations of physical therapy services.

C. The duties of the physical therapist or the physical therapy assistant under the supervision of the physical therapist shall include, but are not limited to the following:

1. Observing and reporting to the attending physician and other agency staff, at least every [30 62] days, the patient's reactions to treatments and any changes in the patient's condition or plan of care.
2. Preparing clinical notes and progress notes.
3. Providing or participating in staff training programs.
4. Instructing the patient, the patient's caretaker or agency staff involved in assisting the patient, in self-exercise programs, when applicable.
5. Instructing the patient and his caretaker, when applicable, in the care and proper use of equipment and devices, such as wheelchairs, braces, crutches, canes, prosthetic and orthopedic devices.

Article 3. Occupational Therapy.

§ 5.11. General.

Occupational therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in § 1.2 D 3 that is certified in Virginia as an occupational therapist in independent practice under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
2. A service exempted in § 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or

Title XIX, Medicaid of the Social Security Act of 1964, as amended.

3. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.

4. An agency licensed under provisions of these regulations.

§ 5.12. Services.

Occupational therapy services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for occupational therapy services shall only enter into an agreement with an individual or agency that meets one of the requirements specified in subdivisions 1 through 4 of § 5.11.

B. Occupational therapy services shall be prescribed in a plan of treatment.

1. The plan of treatment shall be prescribed by the patient's attending physician; or
2. The plan of treatment shall be prescribed by a qualified occupational therapist and approved by the patient's attending physician.

§ 5.13. Supervision of occupational therapy services.

Occupational therapy services shall be under the direct supervision of an occupational therapist currently certified by the American Occupational Therapy Association or an occupational therapist who is eligible to sit for the National Registration Examination of the American Occupational Therapy Association.

A. When a qualified occupational therapist utilizes the services of an occupational therapy assistant, the assistant shall meet the requirements for certification as an occupational therapy assistant established by the American Occupational Therapy Association.

B. The duties of the occupational therapist shall include:

1. Evaluating or assisting the attending physician in evaluating the functional level of the patient in order to develop the plan of treatment.
2. Developing a patient's plan of care for occupational therapy services.
3. Delivering services in accordance with the approved plan of treatment and the plan of care.

4. Participating in the agency's quality assurance reviews and evaluations of occupational therapy services.

C. The duties of the occupational therapist or the occupational therapy assistant under the supervision of the occupational therapist shall include, but are not limited to the following:

1. Guiding the patient in his therapeutic, creative and self-care activities.
2. Observing and reporting to the attending physician and other agency staff involved in the care, at least every [30 62] days, the patient's reactions to treatments, improvement in functioning level and any other changes in the patient's condition or in the plan of care.
3. Preparing clinical notes and progress notes.
4. Providing or participating in staff training programs.
5. Instructing the patient, the patient's caretaker or agency staff in self-exercise programs, when applicable.

Article 4. Speech Therapy.

§ 5.14. General.

Speech therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in § 1.2 D 3 that is certified in Virginia as a supplier of outpatient physical therapy and speech therapy services under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
2. A service exempted in § 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
3. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.
4. An agency licensed under provisions of these regulations.

§ 5.15. Services.

Speech therapy services may be licensed as a single service home health agency or as an approved unit of

service of a multi-service home health agency.

A. Multi-service agencies that contract for speech therapy services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 4 of § 5.14.

B. Speech therapy services shall be prescribed in a plan of treatment.

1. The plan of treatment shall be prescribed by the patient's attending physician; or
2. The plan of treatment shall be prescribed by a qualified speech pathologist or audiologist and approved by the patient's attending physician.

§ 5.16. Supervision of speech therapy services.

Speech therapy services shall be under the direct supervision of a speech pathologist or audiologist currently licensed by the Virginia Board of Audiology and Speech Pathology.

The duties of the speech pathologist or audiologist shall include:

1. Evaluating or assisting the attending physician in evaluating the speech, hearing or language disorders of the patient in order to develop the plan of treatment.
2. Developing a patient's plan of care for speech therapy services.
3. Delivering services in accordance with the approved plan of treatment and the plan of care.
4. Participating in the agency's quality assurance reviews and evaluations of speech therapy services.
5. Observing and reporting to the attending physician and other agency staff involved in the patient's care, at least every [30 62] days, the patient's reactions to treatments and any changes in the patient's condition or plan of care.
6. Preparing clinical notes and progress notes.
7. Providing or participating in staff training programs.

Article 5. Medical Social Services.

§ 5.17. General.

Medical social services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

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1. A service exempted in § 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.

2. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.

3. An agency licensed under provisions of these regulations.

§ 5.18. Services.

Medical social services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for medical social services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5.17.

B. Medical social services shall be prescribed in a plan of treatment.

1. The plan of treatment shall be prescribed by the patient's attending physician; or

2. The plan of treatment may be written by a qualified social worker and approved by the patient's attending physician.

§ 5.19. Supervision of medical social services in single service home health agencies.

Medical social services in a single service home health agency shall be under the direct supervision of social worker who has one of the following qualifications:

1. Is currently [~~registered~~ licensed] by the Virginia Board of Social Work, the Virginia Board of Psychology or the Virginia Board of Professional Counselors; or

2. Holds a master degree from a school of social work accredited by the Council on Social Work Education and has one year of social work experience in a health care or social service delivery system.

§ 5.20. Supervision of medical social services in multi-service home health agencies.

Medical social services in a multi-service agency shall be under the direct supervision of a social worker who has one of the following qualifications:

1. Holds a bachelor degree in social work, sociology,

psychology, or rehabilitation counseling from an accredited four-year college or university and has two years of supervisory experience in a health care delivery system; or

2. Holds a bachelor degree with major studies in social work, sociology, or psychology from an accredited four-year college or university and has at least three years experience in case work or counseling in a health care or social service delivery system [; or .]

[3. Holds an associate degree with major studies in social work, sociology or psychology from an accredited two-year college and has at least five years experience in case work or counseling in a health care or social service delivery system.]

§ 5.21. Duties of social workers.

The duties of the social worker shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in evaluating the social and emotional needs of the patient and assessing the capacity of home caretaker to cope with the patient's needs in order to develop the plan of treatment.

2. Developing the patient's plan of care for social services and assisting the agency staff, the patient and the home caretaker in understanding the reasons to accept and follow instructions and recommendations related to the care plan.

3. Delivering services in accordance with the approved plan of treatment and plan of care and assisting the patient and the home caretaker in identifying and utilizing information and services from other community resources.

4. Observing and reporting to the attending physician and other agency staff involved in the patient's care, at least every [30 62] days, the patient's reactions to treatments and any changes in the patient's physical, emotional or financial condition or plan of care.

5. Preparing clinical notes and progress notes.

6. Providing or participating in staff training programs.

7. Developing or participating in the development of a discharge plan when the patient is transferred to another agency or service or when the patient is discharged.

8. Acting as a consultant to agency staff.

9. Participating in the agency's quality assurance reviews and evaluation of medical social services.

Article 6.

Medical Supplies and Medical Appliances.

§ 5.22. General.

Medical supplies and medical appliances that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in § 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
2. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.
3. An agency licensed under provisions of these regulations.

§ 5.23. Services.

Medical supply and medical appliance services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for medical supply or medical appliance services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5.22.

[B.] Medical supply or medical appliance services shall be prescribed in a plan of treatment. The plan of treatment shall be prescribed by the patient's attending physician.

§ 5.24. Supervision of medical supply and medical appliance services.

Medical supply and medical appliance services in a single service home health agency shall be under the direct supervision of an individual who has completed product training provided by the manufacturers on each type of supply or equipment offered.

A. All agency employees who provide service in the patient's home shall have completed all available product training on the supply or equipment being provided to that patient.

B. The duties of the supplier shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in

evaluating the medical supply or medical appliance needs of the patient and assessing the capability of the home caretaker to cope with the patient's needs in order to develop the plan of treatment.

2. Developing the patient's plan of care for medical supply and appliance services and assisting the agency staff involved in the patient's care, the patient and the home caretaker in understanding the reasons to accept and follow instructions and recommendations related to the care plan.

3. Delivering services in accordance with the approved plan of treatment and plan of care and instructing the patient, the home caretaker or other agency staff involved in the patient's care, in the proper use, maintenance, storage or safety precautions related to the use of the product.

4. Observing and reporting to the attending physician and other agency staff, at least every 60 days, the patient's reactions to the use of the product and any changes in the patient's physical or emotional condition that would affect the continued use of the product.

5. Preparing progress notes.

6. Providing or participating in staff training programs.

7. Developing or participating in the development of a discharge plan when the patient is transferred to another agency or service or when the patient is discharged.

8. Acting as a consultant to agency staff.

9. Participating in the agency's quality assurance reviews and evaluation of medical supply and medical appliance services.

Article 7.

Specialized Nutrition Support.

§ 5.25. General.

Specialized nutrition support services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in § 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.

2. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility

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certified in Virginia.

3. An agency licensed under provisions of these regulations.

§ 5.26. Services.

Specialized nutrition support services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for specialized nutrition support services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5.25.

B. Specialized nutrition support services shall be prescribed in a plan of treatment.

1. The plan of treatment shall be prescribed by the patient's attending physician; or

2. The plan of treatment shall be written by a qualified dietitian or a qualified nutritionist and approved by the patient's attending physician.

§ 5.27. Supervision of specialized nutrition services.

A. Specialized nutrition services shall be under the direct supervision of an individual who meets one of the following requirements:

1. A dietitian who is currently registered by the Commission on Dietetic Registration of the American Dietetic Association; or

2. Holds a bachelor degree with major studies in food and nutrition from a four-year accredited college or university and has at least two years of experience in a health care food or nutrition delivery system.

B. The duties of the dietitian or nutritionist shall include:

1. Evaluating or assisting the attending physician in evaluating the specialized dietary needs and food tolerance of the patient and assessing the capability of the home caretaker to cope with the patient's needs in order to develop the plan of treatment.

2. Developing the patient's plan of care for dietary services and assisting the agency staff involved in the patient's care, the patient and the home caretaker in understanding the reasons to accept and follow instructions and recommendations related to the care plan.

3. Delivering services in accordance with the approved plan of treatment and plan of care and instructing the patient, the home caretaker, and agency staff in the

preparation, storage and administration of food and liquids, including but not limited to enteral tube feedings and total parenteral nutritional programs.

4. Observing and reporting to the attending physician and other agency staff involved in the patient's care, at least every two weeks, the patient's reactions to and tolerance for the nutrition program, and any changes in the patient's physical or emotional condition or in the care plan.

5. Preparing clinical notes and progress notes.

6. Providing or participating in staff training programs.

7. Developing or participating in the development of a discharge plan when the patient is transferred to another agency or service or when the patient is discharged.

8. Acting as a consultant to agency staff.

9. Participating in the agency's quality assurance reviews and evaluation of specialized nutritional services.

Article 8.

Intravenous Therapy Services.

§ 5.28. General.

Intravenous therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.

2. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.

3. An agency licensed under provisions of these regulations.

§ 5.29. Services.

Intravenous therapy services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for intravenous therapy services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5.28.

B. Intravenous therapy services shall be prescribed in a plan of treatment.

1. The plan of treatment shall be prescribed by the patient's attending physician; or
2. The plan of treatment may be written by a pharmacist currently licensed by the Virginia Board of Pharmacy, or by a certified nurse practitioner or registered nurse who has completed special training in intravenous therapy and is currently licensed by the Virginia Board of Nursing, or by a physician's assistant licensed by the Virginia Board of Medicine. The plan of treatment shall be approved by the patient's attending physician.

§ 5.30. Supervision of intravenous therapy services.

Intravenous therapy services offered by a single service home health agency shall be under the direct supervision of an individual who meets one of the following requirements:

1. Is a practicing physician who is currently licensed by the Virginia Board of Medicine; or
2. Is a practicing pharmacist who is currently licensed by the Virginia Board of Pharmacy.

§ 5.31. Intravenous therapy services offered by registered nursing services.

Intravenous therapy services offered by a home health agency that also offers registered nursing services may be under the direct supervision of a registered nurse who is currently licensed by the Virginia Board of Nursing and who has completed special training in intravenous therapy.

§ 5.32. Duties of intravenous therapy services supervisors.

The duties of the intravenous therapy services supervisor shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in evaluating the specialized intravenous therapy needs of the patient and assessing the capability of home caretaker to assist with the patient's needs in order to develop the plan of treatment.
2. Developing the patient's plan of care for services and assisting the agency staff involved in the care, the patient and the home caretaker in understanding, accepting and following instructions and recommendations related to the care plan.
3. Delivering services in accordance with the approved plan of treatment and plan of care and instructing the patient, the home caretaker, and agency staff in the proper storage and handling of supplies and equipment, handling and disposal of waste, safety precautions and actions to be taken in case of

emergency.

4. Observing the patient at least every two weeks, and reporting to the attending physician and other agency staff involved in the care, the patient's reactions to and tolerance for the therapy program and any changes in the patient's physical or emotional condition or in the care plan.
5. Preparing clinical notes and progress notes.
6. Providing or participating in staff training programs.
7. Developing or participating in the development of a discharge plan when the patient is transferred to another agency or service or when the patient is discharged.
8. Acting as a consultant to agency staff.
9. Participating in the agency's quality assurance reviews and evaluation of intravenous therapy services.

Article 9.

Respiratory Therapy Services.

§ 5.33. General.

Respiratory therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in § 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title VXIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
2. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.
3. An agency licensed under provisions of these regulations.

§ 5.34. Services.

Respiratory therapy services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for respiratory therapy services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5.33.

B. Respiratory therapy services shall be prescribed in a

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plan of treatment.

1. The plan of treatment shall be prescribed by the patient's attending physician; or
2. The plan of treatment may be written by a registered or certified respiratory therapist and approved by the patient's attending physician.

§ 5.35. Supervision of respiratory therapy services.

Respiratory therapy services offered by a single service or a multi-service home health agency shall be under the direct supervision of an individual who meets one of the following requirements:

1. Is a practicing physician who is currently licensed by the Virginia Board of Medicine; or
2. Is a respiratory therapist who is registered or certified by the National Board for Respiratory Therapy, Inc.

§ 5.36. Duties of respiratory therapy services supervisor.

The duties of the respiratory therapy services supervisor shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in evaluating the respiratory therapy needs of the patient and assessing the capability of the home caretaker to assist with the patient's needs in order to develop a plan of treatment.
2. Developing the patient's plan of care for services and assisting the agency staff involved in the patient's care, the patient and the home caretaker in understanding, accepting and following instructions and recommendations related to the care plan.
3. Delivering services in accordance with the approved plan of treatment and plan of care and instructing the patient, the home caretaker, and agency staff in the proper storage and handling of supplies and equipment, handling and disposal of waste, safety precautions and actions to be taken in case of emergency.
4. Observing the patient at least every two weeks, and reporting to the attending physician and other agency staff involved in the care, the patient's reactions to and tolerance for the therapy program and any changes in the patient's physical or emotional condition or in the plan of care.
5. Preparing clinical notes and progress notes.
6. Providing or participating in staff training programs.
7. Developing or participating in the development of a discharge plan when the patient is transferred to

another agency or service or when the patient is discharged.

8. Acting as a consultant to agency staff.

9. Participating in the agency's quality assurance reviews and evaluation of respiratory therapy services.

[PART VI. HOSPICE.

Article I. General Provisions.

§ 6.1. Authorization.

Title 32.1, Chapter 5, Article 7, § 32.1-162.5 of the Code of Virginia, authorizes the board to define the conditions and requirements under which a hospice may provide a coordinated program of home care, outpatient care and inpatient care to individuals who are terminally ill.

§ 6.2. Definitions.

Definitions found in § 1-1 of these regulations are applicable to hospice. In addition, the following words and terms when used in this part of the regulations shall specifically apply to a licensed hospice.

"Accredited" means an institution, agency or organization that has been approved by the Joint Commission on Accreditation of Healthcare Organizations and is accredited as meeting hospice programs standards.

"Bereavement service" means counseling and support services that are offered to the patient's family after the patient's death.

"Coordinated program" means the capacity to respond with staff and service to patient and family needs 24-hours a day, seven days a week.

"Free-standing hospice" means a public or private agency, organization or other legal entity that is primarily engaged in providing care to the terminally ill and is not owned or operated by and physically located in a hospital, nursing home, nursing facility or home health agency licensed or certified by the Virginia Department of Health.

"Home care services" means services which are provided in the patient's home by a home health agency licensed or certified by the Virginia Department of Health or a personal care agency certified by the Virginia Department of Medical Assistance Services or by an employee of the hospice program.

"Hospice" means a coordinated program of home care, outpatient care and inpatient care provided to individuals who have been diagnosed as terminally ill.

"Hospice care team" means the patient, the patient's family, the attending physician and the interdisciplinary hospice group.

"Hospice patient family" means the patient's immediate kin, including a spouse, brother, sister, child or parent or any other relation or individual with significant personal ties to the patient who by mutual agreement among the patient, the individual and the hospice participates in the patient's care.

"Hospice plan of care" means a written plan developed by hospice staff to maximize patient comfort by symptom control.

"Inpatient services" means services which are provided to a hospice patient who requires 24-hour medical or nursing supervision and is admitted to a hospital, nursing home or nursing facility licensed or certified by the Virginia Department of Health.

"Interdisciplinary hospice group" means a group of hospice employees consisting of at least a physician, a registered nurse, a social worker and a bereavement counselor that is responsible for assessing the health care and special needs of the hospice patient and the patient family.

"Medical director" means a hospice employee who is a physician currently licensed by the Virginia State Board of Medicine and who is responsible for the medical direction of the hospice program.

"Palliative care" means services, treatments and therapies which produce the greatest degree of relief from symptoms caused by disease for the longest period of time with minimum adverse side effects.

"Terminally ill" means that the individual admitted to the hospice has a medical prognosis that his life expectancy is six months or less.

"Volunteer" means an employee who performs a job function of the hospice program on a full-time or part-time basis not for pay.

§ 6.3. General information.

A. Organizations and agencies exempted from hospice licensure.

These regulations are not applicable to:

1. An agency or visiting nurse service exempted under § 1.2 D 4 of these regulations; or
2. A hospice that is exempted under Title 32.1, Chapter 5, Article 7, § 32.1-162.3 of the Code of Virginia, which states that nothing in these regulations shall be interpreted to authorize or require interference with the supervision or treatment of

patients, residents or staff of any institution operated by and for members of any well recognized church or religious denomination who rely upon treatment by mental or spiritual means without the use of drugs or material remedy, provided such an institution complies with applicable laws and regulations on sanitation, life safety and construction.

B. Revocation or suspension of license.

The commissioner may revoke or suspend a license to operate a hospice under provisions of Title 32.1, Chapter 5, Article 7, § 32.1-162.6 of the Code of Virginia, for failure to comply with provision of the Code or the regulations of the board.

C. Modifications.

Upon receipt of a written request from the governing body or its designated representative, the commissioner, in his sole discretion, may consider a modification and issue a temporary or permanent variance in the application of one or more of these regulations provided safety, patient care or the ability to deliver services will not be adversely affected. The written request shall specify the reason the governing body cannot immediately comply with the identified regulation and how any proposed modification is equal to or will meet the intent of the regulation for which a variance is sought. Upon review of the request, the commissioner may grant a temporary variance for less than a full licensure period, or a permanent variance for a full licensure period or deny the request. Any temporary or permanent variance granted by the commissioner shall be subject to review and renewal before a license renewal, extension or reissuance is granted.

§ 6.4. Application fee.

The following fees shall accompany the application for licensure and are not refundable. The fee shall be based on the hospice annual budget that was approved and adopted by the governing body for the 12-month accounting period that was in effect on the date of issuance of the initial license or for the 12-month accounting period immediately preceding the beginning date of the renewal, extension or reissuance of the license. A copy of the approved budget shall accompany the application for licensure:

A. Initial license.

Hospice annual budget over \$200,000\$100
Hospice annual budget \$100,000 to \$199,999\$ 75
Hospice annual budget less than \$100,000\$ 50

B. Renewal license.

Hospice annual budget over \$200,000\$ 50
Hospice annual budget \$100,000 to \$199,999\$ 35
Hospice annual budget less than \$100,000\$ 25

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C. License extension:\$ 25

D. License reissue:\$ 25

Article 2. Procedures for Licensure.

§ 6.5. Requirements, general.

No person, unless exempted under provisions of subdivision A1 or A2 of § 6.2, shall establish or operate a hospice as defined in § 6.2 and included within provisions of these regulations without having first obtained a license. The requirements specified in subdivisions A through E of § 2.1 shall be applicable to a hospice licensed under provisions of this part.

§ 6.6. Initial license.

Any person intending to establish a hospice program shall notify the division in writing before the requested date of licensure.

A. The written notification shall give the information specified in subdivisions A1 through A9 of § 2.2 of these regulations.

B. The following additional information shall also be provided:

1. A copy of a valid Certificate of Public Need or a letter of exemption from the department.

2. A statement of current certification status as a provider of hospice services under provisions of Title XVIII of the Social Security Act of 1964, as amended.

3. A statement of current accreditation status as an accredited hospice program by the Joint Commission of Accreditation of Healthcare Organizations.

C. Upon receipt of the written notification, the division will:

1. Forward the licensure application forms and any other appropriate information on state licensure or federal certification requirements.

2. Contact the chief administrative officer or other identified contact persons to offer prelicensure consultation.

D. The licensure application, the licensure fee, and all required supporting documents shall be returned to the division before an on-site prelicensure inspection is conducted and before the license is issued.

1. A hospice program shall not begin operation or accept patients prior to the issuance of the license.

2. A hospice program, which holds a valid Certificate

of Public Need or an exemption letter, and which was in operation prior to the effective date of these regulations shall have a maximum of six months from the effective date of these regulations to apply for an initial license.

3. Before the initial license is issued the division shall determine that the hospice program meets all licensure regulations.

4. The license shall expire on the date specified on the license or not later than December 31 in the year of issuance.

§ 6.7. License renewal.

All licenses for hospice programs shall be renewed annually.

A. Every hospice license shall expire on the date specified on the face of the license or no later than December 31 following the date of issue.

B. The division will apply the requirement specified in subsections A, B, D and E of § 2.3 of these regulations for the renewal of hospice licenses.

§ 6.8. License reissue.

A license issued under provisions of these regulations shall be kept current and accurate at all times.

A. The licensed hospice shall give the division written notification 30 working days in advance of any proposed change that will occur during the license year which will require the reissuance of a license. The following circumstances require the reissuance of a license and payment of a reissuance fee:

1. A change in operating name.

2. A change of address of the hospice office.

3. Revocation or suspension of license in accordance with provisions of the Administrative Process Act.

B. When relocation is the reason for the reissuance of a license, the operator shall provide the division with documentation that the building or part of the building that houses the hospice program meets the occupancy, fire safety and zoning requirement of the locality.

The division shall not reissue the license without the required occupancy approval.

Article 3. Inspection Procedures.

§ 6.9. On-site inspection.

Each hospice shall be inspected in accordance with

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provisions specified in subsections A through E of § 2.5 of these regulations.

§ 6.10. Plan of correction.

The chief administrative officers of a licensed hospice shall file a plan for correcting deficiencies in accordance with provisions of subsections A through D of § 2.6 of these regulations.

§ 6.11. Certification of hospice.

Any licensed hospice that voluntarily elects to participate in the Title XVIII, Medicare program as a certified hospice must comply with federal regulations, in addition to the licensure requirements specified in these regulations.

§ 6.12. Accreditation of hospice.

Any licensed hospice that voluntarily elects to participate in the Joint Commission on Accreditation of Healthcare Organization program to accredit hospice must comply with accreditation standards, in addition to the licensure requirements specified in these regulations.

§ 6.13. Acceptance of certification and accreditation.

In accordance with provisions of § 32.1-162.5 of the Code of Virginia, the division may accept reports from other certification and accreditation programs when these requirements are equal to or exceed the licensure provisions of these regulations.

A. A hospice program that is certified under provisions of Title XVIII of the Social Security Act as a Medicare provider of hospice services may be accepted as meeting the requirements of licensure regulations.

Acceptance of certification shall depend upon the willingness of the hospice to allow the certification inspection reports and any plans of correction to become a part of the licensure file maintained in the division and the plans of correction shall meet the requirements of § 2.6 of these regulations.

B. A hospice program that is accredited under provisions of the Hospice Standards Manual of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) may be accepted as meeting the requirements of licensure regulations.

1. Acceptance of accreditation shall depend upon the willingness of the hospice to submit to the division a copy of the JCAHO survey findings.

2. The JCAHO survey findings shall be accompanied with a plan of correction that meets the requirements of § 2.6 of these regulations.

3. The hospice shall be willing for the JCAHO survey

findings and any plans of correction to become a part of the licensure file maintained in the division.

C. Acceptance of certification or accreditation as specified under subsection A or B of this section shall not prevent the division from making periodic on-site inspections in accordance with § 2.5 of these regulations.

Article 4.

Governing Body and Organization.

§ 6.14. Organization.

A licensed hospice program shall be operated by a hospital, nursing home, nursing facility or home health agency that is licensed or certified by the department, or by a free-standing hospice.

§ 6.15. Governing body.

A. The governing body of a hospital, nursing home, nursing facility or home health agency which provides a hospice program shall include in its internal organizational structure an identifiable unit of hospice services.

B. A free-standing hospice shall have a governing body that is legally responsible for management and operation.

C. The governing body of an organized unit or a free-standing hospice shall meet the requirements specified in subsections A and B of § 2.2 of these regulations.

§ 6.16. Administration.

The governing body of a free-standing hospice or the chief administrative officer of a licensed or certified hospital, nursing home, nursing facility or home health agency shall appoint an individual who will be responsible for the day-to-day administration and management of the hospice program.

A. The qualifications of the hospice administrative officer shall be the same as those specified in § 2.4 A of these regulations.

B. The duties of the hospice administrative officer shall be the same as those specified in subsections B and C of § 2.4 of these regulations.

Article 5.

Policies and Procedures.

§ 6.17. Policies and procedures.

The hospice shall have written operational policies and procedures, approved by the governing body, that set forth the criteria, acceptable method and practices to be followed to carry out the day-to-day management and operation.

A. Written policies and procedures shall be developed

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for, but not be limited to, the following:

1. Administrative and financial records.
2. Personnel records.
3. Admission and discharge criteria.
4. Contracted services.
5. Medical records.
6. Patients rights.
7. Quality assurance.
8. Record retention.
9. Supervision and delivery of hospice services, including coordination of services.
10. Interdisciplinary group responsibilities.

B. Copies of policies and procedures shall be readily available for staff use at all times.

C. Copies of policies shall be made available for review, upon request, to patients, their designated representatives and to potential applicants for services.

§ 6.18. Administrative and financial records.

Administrative and financial record policies and procedures shall meet the requirements of § 3.6 of these regulations.

§ 6.19. Personnel policies and procedures.

Personnel policies and procedures shall meet the requirements of § 3.7 of these regulations.

§ 6.20. Admission and discharge criteria.

Policies and procedures on admission and discharge criteria shall meet the requirements of § 3.8 of these regulations.

§ 6.21. Contract services.

Hospice services which are not delivered by hospice employees shall be documented in a written agreement with the individual or legal entity delivering the service. Written agreements with individuals and other legal entities shall meet the requirements of subsections A and B of § 3.9 of these regulations.

§ 6.22. Medical records.

Medical records policies and procedures shall meet the requirements of § 3.10 of these regulations.

§ 6.23. Patients' rights.

Each hospice shall establish and implement written policies and procedures regarding the rights of patients that include each services offered. Patient rights policies and procedures shall meet the requirements of § 3.11 of these regulations.

§ 6.24. Quality assurance committee.

Each hospice shall establish a Quality Assurance Committee required under provisions of § 3.2 B 4 of these regulations. The committee shall have a written plan for annual review and evaluation of the hospice services that meets the requirements of § 3.12 of these regulations.

§ 6.25. Record retention.

Policies and procedures for the retention, reproduction, access and storage of all hospice records shall meet the requirements of § 3.13 of these regulations.

§ 6.26. Service policies and procedures.

Each hospice shall have written policies and procedures for each service offered, including the qualifications and responsibilities of the individual supervising the service and the duties and responsibilities of the interdisciplinary group.

Article 6. Provision of Services.

§ 6.27. Services.

The hospice shall provide a coordinated program of inpatient care, home care and outpatient services to terminally ill patients that are consistent with the statement of scope of services approved by the governing body as specified in § 3.2 A of these regulations.

A. The coordinated program shall assure that the following hospice characteristics are met:

1. That the hospice patient family is considered a unit of service.
2. That there is an interdisciplinary group whose primary function is to maximize patient comfort by symptom control.
3. That services are available 24 hours a day, 7 days a week.
4. That program emphasis is placed on home care.
5. That inpatient care is provided in an atmosphere as home-like as practical.
6. That bereavement service is made available to the family for a specified period of time after the death.

of the patient.

7. That nonsalaried employees (volunteers) are trained to perform specific job functions in the hospice service delivery system.

B. Hospice services shall be delivered by hospice employees or by contractual agreements with individuals, agencies or health care institutions.

C. All individuals who enter a patient's home for or on behalf of the hospice shall be readily identifiable by name tag, uniform or other visible means.

D. All hospice medical and nursing services shall be prescribed in the patient's hospice plan of care and be approved and signed by the attending physician.

E. The hospice plan of care shall contain the information specified in subdivisions D1a through D1h of § 4.1 and meet the requirements specified in subdivisions D2 through D5 of § 4.1 of these regulations.

Article 7.

Medically Directed Interdisciplinary Hospice Group.

§ 6.28. Plan of care.

A written hospice plan of care shall be established, maintained and periodically reviewed for each patient admitted to the hospice.

A. The plan of care shall be based on the attending physician's plan for symptom control and describe the methods and modalities to be used to carry out the care plan.

B. The plan of care shall be established by the attending physician or the hospice medical director, in consultation with the attending physician, and the interdisciplinary hospice group.

C. The plan of care shall be maintained and updated in accordance with physician orders.

D. The plan of care shall be reviewed as often as the severity of the patient's condition requires, but not less than once every 60 days. The review shall be conducted by the attending physician or the medical director, in consultation with the attending physician, and the interdisciplinary hospice group. The professional staff involved in the care of the patient shall promptly alert the attending physician or the hospice medical director of any changes in the patient's condition which indicate a need to alter the care plan or to terminate the service.

Article 8.

Medical Direction.

§ 6.29. Medical director required.

Medical direction shall be under the supervision of a practicing physician currently licensed by the State Board of Medicine to practice in Virginia.

A. The medical director shall have training and experience in the psychological and medical needs of terminally ill patients.

B. The medical director shall have clinical privileges at one or more of the hospitals, nursing homes and nursing facilities that provide inpatient services to patients of the licensed hospice.

C. The duties and responsibilities of the medical director shall include at least the following:

1. Consulting with attending physicians, as requested, regarding pain and symptom management.

2. Reviewing patient eligibility for hospice services in accordance with hospice program policy.

3. Acting as a medical resource to the interdisciplinary group.

4. Coordinating with attending physicians to assure a continuum of medical care in cases of emergency or in the event the attending physician is unable to retain responsibility for a patient's care.

5. Act as medical liaison with physicians in the community.

Article 9.

Nursing Services.

§ 6.30. Nursing services.

Nursing services shall be supervised by a registered nurse currently registered by the State Board of Nursing to practice in Virginia.

A. The director of nursing services shall have education or experience in the nursing care needs of terminally ill patients.

B. The director of nursing services shall be employed by the licensed hospice or on contract to the hospice to provide nursing supervision.

C. The duties and responsibilities of the director of nursing services shall include at least the following:

1. Participates in the development and implementation of policies, procedures and criteria that assure nursing services will be delivered according to standards established by the State Board of Nursing.

2. Participates in the development of personnel policies and position descriptions that delineate qualifications, duties and responsibilities for all levels

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of nursing staff.

2. Assuring that nursing services delivered by hospice employees and by individuals employed through contractual agreements are provided in accordance with established policies of the hospice.

4. Assuring that inpatient and outpatient nursing services are available 24 hours a day, 7 days a week and that licensed practical nurses, nursing assistants and aides work under the direct supervision of a registered nurse.

5. Participates in the development and implementation of orientation and in-service training programs for all levels of nursing staff employed by the licensed hospice.

6. Acts as nursing liaison with hospice staff and with other agencies, organizations and individuals that have contractual agreements to provide nursing services.

D. If home care nursing services are provided by employees of the hospice the nursing services shall meet the requirements of §§ 5-2 D through 5-7 of these regulations.

Article 10. Social Services and Counseling Services.

§ 6-21. Social services and counseling services.

Social services shall be available from an employee of the licensed hospice or through contractual agreement.

A. Social services shall be provided as a part of the interdisciplinary care plan developed for each patient.

B. Social services shall be delivered in accordance with the hospice policies and procedures and be directed toward:

1. Maximizing the social function of each patient and the coping capacity of the patient family.

2. Fostering the human dignity and personal worth of each patient.

3. Understanding the social factors in the patient's day-to-day behavior, including staff-patient relationships.

4. Preparing the patient for changes in his living situation.

5. Assisting the family in developing constructive and personally meaningful ways to support the patient.

D. If social services are provided by employees of the hospice the services shall meet the requirements specified in §§ 5-18 B, 5-20 and 5-21.

§ 6-22. Policies and procedures.

The licensed hospice shall have written policies and procedures that will assure that the following services are offered and made available to the patients, families and employees of the hospice program.

A. Spiritual counseling.

The hospice shall make provisions to assure that patients and their families receive visits, upon their request, from clergy or other members of religious organizations of their choice.

Spiritual counseling may be provided through a working arrangement with individual clergy, clergy associations and other religious organizations in the community or by a clergy person employed by the hospice.

B. Bereavement services.

The hospice shall have written policies and procedures to assure that families of patients and hospice employees who delivered care are offered bereavement services following the death of the patient.

C. An individualized plan to deliver spiritual or bereavement services, when requested by the family or by a hospice employee, shall clearly delineate the services to be provided; the frequency of the services; the individual(s) that will provide the services; and the length of time the services will be provided.

D. The arrangements for or the offer to provide spiritual and bereavement services shall be documented in records of the hospice.

E. Bereavement services shall be provided by or under the supervision of an individual who has education, experience and ability to give family and individual counseling.

F. The hospice shall specify in written policies and procedures, the qualifications, responsibilities and reporting requirements of individuals approved to provide bereavement services.

G. The licensed hospice shall maintain a listing of individuals who have been approved to provide spiritual and bereavement services and that list shall be made available, upon request, to patients, families and hospice employees and contractors.

Article 11. Inpatient Services.

§ 6-23. Inpatient services.

Patient care shall be provided in health care institution that is currently licensed under the most recent applicable provisions of Rules and Regulations for the Licensure of

Hospitals in Virginia or under provisions of Rules and Regulations for the Licensure of Nursing Homes in Virginia that have been approved and adopted by the State Board of Health.

**Article 12:
Other Special Services.**

§ 6.34. Other special services.

The hospice shall have written policies and procedures that will assure that patients accepted in the hospice program have access to specialized service according to their individual needs.

A. Specialized services include, but are not limited to, dietary counseling, physical therapy, occupational therapy, and speech therapy.

B. Specialized services may be provided directly by hospice employees or through contractual agreements with individuals and other organizations.

C. Physical therapy services shall be provided in accordance with requirements specified in Part V, Article 2, of these regulations.

D. Occupational therapy services shall be provided in accordance with the requirements specified in Part V, Article 3, of these regulations.

E. Speech therapy services shall be provided in accordance with the requirements specified in Part V, Article 4, of these regulations.

F. Dietary counseling shall be provided by an individual who is registered or is eligible for registration by the American Dietetic Association; or by an individual who has a bachelor's degree, with major studies in food and nutrition or dietetics, from an accredited college or university. Specialized nutrition support services shall be provided in accordance with requirements specified in Part V, Article 7, of these regulations.

G. Intravenous therapy services shall be provided in accordance with the requirements specified in Part V, Article 8, of these regulations.

H. Respiratory therapy services shall be provided in accordance with the requirements specified in Part V, Article 9, of these regulations.]

Virginia Department of Health
Division of Licensure and Certification
109 Governor Street
Richmond, Virginia 23219
APPLICATION FOR LICENSE: HOME HEALTH AGENCIES

In accordance with provisions of Chapter 5, Article 7.1, Title 32.1, Code of Virginia 1950, as amended, all agencies or any part of an agency that provides home health services that are not certified by the Virginia Department of Health as a Medicare/Medicaid provider of home health services or by the Virginia Department of Medical Assistance Services as a Medicaid provider of personal care services must submit the following information to the Department of Health.

ANY CHANGES DURING THE LICENSING YEAR WHICH WOULD AFFECT THE ACCURACY OF THE FOLLOWING INFORMATION MUST BE REPORTED TO THE DEPARTMENT OF HEALTH.

REQUEST FOR: (check one)
[] INITIAL LICENSE TO OPERATE A MULTIPLE SERVICE AGENCY
[] INITIAL LICENSE TO OPERATE A SINGLE SERVICE AGENCY
[] RENEWAL LICENSE TO OPERATE A MULTIPLE SERVICE AGENCY
[] RENEWAL LICENSE TO OPERATE A SINGLE SERVICE AGENCY
[] LICENSE EXTENSION [] LICENSE REISSUE

REQUESTED EFFECTIVE DATE OF LICENSE: _____

LICENSURE FEE ATTACHED: (Check one) [] YES [] NO

LEGAL NAME OF AGENCY: _____

BUSINESS NAME OF AGENCY: _____

MAILING ADDRESS: _____
(number and street name)

(Post office box number, if applicable)

_____, VA. _____
(City or Town) (Zip Code)

AGENCY TELEPHONE NUMBER: [] _____

Is any part of this agency certified in the Medicare or the Medicaid program? (check one) [] YES [] NO

If yes, give Provider Number: #49- _____

CHIEF ADMINISTRATIVE OFFICER OF AGENCY: _____

(Type of print) (Name) (Title)

Signature of Chief Administrative Officer: _____

Date: _____ Telephone Number: [] _____

HOME HEALTH SERVICES PROVIDED BY AGENCY EMPLOYEES: (Check)

- [] Skilled nursing care [] Medical appliances
- [] Physical therapy [] Nutrition support
- [] Occupational therapy [] Intravenous therapy
- [] Speech therapy [] Respiratory therapy
- [] Medical Social Services [] _____ specify
- [] Home health aide services [] _____ specify
- [] Medical supplies [] _____ specify

HOME HEALTH SERVICES PROVIDED BY CONTRACT OR AGREEMENT:

(Check and give name of contractor)

Service	Name of Contractor
[] Skilled nursing care	_____
[] Physical therapy	_____
[] Occupational therapy	_____
[] Speech therapy	_____
[] Medical social services	_____
[] Home health aide services	_____
[] Medical supplies	_____
[] Medical appliances	_____
[] Nutrition support	_____
[] Intravenous therapy	_____
[] Respiratory therapy	_____
[] Other - specify	_____
[] Other - specify	_____
[] Other - specify	_____

ATTACH ONE COPY OF THE FOLLOWING DOCUMENTS:

1. Copy of approved Budget for the last 12 month accounting period. (See section below on licensing fees)
2. Evidence of current malpractice insurance coverage.
3. Evidence of current general liability insurance coverage.
4. Evidence of performance bond coverage.
5. Evidence of product liability insurance coverage, if applicable.

LICENSURE FEES: Fees are based on the approved annual operating budget for the latest 12 month accounting period.

A check or money order made payable to the Virginia Department of Health must be received before a license is issued. The following fees are applicable:

- A. Initial license fee
 - Agency annual budget over \$200,000 \$200
 - Agency annual budget \$100,000 to \$199,999 . . . \$150
 - Agency annual budget less than \$100,000 . . . \$100
- B. Renewal license fee
 - Agency annual budget over \$200,000 \$100
 - Agency annual budget \$100,000 to \$199,999 . . . \$ 75
 - Agency annual budget less than \$100,000 . . . \$ 50
- C. License Extension \$ 25
- D. License re-issue \$ 25

* * * * *

Title of Regulation: VR 355-33-03. Regulations for the Licensure of Hospices.

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

Effective Date: April 11, 1990

Summary:

The Regulations for the Licensure of Hospices were originally presented in conjunction with Regulations for the Licensure of Home Health Agencies. In response to public comment, the Regulations for the Licensure of Hospices are being proposed for final adoption separately from the Regulations for the Licensure of Home Health Agencies.

Within the final proposed version, sections that had previously referred the hospice reader to the proposed Regulations for the Licensure of Home Health Agencies have been brought into these proposed regulations in their entirety.

A number of minor revisions have been made to provide clarity to the reader. The following describes those changes that may be considered substantive.

All references to "agencies" have been revised to read "hospices."

Part I. Definitions. The definitions of "hospice plan of care" and "plan of care" are revised to more clearly delineate the relationship to the interdisciplinary team and the complete array of services to be included within the plan of care.

Part II, § 2.1 C "Service area limitation" has been eliminated.

§ 2.6 "Plan of Correction." Reference has been included to the commissioner's right to invoke a number of sanctions as provided under the provisions of § 32.1-27 of the Code of Virginia.

Part III. § 3.12 "Patient's rights." Language is added to recognize that hospices may need to discharge a patient from services in order to protect the health and well-being of an employee.

§ 3.13 "Quality Assurance." Language is added to require the Quality Assurance Teams findings and recommendations for actions are reported to the governing body and the chief administrative officer.

Part IV. Another article has been created for description of Spiritual Counseling and Bereavement Services, Part IV, Article 6, and includes language that was previously found within Part IV, Article 5, Social Services.

Part V. Part V has been revised to reflect the allowance that all special services may be provided directly by the hospice or by written agreement with another provider, or provided by referral. These services are not considered to be a required part of hospice services, but should be available to hospice patients as is needed. In addition, the components of the articles describing the methods under which the various special services are to be provided have been rearranged for the purpose of clarity.

VR 355-33-03. Regulations for the Licensure of Hospices.

PART I. GENERAL PROVISIONS.

§ 1.1. Definitions.

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

["Accredited" means an institution, agency or organization that has been approved by the Joint Commission on Accreditation of Healthcare Organizations and is accredited as meeting hospice programs standards.]

"Agency" unless otherwise qualified, means a home health agency as defined herein.

"Attending physician" means a physician currently licensed by the [Virginia] State Board of Medicine [in Virginia or currently licensed in an adjacent state] who is identified by the patient as having the most significant role in determining the delivery of the patient's medical care.

["Bereavement service" means counseling and support services that are offered to the patient's family after the patient's death.]

"Board" means the State Board of Health.

"Bylaws" means a set of rules adopted by the governing body.

"Certified" means an agency, institution, organization or individual that has been approved by the state or federal certification agency as a provider or supplier of services under provisions of the Medicare or Medicaid programs.

"Chief administrative officer" means the individual appointed by the governing body [of a hospice] to act on its behalf in the overall management of the [agency hospice].

"Commissioner" means the State Health Commissioner.

["Coordinated program" means the capacity to respond with staff and service to patient and family needs 24-hours a day, seven days a week.]

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"Department" means the Virginia Department of Health.

"Direction" means authority to carry out policy and give procedural guidance to accomplish a function or activity.

"Discharge summary" means a final written summary filed in a closed medical record of the services delivered, goals achieved and final disposition at the time of discharge from service.

"Division" means the Division of Licensure and Certification of the Virginia Department of Health.

"Employee" means an individual who performs a specific job function for the employer on a full-time or part-time basis for pay or not for pay.

["Free-standing hospice" means a public or private hospice, organization or other legal entity that is primarily engaged in providing care to the terminally ill and is not owned or operated by and physically located in a hospital, nursing home, nursing facility or home health agency licensed or certified by the Virginia Department of Health.]

"Full-time" means a minimum of a 37-1/2 hour work week [or a 7-1/2 hour work day] .

"Governing body" means the individual, group or governmental agency that has legal responsibility and authority [for approving over] the operating policies of the [agency hospice] .

["Home care services" means services which are provided in the patient's home by a home health agency licensed or certified by the Virginia Department of Health or a personal care agency certified by the Virginia Department of Medical Assistance Services or by an employee of the hospice program.]

"Home health agency" means a public or private agency or organization, whether operated for profit or not for profit, that delivers directly or through contractual agreement one or more home health services, according to a plan of treatment [, or nursing services] , to sick or disabled individuals living at home.

"Home health services" means any of the following services and items delivered on a daily or hourly basis [and in accordance with a plan of treatment] to a patient in his home:

Part-time or intermittent skilled nursing care;
Physical therapy;
Occupational therapy;
Speech therapy;
Medical social services;
Part-time or intermittent home health aide services;
Medical supplies, excluding drugs and medicines;
Medical appliances;
Specialized nutrition support;

Intravenous therapy; or
Respiratory therapy.

["Hospice" means" a coordinated program of home care, outpatient care and inpatient care provided to individuals who have been diagnosed as terminally ill.

"Hospice care team" means the patient, the patient's family, the attending physician and the interdisciplinary hospice group.

"Hospice patient's family" means the patient's immediate kin, including a spouse, brother, sister, child or parent or any other relation or individual with significant personal ties to the patient who by mutual agreement among the patient, the individual and the hospice participates in the patient's care.

"Hospice plan of care" means a written plan developed by hospice staff to meet the physical, psychological, social, spiritual and other special needs which are experienced during the final stages of illness, and during dying and bereavement.

"Inpatient services" means services which are provided to a hospice patient who requires 24-hour medical or nursing supervision and is admitted to a hospital, nursing home or nursing facility licensed or Medicare certified by the Virginia Department of Health.

"Interdisciplinary hospice group" means a group of hospice employees consisting of at least a physician, a registered nurse, a social worker and a bereavement counselor that is responsible for assessing the health care and special needs of the hospice patient and the patient's family.]

"Intermittent" means home health services provided to an individual who does not require daily visits but who has a condition that requires services at medically predictable intervals over a period of weeks or months.

"Licensing agency" means the Department of Health.

["Medical director" means a hospice employee who is a physician currently licensed by the Virginia State Board of Medicine and who is responsible for the medical direction of the hospice program.]

"Medical record" means a continuous and accurate written account of services provided to a patient, including information that has been dated and signed by the individuals who prescribed or delivered the treatment or care.

"Nonprofit" means [an agency a hospice] exempt from Federal Income Taxation under § 501(c) of the Internal Revenue Code of 1986, as amended.

["Nursing services" means patient care services pertaining to the curative, palliative, restorative, or

preventive aspects of nursing that are performed or supervised by a registered nurse.]

"Operator" means any individual, partnership, association, trust, corporation, municipality, county, governmental agency or any other legal or commercial entity that is responsible for the day-to-day administrative management and operation of the [agency hospice] .

["Palliative care" means services, treatments and therapies which produce relief from symptoms caused by disease.]

"Part-time" means those home health services provided to an individual who does not require full-time service but who has a medical condition that requires [frequent] hourly visits on consecutive days or several days within the same week.

"Patient's residence" means the place where the patient resides, which includes a licensed home for adults, but excludes a licensed hospital or nursing home or certified nursing care facility.

"Person" means any individual, partnership, association, trust, corporation, municipality, county, governmental agency or any other legal or commercial entity that operates [an agency a hospice] .

"Plan of care" means a written plan developed by the [agency hospice] staff [to carry out the patient's prescribed plan of treatment , in consultation with the attending physician, and the interdisciplinary hospice group to meet the medical and psycho-social needs of the terminally ill person and family] .

"Plan of treatment" means a written plan of services and items needed to treat patient's medical condition that is prescribed, signed and periodically reviewed by the patient's attending physician.

"Progress note" means a written statement [contained within a patient's medical record] , dated and signed by the person delivering the care, treatment or service, describing the effect of the care, treatment or service on the patient's medical condition.

"Supervision" means the ongoing process of monitoring the skills, competencies and performance of the individual supervised and providing regular, documented, face-to-face guidance and instruction.

["Terminally ill" means that the individual admitted to the hospice has a medical prognosis that his life expectancy is six months or less.

"Volunteer" means an employee who performs a job function of the hospice program on a full-time or part-time basis not for pay.]

§ 1.2. General information.

A. Authority.

Title 32.1, Chapter 5, Article 7.1, § 32.1-162.12 of the Code of Virginia, authorizes the board to define the conditions and requirements under which a home health agency may provide services to patients in their home.

B. Purpose.

These regulations have been promulgated by the board for the purpose of defining minimum standards for organization and operation required of a licensed home health agency; and to

1. Provide guidelines for the commissioner and notice to the home health agency and the hospice of the standards on which initial or continued licensure shall be dependent; and
2. Assist the operator and his authorized agents in preparation of an application for licensure and other reports.

C. Effective date.

These regulations shall be effective [October 1, 1989, April 11, 1990,] and shall have general application throughout the Commonwealth.

D. [Individuals Organizations] and agencies exempted from [home health agency hospice] licensure.

These regulations are not applicable to:

1. [An individual, acting on his own behalf, who provides services as a practitioner to an individual patient in the patient's home, if such individual is currently licensed to provide those professional services under provisions of Title 54.1 of the Code of Virginia. For example, a personal physician, a private duty registered nurse or a private duty licensed practical nurse.
2. An agency that is owned and operated as a formal organized service unit of a hospital or a nursing home licensed in Virginia or of a Medicare or Medicaid nursing facility certified in Virginia.
3. An agency or an identifiable part of an agency certified in Virginia to receive reimbursement under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
4.] An agency or visiting nurse service owned, operated and conducted by and for those who rely upon spiritual means through prayer alone for healing in accordance with the tenets and practices of a recognized church or religious denomination [: ; or]

[2. A hospice that is exempted under Title 32.1,

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Chapter 5, Article 7, § 32.1-162.2 of the Code of Virginia, which states that nothing in these regulations shall be interpreted to authorize or require interference with the supervision or treatment of patients, residents or staff of any institution operated by and for members of any well recognized church or religious denomination who rely upon treatment by mental or spiritual means without the use of drugs or material remedy, provided such an institution complies with applicable laws and regulations on sanitation, life safety and construction.]

E. Revocation or suspension of license.

The commissioner may revoke or suspend a license to operate a [~~home health agency hospice~~] under provisions of Title 32.1, Chapter 5, Article [~~7.1, 32.1-162.13~~ 7, § 32.1-162.6] of the Code of Virginia, for failure to comply with the provisions of Code or the regulations of the board.

F. Modifications.

Upon receipt of a written request from the governing body or its designated representative, the commissioner, in his sole discretion, may consider a modification and issue a temporary or permanent variance in the application of one or more of these regulations provided safety, patient care or the ability to deliver services will not be adversely affected. The written request shall specify the reason the governing body cannot immediately comply with the identified regulation and how any proposed modification is equal to or will meet the intent of the regulation for which a variance is requested. Upon review of the request, the commissioner may grant a temporary variance for less than a full licensure period, or a permanent variance for a full licensure period, or deny the request. Any temporary or permanent variance granted by the commissioner shall be subject to review and renewal before a license renewal, extension or reissuance is granted.

§ 1.3. Application fee.

The following fees shall accompany the application for licensure and are not refundable. The fee shall be based on the [~~agency's hospice~~] annual budget that was approved and adopted by the governing body for the 12-month accounting period [~~immediately preceding that was in effect on~~] the date of issuance of the initial [~~or renewal~~] license or for the 12-month accounting period immediately preceding the beginning date of the renewal extension or reissuance of the] license. A copy of the approved budget shall accompany the application for licensure.

A. Initial license.

[~~Agency Hospice~~] annual budget over \$200,000 [~~\$200 \$100~~]
[~~Agency Hospice~~] annual budget \$100,000 to \$199,999 [

\$150 \$75]
[~~Agency Hospice~~] annual budget less than \$100,000 . [~~\$100 \$50~~]

B. Renewal license.

[~~Agency Hospice~~] annual budget over \$200,000 . [~~\$100 \$50~~]
[~~Agency Hospice~~] annual budget \$100,000 to \$199,999 [~~\$75 \$35~~]
[~~Agency Hospice~~] annual budget less than \$100,000 . [~~\$50 \$25~~]

C. License extension. \$ 25

D. License reissue. \$ 25

PART II.

LICENSURE AND INSPECTION PROCEDURES.

Article 1.

Procedures for Licensure.

§ 2.1. Requirements, general.

No person, unless exempted under provisions of § 1.2 D, shall establish or operate a [~~home health agency hospice~~] as defined in [§ 1.1] and included within provisions of these regulations without having first obtained a license.

A. Separate license.

A separate license shall be required for each office maintained by a [~~home health agency hospice~~] .

B. Posting of the license.

The [~~home health agency hospice~~] license shall be posted in the office of the [~~agency hospice~~] in a place clearly visible to the general public.

[~~C. Service area limitation.~~

~~An agency's services shall be geographically limited to the political jurisdiction in which that agency's office is located and the political jurisdictions immediately contiguous to that location.]~~

[~~D. C.] Transfer of license.~~

~~A license issued under provisions of these regulations shall not be transferred or assigned.~~

[~~E. D.] Change of operator.~~

~~A change in operator of a licensed [~~agency hospice~~] shall, for purposes of these regulations, constitute formation of a new [~~agency hospice~~] and shall require an application for an initial license as set forth in § 2.2 of these regulations.~~

§ 2.2. Initial licensure.

[Prior to being licensed,] any person intending to establish a [home health agency hospice] shall notify the division in writing [before the requested date of licensure] .

A. The written notification shall provide at least the following information:

1. The name and mailing address of the owner of the [agency hospice] .
2. The operating name of the [agency hospice] .
3. The office location of the [agency hospice] and the mailing address.
4. The name and title of the chief administrative officer or other contact person.
5. The telephone number of contact person.
6. The effective date requested for licensure.
7. A listing of services the [agency hospice] intends to offer either directly or by contractual agreement.
8. Written evidence that the building or part of the building in which the [agency hospice] office is to be located is in compliance with applicable local zoning, building and fire safety laws and regulations.
9. If the [agency hospice] owner is a corporate entity, written evidence of registration with the Virginia State Corporation Commission.
- [10. A copy of a valid Certificate of Public Need or a letter of exemption from the department.
11. A statement of current certification status as a provider of hospice services under provisions of Title XVIII of the Social Security Act of 1964, as amended.
12. A statement of current accreditation status as an accredited hospice program by the Joint Commission of Accreditation of Healthcare Organizations.]

B. Upon receipt of the written notification, the division will:

1. Forward the licensure application forms and any other appropriate information [on state licensure or federal certification requirements] .
2. Contact the chief administrative officer or other identified contact person to offer prelicensure consultation.

C. The licensure application, the licensure fee, and all [requested required supporting] documents shall be

returned to the division before an on-site prelicensure inspection is conducted and before the license is issued.

1. [An agency A hospice program] shall not begin operation or accept patients prior to the issuance of the license.

[2. A hospice program, which holds a valid Certificate of Public Need or an exemption letter, and which was in operation prior to the effective date of these regulations shall have a maximum of six months from the effective date of these regulations to apply for an initial license.]

[3.] Before the initial license is issued the division shall determine that the [agency hospice program] meets all licensure regulations.

[4.] The license shall expire on the date specified on the face of the license [or not later than December 31 in the year of issuance] .

§ 2.3. License renewal.

[A renewal license shall be valid for a period not to exceed 12 months. Renewal of the license shall not be automatic.]

[All licenses for hospice programs shall be renewed annually.

A. Every hospice license shall expire on the date specified on the face of the license or no later than December 31 following the date of issue.]

[A. B.] The division will forward annual license renewal application forms to every licensed [agency hospice] at least 60 days prior to the expiration date of the current license.

[B. C.] The license renewal application, the application fee, and any requested documents shall be returned to the division before the renewal license is issued.

1. If review of the renewal application shows that changes have been made in the previously approved services, the operator, the office location or the business name of the [agency hospice] , or if there is a question on record concerning adherence to standards of care the division will immediately contact the chief administrative officer to obtain an explanation or additional information.

2. If review of the renewal application and the [agency's hospice's] licensing record reveals no problems or violations of licensing regulations, the division shall approve the license renewal application and any additional required documents and forward the renewal license to the operator prior to the expiration date of the current license, unless cause appears to be to the contrary.

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[C. Every renewal license shall expire on the date specified on the face of the license.]

D. A renewal license may be issued for less than a 12-month period if the division finds, after an on-site inspection, that one or more of the following circumstances exist:

1. [An agency hospice] was not in full compliance with the regulations at the time of the last annual on-site inspection and upon reinspection had not fully completed its approved plan of correction; or

2. [An agency hospice] exhibits over a 12-month period a pattern of repeated deficiencies; or failed to carry out its approved plan of correction; or exhibits an inability or unwillingness to maintain compliance with licensure regulations.

E. After an on-site inspection or after presentation of documented evidence, if the operator satisfactorily demonstrates that corrective action has been taken, the license may be extended for the remainder of the current licensing period upon payment of the license extension fee.

§ 2.4. License reissue.

It is the responsibility of the governing body of the [agency hospice] to assure maintenance of a current and accurate license at all times.

A. [A The] licensed [agency hospice] shall give the division written notification 30 working days in advance of any proposed change that will occur during the license year which [may will] require the reissuance of a license [as determined by the division]. The following circumstances require the reissuance of a license and payment of a reissuance fee:

1. A change in operating name.

2. A change of address [of the hospice office] .

3. [A] Revocation or suspension of license [under in accordance with] provisions of the Administrative Process Act.

B. When relocation is the reason for the reissuance of a license, the operator shall provide the division with documentation that the building or part of the building that houses the [agency hospice program] meets the occupancy, fire safety, and zoning requirements of the locality. The division shall not reissue the license without [complete documentation of] the required [local approvals occupancy approval] .

Article 2.

Inspection Procedures.

§ 2.5. On-site inspection.

Each [agency hospice] shall be inspected [periodically, but not less than annually, during normal business hours to determine compliance with these regulations. in accordance with the following provisions:]

A. The division may conduct announced and unannounced inspections during normal hours of operation.

1. When the primary purpose of the inspection is to investigate a complaint allegation the inspection shall be unannounced.

2. Unannounced inspections shall be conducted whenever the division has reason to suspect patient care is not being delivered in accordance with the patient's plan of care or that the [agency hospice] is not providing qualified staff to deliver or supervise the delivery of [home health hospice] services.

B. The division shall have access to [agency hospice] records for the purpose of determining compliance with these regulations.

Access to records shall include, but is not limited to the following:

1. Bylaws approved by the governing body.

2. Policies and procedures and revisions approved by the governing body.

3. Evidence of insurance coverage.

4. Personnel records.

5. Review and evaluation reports of committees.

6. Individual medical records and documents related to the delivery of services, including incident and accident reports.

7. Agreements with individual patients and contractors.

8. Schedules of fees and charges for services.

9. Audited financial statements.

C. At the conclusion of an on-site inspection, the representative from the division may have an exit conference with the chief administrative officer or his designee to give an oral report of findings.

D. The division shall forward a written report of the violations that existed at the time of the on-site inspection to the chief administrative officer within 15 working days from the last day of inspection.

E. The chief administrative officer shall submit a written plan for correcting the violations in accordance with the requirements in § 2.6 of these regulations.

§ 2.6. Plan of correction.

[Upon receipt of the written inspection report the chief administrative officer shall be responsible for the preparation of a plan for correcting the violations cited at the time of inspection.]

[The chief administrative officers of a licensed hospice shall file a plan for correcting deficiencies cited at the time of inspection.]

A. The plan of correction shall be submitted to the division within the specified time limit set forth in the report or no later than 15 working days of receipt of the inspection report.

B. The plan of correction shall contain at least the following information for each violation cited:

1. A description of the method implemented to correct each violation.
2. The date each correction is expected to be completed.
3. A description of the measures implemented to assure continued compliance with the regulations and prevent a recurrence of the violation.

C. The division shall notify the chief administrative officer whenever any item in the plan of correction is determined to be unacceptable and require that a revised plan for that item be submitted for review and approval.

1. Time limits for completion of corrective actions shall not exceed 30 days from the date of the written inspection report.
2. If the division is requested to consider an extension beyond the 30-day correction period the plan of correction shall contain an explanation of any extenuating circumstances or the specific reason the division should consider the request.

a. The division shall review, and may approve or deny each such request.

b. The [agency hospice] shall provide any information or documents the division may require to make a decision within the time frame specified.

D. The chief administrative officer shall be responsible for assuring that the approved plan of correction is implemented and completed. Failure to implement and complete an approved plan of correction may be sufficient cause for denial of a licensure extension, [or for denial of] a licensure renewal [,] or [may be cause] to implement proceedings for licensure suspension or revocation under provisions of § 32.1-162.6 [or § 32.1-162.13] of the Code of Virginia. [In the alternative, the commissioner may invoke any of the sanctions

provided in under provisions of § 32.1-27 of the Code of Virginia.]

§ 2.7. Certification of hospice.

Any licensed hospice that voluntarily elects to participate in the Title XVIII, Medicare program as a certified hospice must comply with federal regulations, in addition to the licensure requirements specified in these regulations.

§ 2.8. Accreditation of hospice.

Any licensed hospice that voluntarily elects to participate in the Joint Commission on Accreditation of Healthcare Organization program to accredit hospice must comply with accreditation standards, in addition to the licensure requirements specified in these regulations.

§ 2.9. Acceptance of certification and accreditation.

In accordance with provisions of § 32.1-162.5 of the Code of Virginia, the division may accept reports from other certification and accreditation programs when these requirements are equal to or exceed the licensure provisions of these regulations.

A. A hospice program that is certified under provisions of Title XVIII of the Social Security Act as a Medicare provider of hospice services may be accepted as meeting the requirements of licensure regulations.

Acceptance of certification shall depend upon the willingness of the hospice to allow the certification inspection reports and any plans of correction to become a part of the licensure file maintained in the division and the plans of correction shall meet the requirements of § 2.6 of these regulations.

B. A hospice program that is accredited under provisions of the Hospice Standards Manual of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) may be accepted as meeting the requirements of licensure regulations.

1. Acceptance of accreditation shall depend upon the willingness of the hospice to submit to the division a copy of the JCAHO survey findings.

2. The JCAHO survey findings shall be accompanied with a plan of correction that meets the requirements of § 2.6 of these regulations.

3. The hospice shall be willing for the JCAHO survey findings and any plans of correction to become a part of the licensure file maintained in the division.

C. Acceptance of certification or accreditation as specified under subsection A or B of this section shall not prevent the division from making periodic on-site inspections in accordance with § 2.5 of these regulations.

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PART III. GOVERNING BODIES.

Article 1. Governing Body and Organization.

§ 3.1. [~~Governing body.~~ Organization.

~~Each agency shall have a governing body that is legally responsible for management and operation.~~

A licensed hospice program shall be operated by a hospital, nursing home, nursing facility or home health agency that is licensed or certified by the department, or by a free-standing hospice as defined in these regulations.

§ 3.2. Governing body.

A. Each hospice shall have a governing body that is legally responsible for management and operation.

B. The governing body of a hospital, nursing home, nursing facility or home health agency which provides a hospice program shall include in its internal organizational structure an identifiable unit of hospice services.]

[~~§ 3.2.~~ § 3.3.] Responsibilities.

The governing body shall be responsible for assuring compliance with these regulations.

A. The governing body shall adopt written bylaws that include a statement of the scope of services to be offered by the [~~agency hospice consistent with these regulations~~]

B. The governing body shall approve a written organizational plan that includes at least the following:

1. A statement of objectives.

2. A statement of the relationship of the [~~agency's hospice's~~] licensed services to other services operated by the governing body [or by written agreement with the governing body or affiliated medical service provider] .

3. A statement of the method for review and approval of [~~agency hospice~~] policies and procedures.

4. A statement of the method for establishing a Quality Assurance Committee as described in [~~§ 3.12~~ § 3.13] of these regulations. The governing body may establish a special committee for this purpose or it may assign the responsibility to another committee.

Article 2. Insurance and Bonding.

[~~§ 3.3.~~ § 3.4.] Insurance and bonding.

The governing body shall ensure that the [~~agency hospice~~] and its contractors have appropriate insurance coverage in force to compensate patients for injuries and losses resulting from [~~negligence or criminal acts of itself and its services provided by hospice~~] employees [or contractors] .

The following types and minimum amounts of coverage shall be in force at all times:

1. Blanket malpractice insurance for all professional employees of:

a. At least \$1 million per incident; and

b. At least \$3 million aggregate.

2. General liability insurance covering personal property damages, bodily injury, libel and slander of:

a. At least \$1 million comprehensive general liability per occurrence; and

b. At least \$500,000 single limit coverage.

3. Performance bond of \$50,000 minimum.

4. Product liability insurance, when applicable.

Article 3. Administrative Management.

[~~§ 3.4.~~ § 3.5.] Administrative management.

[~~The governing body shall appoint an individual to serve as its agent who will be responsible for the agency's day-to-day administration and management. The governing body of any hospice or the chief administrative officer of a licensed or certified hospital, nursing home, nursing facility or home health agency shall appoint an individual who will be responsible for the day-to-day administration and management of the hospice program.]~~

A. The qualifications, authority and duties assigned to this individual shall be defined in a written statement approved by the governing body. The chief administrative officer shall be an individual who has management training and experience and at least one year of supervisory or administrative experience in a health care delivery system.

B. The duties and responsibilities of the [~~chief hospice~~] administrative officer shall include at least the following:

1. Implementing the policies and procedures approved by the governing body.

2. Organizing and supervising the administrative functions of the [~~agency hospice~~] , including budgeting, accounting, data collection, record maintenance and employment practices.

3. Maintaining an on-going liaison with [agency hospice] committees, [agency hospice] employees and contractors.

4. Arranging and negotiating services provided through contractual agreement.

5. Maintaining an on-going plan for employee orientation, in-service training and continuing education.

6. Maintaining compliance with applicable laws and regulations and implementing corrective action in response to reports of [agency hospice] committees and regulatory agencies.

C. To provide administrative direction at all times, the governing body or the chief administrative officer shall designate, in writing, an employee authorized to act in behalf of the chief administrative officer during his absence.

Article 4. Policies and Procedures.

[§ 2.5. § 3.6.] Policies and procedures.

The [agency hospice] shall have written operational policies and procedures approved by the governing body that set forth the criteria, acceptable methods and practices to be followed to carry out the day-to-day management and operations.

A. Written policies and procedures shall be developed for, but are not limited to, the following:

1. Administrative and financial records.
2. Personnel records.
3. Admission and discharge criteria.
4. Contracted services.
5. Medical records.
6. Patients rights.
7. Quality assurance.
8. Record retention.
9. Supervision and delivery of [each service offered hospice services, including coordination of services.
10. Interdisciplinary group responsibilities.]

B. Copies of policies and procedures shall be readily available for staff use at all times.

C. Copies of policies shall be made available for review,

upon request, to patients [and ,] their designated representatives and to potential applicants for service.

[§ 2.6. § 3.7.] Administrative and financial records.

Administrative and financial record policies and procedures shall assure that records are maintained in accordance with [acceptable standards of practice generally accepted accounting principles] .

The written policies and procedures shall include at least the following areas:

1. Admission agreements.
2. Methods for billing for services delivered by employees of the [agency hospice] .
3. Methods for billing for services delivered by contractors of the [agency hospice] .
4. Method for billing third party payors.
5. Patient notification of changes in fees and charges.
6. Correction of billing errors and refund policy.
7. Collection of delinquent patient accounts.

[§ 2.7. § 3.8.] Personnel policies [and procedures] .

Personnel policies and procedures shall include at least the following provisions:

1. Written job descriptions that specify authority, responsibility, qualifications and salary scales for each job classification.
2. Methods for maintenance of an accurate, complete and current personnel record for each employee.
3. Methods for verifying current professional licensing or certification and training of employees.
4. Methods for evaluating employee performance and competency at least annually.
5. Methods for verifying that contractors and their employees meet the personnel policies of the [agency hospice] .

[§ 2.8. § 3.9.] Admission and discharge criteria.

Policies and procedures [on admission and discharge criteria for admissions and discharges] shall include at least the following:

A. Admissions.

1. Criteria for accepting patient for each service offered.

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2. Responsibility for obtaining a plan of [~~treatment~~ care] .

3. Methods for obtaining physician review, approval, orders and signatures.

4. Responsibility for assigning supervisory and care staff to individual patients.

B. Discharges.

1. Criteria for determining discharge from each service offered and referral to other agencies or community services.

2. Method for notifying patients of intent to discharge or refer.

a. Patients shall receive written notice at least five days prior to discharge or referral [, except when a medical emergency exists, when the patient's physician orders admission to an inpatient facility, or when discharge is determined necessary by the chief administrative officer to protect the health and welfare of the staff member providing services] .

b. Patients shall receive [an oral and] a written explanation of the reason for discharge or referral.

c. Patients who are transferred or referred to another [agency hospice] or delivery system shall be provided with written information giving the name, address, telephone number and contact person at the referral system.

[§ 3.0. § 3.10.] Contract services.

[~~Home health Hospice~~] services [offered by the agency] which are not delivered by [agency hospice] employees shall be documented in a written agreement with the individual or legal entity delivering the service.

A. The written agreement shall clearly delineate the following:

1. A statement of services to be delivered on behalf of the [agency hospice] .

2. A description of the method the [agency hospice] will use to refer patients to the [~~contractor~~ service provider] .

3. The effective date, the expiration date, the conditions for renewal and cancellation, the terms of reimbursement and the procedures for billing patients.

4. A description of the method the [agency hospice] will use to verify that appropriately qualified individuals will deliver the [~~contracted~~ agreed] service.

5. A statement that services shall be delivered in accordance with the patient's plan of [~~treatment~~ care] .

6. A description of the method the [agency hospice] will use to coordinate, monitor and evaluate the [~~contracted~~ agreed] service.

7. A description of the procedures to be used for scheduling visits, patient evaluation, and exchange of patient information, including clinical and progress notes.

8. A description of the method the [agency hospice] will use to ensure that the individual or legal entity has adequate liability insurance and surety bond coverage.

B. The [agency hospice] and its contractors shall have written policies and procedures that assure the patient is adequately and appropriately informed. The [agency hospice] and its contractors shall provide the following written information to every patient before service is delivered.

1. The name of the [agency hospice] employee responsible for supervising the patient's home care.

2. The name of the individuals who will be supervising and delivering service in the patient's home.

3. The [business] hours [of] the [agency hospice's] business office is open to the public] .

4. The name, street address and telephone number of the [agency hospice] .

5. The name and telephone number of the individual to contact in case of emergency or complaint [during all hours that the hospice is providing services] .

6. A copy of the [agency's hospice's] complaint procedure.

7. A copy of the [agency's hospice's] or contractor's schedule of fees and charges.

[§ 3.10. § 3.11.] Medical records.

Medical record policies and procedures shall assure that records are documented, maintained, filed and stored in accordance with recognized standards of practice.

A. An accurate and complete medical record shall be maintained on each patient. The medical record shall include at least the following information:

1. Patient identifying information.

2. Identification of the attending physician.

3. Admitting information, including a patient history.

4. Information of composition of the patient's household, including individuals to be instructed in assisting the patient.

5. Documentation and results of all medical tests ordered by the physician or other health care professional.

6. [~~Plan of treatment.~~ Plan of care that includes each service to be delivered either by hospice employee or hospice contractors.]

7. An initial assessment of the patient's needs to carry out the plan of [~~treatment care~~].

[~~§. Plan of care that includes each service to be delivered either by agency employee or agency contractors.~~]

[~~§. 8.~~] Medication sheet, when applicable, which includes the name, dosage, frequency of administration, route of administration, possible side effects, date started, changed or discontinued for each medication administered.

[~~§. 9.~~] Signed and dated [~~clinical notes and~~] progress notes by each individual delivering service [~~- Clinical notes~~] shall be written on the day the service is delivered and incorporated in the medical record within seven working days.

[~~§. 10.~~] Copies of all summary reports sent to the primary or attending physician.

[~~§. 11.~~] Reports of case reviews.

[~~§. 12.~~] Discharge summary.

B. All entries in the medical record shall be typed or written in ink and signed with the name and title of the individual delivering the service.

[~~§ 3.11.~~ § 3.12.] Patients' rights.

Each [agency hospice] shall establish and implement written policies and procedures regarding the rights of patients.

A. Copies of these policies shall be available to the public for review and be given to each patient or his designee upon admission to service, and a copy of a summary of the policies shall be conspicuously posted in the [agency hospice] office.

B. Written procedures to implement policies shall ensure that each patient is:

1. Treated with courtesy, consideration and respect and is assured of the right to privacy.

2. Assured confidential treatment of his medical and financial records [as provided by law].

3. Free from mental and physical abuse and property exploitation.

4. Assured the right to participate in the planning of his home care and the right to refuse services.

5. Served by individuals who are properly trained and competent to perform their duties.

6. Assured the right to voice grievances and complaints related to [agency hospice] services without fear of reprisal.

7. Assured at least five days' written notice prior to any reduction in [or termination of] service.

[8. Assured at least five days' written notice prior to any discharge or referral from service, except when a medical emergency exists, when the patient's physician orders admission to an inpatient facility, or when discharge is determined necessary by the chief administrative officer to protect the health and welfare of the staff member providing services.]

C. Each [agency licensed hospice] shall provide each patient or his designee with an informed consent document. The document shall contain at least the following information:

1. The nature and frequency of services to be delivered, the purpose of the service, and any side effects or hazards of which the patient should be aware.

2. A schedule of fees and charges for services.

3. The method of billing and payment for services, including services to be billed to third party payors.

4. The requirements of notice for cancellation or reduction in services by the [agency hospice] and the patient.

5. The refund policies of the [agency hospice].

D. Each [agency hospice] shall establish and maintain complaint handling policies and procedures.

1. [Agency Hospice] policies shall specify at least the following:

a. Identification of the [agency hospice] employee responsible for complaints intake and acknowledgement of complaints.

b. A system for logging receipt, investigation and resolution of complaints.

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c. Identification of the [agency hospice] employee responsible for investigation of complaints.

d. A written record of the findings of each complaint investigated.

e. Identification of the [agency hospice] employee responsible for review of investigation findings and resolution of the complaint.

f. Identification of the [agency hospice] employee responsible for providing written notification to the complainant of the proposed resolution within 30 days from the date of receipt.

g. A description of the appeal rights if a complainant is not satisfied with the resolution.

2. The patient or his designee shall be given a copy of the complaint procedures at the time of admission to service. The [agency hospice] shall provide each patient or his designee with the name, mailing address and telephone number of the following:

a. The [agency hospice] contact person.

b. [The local agency on aging Ombudsman.

c. The Department for the Aging, Long-Term Care Ombudsman.

d.] The division.

[e. The local social service department Adult Protective Services unit.]

3. The [agency hospice] shall maintain a permanent record of all complaints received and the status of each complaint from date of receipt through its final resolution.

[~~§ 3.12.~~ § 3.13.] Quality assurance.

[The Quality Assurance Committee required in § 3.2 B 4 of these regulations shall have a written plan for annual review and evaluation of the agency's services.

Each hospice shall establish a Quality Assurance Committee required under provisions of § 3.3 B 4 of these regulations. The committee shall have a written plan for annual review and evaluation of the hospice services.]

A. The committee shall meet as often as necessary, but not less than annually.

B. The committee membership shall be composed of at least the following:

1. A licensed physician in the active practice of medicine in Virginia; and

2. A representative from each service the [agency hospice] offers, including contracted services; and

3. The chief administrative officer.

C. The review and evaluation responsibilities shall include, but are not limited to the following:

1. Review of the [agency's hospice's] objectives.

2. Evaluation of the appropriateness of the scope of services offered.

3. Review of the [agency's hospice's] policies.

4. Evaluation of staffing policies, including personnel qualifications, position descriptions, employment procedures and wage scales.

5. Evaluation of the effectiveness of employee orientation, inservice training and continuing education policies.

6. Evaluation of admission, discharge and complaint handling policies.

7. Review and evaluation of a 10% sample or a maximum of 50 medical records of active cases and a 5.0% sample or a maximum of 25 discharged cases. The sample records shall be representative of the scope of services offered, including contracted services.

D. A written record shall be maintained on each committee meeting, giving the meeting date and the names and titles of each individual participating in the review and evaluation functions.

The number of meetings or the frequency of meetings needed to complete the annual reviews and evaluations shall be determined by the governing body or in the committee's written plan.

E. The committee's findings and recommendations for corrective actions shall be documented in a written report and submitted to the governing body and the chief administrative officer. Each evaluation report shall be acted upon by the governing body and all corrective actions shall be documented.

[~~§ 3.13.~~ § 3.14.] Record retention.

Each [agency hospice] shall have written policies and procedures for the retention, reproduction, access and storage of all records.

A. All records shall be retained, at a minimum, in accordance with the schedule recommended in the Public Records Act, § 42.1-79.1 of the Code of Virginia.

B. Provisions shall be made for the safe storage of the

original records or accurate and legible reproductions of the original [records] .

C. Originals or reproductions of individual patient medical records shall be maintained for a minimum of 10 years following discharge from service.

D. Policies shall specify arrangements for retention and protection of records if the [agency hospice] discontinues operation, and shall provide for notification to the division of the location of the records.

E. Policies shall specify the procedures for review and release of copies of records, including individual patient financial and medical records.

1. Access to individual patient financial and medical records shall be limited to the following:

a. The patient, his designated representatives, legal guardian, or legal representative.

b. Authorized [agency hospice] employees and contractors.

c. Duly authorized state or federal health authorities or others specifically authorized by the Code of Virginia [and regulations promulgated thereunder] or federal statutes and regulations.

2. Copies of individual patient financial and medical records shall be released only to the patient or, with written consent of patient, his designated representative, legal guardian, or legal representative to the division [or as otherwise required by law] .

[§ 3.14. § 3.15.] Service policies and procedures.

Each [agency hospice] shall have written policies and procedures for each service [to be] offered, including the qualifications and responsibilities of the individual supervising the service [and the duties and responsibilities of the interdisciplinary group] .

PART IV.

[Article 1.]

Provision of services.

§ 4.1. Provision of services.

[The agency shall provide services that are consistent with the statement of scope of services approved by the governing body as specified in § 3.2 A of these regulations.

A. Services shall be delivered by agency employees or agency contractors.

B. All individuals who enter a patient's home for or on behalf of the agency shall be readily identifiable by name

tag, uniform or other visible means.

C. The agency shall offer one or more of the following services in the patient's home:

1. On a part-time or intermittent basis:

a. Skilled nursing care.

b. Home health aide services.

2. On a full-time, part-time or intermittent basis:

a. Physical therapy.

b. Occupational therapy.

c. Speech therapy.

d. Medical social services.

e. Medical supplies.

f. Medical appliances.

g. Specialized nutrition support.

h. Intravenous therapy.

i. Respiratory therapy.

D. All services delivered shall be prescribed in the patient's plan of treatment that has been approved and signed by the attending physician.]

[The hospice shall provide a coordinated program of inpatient care, home care and outpatient services to terminally ill patients that are consistent with the statement of scope of services approved by the governing body as specified in § 3.3 A of these regulations.

A. The coordinated program shall assure that the following hospice characteristics are met:

1. That the hospice patient family is considered a unit of service.

2. That there is an interdisciplinary group whose primary function is to maximize patient comfort by symptom control.

3. That services are available 24 hours a day, 7 days a week.

4. That program emphasis is placed on home care.

5. That inpatient care is provided in an atmosphere as home-like as practical.

6. That bereavement service is made available to the family for a specified period of time after the death

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of the patient.

7. That nonsalaried employees (volunteers) are trained to perform specific job functions in the hospice service delivery system.

B. Hospice services shall be delivered by hospice employees or by contractual agreements with individuals, agencies or health care institutions.

C. All individuals who enter a patient's home for or on behalf of the hospice shall be readily identifiable by name tag, uniform or other visible means.

D. All hospice medical and nursing services shall be prescribed in the patient's hospice plan of care and be approved and signed by the attending physician.]

1. The plan of [~~treatment~~ care] shall contain at least the following information:

- a. Diagnosis and prognosis.
- b. Functional limitations.
- c. Orders for nursing or other therapeutic services.
- d. Orders for medical supplies and equipment, when applicable.
- e. Orders for home health aide services, when applicable.
- f. Orders for medications and treatments, when applicable.
- g. Orders for special dietary or nutritional needs, when applicable.
- h. Orders for medical tests, when applicable, including laboratory tests and x-rays.

2. The orders for therapy services shall include the specific procedures and modalities to be used and the frequency and duration for services.

3. Oral or telephone orders shall be immediately documented in the patient's record by the individual authorized to accept the orders and shall be countersigned by the health professional initiating the order within 15 working days of receipt.

4. [Agency Hospice] employees and contractors involved in the care of the patient shall immediately notify the attending physician of any changes in the patient's condition which indicates a need to alter [his ~~treatment plan~~, ~~their~~ the] plan of care or to terminate the service.

5. The plan of [~~treatment~~ care] shall be reviewed and approved by the attending physician [at least

quarterly as often as the severity of the patient's condition requires, but not less than once every 60 days] .

[PART V. SERVICES.

Article 1. Nursing Services.

§ 5-1. ~~General.~~

Nursing services may be licensed as a single service home health agency or as an approved unit of service of a multiple service home health agency.]

[Article 2. Medically Directed Interdisciplinary Hospice Group.

§ 4.2. Plan of care.

A written hospice plan of care shall be established, maintained and periodically reviewed for each patient admitted to the hospice.

A. The plan of care shall be based on the attending physician's plan for symptom control and describe the methods and modalities to be used to carry out the care plan.

B. The plan of care shall be established by the attending physician or the hospice medical director, in consultation with the attending physician, and the interdisciplinary hospice group.

C. The plan of care shall be maintained and updated in accordance with physician orders.

D. The plan of care shall be reviewed as often as the severity of the patient's condition requires, but not less than once every 60 days. The review shall be conducted by the attending physician or the medical director, in consultation with the attending physician, and the interdisciplinary hospice group. The professional staff involved in the care of the patient shall promptly alert the attending physician or the hospice medical director of any changes in the patient's condition which indicate a need to alter the care plan or to terminate the service.

Article 3. Medical Direction.

§ 4.3. Medical director required.

Medical direction shall be under the supervision of a practicing physician currently licensed by the State Board of Medicine to practice in Virginia.

A. The medical director shall have training and experience in the psychological and medical needs of terminally ill patients.

B. The medical director or the patient's attending physician or both shall have clinical privileges at one or more of the hospitals, nursing homes and nursing facilities that provide inpatient services to patients of the licensed hospice.

C. The duties and responsibilities of the medical director shall include at least the following:

1. Consulting with attending physicians, as requested, regarding pain and symptom management.
2. Reviewing patient eligibility for hospice services in accordance with hospice program policy.
3. Acting as a medical resource to the interdisciplinary group.
4. Coordinating with attending physicians to assure a continuum of medical care in cases of emergency or in the event the attending physician is unable to retain responsibility for a patient's care.
5. Acting as medical liaison with physicians in the community.

Article 4. Nursing Services.

§ 4.4. Nursing services.

Nursing services shall be supervised by a registered nurse currently registered by the State Board of Nursing to practice in Virginia.

A. The director of nursing services shall have education or experience in the nursing care needs of terminally ill patients.

B. The director of nursing services shall be employed by the licensed hospice or on contract to the hospice to provide nursing supervision.

C. The duties and responsibilities of the director of nursing services shall include at least the following:

1. Participating in the development and implementation of policies, procedures and criteria that assure nursing services will be delivered according to standards established by the State Board of Nursing.
2. Participating in the development of personnel policies and position descriptions that delineate qualifications, duties and responsibilities for all levels of nursing staff.
3. Assuring that nursing services delivered by hospice employees and by individuals employed through contractual agreements are provided in accordance with established policies of the hospice.

4. Assuring that inpatient and outpatient nursing services are available 24 hours a day, 7 days a week and that licensed practical nurses, nursing assistants and other care assistants work under the direct supervision of a registered nurse.

5. Participating in the development and implementation of orientation and in-service training programs for all levels of nursing staff employed by the licensed hospice.

6. Acting as nursing liaison with hospice staff and with other agencies, organizations and individuals that have contractual agreements to provide nursing services.

D. If home care nursing services are provided by employees of the hospice the nursing services shall meet the requirements of §§ 4.5 through 4.10 of these regulations.]

[§ 5.2; § 4.5.] Registered nurses.

[A.] The [agency hospice] shall have as an employee a registered nurse who is currently licensed by the Virginia State Board of Nursing to supervise the nursing service.

[A. If the registered nurse supervisor is also appointed by the governing body as the agency's chief administrative officer, the agency shall employ at least one additional registered nurse to assist with nursing service supervision.]

B. The duties of the registered nurse supervisor shall include:

1. [Assuring that the] initial in-home evaluation of any patients requiring services of a registered nurse, licensed practical nurse, nursing assistant [~~home health aide~~] or other nursing support staff [is performed by a registered nurse] .
2. Reevaluating the patient's nursing needs at least quarterly.
3. Initiating the patient's plan of care in accordance with nursing needs specified in the approved plan of [treatment care] .
4. Delivering or supervising the delivery of skilled nursing services.
5. Initiating preventive and [~~rehabilitation~~ rehabilitative] nursing procedures.
6. Preparing and coordinating clinical notes and progress notes on nursing services delivered.
7. Assigning of registered nurses, licensed practical nurses, nursing assistants and other nursing support staff to individual patients.

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8. In-home supervision of nursing services delivered by licensed practical nurses, nursing assistants and other nursing support staff.

a. If the [agency hospice] contracts with individuals to deliver registered nurse, licensed practical nurse, nursing assistant or nursing support services, the [agency hospice] nurse supervisor shall be responsible for conducting in-home supervisory visits.

b. If the [agency hospice] contracts with other agencies or legal entities to deliver registered nurse, licensed practical nurse, nursing assistant or nursing support services, the [agency hospice] nurse supervisor shall be responsible for assuring that the in-home supervisory visits are conducted by the contractor.

c. In-home supervisory visits shall be made when the licensed practical nurse, nursing assistant or nursing support employee being supervised is present and is delivering services to the patient.

9. Reporting changes in the patient's medical or mental condition to the attending physician and to [agency hospice] employees and contractors involved in the patient's care.

10. Teaching or supervising the teaching of household members who are responsible for assisting the patient with his nursing or personal care needs.

11. Conducting orientation and training or supervising the orientation and training of [agency hospice] employees assigned to the nursing service.

12. Participating in the quality assurance reviews and evaluations of the nursing service.

[§ 5-3. § 4.6.] Licensed practical nurses.

When [agency hospice] policies allow the use of licensed practical nurses, the [agency hospice] shall employ or contract for practical nurses who are currently licensed by the Virginia State Board of Nursing.

A. Practical nursing services shall be under the supervision of a registered nurse.

B. The duties of the licensed practical nurse may include:

1. Delivering nursing services in accordance with [agency hospice] policies.
2. Preparing clinical notes and progress notes.
3. Assisting the physician or the registered nurse in performing specialized procedures.

4. Preparing equipment and supplies for treatments that require adherence to sterile or aseptic techniques.

5. Assisting the patient with activities of daily living, including the teaching of self-care techniques.

[§ 5-4. § 4.7.] Nursing assistants.

When [agency hospice] policy allows the use of a nursing assistant [or a home health aide] to deliver home services the [agency hospice] may employ qualified individuals or contract with other agencies or legal entities to provide qualified individuals.

A. Nursing assistant services shall be under the general supervision of a registered nurse. Direct supervision of nursing assistants shall be provided by a registered nurse or a licensed practical nurse.

B. The duties of the nursing assistant shall be defined in [agency hospice] nursing service policies and may include:

1. Assisting patients with personal hygiene, including shower, tub or bed baths and mouth, skin and hair care.

2. Assisting patients in the use of toilet facilities, including bed pans.

3. Assisting patients in and out of bed, including the use of mechanical lifting equipment, when applicable.

4. Assisting patients with walking, including the use of walkers and wheelchairs, when applicable.

5. Assisting [patients] with [the administration self-administration] of medications [that can ordinarily be self-administered] .

6. Assisting with meal preparation and feeding, when required.

7. Performing and recording the results of simple urine tests for sugar, acetone or albumen.

8. Assisting with prescribed exercises when the patient and the nursing assistant have been instructed by the appropriate health professional.

9. Measuring and recording fluid intake and output.

10. Taking and recording blood pressure, pulse and respiration.

11. Recording and reporting changes to the nurse supervisor in the patient's physical condition, behavior or appearance.

12. Documenting services delivered in accordance with [agency hospice] medical records policies and

procedures.

C. Prior to delivering service to the patient the nursing assistant shall receive specific written duty instructions from the nurse supervisor and any other health professional who is relying upon the assistant to deliver service or assist the patient.

D. The nurse responsible for the supervision of the nursing assistant shall make visits to the patient's home as frequently as necessary, but not less than once every two weeks.

1. The nurse supervisor shall determine and document in the patient's medical record whether nursing assistant services are being delivered in an appropriate and acceptable manner and are consistent with [agency hospice] nursing service policies and procedures.

2. The nurse shall document the actions taken when the delivered services are found to be unacceptable or inconsistent.

3. If the nursing assistant has been assigned duties identified under § [5-4 4.7] B 8, the health professional responsible for supervising the delivery of that service shall make visits to the patient's home as often as required, but not less than once every 30 days and document that the service is being delivered in accordance with instructions given.

E. Nursing assistants that do not meet the qualifications specified in § [5-5 4.8] shall not be assigned to patients requiring nursing assistant services.

[§ 5-5. § 4.8.] Contract nursing services.

Individuals employed or individuals provided by contractual agreement to deliver nursing assistant services shall be qualified by one of the following means:

1. Hold a certificate of completion from an approved nurse aide training program and be registered by the Virginia Department of Health Professions as a certified nurse aide.

2. Hold a certificate of completion from a professional nursing, practical nursing or nurse aide training program approved by the Virginia Department of Education or the Virginia Community College System or the Virginia Department of Health Professions.

3. Hold a certificate of completion from a home health aide training program approved by the Department of Health prior to July 1, 1984.

Within 12 months of the effective date of these regulations no [agency hospice] or its contractors shall employ an individual to perform the duties of a nursing assistant who is not qualified in accordance with [

subsection A, B or C of § 5-5 subdivision 1, 2 or 5 of § 4.8] of these regulations.

[§ 5-6. § 4.9.] Treatments performed by nursing assistants.

If the [agency's hospice's] nursing policies allow nursing assistants to perform treatments or other special duties, the [agency hospice] or its contractors shall provide and record in the employee's personnel file that a minimum of eight hours of additional training was successfully completed and competency was evaluated in each special area before the duty assignment was made. This training may include, but is not limited to the following:

1. Treatments, including changing or applying sterile dressings or applying prescribed ointments and medicines.

2. Administering [gastrostomy] tube feedings.

3. [Urinary] catheter irrigations.

4. Physical and emotional needs of special case assignments, such as Alzheimer's, mental retardation, AIDS, terminally ill or newborn infants.

[5. Assist patient with urinary and bowel management programs.]

[§ 5-7. § 4.10.] Other care assistants.

When [agency hospice] policy allows the use of a personal care aide, homemaker aide, companion or sitter to supplement or complement nursing assistant services the [agency hospice] may employ individuals or contract with other agencies or legal entities to provide these individuals.

A. Services that fall within these job classifications shall be under the direct supervision of a licensed nurse.

1. [Agency Hospice] policies shall clearly delineate the duties and the training and experience requirement for these job classifications.

2. When [agency hospice] policies allow individuals in these job classifications to perform one or more of the duties described in subdivisions B1 through B6 of § [5-4 4.7], the individual shall be qualified under the requirements specified in [subsection A, B or C of § 5-5 subdivision 1, 2 or 3 of § 4.8].

B. Supervision of individuals performing duties of these positions shall meet the requirements specified in subsections C and D of § [5-4 § 4.7].

[Article 5.
Social Services.

§ 4.11. Social services.

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The hospice shall have written policies and procedures that will assure that patients accepted in the hospice program and their families have access to social services according to their individual needs.

§ 4.12. Policies and procedures.

A. Social services shall be delivered in accordance with the hospice policies and procedures and be directed toward:

1. Maximizing the social function of each patient and the coping capacity of the patient family.
2. Fostering the human dignity and personal worth of each patient.
3. Understanding the social factors in the patient's day-to-day behavior, including staff-patient relationships.
4. Preparing the patient for changes in his living situation.
5. Assisting the family in developing constructive and personally meaningful ways to support the patient.

B. Social services may be provided by an employee of the licensed hospice or through contractual agreement with an individual or organization meeting the following requirements where applicable.

1. Social services provided by employees of the hospice the services shall meet the requirements specified in §§ 4.13 B, 4.14 and 4.15.
2. When social services are provided through contractual agreement, the service provider shall meet one of the following requirements:
 - a. Be an individual who has one of the following qualifications:
 - (1) Holds a bachelor degree in social work, sociology, psychology, or rehabilitation counseling from an accredited four-year college or university and has two years of supervisory experience in a health care delivery system; or
 - (2) Holds a bachelor degree with major studies in social work, sociology, or psychology from an accredited four-year college or university and has at least three years experience in case work or counseling in a health care or social services delivery system.
 - b. Be an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.

c. Be an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.

d. Be a home health agency licensed under provisions of the Rules and Regulations for the Licensure of Home Health Agencies.

§ 4.13. Services.

Social services shall be provided as a part of the interdisciplinary care plan developed for each patient.

1. The plan of care for social services shall be prescribed by the patient's attending physician; or
2. The plan of care for social services may be written by a qualified social worker as set forth in § 4.14 and approved by the patient's attending physician.

§ 4.14. Supervision of social services.

1. Holds a bachelor degree in social work, sociology, psychology, or rehabilitation counseling from an accredited four-year college or university and has two years of supervisory experience in a health care delivery system; or
2. Holds a bachelor degree with major studies in social work, sociology, or psychology from an accredited four-year college or university and has at least three years experience in case work or counseling in a health care or social service delivery system.

§ 4.15. Duties of social workers.

The duties of the social worker shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in evaluating the social and emotional needs of the patient and assessing the capacity of home caretakers to cope with the patient's needs in order to develop the plan of care.
2. Developing the patient's plan of care for social services and assisting the hospice staff, the patient and the home caretaker in understanding the reasons to accept and follow instructions and recommendations related to the care plan.
3. Delivering social services in accordance with the approved and plan of care and assisting the patient and the home caretaker in identifying and utilizing information and services from other community resources.
4. Observing and reporting to the attending physician and other hospice staff involved in the patient's care,

at least every 62 days, the patient's reactions to treatments and any changes in the patient's physical, emotional or financial condition or plan of care.

5. Preparing clinical notes and progress notes.
6. Providing or participating in staff training programs.
7. Developing or participating in the development of a discharge plan when the patient is transferred to another agency or service or when the patient is discharged.
8. Acting as a consultant to hospice staff.
9. Participating in the hospice's quality assurance reviews and evaluation of medical social services.

Article 6.

Spiritual Counseling and Bereavement Services.

§ 4.16. Spiritual counseling and bereavement services.

The hospice shall have written policies and procedures that will assure that patients, the family and hospice employees have access to spiritual counseling and bereavement services according to their individual needs.

§ 4.17. Policies and procedures.

A. Spiritual counseling.

1. The hospice shall make provisions to assure that patients and their families receive visits, upon their request, from clergy or other members of religious organizations of their choice.

2. Spiritual counseling may be provided through a working arrangement with individual clergy, clergy associations and other religious organizations in the community or by a clergyperson employed by the hospice.

B. Bereavement services.

1. The hospice shall have written policies and procedures to assure that families of patients and hospice employees who delivered care are offered bereavement services following the death of the patient.

2. Bereavement services shall be provided by or under the supervision of an individual who has education, experience and ability to give family and individual counseling.

3. The hospice shall specify in written policies and procedures, the qualifications, responsibilities and reporting requirements of individuals approved to provide bereavement services.

4. The licensed hospice shall maintain a listing of individuals who have been approved to provide spiritual and bereavement services and that list shall be made available, upon request, to patients, families and hospice employees and contractors.

5. An individualized plan to deliver spiritual or bereavement services, when requested by the family or by a hospice employee, shall clearly delineate the services to be provided; the frequency of the services; the individual(s) that will provide the services; and the length of time the services will be provided.

6. The arrangements for or the offer to provide spiritual and bereavement services shall be documented in records of the hospice.

Article 7. Inpatient Services.

§ 4.18. Inpatient services.

Inpatient care shall be provided in a medical care institution that is currently licensed under the most recent applicable provisions of Rules and Regulations for the Licensure of Hospitals in Virginia or under provisions of Rules and Regulations for the Licensure of Nursing Homes in Virginia that have been approved and adopted by the State Board of Health.

PART V. OTHER SPECIAL SERVICES.

Article 1. General.

§ 5.1. Other special services.

A. Should the hospice desire to provide special services, it shall have written policies and procedures that will assure that patients accepted in the hospice program have access to specialized services according to their individual needs.

B. Specialized services include, but are not limited to, dietary counseling, physical therapy, occupational therapy, speech therapy, specialized nutrition support, intravenous therapy, and respiratory therapy.

C. Physical therapy services shall be provided in accordance with requirements specified in Part V, Article 2, of these regulations.

D. Occupational therapy services shall be provided in accordance with the requirements specified in Part V, Article 3, of these regulations.

E. Speech therapy services shall be provided in accordance with the requirements specified in Part V, Article 4, of these regulations.

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F. Dietary counseling shall be provided by an individual who is registered or is eligible for registration by the American Dietetic Association; or by an individual who has a bachelor's degree, with major studies in food and nutrition or dietetics, from an accredited college or university. Specialized nutrition support services shall be provided in accordance with requirements specified in Part V, Article 5, of these regulations.

G. Intravenous therapy services shall be provided in accordance with the requirements specified in Part V, Article 6, of these regulations.

H. Respiratory therapy services shall be provided in accordance with the requirements specified in Part V, Article 7, of these regulations.]

Article 2.

Physical Therapy Services.

[~~§ 5-8.~~ § 5.2.] General.

[Physical therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements: Physical therapy services may be provided directly by hospice employees or through contractual agreements with individuals and other organizations meeting the following requirements as applicable.

A. Physical therapy services provided by employees of the hospice shall meet the requirements specified in §§ 5.3 and 5.4.

B. When physical therapy services are provided through contractual agreement, the service provider shall:]

1. [A service exempted in § 1-2 D 3 that is Be] certified in Virginia as a physical therapist in independent practice under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; ; or]

2. [A service exempted in § 1-2 D 3 that is Be] certified in Virginia as a supplier of outpatient physical therapy and speech therapy services under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; ; or]

3. [A service exempted in § 1-2 D 3 that is Be] an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; ; or]

4. [A service exempted in § 1-2 D 3 that is Be] an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or by a Medicare or Medicaid nursing facility certified in Virginia [; ; or]

5. [An Be a home health] agency licensed under provisions of [these regulations the Regulations for the Licensure of Home Health Agencies] .

[~~§ 5-9.~~ § 5.3.] Services.

[Physical therapy services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for physical therapy services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 5 of § 5.8.]

[B.] Physical therapy services shall be [prescribed in a plan of treatment provided as part of the interdisciplinary care plan developed for each patient] .

1. The plan of [treatment care for physical therapy services] shall be prescribed by the patient's attending physician; or

2. The plan of [treatment care for physical therapy services] shall be prescribed by a [qualified licensed] physical therapist and approved by the patient's attending physician.

[~~§ 5-10.~~ § 5.4.] Supervision of physical therapy services.

Physical therapy services shall be under the direct supervision of a physical therapist currently licensed by the Virginia Board of Medicine.

A. When a [qualified] physical therapist utilizes the services of a physical therapy assistant, the assistant shall be currently licensed by the Virginia Board of Medicine.

B. The duties of the physical therapist shall include:

1. Evaluating or assisting the attending physician in evaluating the functional level of the patient in order to develop the plan of [treatment care] .

2. Developing a patient's plan of care for physical therapy services.

3. Delivering services in accordance with the approved [plan of treatment and] plan of care.

4. Participating in the [agency's hospice's] quality assurance reviews and evaluations of physical therapy services.

C. The duties of the physical therapist or the physical therapy assistant under the supervision of the physical therapist shall include, but are not limited to the following:

1. Observing and reporting to the attending physician and other [agency hospice] staff, at least every [30

62] days, the patient's reactions to treatments and any changes in the patient's condition or plan of care.

2. Preparing clinical notes and progress notes.
3. Providing or participating in staff training programs.
4. Instructing the patient, the patient's caretaker or [agency hospice] staff involved in assisting the patient, in self-exercise programs, when applicable.
5. Instructing the patient and his caretaker, when applicable, in the care and proper use of equipment and devices, such as wheelchairs, braces, crutches, canes, prosthetic and orthopedic devices.

Article 3. Occupational Therapy.

[~~§ 5.11.~~ § 5.5.] General.

[Occupational therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements: Occupational therapy services may be provided directly by hospice employees or through contractual agreements with other organizations meeting the following requirements where applicable.

A. Occupational therapy services provided by employees of the hospice shall meet the requirements specified in §§ 5.6 and 5.7.

B. When occupational therapy services are provided through contractual agreement, service providers shall:

1. [A service exempted in § 1-2 D 3 that is Be] certified in Virginia as an occupational therapist in independent practice under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; ; or]
2. [A service exempted in § 1-2 D 3 that is Be] an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; ; or]
3. [A service exempted in § 1-2 D 2 that is Be] an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia [; ; or]
4. [An Be a home health] agency licensed under provisions of [these regulations the Regulations for the Licensure of Home Health Agencies] .

[~~§ 5.12.~~ § 5.6.] Services.

[Occupational therapy services may be licensed as a

single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for occupational therapy services shall only enter into an agreement with an individual or agency that meets one of the requirements specified in subdivisions 1 through 4 of § 5.11.

[B.] Occupational therapy services shall be [prescribed in a plan of treatment provided as part of the interdisciplinary care plan provided for each patient] .

1. The plan of [treatment care for occupational therapy services] shall be prescribed by the patient's attending physician; or

2. The plan of [treatment care for occupational therapy services] shall be prescribed by a [qualified certified] occupational therapist and approved by the patient's attending physician.

[~~§ 5.13.~~ § 5.7.] Supervision of occupational therapy services.

Occupational therapy services shall be under the direct supervision of an occupational therapist currently certified by the American Occupational Therapy Association or an occupational therapist who is eligible to sit for the National Registration Examination of the American Occupational Therapy Association.

A. When a qualified occupational therapist utilizes the services of an occupational therapy assistant, the assistant shall meet the requirements for certification as an occupational therapy assistant established by the American Occupational Therapy Association.

B. The duties of the occupational therapist shall include:

1. Evaluating or assisting the attending physician in evaluating the functional level of the patient in order to develop the plan of [treatment care] .
2. Developing a patient's plan of care for occupational therapy services.
3. Delivering services in accordance with the approved [plan of treatment and the] plan of care.
4. Participating in the [agency's hospice's] quality assurance reviews and evaluations of occupational therapy services.

C. The duties of the occupational therapist or the occupational therapy assistant under the supervision of the occupational therapist shall include, but are not limited to the following:

1. Guiding the patient in his therapeutic, creative and self-care activities.

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2. Observing and reporting to the attending physician and other [agency hospice] staff involved in the care, at least every [30 62] days, the patient's reactions to treatments, improvement in functioning level and any other changes in the patient's condition or in the plan of care.

3. Preparing clinical notes and progress notes.

4. Providing or participating in staff training programs.

5. Instructing the patient, the patient's caretaker or [agency hospice] staff in self-exercise programs, when applicable.

Article 4. Speech Therapy.

[§ 5-14. § 5.8.] General.

[Speech therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements: Speech therapy services may be provided directly by hospice employees or through contractual agreements with suppliers or organizations meeting the following requirements where applicable.

A. Speech therapy services provided by employees of the hospice shall meet the requirements specified in §§ 5.9 and 5.10.

B. When speech therapy services are provided through contractual agreement, service providers shall:]

1. [A service exempted in § 1-2 D 3 that is Be] certified in Virginia as a supplier of outpatient physical therapy and speech therapy services under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; or]

2. [A service exempted in § 1-2 D 3 that is Be] an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; or]

3. [A service exempted in § 1-2 D 3 that is Be] an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia [; or]

4. [An Be a home health] agency licensed under provisions of [these regulations the Regulations for the Licensure of Home Health Agencies] .

[§ 5-15. § 5.9.] Services.

[Speech therapy services may be licensed as a single

service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for speech therapy services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 4 of § 5-14.]

[B.] Speech therapy services shall be [prescribed in a plan of treatment provided as part of the interdisciplinary care plan developed for each patient] .

1. The plan of [treatment care for speech therapy services] shall be prescribed by the patient's attending physician; or

2. The plan of [treatment care for speech therapy services] shall be prescribed by a [qualified licensed] speech pathologist or audiologist and approved by the patient's attending physician.

[§ 5-16. § 5.10.] Supervision of speech therapy services.

Speech therapy services shall be under the direct supervision of a speech pathologist or audiologist currently licensed by the Virginia Board of Audiology and Speech Pathology.

The duties of the speech pathologist or audiologist shall include:

1. Evaluating or assisting the attending physician in evaluating the speech, hearing or language disorders of the patient in order to develop the plan of [treatment care] .

2. Developing a patient's plan of care for speech therapy services.

3. Delivering services in accordance with the approved [plan of treatment and the] plan of care.

4. Participating in the [agency's hospice's] quality assurance reviews and evaluations of speech therapy services.

5. Observing and reporting to the attending physician and other [agency hospice] staff involved in the patient's care, at least every [30 62] days, the patient's reactions to treatments and any changes in the patient's condition or plan of care.

6. Preparing clinical notes and progress notes.

7. Providing or participating in staff training programs.

[Article 5. Medical Social Services.

§ 5-17. General.

Medical social services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in § 1-2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.
2. A service exempted in § 1-2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.
3. An agency licensed under provisions of these regulations.

§ 5.18. Services.

Medical social services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for medical social services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5.17.

B. Medical social services shall be prescribed in a plan of treatment:

1. The plan of treatment shall be prescribed by the patient's attending physician; or
2. The plan of treatment may be written by a qualified social worker and approved by the patient's attending physician.

§ 5.19. Supervision of medical social services in single service home health agencies.

Medical social services in a single service home health agency shall be under the direct supervision of social worker who has one of the following qualifications:

1. Is currently registered by the Virginia Board of Social Work, the Virginia Board of Psychology or the Virginia Board of Professional Counselors; or
2. Holds a master degree from a school of social work accredited by the Council on Social Work Education and has one year of social work experience in a health care or social service delivery system.

§ 5.20. Supervision of medical social services in multi-service home health agencies.

Medical social services in a multi-service agency shall be under the direct supervision of a social worker who

has one of the following qualifications:

1. Holds a bachelor degree in social work, sociology, psychology, or rehabilitation counseling from an accredited four-year college or university and has two years of supervisory experience in a health care delivery system; or
2. Holds a bachelor degree with major studies in social work, sociology, or psychology from an accredited four-year college or university and has at least three years experience in case work or counseling in a health care or social service delivery system; or
3. Holds an associate degree with major studies in social work, sociology or psychology from an accredited two-year college and has at least five years experience in case work or counseling in a health care or social service delivery system.

§ 5.21. Duties of social workers.

The duties of the social worker shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in evaluating the social and emotional needs of the patient and assessing the capacity of home caretaker to cope with the patient's needs in order to develop the plan of treatment.
2. Developing the patient's plan of care for social services and assisting the agency staff, the patient and the home caretaker in understanding the reasons to accept and follow instructions and recommendations related to the care plan.
3. Delivering services in accordance with the approved plan of treatment and plan of care and assisting the patient and the home caretaker in identifying and utilizing information and services from other community resources.
4. Observing and reporting to the attending physician and other agency staff involved in the patient's care, at least every 30 days, the patient's reactions to treatments and any changes in the patient's physical, emotional or financial condition or plan of care.
5. Preparing clinical notes and progress notes.
6. Providing or participating in staff training programs.
7. Developing or participating in the development of a discharge plan when the patient is transferred to another agency or service or when the patient is discharged.
8. Acting as a consultant to agency staff.

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9. Participating in the agency's quality assurance reviews and evaluation of medical social services.

Article 6.

Medical Supplies and Medical Appliances.

§ 5.22. General.

Medical supplies and medical appliances that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements:

1. A service exempted in § 1.2 D 3 that is an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended.

2. A service exempted in § 1.2 D 2 that is an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia.

3. An agency licensed under provisions of these regulations.

§ 5.23. Services.

Medical supply and medical appliance services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

Multi-service agencies that contract for medical supply or medical appliance services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5.22. Medical supply or medical appliance services shall be prescribed in a plan of treatment. The plan of treatment shall be prescribed by the patient's attending physician.

§ 5.24. Supervision of medical supply and medical appliance services.

Medical supply and medical appliance services in a single service home health agency shall be under the direct supervision of an individual who has completed product training provided by the manufacturers on each type of supply or equipment offered.

A. All agency employees who provide service in the patient's home shall have completed all available product training on the supply or equipment being provided to that patient.

B. The duties of the supplier shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in evaluating the medical supply or medical appliance needs of the patient and assessing the capability of the home caretaker to cope with the patient's needs in order to develop the plan of treatment.

2. Developing the patient's plan of care for medical supply and appliance services and assisting the agency staff involved in the patient's care, the patient and the home caretaker in understanding the reasons to accept and follow instructions and recommendations related to the care plan.

3. Delivering services in accordance with the approved plan of treatment and plan of care and instructing the patient, the home caretaker or other agency staff involved in the patient's care, in the proper use, maintenance, storage or safety precautions related to the use of the product.

4. Observing and reporting to the attending physician and other agency staff, at least every 60 days, the patient's reactions to the use of the product and any changes in the patient's physical or emotional condition that would affect the continued use of the product.

5. Preparing progress notes.

6. Providing or participating in staff training programs.

7. Developing or participating in the development of a discharge plan when the patient is transferred to another agency or service or when the patient is discharged.

8. Acting as a consultant to agency staff.

9. Participating in the agency's quality assurance reviews and evaluation of medical supply and medical appliance services.]

Article [7. 5.]

Specialized Nutrition Support.

[§ 5.25. § 5.11.] General.

[Specialized nutrition support services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements: Specialized nutritional support services may be provided directly by hospice employees or through contractual agreements with other organizations meeting the following requirements where applicable.

A. Specialized nutritional support services provided by employees of the hospice shall meet the requirements specified in §§ 5.12 and 5.13.

B. When specialized nutritional support services are

provided through contractual agreement, the service provider shall:]

1. [A service exempted in § 1-2 D 3 that is Be] an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; ; or]

2. [A service exempted in § 1-2 D 2 that is Be] an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia [; ; or]

3. [An Be a home health] agency licensed under provisions of [these regulations the Regulations for the Licensure of Home Health Agencies] .

[§ 5-26. § 5.12.] Services.

[Specialized nutrition support services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for specialized nutrition support services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5-26.

B.] Specialized nutrition support services shall be [prescribed in a plan of treatment provided as a part of the interdisciplinary care plan developed for each patient]

1. The plan of [treatment care for specialized nutrition support services] shall be prescribed by the patient's attending physician; or

2. The plan of [treatment care for specialized nutrition support services] shall be written by a qualified dietitian or a [qualified registered] nutritionist and approved by the patient's attending physician.

[§ 5-27. § 5.13.] Supervision of specialized nutrition services.

A. Specialized nutrition services shall be under the direct supervision of an individual who [meets one of the following requirements:

1. A is a] dietitian who is currently registered by the Commission on Dietetic Registration of the American Dietetic Association; or [2. Holds a nutritionist who holds] a bachelor degree with major studies in food and nutrition from a four-year accredited college or university and has at least two years of experience in a health care food or nutrition delivery system.

B. The duties of the dietitian or nutritionist shall include:

1. Evaluating or assisting the attending physician in evaluating the specialized dietary needs and food tolerance of the patient and assessing the capability of the home caretaker to cope with the patient's needs in order to develop the plan of [treatment care] .

2. Developing the patient's plan of care for dietary services and assisting the [agency hospice] staff involved in the patient's care, the patient and the home caretaker in understanding the reasons to accept and follow instructions and recommendations related to the care plan.

3. Delivering services in accordance with the approved [plan of treatment and] plan of care and instructing the patient, the home caretaker, and [agency hospice] staff in the preparation, storage and administration of food and liquids, including but not limited to enteral tube feedings and total parenteral nutritional programs.

4. Observing and reporting to the attending physician and other [agency hospice] staff involved in the patient's care, at least every two weeks, the patient's reactions to and tolerance for the nutrition program, and any changes in the patient's physical or emotional condition or in the care plan.

5. Preparing clinical notes and progress notes.

6. Providing or participating in staff training programs.

7. Developing or participating in the development of a discharge plan when the patient is transferred to another [agency hospice] or service or when the patient is discharged.

8. Acting as a consultant to [agency hospice] staff.

9. Participating in the [agency's hospice's] quality assurance reviews and evaluation of specialized nutritional services.

Article [8. 6.]
Intravenous Therapy Services.

[§ 5-28. § 5.14.] General.

[Intravenous therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements: Intravenous therapy services may be provided directly by hospice employees or through contractual agreements with other organizations meeting the following requirements where applicable.

A. Intravenous therapy services provided by employees of the hospices shall meet the requirements specified in §§

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5.15, 5.16 and 5.17.

B. When intravenous therapy services are provided through contractual agreement, the service provider shall:]

1. [A service exempted in 1-2 D 3 that is Be] an approved part of a home health agency certified in Virginia under provisions of Title XVIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [; or]

2. [A service exempted in § 1-2 D 3 that is Be] an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia [; or]

3. [An Be a home health] agency licensed under provisions of [these regulations the Regulations for the Licensure of Home Health Agencies] .

[§ 5-20. § 5.15.] Services.

[Intravenous therapy services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for intravenous therapy services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5-28.

B.] Intravenous therapy services shall be [prescribed in a plan of treatment provided as a part of the interdisciplinary care plan developed for each patient] .

1. The plan of [treatment care for intravenous therapy services] shall be prescribed by the patient's attending physician; or

2. The plan of [treatment care for intravenous therapy services] may be written by a pharmacist currently licensed by the Virginia Board of Pharmacy, or by a certified nurse practitioner or registered nurse who has completed special training in intravenous therapy and is currently licensed by the Virginia Board of Nursing, or by a physicians assistant licensed by the Virginia Board of Medicine. The plan of [treatment care for intravenous therapy services] shall be approved by the patient's attending physician.

[§ 5-30. § 5.16.] Supervision of intravenous therapy services.

Intravenous therapy services [offered by a single service home health agency] shall be under the direct supervision of an individual who [meets one of the following requirements] :

1. Is a practicing physician [who is] currently

licensed by the Virginia Board of Medicine; or

2. Is a practicing pharmacist [who is] currently licensed by the Virginia Board of Pharmacy [; or]

[§ 5-31. Intravenous therapy services offered by registered nursing services.

Intravenous therapy services offered by a home health agency that also offers registered nursing services may be under the direct supervision of 3. Is] a registered nurse [who is] currently licensed by the Virginia Board of Nursing and who has completed special training in intravenous therapy.

[§ 5-32. § 5.17.] Duties of intravenous therapy services supervisors.

The duties of the intravenous therapy services supervisor shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in evaluating the specialized intravenous therapy needs of the patient and assessing the capability of home caretaker to assist with the patient's needs in order to develop the plan of [treatment care] .

2. Developing the patient's plan of care for [intravenous therapy] services and assisting the [agency hospice] staff [involved in the care] , the patient and the home caretaker in understanding, accepting and following instructions and recommendations related to the care plan [for intravenous therapy services] .

3. Delivering [intravenous therapy] services in accordance with the approved [plan of treatment and] plan of care and instructing the patient, the home caretaker, and [agency hospice] staff in the proper storage and handling of supplies and equipment, handling and disposal of waste, safety precautions and actions to be taken in case of emergency.

4. Observing the patient at least every two weeks, and reporting to the attending physician and other [agency hospice] staff involved in the care, the patient's reactions to and tolerance for the [intravenous] therapy program and any changes in the patient's physical or emotional condition or in the care plan.

5. Preparing clinical notes and progress notes.

6. Providing or participating in staff training programs.

7. Developing or participating in the development of a discharge plan when the patient is transferred to another [agency hospice] or service or when the patient is discharged.

8. Acting as a consultant to [agency hospice] staff.

9. Participating in the [agency's hospice's] quality assurance reviews and evaluation of intravenous therapy services.

Article [9. 7.]
Respiratory Therapy Services.

[§ 5.33. § 5.18.] General.

[Respiratory therapy services that are delivered to patients in their home under a home health agency plan of treatment shall meet one of the following requirements: Respiratory therapy services may be provided directly by hospice employees or through contractual agreements with other organizations meeting the following requirements where applicable.

A. Respiratory therapy services provided by employees of the hospice shall meet the requirements specified in §§ 5.19, 5.20 and 5.21.

B. When respiratory therapy services are provided through contractual agreement, the service provider shall:

1. [A service exempted in § 1.2 D 3 that is Be] an approved part of a home health agency certified in Virginia under provisions of Title VXIII, Medicare or Title XIX, Medicaid of the Social Security Act of 1964, as amended [- ; or]

2. [A service exempted in § 1.2 D 2 that is Be] an approved part of a home health agency owned and operated by a hospital or nursing home licensed in Virginia or a Medicare or Medicaid nursing facility certified in Virginia [- ; or]

3. [An Be a home health] agency licensed under provisions of [these regulations the Regulations for the Licensure of Home Health Agencies] .

[§ 5.34. § 5.19.] Services.

[Respiratory therapy services may be licensed as a single service home health agency or as an approved unit of service of a multi-service home health agency.

A. Multi-service agencies that contract for respiratory therapy services shall enter into an agreement only with an individual or agency that meets one of the requirements specified in subdivisions 1 through 3 of § 5.33.

B. Respiratory therapy services shall be [prescribed in a plan of treatment provided as a part of the interdisciplinary care plan developed for each patient] .

1. The plan of [treatment care for respiratory services] shall be prescribed by the patient's attending physician; or

2. The plan of [treatment care for respiratory

services] may be written by a registered or certified respiratory therapist and approved by the patient's attending physician.

[§ 5.36. § 5.20.] Supervision of respiratory therapy services.

Respiratory therapy services offered [by a single service or a multi-service home health agency] shall be under the direct supervision of an individual who [meets one of the following requirements] :

1. Is a practicing physician [who is] currently licensed by the Virginia Board of Medicine; or

2. Is a respiratory therapist [who is] registered or certified by the National Board for Respiratory Therapy, Inc.

[§ 5.36. § 5.21.] Duties of respiratory therapy services supervisor.

The duties of the respiratory therapy services supervisor shall include, but are not limited to the following:

1. Evaluating or assisting the attending physician in evaluating the respiratory therapy needs of the patient and assessing the capability of the home caretaker to assist with the patient's needs in order to develop a plan of [treatment care] .

2. Developing the patient's plan of care for [respiratory] services and assisting the [agency hospice] staff involved in the patient's care, the patient and the home caretaker in understanding, accepting and following instructions and recommendations related to the care plan.

3. Delivering [respiratory] services in accordance with the approved [plan of treatment and] plan of care and instructing the patient, the home caretaker, and [agency hospice] staff in the proper storage and handling of supplies and equipment, handling and disposal of waste, safety precautions and actions to be taken in case of emergency.

4. Observing the patient at least every two weeks, and reporting to the attending physician and other [agency hospice] staff involved in the care, the patient's reactions to and tolerance for the [respiratory] therapy program and any changes in the patient's physical or emotional condition or in the plan of care.

5. Preparing clinical notes and progress notes.

6. Providing or participating in staff training programs.

7. Developing or participating in the development of a discharge plan when the patient is transferred to another [agency hospice] or service or when the

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patient is discharged.

8. Acting as a consultant to [agency hospice] staff.

9. Participating in the [agency's hospice's] quality assurance reviews and evaluation of respiratory therapy services.

[PART VI. HOSPICE.

Article I. General Provisions.

§ 6.1. Authorization.

Title 32.1, Chapter 5, Article 7, § 32.1-162.5 of the Code of Virginia, authorizes the board to define the conditions and requirements under which a hospice may provide a coordinated program of home care, outpatient care and inpatient care to individuals who are terminally ill.

§ 6.2. Definitions.

Definitions found in § 1.1 of these regulations are applicable to hospice. In addition, the following words and terms when used in this part of the regulations shall specifically apply to a licensed hospice.

"Accredited" means an institution, agency or organization that has been approved by the Joint Commission on Accreditation of Healthcare Organizations and is accredited as meeting hospice programs standards.

"Bereavement service" means counseling and support services that are offered to the patient's family after the patient's death.

"Coordinated program" means the capacity to respond with staff and service to patient and family needs 24-hours a day, seven days a week.

"Free-standing hospice" means a public or private agency, organization or other legal entity that is primarily engaged in providing care to the terminally ill and is not owned or operated by and physically located in a hospital, nursing home, nursing facility or home health agency licensed or certified by the Virginia Department of Health.

"Home care services" means services which are provided in the patient's home by a home health agency licensed or certified by the Virginia Department of Health or a personal care agency certified by the Virginia Department of Medical Assistance Services or by an employee of the hospice program.

"Hospice" means a coordinated program of home care, outpatient care and inpatient care provided to individuals who have been diagnosed as terminally ill.

"Hospice care team" means the patient, the patient's family, the attending physician and the interdisciplinary hospice group.

"Hospice patient family" means the patient's immediate kin, including a spouse, brother, sister, child or parent or any other relation or individual with significant personal ties to the patient who by mutual agreement among the patient, the individual and the hospice participates in the patient's care.

"Hospice plan of care" means a written plan developed by hospice staff to maximize patient comfort by symptom control.

"Inpatient services" means services which are provided to a hospice patient who requires 24-hour medical or nursing supervision and is admitted to a hospital, nursing home or nursing facility licensed or certified by the Virginia Department of Health.

"Interdisciplinary hospice group" means a group of hospice employees consisting of at least a physician, a registered nurse, a social worker and a bereavement counselor that is responsible for assessing the health care and special needs of the hospice patient and the patient family.

"Medical director" means a hospice employee who is a physician currently licensed by the Virginia State Board of Medicine and who is responsible for the medical direction of the hospice program.

"Palliative care" means services, treatments and therapies which produce the greatest degree of relief from symptoms caused by disease for the longest period of time with minimum adverse side effects.

"Terminally ill" means that the individual admitted to the hospice has a medical prognosis that his life expectancy is six months or less.

"Volunteer" means an employee who performs a job function of the hospice program on a full-time or part-time basis not for pay.

§ 6.3. General information.

A. Organizations and agencies exempted from hospice licensure.

These regulations are not applicable to:

1. An agency or visiting nurse service exempted under § 1.2 D 4 of these regulations; or
2. A hospice that is exempted under Title 32.1, Chapter 5, Article 7, § 32.1-162.2 of the Code of Virginia, which states that nothing in these regulations shall be interpreted to authorize or require interference with the supervision or treatment of

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patients, residents or staff of any institution operated by and for members of any well recognized church or religious denomination who rely upon treatment by mental or spiritual means without the use of drugs or material remedy, provided such an institution complies with applicable laws and regulations on sanitation, life safety and construction.

D. Revocation or suspension of license.

The commissioner may revoke or suspend a license to operate a hospice under provisions of Title 32, Chapter 5, Article 7, § 32-162.6 of the Code of Virginia, for failure to comply with provision of the Code or the regulations of the board.

C. Modifications.

Upon receipt of a written request from the governing body of its designated representative, the commissioner, in his sole discretion, may consider a modification and issue a temporary or permanent variance in the application of one or more of these regulations provided safety, patient care or the ability to deliver services will not be adversely affected. The written request shall specify the reason the governing body cannot immediately comply with the identified regulation and how any proposed modification is equal to or will meet the intent of the regulation for which a variance is sought. Upon review of the request, the commissioner may grant a temporary variance for less than a full licensure period, or a permanent variance for a full licensure period or deny the request. Any temporary or permanent variance granted by the commissioner shall be subject to review and renewal before a license renewal, extension or reissuance is granted.

§ 6-4. Application fee.

The following fees shall accompany the application for licensure and are not refundable. The fee shall be based on the hospice annual budget that was approved and adopted by the governing body for the 12-month accounting period that was in effect on the date of issuance of the initial license or for the 12-month accounting period immediately preceding the beginning date of the renewal, extension or reissuance of the license. A copy of the approved budget shall accompany the application for licensure:

A. Initial license.

Hospice annual budget over \$200,000\$100
 Hospice annual budget \$100,000 to \$199,999\$ 75
 Hospice annual budget less than \$100,000\$ 50

B. Renewal license.

Hospice annual budget over \$200,000\$ 60
 Hospice annual budget \$100,000 to \$199,999\$ 35
 Hospice annual budget less than \$100,000\$ 25

C. License extension\$ 25
 D. License reissue\$ 25

Article 7. Procedures for licensure.

§ 6-5. Requirements, general.

No person unless exempted under provisions of subdivision A1 or A2 of § 6-2, shall establish or operate a hospice as defined in § 6-2 and included within provisions of these regulations without having first obtained a license. The requirements specified in subdivisions A through E of § 2-1 shall be applicable to a hospice licensed under provisions of this part.

§ 6-6. Initial license.

Any person intending to establish a hospice program shall notify the division in writing before the requested date of licensure.

A. The written notification shall give the information specified in subdivisions A1 through A9 of § 2-2 of these regulations.

B. The following additional information shall also be provided:

1. A copy of a valid Certificate of Public Need or a letter of exemption from the department.
2. A statement of current certification status as a provider of hospice services under provisions of Title XVIII of the Social Security Act of 1964, as amended.
3. A statement of current accreditation status as an accredited hospice program by the Joint Commission of Accreditation of Healthcare Organizations.

C. Upon receipt of the written notification, the division will:

1. Forward the licensure application forms and any other appropriate information on state licensure or federal certification requirements.
2. Contact the chief administrative officer or other identified contact persons to offer prelicensure consultation.

D. The licensure application, the licensure fee, and all required supporting documents shall be returned to the division before an on-site prelicensure inspection is conducted and before the license is issued.

1. A hospice program shall not begin operation or accept patients prior to the issuance of the license.

2. A hospice program, which holds a valid Certificate

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of Public Need or an exemption letter, and which was in operation prior to the effective date of these regulations shall have a maximum of six months from the effective date of these regulations to apply for an initial license.

3. Before the initial license is issued the division shall determine that the hospice program meets all licensure regulations.

4. The license shall expire on the date specified on the license or not later than December 31 in the year of issuance.

§ 6.7. License renewal.

All licenses for hospice programs shall be renewed annually.

A. Every hospice license shall expire on the date specified on the face of the license or no later than December 31 following the date of issue.

B. The division will apply the requirement specified in subsections A, B, D and E of § 2.3 of these regulations for the renewal of hospice licenses.

§ 6.8. License reissue.

A license issued under provisions of these regulations shall be kept current and accurate at all times.

A. The licensed hospice shall give the division written notification 30 working days in advance of any proposed change that will occur during the license year which will require the reissuance of a license. The following circumstances require the reissuance of a license and payment of a reissuance fee:

1. A change in operating name.
2. A change of address of the hospice office.
3. Revocation or suspension of license in accordance with provisions of the Administrative Process Act.

B. When relocation is the reason for the reissuance of a license, the operator shall provide the division with documentation that the building or part of the building that houses the hospice program meets the occupancy, fire safety and zoning requirement of the locality.

The division shall not reissue the license without the required occupancy approval.

Article 3. Inspection Procedures.

§ 6.9. On-site inspection.

Each hospice shall be inspected in accordance with

provisions specified in subsections A through E of § 2.5 of these regulations.

§ 6.10. Plan of correction.

The chief administrative officers of a licensed hospice shall file a plan for correcting deficiencies in accordance with provisions of subsections A through D of § 2.6 of these regulations.

§ 6.11. Certification of hospice.

Any licensed hospice that voluntarily elects to participate in the Title XVIII, Medicare program as a certified hospice must comply with federal regulations, in addition to the licensure requirements specified in these regulations.

§ 6.12. Accreditation of hospice.

Any licensed hospice that voluntarily elects to participate in the Joint Commission on Accreditation of Healthcare Organization program to accredit hospice must comply with accreditation standards, in addition to the licensure requirements specified in these regulations.

§ 6.13. Acceptance of certification and accreditation.

In accordance with provisions of § 32.1-162.5 of the Code of Virginia, the division may accept reports from other certification and accreditation programs when these requirements are equal to or exceed the licensure provisions of these regulations.

A. A hospice program that is certified under provisions of Title XVIII of the Social Security Act as a Medicare provider of hospice services may be accepted as meeting the requirements of licensure regulations.

Acceptance of certification shall depend upon the willingness of the hospice to allow the certification inspection reports and any plans of correction to become a part of the licensure file maintained in the division and the plans of correction shall meet the requirements of § 2.6 of these regulations.

B. A hospice program that is accredited under provisions of the Hospice Standards Manual of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) may be accepted as meeting the requirements of licensure regulations.

1. Acceptance of accreditation shall depend upon the willingness of the hospice to submit to the division a copy of the JCAHO survey findings.

2. The JCAHO survey findings shall be accompanied with a plan of correction that meets the requirements of § 2.6 of these regulations.

3. The hospice shall be willing for the JCAHO survey

findings and any plans of correction to become a part of the licensure file maintained in the division.

C. Acceptance of certification or accreditation as specified under subsection A or B of this section shall not prevent the division from making periodic on-site inspections in accordance with § 2.5 of these regulations.

Article 4. Governing Body and Organization.

§ 6.14. Organization.

A licensed hospice program shall be operated by a hospital, nursing home, nursing facility or home health agency that is licensed or certified by the department, or by a free-standing hospice.

§ 6.15. Governing body.

A. The governing body of a hospital, nursing home, nursing facility or home health agency which provides a hospice program shall include in its internal organizational structure an identifiable unit of hospice services.

B. A free-standing hospice shall have a governing body that is legally responsible for management and operation.

C. The governing body of an organized unit or a free-standing hospice shall meet the requirements specified in subsections A and B of § 3.2 of these regulations.

§ 6.16. Administration.

The governing body of a free-standing hospice or the chief administrative officer of a licensed or certified hospital, nursing home, nursing facility or home health agency shall appoint an individual who will be responsible for the day-to-day administration and management of the hospice program.

A. The qualifications of the hospice administrative officer shall be same as those specified in § 3.4 A of these regulations.

B. The duties of the hospice administrative officer shall be the same as those specified in subsections B and C of § 3.4 of these regulations.

Article 5. Policies and Procedures.

§ 6.17. Policies and procedures.

The hospice shall have written operational policies and procedures, approved by the governing body, that set forth the criteria, acceptable method and practices to be followed to carry out the day-to-day management and operation.

A. Written policies and procedures shall be developed

for, but not be limited to, the following:

1. Administrative and financial records.

2. Personnel records.

3. Admission and discharge criteria.

4. Contracted services.

5. Medical records.

6. Patients rights.

7. Quality assurance.

8. Record retention.

9. Supervision and delivery of hospice services, including coordination of services.

10. Interdisciplinary group responsibilities.

B. Copies of policies and procedures shall be readily available for staff use at all times.

C. Copies of policies shall be made available for review, upon request, to patients, their designated representatives and to potential applicants for services.

§ 6.18. Administrative and financial records.

Administrative and financial record policies and procedures shall meet the requirements of § 3.6 of these regulations.

§ 6.19. Personnel policies and procedures.

Personnel policies and procedures shall meet the requirements of § 3.7 of these regulations.

§ 6.20. Admission and discharge criteria.

Policies and procedures on admission and discharge criteria shall meet the requirements of § 3.8 of these regulations.

§ 6.21. Contract services.

Hospice services which are not delivered by hospice employees shall be documented in a written agreement with the individual or legal entity delivering the service. Written agreements with individuals and other legal entities shall meet the requirements of subsections A and B of § 3.9 of these regulations.

§ 6.22. Medical records.

Medical records policies and procedures shall meet the requirements of § 3.10 of these regulations.

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§ 6.23. Patients' rights.

Each hospice shall establish and implement written policies and procedures regarding the rights of patients that include each services offered. Patient rights policies and procedures shall meet the requirements of § 3.11 of these regulations.

§ 6.24. Quality assurance committee.

Each hospice shall establish a Quality Assurance Committee required under provisions of § 3.2 B 4 of these regulations. The committee shall have a written plan for annual review and evaluation of the hospice services that meets the requirements of § 3.12 of these regulations.

§ 6.25. Record retention.

Policies and procedures for the retention, reproduction, access and storage of all hospice records shall meet the requirements of § 3.13 of these regulations.

§ 6.26. Service policies and procedures.

Each hospice shall have written policies and procedures for each service offered, including the qualifications and responsibilities of the individual supervising the service and the duties and responsibilities of the interdisciplinary group.

Article 6. Provision of Services.

§ 6.27. Services.

The hospice shall provide a coordinated program of inpatient care, home care and outpatient services to terminally ill patients that are consistent with the statement of scope of services approved by the governing body as specified in § 3.2 A of these regulations.

A. The coordinated program shall assure that the following hospice characteristics are met:

1. That the hospice patient family is considered a unit of service.
2. That there is an interdisciplinary group whose primary function is to maximize patient comfort by symptom control.
3. That services are available 24 hours a day, 7 days a week.
4. That program emphasis is placed on home care.
5. That inpatient care is provided in an atmosphere as home-like as practical.
6. That bereavement service is made available to the family for a specified period of time after the death

of the patient.

7. That nonsalaried employees (volunteers) are trained to perform specific job functions in the hospice service delivery system.

B. Hospice services shall be delivered by hospice employees or by contractual agreements with individuals, agencies or health care institutions.

C. All individuals who enter a patient's home for or on behalf of the hospice shall be readily identifiable by name tag, uniform or other visible means.

D. All hospice medical and nursing services shall be prescribed in the patient's hospice plan of care and be approved and signed by the attending physician.

E. The hospice plan of care shall contain the information specified in subdivisions D1a through D1h of § 4.1 and meet the requirements specified in subdivisions D2 through D6 of § 4.1 of these regulations.

Article 7.

Medically Directed Interdisciplinary Hospice Group.

§ 6.28. Plan of care.

A written hospice plan of care shall be established, maintained and periodically reviewed for each patient admitted to the hospice.

A. The plan of care shall be based on the attending physician's plan for symptom control and describe the methods and modalities to be used to carry out the care plan.

B. The plan of care shall be established by the attending physician or the hospice medical director, in consultation with the attending physician, and the interdisciplinary hospice group.

C. The plan of care shall be maintained and updated in accordance with physician orders.

D. The plan of care shall be reviewed as often as the severity of the patient's condition requires, but not less than once every 60 days. The review shall be conducted by the attending physician or the medical director, in consultation with the attending physician, and the interdisciplinary hospice group. The professional staff involved in the care of the patient shall promptly alert the attending physician or the hospice medical director of any changes in the patient's condition which indicate a need to alter the care plan or to terminate the service.

Article 8. Medical Direction.

§ 6.29. Medical director required.

Medical direction shall be under the supervision of a practicing physician currently licensed by the State Board of Medicine to practice in Virginia.

A. The medical director shall have training and experience in the psychological and medical needs of terminally ill patients.

B. The medical director shall have clinical privileges at one or more of the hospitals, nursing homes and nursing facilities that provide inpatient services to patients of the licensed hospice.

C. The duties and responsibilities of the medical director shall include at least the following:

1. Consulting with attending physicians, as requested, regarding pain and symptom management.

2. Reviewing patient eligibility for hospice services in accordance with hospice program policy.

3. Acting as a medical resource to the interdisciplinary group.

4. Coordinating with attending physicians to assure a continuum of medical care in cases of emergency or in the event the attending physician is unable to retain responsibility for a patient's care.

5. Act as medical liaison with physicians in the community.

Article 9.
Nursing Services.

§ 6.20. Nursing services.

Nursing services shall be supervised by a registered nurse currently registered by the State Board of Nursing to practice in Virginia.

A. The director of nursing services shall have education or experience in the nursing care needs of terminally ill patients.

B. The director of nursing services shall be employed by the licensed hospice or on contract to the hospice to provide nursing supervision.

C. The duties and responsibilities of the director of nursing services shall include at least the following:

1. Participates in the development and implementation of policies, procedures and criteria that assure nursing services will be delivered according to standards established by the State Board of Nursing.

2. Participates in the development of personnel policies and position descriptions that delineate qualifications, duties and responsibilities for all levels

of nursing staff.

3. Assuring that nursing services delivered by hospice employees and by individuals employed through contractual agreements are provided in accordance with established policies of the hospice.

4. Assuring that inpatient and outpatient nursing services are available 24 hours a day, 7 days a week and that licensed practical nurses, nursing assistants and aides work under the direct supervision of a registered nurse.

5. Participates in the development and implementation of orientation and in-service training programs for all levels of nursing staff employed by the licensed hospice.

6. Acts as nursing liaison with hospice staff and with other agencies, organizations and individuals that have contractual agreements to provide nursing services.

D. If home care nursing services are provided by employees of the hospice the nursing services shall meet the requirements of §§ 5-2 B through 5-7 of these regulations.

Article 10.
Social Services and Counseling Services.

§ 6.21. Social services and counseling services.

Social services shall be available from an employee of the licensed hospice or through contractual agreement.

A. Social services shall be provided as a part of the interdisciplinary care plan developed for each patient.

B. Social services shall be delivered in accordance with the hospice policies and procedures and be directed toward:

1. Maximizing the social function of each patient and the coping capacity of the patient family.

2. Fostering the human dignity and personal worth of each patient.

3. Understanding the social factors in the patient's day-to-day behavior, including staff-patient relationships.

4. Preparing the patient for changes in his living situation.

5. Assisting the family in developing constructive and personally meaningful ways to support the patient.

D. If social services are provided by employees of the hospice the services shall meet the requirements specified in §§ 5-18 B, 5-20 and 5-21.

Final Regulations

§ 6.32. Policies and procedures.

The licensed hospice shall have written policies and procedures that will assure that the following services are offered and made available to the patients, families and employees of the hospice program:

A. Spiritual counseling.

The hospice shall make provisions to assure that patients and their families receive visits, upon their request, from clergy or other members of religious organizations of their choice.

Spiritual counseling may be provided through a working arrangement with individual clergy, clergy associations and other religious organizations in the community or by a clergyperson employed by the hospice.

B. Bereavement services.

The hospice shall have written policies and procedures to assure that families of patients and hospice employees who delivered care are offered bereavement services following the death of the patient.

C. An individualized plan to deliver spiritual or bereavement services, when requested by the family or by a hospice employee, shall clearly delineate the services to be provided; the frequency of the services; the individual(s) that will provide the services; and the length of time the services will be provided.

D. The arrangements for or the offer to provide spiritual and bereavement services shall be documented in records of the hospice.

E. Bereavement services shall be provided by or under the supervision of an individual who has education, experience and ability to give family and individual counseling.

F. The hospice shall specify in written policies and procedures, the qualifications, responsibilities and reporting requirements of individuals approved to provide bereavement services.

G. The licensed hospice shall maintain a listing of individuals who have been approved to provide spiritual and bereavement services and that list shall be made available, upon request, to patients, families and hospice employees and contractors.

Article 11. Inpatient Services.

§ 6.33. Inpatient services.

Patient care shall be provided in health care institution that is currently licensed under the most recent applicable provisions of Rules and Regulations for the Licensure of

Hospitals in Virginia or under provisions of Rules and Regulations for the Licensure of Nursing Homes in Virginia that have been approved and adopted by the State Board of Health.

Article 12. Other Special Services.

§ 6.34. Other special services.

The hospice shall have written policies and procedures that will assure that patients accepted in the hospice program have access to specialized service according to their individual needs.

A. Specialized services include, but are not limited to, dietary counseling, physical therapy, occupational therapy, and speech therapy.

B. Specialized services may be provided directly by hospice employees or through contractual agreements with individuals and other organizations.

C. Physical therapy services shall be provided in accordance with requirements specified in Part V, Article 2, of these regulations.

D. Occupational therapy services shall be provided in accordance with the requirements specified in Part V, Article 3, of these regulations.

E. Speech therapy services shall be provided in accordance with the requirements specified in Part V, Article 4, of these regulations.

F. Dietary counseling shall be provided by an individual who is registered or is eligible for registration by the American Dietetic Association; or by an individual who has a bachelor's degree, with major studies in food and nutrition or dietetics, from an accredited college or university. Specialized nutrition support services shall be provided in accordance with requirements specified in Part V, Article 7, of these regulations.

G. Intravenous therapy services shall be provided in accordance with the requirements specified in Part V, Article 8, of these regulations.

H. Respiratory therapy services shall be provided in accordance with the requirements specified in Part V, Article 9, of these regulations.]

Virginia Department of Health
 Division of Licensure and Certification
 109 Governor Street
 Richmond, Virginia 23219
 APPLICATION FOR LICENSE: HOSPICES

In accordance with provisions of Chapter 5, Article 7, Title 32.1, Code of Virginia 1950, as amended, all hospices must submit the following information to the Department of Health.

ANY CHANGES DURING THE LICENSING YEAR WHICH WOULD AFFECT THE ACCURACY OF THE FOLLOWING INFORMATION MUST BE REPORTED TO THE DEPARTMENT OF HEALTH.

REQUEST FOR: (check one)
 INITIAL LICENSE TO OPERATE
 RENEWAL LICENSE TO OPERATE
 LICENSE EXTENSION
 LICENSE REISSUE

REQUESTED EFFECTIVE DATE OF LICENSE: _____
 LICENSURE FEE ATTACHED: (Check one) YES NO

LEGAL NAME OF HOSPICE: _____

BUSINESS NAME OF HOSPICE: _____

MAILING ADDRESS: _____
 (number and street name)

 (Post office box number, if applicable)
 _____, VA. _____
 (City or Town) (Zip Code)

AGENCY TELEPHONE NUMBER: [] _____
 Is this Hospice certified in the Medicare or the Medicaid program? (check one) YES NO

If yes, give Provider Number: #49- _____

CHIEF ADMINISTRATIVE OFFICER OF HOSPICE: _____

(Type of print) (Name) (Title)

Signature of Chief Administrative Officer: _____

Date: _____ Telephone Number: [] _____

SERVICES PROVIDED BY HOSPICE EMPLOYEES AND VOLUNTEERS: (Check)

<input type="checkbox"/> Inpatient care	<input type="checkbox"/> Physical therapy
<input type="checkbox"/> Home nursing care	<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> Social services	<input type="checkbox"/> Speech therapy
<input type="checkbox"/> Spiritual services	<input type="checkbox"/> Intravenous therapy
<input type="checkbox"/> Bereavement services	<input type="checkbox"/> Respiratory therapy
<input type="checkbox"/> Dietary counseling	<input type="checkbox"/> _____ specify
<input type="checkbox"/> _____ specify	<input type="checkbox"/> _____ specify

HOSPICE SERVICES PROVIDED BY CONTRACT OR AGREEMENT:

(Check and give name of contractor)

Service	Name of Contractor
<input type="checkbox"/> Inpatient care	_____
<input type="checkbox"/> Home nursing care	_____
<input type="checkbox"/> Social Services	_____
<input type="checkbox"/> Spiritual services	_____
<input type="checkbox"/> Bereavement services	_____
<input type="checkbox"/> Dietary counseling	_____
<input type="checkbox"/> Physical therapy	_____
<input type="checkbox"/> Occupational therapy	_____
<input type="checkbox"/> Speech therapy	_____
<input type="checkbox"/> Intravenous therapy	_____
<input type="checkbox"/> Respiratory therapy	_____
<input type="checkbox"/> Other - specify	_____
<input type="checkbox"/> Other - specify	_____
<input type="checkbox"/> Other - specify	_____

ATTACH ONE COPY OF THE FOLLOWING DOCUMENTS:

1. Copy of approved Budget for the last 12 month accounting period. (See section below on licensing fees)
2. Evidence of current malpractice insurance coverage.
3. Evidence of current general liability insurance coverage.
4. Evidence of performance bond coverage.
5. Evidence of product liability insurance coverage, if applicable.

LICENSURE FEES: Fees are based on the approved annual operating budget for the latest 12 month accounting period. A check or money order made payable to the Virginia Department of Health must be received before a license is issued. The following fees are applicable:

- A. Initial license fee
 Hospice annual budget over \$200,000 \$100
 Hospice annual budget \$100,000 to \$199,999. . . \$ 75
 Hospice annual budget less than \$100,000. . . \$ 50
- B. Renewal license fee
 Hospice annual budget over \$200,000 \$ 50
 Hospice annual budget \$100,000 to \$199,999. . . \$ 35
 Hospice annual budget less than \$100,000. . . \$ 25
- C. License Extension \$ 25
 D. License re-issue. \$ 25

Final Regulations

MILK COMMISSION

NOTICE: The Milk Commission is exempted from the Administrative Process Act (§ 9-6.14:4 of the Code of Virginia); however, it is required by § 9-6.14:22 to publish its regulations.

* * * * *

Due to its length, the following regulation filed by the Milk Commission is not being published; however, in accordance with § 9-6.14:22 of the Code of Virginia, a summary is being published in lieu of full text. Also, the amendment is set out below. The full text of the regulation is available for public inspection at the office of the Registrar and at the Milk Commission.

Title of Regulation: VR 475-02-02. Rules and Regulations for the Control, Regulation and Supervision of the Milk Industry in Virginia.

Statutory Authority: § 3.1-430 of the Code of Virginia.

Effective Date: March 1, 1990

Summary:

The amended regulation will change the method for adjusting Class II prices in all markets.

The purpose of the amendment is to make the prices uniform with adjacent marketing areas.

VR 475-02-02. Rules and Regulations for the Control, Regulation and Supervision of the Milk Industry in Virginia.

B. Class I-A - The price used in computing each distributor's obligation for producer milk (of 3.5% butterfat) allocated to Class I-A shall be the Class II price.

C. Class II - The price per cwt. for all markets shall be the monthly Class II price announced by the Market Administrator of the Tennessee Valley Marketing Area (Federal Order No. 11).

D. (1) The total value of base deliveries made in accordance with Regulation No. 5, Subparagraph 2-A (2) shall be discounted in accordance with the following procedure to reflect the cost savings of transporting, storing and handling of producer milk on a uniform daily basis:

(a) Subtract from each cooperative association's total pounds of base deliveries allocated to Class I sales for each delivery period an amount equal to twice the sum of the differences between the pounds of assigned daily base and the pounds of daily base deliveries which are less than the pounds of assigned daily base for each day during the delivery period.

(b) The net hundredweight (not less than zero) resulting from the above procedure multiplied by \$0.11 will be the amount of discount for base deliveries during the delivery period.

E. Producers or their agents shall not sell milk or offer milk for sale at prices other than those established.

2. Butterfat differential:

In making payments to producers and/or cooperative associations of producers required pursuant to Regulation No. 8, each general distributor shall add for each one-tenth of one percent of average butterfat content above 3.5% and shall deduct for each one-tenth of one percent of average butterfat content below 3.5.

STATE CORPORATION COMMISSION

STATE CORPORATION COMMISSION

APPENDIX A

AT RICHMOND, FEBRUARY 14, 1990

COMMONWEALTH OF VIRGINIA, ex rel.

STATE CORPORATION COMMISSION

CASE NO. PUC850035

Ex Parte: Investigation of
Competition for IntraLATA,
Interexchange Telephone Service

ORDER INVITING COMMENTS

Having ordered on February 14, 1989, that this investigation of intraLATA, interexchange competition be continued generally until January 1, 1990, the Commission now would like to invite comments on intraLATA competition from any interested parties. Accordingly,

IT IS THEREFORE ORDERED that any person desiring to submit comments about the advisability of permitting competition for intraLATA, interexchange telephone service within Virginia send those comments to the Clerk of the Commission, c/o Document Control Center, P.O. Box 2118, Richmond, Virginia 23216, on or before March 16, 1990, referring to Case No. PUC850035. Comments may address any issue the commenting party considers relevant, but should at least address the issues set out in Appendix A attached hereto.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to each local exchange telephone company operating in Virginia as set out in Appendix B attached hereto; each certificated interexchange carrier operating in Virginia as set out in Appendix C attached hereto; the Division of Consumer Counsel, Office of the Attorney General, 101 North 8th Street, 6th Floor, Richmond, Virginia 23219; Victor J. Toth, Esquire, 2719 Soapstone Drive, Reston, Virginia 22091; Jean Ann Fox, President, Virginia Citizens Consumer Counsel, 114 Coachman Drive, Tabb, Virginia 23602; Dellon E. Coker, Chief Regulatory Law Office, U.S. Army Legal Services Agency, JALS-RL 5611 Columbia Pike, Falls Church, Virginia 22041-5013; Ronald B. Mallard, Director, Department of Consumer Affairs, County of Fairfax, 3959 Pender Drive, Fairfax, Virginia 22030; Mr. Gerald T. Kowasic, P.O. Box 642, Locust Grove, Virginia 22508; Mr. Charles R. Smith, Hello, Inc., 2315 West Broad Street, Richmond, Virginia 23220; Sue D. Blumenfeld, Esquire, and Mary P. Jaffe, Esquire, attorneys for Cable and Wireless Communications, Inc., 3 Lafayette Center, 1155 21st Street, N.W., Washington, D.C. 20036; Andrew D. Lipman, Esquire, and Russell M. Blau, Esquire, attorneys for DAVID Systems, Inc., 3000 K Street, N.W., 3rd Floor, Washington, D.C. 20007; the Commission's Office of General Counsel, and the Commission's Divisions of Communications, Accounting and Finance, and Economic Research and Development.

The following list of issues addresses matters of concern in determining whether allowing competition within Virginia's local access and transport areas (LATAs) is in the public interest. Parties submitting comments should address each of these issues as well as any other issue considered pertinent. For purposes of answering these questions, independent market areas (IMAs) are considered LATAs, and territory associated with a LATA is considered part of that LATA.

1. Is it in the public interest to sanction competition among all long distance services within Virginia's LATAs? Why or why not?

a. If so, when should this occur?

b. If so, should this be done immediately or should it be phased-in?

c. If so, what manner of regulatory oversight should be applied in this market? For example, should rate setting, tariff filings, and monitoring be governed by the same rules and regulations as for the interLATA market in Virginia?

d. In its June 30, 1986 Interim Order in this case, the Commission stated "...we cannot support a form of partial competition where one participant [C&P] is denied entry to a market [InterLATA] open to all others." What has changed that would warrant the Commission to deviate from this position?

2. If intraLATA competition is allowed, should there be a separate procedure for certification in the intraLATA market if a carrier presently holds a certificate for the interLATA market, or if a new carrier desires to enter both markets? Why or why not?

a. Should intraLATA certification rules be the same as interLATA rules? Why or why not?

b. If a company is already certificated to provide intraLATA, interexchange service, would it need to apply for an interLATA certificate to compete in that market? Why or why not?

c. If a company is already certificated to provide intraLATA, interexchange service, should it be permitted to provide that service within LATAs outside its present franchised territory? Why or why not?

3. Are additional rules necessary to insure that local exchange companies will provide intraLATA access services on an equal basis to all carriers, certificated or not, with nondiscriminatory rates, terms, conditions and quality? Why or why not?

4. If all carriers are permitted to provide interexchange service within LATAs, should there be an equal access

State Corporation Commission

presubscription process for subscribers to designate their primary "1+" long distance company or should all "1+" intraLATA calling go directly to the local company? Why or why not?

a. If equal access presubscription is permitted, should it be done on an unlimited basis (a customer could presubscribe to any intraLATA carrier), or should it be done on a modified basis (a customer would be limited to either the local company or the presubscribed interLATA carrier)? Explain why.

b. If equal access presubscription is not permitted, should there be a discount for intraLATA access service provided by the local companies to the interexchange companies? Why or why not? If so, how much should the discount be and which access elements should be discounted?

5. The Commission's Experimental Plan for Alternative Regulation of Virginia Telephone Companies (Experimental Plan), adopted by the Final Order of December 15, 1988 in Case PUC880035 classified MTS, WATS, and 800 service as "Basic". The July 1, 1988 Final Report of the Virginia Telecommunications Task Force on Regulatory Alternatives stated on page 28 that if the intraLATA ban were to be lifted, these services would be reclassified to the "Potentially Competitive" category. Is this proposed reclassification appropriate? If not, what should it be and why?

a. How would the reclassification differ depending on whether there is no presubscription, limited presubscription, or unlimited presubscription (see question 4)?

b. Should intraLATA competition be permitted for some toll services and not for others depending on how they are classified by the Experimental Plan?

6. How should local companies account for revenues, expenses and investment related to the interexchange services they would be providing?

a. How would this differ for the 15 small companies not operating under the Experimental Plan, and the five large companies operating under the Experimental Plan?

b. For the five large companies operating under the Experimental Plan, how would this be done if intraLATA toll services were to be classified as "Actually Competitive," and how would it be done if they were classified as "Potentially Competitive"?

c. Should companies be required to set up subsidiaries to provide these services? Why or why not?

7. Does the Code of Virginia need to be amended to clarify the difference between local exchange services and interexchange services? If so, how?

8. What problems are presented by extended area service arrangements or by extended area calling (EAC)/local measured service?

a. Would the introduction of intraLATA competition impair gathering community of interest and cost data for extended area calling arrangements, Circle Calling, or Teleplan?

b. Since the Code of Virginia prohibits mandatory measured local service (§ 56-241.1), extended area calling cannot, by definition, be considered local. Does this mean that routes in which EAC has been and will be implemented will be open to intraLATA competition? Why or why not?

c. Does this mean that, EAC should be reclassified as Actually or Potentially Competitive under the Commission's Experimental Plan? Why or why not?

d. If EAC is classified as Actually Competitive, should a local exchange company be required to charge itself access charges for EAC?

e. Are changes needed in Code §§ 56-484.1, 56-484.2, or 56-484.3 dealing with the extension and reduction of telephone service?

f. How should the Commission treat the foregoing problems?

9. What would be the estimated financial impact upon local companies if their exclusive right to provide intraLATA, interexchange service ended? Include and separately identify (1) no presubscription (2) full or unlimited presubscription, and (3) modified or limited presubscription (See Question 4) for each of the following:

a. Lost toll revenue by residential and business classes of service,

b. Additional access revenue,

c. Costs of switch software upgrades, network reconfigurations, operational support system modifications, customer education and balloting, and any other associated costs, and

d. Lost revenue from Interexchange Carriers for intraLATA compensation due to incidental intraLATA traffic.

10. Would allowing intraLATA competition make it necessary to modify or eliminate the Originating Responsibility Plan? Why or why not? If it is eliminated, what should replace it?

11. If intraLATA competition is allowed, should a restriction be placed upon all interexchange companies prohibiting geographic deaveraging or prohibiting rate increases for low volume intraLATA toll routes? Should

local exchange companies be the required carrier of last resort for such routes? Why or why not?

12. Will permitting intraLATA competition make necessary any changes in today's operator services and directory assistance arrangements? Why or why not?

STATE LOTTERY DEPARTMENT

STATE LOTTERY DEPARTMENT

DIRECTOR'S ORDER NUMBER TEN (89)

VIRGINIA'S SIXTH INSTANT GAME LOTTERY; "PHOTO FINISH," FINAL RULES FOR GAME OPERATION

In accordance with the authority granted by § 58.1-4006A of the Code of Virginia, I hereby promulgate the final rules for game operation in Virginia's sixth instant game lottery, "Photo Finish." These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of instant game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P.O. Box 4689, Richmond, Virginia 23220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson, Director
Date: June 14, 1989

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DIRECTOR'S ORDER NUMBER FIFTEEN (89)

VIRGINIA'S SEVENTH INSTANT GAME LOTTERY; "LUCKY DRAW," FINAL RULES FOR GAME OPERATION

In accordance with the authority granted by § 58.1-4006A of the Code of Virginia, I hereby promulgate the final rules for game operation in Virginia's seventh instant game lottery, "Lucky Draw." These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of instant game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P.O. Box 4689, Richmond, Virginia 23220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson, Director
Date: August 14, 1989

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DIRECTOR'S ORDER NUMBER NINETEEN (89)

VIRGINIA'S EIGHTH INSTANT GAME LOTTERY; "ONE FOR THE MONEY," FINAL RULES FOR GAME OPERATION

In accordance with the authority granted by § 58.1-4006A of the Code of Virginia, I hereby promulgate the final rules for game operation in Virginia's eighth instant game lottery, "One for the Money." These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of instant game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P.O. Box 4689, Richmond, Virginia 23220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson, Director
Date: October 11, 1989

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DIRECTOR'S ORDER NUMBER TWENTY-THREE (89)

VIRGINIA'S NINTH INSTANT GAME LOTTERY; "7-11-21," FINAL RULES FOR GAME OPERATION

In accordance with the authority granted by § 58.1-4006A of the Code of Virginia, I hereby promulgate the final rules for game operation in Virginia's ninth instant game lottery, "7-11-21." These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of instant game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P.O. Box 4689, Richmond, Virginia 23220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson, Director
Date: December 11, 1989

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DIRECTOR'S ORDER NUMBER THREE (90)

ON-LINE GAME DRAWINGS

In accordance with the authority granted by § 58.1-4006A of the Code of Virginia, I hereby promulgate the final rules for on-line game drawings. These rules are set forth in State Lottery Department Policy and Procedure Number 035. They amplify and conform to the duly adopted State Lottery Board regulations for the conduct of on-line game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P.O. Box 4689, Richmond, Virginia 23220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson, Director
Date: January 25, 1990

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DIRECTOR'S ORDER NUMBER FOUR (90)

VIRGINIA'S FIRST ON-LINE GAME LOTTERY; "PICK 3," FINAL RULES FOR GAME OPERATION

In accordance with the authority granted by § 58.1-4006A of the Code of Virginia, I hereby promulgate the revised rules for game operation in Virginia's first on-line game lottery, "Pick 3." These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of on-line game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P.O. Box 4689, Richmond, Virginia 23220.

This Director's Order supersedes Director's Order Number Nine (89), issued May 21, 1989. This Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson, Director
Date: January 25, 1990

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DIRECTOR'S ORDER NUMBER FIVE (90)

VIRGINIA'S SECOND ON-LINE GAME LOTTERY; "LOTTO," FINAL RULES FOR GAME OPERATION

In accordance with the authority granted by § 58.1-4006A of the Code of Virginia, I hereby promulgate the revised rules for game operation in Virginia's second on-line game lottery, "Lotto." These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of on-line game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P.O. Box 4689, Richmond, Virginia 23220.

This Director's Order supersedes Director's Order Number One (90), issued January 10, 1990. This Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson, Director
Date: January 25, 1990

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DIRECTOR'S ORDER NUMBER EIGHT (90)

VIRGINIA'S TENTH INSTANT GAME LOTTERY; "PLAY TV," FINAL RULES FOR GAME OPERATION

In accordance with the authority granted by § 58.1-4006A of the Code of Virginia, I hereby promulgate the final rules for game operation in Virginia's tenth instant game lottery, "Play TV." These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of instant game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P.O. Box 4689, Richmond, Virginia 23220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson, Director
Date: February 14, 1990

GOVERNOR

EXECUTIVE ORDER NUMBER ONE (90)

EQUAL EMPLOYMENT OPPORTUNITY

By virtue of the authority vested in me as Governor, I hereby declare that it is the firm and unwavering policy of the Commonwealth of Virginia to assure equal employment opportunity for all state employees and for all applicants for state employment.

This policy specifically prohibits employment discrimination on the basis of race, sex, color, national origin, religion, age, or political affiliation, or against otherwise qualified persons with disabilities.

State appointing authorities and other management principals are hereby directed to take affirmative measures, as determined by the Director, Department of Personnel and Training, to emphasize the recruitment of qualified minorities, women, disabled persons, and older Virginians to serve at all levels of state government.

This policy does not permit or require the lowering of bona fide job requirements, performance standards, or qualifications to give preference to any state employee or applicant for state employment.

Allegations of violations of this policy shall be brought to the attention of the Office of Equal Employment Services of the Department of Personnel and Training. No state appointing authority, other management principals, or supervisors shall take retaliatory actions against persons making such allegations.

Any state employee found in violation of this policy shall be subject to appropriate disciplinary action.

This Executive Order supersedes and rescinds Executive Order Number One (86), Equal Employment Opportunity, issued by Governor Gerald L. Baliles on January 11, 1986.

This Executive Order shall become effective upon its signing and will remain in full force and effect unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 13th day of January, 1990.

/s/ Lawrence Douglas Wilder
Governor

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EXECUTIVE ORDER NUMBER TWO (90)

ADVOCATING YOUTH AND FAMILIES IN THE DECADE BEGINNING IN 1990

By virtue of the authority vested in me as Governor by § 2.1-41.1 of the Code of Virginia to formulate and administer policy in the executive branch, and subject to

my continuing and ultimate authority and responsibility to act in such matters, I hereby direct the Secretaries of Economic Development, Education, Health and Human Resources, and Transportation and Public Safety, and their respective agencies, to cooperate in promoting programs which advocate youth and families in the decade beginning in 1990.

As we enter the last decade of the twentieth century, Virginia must invest in its future which is founded in its families and youth. Our society is built on its families, communities, and neighborhoods. Changes in population, single-parent households, divorce rates, later marriages and increasing numbers of elderly citizens will have significant effects on the human services in Virginia's future.

Virginia's policies on providing services to its youth and families must continue to attest to the humanity of its citizens and their compassion and concern for others. Society's highest ideals require that the Commonwealth help all citizens lead dignified, fulfilling, productive lives. Virginia should aim to maintain or achieve the greatest possible degree of self-support and self-sufficiency by preventing, reducing, or eliminating economic and personal dependency.

The Commonwealth's programs for youth and families should foster permanent solutions in order to allow all citizens to develop their potential and not respond just to crises and immediate needs. Operating with limited means, state and local governments must deliver services to youths and families more efficiently and more effectively.

Cooperatively, the Secretaries shall be responsible for advising the Governor on ways to increase and enhance the delivery of human services to youth and families more efficiently and more effectively. They shall review and recommend methods for developing opportunities for education and employment of Virginia's youth and methods for promoting stability in Virginia's families.

In examining these issues, the Secretaries shall consult with appropriate representatives of government agencies, the private sector, and experts in the youth and family fields. All agencies and commissions under the Secretary of Health and Human Resources and other executive branch agencies, including but not limited to, the Virginia Employment Commission, Department of Housing and Community Development, Department of Veterans' Affairs, Department of Education, State Council of Higher Education, Department of Criminal Justice Services, Department of Youth Services, and the Virginia Council on Coordinating Prevention shall cooperate fully in this endeavor.

This Executive Order will become effective upon its signing and will remain in full force and effect until January 14, 1994, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the

Commonwealth of Virginia this 13th day of January, 1990.

/s/ Lawrence Douglas Wilder
Governor

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EXECUTIVE ORDER NUMBER THREE (90)

AUTHORITY AND RESPONSIBILITY OF CHIEF OF STAFF

By virtue of the authority vested in me as Governor by Article V, §§ 1, 7, 8, and 10 of the Constitution of Virginia and §§ 2.1-38 and 2.1-39.1 of the Code of Virginia, and subject always to my continuing ultimate authority and responsibility to act in such matters and to reserve to myself any and all such powers, I hereby affirm and delegate to my Chief of Staff the powers and duties enumerated below:

- 1. To direct, as the deputy planning and budget officer, the administration of the state government planning and budget process, except as to the responsibilities enumerated below, which are retained by me:
 - a. Submission of the budget and accompanying documents to the General Assembly;
 - b. Final review and determination of all proposed expenditures and of estimated revenues and borrowings to be included in the Executive Budget for each state department, division, office, board, commission, institution, or other agency or undertaking;
 - c. Amendment of Maximum Employment Levels;
 - d. Authorization of deficits; and
 - e. Appointment of the Director of the Department of Planning and Budget.
- 2. To direct, as the deputy personnel officer, the administration of the state government personnel system, except as to the responsibilities enumerated below, which are retained by me:
 - a. Final determination with respect to employee compensation plans;
 - b. Submission of reports to the General Assembly by the Governor as required by law;
 - c. Issuance, amendment or suspension of the Rules for the Administration of the Virginia Personnel Act;
 - d. Final action on appeals from appointing authorities to the Governor; and

e. Appointment of the Director of the Department of Personnel and Training.

3. To review, in the event of my absence or unavailability, major planning, budgetary, personnel, policy and legislative matters which require my decision and to review, in the event of my absence or unavailability, policy differences which may arise among or between my Secretaries.

4. To act as chief liaison officer with members of the General Assembly of Virginia.

5. To act as Senior Executive Assistant with responsibilities that include, but are not limited to, the direction and supervision of the Governor's Office, as well as budgetary and personnel authority for the office.

This Executive Order shall become effective January 13, 1990 and remain in full force and effect until January 14, 1994, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia, this 13th day of January, 1990.

/s/ Lawrence Douglas Wilder
Governor

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EXECUTIVE ORDER NUMBER FOUR (90)

CREATING GOVERNOR'S COMMISSION ON EDUCATIONAL OPPORTUNITY FOR ALL VIRGINIANS

By virtue of the authority vested in me as Governor by § 2.1-51.36 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby create the Governor's Commission on Educational Opportunity For All Virginians.

The Commission is classified as an advisory commission in accordance with § 9-6.25 of the Code of Virginia.

The Commission shall have the specific duty of advising the Governor and the General Assembly on how the Commonwealth could further address and overcome differences in educational programs in Virginia's public schools identified by the Governor's Commission on Excellence in Education as an obstacle to Virginia's becoming one of the nation's top states in the overall quality of education it offers.

Members of the Commission shall be appointed by the Governor and shall serve at his pleasure. The Commission shall consist of no more than 21 members: three members of the Board of Education and eighteen additional members, including leaders in business, industry, and higher education, elected local officials, local school board

Governor

members, public school professionals, and members of the General Assembly.

In addition, the Secretaries of Education and Finance and the State Superintendent of Public Instruction shall be ex officio nonvoting members of the Commission. The Governor shall appoint a chairman and a vice chairman from among the membership of the Commission.

Such funding as is necessary for the fulfillment of the Commission's responsibilities during the term of its existence shall be provided from funds appropriated to the Secretary of Education or from such sources, both public and private, authorized by § 2.1-51.37 of the Code of Virginia. Total expenditures for the Commission's work are estimated to be \$150,000.

Such staff support as is necessary for the conduct of the Commission's business during the term of its existence may be employed by the Commission or provided by such executive branch agencies as the Governor may from time to time designate. An estimated 4,160 hours of staff support will be required to assist the Commission.

Members of the Commission shall be reimbursed for reasonable and necessary expenses incurred in the performance of their official duties.

The Commission shall complete its examinations of these matters and report to the Governor and General Assembly no later than February 28, 1991. It may issue interim reports as it deems necessary.

This Executive Order shall become effective April 1, 1990, and shall remain in full force and effect until March 31, 1991, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 24th day of January, 1990.

/s/ Lawrence Douglas Wilder
Governor

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EXECUTIVE ORDER NUMBER FIVE (90)

GOVERNOR'S ECONOMIC ADVISORY COUNCIL

By virtue of the authority vested in me as Governor by § 2.1-393 of the Code of Virginia and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby continue the Governor's Economic Advisory Council.

The Council shall be comprised of no more than fifteen members appointed by the Governor and serving at his pleasure. There shall be a Chairman and a Vice-Chairman of the Council appointed by the Governor. The Council shall meet as needed at the call of the Chairman.

The Council shall have the general responsibility of advising the Governor on matters pertaining to the economic affairs of the Commonwealth. The Council shall review and make recommendations regarding:

Economic impacts of the changing relationships of Federal, State, and local governments.

Economic conditions, consumer patterns, private sector activities, and governmental policies that affect state revenues.

Trends in physical, social and economic characteristics of the Commonwealth that influence the demand for services and corresponding expenditures by state government.

Proposals to enhance economic growth and development of the Commonwealth.

Members of the Council shall serve without compensation and shall not receive any expenses incurred in the discharge of their official duties.

This executive order supercedes and rescinds Executive Order Number Seven (86) issued February 7, 1986, by Governor Gerald L. Baliles.

This executive order will become effective upon its signing and will remain in full force and effect until June 30, 1994, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 13th day of February, 1990.

/s/ Lawrence Douglas Wilder
Governor

GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS

(Required by § 9-6.12:9.1 of the Code of Virginia)

DEPARTMENT OF WASTE MANAGEMENT

Title of Regulation: VR 672-50-01. Regulation for the Development of Solid Waste Management Plans.

Governor's Comment:

This proposal is intended to protect the public's health and safety through the effective management of solid waste. The concerns and comments of the public, local governments and industry must be, and I am certain that they will be, duly and appropriately considered. Therefore, I give my approval pending the receipt of those comments.

/s/ Lawrence Douglas Wilder
Governor

Date: February 21, 1990

GENERAL NOTICES/ERRATA

Symbol Key †

† Indicates entries since last publication of the Virginia Register

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: **VR 120-01. Regulations for the Control and Abatement of Air Pollution.** The purpose of the proposed action is to provide the latest edition of referenced technical and scientific documents and to incorporate newly promulgated federal New Source Performance Standards and National Emission Standards for Hazardous Air Pollutants.

A public meeting will be held on April 12, 1990, at 10 a.m. in the State Capitol, Capitol Square, House Room 1, Richmond, Virginia, to receive input on the development of the proposed regulation.

Statutory Authority: § 10.1-1308 of the Code of Virginia.

Written comments may be submitted until April 12, 1990.

Contact: Nancy S. Saylor, Program and Policy Analyst, Division of Program Development, Department of Air Pollution Control, P. O. Box 10089, Richmond, VA 23240, telephone (804) 786-1249

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Alcoholic Beverage Control Board intends to consider amending regulations entitled: **VR 125-01-1 through VR 125-01-7. Regulations of the Virginia Alcoholic Beverage Control Board.** The purpose of the proposed action is to receive information from industry, the general public and licensees of the board concerning adopting, amending or repealing the board's regulations.

NOTICE TO THE PUBLIC

A. Pursuant to the Virginia Alcoholic Beverage Control Board's "Public Participation Guidelines for Adoption or Amendment of Regulations" (VR 125-01-1, Part V of the Regulations of the Virginia Alcoholic Beverage Control Board), the board will conduct a public meeting on June 21, 1990, at 10 a.m. in its Hearing Room, First Floor, A.B.C. Board, Main Offices, 2901 Hermitage Road,

Richmond, Virginia, to receive comments and suggestions concerning the adoption, amendment or repeal of board regulations. Any group or individual may file with the board a written petition for the adoption, amendment or repeal of any regulation. Any such petition shall contain the following information, if available.

1. Name of petitioner.
2. Petitioner's mailing address and telephone number.
3. Recommended adoption, amendment or repeal of specific regulation(s).
4. Why is change needed? What problem is it meant to address?
5. What is the anticipated effect of not making the change?
6. Estimated costs and/or savings to regulate entities, the public, or others incurred by this change as compared to current regulations.
7. Who is affected by recommended changes? How affected?
8. Supporting documents.

The board may also consider any other request for regulatory changes at its discretion. All petitions or requests for regulatory change should be submitted to the board no later than April 12, 1990.

B. The board will also be appointing an Ad Hoc Advisory Panel consisting of persons on its general mailing list who will be affected by or interested in the adoption, amendment or repeal of board regulations. This panel will study requests for regulatory changes, make recommendations, and suggest actual draft language for a regulation, if it concludes a regulation is necessary. Anyone interested in serving on such panel should notify the undersigned by April 12, 1990, requesting that their name be placed on the general mailing list.

C. Petitions for regulatory change and requests to be appointed to the Ad Hoc Advisory Panel should be sent to Robert N. Swinson, Secretary to the Board, 2901 Hermitage Road, Richmond, Virginia 23220 or may be faxed (804) 367-8249 if the original paperwork is also mailed.

D. Entities affected: (1) all licensees (manufacturers, wholesalers, importers, retailers) and (2) the general public.

General Notices/Errata

Statutory Authority: §§ 4-7(1), 4-11, 4-36, 4-69, 4-69.2, 4-72.1, 4-98.14, 4-103(b) and 9-6.14:1 et seq. of the Code of Virginia.

Written comments may be submitted until 10 a.m., June 21, 1990.

Contact: Robert N. Swinson, Secretary to the Board, P. O. Box 27491, Richmond, VA 23261, telephone (804) 367-0616

AUCTIONEERS BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Auctioneers Board intends to consider amending regulations entitled: **VR 150-01-02. Auctioneers Board Regulations**. The purpose of the proposed action is to solicit public comment on all existing regulations as to the effectiveness, efficiency, necessity, clarity and cost of compliance in accordance with the Public Participation Guidelines.

Statutory Authority: §§ 54.1-100 and 54.1-602 of the Code of Virginia.

Written comments may be submitted until March 12, 1990.

Contact: Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016

BOARD FOR BARBERS

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Barbers intends to consider amending regulations entitled: **Virginia Board of Barbers Examiners Regulations**. The purpose of the proposed action is to solicit public comment on all existing regulations as to the effectiveness, efficiency, necessity, clarity and cost of compliance in accordance with the Public Participation Guidelines.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Written comments may be submitted until April 16, 1990.

Contact: Roberta L. Banning, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or toll-free 1-800-552-3016 (VA only)

DEPARTMENT OF COMMERCE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Commerce intends to consider amending regulations entitled: **VR 190-04-1. Regulations Relating to Private Security Services**. The purpose of the proposed action is to solicit public comment on all existing regulations as to the effectiveness, efficiency, necessity, clarity and cost of compliance in accordance with the Public Participation Guidelines.

Statutory Authority: §§ 54.1-1902 and 54.1-1903 of the Code of Virginia.

Written comments may be submitted until March 12, 1990.

Contact: Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016

DEPARTMENTS OF CORRECTIONS; EDUCATION; MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE; AND SOCIAL SERVICES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Departments of Corrections; Education; Mental Health, Mental Retardation and Substance Abuse; and Social Services intend to consider amending regulations entitled: **Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children**. The purpose of the proposed action is to establish standards to provide children in residential facilities with at least a minimum level of care. The current effort is intended to amend and clarify those sections of standards which address management of resident behavior (Part V, Articles 22-28). Only those sections of the regulation that address management of resident behavior will be considered for amendment.

Statutory Authority: §§ 16.1-311, 22.1-321, 37.1-10, 37.1-182, 63.1-25 and 63.1-196.4 of the Code of Virginia.

Written comments may be submitted until March 15, 1990.

Contact: Rhonda Merhout-Harrell, Assistant Coordinator, Office of the Coordinator, Interdepartmental Licensure and Certification, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-7124

DEPARTMENT OF EDUCATION (BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Education intends to consider amending regulations entitled: **Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia**. The purpose of the proposed action is to amend § 3.5 A 2 of the regulation setting forth a time period for filing for a due process hearing from six months after the disagreement occurs to anytime after a disagreement occurs.

This amendment is in response to an order from the U.S. Department of Education to remove the six-month time limit from the regulations since it is contrary to federal law.

Statutory Authority: § 22.1-16 of the Code of Virginia and 20 USC §§ 1412 and 1413.

Written comments may be submitted until March 12, 1990.

Contact: Robin Hegner, Supervisor of Due Process Proceedings, Department of Education, P.O. Box 6Q, Richmond, VA 23216, telephone (804) 225-2887

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Housing and Community Development intends to consider amending regulations entitled: **VR 394-01-2. Virginia Tradesmen Certification Standards, 1987 Edition**. The purpose of the proposed action is to amend current standards for local certification of plumbers, building-related mechanical workers, electricians and divisions within those trade areas.

The purpose of the intended regulatory action is to develop a 1990 edition of the existing regulation.

Statutory Authority: § 15.1-11.4 of the Code of Virginia.

Written comments may be submitted until April 15, 1990.

Contact: Robert Gregory, Administrator, Department of Housing and Community Development, 205 N. 4th St., Richmond, VA 23219, telephone (804) 786-4857

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Housing and Community Development intends to consider amending

regulations entitled: **394-01-4. Virginia Uniform Statewide Building Code, Amusement Device Regulations**. The purpose of the proposed action is to protect the health, safety and welfare of amusement device users.

The purpose of the intended regulatory action is to develop a 1990 edition of the existing regulation.

Statutory Authority: §§ 36-98 and 36-99 of the Code of Virginia.

Written comments may be submitted until April 15, 1990.

Contact: Gregory H. Revels, Program Manager, Department of Housing and Community Development, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Housing and Community Development intends to consider amending regulations entitled: **VR 394-01-6. Virginia Statewide Fire Prevention Code**. The purpose of the proposed action is to provide mandatory statewide regulation for protection of life and property from the hazards of fire or explosion.

The purpose of the intended regulatory action is to develop a 1990 edition of the existing regulation.

Statutory Authority: §§ 27-95 and 27-97 of the Code of Virginia.

Written comments may be submitted until April 15, 1990.

Contact: Gregory H. Revels, Program Manager, Department of Housing and Community Development, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Housing and Community Development intends to consider amending regulations entitled: **VR 394-01-8. Virginia Liquefied Petroleum Gas Regulations**. The purpose of the proposed action is to require safe use and storage of L-P gases in order to protect individuals and property from fire and explosion hazards.

The purpose of the intended regulatory action is to develop a 1990 edition of the existing regulation.

Statutory Authority: § 27-87 of the Code of Virginia.

Written comments may be submitted until April 15, 1990.

Contact: Gregory H. Revels, Program Manager, Department of Housing and Community Development, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

General Notices/Errata

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Housing and Community Development intends to consider amending regulations entitled: **VR 394-01-21. Virginia Uniform Statewide Building Code Volume I, New Construction Code.** The purpose of the proposed action is to provide mandatory, statewide uniform regulation for construction of new buildings.

The purpose of the intended regulatory action is to develop a 1990 edition of the existing regulation.

Statutory Authority: §§ 36-98 and 36-99 of the Code of Virginia.

Written comments may be submitted until April 15, 1990.

Contact: Gregory H. Revels, Program Manager, Department of Housing and Community Development, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Housing and Community Development intends to consider amending regulations entitled: **VR 394-01-22. Virginia Uniform Statewide Building Code Volume II, Building Maintenance Code.** The purpose of the proposed action is to provide mandatory, statewide uniform regulation for maintenance and use of buildings.

The purpose of the intended regulatory action is to develop a 1990 edition of the existing regulation.

Statutory Authority: §§ 36-98 and 36-99 of the Code of Virginia.

Written comments may be submitted until April 15, 1990.

Contact: Gregory H. Revels, Program Manager, Department of Housing and Community Development, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Housing and Community Development intends to consider promulgating regulations entitled: **VR 394-01-23. Standards Governing Operation of Individual and Regional Code Academies.** The purpose of the proposed action is to promulgate current standards for governing operation of individual and regional code academies.

Statutory Authority: § 36-137 of the Code of Virginia.

Written comments may be submitted until April 15, 1990.

Contact: Robert Gregory, Administrator, Department of Housing and Community Development, 205 N. 4th St., Richmond, VA 23219, telephone (804) 786-4857

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Housing and Community Development intends to consider amending regulations entitled: **VR 394-01-31. Virginia Uniform Statewide Building Code, Industrialized Building and Manufactured Home Safety Regulations.** The purpose of the proposed action is to provide uniform statewide safety standards for industrialized buildings and manufactured homes.

The purpose of the intended regulatory action is to develop a 1990 edition of the existing regulation.

Statutory Authority: § 36-80 of the Code of Virginia.

Written comments may be submitted until April 15, 1990.

Contact: Gregory H. Revels, Program Manager, Department of Housing and Community Development, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Safety and Health Codes Board intends to consider amending regulations entitled: **Virginia Occupational Safety and Health Standards for General Industry, Control of Hazardous Energy Sources (Lockout/Tagout).** The purpose of the proposed action is to remove requirements from the present regulation which permit the use of a "tagout" system in lieu of a "lockout" system on most hazardous energy sources covered by the regulation. The proposed amendment would only permit the use of a "tagout" system when the hazardous energy source was not capable of being locked out.

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

Written comments may be submitted until March 31, 1990, to Commissioner, Department of Labor and Industry, P. O. Box 12064, 205 North Fourth Street, Richmond, Virginia 23241.

Contact: Regina Cobb, Agency Management Analyst, Department of Labor and Industry, P. O. Box 12064, 205 N. 4th St., Richmond, VA 23241, telephone (804) 786-9873

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's

public participation guidelines that the Safety and Health Codes Board intends to consider amending regulations entitled: **Virginia Occupational Safety and Health Standards for Construction Industry, Sanitation.** The purpose of the proposed action is to revise requirements from the present regulation in the areas of drinking water, toilets and washing facilities.

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

Written comments may be submitted until March 31, 1990, to Commissioner, Department of Labor and Industry, P. O. Box 12064, 205 North Fourth Street, Richmond, Virginia 23241.

Contact: Regina Cobb, Agency Management Analyst, Department of Labor and Industry, P. O. Box 12064, 205 N. 4th St., Richmond, VA 23241, telephone (804) 786-9873

LOTTERY BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Lottery Board intends to consider amending regulations entitled: **VR 447-02-1. Instant Game Regulations.** The purpose of the proposed action is to allow lottery retailers to return instant lottery tickets for credit prior to the announced end of the games, and clarify when a claim form is required to redeem prizes.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Written comments may be submitted until May 21, 1990.

Contact: Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2021 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433

BOARD OF MEDICINE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medicine intends to consider amending regulations entitled: **VR 465-03-01. Physical Therapy.** The purpose of the proposed action is to amend Part II, § 2.4 to establish licensure requirements for graduates of foreign institutions to practice as physical therapist assistants.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until March 28, 1990.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES (BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Mental Health, Mental Retardation and Substance Abuse Services Board intends to consider amending regulations entitled: **VR 470-02-02. Mandatory Certification/Licensure Standards for Treatment Programs for Residential Facilities for Children.** The purpose of the proposed action is to regulate the use of strip searches and body cavity searches in residential facilities for children licensed by the department.

The prohibition of strip searches and body cavity searches is being proposed for Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children, unless permitted by other state regulations.

Statutory Authority: §§ 37.1-10 and 37.1-179 of the Code of Virginia.

Written comments may be submitted until March 27, 1990.

Contact: Barry P. Craig, Director of Licensure, Department of Mental Health, Mental Retardation and Substance Abuse Services, P. O. Box 1797, Richmond, VA 23214, telephone (804) 786-3472 or (804) 371-8977/TDD ☎

VIRGINIA RACING COMMISSION

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Racing Commission intends to consider promulgating regulations entitled: **Racing Officials: Duties, Qualifications and Responsibilities. Permit Holders: Duties, Qualifications and Responsibilities.** The purpose of the proposed action is to set forth duties, qualifications and responsibilities of racing officials and permit holders for pari-mutuel horse racing in Virginia.

Statutory Authority: § 59.1-364 of the Code of Virginia.

Written comments may be submitted until May 12, 1990.

Contact: William H. Anderson, Regulatory Coordinator, Virginia Racing Commission, P. O. Box 1123, Richmond, VA 23209, telephone (804) 371-7363

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's

General Notices/Errata

public participation guidelines that the Board of Social Services intends to consider amending regulations entitled: **VR 615-70-17. Child Support Enforcement Program.** The purpose of the proposed action is to comply with new federal child support regulations. In response to new federal child support regulations and in anticipation of legislative action by the General Assembly in 1990, the department will develop rules to:

- define the department's responsibilities when responding to (i) requests for applications for child support enforcement services from the general public and (ii) referrals of ADC, Medicaid, and Title IV-E Foster Care upon approval of their application for public assistance. This regulation will also define the time requirements for such responses.
- define the department's time requirements for opening a child support case, establishing paternity, establishing a child support obligation, and enforcing a child support obligation.
- establish the method by which putative fathers who voluntarily acknowledge paternity will be advised of their rights and responsibilities regarding child support.
- (i) establish the time requirements for locating absent responsible parents and the frequency with which location services will be provided, and (ii) identify the types of location services that will be provided.
- establish the criteria by which the department will assess and prioritize child support cases.
- establish the conditions under which the department will periodically review child support obligations.
- (i) establish guidelines defining diligent efforts to serve process and (ii) to define the time requirements for such service.
- establish both the criteria by which the department will close child support cases and the time requirements for case closure.

New federal regulations on Child Support Enforcement Program operations were issued August 4, 1989, and become effective October 1, 1990.

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

Written comments may be submitted until March 13, 1990, to Penelope Boyd Fellow, Division of Child Support Enforcement, 8007 Discovery Drive, Blair Building, Richmond, Virginia 23229-8699.

Contact: Margaret J. Friedenberg, Legislative Analyst, Department of Social Services, Office of Governmental Affairs, 8007 Discovery Dr., Blair Bldg., Richmond, VA

23229-8699, telephone (804) 662-9217

DEPARTMENT OF TRANSPORTATION (COMMONWEALTH TRANSPORTATION BOARD)

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Commonwealth Transportation Board intends to consider promulgating regulations entitled: **Vegetation Control Policy.** The purpose of the proposed action is to establish policy and provisions concerning vegetation cutting and control around outdoor advertising.

Statutory Authority: §§ 33.1-12(3), (7) and 33.1-351(a) of the Code of Virginia.

Written comments may be submitted until April 13, 1990.

Contact: J. R. Barrett, Environmental Program, Department of Transportation, Environmental Division, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 371-6826.

STATE WATER CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Water Control Board intends to consider amending regulations entitled: **VR 680-16-03.1. Upper James River Basin Water Quality Management Plan.** The purpose of the proposed action is to update the plan for the Upper James River Subarea in response to changed conditions since the plan was first developed in the mid 1970's. The proposed update will include the following sections: Water Quality Evaluation which will detail general water quality goals, segment classifications, priority water bodies, and segment analysis of surface and ground water quality; Point Sources which will detail VPDES permit issuance, effluent limitation determinations, total maximum daily loads, methods for allocation between dischargers, inspection programs, chlorine disinfection policy, toxics management program, pretreatment program, urban stormwater management, combined sewer overflows, wasteload allocations, and strategy for nutrient enriched waters; Nonpoint Sources which will detail, among other things, nonpoint source management program, Pollution Abatement Permits, and inspection programs; Coordination with Other Planning which will detail various planning activities including wastewater treatment facilities planning and the Virginia Revolving Loan Fund; Ground Water which discuss the antidegradation policy, Ground Water Protection Strategy, and underground storage tank program; Management and Implementation of the Plan which will detail the managing agencies and State Water Control Board actions.

Federal and state laws require that VPDES permits be in compliance with appropriate area and/or basin wide water quality management plans. There are approximately 367,000 persons residing in the Subarea and 106 issued VPDES permits. Since the update of this plan does not impose any wasteload allocations more stringent than currently exist, no impact on the dischargers is anticipated. The proposed amendments will, however, provide the Commonwealth, units of local government, industrial firms and agricultural interest a current management tool to assist in achieving and maintaining applicable water quality goals in the Subarea. The proposed action is authorized by the statute cited and is governed by the State Water Control Law; Permit Regulation (VR 680-14-01); Water Quality Standards; the Clean Water Act, 33 USCA Sections 1251 et seq.; and Title 40 Parts 35 and 130 of the Code of Federal Regulations. A copy of these documents may be reviewed or obtained by contacting Mr. Charles T. Mizell at the address below.

Statutory Authority: § 62.1-44.15(3a) of the Code of Virginia.

Written comments may be submitted until 4 p.m., March 12, 1990.

Contact: Charles T. Mizell, State Water Control Board, Valley Regional Office, P. O. Box 268, Bridgewater, VA 22812, telephone (703) 828-2595 or SCATS 332-8789

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Water Control Board intends to consider amending regulations entitled: **VR 680-16-11. Lower James River Basin Water Quality Management Plan.** The purpose of the proposed action is to update the plan for the Hampton Roads Planning Area in response to changed conditions since the plan was first developed. The plan will also be retitled to the Lower James River Basin Water Quality Management Plan. The proposed update will include the following sections: Water Quality Evaluation which will detail general water quality goals, segment classifications, priority water bodies, VPDES permit issuance, effluent limitation determinations, total maximum daily loads, methods for allocation between dischargers, inspection programs, chlorine disinfection policy, toxics management program, pretreatment program, urban stormwater management, combined sewer overflows and wasteload allocations, wastewater treatment facilities planning, and the Virginia Revolving Loan Fund; Nonpoint Sources which will detail, among other things, nonpoint source management program, Pollution Abatement Permits, inspection programs and the Chesapeake Bay Preservation Act; Ground Water which will discuss the antidegradation policy, Ground Water Protection Strategy, and ground water management areas; Management and Implementation of the Plan which will detail the State Water Control Board management actions.

Federal and state laws require that VPDES permits be in

compliance with appropriate area and/or basin wide water quality management plans. There are seven major municipal and eight major industrial discharges in the plan area. Since the update of this plan does not impose any wasteload allocations more stringent than currently exist, no impact on the dischargers is anticipated. The proposed amendments will, however, provide the Commonwealth, units of local government, industrial firms and agricultural interest a current management tool to assist in achieving and maintaining applicable water quality goals in the plan area. The proposed action is authorized by the statute cited and is governed by the State Water Control Law; Permit Regulation (VR 680-14-01); Water Quality Standards; the Clean Water Act, 33 USCA Sections 1251 et seq.; and Title 40 Parts 35 and 130 of the Code of Federal Regulations. A copy of these documents may be reviewed or obtained by contacting Mr. Robert F. Jackson, Jr., at the address below.

Statutory Authority: § 62.1-44.15(3a) of the Code of Virginia.

Written comments may be submitted until 4 p.m., March 12, 1990.

Contact: Robert F. Jackson, Jr., State Water Control Board, Tidewater Regional Office, 287 Pembroke Office Park, Pembroke Two, Suite 310, Virginia Beach, VA 23462, telephone (804) 552-1820

GENERAL NOTICES

DEPARTMENT OF LABOR AND INDUSTRY

† Notice to the Public

Notice is hereby given that pursuant to § 15.1-11.6 of the Code of Virginia and in accordance with the Administrative Process Act, the Virginia Safety and Health Codes Board has established a standard to be used by the governing bodies of counties, cities and towns of Virginia who wish to adopt an ordinance requiring certification of boiler and pressure vessel operators.

The standard as adopted by the Virginia Safety and Health Codes Board on November 15, 1989, became effective January 17, 1990. This standard and the Division Policy Statement #1-90 for administration of the examination are available upon request from the Department of Labor and Industry.

For Information Contact:

Jim Hicks, Director/Chief Inspector
Boiler and Pressure Vessel Safety
Enforcement Division
Department of Labor and Industry
205 North Fourth Street

General Notices/Errata

P. O. Box 12064
Richmond, VA 23241
(804) 786-3160

Boiler Safety Enforcement Division Division Policy Statement #1-90

SUBJECT: Boiler and Pressure Vessel Operators
Certification Examination

REFERENCE: Labor Laws of Virginia § 15.1-11.6

EFFECTIVE DATE: January 17, 1990

I. Purpose:

This policy statement establishes standard procedures for the administration of the Boiler and Pressure Vessel Operator Certification Examination, for control of the examination questions and for grading of the examination.

II. Background:

The General Assembly of Virginia enacted an amendment to add § 15.1-11.6 to the Code of Virginia in 1989. This amendment permits the governing bodies of counties, cities and towns to adopt ordinances which require certification of boiler and pressure vessel operators who are engaged in, or offer to engage in, for the general public for compensation the operation or maintenance of a boiler or pressure vessel in such counties, cities or towns.

III. Policy statement:

A. General.

The examination for boiler and pressure vessel operator certification shall be provided by the Chief Boiler Inspector upon request by any local jurisdiction having adopted an ordinance requiring the certification of boiler and pressure vessel operators.

The request for examinations shall be submitted to the Chief Inspector no later than 10 working days, prior to the date of the required test.

B. Responsibility.

The Chief Inspector shall maintain a supply of standard questions relating to the boiler and pressure vessel operation. The examination shall be compiled by random selection of questions relating to the basic principles involved in operation, care, maintenance and theory of safe boiler and pressure vessel operation. The Chief Inspector shall mail to the requesting jurisdiction a set of questions for each applicant to be administered by the requesting jurisdiction. The requesting jurisdiction shall ensure that no copies are made of the examination, and that all applicants return all examination papers along with any scratch paper or notes used during the exam to

the responsible examination administrator.

C. Examination.

The examination shall be administered in a location that can be monitored by at least two persons designated by the jurisdiction. There shall be at least two monitors in the room at all times during the examination.

The tests shall be sent to the requesting jurisdiction in sealed envelopes, to be opened only by the responsible person on the day of the examination in the presence of the applicants and test monitors.

The examination shall be administered on the first scheduled work day of each month.

The 1st Class examination shall consist of 50 questions that shall be answered within 2 hours. The 2nd Class examination shall consist of 30 questions to be answered within 1-1/2 hours.

Reference materials will not be available to the applicants while taking the exam, and the applicants shall not be permitted to discuss the questions with the administrators or any other applicant until all papers have been returned to the administrator. The administrator shall return all tests and answer sheets to the Chief Inspector within 24 hours after completion of the examination.

D. Passing grade.

Applicants must achieve a minimum test score of 70% to pass the examination. The jurisdiction administering the examination shall be notified by the Chief Inspector in writing of the test scores, and the notification of pass or fail to the applicants shall be accompanied by the local jurisdiction within 30 days after receipt of the test scores. Persons not attaining a passing grade may sit for a retest as permitted by the Commonwealth Boiler and Pressure Vessel Operators Certification Standard.

E. Certificate.

Each applicant who receives a passing grade on the examination shall receive a certification card from the local jurisdiction. The certification card shall be supplied by the Chief Inspector to the local jurisdiction and be properly certified by the jurisdiction.

F. Notification to applicant:

Prior to each examination, applicants shall be informed of the following by the responsible person of the jurisdiction:

1. The time and date of the examination.
2. The number of questions on the examination and the limit for the applicable exam.

3. That a 70% grade is needed for a passing score.
4. The requirements for retest if unsuccessful.
5. Information on grading and time frame for notification of examination results.
6. That the examination is closed book with no reference material being permitted.

IV. Recision:

None

VR 425-01-64. Standard for Boiler and Pressure Vessel Operator Certification.

§ 1. Definitions.

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

“Accredited” means accredited by an accrediting body recognized by the U.S. Department of Education.

“Act” refers to § 15.1-11.6 of the Code of Virginia.

“Agent” means the agent established by a county, city or town, under local ordinance to examine and determine an applicant’s qualifications for certification under the Act.

“Approved” means acceptable to the Commissioner of Labor and Industry.

“Board” means the board established by a county, city or town, under local ordinance to examine and determine an applicant’s qualifications for certification under the Act.

“Boiler” means a closed vessel in which water is heated, steam is generated, steam is superheated, or any combination thereof, under pressure or vacuum for use externally to itself by the direct application of heat. The term “boiler” shall include fired units for heating or vaporizing liquids other than water where these units are separate from processing systems and are complete within themselves.

“Boiler operator” means an individual who would normally be the senior operational and maintenance person at the site of the boiler who would be expected to react to changing operational and maintenance situations.

“Certificate of Competency” means a certificate issued to a person who has passed the prescribed examination as provided in subsection C of § 3 of these regulations.

“Commissioner” means the Commissioner of the Department of Labor and Industry.

“Department” means the Department of Labor and

Industry.

“Heating plant” means a heating system containing a low pressure steam or hot water boiler used to generate energy for use in heating buildings, potable water or processing.

“High pressure boiler” means a steam boiler where the safety valve(s) is (are) set to relieve at a pressure of more than 15 pounds per square inch.

“Horsepower rating of a boiler” for the purpose of this standard shall be the largest rating determined in accordance with each of the following (i) by dividing the square feet of boiler heating surface by 10; or (ii) the manufacturer’s rated output in horsepower; or (iii) where the manufacturer’s rated output is expressed in terms other than horsepower, such rating converted into horsepower by the use of one of the factors as defined in these standards.

“Hot water heating boiler” means any hot water boiler operated at pressures not exceeding 160 psi or temperatures not exceeding 250°F.

“Jurisdiction” as referred to in this standard shall mean counties, cities and towns in the Commonwealth.

“Low pressure boiler” means a steam boiler where the safety valve(s) is (are) set to relieve at a pressure of 15 pounds per square inch or less and hot water heating boilers.

“Pressure vessel” as referred to in this standard shall be any vessel in which (i) the pressure is obtained from an external source, or by an internal or external application of heat; and (ii) is an auxiliary to a boiler plant.

“One boiler horsepower” shall be defined as (i) the evaporation of 34.5 pounds of water per hour from and at 212°F; or (ii) 33475 British Thermal Units (B.T.U.) per hour; or (iii) 140 square feet of steam radiation; or (iv) 224 square feet of water radiation at 150°F; or (v) 10 kilowatt per hour electrical input to boiler.

“Steam plant” means a system containing a high pressure boiler to generate energy for use in heating, power generation or processing operations.

§ 2. Authority and application.

A. This standard is established in accordance with § 15.1-11.6 of the Code of Virginia for use by counties, cities and towns for the certification of boiler and pressure vessel operators.

B. This standard shall apply to any person who engages in, or offers to engage in, for the general public for compensation, the operation or maintenance of a boiler or pressure vessel. All jurisdictions who choose to regulate

General Notices/Errata

the certification of boiler and pressure vessel operators shall utilize this standard for control of certification within the Commonwealth.

C. This standard shall not affect licensing or inspection under any other provision of the Code of Virginia.

D. Localities shall forward a copy of their certification ordinance upon adoption or amendment to the Office of Boiler and Pressure Vessel Safety in the Virginia Department of Labor and Industry.

E. The Department of Labor and Industry will provide advisory opinions concerning interpretation and application of this standard upon request.

F. This standard shall not apply to any person who, in his capacity as an employee, is engaged in the operation or maintenance of a boiler or pressure vessel owned by his employer.

§ 3. Certification.

A. Boiler operators and pressure vessel operators covered under this standard shall be duly certified in the proper class by the examining agent or board of the jurisdiction adopting a boiler certification ordinance.

B. The agent or board shall be appointed by the adopting jurisdiction. Any such agent or board shall provide for the examination of applicants for boiler and pressure vessel operator certification no less than 12 times per year.

C. The written examination for boiler operator certification shall be provided and evaluated by the Chief Boiler Inspector of the Commonwealth, or his designee, and be administered by the agent or board.

Such examination shall include questions, diagrams and practical tests of sufficient scope to demonstrate that the applicant has the necessary qualifications, experience and knowledge of the basic principles involved in operation, care and maintenance to operate safely the boiler and auxiliary pressure vessels of the class for which an application for certification has been made.

Specific competencies shall include, but not be limited to the following:

1. Principles of boiler design;
2. General operation practices;
3. Effects of water treatment;
4. Inspection requirements; and
5. Emergency shutdown procedures.

D. The class of certification and the training and

experience requirements are as follows:

1. Class-1 Boiler Operator - To take charge of and operate or maintain any steam plant.

Requirements:

Two years experience as an operator of high pressure boiler beyond that experience which is required for a Class-2 Operator.

Substitution of a degree in mechanical engineering from an accredited college, university or school of technology or successful completion of an approved boiler operator apprenticeship program or a U.S. military training course may be permitted for one year of the required experience.

2. Class-2 Boiler Operator - To take charge of and operate any of the following:

a. A high pressure steam plant where the total horsepower rating of the boiler is not in excess of 500 boiler horsepower, or a combination of high pressure boilers and heating boilers and auxiliary pressure vessels; or

b. A heating plant having low pressure boilers with a pump return with no limitation on total capacity; or

c. A heating plant having hot water heating boilers, with no limitation on total capacity.

Requirements:

At least two years experience as a boiler operator or an assistant boiler operator, fireman or oiler, in a high pressure steam plant of more than 75 boiler horsepower; or

Four years of such experience in a plant of not less than 50 boiler horsepower.

Substitution of a degree in mechanical engineering from an accredited college, university or school of technology or successful completion of any approved boiler operator apprenticeship program or a U.S. military training course may be permitted for one year of the required experience.

E. In cases where a boiler operator has been operating a plant for a period of at least one year prior to the effective date of implementation of these standards by the adopting jurisdiction, or where the classification of such a boiler operator has been changed by this standard, such an operator may be conditionally certified for a three-year period by the agent or board in order that the operator may continue operation of that plant and no other. A suitable endorsement should be noted on his certification documents.

F. Application for examination in the class of certification shall be made on an approved form provided by the agent or board of the adopting jurisdiction. A notarized statement of education, training and experience in operating steam boilers or low pressure boiler plants and auxiliary pressure vessels shall be provided with the application.

G. No certification shall be required of an individual holding a valid license or certificate, under Chapter 3.1 (§ 40.1-51.5 et. seq.) of Title 40.1 of the Code of Virginia, or certified under this standard by another jurisdiction. An applicant who holds a valid certificate or license from any state or local government outside the Commonwealth may be certified without examination upon the presentation of the following to the agent or board:

1. A valid certificate or license from that authority; and
2. The certification or licensure requirements of that authority;

provided that the authority's requirements for certification or licensure are equal to or greater than those established under this standard.

H. Applicants must successfully complete an examination and the other requirements to be deemed certified, except as indicated in subsection G above.

I. The agent or board shall receive and evaluate the applications and examinations and issue certificates of competency to applicants successfully completing the examination process.

J. The agent or board of the adopting jurisdiction may permit an applicant to sit for a written examination at a lower class than that for which the applicant has applied, if it is determined that an applicant lacks either experience or requisite knowledge of the class applied for.

K. Applicants who fail to pass the required examination may not be reexamined until 90 days after the date of the last examination.

L. Applicants shall be notified in writing by the agent or board of the results of their application within 30 days following the receipt of examination results from the Chief Boiler Inspector of the Commonwealth or his designee.

M. The certification fee shall be established by the adopting jurisdiction.

N. Certificates of competency shall be provided by the department and issued by the adopting jurisdiction at a frequency established by the adopting jurisdiction.

O. When a certificate of competency has been lost or destroyed, the owner shall present a notarized statement to that effect and pay a processing charge established by that

jurisdiction for issuance of a duplicate certificate.

§ 4. Exemptions from certification.

A. Exempt from certification are operators of:

1. Boilers and pressure vessels on boats or vessels operated under the regulations of the Marine Inspections, U.S. Coast Guard;
2. Steam driven vehicles used solely for traction or show purposes;
3. Hot water heating boilers having total boiler horsepower not exceeding 100 horsepower;
4. Low pressure steam boilers having gravity or trap returns; and
5. Nuclear plant facilities under the control of the Nuclear Regulatory Commission.

B. Notwithstanding exemptions listed above, no provision herein shall be construed as authorizing or permitting operation of a boiler without a valid and unexpired certificate, where an ordinance requiring such a certification has been adopted.

§ 5. Penalties.

Section 15.1-11.6 of the Code of Virginia provides that penalties for noncompliance with this standard shall be set and levied by the governing body of a jurisdiction and may not exceed those penalties for a Class 3 misdemeanor.

§ 6. Revocation or lapse of certification.

The agent or board of the adopting jurisdiction may revoke a Certificate of Competency for either of the following:

1. Any misrepresentation in obtaining or renewing the certification; or
2. Negligence or incompetence in the practice of the profession.

A Certificate of Competency shall lapse if an individual has not been employed in the trade during the last five years. In the event of revocation or lapse of certification, examination is necessary to obtain future certification.

§ 7. Appeals.

A. An individual may appeal a determination of the agent or board of the adopting jurisdiction in regard to:

1. The application of these standards.
2. A decision of the agent or board.

General Notices/Errata

B. Each local governing body shall establish a method of appeals.

Page 1443, right column, next to last paragraph of preface, last line. Change "Board of Corrections" to "Board of Youth Services."

NOTICES TO STATE AGENCIES

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

Page 1444, left column, mid page. Change "VR 230-40-005" to "VR 690-40-005."

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: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

Page 1447, right column, under Article 5, second line. Change "Department of Corrections" to "Department of Youth Services."

FORMS:

NOTICE OF INTENDED REGULATORY ACTION - RR01
NOTICE OF COMMENT PERIOD - RR02
PROPOSED (Transmittal Sheet) - RR03
FINAL (Transmittal Sheet) - RR04
EMERGENCY (Transmittal Sheet) - RR05
NOTICE OF MEETING - RR06
AGENCY RESPONSE TO LEGISLATIVE OR GUBERNATORIAL OBJECTIONS - RR08
DEPARTMENT OF PLANNING AND BUDGET (Transmittal Sheet) - DPBRR09

Copies of the Virginia Register Form, Style and Procedure Manual may also be obtained at the above address.

ERRATA

DEPARTMENT OF CORRECTIONS

Title of Regulation: VR 690-40-005. Minimum Standards for Virginia Delinquency Prevention and Youth Development Act Grant Programs.

Publication: 6:10 V.A.R. 1443 February 12, 1990

Correction to the Final Regulation:

Page 1443, left column, preface, last paragraph, seventh line. After the word "programs," insert: "The Department of Youth Services became responsible for this program July 1, 1990, when Youth Services was separated from the Department of Corrections."

Page 1443, right column, seventh paragraph of preface, next to last line. Change "standards and goals" to "policies."

CALENDAR OF EVENTS

Symbols Key

- † Indicates entries since last publication of the Virginia Register
- Ⓜ Location accessible to handicapped
- ☎ Telecommunications Device for Deaf (TDD)/Voice Designation

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.

VIRGINIA CODE COMMISSION

EXECUTIVE

BOARD FOR ACCOUNTANCY

May 7, 1990 - 10 a.m. - Public Hearing
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia. Ⓜ

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for Accountancy intends to repeal existing regulations and adopt new regulations entitled: **VR 115-01-2. Board for Accountancy Regulations.** The board is repealing its current regulations and proposing new regulations to establish the requirements for certification and licensure as a certified public accountant and establish the standards of practice for the professions.

Statutory Authority: § 54.1-201(5) of the Code of Virginia.

Written comments may be submitted until April 30, 1990.

Contact: Roberta L. Banning, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8590 or toll-free 1-800-552-3016 (VA only)

DEPARTMENT FOR THE AGING

Long-Term Care Ombudsman Program Advisory Council

March 29, 1990 - 9:30 a.m. - Open Meeting
Department for the Aging, 700 East Franklin Street, 10th

Floor, Conference Room, Richmond, Virginia. Ⓜ

Business will include review of revised Advisory Council Guidelines and a report of recent program activities.

Contact: Virginia Dize, State Ombudsman, Department for the Aging, 700 E. Franklin St., 10th Floor, Richmond, VA 23219, telephone (804) 225-2271/TDD ☎ or toll-free 1-800-552-3402

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

May 16, 1990 - 10 a.m. - Public Hearing
Washington Building, 1100 Bank Street, Room 204, Richmond, Virginia. Ⓜ

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Agriculture and Consumer Services intends to amend regulations entitled: **VR 115-04-04. Rules and Regulations for the Enforcement of the Virginia Weights and Measures Law.** The purpose of the proposed action is to adopt a method of sale and standards of fill, as determined by weight, for clams, mussels, oysters, and other mollusks.

Statutory Authority: § 3.1-926 of the Code of Virginia.

Written comments may be submitted until April 2, 1990.

Contact: J. Alan Rodgers, Bureau Chief, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 402, P. O. Box 1163, Richmond, VA 23209, telephone (804) 786-2476

Pesticide Control Board

May 2, 1990 - 9:30 a.m. - Public Hearing
Virginia Tech, Donaldson-Brown Continuing Education Center, Room G, Blacksburg, Virginia

May 7, 1990 - 10:30 a.m. - Public Hearing
Washington Building, 1100 Bank Street, Board Room, Room 204, 2nd Floor, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Pesticide Control Board intends to amend regulations entitled: **VR 115-04-03. Rules and Regulations for the Enforcement of the Virginia Pesticide Law.** The purpose of the proposed amendments is to repeal § 23, "Records"

Calendar of Events

and § 26, "Evidence of Financial Responsibility" of the aforementioned regulation as a part of the development of VR 115-04-22, Regulations Governing Licensing of Pesticide Businesses Under Authority of Virginia Pesticide Control Act. The Pesticide Control Act provides that current regulations, with provisions related to but different than those proposed, will remain in effect "until repealed by the Pesticide Control Board."

Statutory Authority: §§ 3.1-249.28 and 3.1-249.30 of the Code of Virginia.

Written comments may be submitted until April 30, 1990.

Contact: C. Kermit Spruill, Jr., Director, Division of Product and Industry Regulation, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 403, P. O. Box 1163, Richmond, VA 23209, telephone (804) 786-3523

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May 2, 1990 - 9 a.m. - Public Hearing
Virginia Tech, Donaldson-Brown Continuing Education Center, Room G, Blacksburg, Virginia

May 7, 1990 - 10 a.m. - Public Hearing
Washington Building, 1100 Bank Street, Board Room, Room 204, 2nd Floor, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Pesticide Control Board intends to adopt regulations entitled: **VR 115-04-20. Rules and Regulations Governing the Pesticide Fees Charged by the Department of Agriculture and Consumer Services under the Virginia Pesticide Control Act.** The purpose of the proposed regulation is to establish fees to be collected by the Virginia Department of Agriculture and Consumer Services for Pesticide Product Registration, Certified Commercial Applicator Certificates, and Registered Technician Certificates as well as for licensing pesticide businesses. This regulation will establish user fees to fund the management of pesticide programs fully in Virginia as recommended by the Council on the Environment in a report entitled Special Report: Pesticide Management in Virginia (January, 1989), which gave impetus to legislation that became the 1989 Pesticide Control Act.

Statutory Authority: § 3.1-249.30 of the Code of Virginia.

Written comments may be submitted until April 30, 1990.

Contact: C. Kermit Spruill, Jr., Director, Division of Product and Industry Regulation, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 403, P. O. Box 1163, Richmond, VA 23209, telephone (804) 786-3523

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May 2, 1990 - 10 a.m. - Public Hearing
Virginia Tech, Donaldson-Brown Continuing Education Center, Room G, Blacksburg, Virginia

May 7, 1990 - 11 a.m. - Public Hearing
Washington Building, 1100 Bank Street, Board Room, Room 204, 2nd Floor, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Pesticide Control Board intends to adopt regulations entitled: **VR 115-04-21. Public Participation Guidelines of the Pesticide Control Board.** The purpose of the proposed regulation is to establish public participation guidelines, pursuant to § 9-6.14:7.1 of the Code of Virginia, for use by the Pesticide Control Board. This regulation will assure that the public is fully involved in the board's development of regulations.

Statutory Authority: § 3.1-249.30 of the Code of Virginia.

Written comments may be submitted until April 30, 1990.

Contact: C. Kermit Spruill, Jr., Director, Division of Product and Industry Regulation, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 403, P. O. Box 1163, Richmond, VA 23209, telephone (804) 786-3523

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May 2, 1990 - 9:30 a.m. - Public Hearing
Virginia Tech, Donaldson-Brown Continuing Education Center, Room G, Blacksburg, Virginia

May 7, 1990 - 10:30 a.m. - Public Hearing
Washington Building, 1100 Bank Street, Board Room, Room 204, 2nd Floor, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Pesticide Control Board intends to adopt regulations entitled: **VR 115-04-22. Regulations Governing Licensing of Pesticide Businesses Operating Under Authority of Virginia Pesticide Control Act.** The purpose of the proposed regulation is to require an annual business license for persons who sell, recommend for use, store, or apply pesticides in Virginia. (Businesses that sell pesticides in limited quantities primarily for limited household use are exempt from the provisions of this regulation.) This regulation will provide a means of identifying those firms that sell, recommend for use, store, or apply pesticides for hire. It will also provide a system for tracking certified commercial applicators and registered technicians. In addition, the regulation will require that records be kept on storage, sale, recommendation for use, and use of pesticides. The regulation also requires evidence of financial responsibility for all licensed entities, which under

current regulations is required only of the certified commercial pesticide applicator.

In part, this regulation will supersede two portions of VR 115-04-03, Rules and Regulations for Enforcement of the Virginia Pesticide Law—specifically § 23, "Records," and § 26, "Evidence of financial responsibility." The adoption, therefore, of this new regulation will require the repeal of these two provisions of the present regulation, a step authorized by the Virginia Pesticide Control Act.

Statutory Authority: § 3.1-249.30 of the Code of Virginia.

Written comments may be submitted until April 30, 1990.

Contact: C. Kermit Spruill, Jr., Director, Division of Product and Industry Regulation, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 403, P. O. Box 1163, Richmond, VA 23209, telephone (804) 786-3523

STATE AIR POLLUTION CONTROL BOARD

† April 12, 1990 - 10 a.m. - Open Meeting
State Capitol, Capitol Square, House Room 1, Richmond, Virginia. ☐

A meeting to receive input on the development of the proposed Regulations for the Control and Abatement of Air Pollution.

Contact: Nancy S. Saylor, Program and Policy Analyst, Department of Air Pollution Control, P. O. Box 10089, Richmond, VA 23240, telephone (804) 786-1249

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† April 25, 1990 - 10 a.m. - Public Hearing
Department of Air Pollution Control, Southwestern Virginia Regional Office, 121 Russell Road, Abingdon, Virginia

† April 25, 1990 - 10 a.m. - Public Hearing
Department of Air Pollution Control, Valley of Virginia Regional Office, Executive Office Park - Suite D, 5338 Peters Creek Road, Roanoke, Virginia

† April 25, 1990 - 10 a.m. - Public Hearing
Auditorium of the Recreation Center, 301 Grove Street, Lynchburg, Virginia

† April 25, 1990 - 10 a.m. - Public Hearing
Department of Air Pollution Control, Northeastern Virginia Regional Office, 300 Central Road - Suite B, Fredericksburg, Virginia

† April 25, 1990 - 10 a.m. - Public Hearing
Auditorium of the Virginia War Memorial, 621 South Belvidere Street, Richmond, Virginia

† April 25, 1990 - 10 a.m. - Public Hearing
Department of Air Pollution Control, Hampton Roads Regional Office, Old Greenbrier Village - Suite A, 2010 Old Greenbrier Road, Chesapeake, Virginia

† April 25, 1990 - 1 p.m. - Public Hearing
Richard Byrd Public Library, 7250 Commerce Street, Springfield, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia and the requirements of § 110(a) (1) of the Federal Clean Air Act that the State Air Pollution Control Board intends to amend regulations entitled: **VR 120-01. Regulations for the Control and Abatement of Air Pollution.** The regulation amendments cover emission standards for volatile organic compounds (VOC) and associated administrative and enforcement regulations.

STATEMENT

Purpose: The purpose of the proposed amendments is to require the owner/operator to limit VOC emissions from the specific source to a level resultant from the use of reasonably available control technology and necessary for protection of public health and welfare.

Substance:

1. GENERAL DEFINITIONS - PART I

a. The "volatile organic compound" definition has been changed by deleting language pertaining to vapor pressure and substituting EPA suggested language, much of which was similar to language in the "nonmethane" definition which has been deleted along with all references to this term. Four more compounds, recently exempted from the regulatory requirements by EPA, have also been added to the list of exempted compounds in the VOC definition.

b. A new definition for "actual emissions rate" has been added to support the exemption level provisions of Rules 4-34 and 4-36.

c. The "organic compound" definition has been changed by adding carbon disulfide to its list of excluded compounds.

2. GENERAL PROVISIONS - PART II

Provisions have been added (§ 120-02-34 J) requiring that records be kept of all malfunction or breakdowns that result in excess emissions for more than an hour and that these records be maintained at the facility for at least 2 years. The current provisions in this regulation (§ 120-02-34 C), requiring breakdowns of one or more hours to be reported by telephone or telegraph to the appropriate regional office, remains unchanged; however, the requirement to submit a written statement of the malfunction or breakdown has been removed.

Calendar of Events

3. SPECIAL PROVISIONS - PART IV

a. A provision has been added to § 120-04-01 C that specifies that once a source becomes subject to a regulation, it must always comply with that regulation even if emission levels or other factors cause the source to fall below the exemption level.

b. Provisions have been added (§ 120-04-02 F) to prohibit the loss of VOCs through disposal in sewers not connected to a treatment plant, intentional spillage, or evaporation loss while in open storage containers.

c. The provision covering compliance time frames (§ 120-04-02 H) has been changed to require sources to submit a compliance program (including a schedule) if compliance is not achieved within a year of the effective date of the regulation. The current program calls for this requirement if compliance is not achieved in six months.

d. General provisions have been added (§ 120-04-05 E) requiring compliance demonstrations and recordkeeping to be consistent with the averaging period of the applicable standard.

4. GENERAL PROCESS OPERATIONS - RULE 4-4

A provision has been added (§ 120-04-0407) to require existing major sources (less than 100 TPY) that are not subject to any other VOC emission standard and located in the Richmond Nonattainment Area to use reasonably available control technology (RACT) for the control of VOC emissions. A definition of RACT has also been added (§ 120-04-0402 C).

5. SOLVENT METAL CLEANING OPERATION EXEMPTION LEVELS - RULE 4-24

The exemption limit has been removed (§ 120-04-2401) because the rule was designed for small sources and its effectiveness is adversely affected with the current exemption limit.

6. VOC STORAGE AND TRANSFER - RULE 4-25

Requirements for monitoring by inspection and recordkeeping (§ 120-04-2503 B 4) for fixed roof VOC storage tanks have been added.

7. COATING OPERATIONS - RULES 4-26 THROUGH 4-35

Purging technique requirements have been added to the emission standard for each rule.

8. COATING OPERATION EXEMPTION LEVELS - RULES 4-26 THROUGH 4-33, AND 4-35

The exemption limits have been removed from Rules 4-26 through 4-33 and 4-35 because there are no existing

facilities which have emissions below the current exemption level.

9. AUTOMOBILE AND LIGHT DUTY TRUCK COATING - RULE 4-28

a. Definitions for "anti-chip coating," "clear coating," "electrocoat primer," "extreme performance coatings," "guidecoat," and "topcoat" have been added to the rule (§ 120-04-2802).

b. The emission limit for prime applications (§ 120-04-2803 A) has been reduced from 3.2 to 1.2 pounds of VOCs per gallon of coating, excluding water.

c. An emission limit for guidecoat applications has been added (§ 120-04-2803 B). It is 15.1 pounds of VOCs per gallon of solids applied which is equivalent, using the base transfer efficiency, to 2.8 pounds of VOCs per gallon of coating, excluding water.

d. The emission limit for topcoat applications (§ 120-04-2803 B) has been changed to 15.1 pounds of VOCs per gallon of solids applied which is equivalent, using the base transfer efficiency, to 2.8 pounds of VOCs per gallon of coating, excluding water. The current emission limit is 4.8 pounds VOCs per gallon, less water.

e. An anti-chip coating application standard has been added (§ 120-04-2803 D) providing for different emission limits depending on whether the anti-chip coating is used on the exterior surface or the underside of main body parts. For the exterior surfaces, the topcoat emission limit is used; for the underside, the current emission limits for miscellaneous metal parts are used.

10. MISCELLANEOUS METAL PARTS COATING - RULE 4-34

a. The exemption levels have been changed to 2.7 tons per year, 15 pounds per day, or 3 pounds per hour based on the actual emission rate (§ 120-04-3401 C). Also, a provision has been added to require that purging and washing solvents be considered in applying exemption levels unless controlled.

b. The "clear coating" definition has been expanded (§ 120-04-3402) so that it is the same as EPA's definition.

11. GRAPHIC ARTS - RULE 4-36

a. The exemption level remains the same, but is now based on the actual emission rate instead of potential to emit (§ 120-04-3601 C). Also, a provision has been added to require that cleaning and washing solvents be considered in applying exemption levels unless controlled.

b. A definition for "waterborne inks" has been added (§ 120-04-3602).

c. The exemption for printing processes using high solids inks has been deleted (§ 120-04-3601) and the use of high-solids inks has been added as a control method (§ 120-04-3604). A definition for "high-solids inks" also has been added to § 120-04-3602.

12. GASOLINE STORAGE AND TRANSFER - RULE 4-37

a. Applicability

The geographic applicability of the rule has been extended to the entire state, effective January 1, 1992.

b. Fixed Roof Storage Tanks

Requirements for monitoring by inspection and recordkeeping (§ 120-04-3703 A 4) for fixed roof gasoline storage tanks have been added.

c. Bulk Plants

(1) The exemption from vapor recovery requirements for gasoline bulk plants in rural VOC Control Areas has been deleted (§ 120-04-3703 D 3).

(2) The 4,000 gallon per working day exemption from vapor recovery requirements for gasoline bulk plants remains unchanged (§ 120-04-3703 D 3); however, the exemption is now based on the most recent 30-day period instead of a 12-month period.

d. Gasoline Dispensing Facilities - Stage I Tanks

(1) The tank size exemption has been reduced from 2,000 to 250 gallons and a tank may be exempt from the regulation if it is either under 250 gallons or has a throughput of less than 10,000 gallons/month (§ 120-04-3703 E 3).

(2) The exemption from vapor recovery requirements in rural VOC Control Areas has been deleted (§ 120-04-3703 E 3).

(3) The throughput exemption for Stage I tanks has been reduced from 20,000 to 10,000 gallons per month (§ 120-04-3703 E 3).

(4) The exemption from vapor recovery requirements for farm tanks has been deleted (§ 120-04-3703 E 3). Farm tanks will now be eligible for exemption under the same conditions (§ 120-04-3703 E 3) as all other petroleum underground storage tanks. This regulation change will cause few additional farm tanks to become subject to vapor recovery requirements, primarily because few farm tanks have a throughput more than 10,000 gallons/month.

e. Tank/Account Trucks and Vapor Collection Systems

(1) Additional language has been added to § 120-04-3703 F 3 specifying that tank truck loading hatches shall be closed during loading and unloading operations when liquid is flowing.

(2) The repair period for tank/account trucks which have failed inspection has been changed from 45 days to 15 days (§ 120-04-3703 F 8).

(3) A provision has been added to § 120-04-3703 F 16, excluding only those tank trucks (from vapor recovery requirements) which never load at bulk plants or terminals located in VOC control areas.

13. SPECIAL PROVISIONS - PART V

a. A provision has been added to § 120-05-01 C that specifies that once a source becomes subject to a regulation, it must always comply with that regulation even if emission levels or other factors cause the source to fall below the exemption level.

b. Provisions have been added (§ 120-05-02 F) to prohibit the loss of VOCs through disposal in sewers not connected to a treatment plant, intentional spillage, or evaporation loss while in open storage containers.

c. General provisions have been added (§ 120-05-05 E) requiring compliance demonstrations and recordkeeping to be consistent with the averaging period of the applicable standard.

14. EPISODE PREVENTION - PART VII

The applicability of the episode prevention provisions has been limited to nonattainment areas (§ 120-07-01).

15. NONATTAINMENT AREAS - APPENDIX K

Fairfax County has been deleted from the list of nonattainment areas for carbon monoxide areas for consistency with the EPA designation.

16. PSD AREAS - APPENDIX L

Fairfax County has been added to the list of prevention of significant deterioration areas for carbon monoxide.

17. COMPLIANCE SCHEDULES - APPENDIX N

Appendix N has been modified to broaden its applicability to all new or more stringent emission standards rather than just VOC emission standards.

18. VOLATILE ORGANIC COMPOUND EMISSION CONTROL AREAS - APPENDIX P

The designation for rural VOC Control Areas has been removed; VOC sources in Stafford and Loudoun counties

Calendar of Events

and Suffolk City are now subject to all applicable VOC regulations.

19. NEW AND MODIFIED SOURCE PERMIT EXEMPTION LEVELS - APPENDIX R

a. The requirement to apply for a new source permit for some small facilities such as gasoline dispensing facilities, dry cleaners and solvent cleaning operations has been deleted; however, a provision has been added to require these facilities to comply with any existing source regulations that would be applicable if the facility were existing.

b. The permit exemption level for graphic arts facilities has been dropped from 100 TPY, based on potential to emit, to 7 TPY, based on uncontrolled emissions, to make it consistent with other coating operation exemption levels.

20. TEST METHODS AND PROCEDURES FOR FACILITIES SUBJECT TO EMISSION STANDARDS FOR VOLATILE ORGANIC COMPOUNDS - APPENDIX S

Appendix S has been added and contains general provisions for testing, monitoring, recordkeeping and reporting requirements in the form of test methods and procedures for Rules 4-5, 4-6, 4-11, and 4-24 through 4-39.

21. COMPLIANCE DETERMINATION PROCEDURES FOR COATING OPERATIONS SUBJECT TO EMISSION STANDARDS FOR VOLATILE ORGANIC COMPOUNDS - APPENDIX T

Appendix T has been added and contains (i) procedures for determining equivalency and calculating emissions on a solids applied basis; and (ii) procedures for using booth/oven split test methods, capture and destruction or removal test methods and transfer efficiency.

ISSUES:

1. Should the Board (i) correct the regulatory deficiencies that EPA identified in Virginia's VOC emission standards, (ii) retain the current VOC emission standards which, in some cases, are not in line with EPA policy, or (iii) make alternative regulatory changes to those identified by EPA?

2. Should the Board (i) correct the EPA identified deficiencies in associated administrative and enforcement regulation, (ii) retain the current provisions which, in some cases, are not in line with EPA policy, or (iii) make alternative regulatory changes to those identified by EPA?

3. Should the changes to the associated administrative and enforcement regulations be limited to sources covered by the VOC emission standards or affect all air pollution sources throughout the state?

BASIS: The legal basis for the proposed regulation amendments is the Virginia Air Pollution Control Law (Title 10.1, Chapter 13 of the Code of Virginia).

IMPACT: Below is an assessment of the impact of the proposed changes outlined above under "Substance." The outline format and structure for both the "Substance" and the "Impact" are the same to allow for ready correlation and comparison of the two sections. Most of the changes are in response to an EPA policy which requires states to correct EPA identified deficiencies in existing regulations. The intent of correcting the deficiencies is to improve the overall effectiveness of the existing VOC regulatory program as opposed to creating new regulations. In instances where amendments are made to improve the effectiveness of the regulation, specific pollution reduction benefits and costs to the regulated community are extremely difficult to estimate. For this reason, only a verbal description of the anticipated impact is provided for those types of changes.

The changes fall into two general categories, those that are broad based and affect the entire regulated community (Parts I, II, IV, V, and VII of the regulation), and those that affect a particular source type (various individual rules). In some of the rule changes where the control area has been expanded, bringing in a significant number of additional regulated entities or where there is a change in the emission limit, estimates of pollution reduction benefits and costs to the regulated community have been provided. Unless stated otherwise, the cost effectiveness values provided are from the U. S. Congressional Office of Technology Assessment report, "Urban Ozone and The Clean Air Act: Problems and Proposals for Change," dated April 1988.

It is not expected that the regulation amendments will result in any cost to the Department beyond that currently in the budget.

1. GENERAL DEFINITIONS - PART I

a. The amendment will result in a few additional sources being brought into the permit program. Although the new volatile organic compound (VOC) definition now incorporates compounds previously exempted from the VOC definition, most of these compounds were previously subject to regulation under the Board's toxic regulatory program; therefore, few additional compounds (sources) will be newly regulated.

b. This definition was included to accommodate the provisions covering permit exemption levels in items 5 and 8 below and its impact is governed by the changes to those provisions.

c. The impact of the amendment is expected to be minimal; the definition was modified for clarification only.

2. GENERAL PROVISIONS - PART II

The amendment is expected to result in a time and paperwork savings for the regulated community. The requirement to send to the Department written reports of malfunctions producing an hour or more of excess emissions has been replaced with a less time intensive requirement to record the malfunction and retain the records for two or more years.

3. SPECIAL PROVISIONS - PART IV

a. The impact is expected to be minimal. The provision clarifies a source's applicability status for sources experiencing varying emission levels and provides a legal basis for continued emission controls should a source's emissions fall below the applicability level.

b. The amendment will require additional effort by those source owners who have been previously disposing of VOCs in a haphazard manner to begin to dispose of VOCs using proper waste disposal techniques in order to minimize emissions.

c. The amendment is expected to result in a reduction of the number of sources having to submit control plans. The new requirement allows those sources which can achieve compliance within a year of the effective date of the standard to avoid the requirement to submit a compliance plan; the current requirement only allows for a six-month period before a compliance plan is due.

d. The amendment is expected to alter the manner in which records are kept, but should not require any additional recordkeeping.

4. GENERAL PROCESS OPERATIONS - RULE 4-4

The impact on the Department and the regulated community is expected to be minimal. Although the amendment will bring a few major sources (less than 100 TPY) into the regulatory program that are not subject to other VOC emission standards, most of these sources are already part of a source specific regulatory program; therefore, the amendment will strengthen and provide a legal basis for enforcement of the current program.

5. SOLVENT METAL CLEANING OPERATION EXEMPTION LEVELS - RULE 4-24

The removal of the exemption level is expected to bring many smaller sources into the regulatory program. The current regulation was designed to regulate small sources; however, the current exemption level exempts too many small sources, resulting in an adverse impact on the rule's effectiveness.

6. VOC STORAGE AND TRANSFER - RULE 4-25

The amendment will require extra recordkeeping and inspections of control equipment; however, these

inspections require little more effort than normal and proper maintenance of control equipment and should already be standard procedure.

7. COATING OPERATIONS - RULES 4-26 THROUGH 4-35

The amendment will require additional effort by those source owners who have previously allowed purging emissions to be released into the atmosphere to engage in good air pollution control practices in order to minimize emissions.

8. COATING OPERATION EXEMPTION LEVELS - RULES 4-26 THROUGH 4-33, AND 4-35

The amendment was designed to simplify the rule as it is believed that there are few to no sources under the current exemption level. However, if there are sources whose emissions level falls under the current exemption level, they will now be brought into the regulatory program.

9. AUTOMOBILE AND LIGHT DUTY TRUCK COATING - RULE 4-28

a. The additional definitions were included to accommodate the provisions covering the regulation amendments in items 9 b through 9 e below.

b. The amendment has no impact because the only facility, affected by the rule is already meeting the proposed emission limit.

c. The affected facility has indicated that they can comply with a guidecoat emission limit of 15.11 pounds of VOC per gallon of solids applied which is equivalent in reduction achievable but technically different from the EPA recommended limit. The emission reduction and the cost of complying with the proposed limit are discussed in item d below.

d. The affected facility has also indicated that they can comply with an emission limit for topcoat application (15.11 pounds of VOC per gallon of solids applied) which is equivalent in reduction achievable but technically different from the EPA recommended limit. The emissions reduction that is expected to result from the reduction in both the guidecoat and the topcoat emission limit is about 400 TPY VOC. Information from the affected facility puts the cost of installing controls to meet the new topcoat and guidecoat emission standards at approximately \$12,000 per ton of VOC reduced.

e. The amendment provides for a less restrictive standard for application of coatings that were not in existence when the regulation was originally adopted. The affected facility currently is not using this type of coating, consequently, this amendment will have no impact on VOC emission levels.

Calendar of Events

10. MISCELLANEOUS METAL PARTS COATING - RULE 4-34

a. The amendment is expected to bring more sources into the regulatory program; however, the number of sources cannot be estimated because these sources have not been included in the current inventory because they are unregulated. The cost of controlling VOC emissions from this source type is estimated to be \$3,549 per ton VOC controlled.

b. The amendment will have no impact; it was added to clarify the regulation.

11. GRAPHIC ARTS - RULE 4-36

a. The amendment is not expected to result in additional sources being brought into the regulatory program; it was designed to make the basis for the graphic arts exemption level consistent with the exemption levels of the other coating operations.

b. The amendment will have no impact; it was added for clarification.

c. The amendment is expected to have no impact.

12. GASOLINE STORAGE AND TRANSFER - RULE 4-37

a. Applicability

The amendment will require the use of vapor recovery equipment on all non-exempt transfer and storage facilities (terminals, bulk plants and service stations) throughout the state (outside of the current VOC Control Areas). The expanded applicability will result in an emissions reduction of approximately 4,400 TPY VOC, at a cost of approximately \$1,010, \$460, and \$14 per ton of VOC controlled for terminals, bulk plants, and service stations, respectively. There are four terminal complexes throughout the state (Richmond, Tidewater, Northern Virginia and Montvale). All terminal complexes other than the Montvale location are regulated under the current program; therefore, the amendment will bring only one terminal complex into the regulatory program. The number of bulk plants outside the VOC Control Areas cannot be estimated at this time. There are approximately 8,000 gasoline retail outlets throughout the state, half of which are located in current VOC Control Areas and are required to have vapor recovery equipment in use. Consequently, the amendment will bring the remaining retail outlets (approximately 4,000) into the regulatory program.

All gasoline dispensing facilities eventually will be required to meet the requirements of the Federal Liquid Underground Storage Tank Law. The schedule for installing leak detection (one of several requirements of the federal law) began in December 1989 and ends December 1993. To lessen the impact

of replacing or retrofitting gasoline storage tanks with vapor control equipment, the compliance/implementation date of these new requirements is designed to coincide with the replacement of tanks as required by the federal law.

A survey of underground storage tank installers shows that the installation of a new 10,000 gallon tank which satisfies all the federal law requirements and has vapor control fittings costs approximately \$20,000 to \$25,000. In the event that a new federally-approved tank is installed without vapor control equipment, the cost of installing this equipment is approximately \$300 to \$400. In either case, the only additional piece of equipment necessary for implementing gasoline vapor recovery, is an adapter which is inserted into the existing piping and costs approximately \$50 to \$75.

b. Fixed Roof Storage Tanks

The amendment will require extra recordkeeping and inspections of control equipment; however, these inspections require little more effort than normal and proper maintenance of control equipment and should already be standard procedure.

c. Bulk Plants

(1) There are 5 bulk plants in Loudoun County, 4 in Suffolk City and none in Stafford County. All of the bulk plants, with the exception of one in Suffolk City, are not subject to vapor control requirements because their emissions fall below the exemption limit. The amendment, therefore, will bring one plant into the regulatory program, resulting in an emissions reduction of approximately 16 TPY at a cost of approximately \$460 per ton of VOC controlled.

(2) The amendment will result in a reduction in recordkeeping because records must only be kept for the last 30 days instead of the last twelve months.

d. Gasoline Dispensing Facilities - Stage I Tanks

(1) The tank size exemption has been reduced from 2,000 to 250 gallons and a tank may be exempt from the regulation if it is either under 250 gallons or has a throughput of less than 10,000 gallons/month. This amendment affects facilities located in the current VOC Control Areas. The number of facilities affected by this amendment cannot be accurately determined because the Department does not register small sources of this kind due to the quantity of sources and frequent turnover. The cost effectiveness for service stations requiring vapor control is \$14 per ton of VOC controlled.

(2) The removal of the exemption from vapor

recovery requirements in rural VOC Control Areas is expected to affect approximately 70, 70, and 100 service stations in Stafford County, Suffolk City and Loudoun County, respectively. The emissions reduction resulting from the expanded applicability in the three rural VOC Control Areas would be approximately 300 TPY VOC.

(3) The impact of the reducing the throughput exemption for Stage I tanks from 20,000 to 10,000 gallons per month cannot be determined because the Department does not register small sources of this kind for the reason cited in d (1) above; therefore, the number of stations affected and the emissions reduction cannot be estimated.

(4) The impact of deleting the exemption from vapor recovery requirements for farm tanks cannot be determined for the same reason as in d (1) above. According to the amendment, a farm tank would be eligible for exemption via either a capacity (250 gallons) or a throughput (10,000 gallons/month) exemption. It is estimated, however, that this amendment will result in few additional farm tanks becoming subject to vapor recovery requirements, primarily because few farm tanks have a throughput more than 10,000 gallons/month.

e. Tank/Account Trucks and Vapor Collection Systems

(1) The amendment will have no impact; it was added to clarify existing language.

(2) The amendment is expected to have minimal impact.

(3) The amendment is expected to have no impact; it merely clarifies existing language.

13. SPECIAL PROVISIONS - PART V

a. The impact is expected to be minimal. The provision clarifies a source's applicability status for sources experiencing varying emission levels and provides a legal basis for continued emission controls should a source's emissions fall below the applicability level.

b. The amendment is expected to require those source owners who have been previously disposing of VOCs in a haphazard manner to begin to dispose of VOCs using proper waste disposal techniques.

c. The amendment is expected to alter the manner in which records are kept, but should not require any additional recordkeeping.

14. EPISODE PREVENTION - PART VII

The amendment reduces unnecessary paperwork for the Department and the regulated community to develop plans

that are not anticipated to be necessary based on previous experience.

15. NONATTAINMENT AREAS - APPENDIX K

The amendment will have no impact.

16. PSD AREAS - APPENDIX L

The amendment will have no impact.

17. COMPLIANCE SCHEDULES - APPENDIX N

The amendment is not expected to have any impact.

18. VOLATILE ORGANIC COMPOUND EMISSION CONTROL AREAS - APPENDIX P

The impact of this amendment is dependent upon the amendments made to the provisions in items 12 c (1) and 12 d (2) above.

19. NEW AND MODIFIED SOURCE PERMIT EXEMPTION LEVELS - APPENDIX R

a. The amendment will positively impact the Department and the regulated community by removing the requirement to apply for a permit for gasoline dispensing facilities, dry cleaners and solvent cleaning operations.

b. The amendment is expected to bring more graphic arts facilities into the regulatory program, and is necessary because of the extensive growth of the industry.

20. TEST METHODS AND PROCEDURES FOR FACILITIES SUBJECT TO EMISSION STANDARDS FOR VOLATILE ORGANIC COMPOUNDS - APPENDIX S

The amendment is expected to have a minimal impact. The requirements included in the new appendix already are present in Department procedures, but inclusion in the regulation itself strengthens the legal enforceability of the requirements.

21. COMPLIANCE DETERMINATION PROCEDURES FOR COATING OPERATIONS SUBJECT TO EMISSION STANDARDS FOR VOLATILE ORGANIC COMPOUNDS - APPENDIX T

The amendment will provide guidance and procedures for alternative control options which are available to source owners who wish to use a control option other than compliant coatings.

Statutory Authority: § 10.1-1308 of the Code of Virginia.

Written Comments may be submitted until May 11, 1990, to Director of Program Development, Department of Air Pollution Control, P. O. Box 10089, Richmond, Virginia

Calendar of Events

23240.

Contact: Ellen P. Snyder, Policy/Program Analyst, Department of Air Pollution Control, P. O. Box 10089, Richmond, VA 23240, telephone (804) 786-0177

ALCOHOLIC BEVERAGE CONTROL BOARD

† March 12, 1990 - 9:30 a.m. - Open Meeting
† March 26, 1990 - 9:30 a.m. - Open Meeting
† April 9, 1990 - 9:30 a.m. - Open Meeting
† April 23, 1990 - 9:30 a.m. - Open Meeting
† May 14, 1990 - 9:30 a.m. - Open Meeting
† May 31, 1990 - 9:30 a.m. - Open Meeting
2901 Hermitage Road, Richmond, Virginia. ☒

A meeting to receive and discuss reports and activities from staff members. Other matters not yet determined.

Contact: Robert N. Swinson, Secretary, Alcoholic Beverage Control Board, 2901 Hermitage Rd., P. O. Box 27491, Richmond, VA 23261, telephone (804) 367-0616

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND LANDSCAPE ARCHITECTS

March 29, 1990 - 10 a.m. - Open Meeting
March 30, 1990 - 10 a.m. - Open Meeting
Council Chambers, Rouss City Hall, North Cameron Street, Winchester, Virginia

The board will meet to conduct a formal hearing: APELSCLA Board v. Keith Williams. File Number 89-00264

Contact: Gayle Eubank, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8524

April 12, 1990 - 10 a.m. - Public Hearing
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects intends to repeal existing regulations and adopt new regulations entitled: VR 130-01-2. **Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects Rules and Regulations.** The purpose of the proposed action is to regulate the practice of architecture, professional engineering, land surveying and landscape architecture, as well as the professional corporations and business entities offering those professional services.

Statutory Authority: § 54.1-404 of the Code of Virginia.

Written comments may be submitted until March 31, 1990.

Contact: Bonnie S. Salzman, Assistant Director, Department of Commerce, 3600 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 367-8514 or toll-free 1-800-552-3016

BOARD FOR AUCTIONEERS

March 20, 1990 - 10 a.m. - Open Meeting
Department of Commerce, 3600 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia. ☒

The board will meet to conduct a formal hearing: Board for Auctioneers v. Paul Stark. File Numbers 89-00931 and 89-00998

Contact: Gayle Eubank, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8524

April 19, 1990 - 9 a.m. - Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

An open meeting to (i) review complaints; (ii) discuss revenue and expenditures; (iii) discuss regulatory review; and (iv) consider other matters which require board action.

Contact: Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016

BOARD OF AUDIOLOGY AND SPEECH PATHOLOGY

† April 4, 1990 - 8:30 a.m. - Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

A board meeting to conduct regulatory review.

Contact: Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9111

BOARD FOR BARBERS

† March 26, 1990 - 9 a.m. - Open Meeting
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia. ☒

An open meeting to (i) review correspondence; (ii) review applications; (iii) review enforcement cases; (iv) discuss regulatory review; and (v) conduct routine board business.

Contact: Roberta L. Banning, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or toll-free 1-800-552-3016 (VA only)

LOCAL EMERGENCY PLANNING COMMITTEE OF CHESTERFIELD COUNTY

April 5, 1990 - 5:30 p.m. - Open Meeting
† May 3, 1990 - 5:30 p.m. - Open Meeting
Chesterfield County Administration Building, 10001 Ironbridge Road, Chesterfield, Virginia. ☐

The committee will meet to discuss the requirements of Superfund Amendment and Reauthorization Act of 1986.

Contact: Lynda G. Furr, Assistant Emergency Services Coordinator, Chesterfield Fire Dept., P.O. Box 40, Chesterfield, VA 23832, telephone (804) 748-1236

DEPARTMENT FOR CHILDREN Consortium on Child Mental Health

April 4, 1990 - 9 a.m. - Open Meeting
May 2, 1990 - 9 a.m. - Open Meeting
Eighth Street Office Building, 805 East Broad Street, 11th Floor Conference Room, Richmond, Virginia. ☐

A regular meeting.

Contact: Wenda Singer, Chair, Department for Children, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-2208

State-Level Runaway Youth Services Network

† April 26, 1990 - 10:30 a.m. - Open Meeting
Department of Corrections, 6900 Atmore Drive, Room 3056, Richmond, Virginia. ☐

A regular meeting.

Contact: Martha Frickert, Human Resources Developer, Department for Children, 805 E. Broad St., 11th Floor, Richmond, VA 23219, telephone (804) 786-5994

COORDINATING COMMITTEE FOR INTERDEPARTMENTAL LICENSURE AND CERTIFICATION OF RESIDENTIAL FACILITIES FOR CHILDREN

March 16, 1990 - 8:30 a.m. - Open Meeting
Office of the Coordinator, Interdepartmental Licensure and Certification, 1603 Santa Rosa Drive, Tyler Building, Suite 210, Richmond, Virginia. ☐

A regularly scheduled meeting to consider such administrative and policy issues as may be presented to the committee. A period for public comment is provided at each meeting.

Contact: John J. Allen, Jr., Coordinator, Interdepartmental Licensure and Certification, Office of the Coordinator, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-7124

INTERDEPARTMENTAL COUNCIL ON RATE-SETTING FOR CHILDREN'S FACILITIES

† March 20, 1990 - 9:30 a.m. - Open Meeting
St. Joseph's Villa, 8000 Washington Highway, Conference Room, Richmond, Virginia. ☐

The council will discuss the Department of Planning and Budget "Study of Children's Residential Services" with the Project Leader, Ms. Cathy Clark, and discuss the process to a study of the rate-setting process.

Contact: H. Russell Harris, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229, telephone (804) 662-9011

BOARD OF COMMERCE

† May 24, 1990 - 11 a.m. - Open Meeting
Department of Commerce, 3600 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia. ☐

A regular quarterly meeting to discuss the impact of legislation passed by the 1990 General Assembly and review progress on departmental studies mandated by the General Assembly.

Contact: Alvin D. Whitley, Policy Analyst, Director's Office, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8564 or toll-free 1-800-552-3016 (ext. 8564)

BOARD FOR COMMERCIAL DRIVER TRAINING SCHOOLS

March 14, 1990 - 10 a.m. - Open Meeting
Department of Commerce, 3600 W. Broad St., Richmond, Virginia. ☐

An open board meeting to conduct regulatory review and routine board business.

Contact: Gerald W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016

Calendar of Events

DEPARTMENT OF CONSERVATION AND RECREATION

† April 9, 1990 - 9 a.m. - Public Hearing
County Administration Center, Community Room, 3738
Brambleton Avenue, S.W., Roanoke, Virginia

† April 10, 1990 - 9 a.m. - Public Hearing
James City County Government Complex, Board Room, 101
C Mounts Bay Road, Williamsburg, Virginia

† April 11, 1990 - 8 a.m. - Public Hearing
McCourt Building, Prince William Board of Supervisors
Room, 4850 Davis Ford Road, Prince William, Virginia

† April 12, 1990 - 8 a.m. - Public Hearing
General Assembly Building, Capitol Square, Senate Room
B, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Conservation and Recreation intends to adopt regulations entitled: **VR 215-02-00. Stormwater Management Regulations.** The purpose of the proposed regulation is to implement the Stormwater Management Act, Chapters 467 and 499 of the 1989 Acts of Assembly. The proposed regulations specify minimum technical criteria and administrative procedures for stormwater management programs which local governments are authorized to adopt. State agencies with land development projects are also governed by the proposed regulations.

STATEMENT

Basis: The proposed regulations are based on the provisions of Article 1.1 (§ 10.1-603.1 et seq.) of Chapter 6 of Title 10.1 of the Code of Virginia.

Purpose: The purpose of the proposed regulations is to establish minimum technical and administrative standards for stormwater management programs that local governments may adopt for the management of runoff and localized flooding from land development projects, and for stormwater management plans and standards that state agencies must follow when engaging in land development projects. The objective of the proposed regulations is to inhibit the deterioration of the quality and quantity of waters and waterways in the Commonwealth.

Substance: The proposed regulations set forth administrative procedures and technical criteria that are to be included in local stormwater management programs. The administrative procedures address minimum requirements for stormwater management plans, the approval and disapproval of stormwater management plans, the conditions of approval, variances and changes to plans, inspections, and long-term responsibility for and maintenance of stormwater management control measures. The technical criteria focuses on discharge of runoff and nonpoint source pollutant reductions. As required by the basic legislation, the proposed regulations incorporate

stormwater management regulations promulgated under the Virginia Erosion and Sediment Control Law. Requirements for reporting pollutant reductions are also included in the proposed regulations.

Issues: The issues involved in the development of the proposed regulations are:

1. The degree of detail and specificity that should be reflected in the technical criteria;
2. The time period within which approval of local stormwater management plans must be granted;
3. The number and nature of conditions that should attach to plan approval;
4. The procedures for communicating disapproval of a plan; and
5. Inspection requirements.

The department has approached these issues with the view that local governments should be encouraged to adopt stormwater management programs. Consequently, the proposed regulations avoid lengthy, burdensome, and highly specific standards and procedures, which could discourage local participation and innovation. At the same time, however, the proposed regulations seek to achieve a certain level of statewide uniformity in stormwater management programs, consistent with the intent of the basic legislation.

Impact: The proposed regulations affect all local governments that intend to adopt stormwater management programs. Since the adoption of these programs is not mandatory, neither the number of localities nor the number of land development projects that will ultimately be affected can be accurately predicted. The proposed regulations also affect land disturbing projects conducted by state agencies.

Statutory Authority: §§ 10.1-104 and 10.1-603.4 of the Code of Virginia.

Written comments may be submitted until May 14, 1990, to Leon E. App, Executive Assistant, Department of Conservation and Recreation, 203 Governor Street, Suite 302, Richmond, Virginia 23219.

Contact: Donald R. Vaughan, Supervisor, Urban Programs Section, Department of Conservation and Recreation, 203 Governor St., Suite 206, Richmond, VA 23219, telephone (804) 371-7483

Catoctin Creek Advisory Board

† March 16, 1990 - noon - Open Meeting
Janelia Farm, Route 7 across from Ashburn Village,
located 6 1/2 miles east of Leesburg, Virginia

A meeting to review river issues and programs.

Falls of the James Scenic River Advisory Board

† March 16, 1990 - noon - Open Meeting
City Hall, Assistant City Manager's Conference Room,
Richmond, Virginia

A meeting to review river issues and programs.

Contact: Richard G. Gibbons, Environmental Program
Manager, Department of Conservation and Recreation, 203
Governor St., Suite 206, Richmond, VA 23219, telephone
(804) 786-4132

BOARD FOR CONTRACTORS

March 16, 1990 - 10 a.m. - Open Meeting
Council Chambers, Municipal Building, 215 Church Avenue,
Conference Room, 4th Floor, Roanoke, Virginia

The board will meet to conduct a formal hearing:

File Number 87-00052, Board for Contractors v.
Malvern Construction Corporation.

Contact: Gayle Eubank, Hearings Coordinator, Department
of Commerce, 3600 W. Broad St., Richmond, VA 23230,
telephone (804) 367-8524

BOARD OF CORRECTIONS

March 14, 1990 - 10 a.m. - Open Meeting
April 11, 1990 - 10 a.m. - Open Meeting
Board of Corrections, 6900 Atmore Drive, Board Room,
Richmond, Virginia

A regular monthly meeting.

Contact: Vivian Toler, Secretary of the Board, 6900
Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235

BOARD FOR COSMETOLOGY

† March 12, 1990 - 9 a.m. - Open Meeting
Department of Commerce, 3600 West Broad Street, 5th
Floor, Richmond, Virginia.

A meeting to (i) review correspondence; (ii) review
applications; (iii) review enforcement cases; and (iv)
conduct routine board business.

Contact: Roberta L. Banning, Assistant Director, 3600 W.
Broad St., Richmond, VA 23230-4917, telephone (804)
367-8590 or toll-free 1-800-552-3016 (VA only)

† March 16, 1990 - 9:30 a.m. - Open Meeting
Department of Alcoholic Beverage Control, 4907 West

Mercury Boulevard, Hampton, Virginia

The board will meet to conduct a formal hearing:

File Number 89-01701, Board for Cosmetology v.
William R. Barnett.

Contact: Gayle Eubank, Hearings Coordinator, Department
of Commerce, 3600 W. Broad St., Richmond, VA 23230,
telephone (804) 367-8524

CRIMINAL JUSTICE SERVICES BOARD

April 4, 1990 - 9:30 a.m. - Public Hearing
General Assembly Building, Capitol Square, House Room C,
Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1
of the Code of Virginia that the Criminal Justice
Services Board intends to amend regulations entitled:
VR 240-01-4. Rules Relating to Compulsory Minimum
Training Standards for Jailors or Custodial Officers,
Courtroom Security Officers and Process Service
Officers. The proposed rules set forth optimum tasks
and the minimum acceptable level of proficiency for
entry level jailors, custodial officers, courtroom
security officers and process service officers.

Statutory Authority: § 9-170 of the Code of Virginia.

Written comments may be submitted until March 5, 1990,
to L. T. Eckenrode, Department of Criminal Justice
Services, 805 East Broad Street, Richmond, Virginia 23219.

Contact: Paula Scott, Executive Assistant, Criminal Justice
Services Board, 805 E. Broad St., Richmond, VA 23219,
telephone (804) 786-4000

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April 4, 1990 - 9:30 a.m. - Public Hearing
General Assembly Building, Capitol Square, House Room C,
Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1
of the Code of Virginia that the Criminal Justice
Services Board intends to amend regulations entitled:
VR 240-01-12. Rules Relating to Certification of
Criminal Justice Instructors. The proposed
amendments revise qualifications, requirements and
minimum standards for the certification and
recertification of criminal justice instructors.

Statutory Authority: § 9-170 of the Code of Virginia.

Written comments may be submitted until March 5, 1990,
to L. T. Eckenrode, Department of Criminal Justice
Services, 805 East Broad Street, Richmond, Virginia 23219.

Contact: Paula Scott, Executive Assistant, 805 E. Broad St.,

Calendar of Events

Richmond, VA 23219, telephone (804) 786-4000

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April 4, 1990 - 10:30 a.m. - Public Hearing
State Capitol, Capitol Square, House Room 2, Richmond,
Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Criminal Justice Services intends to adopt regulations entitled: **VR 240-04-1. McGruff House Program Regulations.** These proposed regulations outline procedures for the designation and operation of McGruff House Programs and McGruff Houses.

Statutory Authority: §§ 9-170 and 9-173.4 of the Code of Virginia.

Written comments may be submitted until March 16, 1990.

Contact: Paula Scott, Executive Assistant, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-8730

Committee on Criminal Justice Information Systems

† **March 19, 1990 - 1 p.m. - Open Meeting**
Department of Economic Development, Ninth Street Office Building, 9th and Grace Streets, Conference Room, Suite 723, Richmond, Virginia

A meeting to discuss projects and business of the committee.

Contact: Paula Scott, Executive Assistant, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-4000

BOARD OF DENTISTRY

April 5, 1990 - 1:30 p.m. - Open Meeting
April 6, 1990 - 8:30 a.m. - Open Meeting
April 7, 1990 - 9 a.m. - Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

A meeting to conduct (i) regular board business; (ii) committee meetings; (iii) a formal hearing; and (iv) regulatory review.

Contact: N. Taylor Feldman, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9906

BOARD OF EDUCATION

March 29, 1990 - 9 a.m. - Open Meeting
March 30, 1990 - 9 a.m. - Open Meeting

General Assembly Building, Capitol Square, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

† **April 25, 1990 - 1 p.m. - Open Meeting**
† **April 26, 1990 - 9 a.m. - Open Meeting**
† **April 27, 1990 - 9 a.m. - Open Meeting**
Boar's Head Inn, Charlottesville, Virginia. ☒ (Interpreter for deaf provided if requested)

The Board of Education and the Board of Vocational Education will hold its regularly scheduled meeting. The agenda is available upon request.

Contact: Margaret Roberts, Director, Community Relations Office, Department of Education, P.O. Box 6Q, Richmond, VA 23216, telephone (804) 225-2540

VIRGINIA FARMERS' MARKET BOARD

March 15, 1990 - 1 p.m. - Open Meeting
State Capitol, Capitol Square, House Room 1, Richmond, Virginia. ☒

A regular board meeting.

Contact: Nancy L. Israel, Farmers' Market Network Program Director, 1100 Bank Street, Washington Bldg., Room 1002, Richmond, VA 23219, telephone (804) 371-6157

VIRGINIA FIRE SERVICES BOARD

† **March 22, 1990 - 10 a.m. - Open Meeting**
Fire Service Training Center, Route 696, Ashland, Virginia. ☒

A meeting to discuss legislation passed by the 1990 Session of the General Assembly and other matters of general interest to the fire service.

This meeting is tentative and may be cancelled at the discretion of the chairman of the Fire Services Board.

Contact: Carl N. Cimino, Executive Director, Department of Fire Programs, James Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2681

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

March 13, 1990 - 9 a.m. - Open Meeting
March 14, 1990 - 10 a.m. - Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

March 13 - Informal fact-finding conferences.

March 14 - Formal administrative hearing, board meeting that may include proposed regulations, proposed preneed regulations.

Contact: Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Dr., Richmond, VA, telephone (804) 662-9907

GLOUCESTER LOCAL EMERGENCY PLANNING COMMITTEE

† April 25, 1990 - 6:30 p.m. - Open Meeting
Gloucester Administration Building, Gloucester, Virginia

Spring quarterly meeting to receive reports from Training and Exercise, Plans and Public Information Committees.

Contact: Georgette N. Hurley, Assistant County Administrator, P. O. Box 329, Gloucester, VA 23061, telephone (804) 693-4042

GOOCHLAND COUNTY LOCAL EMERGENCY PLANNING COMMISSION

March 27, 1990 - 8 p.m. - Open Meeting
Goochland County General District Court, Goochland, Virginia

A meeting to review changes in the Emergency Operations Plan.

Contact: Gregory K. Wolfrey, County of Goochland, Board of Supervisors, P. O. Box 10, Goochland, VA 23063, telephone (804) 556-5300

HAZARDOUS MATERIALS TRAINING COMMITTEE

† March 27, 1990 - 10 a.m. - Open Meeting
Holiday Inn Conference Center, Koger Center South, 1021 Koger Center Boulevard, Richmond, Virginia

A meeting to discuss curriculum, course development, and review existing hazardous materials courses.

Contact: Larry L. Logan, Fire and Emergency Services, 3568 Peters Creek Rd., NW, Roanoke, VA 24019, telephone (703) 561-8070

DEPARTMENT OF HEALTH (STATE BOARD OF)

NOTE: EXTENSION OF WRITTEN COMMENT PERIOD
March 31, 1990 - 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 Board of Health intends to amend regulations entitled: **VR 355-11-02.02. Regulations Governing the Newborn Screening and Treatment Program.** The rules and regulations governing the newborn screening and treatment program have been revised and amended to include

genetic, metabolic, and other diseases of the newborn as specified in §§ 33.1-12 and 33.2-65 et seq. of the Code of Virginia. They specifically clarify the critical time periods for submitting newborn screening tests in an effort to more accurately screen and diagnose newborn diseases.

Statutory Authority: § 32.1-12 and Article 7 (§ 32.1-65 et seq.) of Chapter 2 of the Code of Virginia.

Written comments may be submitted until March 31, 1990.

Contact: J. Henry Hershey, M.D., M.P.H., Genetics Director, Maternal and Child Health, 109 Governor St., 6th Floor, Richmond, VA 23219, telephone (804) 786-7367

April 17, 1990 - 10 a.m. - Public Hearing
Roanoke County Board of Supervisors Meeting Room, 3738 Brambleton Avenue, Roanoke, Virginia

NOTE: CHANGE OF HEARING DATE, TIME AND LOCATION

April 18, 1990 - 10:30 a.m. - Public Hearing
Henrico County Board of Supervisors Meeting Room, Administrative Building, 4301 East Parham Road, Richmond, Virginia

April 19, 1990 - 10 a.m. - Public Hearing
Virginia Beach Council Chamber, City Hall, 2nd Floor, Municipal Center, Court House Drive and North Landing Road, Virginia Beach, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **VR 355-17-01. Commonwealth of Virginia Sanitary Regulations for Marinas and Boat Moorings.** The purpose of the proposed action is to allow the department to grant an exemption to a marina required to have boat sewage pump-out service, if the service is being provided by another nearby marina.

Statutory Authority: § 32.1-246 of the Code of Virginia.

Written comments may be submitted until May 4, 1990.

Contact: A. F. Golding, Marina Supervisor, Department of Health, 109 Governor Street, James Madison Bldg., Room 903A, Richmond, VA 23219, telephone (804) 786-1761

DEPARTMENT OF HEALTH PROFESSIONS

Administration and Budget Committee

† March 21, 1990 - 11 a.m. - Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Conference Room 3, Richmond, Virginia. ☒

Calendar of Events

A meeting to review fiscal program and budget of the department.

Compliance and Discipline Committee

† **March 21, 1990 - 3 p.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive,
Conference Room 2, Richmond, Virginia. ☒

A meeting to review and approve report on review of health professional discipline programs of the Department of Health Professions and regulatory boards within the Commonwealth.

Public and Professional Information and Education Committee

† **March 22, 1990 - 7:30 p.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive,
Conference Room 4, Richmond, Virginia. ☒

A meeting to consider policies and activities related to the public information program of the department.

Regulatory Research Committee

† **March 22, 1990 - 9 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive,
Conference Room 4, Richmond, Virginia. ☒

A meeting to consider proposals for regulation, criteria for evaluating regulatory proposals, and study of need to regulate marriage and family therapists.

Contact: Richard D. Morrison, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9904

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

March 27, 1990 - 9:30 a.m. – Open Meeting
Department of Rehabilitative Services, 4901 Fitzhugh Avenue, Richmond, Virginia. ☒

A monthly meeting to address financial, policy or technical matters which may have arisen since the last meeting.

Contact: G. Edward Dalton, Acting Director, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-6371/TDD ☎

BOARD FOR HEARING AID SPECIALISTS

May 7, 1990 - 8:30 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street,
Richmond, Virginia. ☒

An open board meeting to (i) administer examinations; (ii) review enforcement cases; (iii) sign certificates;

and (iv) consider other matters which require board action.

Contact: Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016

VIRGINIA HISTORIC PRESERVATION FOUNDATION

March 13, 1990 - 10 a.m. – Open Meeting
The Athenaeum, 201 Prince Street, Alexandria, Virginia

A general business meeting.

Contact: Margaret T. Peters, Information Officer, 221 Governor Street, Richmond, VA 23219, telephone (804) 786-3143 or (804) 786-4276/TDD ☎

HOPEWELL INDUSTRIAL SAFETY COUNCIL

April 3, 1990 - 9 a.m. – Open Meeting
May 1, 1990 - 9 a.m. – Open Meeting
Hopewell Community Center, Second and City Point Road,
Hopewell, Virginia. ☒ (Interpreter for deaf provided if requested)

Local emergency preparedness committee meeting as required by SARA Title III.

Contact: Robert Brown, Emergency Services Coordinator, 300 N. Main St., Hopewell, VA 23860, telephone (804) 541-2298

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

April 26, 1990 - 10 a.m. – Public Hearing
General Assembly Building, Capitol Square, House Room C,
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: **VR 394-01-06. Virginia Statewide Fire Prevention Code/1987 Edition.** The Board of Housing and Community Development proposes to amend those portions of the Virginia Statewide Fire Prevention Code regulations pertaining to: Applications to Pre-USBC and Post-USBC buildings necessary to permit the amendments to Volume II requiring all existing hospitals, nursing homes and homes for adults to be retrofitted with automatic sprinkler systems and fire detection systems to be enforced by the local fire official or the State Fire Marshal.

Statutory Authority: §§ 27-95 and 27-97 of the Code of Virginia.

Written comments may be submitted until May 4, 1990.

Contact: Gregory H. Revels, Program Manager, Code Development Office, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

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April 26, 1990 - 10 a.m. - Public Hearing
General Assembly Building, Capitol Square, House Room C, 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: **VR 394-01-21. Virginia Uniform Statewide Building Code Volume I - New Construction Code, 1987 Edition.** The proposed amendments eliminate the option of constructing institutional facilities, other than certain child care facilities, without an automatic fire suppression system. Historical fire experience had indicated that an automatic sprinkler system is the more reliable approach to providing early detection, fire containment and fire suppression to protect patients and residents occupying institutional buildings.

Statutory Authority: §§ 36-98 and 36-99 of the Code of Virginia.

Written comments may be submitted until May 4, 1990.

Contact: Gregory H. Revels, Program Manager, Code Development Office, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

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April 26, 1990 - 10 a.m. - Public Hearing
General Assembly Building, Capitol Square, House Room C, 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: **VR 394-01-22. Virginia Uniform Statewide Building Code Volume II - Building Maintenance Code, 1987 Edition.** The proposed amendments by the Board of Housing and Community Development to the 1987 edition of the Virginia Uniform Statewide Building Code - Volume II - Building Maintenance Code will require all existing nursing homes, homes for adults, hospitals and mental health care facilities to have sprinkler and fire alarm systems installed by August 1, 1994.

Statutory Authority: §§ 36-98 and 36-103 of the Code of Virginia.

Written comments may be submitted until May 4, 1990.

Contact: Gregory H. Revels, Program Manager, Code

Development Office, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7772

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

† March 20, 1990 - 10 a.m. - Open Meeting
601 South Belvidere Street, Richmond, Virginia. ☐

This will be the regular meeting of the board to (i) 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; (iv) if appropriate, approve proposed amendments to the Rules and Regulations for Allocation of Low-Income Housing Tax Credits; and (v) consider such other matters and take such other actions as they may deem appropriate. Various committees of the board may also meet before or after the regular meeting and consider matters within their purview. The planned agenda of the meeting will be available at the office of the authority one week prior to the date of the meeting.

Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere St., Richmond, VA 23220, telephone (804) 782-1986

COUNCIL ON HUMAN RIGHTS

March 28, 1990 - 10 a.m. - Public Hearing
James Monroe Building, 101 North 14th Street, 1st Floor, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Council on Human Rights intends to adopt regulations entitled: **VR 402-01-02. Regulations to Safeguard Virginia's Human Rights From Unlawful Discrimination.** The purpose of these regulations is to supplement the Virginia Human Rights Act (§ 2.1-714 et seq.) which safeguards all individuals within the Commonwealth from unlawful discrimination.

Statutory Authority: § 2.1-720.6 of the Code of Virginia.

Written comments may be submitted until February 18, 1990, to Sandra D. Norman, P.O. Box 717, Richmond, Virginia 23206.

Contact: Lawrence J. Dark, Director, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 225-2292 or toll-free 1-800-633-5510

COUNCIL ON INFORMATION MANAGEMENT

March 13, 1990 - 9 a.m. - Open Meeting
Washington Building, 1100 Bank Street, 9th Floor,

Calendar of Events

Conference Room, Richmond, Virginia. ☒

A regular meeting.

Contact: Linda Hening, Administrative Assistant, Suite 901, Washington Bldg., 1100 Bank St., Richmond, VA 23219, telephone (804) 225-3622 or (804) 225-3624/TDD ☎

GOVERNOR'S JOB TRAINING COORDINATING COUNCIL

March 21, 1990 - 10:30 a.m. - Open Meeting
Holiday Inn-Crossroads, 2000 Staples Mill Road, Richmond, Virginia. ☒

A general meeting.

Contact: Gladys Walker, Executive Secretary, 4615 W. Broad St., Commonwealth Bldg., 3rd Floor, Richmond, VA 23230, telephone (804) 367-9816

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

† **April 3, 1990 - 10 a.m. - Open Meeting**
General Assembly Building, Capitol Square, House Room D, Richmond, Virginia. ☒

A meeting to consider:

Request for Variance From the Boiler and Pressure Vessel Safety Act - University of Virginia, Charlottesville, VA

Request for Variance From the Boiler and Pressure Vessel Safety Act - Firestone Tire and Rubber Co., Inc., Hopewell, VA

Request for Variance From the Boiler and Pressure Vessel Safety Act - Allied Signal Corp., Hopewell, VA

Amendment to the Asbestos Standard for General Industry and the Construction Industry, Partial Response to Court Remand

Amendment to the Air Contaminants Standard, Permissible Exposure Limits (PEL), Partial Stay

Standard Concerning Occupational Exposure to Hazardous Chemicals in Laboratories, Final Rule

Amendment to the Lead Standard, Statement of Reasons

Amendment to Concrete and Masonry Construction Safety Standard, Technical Corrections

Amendment to the Air Contaminants Standard,

Permissible Exposure Limits (PEL), Technical Corrections

Proposed Regulation Concerning Sanitation in the Construction Industry

Proposed Regulation Concerning Control of Hazardous Energy Sources (Lockout/Tagout), Revision to Tagging Requirements

Amendment Concerning Revision of Construction Industry Tests and Inspection Records

Contact: Jay W. Withrow, Director, Office of Federal Liaison and Technical Support, Department of Labor and Industry, P. O. Box 12064, Richmond, VA 23241, telephone (804) 786-9873

COMMISSION ON LOCAL GOVERNMENT

March 12, 1990 - 10 a.m. - Open Meeting
State Capitol, Capitol Square, House Room 1, Richmond, Virginia. ☒

A regular meeting.

Contact: Barbara Bingham, Commission on Local Government, 702 Eighth Street Office Bldg., Richmond, VA 23219, telephone (804) 786-6508

STATE LOTTERY BOARD

March 28, 1990 - 10 a.m. - Open Meeting
State Lottery Department, 2201 West Broad Street, Conference Room, Richmond, Virginia. ☒

A regular monthly meeting. Business will be conducted according to items listed on the agenda which has not yet been determined. Two periods for public comment are scheduled.

Contact: Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433

MARINE RESOURCES COMMISSION

† **March 27, 1990 - 9:30 a.m. - Open Meeting**
Marine Resources Commission, 2600 Washington Avenue, 4th Floor, Room 403, Newport News, Virginia. ☒

The commission will meet to hear and decide cases on fishing licensing, oyster ground leasing, environmental permits in wetlands bottomlands, coastal sand dunes and beaches. The commission hears and decides appeals made on local wetlands board decisions.

Fishery management and conservation measures are discussed by the commission. The commission is empowered to exercise general regulatory power within 15 days and is empowered to take specialized marine life harvesting and conservation measures within five days.

Contact: Cathy W. Everett, Secretary to the Commission, 2600 Washington Ave., Room 303, Newport News, VA 23607-0756, telephone (804) 247-8088

BOARD OF MEDICAL ASSISTANCE SERVICES

† March 21, 1990 - 1 p.m. - Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Board Room, Richmond, Virginia. ☒

A meeting to discuss (i) legislation of 1990 Session of the General Assembly; (ii) budget; and (iii) other business pertinent to the board.

Contact: Martha Pulley, Director, Support Services Division, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4281, toll-free 1-800-552-8627 or 1-800-343-0634/TDD ☒

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

April 13, 1990 - 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 Board of Medical Assistance Services intends to amend regulations entitled: VR 460-03-3.1100. State Plan for Medical Assistance Relating to Coverage of Prosthetics Services and Expansion of Dental Services under EPSDT - Amount, Duration, and Scope of Services. The purpose of the proposed action is to promulgate permanent rules to conform the State Plan for Medical Assistance to the General Assembly's mandate through the 1989 Appropriations Act.

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

Written comments may be submitted until April 13, 1990, to Malcolm O. Perkins, Manager, Division of Client Services, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933

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† May 11, 1990 - 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 Board of Medical Assistance Services intends to amend regulations entitled: VR 460-03-4.1940. Nursing Home Payment System (New Construction Cost Limits). This proposed regulation proposes to replace the old no-longer-published Dodge Construction Index, with a new standard, the R.S. Means index, for allowable construction costs.

STATEMENT

Basis and Authority: Section 32.1-324 of the Code of Virginia, grants to the Director of the Department Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance in lieu of Board action pursuant to the Board's requirements. The Code also provides, in the Administrative Process Act (APA) § 9-6.14:9, for this agency's promulgation of proposed regulations subject to the Department of Planning and Budget's and Governor's reviews. Subsequent to an emergency adoption action and filing with the Registrar of Regulations, the Code requires this agency to initiate the public notice and comment process as contained in Article 2 of the APA.

Purpose: The purpose of this proposal is to promulgate permanent regulations concerning the Dodge construction limit and the R.S. Means limit.

Summary and analysis: The Department of Medical Assistance (DMAS) learned last year that a publication, the Dodge Construction System Cost, referenced in its regulations as a reimbursement limit, would no longer be available because of the publishing company's sale of a portion of its business. The Department requested immediate regulatory authority, in an emergency regulation, to update a construction limit for new facilities enrolling in Medicaid in 1989, and prospective regulatory authority to change its construction limit reference for January, 1990, and forward. On September 21, 1989, the Governor approved the emergency regulation.

The State Plan Section 4.19D Virginia Nursing Home Payment System, PART II, Article 1, § 2.2, B. states: "Reimbursable costs for building and fixed equipment will be based upon the high average per square foot costs in the Dodge Construction System Costs. The provider will have the option of selecting the Dodge Construction Cost Index which is effective on the date the Certificate of Need (CON) is issued or the date the facility is licensed. Total costs will be calculated by multiplying the high average per square foot cost times 385 sq. ft. (the average per bed square footage)." A second Dodge Construction Cost reference is used also by the DMAS in its State Plan, and the differences in these two references and their use is explained below.

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Dodge average construction costs: This annual survey, which measured the average costs of construction for various types of businesses, included nursing homes. A low, average, and high cost were published for each building type. The DMAS has used the high average square foot cost for nursing homes as the reimbursement limit for direct construction cost since 1982.

Dodge historical building cost indices/multipliers: These indices measure the change in all construction costs from year to year starting with 1950. They are published for major metropolitan areas throughout the United States, and are used to update the cost of constructing a building from one year to another, and from one city to another. The major metropolitan areas published for Virginia are Richmond, Norfolk, Roanoke, and Charlottesville. These indices, which were formerly supplied to McGraw Hill, Inc. by Marshall & Swift Co., will still be published by the latter company, and have recently been received by the DMAS for Virginia for 1989. Effective October 1, 1986 the DMAS, following federal Health Care Financing Administration (HCFA) regulations, has used these indices to limit the reimbursable depreciation basis of a nursing home which changes ownership.

During 1988 McGraw-Hill, Inc. sold the Dodge Construction Systems Cost portion of its business, and the Average Construction Costs Manual, used to limit new construction reimbursement, is no longer published. Subscribers to this McGraw-Hill, Inc. service were not notified of the sale. The last published figure for the limit was January, 1988. No published survey data are available for January 1, 1989, and forward. This came to light earlier this year, when DMAS staff attempted to obtain the publication by which the construction limit is updated each January. There is no other source for these data.

In addition to a construction cost limit for 1989, the DMAS also needs another reference as a limit for future new construction. The recommended reference is R. S. Means and Co., which publishes a volume containing average per square foot costs (updated annually) and which the DMAS may subscribe to in lieu of the Dodge Construction Systems Costs series.

The most readily available and appropriate inflation factors have been surveyed as possibilities for bringing the Dodge limit for 1989 up to date. A comparison has been made for both short-term and long-term time periods of the change in the Consumer Price Index-Urban Consumer (CPI-U), the Dodge Indexes (Simple Average of the four metropolitan areas published for Virginia), and the Means Construction Indexes (30 city average).

The Virginia average of the Dodge historical indices has proved to be slightly less than the Means Index when compared on a 7 to 10 year time period. Over a longer time period, the percent of increase in the average Dodge indices has moved below or above either of the other indices. However, there is not a wide variation between the Dodge Index and the Means Index over a 27 year

period, even though the Dodge Index is an average for Virginia and the Means Index is a 30 city nationwide average. This is attributed to the fact that both indices measure construction costs.

Over a 27 year time period, the CPI-U is higher than either the R.S. Means or the Dodge Construction Cost Indices. This is due to the CPI-U's reflection of changes to a different and not necessarily appropriate segment of the economy. The CPI-U is not considered by the DMAS to be a viable alternative for inflating the 1988 Dodge Average Construction Cost for nursing homes.

In addition to the comparison of the percent of change in the indices, a nine year comparison of the actual high average square foot costs for a nursing home building, as shown in both the Dodge and Means publications, has been made. Historical data on the Means Survey were available back to 1980, and over the nine year period to the present. The survey results leveled out somewhat with Dodge being greater than Means for one period, but less than Means for another period. Over the most recent 4 year period of the comparison, the Means Square Foot Cost is considerably higher than the Dodge Square Foot Cost. Because of this recent history, the Department's use of the Means for 1990 and thereafter is expected to be received favorably by the regulated provider community.

Impact: The State Plan for Medical Assistance, prior to the adoption of the emergency regulation, referenced the use of the Dodge Construction Cost Limit. There is no state specific Dodge Index by which the Department can update the 1988 limit. To adhere as closely as possible to the previous regulations and thereby adhere to budgetary constraints, DMAS proposes to apply the simple average increase in the Dodge Construction Cost Indices for the four published localities, discussed in the previous section, to the 1988 Dodge Limit to compute the construction cost limit for 1989.

The per bed limit for new construction derived from this method is \$27,063 and results in a 2.5% increase for 1989 over the 1988 per bed limit of \$26,403. Providers will be given a choice, at the recommendation of the Attorney General's Office, of the outdated 1988 Dodge Limit or the inflated 1989 Limit of \$27,063 per bed. Effective January 1, 1990, the R.S. Means publication will be referenced in the State Plan as the construction cost limit. The funds to allow for this procedure have been appropriated to the Department. The capital cost including growth in capital cost is included in the utilization forecast.

To date, there has been no provider comment to the emergency regulation. The Department estimates that 7 to 10 providers will be affected by the 1989 limit. If beds approved under the current Certificates of Need are built, licensed, and certified, then about 25 to 35 providers are expected to be affected by the 1990/1991 limits.

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

Written comments may be submitted until 4:30 p.m., May 11, 1990, to William R. Blakely, Director, Division of Cost Settlement and Audit, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933

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April 27, 1990 – 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 Medical Assistance Services intends to amend regulations entitled: **VR 460-05-1000.0000, State/Local Hospitalization Program**. The purpose of the proposed action is to regulate the State/Local Hospital program under the administration of the Department of Medical Assistance Services. These rules provide for client eligibility, covered services and provider reimbursement.

Statutory Authority: §§ 32.1-344 and 32.1-346 of the Code of Virginia.

Written comments may be submitted until April 27, 1990, to David Coronado, Director, Division of Indigent Health Care, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933

GOVERNOR'S ADVISORY BOARD ON MEDICARE AND MEDICAID

† **March 27, 1990 - 2 p.m.** – Open Meeting
Hyatt Hotel, Madison Room, I-64 and West Broad Street, Richmond, Virginia. ☐

A meeting to (i) receive presentation from Dr. C.M.G. Buttery, Commissioner, Department of Health: "Five Point Plan for Primary Health Care"; and (ii) discuss the mission and future direction of the board.

Contact: Marsha Linkous, Administrative Staff Specialist, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-8999

BOARD OF MEDICINE

March 15, 1990 – 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 Board of Medicine intends to adopt regulations entitled: **VR 465-08-01, Regulations for Certification of Occupational Therapists**. These proposed regulations will establish educational requirements, examination, and application fee for certification to practice as an Occupational Therapist.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until March 15, 1990, to Hilary H. Conner, M.D., Executive Director, Board of Medicine, 1601 Rolling Hills Drive, Richmond, Virginia 23229-5005.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9925

March 22, 1990 - 8 a.m. – Open Meeting

March 23, 1990 - 8 a.m. – Open Meeting

March 24, 1990 - 8 a.m. – Open Meeting

March 25, 1990 - 8 a.m. – Open Meeting

Department of Health Professions, 1601 Rolling Hills Drive, Surry Building, Board Room 1, 1st Floor, Richmond, Virginia. ☐

The board will meet on March 22, 1990, in open session to conduct general board business and discuss any other items which may come before the board. The board will meet on March 23-25, 1990, to review reports, interview licensees and make decisions on discipline matters.

Advisory Committee on Respiratory Therapy

† **April 17, 1990 - 10 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Board Room 3, Richmond, Virginia. ☐

The committee will (i) elect officers for the fiscal year July 1, 1990, to June 30, 1991; (ii) review the amendments to the Code for certification; (iii) review regulations; and (iv) review such other matters that may come before the committee.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Surry Bldg., 2nd Floor, Richmond, VA 23229-5005, telephone (804) 662-9925

Informal Conference Committee

† **April 4, 1990 - 9:30 a.m.** – Open Meeting
Radisson Hotel-Lynchburg, 601 East Main Steet, Lynchburg, Virginia. ☐

Calendar of Events

The committee will inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions pursuant to § 2.1-344 of the Code of Virginia.

Contact: Karen D. Waldron, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9908

STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

March 22, 1990 - 9:30 a.m. - Open Meeting
James Madison Building, 13th Floor, Conference Room, Richmond, Virginia. ☐

A regular monthly meeting. Agenda to be published on March 7 and may be obtained by calling Jane Helfrich.

Wednesday evening - Committee meeting - 6 p.m., informal session - 8:30 p.m.

Thursday - Legislative breakfast - 7:30 a.m., regular session - 9:30 a.m.

Contact: Jane Helfrich, Board Administrator, P. O. Box 1797, Richmond, VA 23214, telephone (804) 786-3921

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

University of Virginia Institute of Law, Psychiatry and Public Policy, Division of Continuing Education, Office of Continuing Legal Education and Office of Continuing Medical Education

March 13, 1990 - Open Meeting

March 14, 1990 - Open Meeting

Patrick Henry Inn, Best Western, Colonial Williamsburg, Virginia. ☐

The 13th Annual Symposium on Mental Health and the Law to address issues related to mental health and the law. 9 hours in Category 1 CME, 9 CEU and 9 CLE credits applied for.

Contact: Carolyn Engelhard, Institute of Law, Psychiatry and Public Policy, Box 100, Blue Ridge Hospital, Charlottesville, VA 22901, telephone (804) 924-5435

State Human Rights Committee's Subcommittee to Review Regulations

† **March 29, 1990 - 1 p.m. - Open Meeting**
James Madison Building, 109 Governor Street, 13th Floor Conference Room, Richmond, Virginia. ☐

A special subcommittee of the State Human Rights Committee to review and receive comments on the proposed Regulations to Ensure the Rights of Residents of Facilities Operated by Department of Mental Health, Mental Retardation and Substance Abuse Services.

State Human Rights Committee

† **March 30, 1990 - 9 a.m. - Open Meeting**
James Madison Building, 109 Governor Street, 13th Floor Conference Room, Richmond, Virginia. ☐

A regular meeting to discuss business relating to human rights.

Contact: Elsie D. Little, ACSW, State Human Rights Director, Department of Mental Health, Mental Retardation and Substance Abuse Services, Office of Human Rights, P. O. Box 1797, Richmond, VA 23214, telephone (804) 786-3988

Prevention and Promotion Advisory Council

† **March 15, 1990 - 10 a.m. - Open Meeting**
Washington Building, 1100 Bank Street, 2nd Floor Conference Room, Richmond, Virginia. ☐

The first hour of the meeting will be devoted to the meetings of the council's committees (Planning, Advocacy, Education/Research and Evaluation/Monitoring). The remaining time is to be used for a discussion of recommendations for specific action plans for the presentation of updates on Prevention Office activities and for other business that may come before the council.

Contact: Harriet Russell, Director, Office of Prevention, Promotion and Library Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, P. O. Box 1797, Richmond, VA 23214, telephone (804) 786-1530

MIDDLE VIRGINIA COMMUNITY CORRECTIONS RESOURCES BOARD

Board of Directors

† **April 5, 1990 - 7 p.m. - Open Meeting**

† **May 3, 1990 - 7 p.m. - Open Meeting**

† **June 7, 1990 - 7 p.m. - Open Meeting**

502 South Main Street #4, Culpeper, Virginia

From 7 p.m. to 7:30 p.m. the Board of Directors will hold a business meeting to discuss DOC contract, budget, and other related business. Then the board will meet to review cases for eligibility to participate with the program. It will review the previous month's operation (budget and program related business).

Contact: Lisa Ann Peacock, Program Director, 502 S. Main St. #4, Culpeper, VA 22701, telephone (703) 825-4562

MIGRANT AND SEASONAL FARMWORKERS BOARD

March 21, 1990 - 10 a.m. - Open Meeting
State Capitol, Capitol Square, House Room 1, Richmond, Virginia. ☒

A regular meeting.

Contact: Marilyn Mandel, Director, Office of Planning and Policy Analysis, Department of Labor and Industry, P. O. Box 12064, Richmond, VA 23241, telephone (804) 786-2385

COUNTY OF MONTGOMERY/TOWN OF BLACKSBURG LOCAL EMERGENCY PLANNING COMMITTEE

March 13, 1990 - 3 p.m. - Open Meeting
Montgomery County Courthouse, 3rd Floor, Board of Supervisors Room, Christiansburg, Virginia. ☒

A meeting for the development of a Hazardous Materials Emergency Response Plan.

Contact: Steve Via, New River Valley Planning District Commission, P. O. Box 3726, Radford, VA 24143, telephone (703) 639-9313

DEPARTMENT OF MOTOR VEHICLES

April 13, 1990 - 10 a.m. - Public Hearing
Department of Motor Vehicles, 2300 West Broad Street, Monticello Room, Room 133, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Motor Vehicles intends to amend regulations entitled: **VR 485-60-8401. Evidence Required to Permit Registration of Reregistration of Vehicles for Which Proof of Tax Payment and of State Corporation Commission Registration is Required.** The purpose of the proposed amendment is to eliminate the requirement for the owner of a vehicle, with a registered gross weight of 33,000 pounds or more, to complete a certification of tax paid.

Statutory Authority: §§ 46.2-203 and 46.2-649 of the Code of Virginia.

Written comments may be submitted until April 10, 1990.

Contact: Jerry M. Fern, Program Manager, Motor Carrier Services, Department of Motor Vehicles, P. O. Box 27412, Richmond, VA 23269, telephone (804) 367-0469

MOUNT ROGERS ALCOHOL SAFETY ACTION PROGRAM

Board of Directors

† April 11, 1990 - 1 p.m. - Open Meeting
Oby's Restaurant, Marion, Virginia. ☒ (Interpreter for deaf provided if requested)

A regular meeting.

Contact: J. L. Reedy, Jr., Director, Mount Rogers ASAP, 1102 N. Main St., Marion, VA 23454, telephone (703) 783-7771

BOARD OF NURSING

March 26, 1990 - 9 a.m. - Open Meeting
March 27, 1990 - 9 a.m. - Open Meeting
March 28, 1990 - 9 a.m. - Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

A regular meeting of the board to consider matters related to nursing education programs, discipline of licensees, licensing by examination and endorsement, and other matters under the jurisdiction of the board. On March 26, 1990, at 1:30 p.m., the board will convene at the General Assembly Building, House Room C, 9th and Broad Streets, Richmond, for the purpose of conducting a public hearing on proposed regulations as published in The Virginia Register on February 12, 1990.

Contact: Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9909 or 662-7197/TDD ☒

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March 26, 1990 - 1:30 p.m. - Public Hearing
General Assembly Building, Capitol Square, House Room C, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Nursing intends to amend regulations entitled: **VR 495-01-1. Board of Nursing Regulations.**

Statutory Authority: §§ 54.1-2400 and 54.1-3005 of the Code of Virginia.

Written comments may be submitted until April 12, 1990.

Contact: Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9909

Calendar of Events

BOARD FOR OPTICIANS

† **March 29, 1990 - 9 a.m.** – Open Meeting
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia. ☒

A meeting to (i) review correspondence; (ii) review applications; (iii) review enforcement cases; and (iv) conduct routine board business.

Contact: Roberta L. Banning, Assistant Director, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or toll-free 1-800-552-3016 (VA only)

PERINATAL SERVICES ADVISORY BOARD

† **March 15, 1990 - 12:30 p.m.** – Open Meeting
James Madison Building, 101 North 14th Street, Main Floor Auditorium, Richmond, Virginia. ☒

Subcommittees of the board will meet in various rooms throughout the Madison Building beginning at 10:30 a.m. Please contact the Division of Maternal and Child Health for additional information.

Contact: Alice S. Linyear, M.D., M.P.H., Director, Division of Maternal and Child Health, 109 Governor St., Richmond, VA 23219, telephone (804) 786-7367

POLYGRAPH EXAMINERS ADVISORY BOARD

March 21, 1990 - 9 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to administer the Polygraph Examiners licensing examination to eligible polygraph examiner interns.

Contact: Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016

PORTSMOUTH LOCAL EMERGENCY PLANNING COMMITTEE

March 14, 1990 - 9 a.m. – Open Meeting
May 9, 1990 - 9 a.m. – Open Meeting
St. Julien's Annex, Building 307, Victory Boulevard at Magazine Road, Portsmouth, Virginia

A regular business meeting.

Contact: Diana H. Creecy, Chairperson, American Red Cross, Portsmouth Chapter, 700 London Boulevard, Portsmouth, VA 23704-2413, telephone (804) 393-1031

VIRGINIA RACING COMMISSION

† **March 21, 1990 - 9 a.m.** – Open Meeting
VSRS Building, 1204 East Main Street, Richmond, Virginia. ☒

A regular commission meeting.

Contact: William H. Anderson, Regulatory Coordinator, Virginia Racing Commission, P. O. Box 1123, Richmond, VA 23209, telephone (804) 371-7363

RAPPAHANNOCK-RAPIDAN DIVISION OF COURT SERVICES

March 19, 1990 - 6:30 p.m. – Open Meeting
155 West Davis Street, Culpeper, Virginia

A quarterly business meeting of the District Nine Virginia Alcohol Safety Action Program to review (i) budget; (ii) personnel; (iii) program activities; (iv) 1989 Annual Report; and (v) the 1990 Legislative Status Report.

Contact: R. Dean Irvine, Director, 155 W. Davis St., Culpeper, VA 22701, telephone (703) 825-4550

REAL ESTATE BOARD

May 3, 1990 - 9 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia

† **June 8, 1990 - 9 a.m.** – Open Meeting
Omni International Hotel, 777 Waterside Drive, Norfolk, Virginia

A regular business meeting to consider (i) investigative cases (files); (ii) matters relating to Fair Housing, (iii) Property Registration; and (iv) Licensing issues (e.g., reinstatement, eligibility requests).

Contact: Joan L. White, Assistant Director, Department of Commerce, 3600 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 367-8552 or toll-free 1-800-552-3016

BOARD OF REHABILITATIVE SERVICES

March 22, 1990 - 9:30 a.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The board will receive department reports, consider regulatory matters and conduct the regular business of the board.

Finance Committee

March 21, 1990 - 2 p.m. - Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will (i) review monthly financial reports and (ii) review budgetary projections.

Legislation and Evaluation Committee

March 21, 1990 - 4 p.m. - Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will (i) review pending federal and state legislation; (ii) develop criteria for evaluation of department programs; (iii) review risk assessment report; and (iv) review report and analysis of bills submitted to the General Assembly.

Program Committee

March 21, 1990 - 3 p.m. - Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will review vocational rehabilitation regulation proposals and explore options for developing amendments to current VR regulations. The committee will also review Project schedule of board meetings during FY 1991 and Client Service Program Information.

Contact: Susan L. Urofsky, Commissioner, 4901 Fitzhugh Ave., Richmond, VA 23230, telephone (804) 367-0319, toll-free 1-800-552-5019/TDD ☎ or (804) 367-0280/TDD ☎

ROANOKE VALLEY LOCAL EMERGENCY PLANNING COMMITTEE

† **March 21, 1990 - 9 a.m. - Open Meeting**
Salem Civic Center, 1001 Roanoke Boulevard, Room C, Salem, Virginia. ☒

A meeting to receive (i) public comment; (ii) report from community coordinators; and (iii) report from standing committees.

Contact: David Hoback, Deputy Coordinator of Emergency Services, 215 Church Ave., S.W., Roanoke, VA 24011, telephone (703) 981-2425

ROCKBRIDGE ALCOHOL SAFETY ACTION PROGRAM

Board of Directors

† **March 13, 1990 - 3 p.m. - Open Meeting**
2044 Sycamore Avenue, Buena Vista, Virginia. ☒

A meeting to (i) approve minutes; (ii) review old and new business; (iii) review treasurer's report; and (iv) approve FY 1990-1991 budget.

Contact: S. Diane Clark, Director, Rockbridge ASAP, 2044 Sycamore Ave., Buena Vista, VA, telephone (703) 261-6281

BOARD OF SOCIAL SERVICES

† **March 14, 1990 - 2 p.m. - Open Meeting**
† **March 15, 1990 - 9 a.m. - Open Meeting (If necessary)**
Graves' Mountain Lodge, Syria, Virginia. ☒

A work session and formal business meeting of the board.

Contact: Phyllis Sisk, Administrative Staff Specialist, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229, telephone (804) 662-9236, toll-free 1-800-552-3431 or 1-800-552-7096/TDD ☎

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

April 15, 1990 - 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 Board of Social Services intends to adopt regulations entitled: **VR 615-01-90. Degree Requirements for Social Work/Social Work Supervision Classification Series.** The purpose of the proposed action is to initiate the requirement of possession of a degree from an accredited college/university for applicants for position vacancies in the Social Work/SW Supervision series.

Statutory Authority: § 63.1-26 of the Code of Virginia.

Written comments may be submitted until April 15, 1990, to Eddie L. Perry, Human Resources Director Senior, 8007 Discovery Dr., Richmond, Virginia 23229.

Contact: Peggy Friedenber, Agency Regulatory Liaison, 8007 Discovery Dr., Richmond, VA 23229, telephone (804) 662-9217

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March 26, 1990 - 10 p.m. - Public Hearing
Blair Building, 8007 Discovery Drive, Conference Room A and B, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Social Services intends to amend regulations entitled: **VR 615-48-02. Employment Services Program Policy.** The purpose of the proposed action is to amend Employment Services Program Policy to include provisions of the Job Opportunities and Basic Skills

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(JOBS) program. These amendments address provisions presented to the department as both optional and mandatory.

Statutory Authority: Title IVA and IVF of the Social Security Act and § 63.1-25 of the Code of Virginia.

Written comments may be submitted until April 12, 1990, to Madeleine Guerin, Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

Contact: Margaret J. Friedenber, Legislative Analyst, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9182

BOARD OF SOCIAL WORK

† **March 16, 1990 10 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Suite 200, Richmond, Virginia. ☒

A meeting to (i) conduct general board business; (ii) review applications; (iii) respond to correspondence; and (iv) discuss and review regulations.

Contact: Evelyn B. Brown, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9914

VIRGINIA SOIL AND WATER CONSERVATION BOARD

March 15, 1990 - 9 a.m. – Open Meeting
Colonial Farm Credit Office Building, 6526 Mechanicsville Turnpike, Mechanicsville, Virginia

A regular bimonthly business meeting.

Contact: Donald L. Wells, Deputy Director, 203 Governor St., Suite 206, Richmond, VA 23219, telephone (804) 786-2064 or (804) 786-2121/TDD ☎

VIRGINIA SOYBEAN BOARD

March 14, 1990 - 1:30 p.m. – Open Meeting
March 15, 1990 - 1:30 p.m. – Open Meeting
Williamsburg Hilton and Conference Center, Williamsburg, Virginia

The board will review project reports on projects that were funded for fiscal 1989-90 and will receive project proposals for fiscal 1990-91.

Contact: W. Rosser Cobb, IV, Executive Secretary, P. O. Box 26, Warsaw, VA 22572, telephone (804) 333-3710 or SCATS 371-2163

VIRGINIA BRIGHT FLUE-CURED TOBACCO BOARD

† **March 13, 1990 - 4 p.m.** – Open Meeting
Sheldon's Restaurant, Keysville, Virginia

An Agricultural Commodity Board business meeting.

Contact: D. Stanley Duffer, Program Director, P. O. Box 129, Halifax, VA 24558, telephone (804) 572-4568 or SCATS 791-5215

COMMONWEALTH TRANSPORTATION BOARD

March 14, 1990 - 2 p.m. – Open Meeting
Department of Transportation, 1401 East Broad Street, Board Room, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

A work session of the Commonwealth Transportation Board and the Department of Transportation staff.

March 15, 1990 - 10 a.m. – Open Meeting
Department of Transportation, 1401 East Broad Street, Board Room, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

A monthly meeting to vote on proposals presented regarding bids, permits, additions and deletions to highway system, and any other matters requiring board approval.

Contact: Albert W. Coates, Jr., Assistant Commissioner, Department of Transportation, 1401 E. Broad St., Richmond, VA, telephone (804) 786-9950

TREASURY BOARD

March 21, 1990 - 9 a.m. – Open Meeting
James Monroe Building, 101 North 14th Street, Treasury Board Conference Room, 3rd Floor, Richmond, Virginia. ☒

A regular monthly meeting.

Contact: Laura Wagner-Lockwood, Senior Debt Manager, Department of the Treasury, P. O. Box 6-H, Richmond, VA 23215, telephone (804) 225-4931

VALLEY ASAP BOARD

† **March 12, 1990 - 8 a.m.** – Open Meeting
2 Holiday Court, Staunton, Virginia. ☒

A regular meeting to review (i) court referrals; (ii) financial report; (iii) director's report; and (iv) statistical reports.

Contact: Rhoda G. York, Executive Director, 2 Holiday Court, Staunton, VA 24401, telephone (703) 886-5616 or

943-4405 (Waynesboro)

VIRGINIA MILITARY INSTITUTE

Board of Visitors

March 31, 1990 - 8 a.m. - Open Meeting
Virginia Military Institute, Smith Hall Board Room, Smith Hall, Lexington, Virginia. ☐

A regular Spring meeting of the VMI Board of Visitors to (i) review committee reports; (ii) visit academic departments; and (iii) adopt 1990-91 Operating Budget.

Contact: Colonel Edwin L. Dooley, Jr., Secretary, Virginia Military Institute, Lexington, VA 24450, telephone (703) 464-7206

VIRGINIA RESOURCES AUTHORITY

† **March 13, 1990 - 10 a.m. - Open Meeting**
Mutual Building, 909 East Main Street, Suite 707, Conference Room A, Richmond, Virginia

A meeting to (i) approve the minutes of the meeting of February 13, 1990; (ii) review the authority's operations for the prior months; and (iii) consider other matters and take other actions as they may deem appropriate. The planned agenda of the meeting will be available at the office of the authority one week prior to the date of the meeting.

Contact: Shockley D. Gardner, Jr., 909 E. Main St., Suite 707, Mutual Bldg., Richmond, VA 23219, telephone (804) 644-3100 or Fax number (804) 644-3109

DEPARTMENT FOR THE VISUALLY HANDICAPPED

Advisory Committee on Services

April 28, 1990 - CANCELLED
Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. ☐ (Interpreter for deaf provided if requested)

This meeting has been cancelled and will be rescheduled at a later date.

Contact: Barbara G. Tyson, Executive Secretary, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3350, toll-free 1-800-622-2155 or (804) 371-3140/TDD ☐

STATE WATER CONTROL BOARD

March 19, 1990 - 3 p.m. - Formal Hearing
General Assembly Building, Capitol Square, Senate Room B, Richmond, 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 680-21-01. Standards with General, Statewide Application.** The proposed amendment would add a new section, VR 680-21-01.15 - Dioxin for Surface Waters, to the Water Quality Standards.

Statutory Authority: § 62.1-44.15(3a) of the Code of Virginia.

Written comments may be submitted until March 5, 1990, to Doneva Dalton, State Water Control Board, P. O. Box 11143, Richmond, Virginia 23230.

Contact: Durwood Willis, Office of Environmental Research and Standards, State Water Control Board, P. O. Box 11143, Richmond, VA 23230, telephone (804) 367-6714

March 19, 1990 - 9 a.m. - Open Meeting

March 20, 1990 - 9 a.m. - Open Meeting
General Assembly Building, Capitol Square, Senate Room B, Richmond, Virginia. ☐

A regular quarterly meeting.

† **March 20, 1990 - 9 a.m. - Public Hearing**
General Assembly Building, Capitol Square, Senate Room B, Richmond, Virginia. ☐

A public hearing to receive comments on the proposed modification to the minimum instream flow of the 401 Certification 89-0230 issued January 12, 1990, to Multitrade, Incorporated, and the effect the modification will have on water quality or beneficial uses of state waters.

† **March 20, 1990 - 9 a.m. - Public Hearing**
General Assembly Building, Capitol Square, Senate Room B, Richmond, Virginia. ☐

A public hearing to receive comments on the proposed modification to the minimum instream flow of the 401 Certification 89-0868 issued January 12, 1990, to Ultra Cogen Systems, Inc., and the effect the modification will have on water quality or beneficial uses of state waters.

Contact: Doneva A. Dalton, State Water Control Board, Office of Policy Analysis, P. O. Box 11143, Richmond, VA 23230, telephone (804) 367-6829

BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

April 5, 1990 - 8:30 p.m. - Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☐

An open board meeting to (i) review enforcement

Calendar of Events

cases; (ii) discuss training programs; and (iii) consider other matters which require board action.

Contact: Gerald W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016

COUNCIL ON THE STATUS OF WOMEN

March 13, 1990 - 8 p.m. - Open Meeting
The Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, Virginia

Meetings of the standing committees of the council.

March 14, 1990 - 9 a.m. - Open Meeting
The Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, Virginia

A regular meeting of the council to conduct general business and to receive reports from the council standing committees.

Contact: Bonnie H. Robinson, Executive Director, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9200

CHRONOLOGICAL LIST

OPEN MEETINGS

March 12

† Alcoholic Beverage Control Board
† Cosmetology, Board for
Local Government, Commission on
† Valley ASAP Board

March 13

Funeral Directors and Embalmers, Board of
Historic Preservation Foundation, Virginia
Information Management, Council on
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- University of Virginia Institute of Law, Psychiatry
and Public Policy, Division of Continuing Education,
Office of Continuing Legal Education and Office of
Continuing Medical Education
Montgomery/Town of Blacksburg Local Emergency
Planning Committee, County of
† Rockbridge Alcohol Safety Action Program
- Board of Directors
† Tobacco Board, Virginia Bright Flue-Cured
† Virginia Resources Authority
Women, Council on the Status of

March 14

Commercial Driver Training Schools, Board for
Corrections, Board of
Funeral Directors and Embalmers, Board of
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- University of Virginia Institute of Law, Psychiatry
and Public Policy, Division of Continuing Education,
Office of Continuing Legal Education and Office of
Continuing Medical Education
Portsmouth Local Emergency Planning Committee
† Social Services, Board of
Soybean Board, Virginia
Transportation Board, Commonwealth
Women, Council on the Status of

March 15

Farmers' Market Board, Virginia
† Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- Prevention and Promotion Advisory Council
† Perinatal Services Advisory Board
† Social Services, Board of
Soil and Water Conservation Board, Virginia
Soybean Board, Virginia
Transportation Board, Commonwealth

March 16

Children, Coordinating Committee for
Interdepartmental Licensure and Certification of
Residential Facilities for Children
† Conservation and Recreation, Department for
- Catoclin Creek Advisory Board
- Falls of the James Scenic River Advisory Board
Contractors, Board for
† Cosmetology, Board for
† Social Work, Board of

March 19

† Criminal Justice Services Board
- Committee on Criminal Justice Information Systems
Rappahannock-Rapidan Division of Court Services
Water Control Board, State

March 20

Auctioneers, Board for
† Children's Facilities, Interdepartmental Council on
Rate-Setting for
Forestry, Department of
- Reforestation of Timberlands Board
† Housing Development Authority, Virginia
Water Control Board, State

March 21

† Health Professions, Department of
- Administration and Budget Committee
- Compliance and Discipline Committee
- Public and Professional Information and Education
Committee
- Regulatory Research Committee
Job Training Coordinating Council, Governor's

- † Medical Assistance Services, Board of
Migrant and Seasonal Farmworkers Board
Polygraph Examiners Advisory Board
† Racing Commission, Virginia
Rehabilitative Services, Board of
- Finance Committee
- Legislation and Evaluation Committee
- Program Committee
† Roanoke Valley Local Emergency Planning
Committee
Treasury Board
- March 22**
† Fire Services Board, Virginia
Medicine, Board of
Mental Health, Mental Retardation and Substance
Abuse Services Board, State
Rehabilitative Services, Board of
- March 23**
Medicine, Board of
- March 24**
Medicine, Board of
- March 25**
Medicine, Board of
- March 26**
† Alcoholic Beverage Control Board
† Barbers, Board for
Nursing, Board of
Social Services, Department of
- March 27**
Goochland County Local Emergency Planning
Commission
† Hazardous Materials Training Committee
Health Services Cost Review Council, Virginia
† Marine Resources Commission
† Medicare and Medicaid, Governor's Advisory Board
on
Nursing, Board of
- March 28**
Lottery Board, State
Nursing, Board of
- March 29**
Aging, Department for the
- Long Term-Care Ombudsman Program Advisory
Council
Architects, Professional Engineers, Land Surveyors and
Landscape Architects, Board for
Education, Board of
† Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- State Human Rights Committee's Subcommittee to
Review Regulations
† Opticians, Board for
- March 30**
Architects, Professional Engineers, Land Surveyors and
Landscape Architects, Board for
Education, Board of
† Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- State Human Rights Committee
- March 31**
Virginia Military Institute
- Board of Visitors
- April 3**
Hopewell Industrial Safety Council
† Labor and Industry, Department of
- Safety and Health Codes Board
- April 4**
† Audiology and Speech Pathology, Board of
Children, Department for
- Consortium on Child Mental Health
† Medicine, Board of
- Informal Conference Committee
- April 5**
Chesterfield County, Local Emergency Planning
Committee
Dentistry, Board of
† Middle Virginia Community Corrections Resources
Board
- Board of Directors
Waterworks and Wastewater Works Operators, Board
for
- April 6**
Dentistry, Board of
- April 7**
Dentistry, Board of
- April 9**
† Alcoholic Beverage Control Board
- April 11**
Corrections, Board of
† Mount Rogers Alcohol Safety Action Program
- Board of Directors
- April 12**
† Air Pollution Control Board, State
- April 17**
† Medicine, Board of
- Advisory Committee on Respiratory Therapy
- April 19**
Auctioneers, Board for
- April 23**
† Alcoholic Beverage Control Board

Calendar of Events

- April 25**
† Education, Board of
† Gloucester Local Emergency Planning Committee
- April 26**
† Children, Department for
- State-Level Runaway Youth Services Network
† Education, Board of
- April 27**
† Education, Board of
- April 28**
Visually Handicapped, Department for the
- Advisory Committee on Services
- May 1**
Hopewell Industrial Safety Council
- May 2**
Children, Department for
- Consortium on Child Mental Health
- May 3**
† Chesterfield County, Local Emergency Planning
Committee of
† Middle Virginia Community Corrections Resources
Board
- Board of Directors
Real Estate Board
- May 7**
Hearing Aid Specialists, Board for
- May 9**
Portsmouth Local Emergency Planning Committee
- May 14**
† Alcoholic Beverage Control Board
- May 24**
† Commerce, Board of
- May 31**
† Alcoholic Beverage Control Board
- June 7**
† Middle Virginia Community Corrections Resources
Board
- Board of Directors
- June 8**
† Real Estate Board

PUBLIC HEARINGS

- March 20**
† Water Control Board, State
- March 26**
Nursing, Board of
Social Services, Department of
- March 28**
Human Rights, Council on
- April 4**
Criminal Justice Services Board
- April 9**
† Conservation and Recreation, Department of
- April 10**
† Conservation and Recreation, Department of
- April 11**
† Conservation and Recreation, Department of
- April 12**
Architects, Professional Engineers, Land Surveyors and
Landscape Architects, Board for
† Conservation and Recreation, Department of
- April 13**
Motor Vehicles, Department of
- April 17**
Health, Department of
- April 18**
† Health, Department of
- April 19**
Health, Department of
- April 25**
† Air Pollution Control Board, State
- April 26**
Housing and Community Development, Department of
- May 2**
Agriculture and Consumer Services, Department of
- Pesticide Control Board
- May 7**
Accountancy, Board for
Agriculture and Consumer Services, Department of
- Pesticide Control Board
- May 16**
Agriculture and Consumer Services, Department of