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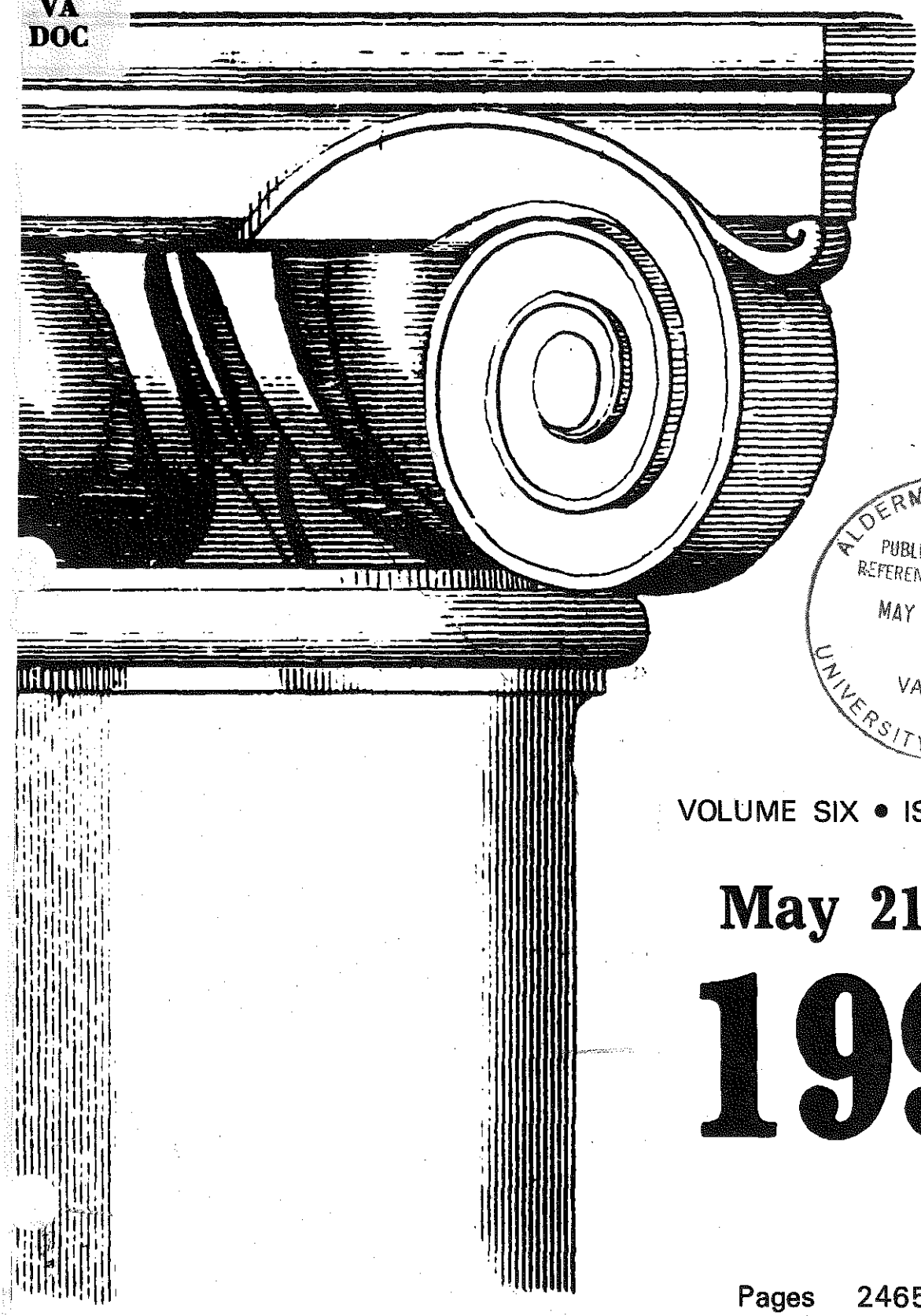
THE VIRGINIA REGISTER

OF REGULATIONS



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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

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

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VIRGINIA REGISTER OF REGULATIONS

PUBLICATION DEADLINES AND SCHEDULES

March 1990 through May 1991

MATERIAL SUBMITTED BY Noon Wednesday	PUBLICATION DATE
Volume 6 - 1989-90	
Feb. 21	Mar. 12
Mar. 7	Mar. 26
Index 2 - Volume 6	
Mar. 21	Apr. 9
Apr. 4	Apr. 23
Apr. 18	May 7
May 2	May 21
May 16	June 4
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June 13	July 2
June 27	July 16
July 11	July 30
July 25	Aug. 13
Aug. 8	Aug. 27
Aug. 22	Sept. 10
Sept. 5	Sept. 24
Final Index - Volume 6	
Volume 7 - 1990-91	
Sept. 19	Oct. 8
Oct. 3	Oct. 22
Oct. 17	Nov. 5
Oct. 31	Nov. 19
Nov. 14	Dec. 3
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Dec. 12	Dec. 31
Index 1 - Volume 7	
Dec. 26	Jan. 14, 1991
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PROPOSED REGULATIONS

FINAL REGULATIONS

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For information concerning Proposed Regulations, see information page.

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

DEPARTMENT FOR THE DEAF AND HARD-OF-HEARING

Title of Regulation: **VR 245-02-01. Regulations Governing Eligibility Standards and Application Procedures for the Distribution of Telecommunications Equipment.**

Statutory Authority: § 63.1-85.4 of the Code of Virginia.

Public Hearing Date: June 13, 1990 - 7 p.m.
(See Calendar of Events section for additional information)

Summary:

These regulations are used to screen hearing-impaired and speech-impaired applicants for the Telecommunications Assistance Program (TAP) and to determine the applicant's contribution (payment) toward the purchase of telephone equipment.

The amendments ensure the confidentiality of all TAP applications and other client materials used in determining the applicant's award.

VR 245-02-01. Regulations Governing Eligibility Standards and Application Procedures for the Distribution of Telecommunications Equipment.

PART I.
DEFINITIONS.

§ 1.1. Definitions.

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

"Amplified handset" means a mechanical device that amplifies either incoming sounds for hearing-impaired persons or outgoing sounds for speech-impaired persons.

"Applicant" means a person who applies for telecommunications equipment.

"Application" means the TAP Application (VDDHH-TDD-1).

"Audiologist" means any person who accepts compensation for examining, testing, evaluating, treating or counseling persons having or suspected of having disorders or conditions affecting hearing and related communicative disorders or who assists persons in the perception of sound and is not authorized by another regulatory or health regulatory board to perform any such services.

"Braille TDD" means an electrical device for use with a telephone that utilizes a keyboard, an acoustic coupler, a visual display and a braille display to transmit and receive messages.

"Completion date" means the date all supporting documentation for the application is received by the department.

"Coordinator" means the Coordinator for Statewide Telecommunications Programs for the Deaf of the Virginia Department for the Deaf and Hard-of-Hearing.

"Coupon" means a voucher which may be used by the recipient as credit toward the purchase of approved telecommunications equipment from a contracted vendor.

"Deaf" means the presence of a hearing impairment that requires use of a telecommunications device for the deaf to communicate effectively on the telephone.

"Deaf-blind" means the presence of a hearing impairment and a visual impairment that requires use of a braille or large-print TDD to communicate effectively on the telephone.

"Department" means the Virginia Department for the Deaf and Hard-of-Hearing.

"Director" means the Director of the Virginia Department for the Deaf and Hard-of-Hearing.

"Family" means the applicant, his dependents and any person legally required to support the applicant, including spouses.

"Gross income" means the income, total cash receipts before taxes from all sources of the applicant, his dependents and any person legally required to support the applicant including spouses.

"Minor" means a person less than 18 years of age whose parents are legally responsible for his support.

"Outreach specialist" means a person hired by the department to provide outreach services and to assist the department in carrying out activities related to the Telecommunications Assistance Program on either a regional or local level.

"Physician" means a person who has a medical degree and a license to practice medicine in any one of the United States.

"Program" or *"TAP Program"* means Telecommunications Assistance Program for distributing telecommunications equipment to deaf, severely hearing-impaired, deaf-blind and speech-impaired persons who meet eligibility requirements through an application process.

"Public assistance" means and includes aid to dependent children; auxiliary grants to the aged, blind and disabled; medical assistance; food stamps; general relief; fuel assistance; and social services.

"Recipient" means a person who receives telecommunications equipment or a coupon valid toward the purchase of the equipment.

"Ring signal device" means a mechanical device that alerts a deaf, severely hearing-impaired or deaf-blind person of an incoming call.

"Severely hearing-impaired" means a hearing loss that requires use of either a Telecommunications Device for the Deaf or an amplified telephone handset to communicate effectively on the telephone.

"Speech-impaired" means a loss of verbal communication ability which prohibits normal usage of a standard telephone handset.

"Speech pathologist" means any person who accepts compensation for examining, testing, evaluating, treating or counseling persons having or suspected of having disorders or conditions affecting speech, voice or language and is not authorized by another regulatory or health regulatory board to perform any such services.

"Telecommunications devices for the deaf, hereinafter called TDD" means an electrical device for use with a telephone that utilizes a keyboard, acoustic coupler and display screen to transmit and receive messages.

"Telecommunications equipment" means any mechanical adaptation for a telephone needed by a deaf, a hearing-impaired or a speech-impaired person in order to use the telephone, including amplified handsets, ring signaling devices, and braille, large-print or regular-print TDDs.

PART II.
PARTICIPATION OF APPLICANT.

§ 2.1. Eligibility requirements.

Upon request for telecommunications equipment by an applicant, the department will require information as to the family size, financial status, and other related data as described on the application. It is the applicant's responsibility to furnish the department with the correct financial data in order to be appropriately classified according to income level and to determine applicable charges for telecommunications equipment. Applicants eligible to participate in the program shall meet the following requirements:

1. The applicant must be certified as deaf, severely hearing-impaired, deaf-blind, or speech-impaired by a licensed physician, audiologist, speech-language pathologist, vocational rehabilitation counselor employed by the Department of Rehabilitative Services or the Department for the Visually Handicapped, a Virginia School for the Deaf and Blind representative, or other appropriate agency or government representative.

2. The applicant shall reside in the Commonwealth of Virginia.

3. An applicant shall submit a completed application.

§ 2.2. Charges for equipment.

Eligible applicants shall be granted program participation based on a first-come, first-served basis and the availability of program funds. The participation of applicants shall be by coupon. (See Part IV.) The approved applicant may use his coupon in addition to his contribution, ~~(~~ as defined in ~~§§ 2.2 A 1-2~~ *subdivisions A 1 and 2 of § 2.2* of these regulations ~~)~~ , to purchase the approved equipment at the state contract rate.

A. Cost of the program to applicant.

If the *individual or family monthly gross income is such that a* charge for telecommunications equipment is required, an explanation of the charges shall be provided to the recipient.

1. An applicant shall not be required to participate in the cost of telecommunications equipment if his individual or family monthly gross income is:

a. Obtained solely from , ~~(~~ any one or combination of ~~)~~ , public assistance , ~~(~~ as defined in Part I of these regulations ~~)~~ , earnings of minor children or gifts , ~~(~~ or any combination thereof ~~)~~ ; or

b. Less than or equal to the Economic Needs Guidelines found in *subdivision A 3 of* § 2.2 ~~A 3~~ of these regulations.

2. Any other applicant shall be required to participate in the cost of any telecommunications equipment distributed to the applicant. The portion paid by the applicant to the vendor shall be equal to the amount which his individual or family monthly gross income exceeds the following Economic Needs Guidelines. However, this amount shall not exceed the approved equipment total price or $75, whichever is lower.

3. Statewide Economic Needs Guidelines. *The same formula used to determine the following sets of Economic Needs Guidelines shall be applied where the*

number of family members exceeds six.

	Monthly Gross Income	Annual Gross Income
Family of 1	$1,210	$14,520
Family of 2	1,583	18,996
Family of 3	1,995	23,940
Family of 4	2,327	27,924
Family of 5	2,699	32,388
Family of 6	3,072	36,864

a. Northern Virginia Economic Needs Guidelines. To be used for applicants residing in Arlington, Fairfax, Loudoun, and Prince William counties and the incorporated cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

	Monthly Gross Income	Annual Gross Income
Family of 1	$1,319	$15,828
Family of 2	1,726	20,712
Family of 3	2,175	26,100
Family of 4	2,537	30,444
Family of 5	2,942	35,304
Family of 6	3,349	40,188

b. If an applicant is paying monthly installments toward a debt(s), then the amount of one monthly installment will be subtracted from the applicant's expected contribution before the valid amount of the coupon is determined, under the following conditions:

1. The debt(s) is owed for nonpreventative medical or dental services; and

2. The debt(s) is owed by or for the applicant or individuals whom the applicant is legally responsible to support or is legally supported by.

§ 2.3. Type of equipment.

The applicant must choose the type(s) of equipment requested based upon the applicant's sensory loss. The equipment available through the program includes: TDDs, braille TDDs, amplified handsets and ring signal devices.

PART III.
APPLICATION PROCEDURES.

§ 3.1. The application may be obtained from the department or the department's outreach specialists or other authorized distribution centers. Completed applications shall be forwarded to:

Virginia Department for the Deaf and Hard-of-Hearing
ATTN: TAP Program
~~101~~ ~~North~~ ~~14th~~ ~~Street~~
~~7th~~ ~~Floor~~
~~Richmond,~~ ~~VA~~ ~~23219-3678~~

The VDDHH telephone number is 1-800-552-7917 (V/TDD) or (804) 225-2570 (V/TDD).

§ 3.2. Processing applications.

A. The coordinator shall approve all applications for which eligibility requirements defined in § 2.1 are satisfied, except as provided in subsections B and C of this regulation.

B. Original application shall not be approved:

1. When the applicant has already been issued a coupon which is still valid towards the purchase of telecommunications equipment under this program.

2. When the applicant has received a device from the TAP Program within the preceding four years.

C. Application for replacement equipment shall not be approved when:

1. A device previously issued by the department has been subjected to abuse, misuse or unauthorized repair by the recipient.

2. The recipient fails to provide a police report of a stolen device or refuses to cooperate with the police investigation or in the prosecution of the suspect, including the refusal to testify in court when requested to do so.

3. The recipient is found negligent in the police report, such as doors to the house or car left unlocked or unattended.

4. The recipient has lost the device.

5. The recipient has sold the device.

§ 3.3. Notice of action on approved or denied applications.

The recipient shall be notified of a decision regarding an original application within 30 days of the completion date.

PART IV.
COUPON SYSTEM.

§ 4.1. *Coupons.*

A coupon for purchase of telecommunications equipment based on an original application will be processed as

follows:

1. The TAP Program Coordinator shall issue coupons varying in amount, but not exceeding the equipment's contracted price, for the purchase of approved equipment to persons determined to be eligible for the program. The coordinator will attach a list of contracted vendors who sell the approved telecommunications equipment.

2. The coupon shall entitle the recipient to purchase the approved equipment at the state-contract rate.

3. The recipient shall present or send the coupon to the vendor to make a purchase of approved equipment within 30 days of the coupon's issuance date.

4. The coupon shall have the signature and signature date of the recipient. The signature date indicates the order date for approved equipment by the recipient.

5. The vendor shall complete its section of the coupon, including signature and date, documenting the corresponding serial numbers for all approved equipment. The serial number for all equipment shall be required for reimbursement.

6. Within 30 days of the order date, the vendor shall forward the coupon to the Virginia Department for the Deaf and Hard-of-Hearing (VDDHH). An invoice for payment shall accompany the coupon for reimbursement. When submitting the coupon and invoice for payment, the vendor shall provide proof of delivery to the recipient's home address. This proof shall include a signature indicating receipt of the approved equipment.

7. Payment reimbursed from VDDHH to the vendor shall not exceed the valid amount, found in the upper right-hand corner, of the coupon.

8. The difference between the equipment's state-contracted price under the program and the value of the coupon will be collected by the vendor from the recipient.

9. Upon receipt of the authorized coupon, accompanying invoice, and confirmation of satisfactory delivery of the equipment, VDDHH will process an accounting voucher for the valid amount. The agency accounting voucher will be processed with an appropriate due date in accordance with the terms and conditions set forth in the Commonwealth's Prompt Payment Act.

§ 4.2. Ownership.

All telecommunications devices distributed through the program are the property of the recipient.

§ 4.3. Liability.

Recipients shall be responsible for any repairs to or loss of a device issued in the program.

PART V.
CONFIDENTIALITY.

§ 5.1. Confidentiality.

All TAP applications and other client materials shall be kept confidential by department personnel and other persons authorized by the department to view such materials. An applicant's award shall also be confidential and shall not be released without the applicant's permission.

VDDHH
Virginia Department for the Deaf and Hard of Hearing

FOR OFFICE USE ONLY

Date Received	/	Date Complete	Region	City/County	CI	Application #

TELECOMMUNICATIONS ASSISTANCE PROGRAM (TAP)

Eligibility: applicants for telecommunications equipment for hearing-impaired and speech-impaired people.

PLEASE PRINT OR TYPE

1. APPLICATION: ☐ ORIGINAL ☐ RENEWAL

2. NAME OF PERSON WHO WILL USE THIS EQUIPMENT:

_____ _____ _____ 3. BIRTHDATE: ____/____/____
Last First MI

4. APPLICANT IS:
☐ MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOWED

5. SPOUSE NAME: _____ _____ _____
Last First MI

6. HOME ADDRESS:

_____ _____ _____
Number Street Name Apt. #

_____ _____ _____
City State Zip

7. MAILING ADDRESS (If Different):

_____ _____ _____
Number Street Name Apt. #

_____ _____ _____
City State Zip

8. WHEN DID YOU MOVE TO VIRGINIA? ____/____
month year

9. CITY OR COUNTY YOU LIVE IN? _____
(Circle One)

10. DO YOU NOW HAVE A TELEPHONE IN YOUR HOME?
☐ YES ☐ NO

11. TELEPHONE NUMBER:

( ) _____
Area Code

13. FAMILY MONTHLY INCOME $ _____

14. FAMILY SOURCE OF INCOME _____
(Use Instruction Codes on the back of this application)

15. FAMILY SIZE (Include yourself): _____

12. NAME OF PERSON LISTED IN TELEPHONE DIRECTORY: _____ _____ _____
Last First MI

16. THE EQUIPMENT BOX — CHECK (✓) IN THE CORRECT GROUP

DEAF	SEVERELY HEARING-IMPAIRED	SPEECH-IMPAIRED	HEARING-IMPAIRED/VISUALLY-IMPAIRED
(Only Check One Box) ☐ TDD & Visual Ring ☐ TDD Only ☐ Visual Ring Signaler Only	(Check One Box In *Each* Group) ☐ TDD ☐ Volume Control Telephone for the hearing-impaired ☐ Visual Ring Signaler ☐ Audible Ring Signaler	(Only Check One Box) ☐ TDD Only ☐ Volume Control Telephone	(Check One or Both Boxes) ☐ Large-Print TDD ☐ Tactile Ring Signaler

17. DO YOU NEED TRAINING TO USE THESE MACHINES? ☐ YES ☐ NO

18. **APPLICANT CERTIFICATION:**

I CERTIFY:

1 - The information on this application is true.
2 - I live in Virginia.
3 - I am hearing-impaired and/or speech-impaired.
4 - There is telephone service in my home now or I will get telephone service as soon as your office lets me know that I will get the machine that I ask for.
5 - The FAMILY MONTHLY INCOME (Question #13) is the total gross monthly income my family earns in one month.

I UNDERSTAND:

1 - **If any information on this application is not true I will have to give all equipment back to VDDHH.**
2 - I accept responsibility for the machines.
3 - I accept responsibility for all repair and maintenance costs.
4 - I accept responsibility for all of my telephone bills.

APPLICANT SIGNATURE _____ Soc. Sec. #____/____/____ Date:____/____/____

PARENT OR GUARDIAN: _____ Soc. Sec. #____/____/____ Date:____/____/____

This section to be completed by appropriate professional only.

19. **PROFESSIONAL CERTIFICATION** (mark the appropriate category):

☐ Doctor (licensed physician)
☐ Audiologist
☐ Speech Pathologist
☐ Va. School for the Deaf Rep.
☐ DRS or DVH Rep.
☐ Other appropriate agency Rep. (check with VDDHH)

ABOVE CLIENT IS (please check one):
☐ Deaf
☐ Severely Hearing-Impaired
☐ Speech-Impaired

I Certify: That this applicant meets the definition of "Deaf," "Severely Hearing-Impaired," or "Speech-Impaired" given on the reverse side of this application. (Please see back of this form for a definition of each impairment and a description of each device)

Name of Certifying Person: _____ Title: _____

Name of Agency: _____ State Lic. # (if applicable): _____

Address: _____ Day Phone Number: ( ) _____

Signature: _____ Date: ____/____/____

Applicants for this program shall be afforded equal opportunity without regard to race, color, religion, national origin, political affiliation, handicap, sex or age.
Mail Completed Application to: VDDHH - 101 N. 14th Street, 7th Floor, Richmond, VA 23219-3678 VDDHH Office: 1-800-552-7917 (V, TDD)

(VDDHH-TDD-3 Revised 7/89)

TAP APPLICATION INSTRUCTIONS

Important! Follow these directions carefully.

If any answers are incorrect, inconsistent or left blank, the application process will be delayed and you may have to fill out additional forms.

You must write an answer to every question on the TAP Application!
(Do not write in the shaded areas.)

1. **Application**
Check (✓) "Original" if you have not received equipment through this program before.

2. **Name of person who will use this equipment**
Print your full legal name: last name, first name and middle initial.

3. **Birthdate**
Use numbers. For example: August 11, 1956 = 8/11/56

4. **Applicant is: Married Single Divorced Widowed**
Check the box that relates to the person who will use this equipment, not the parent.

5. **Spouse Name**
Write the last name, first name and middle initial of the spouse of the person who will use this equipment, not the parent. If none, write "none" in the space.

6. **Home Address**
Print your complete home (street) address. A P.O. Box is not acceptable.

7. **Mailing Address**
Write "same" if mailing address = home address. If the address is different, print your complete mailing address (including P.O. Box, R.D. #, etc.).

8. **When did you move to Virginia?**
Use numbers to show what month and what year you moved to Virginia. For example: July 1989 = 7/89. If you were born in Virginia and lived here your whole life, use the same numbers as your birthdate.

9. **City or County you live in**
Circle "City" or "County," then write in the correct name.
Some examples: You may live in Roanoke City or Roanoke County.
If you live in Chatham you should write Pittsylvania County.

10. **Do you have a telephone in your home?**
Check (✓) "yes" or "no."

11. **Telephone Number**
Write your telephone number. If you don't have a telephone number, then write in "none."

12. **Name of Person Listed in Telephone Directory**
Write last name, first name and middle initial of the name as it appears in the phone book.

13. **Family Monthly Income**
Write only one number—the total money your family earns in one month. Do not breakdown income into individual or separate jobs—add all together. Write in the gross monthly income before deductions (federal and state taxes, social security, insurance, etc.).

14. **Family Source of Income**
Write in where the money in "Family Monthly Income" comes from using codes (letters) below. (Example: If your money comes from salary/wages, you would write an "A" in the space.) Use as many letters as you need to show where all your money comes from.

Codes

A	Salary/ Wages	I	(Continued) Social Services (SSI and SSDI or SSA) – not regular Social Security retirement; Auxiliary Grants to the aged, blind or disabled; Medical Assistance (Medicaid); Food Stamps General Relief; and Fuel Assistance.
B	Self-Employed (money after business deductions)	J	Earnings of minor children
C	Unemployment Compensation	K	Gifts
D	Worker's Compensation (if you were injured on the job)	L	Regular Social Security (Retirement); Medicare
E	Veteran's Benefits	M	Other (Specify on application)
F	Private Pension (Retirement)		
G	Government Employee Pension		
H	Alimony		

15. **Family Size (Include yourself)**
This is the size of your family. Use the number of dependents (including yourself—the person who will use this equipment) claimed on your family's most recent tax return. If you didn't fill out a tax return, count the number of your relatives that live with you.

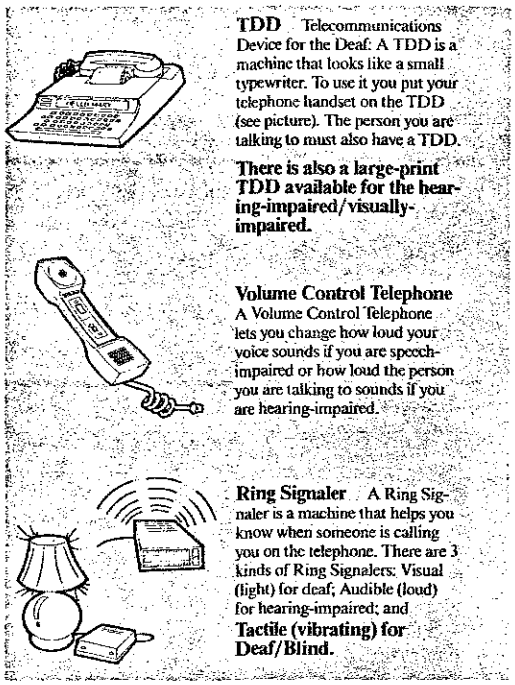
16. **Equipment Box**
Pick the one group which relates to you: Deaf, Severely Hearing-Impaired or Speech-Impaired.

Deaf
A hearing impairment which requires use of a TDD to communicate effectively on the telephone.

Severely Hearing-Impaired
A hearing impairment which requires use of either a TDD or an amplified receiver to communicate effectively on the telephone.

Speech-Impaired
A verbal impairment which prohibits normal usage of a telephone.

Below the group you picked, choose the equipment you would like to receive.



TDD Telecommunications Device for the Deaf: A TDD is a machine that looks like a small typewriter. To use it you put your telephone handset on the TDD (see picture). The person you are talking to must also have a TDD.

There is also a large-print TDD available for the hearing-impaired/visually-impaired.

Volume Control Telephone
A Volume Control Telephone lets you change how loud your voice sounds if you are speech-impaired or how loud the person you are talking to sounds if you are hearing-impaired.

Ring Signaler A Ring Signaler is a machine that helps you know when someone is calling you on the telephone. There are 3 kinds of Ring Signalers: Visual (light) for deaf; Audible (loud) for hearing-impaired; and **Tactile (vibrating) for Deaf/Blind.**

17. **Do you need training to use these machines?**
Check "yes" if you want to learn how to use the equipment.

18. **Applicant Certification**
Read all statements in this section. If all is clearly explained to you and you agree and all of your information is true, then sign your name, social security number and today's date (use numbers).

A signature is needed from all applicants who are 5 years old or older.

If the applicant is under 18 years old, then the mother, father or legal guardian must also sign the application, and put their social security number and today's date on the second line provided.

19. **Professional Certification**
Take this application to any one of the kinds of professionals listed in this section. They must fill out the section, certify your impairment and give the application back to you.

VDDHH must approve a person not listed in this section.

CHECK YOUR APPLICATION BEFORE MAILING IT!!

Did you sign your name?
Write your social security number?
Fill in today's date?
Check the equipment you want?
Have a doctor or other professional sign your application?

Mail This Application To:

Virginia Department for the Deaf and Hard of Hearing
Attn: TAP
101 North 14th Street, 7th Floor
Richmond, Virginia 23219-3678

If you do not get a telephone call or letter from VDDHH within six weeks, call: 1-800-552-7917

* * * * * * * *

Title of Regulation: **VR 245-03-01. Regulations Governing Interpreter Services for the Hearing Impaired.**

Statutory Authority: § 63.1-85.4 of the Code of Virginia.

Public Hearing Date: June 13, 1990 - 7 p.m.
(See Calendar of Events section
for additional information)

Summary:

The primary amendment described herein allows for the prescription of fees to be paid by candidates participating in the Virginia Quality Assurance Screening process. Additional language has been added to clarify the appeal procedure and the validation period of assessment results and to include a confidentially clause.

VR 245-03-01. Regulations Governing Interpreter Services for the Hearing Impaired.

PART I.
DEFINITIONS.

§ 1.1. Definitions.

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

"ASL" (American Sign Language) means the manual language predominantly used by members of the deaf community.

"Assessment team" refers to the group of individuals who serve on the panel for Virginia Quality Assurance Screenings.

"Candidate" refers to any person who has applied to take the Virginia Quality Assurance Screening.

"Certified interpreter" refers to an advanced level interpreter who holds valid certification issued by the Registry of Interpreters for the Deaf, Inc., or a cued speech interpreter certified by the National Cued Speech Association.

"Closed screening" means a screening which may be offered to a group who has requested a screening for eight candidates within that group. Candidates on the waiting list to be screened may not be notified of closed screenings.

"Code of ethics" means the guidelines for interpreters as established by the national Registry of Interpreters for the Deaf, Inc.

"Consumer" refers to any individual with or without a hearing impairment who is a recipient of interpreter services.

"Coordinator" refers to the Coordinator of Interpreter Programs in the Department for the Deaf and Hard of Hearing.

"Cued speech" means the phonetically-based hand supplement to speechreading which is independent to all sign language modalities.

"Department" means the Virginia Department for the Deaf and Hard of Hearing.

"Director" refers to the Director of the Virginia Department for the Deaf and Hard of Hearing.

"Directory" means the listing of qualified interpreters for the hearing impaired as compiled by the department.

"Expressive" means to convey a spoken message into a visual equivalent.

"Freelance" means to contract independently without long-term contractual commitments to any one employer.

"Hearing" refers to any person who is able to comprehend conversational speech without an assistive device and who can speak intelligibly.

"Hearing-impaired" refers to any person who is unable to comprehend conversational speech without the aid of an assistive device, such as a hearing aid, audible loop, or interpreter.

"Interpret" means to accurately convey messages without personal interjection between two or more parties using two languages.

"Interpreter" refers to any person who intermediates for the purpose of communication between two or more parties using different languages or different forms of the same language and refers to sign language, oral, and cued speech interpreters and transliterators. When the term is used to specifically identify an interpreter who interprets using ASL, this text will so indicate.

"Interpreting (ASL)" means the specific process of interpreting ASL vocabulary, structure, and components and does not include oral, cued speech, or other forms of interpreting using an English-based structure. The term is used specifically herein when discussing components of the VQAS assessment process.

"Manually-coded English" means any form of manual communication which utilizes specified handshapes to represent English syntax.

"MLS" (Minimal Language Skills) means a communication model, which may include informal gestures and home-signs, characterized by limited, or

minimal, expressions based on a recognized language.

"Oral" means a communication mode which is dependent upon speech reading and spoken communication.

"Panel" refers to the people selected to serve on an assessment team of the quality assurance screening.

"Panelist" refers to any person who has satisfied the requirements for serving as a member of the assessment team for quality assurance screenings.

"QAS" (Quality Assurance Screening) means the process of assessing candidates to determine a level of interpreting competency. Standards established for the QAS are based on those originally set forth by the national Registry of Interpreters for the Deaf, Inc.

"Qualified interpreter" refers to an interpreter who currently holds valid national certification or a state screening/evaluation level.

"Receptive" means to convey a visual message into a spoken equivalent.

"RID" (Registry of Interpreters for the Deaf, Inc.) means the national governing body of the interpreting profession.

"Screening" means the Virginia Quality Assurance Screening.

"Screening level" means the level of competency awarded to an interpreter who has successfully satisfied the minimum standards established for VQAS.

"Service provider" refers to the person requesting interpreter services who may or may not also be the consumer.

"Transliterate" means to accurately convey messages without personal interjection between two or more parties using different forms of the same language, such as written or spoken English and a manually-coded form of English.

"VQAS" means Virginia Quality Assurance Screening.

PART II.
ADMINISTRATION OF INTERPRETER SERVICES.

§ 2.1. Responsibilities of the department.

A. The department will:

1. Compile a directory of qualified interpreters;

2. Distribute the directory upon request;

3. Maintain a list of directory recipients and distribute updates;

4. Refer only qualified interpreters to consumers and service providers; and

5. Assist consumers and service providers in selecting an appropriate interpreter when requested.

B. The department may:

1. Assign interpreters when requested by a consumer or service provider; and

2. Compensate interpreters from available funds appropriated for that purpose.

C. The department will provide, upon request, information about the different levels of qualifications and the various modes of communication and will assist consumers in selecting an interpreter with the appropriate skills.

§ 2.2. Directory of qualified interpreters.

A. A qualified interpreter listed in the directory holds at least one of the following credentials:

1. RID certification;

2. VQAS screening level;

3. Certification issued by the National Cued Speech Association; or

4. A screening level or recognized evaluation from another state when:

a. The credentials meet the minimum requirements of VQAS; and

b. The credentials are valid and current in the state issued.

NOTE: Notwithstanding subdivision 4 of this subsection, the interpreter must receive a VQAS screening level or national certification prior to one year from the date listed in the directory.

B. Before an interpreter will be listed in the directory, the department will:

1. Verify the validity of all credentials;

2. Ensure that all credentials are current; and

3. Obtain a written request from the interpreter to be listed in the directory as a qualified interpreter.

§ 2.3. Appeal procedure.

If an interpreter desires to contest the department's

decision to exclude that interpreter's request to be listed as a qualified interpreter, that interpreter must file a written appeal with the director within 30 days of the determination. The director, or designee, shall provide an informal conference with that interpreter within 30 days from the date received.

PART III.
VIRGINIA QUALITY ASSURANCE SCREENINGS (VQAS).

In order to maintain the referenced directory and ensure the maintenance of quality interpreter services, the department will administer Virginia Quality Assurance Screenings in accordance with the provisions specified in this part.

§ 3.1. Notification of intent to be screened.

Candidates interested in being screened should contact:

~~Coordinator of Interpreter Programs~~ *QAS Coordinator*
Virginia Department for the Deaf and Hard of Hearing
~~James Monroe Building, 7th Floor~~
~~101 North 14th Street~~
~~Richmond, Virginia 23219-3678~~
(804) 225-2570 *V/TDD* in Richmond
(800) 552-7917 *V/TDD* Toll-free Statewide

All requests to be screened will be acknowledged by the coordinator, or designee, in writing within 30 days of receipt of the request.

§ 3.2. Fee for screening.

The department may assess a fee for any part of the screening. The fee shall not exceed the actual cost of administration. Notification of current fees shall be provided with registration forms (§ 3.4). Payment of fees shall be made prior to administration of the assessment.

~~§ 3.2.~~ *§ 3.3.* Scheduling of screenings.

The department may offer a screening whenever eight or more candidates are waiting to be screened but screenings may be cancelled when fewer than six candidates apply to be screened as scheduled. A minimum of two screenings per year will be offered in geographical regions most conducive to the accessibility of candidates and panelists.

~~§ 3.3.~~ *§ 3.4.* Notifying and scheduling of candidates.

Candidates will be notified by mail of the next scheduled screening at least 10 days prior to the scheduled date. Closed screenings may be offered upon request to groups who satisfy the requirements established by the department for offering a screening (~~§ 3.2~~ *§ 3.3*).

Candidates must complete and return ~~a~~ *the appropriate registration* form requesting to be screened. The coordinator will be responsible for scheduling and confirming requests in the order received. Candidates whose requests are received after the screening schedule has been filled shall be retained as alternates and may be contacted in the event of a cancellation.

~~§ 3.4.~~ *§ 3.5.* VQAS assessment process.

A. Assessment team.

1. A screening panel shall consist of at least three but no more than five panelists with at least one hearing and one hearing-impaired panelist.

2. Hearing panelists shall be ~~certified~~ *qualified* interpreters who have successfully completed VQAS assessment team training as administered by the department.

3. Hearing-impaired panelists shall have successfully completed VQAS assessment team training as administered by the department.

4. All panelists shall be fluent in English and the second language modality being assessed.

5. Employees of the department may not serve as panelists.

B. Screening components.

Each screening is comprised of three major categories:

1. Part I - Code of Ethics: (General knowledge and application). May be administered prior to the other two categories - orally (in front of a live panel, on videotape, or both) or in writing (in the presence of a monitor).

2. Part II - Interpreting (ASL Performance): (Expressive and receptive abilities using ASL vocabulary, structure, and components). May be administered in front of a live panel, on videotape, or both.

3. Part III - Transliterating (Performance): (Expressive and receptive abilities using a form of manually-coded English). May be administered in front of a live panel, on videotape, or both.

C. Awarding of screening levels.

Each panelist will independently assess a candidate's performance and assign a raw score for the required competencies within each category (Parts I, II, and III). Raw scores will be totaled for each part, converted to percentages, and averaged with the other panelists' scores. Part I may be scored independently by the department when administered in writing. Depending on the results, a candidate may:

1. Not receive any level at this time;

2. Receive a level for Interpreting (ASL) only;

3. Receive a level for Transliterating only; or

4. Receive a level for both Interpreting (ASL) and Transliterating.

D. Criteria for screening levels.

A screening level of I, II, III, or IV will be awarded to candidates who satisfy the minimum competency requirements. *(Refer to § 3.5 B Screening Components.)* These minimum requirements are:

1. 90% Code of Ethics (Part I) and

2. Performance Scores Parts II and III (Interpreting or Transliterating):

a. 95% - Level IV

b. 80% - Level III

c. 65% - Level II

d. 50% - Level I

NOTE: A Level will not be awarded until the candidate has achieved 90% on the Code of Ethics assessment.

E. The department will notify candidates in writing of the status of their screening within 90 days of the screening date.

§ ~~3.5.~~ *§ 3.6.* Validity period.

A screening level *, or the results of any part as described in § 3.5 B,* shall remain valid for three years.

§ ~~3.6.~~ *§ 3.7.* Appeal procedure.

If a candidate desires to contest the ~~panel's decision~~ *results of any part of a screening* , the candidate must file an appeal with the director within 30 days of the date of the adverse decision. The director, or designee, shall provide for an informal conference with the candidate within 30 days. The only remedy which the director may award *for the Code of Ethics, Part I* is the opportunity to retake the screening at the next scheduled date. *The only remedy which the director may award for the performance component (Parts II and III) is the opportunity to be reassessed by additional panelists within 90 days.*

§ 3.8. Confidentiality.

All QAS materials shall be kept confidential by department personnel and other persons authorized by the department to view such materials. Candidate's scores shall also be confidential and shall not be released without the candidate's permission.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Title of Regulation: **VR 320-01-2. Regulations of the Board of Funeral Directors and Embalmers.**

Statutory Authority: § 54.1-2803 of the Code of Virginia.

Public Hearing Date: June 1, 1990 - 10 a.m.
(See Calendar of Events section for additional information)

Summary:

The proposed regulations are designed to ensure the public protection by establishing standards for licensure, examination, training and practice of funeral service professionals while being responsive to changes within the industry during the lifetime of the regulations.

The regulations will impact funeral directors, embalmers, and full service licensees subject to licensure by the Board of Funeral Directors and Embalmers:

1. Qualifications, examination, and licensure of licensees;

2. Apprenticeship program, approval of training supervisors, and training sites;

3. Renewals, reinstatements, and fees;

4. Revised public participation guidelines;

5. Disciplinary actions;

6. Registration of surface transportation and removal services and qualifications for issuance of courtesy cards;

7. Approval of mortuary science education programs;

8. Standards of practice and embalming;

9. Pricing standards and disclosures.

VR 320-01-2. Regulations of the Board of Funeral Directors and Embalmers.

PART I.
GENERAL PROVISIONS.

Article 1.
Definitions, Legal Base, Purpose Applicability.

§ 1.1. Definitions.

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

"Advertisement" means any information disseminated or placed before the public.

"Alternate care" means the preparation of a dead human body, exclusive of embalming, to include bathing and surface disinfection.

"Alternative container" means a nonmetal receptacle or enclosure, without ornamentation or a fixed interior lining, which is designed for the encasement of human remains and which is made of cardboard, pressed-wood, composition materials (with or without an outside covering) or pouches of canvas or other materials.

"Applicant" means a person applying for examination and licensure by the board.

"At need" means when death has occurred.

"Board" means the Board of Funeral Directors and Embalmers.

"Burial garment" means clothing designed specifically for use on dead human remains.

"Cash advance item" means any item of service or merchandise described to a purchaser as a cash advance, accommodation, cash disbursement, or similar term. A cash advance item is also any item obtained from a third party and paid for by the funeral provider on the purchaser's behalf. Cash advance items may include, but are not limited to, the following items: cemetery or crematory services, pallbearers, public transportation, clergy honoraria, flowers, musicians or singers, nurses, obituary notices, gratuities, and death certficates.

"Casket" means a rigid container which is designed for the encasement of human remains and which is usually constructed of wood, metal, or like material, and ornamented and lined with fabric.

"Conduct" means to carry out and perform.

"Courtesy card" means the card issued by the board which grants limited and restricted funeral service privileges in the Commonwealth to out-of-state funeral service licensees, funeral directors, and embalmers.

"Cremation" means a heating process which incinerates human remains.

"Cremation urn" means a wood, metal, stone, plastic, or composition container or a container of other material, which is designed for encasing cremated ashes.

"Cremation vault" or "cremation outer burial container" means any container which is designed for encasement of an inner container or urn containing cremated ashes. Also known as a cremation box.

"Crematory" means any person, partnership, or corporation that performs cremation.

"Department" means the Department of Health Professions.

"Direct cremation" means a disposition of human remains by cremation, without formal viewing, visitation, or ceremony with the body present.

"Embalmer" means any person engaged in the practice of embalming.

"Embalming" means the preservation and disinfection of the human dead by external or internal application of chemicals.

"Establishment manager" means a funeral service licensee or funeral director licensed by the board, responsible for the direct supervision and management of a funeral service establishment or branch facility.

"Executive director" means the board administrator for the Board of Funeral Directors and Embalmers.

"Full-time employment" means employment at the establishment for 40 hours per week.

"Funeral directing" means the for-profit profession of directing or supervising funerals, or preparing human dead for burial by means other than embalming.

"Funeral director" means any person engaged in the practice of funeral directing.

"Funeral goods" means the goods which are sold or offered for sale directly to the public for use in connection with funeral services. Also known as funeral merchandise.

"Funeral provider" means any person, partnership, or corporation that sells or offers to sell funeral goods and funeral services to the public.

"Funeral service establishment" means any main establishment, branch, or chapel where any part of the profession of funeral directing or the act of embalming is performed.

"Funeral service licensee" means a person who is licensed in the practice of funeral service and funeral directing.

"Immediate burial" means a disposition of human remains by burial, with a graveside service, without visitation or ceremony.

"Outer burial container" means any container which is designed for placement in the grave around the casket including, but not limited to, containers commonly known as burial vaults, grave boxes, and grave liners.

"Person" means any individual, partnership, corporation, association, government, or governmental subdivision or agency or other entity.

"Practice of funeral services" means engaging in the care and disposition of the human dead, the preparation of the human dead for the funeral service, burial, or cremation, the making of arrangements for the funeral service or for the financing of the funeral service and the selling or making of financial arrangements for the sale of funeral supplies to the public.

"Preneed" means any time other than at-need.

"Preneed funeral financing" means the arranging of funding for funeral services prior to death.

"Preneed funeral planning" means the making of funeral arrangements or selecting of funeral merchandise prior to death.

"Registration" means the process of applying to the board to seek approval to serve as a trainee, trainer, or to operate a service transportation and removal service.

"Resident trainee" means a person who is preparing to be licensed for the practice of funeral services under the direct supervision of a practitioner licensed by the board.

"Services of funeral director and staff" means those services which may be furnished by a funeral provider in arranging and supervising a funeral, which are not included in the prices of other categories listed on the general price list, such as conducting the arrangements conference, planning the funeral, obtaining necessary permits, and placing obituary notice.

"Solicitation" means initiating direct contact with consumers with the intent of influencing their selection of a funeral service provider.

"Surface transportation and removal service" means any person, private business, or funeral service establishment, except a common carrier engaged in interstate commerce, the Commonwealth and its agencies, engaged in the business of surface transportation or removal of dead human bodies in the Commonwealth.

"Unfinished wood box" means an unornamented casket made of wood which does not have a fixed interior interlining.

§ 1.2. Legal base.

The following legal base describes the responsibility of the Board of Funeral Directors and Embalmers regulations governing funeral service in the Commonwealth of Virginia:

Title 54.1, Chapter 1 (§ 54.1-100 et seq.);
Title 54.1, Chapter 24 (§ 54.1-2400 et seq.);
Title 54.1, Chapter 25 (§ 54.1-2500 et seq.);
Title 54.1, Chapter 28 (§ 54.1-2800 et seq.);
Title 32.1, Chapter 2 (§ 32.1 et seq.);
Title 32.1, Chapter 6 (§ 32.1-263 et seq.);
Title 32.1, Chapter 7 (§ 32.1-274 et seq.);
Title 32.1, Chapter 8 (§ 11-24 et seq.)
of the Code of Virginia; and
§ 453.1 (b)-(d), (f), (g)-(j), (k), (m)-(p) of the Federal Trade Commission's Funeral Industry Rule.

§ 1.3. Purpose.

These regulations establish the standards for qualifications, training, examination, licensure, and practice of persons as funeral service licensees; funeral directors; embalmers; funeral establishments; funeral service trainees; and surface transportation and removal services operating in the Commonwealth of Virginia.

§ 1.4. Applicability.

Individuals and establishments subject to these regulations are (i) funeral directors, (ii) embalmers, (iii) funeral service licensees, (iv) funeral establishments, (v) transportation and removal services, and (vi) resident trainees.

Exemptions: The provisions of these regulations shall not apply to any officer of local or state institutions or to the burial of the bodies of inmates of state institutions when buried at the expense of the Commonwealth or any of its political subdivisions.

Any person holding a license as a funeral director or embalmer or an equivalent in another state, having substantially similar requirements as the board, may apply to the board for courtesy card privileges to remove bodies from and to arrange funerals or embalm bodies in this Commonwealth. However, these privileges shall not include the right to establish or engage generally in the business of funeral directing and embalming in Virginia.

Article 2.
Public Participation Guidelines.

§ 1.5. Mailing list.

The executive director of the board shall maintain a list of persons and organizations who will be mailed the following documents as they become available:

1. Notice of intent to promulgate regulations;

2. Notice of public hearings or informational proceedings, the subject of which is proposed or existing regulations; and

3. Final regulations adopted.

§ 1.6. Additions and deletions to mailing list.

A. Any person wishing to be placed on the mailing list shall have his name added by writing to the board.

B. The board, in its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations.

C. Those on the list may be periodically requested to indicate their desire to continue to receive documents or to be deleted from the list.

D. When mail is returned as undeliverable, persons will be deleted from the list.

§ 1.7. Notice of intent.

A. At least 30 days prior to publication of the notice to conduct an informational proceeding as required by § 9-6.14:7.1 of the Code of Virginia, the board shall publish a notice of intent.

B. The notice shall contain a brief and concise statement of the possible regulation or the problem the regulation would address and invite any person to provide written comment on the subject matter.

C. The notice shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

§ 1.8. Informational proceedings or public hearings for existing regulations.

A. At least once each biennium, the board shall conduct an informational proceeding, which may take the form of a public hearing, to receive public comment on existing regulations. The purpose of the proceeding will be to solicit public comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance.

B. Notice of such proceeding shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

C. The proceeding may be held separately or in conjunction with other informational proceedings.

§ 1.9. Petition for rulemaking.

A. Any person may petition the board to adopt, amend, or delete any regulation.

B. Any petition received within 10 days prior to a board meeting shall appear on the agenda of that meeting of the board.

C. The board shall have sole authority to dispose of the petition.

§ 1.10. Notice of formulation and adoption.

Prior to any meeting of the board or subcommittee of the board at which the formulation or adoption of regulations is to occur, the subject matter shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

§ 1.11. Advisory committees.

The board may appoint advisory committees as it may deem necessary to provide for citizen and professional participation in the formation, promulgation, adoption, and review of regulations.

PART II.
OPERATIONAL RESPONSIBILITIES.

Article 1.
Posting of License.

§ 2.1. Posting of license.

A. Each licensee shall post his license in a main entrance or place conspicuous to the public in the main establishment or branch where he is employed.

B. The establishment license shall be posted in a main entrance of the establishment or place conspicuous to the public.

C. Each licensee shall be able to produce his wallet license upon request.

Article 2.
Records.

§ 2.2. Accuracy of information.

A. All changes of mailing address; name; place of employment; or change in establishment ownership, manager, or name shall be furnished to the board within five days after the change occurs.

B. All notices required by law and by these regulations to be mailed by the board to any registrant or licensee shall be validly given when mailed to the latest address on file with the board and shall not relieve the licensee, trainee, establishment, or firm of obligation to comply.

PART III.
FEES.

§ 3.1. Initial fees.

The following fees shall be paid as applicable for initial licensure or registration:

1. Examination $100

2. License to practice funeral service $100

3. Funeral service establishment license $150

4. Surface transportation and removal service registration $200

5. Funeral service trainee registration ..... $ 25

6. Courtesy card ..... $ 50

7. Change of ownership, manager, or establishment name ..... $ 15

8. Verification of licensure requests from another state ..... $ 50

9. Resumption of traineeship after interruption . $ 10

§ 3.2. Renewal fees.

The following annual fees shall be paid as applicable for license renewal:

1. Funeral service license payable by March 31 . $100

2. Funeral director license payable by March 31 $100

3. Embalmer license payable by March 31 ..... $100

4. Funeral service establishment license payable by January 31 ..... $150

5. Surface transportation and removal service registration payable by January 31 ..... $200

6. Funeral service trainee registration payable by January 31 ..... $ 25

7. Courtesy cards payable by December 31 ..... $ 50

§ 3.3. Reinstatement fees.

The following reinstatement fees shall be paid in addition to annual renewal fees for reinstatement of license or registration up to three years following expiration:

1. Funeral service, director, or embalmer reinstatement ..... $ 25

2. Establishment reinstatement ..... $ 25

3. Transportation and removal service reinstatement ..... $ 25

4. Resident trainee registration reinstatement ... $ 10

§ 3.4. Other fees.

A. Duplicates.

Duplicate trainee registrations, licenses, establishment licenses, or courtesy cards shall be issued by the board at the individual's request.

Duplicate license, registration, courtesy cared ... $ 25

Duplicate wall certificates ..... $ 50

B. Other.

There shall be a fee of $25 for returned checks.

Fees shall not be refunded once submitted.

PART IV.
RENEWALS.

§ 4.1. Expiration dates.

A. The following shall expire on January 31 of each calendar year:

1. Funeral service establishment license;

2. Funeral service trainee registration; and

3. Surface transportation and removal service registration.

B. The following shall expire on March 31 of each calendar year:

1. Funeral service license;

2. Funeral director license; and

3. Embalmer license.

C. Courtesy cards expire on December 31 of each calendar year.

D. A person who or establishment which fails to renew a license or courtesy card by the expiration dates prescribed in this section shall be deemed to have an invalid license or courtesy card.

§ 4.2. Renewal of license; registration.

A person, establishment, or surface transportation and removal service who desires to renew his license or registration for the next year, not later than the expiration date shall:

1. Return the renewal notice;

2. Submit the applicable fee prescribed in § 3.2; and

3. Notify the board of any changes in name, address, employment, managers or ownership.

§ 4.3. Reinstatement of expired license or registration.

The board may consider reinstatement of an expired license or registration for up to three years following expiration. A written application request for reinstatement shall be submitted to the board and shall include payment of all applicable delinquent renewal fees prescribed in § 3.2 plus the additional reinstatement fee prescribed in § 3.3.

§ 4.4. Reapplication of license.

When a license is not reinstated within three years of its expiration date, an applicant for licensure shall:

1. Reapply for licensure; and

2. Reapply for state examination.

PART V.
REQUIREMENTS FOR LICENSURE.

Article 1.
Establishments: General Qualifications.

§ 5.1. General qualifications of establishments.

All places of business in the Commonwealth, including main establishments, branches or chapels, where any part of the profession or business of funeral directing or any act of embalming, or either or both, is carried on, conducted, or performed, or is permitted to be carried on, conducted, or performed, and where preneed funeral arrangements are conducted, shall be:

1. Subject to regulation and inspection by the board;

2. Operated in accordance with law; and

3. Maintained in compliance with these requirements.

§ 5.2. Establishment license required.

No person shall maintain, manage, or operate a funeral service establishment in the Commonwealth, unless such establishment holds a license issued by the board.

§ 5.3. Current license requirements.

The license shall be:

1. For the current calendar year; and

2. In the name of the funeral service licensee or licensed funeral director designated by the ownership to be manager of the establishment.

§ 5.4. Separate license required.

Every funeral service establishment and every branch or chapel of such establishment in the Commonwealth, regardless of how owned, shall have a separate funeral service licensee or funeral director licensed by the board who is employed full time at the establishment and is designated as manager of the establishment.

§ 5.5. Expiration of establishment licenses.

Establishment licenses shall expire January 31 of each calendar year (see subsections A and D of § 4.1 and §§ 4.2 through 4.4 for renewal information.) .

Article 2.
Funeral Service, Funeral Directors and Embalmers: General Qualifications.

§ 5.6. License required; exception.

No person shall engage in the practice of funeral service, or practice as a funeral director or embalmer in the Commonwealth without having the required license issued by the board.

EXCEPTION: A registered trainee may perform such acts only in strict conformity with the provisions of these regulations.

§ 5.7. Expiration of licenses.

With the exception of trainees, licenses shall expire on March 31 of each calendar year (see subsections B and D of § 4.1 and §§ 4.2 through 4.4 for renewal information. See § 6.12 for trainee registration expiration information).

§ 5.8. Requirement for license.

To be licensed for the practice of funeral service, a person shall:

1. Be at least 18 years of age;

2. Be a graduate of a high school or the equivalent;

3. Have completed traineeship and be a graduate from a school of mortuary science or funeral service approved by the board;

4. Pass the required state and national examinations; and

5. Not have been convicted of a felony. The board, in its discretion, may license an individual convicted of felony if he has been pardoned or has had his civil rights restored.

Article 3.
Application Process.

§ 5.9. Funeral service applicants.

An individual seeking licensure for funeral service or seeking examination/reexamination shall submit

simultaneously:

1. Completed and signed application;

2. Additional documentation as may be required by the board to determine eligibility of the applicant; and

3. The applicable fees(s) prescribed in subdivision 1 of § 3.1.

§ 5.10. Application package; exception.

All required parts of the application package shall be submitted at the same time. An incomplete package will be returned to the licensee.

EXCEPTION: Some schools require that certified transcripts be sent directly to the licensing authority. That policy is acceptable to the board.

National examination scores will also be accepted from the examining authority.

§ 5.11. Date of submission of application package.

An individual applying for examination shall submit the application package within six months and not less than 45 days prior to an examination date.

§ 5.12. Establishment applicants.

Not less than 45 days prior to opening of an establishment, an owner or licensed manager seeking an establishment license shall submit simultaneously:

1. Completed and signed application;

2. Additional documentation as may be required by the board to determine eligibility for licensure; and

3. The applicable fee prescribed in subdivision 3 of § 3.1.

§ 5.13. Incomplete application package.

All required parts of the application package shall be submitted at the same time. An incomplete package will be returned to the licensee.

§ 5.14. Waiver of time limits.

The board may for good cause, waive the time requirement in §§ 55.11 and 5.12 for the filing of any application. The burden of proof which demonstrates good cause rests with the applicant.

Article 3.
General Examination Requirements.

§ 5.15. National Board examination required.

Prior to applying for state examination for licensure, every applicant for initial licensure by the board shall pass the National Board Examination of the Conference of Funeral Service Examining Boards of the United States, Inc., administered in accredited schools of embalming or mortuary science.

§ 5.16. Virginia State Board examination.

All applicants shall pass the Virginia State Board Examination.

§ 5.17. Failure to appear.

The applicant shall forfeit the Virginia State Board examination fee if he is unable to sit for the examination for any reason.

§ 5.18. Reexamination.

Any person failing the Virginia State Board examination shall reapply for a subsequent examination, and shall pay the examination fee prescribed in subdivision 1 of § 3.1 for each application filed.

§ 5.19. Scheduling examinations.

A. An applicant may request to take the scheduled Virginia State Board examination most closely preceding the expected completion of the mortuary school, if traineeship has also been completed, or traineeship, if mortuary school has been completed.

B. All such requests shall be in writing.

C. Approval of the written request by the board shall be required prior to submitting the application and fee for examination (see §§ 5.11 and 3.1).

D. Application for licensure and the licensure fee (see subdivision 2 of § 3.1) shall be submitted after the applicant completes the qualifications for licensure.

Article 5.
Licensure of Out-of-State Applicants.

§ 5.20. Out-of-state applicants.

Licenses for the practice of funeral service or its equivalent issued by other states, territories, or the District of Columbia may be recognized by the board and the holder of such license(s) may be granted a license to practice funeral service within the Commonwealth, as follows:

1. Reciprocity. Licenses may be granted by reciprocity provided that the same privileges are granted by the other jurisdiction to Virginia funeral service licensees by the establishment of substantially similar licensure requirements and reciprocity agreements between the two jurisdictions; or

2. Endorsement. Licenses may be granted to applicants by the board on a case-by-case basis, if the applicant holds a valid license for the practice of funeral service or its equivalent in another state, territory, or the District of Columbia and possesses credentials which are substantially similar to, or more stringent than required by the Commonwealth for initial licensure and the examinations and passing grades received by the applicant are equivalent to those required by the board.

§ 5.21. State examination required.

An out-of-state applicant for board licensure shall pass the Virginia State Board Examination (See § 5.16).

PART VI.
TRAINEE PROGRAM REQUIREMENTS.

Article 1.
Resident Trainees: Requirements and Application Process for Registration.

§ 6.1. Resident trainee requirements.

To be approved for registration as a resident trainee, a person shall:

1. Be a graduate of an accredited high school or the equivalent;

2. Obtain a trainer approved by the board to provide training;

3. Have not been convicted of a felony. The board, in its discretion, may approve an individual convicted of a felony if he has been pardoned or has had his civil rights restored.

§ 6.2. Trainee application package.

Every qualified person seeking registration with the board as a trainee under the Program for Training of Resident Trainees shall submit an application package which shall include:

1. Completed and signed application;

2. Fee prescribed in subdivision 5 of § 3.1; and

3. Additional documentation as may be required by the board to determine eligibility of the applicant.

§ 6.3. Submission of incomplete application package; exception.

All required parts of the application package shall be submitted at the same time. An incomplete package will be returned to the licensee.

EXCEPTION: Some schools require that certified transcripts be sent directly to the licensing authority. That policy is acceptable to the board.

National examination scores where applicable will also be accepted from the examining authority.

Article 2.
Training Program.

§ 6.4. Apprenticeship training.

For applicants applying for initial traineeships after the effective date of these regulations, the trainee program shall consist of at least 18 months of apprenticeship training.

§ 6.5. Training sites.

Funeral training shall be given at the main office of the funeral service establishment approved for training or at any branch of an establishment approved for training or at any branch of an establishment that complies with the provisions of these regulations and is approved by the board as a training site.

§ 6.6. Training supervision.

Training shall be conducted under the direct supervision of a licensee(s) approved by the board.

§ 6.7. Number of trainees limited.

When more than two trainees are requested by an establishment, not more than two trainees will be registered per licensed supervisor at any time.

§ 6.8. Approval of funeral training.

The approval shall apply to and be valid only to:

1. The trainee;

2. The licensed person(s) under whom the training is to be given; and

3. The funeral service establishment(s) named in the approval statement.

§ 6.9. Trainee work schedule.

Every trainee shall be assigned a work schedule of at least 40 hours each week in order to obtain credit for such training. The trainee shall be required to serve weekday, evening, and weekend shifts to receive training in all areas of funeral service.

§ 6.10. Requirements of traineeship.

A. A trainee shall participate in arranging or conducting at least 25 funerals and in caring for and disposing of the dead during the traineeship but only in the presence of

the funeral service licensee or licensed funeral director approved by the board to be the supervisor.

B. A trainee shall embalm at least 25 dead human bodies during the traineeship but only in the presence of a funeral service licensee or a licensed embalmer approved by the board to be the supervisor.

§ 6.11. Expiration of trainee registration.

Registrations expire on January 31 of each year of the traineeship tenure (see subsections A and D of § 4.1 and §§ 4.2 through 4.4 for renewal information).

Article 3.
Qualifications and Application Process to Train.

§ 6.12. Supervisor approval.

An individual shall be approved by the board prior to serving as a supervisor.

§ 6.13. Qualifications of trainers.

The board shall approve only funeral service licensees, licensed funeral directors, or licensed embalmers to give funeral training who:

1. Have a full and unrestricted Virginia license; and

2. Are employed full time in the establishment where training occurs.

§ 6.14. Approval of training establishment.

An individual, firm, or corporation owning or operating any funeral service establishment shall apply to and be approved by the board prior to permitting funeral training to be given or conducted in the establishment.

§ 6.15. Qualifications of training establishments.

The board shall approve only an establishment or two combined establishments to serve as the training site(s) which:

1. Have a full and unrestricted Virginia license;

2. Have complied in all respects with the provisions of these regulations; and

3. Have 35 or more funerals and 35 or more bodies for embalming per calendar year for each person to be trained. This average must be maintained throughout the period of training.

§ 6.16. Trainer application package.

Every qualified person seeking approval of the board as a supervisor or an establishment or combined establishments seeking approval as a training site(s) shall submit an application package which shall include:

1. Completed and signed application; and

2. Additional documentation as may be required by the board to determine eligibility of the applicant.

Article 4.
Administration of Trainee Program.

§ 6.17. Trainer to comply with curriculum.

An approved supervisor shall comply with the curriculum developed by the board for the trainee program and shall provide supervision and training as prescribed by that curriculum and these regulations.

§ 6.18. Trainer's report to board.

The trainee, the supervisor, and the establishment manager shall submit a written report to the board at the end of every six months of training. The report shall:

1. Verify that the trainee has actually served in the required capacity as prescribed in §§ 6.9 and 6.10 during the preceding six months; and

2. Be received in the board office no later than 10 days following the end of the six-month period.

§ 6.19. Failure to submit training report.

If the trainee, supervisor, or establishment manager fails to submit the reports required in § 6.18, the trainee shall forfeit all credit for training since the last report made. The board may waive such forfeiture.

§ 6.20. Terminated or interrupted training.

If the training program is terminated or interrupted prior to completion, the trainee and the supervisor shall submit the following information to the board within five working days:

1. Trainee.

a. All partial progress reports to the date of termination for the six-month period; and

b. Written explanation of the causes of program termination/interruption.

2. Supervisor. The supervisor shall submit written explanation of the causes of program termination/interruption.

§ 6.21. Selection of new trainer.

If the program is interrupted because the approved supervisor is unable to serve, the trainee shall obtain a new supervisor.

§ 6.22. Resumption of training under new supervisor.

Credit for training shall resume when a new supervisor is obtained by the trainee and approved by the board (see §§ 6.12 through 6.16).

§ 6.23. Resumption-of-traineeship application.

When a traineeship is interrupted by the trainee, the trainee shall submit a resumption-of-traineeship application to the board prior to resuming his traineeship.

§ 6.24. Credit for partial reports.

Credit for partial reports shall only be given in increments of one month.

PART VII.
REGISTRATION.

Article 1.
Surface Transportation and Removal Services.

§ 7.1. Registration of surface transportation and removal service.

Every surface transportation and removal service not licensed under a full funeral service license shall be registered with the board.

All persons proposing to operate and each owner of a service shall submit an application package for registration which shall include:

1. Completed and signed application;

2. Fee prescribed in subdivision 4 of § 3.1; and

3. Additional documentation as may be required by the board to determine eligibility of the applicant.

§ 7.2. Exclusion from jurisdiction of surface transportation and removal services.

The following shall not be within the jurisdiction of surface transportation and removal services:

1. Arranging or conducting funerals;

2. Offering to or providing for the care or preparation, including embalming, of dead human bodies; and

3. Selling or providing funeral related goods and services.

§ 7.3. Misrepresentation.

A person employed or operating a surface transportation and removal service shall not in any manner misrepresent himself to the public as being an official of any local jurisdiction, the Commonwealth, federal, or any other governmental body unless granted such authority. This shall include the name and title of the company or service, uniforms, equipment, vehicles, and any other instruments used or proffered by the services or its agents. The board shall be the sole determinant of the appropriateness of the pertinent qualities of the service and staff in enforcing this regulation.

§ 7.4. Expiration of registration.

The registration shall expire on January 31 of each calendar year (see subsections A and D of § 4.1 and §§ 4.2 through 4.4 for renewal information).

PART VIII.
ISSUANCE OF COURTESY CARDS.

§ 8.1. Courtesy card.

A. An out-of-state person applying for a courtesy card shall hold a valid license for funeral service, funeral directing, or embalming in another state, territory, or the District of Columbia.

B. The other state shall have requirements for licensure substantially similar to those existing in the Commonwealth of Virginia.

§ 8.2. Application for courtesy card.

An application to this board for a courtesy card shall be:

1. Submitted for approval to the licensing authority having jursdiction at the applicant's place of employment; and

2. Forwarded by the designated official of such authority, to the board. The certificate of approval and the fee prescribed in subdivision 6 of § 3.1 shall be included.

§ 8.3. Courtesy card privileges.

A courtesy card permits the holder to:

1. Remove bodies from Virginia;

2. Arrange funerals in Virginia; and

3. Embalm bodies in Virginia.

§ 8.4. Exceptions to privileges.

The privileges of a courtesy card do not include:

1. The right to establish or engage generally in the business of funeral directing and embalming in the Commonwealth; and

2. The right of the recipient to be continuously employed professionally by a funeral establishment in the Commonwealth.

§ 8.5. Expiration of courtesy card.

A courtesy card shall expire on December 31 of the year of issuance.

PART IX.
SCHOOLS OF EMBALMING AND MORTUARY SCIENCE.

§ 9.1. Approval.

The board hereby adopts as its approved school list those mortuary science or funeral service schools which are accredited by the American Board of Funeral Service Education, Incorporated. All applicants for licensure are required to have graduated from a funeral service program offered by an approved school of mortuary science or funeral service.

PART X.
REFUSAL, SUSPENSION, REVOCATION AND DISCIPLINARY ACTION.

§ 10.1. Unprofessional conduct.

The board may refuse to admit a candidate to any exam; refuse to issue or renew a license, registration, or approval to any applicant; and may suspend for a stated period of time or indefinitely, or revoke any license or approval, or reprimand any person, or place his license on probation with such terms and conditions and for such time as it may designate, or impose a monetary penalty for any of the following causes:

1. Breach of confidence. Licensees and registrants are necessarily brought within the privacy of those in which they serve and are often placed in positions where they receive confidences and learn intimate details of domestic life and family secrets. The unnecessary or unwarranted disclosure of such confidences by the funeral licensee in the course of practice shall be determined to be an act of unprofessional conduct.

2. Unfair competition.

a. A funeral service licensee, funeral director, or registered surface transportation and removal service shall not interfere when another has been called to take charge of a dead human body and the caller or agent of the caller has the legal right to the body's disposition.

b. A funeral service licensee or funeral director shall not consent to take charge of a body unless authorized by the person or his agent having the legal right to disposition.

3. False advertising.

a. No licensee or registrant shall make, publish, disseminate, circulate or place before the public, or cause directly or indirectly to be made, an advertisement of any sort regarding services or anything so offered to the public which contains any promise; assertion; representation; or statement of fact which is untrue, deceptive, or misleading.

b. The following practices both written and verbal shall constitute false, deceptive, or misleading advertisement within the meaning of § 54.1-2806 4 of the Code of Virginia:

(1) Advertising containing inaccurate statements;

(2) Printed or published advertisements which do not disclose the name of the establishment manager and licensed owner when the owner is a licensee; and

(3) Advertisement which gives a false impression as to ability, care, and cost of conducting a funeral, or that creates an impression of things not likely to be true.

c. The following practices are among those which shall constitute an untrue, deceptive, and misleading representation or statement of fact:

(1) Representing that funeral goods or services will delay the natural decomposition of human remains for a long-term or indefinite time; and

(2) Representing that funeral goods have protective features or will protect the body from gravesite substances over or beyond that offered by the written warranty of the manufacturer.

4. Inappropriate handling of dead human bodies.

a. At all times human bodies are to be handled with proper dignity and respect in conformity with the customs of the community being served.

b. During the removal of a dead human body, proper care shall be given to prevent the spread of infectious and contagious diseases.

c. All dead human bodies shall be properly wrapped and placed on a cot or stretcher which is self-contained and covered so that no part of the human body is visible to the public.

d. Transportation and removal vehicles shall be of such nature as to eliminate exposure of the deceased to the public during transportation.

e. During the transporting of a human body, consideration shall be taken to avoid unnecessary

delays or stops during travel.

5. Obtaining a license or registration by fraud, either in the application for the license or in passing the examination.

6. Conviction of a felony.

7. Failure to comply with any regulations of the board.

8. Failure to comply with federal, state, or local laws and regulations governing the operation of a funeral establishment.

9. Conducting the practice of funeral services in such a manner as to constitute a danger to the health, safety, and well-being of the staff or the public.

10. Inability to practice with skill or safety because of physical, mental, or emotional illness, or substance abuse.

11. Unprofessional conduct.

PART XI.
STANDARDS FOR EMBALMING.

Article 1.
General.

§ 11.1. Embalming report.

Every funeral establishment shall record and maintain a separate, identifiable report for each embalming procedure conducted (see § 13.1 and Appendix IV).

§ 11.2. Contents of embalming report.

The report shall contain the following (see example in Appendix IV):

1. Name of deceased;

2. Date of death;

3. Cause of death;

4. Date of embalming;

5. Name of embalmer and license number;

6. Autopsy information where applicable;

7. Preembalming condition of body;

8. Description of preembalming preparation;

9. Description of fluids used;

10. Type and point of injection;

11. Quality of fluid distribution;

12. Type and amount of cavity fluid;

13. Restoration techniques; and

14. Other conditions and treatments.

§ 11.3. Approval to embalm.

Prior approval for embalming shall be obtained in writing from a family member or other authorized person.

§ 11.4. Documentation of embalming without approval.

A licensee who proceeds with an embalming without prior approval from a family member or other person shall:

1. Document the reasons for proceeding in writing;

2. Document the efforts made to contact the family or authorized person;

3. Document the licensee authorizing the embalming; and

4. Obtain subsequent approval from a family member or other authorized person.

Article 2.
Preparation Room.

§ 11.5. Preparation room required.

Every funeral service establishment at which embalming of dead human bodies is performed shall have at least one room used exclusively for embalming.

§ 11.6. Size of preparation room.

The preparation room shall be of a size to accommodate the average number of embalmings being performed simultaneously at the facility.

§ 11.7. Preparation room requirements.

The following are required of the preparation room(s):

1. The walls shall extend floor to ceiling;

2. The floor and wall surfaces shall be of a material or covered by a material impervious to water;

3. The material shall extend from wall to wall with all joints tight and sanitary; and

4. No other room shall be used for the performance of any function connected with embalming.

§ 11.8. Condition of preparation room.

A. The preparation room(s) shall be kept in a clean and sanitary condition at all times, subject to inspection.

B. Inventories of embalming and preparation materials shall not be stored on the floor in the preparation room.

C. Any items or supplies not directly used in an embalming procedure shall not be stored in the preparation room.

Article 3.
Equipment.

§ 11.9. Preparation room equipment.

The preparation room(s) shall be equipped with:

1. A ventilation system which operates and is appropriate to the size and function of the room;

2. Running hot and cold water;

3. Flush or slop sink connected with public sewer or with septic tank where no public sewer is available;

4. Metal or porcelain morgue table;

5. Covered waste container;

6. Instruments and apparatus for the embalming process:

a. Chemical bath or soak; or

b. Autoclave (steam); or

c. Ultraviolet light;

8. Disinfectants and antiseptic solutions;

9. Clean gowns or aprons, preferably impervious to water;

10. Rubber gloves for each embalmer or trainee using the room;

11. A hydroaspirator(s) equipped with a vacuum breaker; and

12. A sterile eye wash station.

Article 4.
Prevention of Spread of Disease.

§ 11.10. Disposal of waste materials.

At the completion of each embalming operation all used cotton, bandages, and other waste materials shall be disposed of properly to avoid contagion and the possible spread of disease.

§ 11.11. Separate restroom facility required.

Every funeral service establishment or branch facility shall be equipped with a sanitary restroom facility which operates and is separate from the preparation room.

§ 11.12. First aid kit required.

A standard first aid kit shall be immediately accessible outside the door to the preparation room.

PART XII.
PRICING STANDARDS.

Article 1.
General.

§ 12.1. Disclosure of price of funeral goods and services.

In selling or offering to sell funeral goods or funeral services to the public, it is an unfair or deceptive act or practice for a funeral provider to fail to furnish price information disclosing the cost to the purchaser for each of the specific funeral goods and funeral services used in connection with the disposition of deceased human bodies.

§ 12.2. Disclosures.

Funeral providers must make all required disclosures in a clear and conspicuous manner as follows:

1. Telephone price disclosures.

a. Persons who ask by telephone about the funeral provider's offerings and prices, shall be given accurate information over the telephone from the price list (described in Article 2 of this part) which reasonably answers the question and which is readily available.

b. The licensee shall inform the telephone inquiries of all disclosures included on the various price lists.

c. The licensee shall inform the telephone inquirer that complete written information is available at the establishment.

2. In person price disclosures.

a. Persons who inquire in person about funeral arrangements or the prices of funeral goods or funeral services shall be given a printed or typewritten general price list and container price list to retain if they choose.

b. The funeral provider shall offer the price list(s) upon beginning discussion either of funeral arrangements or of the selection of any funeral goods or funeral services.

§ 12.3. Itemized written statement.

Licensees shall furnish for retention to each person who arranges a funeral or other disposition of human remains, an itemized written statement of the funeral goods and services selected by that person and the prices to be paid for each item.

Article 2.
General Price List.
(See example in Appendix I)

§ 12.4. Identifying information.

The general price list shall contain at least the following:

1. The name, address, and telephone number of the funeral provider's place of business;

2. A caption describing the list as a "general price list"; and

3. The effective date for the price list.

§ 12.5. Prices.

A. Funeral service establishments shall include on the general price list, in any order, the retail prices, expressed either as the flat fee, or as the price per hour, mile, or other unit of computation, for services and supplies offered for sale.

B. The following general disclosures shall be included on the first page of the general price list:

1. "The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. (However, any funeral arrangements you select will include a charge for our services.) If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected prior to the signing of the contract."

2. "This list does not include prices for certain items that you may ask us to buy for you such as cemetery or crematory services, flowers, and newspaper notices. The prices for these items will be shown on your bill or the statement describing the funeral goods and services you selected."

§ 12.6. Professional services of funeral director and staff.

A. A list of the following professional services and a description of what charge includes, shall be provided on the general price list:

1. Minimum services of funeral director and staff;

2. Additional traditional services of funeral director and staff;

3. Additional limited services of funeral and staff; and

4. Other services of funeral director and staff.

B. Disclosures.

If the charge is mandatory and cannot be declined by the purchaser, the following statement shall be included on the price list:

"This fee for our services will be added to the total cost of the funeral arrangements you select. This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains."

§ 12.7. Funeral home facilities.

A list of the following uses of the facility and a description of what charge includes shall be provided on the general price list:

1. Basic facilities;

2. For visitation and viewing; and

3. For funeral ceremony.

§ 12.8. Embalming services.

A. Separate prices shall be listed for embalming normal remains versus autopsied remains if the charges are different.

B. Disclosures.

The following disclosures shall be placed under the embalming section on the general price list:

1. "Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing."

2. "If you do not want embalming, you usually have the right to choose an arrangement which does not require you to pay for it, such as direct cremation or immediate burial."

§ 12.9. Other preparation services.

Other preparations of the body shall be listed.

§ 12.10. Immediate burials.

A. A list of the following immediate burial services and a description of what the base prices of an immediate burial service includes shall be placed on the general price list.

1. Immediate burial where the purchaser provides the casket;

2. Immediate burial where the licensee provides the minimum casket or alternative container; and

3. Immediate burial base price plus a casket (other than the minimum) chosen by the purchaser.

B. A price range shall be listed for immediate burials.

§ 12.11. Direct cremations.

A. A list of the following direct cremation services and a description of what the prices of a direct cremation include shall be placed on the general price list:

1. Direct cremation where the purchaser provides the container;

2. Direct cremation where the licensee provides an alternative container; and

3. Direct cremation where the licensee provides an unfinished wood box.

B. A price range shall be listed for direct cremations.

C. Disclosures.

The following disclosure has to be placed on the general price list if the licensee arranges direct cremations. It may be placed under the heading of direct cremations on the container price list:

"State and local laws do not require a casket for direct cremation. You can use an unfinished wood box or an alternative container. Alternative containers can be made of materials like heavy cardboard or composition materials (with or without an outside covering), or pouches of canvas."

§ 12.12. Transfer services.

A. A list of the following transfer services and a description of what the prices of the services include shall be placed on the general price list:

1. Transfer of remains to funeral establishment;

2. Forwarding remains to another funeral establishment; and

3. Receiving remains from another funeral home.

§ 12.13. Automotive services.

A. A list of the following automotive services shall be placed on the general price list if owned by the facility:

1. Hearse;

2. Limousine; and

3. Other automotive equipment.

B. Any of these items that are obtained through a third party shall be shown under cash advance items on the itemized statement of goods and services.

§ 12.14. Funeral merchandise.

A. The following funeral merchandise shall be placed on the general price list if offered for sale. A price range shall be given for each:

1. Casket;

2. Outer burial containers;

3. Cremation urns;

4. Cremation vaults.

B. The following disclosure shall be placed on the General Price List under each item listed in subsection A of this section:

1. Acknowledgment cards;

2. Register books(s);

3. Folders;

4. Other.

C. The following funeral merchandise also shall be placed on the general price list if offered for sale:

"A complete price list will be provided at the funeral home."

Article 3.
Container and Casket Price List.
(See Appendix II)

§ 12.15. Containers; exception.

A. Funeral providers who sell or offer to sell caskets, alternative containers, or outer burial containers must prepare a "Container and Casket Price List."

B. The container/casket price list shall accompany or be a part of the general price list.

C. A typewritten or printed container price list shall be given to people who inquire in person about the offerings or prices of containers.

EXCEPTION: If the complete container price list is a part of the general price list, a separate container price list does not have to be given to the public.

D. The container price list shall disclose at least the following information:

1. The name of the funeral provider's place of business;

2. A caption describing the list(s) as a casket, alternative container, outer burial list; or

3. The retail prices of all caskets, alternative containers, and outer burial containers which do not require special ordering;

4. The effective date(s) of the price list(s); and

5. Enough information to identify the manufacturers, models, types, and interiors of all units available for sale, including inventory.

E. When other formats, such as notebooks, brochures, or charts, are used they shall contain the same information as prescribed in subsection D of this section and shall be displayed in a clear and conspicuous manner.

F. A funeral establishment which has a casket selection room shall have available a means for indicating the price of each casket within the room.

G. If a licensee arranges direct cremations, he shall make an unfinished wood box or alternative container available.

H. The following disclosure shall be placed at the applicable locations on the container price list(s):

1. "In most areas of the country, no state or local law requires you to buy a container to surround the casket in the grave. However, many cemeteries ask that you have a container so that the grave will not sink. Either a burial vault or a grave liner will satisfy cemeteries that have these requirements."

"The only warranty on the casket or outer burial container, or both, sold in connection with this service is the express written warranty, if any, granted by the manufacturer. This funeral home makes no warranty, express or implied, with respect to the casket or outer burial container, or both."

Article 4.
Itemized Statement of Funeral Expenses.
(See Appendix III)

§ 12.16. Itemized statements.

A. Itemized statements shall be executed:

1. At the time such arrangements are made if the party is present; or

2. If the party is not present, not later than the time of the final disposition of the body.

B. The itemized statement shall be signed by the funeral service licensee or funeral director and the party contracting for the funeral arrangements.

C. The itemized statement shall contain a statement that the contracting party acknowledges the receipt of a copy of the itemized statement, the general price list, and the container price list.

D. The itemized statement shall include all items and charges which are made available to the contracting party such as the following categories:

1. Professional services of funeral licensees and staff;

a. Minimum services of funeral director and staff;

b. Additional traditional services of funeral director and staff;

c. Additional limited services of funeral director and staff; and

d. Other services of funeral director and staff;

2. Funeral home facilities (types of services shall be listed individually);

3. Embalming;

a. Disclosures shall be as follows:

(1) "If you selected a funeral which requires embalming, such as a funeral with viewing, you may have to pay for embalming."

(2) "You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming we will explain why below."

4. Other preparation services (types of services shall be listed individually);

5. Immediate burial (types of services included in the price shall be described);

6. Direct cremation (types of services shall be described);

7. Transfer of remains to funeral establishment;

8. Forwarding of remains to another funeral establishment;

9. Receiving remains from another funeral establishment;

10. Automotive equipment (types of services shall be

listed individually);

11. Funeral merchandise (types of services shall be listed individually);

12. Container selected (types shall be listed and described individually);

13. Any and all anticipated or actual cash advances and expenditures requested by the party contracting for the funeral arrangements shall be listed individually.

14. Virginia sales tax paid on all items to which such tax is applicable; and

15. The total costs of the funeral goods and funeral services selected.

E. Disclosures.

The following disclosures shall be on the itemized statement of goods and services:

1. "Charges are only for those items that are used. If we are required by law, to purchase any items, we will explain the reasons in writing below."

2. "The only warranty on the casket or outer burial container, or both, sold in connection with this service is the express written warranty, if any, granted by the manufacturer. This funeral home makes no warranty, express or implied, with respect to the casket or outer burial container, or both."

§ 12.17. Cemetery and crematorium.

The licensee shall identify and describe in writing at the applicable location on the itemized statement any funeral goods or services representing policies of particular cemeteries or crematoriums.

PART XIII.
RETENTION OF DOCUMENTS.

§ 13.1. Retention of documents.

The following shall apply to retention of embalming reports, price lists, and itemized statements:

1. Price lists shall be retained for three years after the effective date.

2. Itemized statements shall be retained for three years from the date on which the statement was signed.

3. Embalming reports shall be retained for three years after the date of the embalming.

4. Documents shall be maintained on the premises of the funeral establishment and made available for inspection.

5. In instances where the funeral establishment is sold, documents shall be transferred to the new owner, unless the existing firm is relocating to a new facility.

APPENDIX I

GENERAL PRICE LIST

Note to Establishments: The following General Price List has been prepared as a guideline. All General Price Lists must contain at least the following content if you offer the goods and services for sale at your establishment. You may use any format arrangement you choose and may add to this information to fit your establishment's services.

This sample form has notes throughout that are for your information only and are not intended to be included on the form when you prepare the form for use at your establishment. The Board has marked these notes with asterisks (*).

The statements in italics are required by the Federal Trade Commission and the Board. The FTC disclosure requirements must be placed under the appropriate category as indicated on this sample form.

APPENDIX I

Any Funeral Home
Main Street
Anytown, Virginia
Telephone Number

GENERAL PRICE LIST

These prices are effective as of __(Date)__

Prices are subject to change without prior notice

I. **General Information: Disclosures**

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our services. (*Note to establishment: If the third sentence does not apply at your funeral home, you may delete it.) *If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected prior to signing the contract.*

This list does not include prices for certain items that you may ask us to buy for you such as cemetery or crematory services, flowers, and newspaper notices. The prices for these items will be shown on your bill or the statement describing the funeral goods and services you selected.

II. **Professional Services of Funeral Director and Staff:**

A. Minimum Services of Funeral Director and Staff $_____

Our charge includes (*Note to establishment: List what your charge includes.)

This fee for our services will be added to the total cost of the funeral arrangements you select. This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains. (*Note to establishment: This paragraph must be added if it applies at your funeral home.)

B. Additional Traditional Services of Funeral Director and Staff $_____

Our charge includes (*Note to establishment: List what your charge includes.)

C. Additional Limited Services of Funeral Director and Staff $_____

Our charge includes (*Note to establishment: List what your charge includes.)

D. Other Services of Funeral Director and Staff $_____

Our charge includes (*Note to establishment: List what your charge includes.)

III. Funeral Home Facilities

A. Basic Facilities $_____

Our charge includes (*Note to establishment: List what your charge includes.)

B. Visitation $_____

Our charge includes (*Note to establishment: List what your charge includes.)

C. Funeral Ceremony $_____

Our charge includes (*Note to establishment: List what your charge includes.)

IV. Embalming

A. Normal remains. $_____

B. Autopsy remains. $_____

Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements such as a funderal with viewing. If you do not want embalming, you usually have the right to choose an arrangement which does not require you to pay for it, such as direct cremation or immediate burial.

V. Other Preparation of the Deceased $_____

(*Note to establishment: List as below each preparation service that you offer and the price.)

A. $_____

B. $_____

C. $_____

(etc.)

VI. Immediate Burial (List price range) $_____ to $_____

(*Note to establishment: A price range must be given for an immediate burial. The lowest price would be your immediate burial package with container provided by purchaser. The highest price would be your immediate burial package plus your most expensive casket. See below.)

Our charge includes (*Note to establishment: List what your charge includes.)

A. Immediate burial with container provided by purchaser. $_____

B. Immediate burial with minimum casket $_____

C. Immediate burial with the use of any other than the minimum casket would be this fee PLUS the casket selected by the purchaser. (*Note to establishment: Your lowest price for the basic immediate burial package would go here. The purchaser could then add this basic price to the price of the casket to arrive at the total price under this category. The basic price listed here must match the lowest price in the price range above.) $_____

VII. Direct Cremation (List price range) $_____ to $_____

(*Note to establishment: A price range must be given for a direct cremation. The lowest price would be your direct cremation package with a container provided by the purchaser. Your highest price would be your direct cremation package plus an unfinished wooden box, or your highest price could be listed like the price in IX(c) above in immediate burials.)

Our charge includes (*Note to establishment: List what your charge includes.)

State and local laws do not require a casket for direct cremation.

If you want to arrange a direct cremation, you can use an unfinished wood box or an alternative container. Alternative containers can be made of materials like heavy cardboard or composition materials (with or without an outside covering), or pouches of canvas.

A. Direct cremation with container provider by the purchaser. $_____

B. Direct cremation with alternative container. $_____

C. Direct cremation with unfinished wooden box. $_____

D. Direct cremation with the use of any other than the above would be this fee PLUS the casket selected by the purchaser. (*Note to establishment: This is optional.) $_____

VIII. Transfer of Remains to Funeral Establishment $_____

(*Note to establishment: This is added only when it is not included under professional services and you choose it to be a separate price. You must explain what this charge includes if listed separately.)

IX. Forwarding Remains to Another Funeral Home $_____

Our charge includes (*Note to establishment: List what your charge includes.)

X. Receiving Remains from Another Funeral Home $_____

Our charge includes (*Note to establishment: List what your charge includes.)

XI. Automotive Equipment

(*Note to establishment: Specify that local service is only for so many miles. If per-mile fee is charged beyond local miles, please specify the fee. List all automotive equipment that you own and offer to sell as a service. List the cost of each one purchased on the itemized statement. Any vehicles that you rent would be included on the itemized statement as a cash advance item.)

XII. Funeral Merchandise

A. Caskets $_____ to $_____

A complete price list will be provided at the funeral home.

B. Outer Burial Container $_____ to $_____

A complete price list will be provided at the funeral home.

In most areas of the country, no state or local law requires you to buy a container to surround the casket in the grave. However, many cemeteries ask that you have a container so that the grave will not sink. Either a burial vault or a grave liner will satisfy cemeteries that have these requirements.

C. Cremation Urns $_____ to $_____

A complete price list will be provided at the funeral home.

D. Cremation Vault (*if used) $_____ to $_____

A complete price list will be provided at the funeral home.

*E. (*Note to establishment: Continue to list all funeral merchandise that you offer. A price range is only required on the first four above. This list must also include acknowledgement cards, register book, and memorial folders if you offer them for sale.)*

APPENDIX II

Any Funeral Home

CONTAINER PRICE LIST

(* Containers may be listed in separate lists or combined into one. These prices must accompany General Price List or be included in the General Price List)

These prices are effective as of (DATE) _____.

In most areas of the country, no state or local law requires you to buy a container to surround the casket in the grave. However, many cemeteries ask that you have a container so that the grave will not sink. Either a burial vault or a grave liner will satisfy cemeteries that have these requirements.

Manufacturer	Description	Price
*List Manufacturers	*Describe containers	$_____

Warranties

Our funeral home makes no representations or warranties about the protective value of certain caskets and outer burial containers other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with this funeral service are the express written warranties, if any, extended by the manufacturer thereof. No other warranties and no warranties of merchandising fitness for a particular product are extended by the seller.

APPENDIX II

CONTAINER / CASKET PRICE LIST

Note to Establishments: The following Container Price List has been prepared as a guideline. All Container Price Lists must contain at least the following content if you offer the goods and services for sale at your establishment. You may use any format arrangement you choose and may add to this information to fit your establishment's services.

This sample form has notes throughout that are for your information only and are not intended to be included on the form when you prepare the form for use at your establishment. The Board has marked these notes with asterisks (*).

The statements in italics are required by the Federal Trade Commission and the Board. They may be placed in any location on the container price list.

APPENDIX III

ITEMIZED STATEMENT

Note to Establishments: The following Itemized Statement has been prepared as a guideline. All Itemized Statements must contain at least the following content if you offer the goods and services for sale at your establishment. You may use any format arrangement you choose and may add to this information to fit your establishment's services.

This sample form has notes throughout that are for your information only and are not intended to be included on the form when you prepare the form for use at your establishment. The Board has marked these notes with asterisks (*).

The statements in italics are required by the Federal Trade Commission and the Board. They may be placed at any location on the itemized statement.

APPENDIX III

Any Funeral Home
Main Street
Anytown, Virginia
Telephone Number

Itemized Statement of Funeral Goods and Services Selected

Funeral Services for _____ Date of Death _____ Today's Date _____

I. PROFESSIONAL SERVICES

A. Minimum Services of Funeral Director and Staff $_____

B. Additional Traditional Services of Funeral Director and Staff $_____

C. Additional Limited Services of Funeral Director and Staff $_____

D. Other Services of Funeral Director and Staff $_____

Subtotal: Professional Services: $_____

II. FUNERAL HOME FACILITIES

A. Use of basic facilities, administration, arrangement and preparation rooms $_____

B. Use of facilities for viewing/visitation (each night and portion of any day) $_____

C. Use of facilities for funeral ceremony (chapel or rooms) $_____

D. Other $_____

Subtotal: Funeral Facilities: $_____

III. EMBALMING

If you selected a funeral which requires embalming, such as a funeral with a viewing, you may have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charge for embalming, we will explain why below.

1. Normal remains $_____

2. Autopsy remains $_____

Subtotal: Embalming $_____

Embalming Authorized By: _____

Reason for Embalming: _____

IV. OTHER PREPARATION OF THE BODY

(*Note to establishment: List in spaces below each preparation service that you offer and the price of those purchased.)

A. $_____

B. $_____

C. $_____

(etc.)

Subtotal: Preparation $_____

V. IMMEDIATE BURIAL $_____

Charge includes (*Note to establishment: Briefly list what charge includes.)

VI. DIRECT CREMATION $_____

Charge includes (*Note to establishment: Briefly list what charge includes.)

VII. TRANSFER OF REMAINS TO FUNERAL ESTABLISHMENT $_____

(*Note to establishment: This is listed separately only when you list it as a separate charge on your General Price List.)

VIII. FORWARDING REMAINS TO ANOTHER FUNERAL HOME $_____

Charge includes (*Note to establishment: Briefly list what charge includes.)

IX. RECEIVING REMAINS FROM ANOTHER FUNERAL HOME $_____

Charge includes (*Note to establishment: Briefly list what charge includes.)

X. AUTOMOTIVE EQUIPMENT

Local service beyond _____ miles, add $_____ per vehicle. (*Note to establishment: This statement must be included if this is your practice. List below all automotive equipment that you own and offer to sell as a service. Any vehicles that you rent would be a cash advance item.)

XI. FUNERAL MERCHANDISE

A. Casket (*describe) _____ $_____

B. Outer Burial Container (*describe) _____ $_____

C. Cremation Urns (*describe) _____ $_____

D. Cremation Vault (*describe) _____ $_____

E. (*Note to establishment: Continue to list all funeral merchandise that you offer. You do not have to describe any others.)

Subtotal: Funeral Merchandise $_____

Va. State Sales Tax on Merchandise $_____

XII. ANTICIPATED CASH ADVANCE ITEMS

(*Note to establishment: List all cash advance items that you are willing to arrange for the purchaser.)

A. $_____

B. $_____

C. $_____

(etc.)

Subtotal: Cash Advance $_____

SUMMARY

(*Note to establishment: Leave dollar amount blank or mark N/A if fee does not apply)

1.	Subtotal:	Professional Services	$_____
2.	Subtotal:	Facilities	$_____
3.	Subtotal:	Transfer to Funeral Home	$_____
4.	Subtotal:	Forwarding to Another Funeral Home	$_____
5.	Subtotal:	Receiving from Another Funeral Home	$_____
6.	Subtotal:	Embalming	$_____
7.	Subtotal:	Other Preparation	$_____
8.	Subtotal:	Immediate Burial	$_____
9.	Subtotal:	Direct Cremation	$_____
10.	Subtotal:	Funeral Merchandise	$_____
		Va. Sales Tax on Funeral Merchandise	$_____
11.	Subtotal:	Anticipated Cash Advances	$_____
		TOTAL FUNERAL ACCOUNT	$_____
		Additional late purchase cash advances	$_____
		GRAND TOTAL FUNERAL ACCOUNT	$_____
		Unit Price (if less than above):	$_____

DISCLOSURES

Charges shown are only for those items that are used. If the type of funeral selected requires extra items, or the purchaser orders extra items, or if we are required by law, a cemetery, or crematorium to purchase any items, we will explain the reasons in writing below:

_____

_____

_____

The only warranty on the casket or outer burial container, or both, sold in connection with these services is the express written warranty, if any, granted by the manufacturer.

_____,
(Name of Funeral Home)

makes no warranty, express or implied, with respect to the casket or outer burial container, or both.

ACKNOWLEDGMENT AND AGREEMENT

I/we hereby acknowledge that I/we have the legal right to arrange the final services for the deceased, and I/we authorize _____ to perform services, furnish goods, and incur outside charges specified on the Statement. I/we acknowledge that I/we have received, on this date, the General Price List and the Casket Price List and Outer Burial Container Price List. I/we also acknowledge execution and receipt of a copy of this Statement.

TERMS OF PAYMENT

(*Note to establishment: Describe your terms of payment here.)

Co-signed		Dated	Signed		Dated
Street			Street		
City	State	Zip	City	State	Zip

Acceptance: (Name of Funeral Home) agrees to provide all services, merchandise, and cash advances indicated on this Statement.

By Licensed Funeral Director or
Funeral Service Licensee

APPENDIX IV

EMBALMING RECORD

Note to Establishments: The following Embalming Record has been prepared as a guideline. All Embalming Records must contain at least the following items. You may use any format arrangement you choose and may add to this information to fit your establishment's services.

This sample form has notes throughout that are for your information only and are not intended to be included on the form when you prepare the form for use at your establishment. The Board has marked these notes with asterisks (*).

APPENDIX IV

Any Funeral Home
Main Street
Anytown, Virginia
Telephone Number

Embalming Record

I. General Information

A. Deceased

Name of Deceased _____

Date of Death _____

Place of Death (*optional) _____

Time of Death (*optional) _____

Cause of Death _____

B. Embalming

Date of Embalming _____

Name of Embalmer _____

License # of Embalmer _____

Starting time (*optional) _____

Ending time (*optional) _____

C. Autopsy Information (if applicable)

Autopsy: _____ yes _____ no

_____ Cranial
_____ Trunk
_____ Arterial Embalming before autopsy

Disposition of Viscera _____

D. Cosmetics by: (*optional) _____

Dressing by: (*optional) _____

Casketing by: (*optional) _____

II. Condition of Remains Prior to Embalming

_____ Dehydration
_____ Discolorations
_____ Edema
_____ Emaciation
_____ Gangrene
_____ Purge
_____ Rigor Mortis
_____ Skin Slip
_____ Subcutaneous emphysema
_____ Tissue Gas
_____ Trauma
_____ Ulceration
_____ Other

Describe and explain the extent of any conditions checked above:

_____
_____
_____
_____

III. Injection

A. Type of Injection

_____ Single Point
_____ Multi-site
_____ Other

B. Initial Artery Injected

_____ Carotid: _____ right _____ left
_____ Femoral: _____ right _____ left
_____ Axillary: _____ right _____ left
_____ other: _____

C. Other Arteries Injected

_____ Carotid: _____ right _____ left
_____ Femoral: _____ right _____ left
_____ Axillary: _____ right _____ left
_____ Radial: _____ right _____ left
_____ Other: _____

D. Drainage Veins

_____ Jugular: _____ right _____ left
_____ Femoral: _____ right _____ left
_____ Axillary: _____ right _____ left
_____ Other: _____

IV. Fluids

A. Pre-Injection

Fluid: _____

Dilution Rate: _____

Total Volume: _____

B. Arterial Injection

Fluid: _____

Index: _____

Ounces per Gallon: _____

Fluid: _____

Index: _____

Ounces per Gallon: _____

Total Solution Volume Injected: _____

C. Accessory Fluids (List type and amount)

_____ H2O conditioner: _____

_____ Humectant: _____

_____ Due: _____

_____ Co-Injection: _____

_____ Other: _____

D. Cavity Fluid (List type and amount)

_____

_____

E. Quality of Fluid Distribution

_____ Excellent
_____ Good
_____ Fair

F. Aspiration

_____ Body Re-aspirated: _____ yes _____ no

V. Other Treatments

_____ External Embalming (Describe):
_____
_____
_____

_____ Hypodermic Embalming (Describe):
_____
_____
_____

_____ Other conditions and/or Treatments (Describe)
_____
_____
_____

_____ Restoration (Describe): __ Hypodermic __ Other
_____
_____
_____

VI. Setting Features

A. Mouth
_____ Needle Injector
_____ Muscular Suture
_____ Other: _____
_____ Teeth Present
_____ Dentures
_____ Artificial Replacement

B. Eyes (Describe):
_____
_____

VII. Signatures

_____
Embalmer Receiving Funeral Director

_____
Date Date

APPENDIX V.

PROPOSED BYLAWS OF THE BOARD OF FUNERAL DIRECTORS AND EMBALMERS.

The Proposed Bylaws of the Board of Funeral Directors and Embalmers are on file at the Office of the Board of Funeral Directors and Embalmers and in the Office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Room 292.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

REGISTRAR'S NOTICE: The following regulations are exempted from the Administrative Process Act under the provisions of § 9-6.14:4 B 4 of the Code of Virginia, which excludes agency action relating to grants of state or federal funds or property.

Title of Regulation: **VR 394-01-102. Single Family Rehabilitiation and Energy Conservation Loan Program.**

NOTICE: This regulation is being **repealed** and replaced with VR 394-01-102:1. Local Housing Rehabilitation Program: Program Guidelines.

* * * * * * * *

Title of Regulation: **VR 394-01-102:1. Local Housing Rehabilitation Program: Program Guidelines.**

Statutory Authority: §§ 36-137 and 36-141 et seq. of the Code of Virginia.

Public Hearing Date: N/A - Written comments may be submitted until June 22, 1990.
(See Calendar of Events section for additional information)

Summary:

The Local Housing Rehabilitation Program, a part of the Virginia Housing Partnership Fund, provides loans and grants to owners of substandard low-and-moderate income housing through local governments and nonprofit organizations. The purpose of the program is to upgrade substandard housing in order to increase the supply of safe, decent and affordable housing for low-and-moderate income owners and tenants. The proposed regulations address eligibility, fund reservation, program design, and evaluation criteria.

VR 394-01-102:1. Local Housing Rehabilitation Program: Program Guidelines.

PART I.
PURPOSE.

§ 1.1. Purpose.

The Local Housing Rehabilitation Program under the Virginia Housing Partnership Fund allows an approved local government, nonprofit organization, or housing authority to reserve a pool of funds in order to make low-interest loans to residential property owners within their service area for the improvement of their properties. The purpose is to increase the supply and availability of decent and affordable housing for low and moderate income Virginians through preservation of existing housing stock.

PART II.
GENERAL PROVISIONS.

§ 2.1. Definitions.

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

"Acquisition" means the purchase of real property.

"Administrative agreement" means a contract between DHCD and the local administrator setting forth the terms and conditions for the operation of the program.

"Application" is the written request for a loan or grant funding under this program.

"Appraised value" means the value assigned to the property as determined by an independent fee appraiser.

"Area median income" means the median income established by HUD for counties, cities or multijurisdictional areas of the Commonwealth.

"Assessed value" is the value assigned to a property as determined by the real estate assessment office of the local government where the same is located for tax purposes. (The applicable assessed value shall be that value in effect as of the date of the application.)

"Borrower" means the individual, for-profit, nonprofit or government entity that has applied and received commitment under this program.

"Commitment fee" means the amount charged by a local administrator to cover the cost of processing a loan. This fee is collected at the closing.

"DHCD" means the Department of Housing and Community Development.

"Energy grant" means a grant, available as a result of federal energy litigation, which may be awarded to pay for certain energy-related improvements in rehabilitation projects.

"Energy-related improvements" means physical

improvements to structures which are being rehabilitated which contribute to fuel cost savings and overall less energy consumption, and which have been so designated by this department.

"Fund" means the Virginia Housing Partnership Fund.

"General improvements" means permanent additions, alterations, renovations, or repairs made for the purpose of making housing more habitable and more desirable to live in.

"Gross income" is the total income from all sources, before taxes or withholdings, of all residents residing in a housing unit, age 18 or older.

"HQS" means the Housing and Urban Development Section 8 Housing Quality Standards.

"Household" means all persons related or unrelated living together as one economic unit.

"HUD" means the U.S. Department of Housing and Urban Development.

"LMI" means low and moderate income person(s) that have income levels not exceeding 80% of the area's median income.

"Loan" means funds provided to program recipients under the Virginia Housing Partnership Fund wherein repayment is required at rates and terms as established by DHCD.

"Local administrator" is the nonprofit, for-profit, incorporated organization or PHA unit of local government that enters into a contract/agreement with DHCD for undertaking project activities.

"Locality" means a city, county or town.

"Multifamily" means property with two or more complete dwelling units.

"Nonprofit" means an organization certified by the Internal Revenue Service as having § 501(c)(3) nonprofit status.

"Rehabilitation" means substantial physical improvements/repairs to a facility which will secure it structurally, correct building, health or fire safety code related defects, increase energy efficiency, assure safe and sanitary occupancy including general improvements.

"Reservation" means funds set aside for a project prior to negotiation of an administrative agreement or commitment.

"Service area" means the geographic area/jurisdiction which the applicant intends to serve.

"Single family" means a structure with one complete dwelling unit.

"Stripper oil well funds" are United States Department of Energy moneys awarded to the Commonwealth for specific purposes to resolve alleged pricing violations in effect between 1973 and 1981 by crude oil providers.

"Substandard" means does not meet HQS.

"VHDA" means the Virginia Housing Development Authority.

PART III.
ELIGIBILITY.

§ 3.1. Eligible applicants.

1. Units of local government.

2. Housing authorities.

3. Nonprofit organizations incorporated under the Commonwealth of Virginia.

PART IV.
FUND RESERVATION.

§ 4.1. Fund reservation.

A. Funds will be made available initially on a competitive basis to eligible applications that meet the minimum requirements, as set forth in Part VI of these guidelines. DHCD may reduce the amount of funds requested upon review of the application.

B. Approved local administrators, in good standing, may apply for funds at any time once 80% of existing funds are committed.

C. Any funds remaining after the competitive awards will be available to applicants on a first come/first serve basis. This will include new applicants as well as existing local administrators who have committed 80% of their previous allocation.

D. Upon selection as a local administrator, a reservation will be made for up to a three-month period to allow time for program start-up and administrative agreement negotiation. The reservation may be divided into two portions:

1. Loan funds; and

2. Grant funds for energy-related improvements.

Local administrators who have not entered into an administrative agreement within the three-month reservation period may lose all or a portion of their reservation.

E. Applicants will propose a timeframe for the operation of their program. The maximum term for completion of the program will be 24 months. ALL FUNDS SHALL BE COMMITTED AND ALL WORK COMPLETED DURING THE APPROVED PROJECT PERIOD.

F. Up to 5.0% of funds allocated may be used for administration and project management based on performance.

§ 4.2. Maximum reservation requests.

A. The maximum request per application shall be $500,000.

B. The maximum amount which can be used as grant funds for energy-related repairs shall be no more than 15% of the funds requested.

§ 4.3. Coordination.

DHCD will ensure delivery of the program based on geographic distribution and service area. In cases where there may be more than one applicant serving the same jurisdiction, DHCD will work to coordinate the programs with the applicants regarding their service area or population.

PART V.
PROGRAM DESIGN.

§ 5.1. Eligible borrowers.

1. LMI Owner/occupants of single family dwellings; or

2. Owners of rental property that house LMI persons.

§ 5.2. Eligible properties.

A. Substandard single family properties, owner-occupied or rental, that house LMI persons.

B. Substandard multifamily properties containing 10 or fewer units, that house LMI persons.

C. Properties must be feasible for rehabilitation. Building permits must be obtained, and upon completion the properties must comply with HQS as well as local zoning and code requirements.

§ 5.3. Eligible activities.

A. Rehabilitation including general improvements and energy-related improvements.

B. Replacement housing when rehabilitation is not economically feasible. GRANT FUNDS MAY NOT BE USED ON REPLACEMENT HOUSING.

C. Acquisition when rehabilitation is also being done may be approved by the state on a case-by-case basis upon verification of need. Evidence of need must be documented for all improvements undertaken. LUXURY IMPROVEMENTS ARE PROHIBITED.

§ 5.4. Loan terms and conditions.

A. Maximum loan amounts.

1. Owner-occupied properties may use up to $20,000 in VHPF funds of which up to 15% may be a grant for energy-related improvements. Grants must be a part of a VHPF loan package.

2. The following per unit maximum loans/grants will apply to rental property. Of these amounts, 15% may be a grant for energy-related improvements.

Efficiency/1 bedroom – $10,000

2 bedroom – $12,500

3 bedroom – $15,000

4 or more bedroom – $17,500

B. Interest rate.

All loans will be at a fixed rate of interest. Interest rates may range from 0.0% to 8.0% at the discretion of the local administrator. The local administrator must describe the method of establishing rates in the program application. The local administrator must ensure an average return of 4.0% for the entire portfolio.

C. Term of loans.

The maximum term of loans shall not be more than 15 years (180 months). Loan terms should be adjusted so that payments are not less than $25 per month.

D. Term of grants.

The grant portion of funds shall be secured along with the loan portion. The grant will be deferred for the first three years and forgiven at a rate of 25% for the next four years, provided that any grant amount remaining on June 30, 1998, will be forgiven in full.

E. Requirements of securing the loan grant.

On owner/occupied property the applicant/borrower must have the majority ownership (at least 51%) interest in the property. All owners must sign the deed of trust. For investor owned property, all owners must be applicant/borrowers. Liens will be recorded on the property secured by a deed of trust. The liens shall be divided between loan proceeds and grant proceeds.

Title insurance shall be required on all loans and loan/grant combinations exceeding $7,500.

DHCD will accept a subordinate position to an existing mortgage or when primary rehabilitation financing is provided by another source.

F. Loan-to-value ratio.

The loan-to-value ratio shall be based on the appraised value of the property after repairs and improvements. In general the loan-to-value shall not exceed 90% of the appraised value. However, for single family properties, the assessed value may be used providing the loan-to-value does not exceed 100% of the pre-rehabilitation assessed value. ALL INCUMBRANCES AGAINST THE PROPERTY WHICH ARE SUPERIOR TO THE VHPF DEBT MUST BE CALCULATED IN THE LOAN-TO-VALUE RATIO.

G. Sale or transfer restrictions.

A loan or loan/grant may be assumed by a subsequent purchaser if the purchaser meets the income requirements or will rent to tenants that meet the income requirements. Approval of DHCD will be required for any such assumptions.

H. Waivers.

DHCD will accept requests for waivers to one or more of the program requirements on a case-by-case basis. In granting any such waiver, DHCD will look at the merits of each case relative to need, benefits, and intent of the program.

PART VI.
EVALUATION CRITERIA.

§ 6.1. Application evaluation criteria.

A. Project need.

The application shall address the need and demand for rehabilitation activities in the service area for low and moderate income persons. AT A MINIMUM THIS NEED MUST BE DOCUMENTED BY A HOUSING SURVEY IN A FORM AS MAY BE PRESCRIBED BY THE COMMONWEALTH. Census data may be used as references but will not be accepted as a needs assessment.

B. Program design.

The program design shall address all phases of the operation of the program to include outreach, application intake, underwriting, project management, cost estimating and any other aspects of the local rehabilitation program. THE PROGRAM DESIGN SHALL BE CONSISTENT WITH THE REQUIREMENTS SET FORTH IN THESE GUIDELINES. The application shall include the proposed timeframe and the number of units proposed for the program period.

C. Leveraging.

The amount of other program funds will be used to determine leverage ratios. These ratios will be considered in ranking proposals. OTHER FUNDS MAY INCLUDE HOUSING AND OTHER NEIGHBORHOOD IMPROVEMENTS WHICH ARE A PART OF THE PROPOSED PROJECT.

D. Administrative capacity.

The application shall include information on staff expertise in all areas of program administration and project management. Plans for hiring any additional staff should be noted. Applications will be evaluated on staff expertise and ability to implement the program in a timely manner. Percentages should be given to represent each staff person's time directly related to this program.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Title of Regulations: **VR 460-02-4.1940. Methods and Standards for Establishing Payment Rates - Long-Term Care.**
VR 460-03-3.1310. Nursing Facility and MR Criteria.
VR 460-03-4.1940. Nursing Home Payment System (REPEALED).
VR 460-03-4.1940:1. Nursing Home Payment System: Patient Intensity Rating System.
VR 460-03-4.1941. Uniform Expense Classification.
VR 460-03-4.1942. Leasing of Facilities.
VR 460-03-4.1943. Cost Reimbursement Limitations.

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

Public Hearing Date: N/A - Written comments may be submitted until July 20, 1990.
(See Calendar of Events section for additional information)

Summary:

The Department of Medical Assistance Services is proposing to repeal its currently effective Nursing Home Payment System and is proposing to replace it with the Patient Intensity Rating System (PIRS) in order to determine nursing home reimbursement. Each nursing home will have a service intensity index based on the numbers of patients who are categorized as Group A, B or C.

Nursing home reimbursement will be subject to peer groups and operating ceilings which will be modified over the current system. The Virginia Health Services Cost Review Council filing fees are being incorporated into the new system. The Virginia specific inflation factor mandated by the 1989 General Assembly is also being carried forward. In addition, the 1990 General Assembly mandated U.S. Treasury notes and bonds as the new upper limit for interest expense for debt financing is included. PIRS also allows for the costs

to nursing homes for the 1987 OBRA mandates for nurse aides and competency/training evaluation programs. Insignificant corrections to the payment system's format and style have been made also.

A new supplement (VR 460-03-3.1310) to the Plan section concerning the Methods and Standards Used to Assure High Quality of Care (VR 460-02-3.1300, Attachment 3.1 C) is also being proposed. This Plan section contains DMAS criteria used for determining individuals' appropriate placement in nursing home care.

VR 460-02-4.1940. Methods and Standards for Establishing Payment Rates - Long-Term Care.

The policy and the method to be used in establishing payment rates for ~~skilled and intermediate care~~ nursing ~~homes~~ *facilities* listed in § 1905(a) of the Social Security Act and included in this State Plan for Medical Assistance are described in the following paragraphs.

a. Reimbursement and payment criteria will be established which are designed to enlist participation of a sufficient number of providers of services in the Program so that eligible persons can receive the medical care and services included in the Plan to the extent these are available to the general population.

b. Participation in the Program will be limited to providers of services who accept, as payment in full, the amounts so paid.

c. Payment for care of service will not exceed the amounts indicated to be reimbursed in accord with the policy and the methods described in the Plan and payments will not be made in excess of the upper limits described in 42 CFR 447.253(b)(2). The state agency has continuing access to data identifying the maximum charges allowed. Such data will be made available to the Secretary, HHS, upon request.

d. Payments for services to ~~skilled and intermediate nursing homes~~ *nursing facilities* shall be on the basis of reasonable cost in accordance with the standards and principles set forth in 42 CFR 447.252 as follows:

(1) A uniform annual cost report which itemizes allowable cost will be required to be filed within 90 days of each provider's fiscal year end. ~~The effective date of this requirement was July 1, 1972, for intermediate care facilities.~~

(2) The determination of allowable costs will be in accordance with Medicare principles as established in the Provider Reimbursement Manual (~~HIM-15~~ *PRM-15*) except where otherwise noted in this Plan. ~~For hospital based, skilled, and combined skilled and intermediate care facilities, the cost finding method will be in accordance with Medicare principles. For free-standing intermediate care facilities, a simplified method not requiring a step-down of indirect costs will be substituted by the Program.~~

(3) Field audits will be conducted on the cost data submitted by the provider to verify the accuracy and reasonableness of such data. Audits will be conducted for each facility on a periodic basis as determined from internal desk audits and more often as required. Audit procedures are in conformance with SSA standards set forth in ~~HIM-13-2~~ *PRM-13-2* . Internal desk audits are conducted annually within six months of receipt of a completed cost report from the provider.

(4) Reports of field audits are retained by the state agency for at least three years following submission of the report.

(5) (Reserved.)

(6) Facilities are paid on a cost-related basis in accordance with the methodology described in the Plan.

(7) Modifications to the Plan for reimbursement will be submitted as Plan amendments.

(8) Covered cost will include such items as:

(a) Cost of meeting certification standards.

(b) Routine services which include items expense providers normally incur in the provision of services.

(c) The cost of such services provided by related organizations except as modified in the payment system supplement 4.19-D.

(9) Bad debts, charity and courtesy allowances shall be excluded from allowable cost.

(10) Effective for facility cost reporting periods beginning on or after October 1, 1978, the reimbursable amount will be determined prospectively on a facility by facility basis, except that mental institutions and mental retardation facilities shall continue to be reimbursed retrospectively. The prospective rate will be based on the prior period's actual cost (as determined by an annual cost report and verified by audit as set forth in section d(3) above) plus an inflation factor. Payments will be made to facilities no less than monthly.

(11) The payment level calculated by the prospective rate will be adequate to reimburse in full such actual allowable costs that an economically and efficiently operated facility might incur. In addition, an incentive plan will be established as described in the payment system supplement 4.19-D.

(12) Upper limits for payment within the prospective payment system shall be as follows:

(a) Allowable cost shall be determined in accordance with Medicare principles as defined in ~~HIM-15~~ *PRM-15* , except as may be modified in this Plan.

(b) Reimbursement for operating costs will be limited to regional ceilings ~~calculated for all nursing homes in the Northern Virginia area and a ceiling calculated for the rest of the Commonwealth plus annual escalators~~ .

(c) Reimbursement, in no instance, will exceed the charges for private patients receiving the same services.

(13) In accordance with 42 CFR 447.205, an opportunity for public comment was permitted before final implementation of rate setting processes.

(14) A detailed description of the prospective reimbursement formula is attached for supporting detail.

(15) Item 398D of the 1987 Appropriation Act (as amended), effective April 8, 1987, eliminated reimbursement of return on equity capital to proprietary providers.

e. Reimbursement of nonenrolled long-term care facilities.

(1) Nonenrolled providers of institutional long-term care services shall be reimbursed based upon the average per diem cost, updated annually, reimbursed to enrolled ~~intermediate or skilled care~~ *nursing facility* providers.

(2) Prior approval must be received from the DMAS ~~Medical Social Services Division~~ for recipients to receive institutional services from nonenrolled long-term care facilities. Prior approval can only be granted:

(a) When the nonenrolled long-term care facility with an available bed is closer to the recipient's Virginia residence than the closest facility located in Virginia with an available bed, or

(b) When long-term care special services, such as intensive rehabilitation services, are not available in Virginia, or

(c) If there are no available beds in Virginia facilities.

(3) Nothing in this regulation is intended to preclude DMAS from reimbursing for special services, such as rehabilitation, ventilator, and transplantation, on an exception basis and reimbursing for these services on an individually, negotiated rate basis.

VR 460-03-3.1310. Nursing Facility and MR Criteria.

§ 1. Nursing facility criteria introduction.

A. Traditionally, the model for nursing facility care has been facility or institutionally based; however, it is important to recognize that nursing facility care services can be delivered outside a nursing home. Nursing facility care is the provision of services regardless of the specific setting. It is the care rather than the setting in which it is rendered that is significant. The criteria for assessing nursing facility care are divided into two areas: (i) functional capacity (the degree of assistance an individual requires to complete activities of daily living) and (ii) nursing needs.

B. The preadmission screening process marks the beginning of a continuum of long-term care services available to an individual under the Virginia Medical Assistance Program. Nursing facility care services are covered by the program for individuals whose needs meet the criteria established by program regulations.

C. Nursing facilities must conduct a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. This assessment must be conducted no later than four days after the date of admission and promptly after a significant change in the resident's physical or mental condition. The Department of Medical Assistance Services shall conduct a validation survey of the assessments completed by nursing facilities to determine that services provided to the residents are medically necessary and that needed services are provided.

D. The criteria for nursing facility care under the Virginia Medical Assistance Program are contained herein. An individual's need for care must meet this criteria before any authorization for payment by Medicaid will be made for either institutional or noninstitutional long-term care services. Reimbursement to nursing facilities for residents requiring specialized care shall only be made on a contractual basis.

§ 2. Criteria for nursing facility care.

A. Nursing facility care shall be the provision of services for persons whose health needs require medical and nursing supervision or care. These services may be provided in various settings, institutional and noninstitutional. Both the functional capacity of the individual and his nursing needs must be considered in determining the appropriateness of care.

B. Individuals may be considered appropriate for nursing facility care when one of the following describes their functional capacity:

1. Rated dependent in two to four of the Activities of Daily Living (Items 1-7), and also rated semi-dependent or dependent in Behavior Pattern and Orientation (Item 8), and semi-dependent in Medication Administration (Item 10).

2. Rated dependent in two to four of the Activities of Daily Living (Items 1-7), and also rated semi-dependent or dependent in Behavior Pattern and Orientation (Item 8), and semi-dependent in Joint Motion (Item 11).

3. Rated dependent in five to seven of the Activities of Daily Living (Items 1-7), and also rated dependent in Mobility (Item 9).

4. Rated semi-dependent in two to seven of the Activities of Daily Living (Items 1-7) and also rated dependent in Mobility (Item 9), and Behavior Pattern and Orientation (Item 8). An individual in this category will not be appropriate for nursing facility care unless he also has a medical condition requiring treatment or observation by a nurse.

C. Placement in a noninstitutional setting should be considered before nursing home placement is sought.

§ 3. Functional status.

The following abbreviations shall mean:

I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

A. Bathing

1. Without help (I)

2. MH only (d)

3. HH only (D)

4. MH and HH (D)

5. Is bathed (D)

B. Dressing

1. Without help (I)

2. MH only (d)

3. HH only (D)

4. MH and HH (D)

5. Is dressed (D)

6. Is not dressed (D)

C. Toileting

1. Without help day and night (I)

2. MH only (d)

3. HH only (D)

4. MH and HH (D)

5. Does not use toilet room (D)

D. Transferring

1. Without help (I)

2. MH only (d)

3. HH only (D)

4. MH and HH (D)

5. Is transferred (D)

6. Is not transferred (D)

E. Bowel Function

1. Continent (I)

2. Incontinent less than weekly (d)

3. Ostomy - self care (d)

4. Incontinent weekly or more (D)

5. Ostomy - not self care (D)

F. Bladder Function

1. Continent (I)

2. Incontinent less than weekly (d)

3. External device - self care (d)

4. Indwelling catheter - self care (d)

5. Ostomy - self care (d)

6. Incontinent weekly or more (D)

7. External device - not self care (D)

8. Indwelling catheter - not self care (D)

9. Ostomy - not self care (D)

G. Eating/Feeding

1. Without help (I)

2. MH only (d)

3. HH only (D)

4. MH and HH (D)

5. Spoon fed (D)

6. Syringe or tube fed (D)

7. Fed by IV or clysis (D)

H. Behavior Pattern and Orientation

1. Appropriate or Wandering/ Passive less than weekly + Oriented (I)

2. Appropriate or Wandering/ Passive less than weekly + Disoriented - Some Spheres (I)

3. Wandering/Passive Weekly or More + Oriented (I)

4. Appropriate or Wandering/ Passive less than weekly + Disoriented - All Spheres (d)

5. Wandering/Passive Weekly or more + Disoriented - Some or All Spheres (d)

6. Abusive/Aggressive/ Disruptive less than weekly + Oriented or Disoriented (d)

7. Abusive/Aggressive/ Disruptive weekly or more + Oriented (d)

8. Abusive/Aggressive/ Disruptive weekly or more + Disoriented (D)

9. Mobility

a. Goes outside without help (I)

b. Goes outside MH only (d)

c. Goes outside HH only (D)

d. Goes outside MH and HH (D)

e. Confined - moves about (D)

f. Confined - does not move about (D)

10. Medication Administration

a. No medications (I)

b. Self administered - monitored less than weekly (I)

c. By lay persons, monitored less than weekly (I)

d. By Licensed/Professional nurse and/or monitored weekly or more (D)

e. Some or all by Professional nurse (D)

11. Joint Motion

a. Within normal limits (I)

b. Limited motion (d)

c. Instability - corrected (I)

d. Instability - uncorrected (D)

e. Immobility (D)

§ 4. Nursing needs.

A. Following are examples of services provided or supervised by licensed nursing and professional personnel; however, no single service necessarily indicates a need for nursing facility care:

1. Application of aseptic dressings;

2. Routine catheter care;

3. Inhalation therapy after the regimen has been established;

4. Supervision for adequate nutrition and hydration for patients who, due to physical or mental impairments, are subject to malnourishment or dehydration;

5. Routine care in connection with plaster casts, braces, or similar devices;

6. Physical, occupational, speech, or other therapy;

7. Therapies, exercise and positioning to maintain or strengthen muscle tone, to prevent contractures, decubiti, and deterioration;

8. Routine care of colostomy or ileostomy;

9. Use of restraints including bedrails, soft binders, and wheelchair supports;

10. Routine skin care to prevent decubiti;

11. Care of small uncomplicated decubiti, and local skin rashes; or

12. Observation of those with sensory, metabolic, and circulatory impairment for potential medical complications.

B. Services requiring more intensive nursing care, such as wounds or lesions requiring daily care, nutritional

deficiencies leading to specialized feeding, and paralysis or paresis benefitting from rehabilitation, shall be reimbursed at a higher rate.

C. The final determination for nursing facility care shall be based on the individual's need for medical and nursing management. Nursing facility care criteria are intended only as guidelines. Professional judgment must always be used to assure appropriateness of care.

§ 5. Specific services which do not meet the criteria for nursing facility care.

A. Care needs that do not meet the criteria for nursing facility care include, but are not limited to, the following:

1. Minimal assistance with activities of daily living;

2. Independent use of mechanical devices such as a wheelchair, walker, crutch, or cane;

3. Limited diets such as mechanically altered, low salt, low residue, diabetic, reducing, and other restrictive diets;

4. Medications that can be independently self-administered or administered by the individual with minimal supervision;

5. The protection of the patient to prevent him form obtaining alcohol or drugs, or from confronting an unpleasant situation; or

6. Minimal observation or assistance by staff for confusion, memory impairment, or poor judgment.

B. Special attention shall be given to individuals who receive psychiatric treatment. These individuals must also have care needs that meet the criteria for nursing facility care.

§ 6. Summary.

In patient placement, all available resources must be explored, i.e., the immediate family, other relatives, home health services, and other community resources. When applying the criteria, primary consideration is to be given to the utilization of available community/family resources.

§ 7. Adult specialized care criteria.

A. General description.

The resident must have long-term health conditions requiring close medical supervision, 24 hours licensed nursing care, and specialized services or equipment.

B. Targeted population.

1. Individuals requiring mechanical ventilation;

2. Individuals with communicable diseases requiring universal or respiratory precautions;

3. Individuals requiring ongoing intravenous medication or nutrition administration; or

4. Individuals requiring comprehensive rehabilitative therapy services.

C. Criteria.

1. The individual must require at a minimum:

a. Physician visits at least once weekly;

b. Skilled nursing services 24 hours a day (a registered nurse must be on the nursing unit on which the resident resides, 24 hours a day, whose sole responsibility is the designated unit); and

c. Coordinated multidisciplinary team approach to meet needs.

2. In addition, the individual must meet one of the following requirements:

a. Must require two out of three of the following rehabilitative services: Physical Therapy, Occupational Therapy, Speech-pathology services; therapy must be provided at a minimum of 4 therapy sessions (minimum of 30 minutes per session) per day, 5 days per week; individual must demonstrate progress in overall rehabilitative plan of care on a monthly basis; or

b. Must require special equipment such as mechanical ventilators, respiratory therapy equipment (that has to be supervised by licensed nurse or respiratory therapist), monitoring device (respiratory or cardiac), kinetic therapy; or

c. Individuals that require at least one of the following special services:

(1) Ongoing administration of intravenous medications or nutrition (i.e., TPN, antibiotic therapy, narcotic administration, etc.);

(2) Special infection control precautions (universal or respiratory precaution; this does not include handwashing precautions only);

(3) Dialysis treatment that is provided on-unit (i.e. peritoneal dialysis);

(4) Daily respiratory therapy treatments that must be provided by a skilled nurse or a respiratory therapist;

(5) Extensive wound care requiring debridement, irrigation, packing, etc., more than two times a day

(i.e., grade IV decubiti; large surgical wounds that cannot be closed, second or third degree burns covering more than 10% of the body);

(6) Multiple unstable ostomies (a single ostomy does not constitute a requirement for special care) requiring frequent care (i.e. suctioning every hour; stabilization of feeding; stabilization of elimination, etc.).

§ 8. Pediatric/adolescent specialized care criteria.

A. General description.

The child must have ongoing health conditions requiring close medical supervision, 24 hours licensed nursing supervision, and specialized services or equipment. The recipient must be age 21 or under.

B. Targeted population.

1. Children requiring mechanical ventilation;

2. Children with communicable diseases requiring universal or respiratory precautions (excluding normal childhood diseases such as chicken pox, measles, strep throat, etc.);

3. Children requiring ongoing intravenous medication or nutrition administration;

4. Children requiring daily dependence on devise based respiratory or nutritional support (tracheostomy, gastrostomy, etc.);

5. Children requiring comprehensive rehabilitative therapy services;

6. Children with terminal illness.

B. Criteria.

1. The child must require at a minimum:

a. Physician visits at least once weekly;

b. Skilled nursing services 24 hours a day (a registered nurse must be on the nursing unit on which the child is residing, 24 hours a day, whose sole responsibility is that nursing unit);

c. Coordinated multidisciplinary team approach to meet needs;

d. The nursing facility must provide for the educational and habilitative needs of the child. These services must be age appropriate and appropriate to the cognitive level of the child. Services must also be individualized to meet the specific needs of the child and must be provided in an organized and proactive manner. Services may include but are not limited to school, active treatment for mental retardation, habilitative therapies, social skills and leisure activities. The services must be provided for a total of 2 hours per day, minimum.

2. In addition, the child must meet one of the following requirements:

a. Must require two out of three of the following physical rehabilitative services: Physical therapy, Occupational therapy, Speech-pathology services; therapy must be provided at a minimum of six therapy sessions (minimum of 15 minutes per session) per day, five days per week; child must demonstrate progress in overall rehabilitative plan of care on a monthly basis; or

b. Must require special equipment such as mechanical ventilators, respiratory therapy equipment (that has to be supervised by licensed nurse or respiratory therapist), monitoring device (respiratory or cardiac), kinetic therapy, etc.; or

c. Children that require at least one of the following special services:

(1) Ongoing administration of intravenous medications or nutrition (i.e., TPN, antibiotic therapy, narcotic administration, etc.);

(2) Special infection control precautions (universal or respiratory precaution; this does not include handwashing precautions only or isolation for normal childhood diseases such as measles, chicken pox, strep throat, etc.);

(3) Dialysis treatment that is provided within the facility (i.e., peritoneal dialysis);

(4) Daily respiratory therapy treatments that must be provided by a licensed nurse or a respiratory therapist;

(5) Extensive wound care requiring debridement, irrigation, packing, etc., more than two times a day (i.e., grade IV decubiti; large surgical wounds that cannot be closed; second or third degree burns covering more than 10% of the body);

(6) Ostomy care requiring services by a licensed nurse;

(7) Terminal illness.

§ 9. Criteria for care in facilities for mentally retarded persons.

A. Definitions.

The following words and terms, when used in these

criteria, shall have the following meaning, unless the context clearly indicates otherwise:

"No assistance" means no help is needed.

"Prompting/structuring" means prior to the functioning, some verbal direction or some rearrangement of the environment is needed.

"Supervision" means that a helper must be present during the function and provide only verbal direction, gestural prompts, or guidance.

"Some direct assistance" means that a helper must be present and provide some physical guidance/support (with or without verbal direction).

"Total care" means that a helper must perform all or nearly all of the functions.

"Rarely" means that a behavior occurs quarterly or less.

"Sometimes" means that a behavior occurs once a month or less.

"Often" means that a behavior occurs two to three times a month.

"Regularly" means that a behavior occurs weekly or more.

B. Utilization control regulations require that criteria be formulated for guidance for appropriate levels of services. Traditionally, care for the mentally retarded has been institutionally based; however, this level of care need not be confined to a specific setting. The habilitative and health needs of the client are the determining issues.

C. The purpose of these regulations is to establish standard criteria to measure eligibility for Medicaid payment. Medicaid can pay for care only when the client is receiving appropriate services and when "active treatment" is being provided. An individual's need for care must meet these criteria before any authorization for payment by Medicaid will be made for either institutional or waivered rehabilitative services for the mentally retarded.

D. Care in facilities for the mentally retarded requires planned programs for habilitative needs or health related services which exceed the level of room, board, and supervision of daily activities.

Such care shall be a combination of habilitative, rehabilitative, and health services directed toward increasing the functional capacity of the retarded person. Examples of services shall include training in the activities of daily living, task-learning skills, socially acceptable behaviors, basic community living programming, or health care and health maintenance. The overall objective of programming shall be the attainment of the optimal physical, intellectual, social, or task learning level which the person can presently or potentially achieve.

E. The evaluation and re-evaluation for care in a facility for the mentally retarded shall be based on the needs of the person, the reasonable expections of the resident's capabilities, the appropriateness of programming, and whether progress is demonstrated from the training and, in an institution, whether the services could reasonably be provided in a less restrictive environment.

§ 10. Patient assessment criteria.

A. The patient assessment criteria are divided into broad categories of needs, or services provided. These must be evaluated in detail to determine the abilities/skills which will be the basis for the development of a plan of care. The evaluation process will demonstrate a need for programming an array of skills and abilities or health care services. These have been organized into seven major categories. Level of functioning in each category is graded from the most dependent to the least dependent. In some categories, the dependency status is rated by the degree of assistance required. In other categories, the dependency is established by the frequency of a behavior or ability to perform a given task.

B. The resident must meet the indicated dependency level in two or more of categories 1 through 7.

1. Health Status - To meet this category:

a. Two or more questions must be answered with a 4, or

b. Question 10 must be answered "yes."

2. Communication Skills - To meet this category:

Three or more questions must be answered with a 3 or a 4.

3. Task Learning Skills - To meet this category:

Three or more questions must be answered with a 3 or a 4.

4. Personal Care - To meet this category:

a. Question #1 must be answered with a 4 or a 5, or

b. Question #2 must be answered with a 4 or a 5, or

c. Question #3 and #4 must be answered with a 4 or a 5.

5. Mobility - To meet this category:

Any one question must be answered with a 4 or a 5.

6. Behavior - To meet this category:

Any one question must be answered with a 3 or a 4.

7. Community Living - To meet this category:

a. Any two of the questions #2, #5, or #7 must be answered with a 4 or a 5, or

b. Three or more questions #1-#8 must be answered with a 4 or a 5.

LEVEL OF FUNCTIONING SURVEY

1. Health status.

How often is nursing care or nursing supervision by a licensed nurse required for the following? (Key: 1=Rarely, 2=Sometimes, 3=Often, and 4=Regularly)

a. Medication administration and/or evaluation for effectiveness of a medication regimen? ..... 1...2...3...4

b. Direct services: i.e. care for lesions, dressings, treatments (other than shampoos, foot power, etc.) ..... 1...2...3...4

c. Seizures control ..... 1...2...3...4

d. Teaching diagnosed disease control and care, including diabetes ..... 1...2...3...4

e. Management of care of diagnosed circulatory or respiratory problems ..... 1...2...3...4

f. Motor disabilities which interfere with all activities of Daily Living - Bathing, Dressing, Mobility, Toileting, etc. ..... 1...2...3...4

g. Observation for choking/aspiration while eating, drinking? ..... 1...2...3...4

h. Supervision of use of adaptive equipment, i.e., special spoon, braces, etc. ..... 1...2...3...4

i. Observation for nutritional problems (i.e., undernourishment, swallowing difficulties, obesity) ..... 1...2...3...4

j. Is age 55 or older, has a diagnosis of a chronic disease and has been in an institution 20 years or more ..... 1...2...3...4

2. Communication.

Using the key 1=regularly, 2=often, 3=sometimes, 4=rarely, how often does this person

a. Indicate wants by pointing, vocal noises, or signs? ..... 1...2...3...4

b. Use simple words, phrases, short sentences? .....1...2...3...4

c. Ask for at least ten things using appropriate names? ..... 1...2...3...4

d. Understand simple words, phrases or instructions containing prepositions: i.e., "on" "in" "behind"? ..... 1...2...3...4

e. Speak in an easily understood manner? .. 1...2...3...4

f. Identify self, place of residence, and significant others? ..... 1...2...3...4

3. Task learning skills.

How often does this person perform the following activities (Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

a. Pay attention to purposeful activities for 5 minutes? ..... 1...2...3...4

b. Stay with a 3 step task for more than 15 minutes? ..... 1...2...3...4

c. Tell time to the hour and understand time intervals? ..... 1...2...3...4

d. Count more than 10 objects? ..... 1...2...3...4

e. Do simple addition, subtraction? ..... 1...2...3...4

f. Write or print ten words? ..... 1...2...3...4

g. Discriminate shapes, sizes, or colors? .... 1...2...3...4

h. Name people or objects when describing pictures? ..... 1...2...3...4

i. Discriminate between "one," "many," "lot"? ..... 1...2...3...4

4. Personal/self care.

With what type of assistance can this person currently (Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

a. Perform toileting functions: i.e., maintain bladder and bowel continence, clean self, etc.? ..... 1...2...3...4...5

b. Perform eating/feeding functions: i.e., drinks liquids and eats with spoon or fork, etc.? ..... 1...2...3...4...5

c. Perform bathing function (i.e., bathe, runs bath, dry self, etc.)? ..... 1...2...3...4...5

5. Mobility.

With what type of assistance can this person currently (Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

a. Move (walking, wheeling) around environment? .... 1...2...3...4...5

b. Rise from lying down to sitting positions, sits without support? ..... 1...2...3...4...5

c. Turn and position in bed, roll over? .. 1...2...3...4...5

6. Behavior.

How often does this person (Key: 1=Rarely, 2=Sometimes, 3=Often, 4=Regularly)

a. Engage in self destructive behavior? ..... 1...2...3...4

b. Threaten or do physical violence to others? ..... 1...2...3...4

c. Throw things, damage property, have temper outbursts? ..... 1...2...3...4

d. Respond to others in a socially unacceptable manner - (without undue anger, frustration or hostility) ..... 1...2...3...4

7. Community living skills.

With what type of assistance would this person currently be able to (Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

a. Prepare simple foods requiring no mixing or cooking? ..... 1...2...3...4...5

b. Take care of personal belongings, room (excluding vacuuming, ironing, clothes washing/drying, wet mopping)? ..... 1...2...3...4...5

c. Add coins of various denominations up to one dollar? ..... 1...2...3...4...5

d. Use the telephone to call home, doctor, fire, police? ..... 1...2...3...4...5

e. Recognize survival signs/words: i.e., stop, go, traffic lights, police, men, women, restrooms, danger, etc.? ..... 1...2...3...4...5

f. Refrain from exhibiting unacceptable sexual behavior in public? ..... 1...2...3...4...5

g. Go around cottage, ward, building, without running away, wandering off, or becoming lost? . 1...2...3...4...5

h. Make minor purchases i.e., candy, soft drink, etc.? ..... 1...2...3...4...5

VR 460-03-4.1940:1. Nursing Home Payment System: Patient Intensity Rating System.

PART I.
INTRODUCTION.

§ 1.1. Effective October 1, l990, the payment methodology for Nursing Facility (NF) reimbursement by the Virginia Department of Medical Assistance Services (DMAS) is set forth in the following document. The formula provides for incentive payments to efficiently operated NFs and contains payment limitations for those NFs operating less efficiently. A cost efficiency incentive encourages cost containment by allowing the provider to retain a percentage of the difference between the prospectively determined operating cost rate and the ceiling.

§ 1.2. Two separate cost components are used: plant cost and operating cost. The rates, which are determined on a facility-by-facility basis, shall be based on annual cost reports filed by each provider.

§ 1.3. In determining the ceiling limitations, there shall be direct patient care medians established for NFs in Northern Virginia, the Richmond Metropolitan Statistical Area (MSA), and in the rest of the state. There shall be indirect patient care medians established for NFs in Northern Virginia and in the rest of the state. The Richmond MSA shall include the cities of Richmond, Colonial Heights, Hopewell and Petersburg and the counties of Charles City, Chesterfield, Dinwiddie, Goochland, Hanover, Henrico, New Kent, Powhatan, and Prince George. Northern Virginia shall include the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park and the counties of Fairfax, Loudoun, Arlington, and Prince William.

§ 1.4. Institutions for mental diseases providing nursing services for individuals age 65 and older shall be exempt from the prospective payment system as defined in §§ 2.6, 2.7, 2.19, and 2.25, as are mental retardation facilities. All other sections of this payment system relating to reimbursable cost limitations shall apply. These facilities shall continue to be reimbursed retrospectively on the basis of reasonable costs in accordance with Medicare and Medicaid principles of reimbursement. Reimbursement to Intermediate Care Facilities for the Mentally Retarded (ICF/MR) shall be limited to the highest rate paid to a state ICF/MR institution, approved each July 1 by DMAS.

§ 1.5. Medicare principles of reimbursement, as amended from time to time, shall be used to establish the allowable

costs in the rate calculations, except as specifically modified herein which are classified in accordance with the DMAS uniform chart of accounts (see VR 460-03-4.1941, Uniform Expense Classification) and which may be identified and verified by contemporaneous documentation. All matters of reimbursement which are part of the DMAS reimbursement system shall supercede Medicare principles of reimbursement. Wherever the DMAS reimbursement system conflicts with Medicare principles of reimbursement, the DMAS reimbursement system shall take precedence. Appendices are a part of the DMAS reimbursement system.

PART II.
RATE DETERMINATION PROCEDURES.

Article 1.
Plant Cost Component.

§ 2.1. Plant cost.

A. Plant cost shall include actual allowable depreciation, interest, rent or lease payments for buildings and equipment as well as property insurance, property taxes and debt financing costs allowable under Medicare principles of reimbursement or as defined herein.

B. Plant cost shall be converted to a per diem amount by dividing it by the greater of actual patient days or the number of patient days computed as 95% of the daily licensed bed complement during the applicable cost reporting period.

C. For NFs of 30 beds or less, the number of patient days will be computed as not less than 85% of the daily licensed bed complement.

D. Costs related to equipment and portions of a building/facility not available for patient care related activities are nonreimbursable plant costs.

§ 2.2. New nursing facilities and bed additions.

A. 1. 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 fixed equipment or major movable equipment related to such a projects.

2. All bids must be obtained in an open competitive market manner, and subject to disclosure to DMAS prior to initial rate setting. (Related parties see § 2.10.)

B. Reimbursable costs for building and fixed equipment shall be based upon the high average square foot costs for NFs published annually in Building Construction Cost Data by R.S. Means & Co. as adjusted by the appropriate R.S. Means City Cost Index for the locality in which the NF is located. The provider shall have the option of selecting the construction cost limit which is effective on the date the Certificate of Public Need (COPN) is issued or the date the NF is licensed. Total cost shall be calculated by multiplying the high average per square foot cost by 385 square feet (the average per bed square footage). Total costs for additions shall be calculated by multiplying the square footage of the addition by the applicable components of the construction cost limit, not to exceed the total per bed cost for a new NF.

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

D. However in no case shall allowable reimbursed costs exceed 110% of the amounts approved in the original COPN, or 100% of the amounts approved in the original COPN as modified by any "significant change" COPN, where a provider has satisfied the requirements of the State Department of Health with respect to obtaining prior written approval for a "significant change" to a COPN which has previously been issued.

§ 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 shall be 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 calendar 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 if applicable, a Certificate of Public Need before initiating any major capital expenditures. All bids must be obtained in an open competitive manner, and subject to disclosure to the DMAS prior to initial rate setting. (Related parties see § 2.10.)

C. Useful life shall 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 shall be applied to determine useful life.

D. Major capital additions, modernization, renovations, and costs associated with upgrading the NF to new standards shall be subject to cost limitations based upon the applicable components of the construction cost limits determined in accordance with § 2.2 B.

§ 2.4. Financing.

A. The DMAS shall continue its policy to disallow cost increases due to the refinancing of a mortgage debt,

except when required by the mortgage holder to finance expansions or renovations. Refinancing shall also be permitted in cases where refinancing would produce a lower interest rate and result in a cost savings. The total net aggregate allowable costs incurred for all cost reporting periods related to the refinancing cannot exceed the total net aggregate costs that would have been allowable had the refinancing not occurred.

B. Interest rate upper limit.

Financing for all NFs and expansions which require a COPN and all renovations and purchases shall be subject to the following limitations:

1. Interest expenses for debt financing which is exempt from federal income taxes shall be limited to:

The average weekly rates for Baa municipal rated bonds as published in Cragie Incorporated Municipal Finance Newsletter as published weekly (Representative reoffering from general obligation bonds), plus one percentage point, during the week in which commitment for construction financing or closing for permanent financing takes place.

2. a. Effective on and after July 1, 1990, the interest rate upper limit for debt financing by NFs that are subject to prospective reimbursement shall be the average of the rate for 10-year and 30-year U.S. Treasury Constant Maturities, as published in the weekly Federal Reserve Statistical Release (H.15), plus two percentage points.

This limit (i) shall apply only to debt financing which is not exempt from federal income tax, and (ii) shall not be available unless and until a NF has demonstrated to the DMAS that the NF failed, in a good faith effort, to obtain any available debt financing which is exempt from federal income tax. The limit shall be determined as of the date on which commitment for construction financing or closing for permanent financing takes place, and shall apply to allowable interest expenses during the term of the financing.

b. The new interest rate upper limit shall also apply, effective July 1, 1990, to construction financing committed to or permanent financing closed after December 31, 1986, but before July 1, 1990, which is not exempt from federal income tax. The limit shall be determined as of July 1, 1990, and shall apply to allowable interest expenses for the term of the financing remaining on or after July 1, 1990.

3. The limitation set forth in § 2.4 B 1 and 2 shall be applicable to financing for land, buildings, fixed equipment, major movable equipment, working capital for construction and permanent financing.

4. Where bond issues are used as a source of financing, the date of sale shall be considered as the date of closing.

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

a. Examination Fees

b. Guarantee Fees

c. Financing Expenses (service fees, placement fees, feasibility studies, etc.)

d. Underwriters Discounts

e. Loan Points

6. The aggregate of the following financing costs shall be limited to 2.0% of the total allowable project costs:

a. Legal Fees

b. Cost Certification Fees

c. Title and Recording Costs

d. Printing and Engraving Costs

e. Rating Agency Fees

C. DMAS shall allow costs associated with mortgage life insurance premiums in accordance with § 2130 of the HCFA-Pub. 15, Provider Reimbursement Manual (PRM-15).

D. Interest expense on a debt service reserve fund is an allowable expense if required by the terms of the financing agreement. However, interest income resulting from such fund shall be used by DMAS to offset interest expense.

§ 2.5. Purchases of nursing facilities (NF).

A. In the event of a sale of a NF, the purchaser must have a current license and certification to receive DMAS reimbursement as a provider.

B. The following reimbursement principles shall apply to the purchase of a NF:

1. The allowable cost of a bona fide sale of a facility (whether or not the parties to the sale were, are, or will be providers of Medicaid services) shall be the lowest of the sales price, the replacement cost value determined by independent appraisal, or the limitations of Part XVI - Revaluation of Assets. Revaluation of assets shall be permitted only when a bona fide sale of assets occurs.

2. Notwithstanding the provisions of § 2.10, where there is a sale between related parties (whether or

not they were, are or will be providers of Medicaid services), the buyer's allowable cost basis for the nursing facility shall be the seller's allowable depreciated historical cost (net book value), as determined for Medicaid reimbursement.

3. For purposes of Medicaid reimbursement, a "bona fide" sale shall mean a transfer of title and possession for consideration between parties which are not related. Parties shall be deemed to be "related" if they are related by reasons of common ownership or control. If the parties are members of an immediate family, the sale shall be presumed to be between related parties if the ownership or control by immediate family members, when aggregated together, meets the definitions of "common ownership" or "control." See § 2.10.C for definitions of "common ownership," "control," "immediate family," and "significant ownership or control."

4. The useful life of the fixed assets of the facility shall be determined by using American Hospital Association (AHA) guidelines.

5. The buyer's basis in the purchased assets shall be reduced by the value of the depreciation recapture due the state by the provider-seller, until arrangements for repayment have been agreed upon by DMAS.

6. In the event the NF is owned by the seller for less than five years, the reimbursable cost basis of the purchased NF to the buyer, shall be the seller's net book value as determined by DMAS.

C. An appraisal expert shall be defined as an individual or a firm that is experienced and specializes in multi-purpose appraisals of plant assets involving the establishing or reconstructing of the historical cost of such assets. Such an appraisal expert employs a specially trained and supervised staff with a complete range of appraisal and cost construction techniques; is experienced in appraisals of plant assets used by providers, and demonstrates a knowledge and understanding of the regulations involving applicable reimbursement principles, particularly those pertinent to depreciation; and is unrelated to either the buyer or seller.

D. At a minimum, appraisals must include a breakdown by cost category as follows:

1. Building; fixed equipment; movable equipment; land; land improvements.

2. The estimated useful economic life of the three categories, building, fixed equipment, and movable equipment must be included in the appraisal. This information shall be utilized to compute depreciation schedules.

E. Depreciation recapture.

1. The provider-seller of the facility shall make a retrospective settlement with DMAS in instances where a gain was made on disposition. The department shall recapture the depreciation paid to the provider by Medicaid for the period of participation in the Program to the extent there is gain realized on the sale of the depreciable assets. A final cost report and refund of depreciation expense, where applicable, shall be due within 30 days from the transfer of title (as defined below).

2. No depreciation adjustment shall be made in the event of a loss or abandonment.

F. Reimbursable depreciation.

1. For the purpose of this section, "sale or transfer" shall mean any agreement between the transferor and the transferee by which the former, in consideration of the payment or promise of payment of a certain price in money, transfers to the latter the title and possession of the property.

2. Upon the sale or transfer of the real and tangible personal property comprising a licensed nursing facility certified to provide services to DMAS, the transferor or other person liable therein shall reimburse to the Commonwealth the amount of depreciation previously allowed as a reasonable cost of providing such services and subject to recapture under the provisions of the State Plan for Medical Assistance. The amount of reimbursable depreciation shall be paid to the Commonwealth within 30 days of the sale or transfer of the real property unless an alternative form of repayment, the term of which shall not exceed one year, is approved by the director.

3. Prior to the transfer, the transferor shall file a written request by certified or registered mail to the director for a letter of verification that he either does not owe the Commonwealth any amount for reimbursable depreciation or that he has repaid any amount owed the Commonwealth for reimbursable depreciation or that an alternative form of repayment has been approved by the director. The request for a letter of verification shall state:

a. That a sale or transfer is about to be made;

b. The location and general description of the property to be sold or transferred;

c. The names and addresses of the transferee and transferor and all such business names and addresses of the transferor for the last three years; and

d. Whether or not there is a debt owing to the Commonwealth for the amount of depreciation charges previously allowed and reimbursed as a

reasonable cost to the transferor under the Virginia Medical Assistance Program.

4. Within 90 days after receipt of the request, the director shall determine whether or not there is an amount due to the Commonwealth by the nursing facility by reason of depreciation charges previously allowed and reimbursed as a reasonable cost under DMAS and shall notify the transferor of such sum, if any.

5. The transferor shall provide a copy of this section and a copy of his request for a letter of verification to the prospective transferee via certified mail at least 30 days prior to the transfer. However, whether or not the transferor provides a copy of this section and his request for verification to the prospective transferee as required herein, the transferee shall be deemed to be notified of the requirements of this law.

6. After the transferor has made arrangements satisfactory to the director to repay the amount due or if there is no amount due, the director shall issue a letter of verification to the transferor in recordable form stating that the transferor has complied with the provisions of this section and setting forth the term of any alternative repayment agreement. The failure of the transferor to reimburse to the Commonwealth the amount of depreciation previously allowed as a reasonable cost of providing service to DMAS in a timely manner renders the transfer of the nursing facility ineffective as to the Commonwealth.

7. Upon a finding by the director that such sale or transfer is ineffective as to the Commonwealth, DMAS may collect any sum owing by any means available by law, including devising a schedule for reducing the Medicaid reimbursement to the transferee up to the amount owed the Commonwealth for reimbursable depreciation by the transferor or other person liable therein. Medicaid reimbursement to the transferee shall continue to be so reduced until repayment is made in full or the terms of the repayment are agreed to by the transferor or person liable therein.

8. In the event the transferor or other person liable therein defaults on any such repayment agreement the reductions of Medicaid reimbursement to the transferee may resume.

An action brought or initiated to reduce the transferee's Medicaid reimbursement or an action for attachment or levy shall not be brought or initiated more than six months after the date on which the sale or transfer has taken place unless the sale or transfer has been concealed or a letter of verification has not been obtained by the transferor or the transferor defaults on a repayment agreement approved by the director.

Article 2.

Operating Cost Component.

§ 2.6. Operating cost.

A. Operating cost shall be the total allowable inpatient cost less plant cost. Operating cost shall be converted to a per diem amount by dividing it by the greater of actual patient days, or the number of patient days computed as 95% of the daily licensed bed complement during the applicable cost reporting period.

B. For NFs of 30 beds or less, the number of patient days will continue to be computed as not less than 85% of the daily licensed bed complement.

§ 2.7. Nursing facility reimbursement formula.

A. Effective on and after October 1, 1990, all NFs subject to the prospective payment system shall be reimbursed under a revised formula entitled "The Patient Intensity Rating System (PIRS)." PIRS is a patient based methodology which links NF's per diem rates to the intensity of services required by a NF's patient mix. Three classes were developed which group patients together based on similar functional characteristics and service needs.

1. Any NF receiving Medicaid payments on or after October 1, 1990, shall satisfy all the requirements of § 1919(b) through (d) of the Social Security Act as they relate to provision of services, residents' rights and administration and other matters.

2. In accordance with § 1.3, direct patient care operating cost peer groups shall be established for Northern Virginia, the Richmond MSA and the rest of the state. Direct patient care operating costs shall include only nursing costs, nursing administration costs and ancillary costs, as defined in § 2.9. Indirect patient care operating cost peer groups shall be established for Northern Virginia and for the rest of the state. Indirect patient care operating costs shall include all other operating costs.

3. Each NF's Service Intensity Index (SII) shall be calculated once each quarter based upon data reported by that NF and entered into DMAS' Long Term Care Information System (LTCIS). Data will be reported on the multidimensional assessment form (DMAS-95) that is currently in use, at the time of admission and then twice a year for every Medicaid recipient in a NF. The NF's SII, derived from the assessment data, will be normalized by dividing it by the average for all NF's in the state.

4. The normalized SII shall be used to calculate the initial direct patient care operating cost peer group medians. It shall also be used to calculate the direct patient care operating cost prospective ceilings and direct care operating cost prospective rates for each quarter of a NF's subsequent fiscal years.

a. The normalized SII, as determined in July 1990, shall be used to calculate the initial direct patient care operating cost peer group medians.

b. A normalized SII, as determined during each quarter, shall be used to calculate a NF's direct patient care operating cost prospective ceiling for the following quarter of its fiscal year.

c. A normalized SII, as determined during the first, second and third quarter of the NF's fiscal year, shall be used to adjust the NF's prospective direct patient care operating cost base rate for the second, third and fourth quarters of its fiscal year.

5. An adjustment factor shall be applied to both the direct patient care and indirect patient care peer group medians to determine the appropriate initial peer group ceilings.

a. The DMAS shall calculate the estimated gross NF reimbursement required for the forecasted number of NF bed days during fiscal year 1991 under the prospective payment system in effect through September 30, 1990, as modified to incorporate the estimated additional NF reimbursement mandated by the provisions of § 1902(a)(13)(A) of the Social Security Act as amended by § 4211(b)(1) of the Omnibus Budget Reconciliation Act of 1987.

b. The DMAS shall calculate the estimated gross NF reimbursement required for the forecasted number of NF bed days during FY 1991 under the PIRS prospective payment system.

c. The DMAS shall determine the differential between a and b above and shall adjust the peer group medians within the PIRS as appropriate to reduce the differential to zero.

d. The adjusted PIRS peer group medians shall become the initial peer group ceilings.

B. The allowance for inflation shall be based on the percentage of change in the moving average of the Skilled Nursing Facility Market basket of Routine Service Costs, as developed by Data Resources, Incorporated, adjusted for Virginia, determined in the quarter in which the NF's new fiscal year begins. NFs shall have their prospective operating cost ceilings and prospective operating cost rates established in accordance with the following methodology:

1. The initial peer group ceilings established under § 2.7 A shall be the final peer group ceilings for a NF's first full or partial fiscal year under PIRS and shall be considered as the initial "interim ceilings" for calculating the subsequent fiscal year's peer group ceilings. Peer group ceilings for subsequent fiscal years shall be calculated by adjusting the most recent "interim" ceilings for 100% of historical inflation, from the effective date of such "interim" ceilings to the beginning of the NF's next fiscal year to obtain new "interim" ceilings, and 50% of the forecasted inflation to the end of the NF's fiscal year.

2. A NF's average allowable operating cost rates, as determined from its most recent fiscal year's cost report, shall be adjusted by 50% of historical inflation and 50% of the forecasted inflation to calculate its prospective operating cost base rates.

C. The PIRS method shall still require comparison of the prospective operating cost rates to the prospective operating ceilings. The provider shall be reimbursed the lower of the prospective operating cost rates or prospective operating ceilings.

D. Allowable plant costs shall be reimbursed in accordance with Part II, Article 1. Plant costs shall not include the component of cost related to making or producting a supply or service.

E. The prospective rate for each NF shall be based upon operating cost and plant cost components or charges, whichever is lower. The disallowance of nonreimbursable operating costs in any current fiscal year shall be reflected in a subsequent year's prospective rate determination. Disallowances of nonreimbursable plant costs shall be reflected in the year in which the nonreimbursable costs are included.

F. For those NFs whose operating cost rates are below the ceilings, an incentive plan shall be established whereby a NF shall be paid, on a sliding scale, up to 25% of the difference between its allowable operating cost rates and the peer group ceilings under the PIRS.

1. The table below presents four incentive examples under the PIRS:

Peer Group Ceilings	Allowable Cost Per Day	Difference	% of Ceiling	Sliding Scale	Scale % Difference
30.00	$27.00	$3.00	10%	$ .30	10%
30.00	22.50	7.50	25%	1.88	25%
30.00	20.00	10.00	33%	2.50	25%
30.00	30.00	0		0	

2. Separate efficiency incentives shall be calculated for both the direct and indirect patient care operating ceilings and costs.

G. Quality of care requirement.

A cost efficiency incentive shall not be paid to a NF for the prorated period of time that it is not in conformance with substantive, nonwaived life, safety, or quality of care standards.

H. Sale of facility.

In the event of the sale of a NF, the prospective base

operating cost rates for the new owner's first fiscal period shall be the seller's prospective base operating cost rates before the sale.

I. Public notice.

To comply with the requirements of § 1902(a)(28)(c) of the Social Security Act, DMAS shall make available to the public the data and methodology used in establishing Medicaid payment rates for nursing facilities. Copies may be obtained by request under the existing procedures of the Virginia Freedom of Information Act.

§ 2.8. Phase-in period.

A. To assist NFs in converting to the PIRS methodology, a phase-in period shall be provided until September 30, 1992.

B. During the first year of phase-in period, a NF's prospective operating cost rate shall be a blended rate calculated at 50% of the PIRS operating cost rates determined by § 2.7 above and 50% of the "current" operating cost rate determined by subsection D below.

C. During the second year of the phase-in period, a NF's prospective operating cost rate shall be a blended rate calculated at 75% of the PIRS operating cost rates determined by § 2.7 above and 25% of the "current " operating cost rate determined by subsection D below.

D. The following methodology shall be applied to calculate a NF's "current" operating rate:

1. Each NF shall receive as its base total operating cost per diem, the prospective operating cost per diem calculated by DMAS to be effective September 30, 1990.

2. The base total operating cost per diem, as determined above, shall be defined as the NF's average allowable operating cost per diem and shall be adjusted for inflation by the methodology contained in § 2.7 B to determine the NF's prospective "current" operating cost rate.

Article 3.
Allowable Cost Identification.

§ 2.9. Allowable costs.

Costs which are included in rate determination procedures and final settlement shall be only those allowable, reasonable costs which are acceptable under the Medicare principles of reimbursement, except as specifically modified in the Plan and as may be subject to individual or ceiling cost limitations and which are classified in accordance with the DMAS uniform chart of accounts (see VR 460-03-4.1941, Uniform Expense Classification).

A. Certification.

The cost of meeting all certification standards for NF requirements as required by the appropriate state agencies, by state laws, or by federal legislation or regulations.

B. Operating costs.

1. Direct patient care operating costs shall include the following:

a. Nursing costs. Salary and related employee benefits of nursing administration, registered nurses, licensed practical nurses and certified nurse aides; contract costs for temporary services for registered nurses, licensed practical nurses and certified nurse aides; training costs associated with required certifications for registered nurses, licensed practical nurses and certified nurse aides; nursing departmental supplies; minor medical and surgical supplies; pharmacy consultant fees; and medical directors' fees.

b. Ancillary costs. Gross salary and related employee benefits of employees, cost of contracted services, cost of all supplies and all other cost allocated to the ancillary cost centers in accordance with Medicare principles of reimbursement used in providing covered ancillary services. Covered ancillary services are Radiology, Inhalation Therapy, Physical Therapy, Occupational Therapy, Speech Therapy, Laboratory Tests, Electrocardiology, Electroencaphalograpy and Medical Supplies Charged to Patients. Medical supplies purchased from an outside pharmacy may be treated as an ancillary charge by the NF.

2. Excluded from allowable direct care operating costs shall be personal physician fees and prescribed legend and nonlegend drugs. These excluded services shall be billed directly to DMAS by the provider of these services.

3. Indirect patient care operating costs include all other operating costs which are allowable under the Medicare principles of reimbursement, except as specifically modified herein and as may be subject to individual cost or ceiling limitations.

C. Allowances/Goodwill.

Bad Debts, goodwill, charity, courtesy, and all other contractual allowances shall not be recognized as an allowable cost.

§ 2.10. Purchases/related organizations.

A. Costs applicable to services, facilities, and supplies furnished to the provider by organizations related to the provider by common ownership or control shall be

included in the allowable cost of the provider at the cost to the related organization, provided that such costs do not exceed the price of comparable services, facilities or supplies. Purchases of existing NFs by related parties shall be governed by the provisions of § 2.5 B 2.

B. Related to the provider shall mean that the provider is related by reasons of common ownership or control by the organization furnishing the services, facilities, or supplies.

C. Common ownership exists when an individual or individuals or entity or entities possess significant ownership or equity in the parties to the transaction. Control exists where an individual or individuals or entity or entities have the power, directly or indirectly, significantly to influence or direct the actions or policies of the parties to the transaction. Significant ownership or control shall be deemed to exist where an individual is a "person with an ownership or control interest" within the meaning of 42 CFR 455.101. If the parties to the transaction are members of an immediate family, as defined below, the transaction shall be presumed to be between related parties if the ownership or control by immediate family members, when aggregated together, meets the definitions of "common ownership" or "control," as set forth above. Immediate family shall be defined to include, but not be limited to, the following: (i) husband and wife, (ii) natural parent, child and sibling, (iii) adopted child and adoptive parent, (iv) step-parent, step-child, step-sister, and step-brother, (v) father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law and daughter-in-law, and (vi) grandparent and grandchild.

D. Exception to the related organization principle.

1. Effective with cost reports having fiscal years beginning on or after July 1, 1986, an exception to the related organization principle shall be allowed. Under this exception, charges by a related organization to a provider for goods or services shall be allowable cost to the provider if all four of the conditions set out below are met.

2. The exception applies if the provider demonstrates by convincing evidence to the satisfaction of DMAS that the following criteria have been met:

a. The supplying organization is a bona fide separate organization. This means that the supplier is a separate sole proprietorship, partnership, joint venture, association or corporation and not merely an operating division of the provider organization.

b. A substantial part of the supplying organization's business activity of the type carried on with the provider is transacted with other organizations not related to the provider and the supplier by common ownership or control and there is an open, competitive market for the type of goods or services furnished by the organization. In determining whether the activities are of similar type, it is important to also consider the scope of the activity.

For example, a full service management contract would not be considered the same type of business activity as a minor data processing contract. The requirement that there be an open, competitive market is merely intended to assure that the item supplied has a readily discernible price that is established through arms-length bargaining by well informed buyers and sellers.

c. The goods or services shall be those which commonly are obtained by institutions such as the provider from other organizations and are not a basic element of patient care ordinarily furnished directly to patients by such institutions. This requirement means that institutions such as the provider typically obtain the good or services from outside sources rather than producing the item internally.

d. The charge to the provider is in line with the charge for such services, or supplies in the open market and no more than the charge made under comparable circumstances to others by the organization for such goods or services. The phrase "open market" takes the same meaning as "open, competitive market" in subdivision b above.

3. Where all of the conditions of this exception are met, the charges by the supplier to the provider for such goods or services shall be allowable as costs.

4. This exception does not apply to the purchase, lease or construction of assets such as property, buildings, fixed equipment or major movable equipment. The terms "goods and services" may not be interpreted or construed to mean capital costs associated with such purchases, leases, or construction.

E. Three competitive bids shall not be required for the building and fixed equipment components of a construction project outlined in § 2.2. Reimbursement shall be in accordance with § 2.10 A with the limitations stated in § 2.2 B.

§ 2.11. Administrator/owner compensation.

A. Administrators' compensation, whether administrators are owners or non-owners, shall be based on a schedule adopted by DMAS and varied according to facility bed size. The compensation schedule shall be adjusted annually to reflect cost-of-living increases and shall be published and distributed to providers annually. The administrator's compensation schedule covers only the position of administrator and assistants and does not include the compensation of owners employed in capacities other than the NF administrator (see VR

460-03-4.1943, Cost Reimbursement Limitations).

B. Administrator compensation shall mean remuneration paid regardless of the form in which it is paid. This includes, but shall not be limited to, salaries, professional fees, insurance premiums (if the benefits accrue to the employer/owner or his beneficiary) director fees, personal use of automobiles, consultant fees, management fees, travel allowances, relocation expenses in excess of IRS guidelines, meal allowances, bonuses, pension plan costs, and deferred compensation plans. Management fees, consulting fees, and other services performed by owners shall be included in the total compensation if they are performing administrative duties regardless of how such services may be classified by the provider.

C. Compensation for all administrators (owner and nonowner) shall be based upon a 40 hour week to determine reasonableness of compensation.

D. Owner/administrator employment documentation.

1. Owners who perform services for a NF as an administrator and also perform additional duties must maintain adequate documentation to show that the additional duties were performed beyond the normal 40 hour week as an administrator. The additional duties must be necessary for the operation of the NF and related to patient care.

2. Services provided by owners, whether in employee capacity, through management contracts, or through home office relationships shall be compared to the cost and services provided in arms-length transactions.

3. Compensation for such services shall be adjusted where such compensation exceeds that paid in such arms-length transaction or where there is a duplication of duties normally rendered by an administrator. No reimbursement shall be allowed for compensation where owner services cannot be documented and audited.

§ 2.12. Depreciation.

The allowance for depreciation shall be restricted to the straight line method with a useful life in compliance with American Hospital Association life guidelines.

§ 2.13. Rent/Leases.

Rent or lease expenses shall be limited by the provisions of VR 460-03-4.1942, Leasing of Facilities.

§ 2.14. Provider payments.

A. Limitations.

1. Payments to providers, shall not exceed charges for covered services except for (i) public providers furnishing services free of charge or at a nominal charge (ii) nonpublic provider whose charges are 60% or less of the allowable reimbursement represented by the charges and that demonstrates its charges are less than allowable reimbursement because its customary practice is to charge patients based on their ability to pay. Nominal charge shall be defined as total charges that are 60% or less of the allowable reimbursement of services represented by these charges. Providers qualifying in this section shall receive allowable reimbursement as determined in this Plan.

2. Allowable reimbursement in excess of charges may be carried forward for payment in the two succeeding cost reporting periods. A new provider may carry forward unreimbursed allowable reimbursement in the five succeeding cost reporting periods.

3. Providers may be reimbursed the carry forward to a succeeding cost reporting period (i) if total charges for the services provided in that subsequent period exceed the total allowable reimbursement in that period (ii) to the extent that the accumulation of the carry forward and the allowable reimbursement in that subsequent period do not exceed the providers' direct and indirect care operating ceilings plus allowable plant cost.

B. Payment for service shall be based upon the rate in effect when the service was rendered.

C. An interim settlement shall be made by DMAS within 90 days after receipt and review of the cost report. The word "review," for purposes of interim settlement, shall include verification that all financial and other data specifically requested by DMAS is submitted with the cost report. Review shall also mean examination of the cost report and other required submission for obvious errors, inconsistency, inclusion of past disallowed costs, unresolved prior year cost adjustments and a complete signed cost report that conforms to the current DMAS requirements herein.

However, an interim settlement shall not be made when one of the following conditions exists.

1. Cost report filed by a terminated provider;

2. Insolvency of the provider at the time the cost report is submitted;

3. Lack of a valid provider agreement and decertification;

4. Moneys owed to DMAS;

5. Errors or inconsistencies in the cost report; or

6. Incomplete/nonacceptable cost report.

§ 2.15. Legal fees/accounting.

A. Costs claimed for legal/accounting fees shall be limited to reasonable and customary fees for specific services rendered. Such costs must be related to patient care as defined by Medicare principles of reimbursement and subject to applicable regulations herein. Documentation for legal costs must be available at the time of audit.

B. Retainer fees shall be considered an allowable cost up to the limits established in VR 460-03-4.1943, Cost Reimbursement Limitations.

§ 2.16. Documentation.

Adequate documentation supporting cost claims must be provided at the time of interim settlement, cost settlement, audit, and final settlement.

§ 2.17. Fraud and abuse.

Previously disallowed costs which are under appeal and affect more than one cost reporting period shall be disclosed in subsequent cost reports if the provider wishes to reserve appeal rights for such subsequent cost reports. The reimbursement effect of such appealed costs shall be computed by the provider and submitted to DMAS with the cost report. Where such disclosure is not made to DMAS, the inclusion of previously disallowed costs may be referred to the Medicaid Fraud Control Unit of the Office of the Attorney General.

Article 4.
New Nursing Facilities.

§ 2.18. Interim rate.

A. For all new or expanded NFs the 95% occupancy requirement shall be waived for establishing the first cost reporting period interim rate. This first cost reporting period shall not exceed 12 months from the date of the NF's certification.

B. Upon a showing of good cause, and approval of the DMAS, an existing NF that expands its bed capacity by 50% or more shall have the option of retaining its prospective rate, or being treated as a new NF.

C. The 95% occupancy requirement shall be applied to the first and subsequent cost reporting periods' actual costs for establishing such NF's second and future cost reporting periods' prospective reimbursement rates. The 95% occupancy requirement shall be considered as having been satisfied if the new NF achieved a 95% occupancy at any point in time during the first cost reporting period.

D. A new NF's interim rate for the first cost reporting period shall be determined based upon the lower of its anticipated allowable cost determined from a detailed budget (or pro forma cost report) prepared by the provider and accepted by the DMAS, or the appropriate operating ceilings or charges.

E. Any NF receiving reimbursement under new NF status shall not be eligible to receive the blended phase-in period rate under § 2.8.

F. During its first fiscal quarter of operation, a newly constructed or newly enrolled NF shall have an assigned SII based upon its peer group's average SII for direct patient care. An expanded NF receiving new NF treatment, shall receive the SII calculated for its last fiscal quarter prior to obtaining new NF status.

§ 2.19. Final rate.

The DMAS shall reimburse the lower of the appropriate operating ceilings, charges or actual allowable cost for a new NF's first cost reporting period of operation, subject to the procedures outlined above in § 2.18 A, C, E, and F.

Article 5.
Cost Reports.

§ 2.20. Cost report submission.

A. Cost reports are due not later than 90 days after the provider's fiscal year end. If a complete cost report is not received within 90 days after the end of the provider's fiscal year, it is considered delinquent. DMAS shall take action to assure that an overpayment is not being made. The cost report shall be deemed complete when DMAS has received all of the following:

1. Completed cost reporting form(s) provided by DMAS, with signed certification(s);

2. The provider's trial balance showing adjusting journal entries;

3. The provider's financial statements including, but not limited to, a balance sheet, a statement of income and expenses, a statement of retained earnings (or fund balance), and a statement of changes in financial position,

4. Schedules which reconcile financial statements and trial balance to expenses claimed in the cost report;

5. Depreciation schedule or summary;

6. Home office cost report, if applicable; and

7. Such other analytical information or supporting documents requested by DMAS when the cost reporting forms are sent to the provider.

B. When cost reports are delinquent, the provider's interim rate shall be reduced by 20% the first month and an additional 20% for each month the report has not been submitted. DMAS shall notify the provider of the schedule of reductions which shall start on the first day of the following month. For example, for a September 30 fiscal year end, notification will be mailed in early January

stating that payments will be reduced starting with the first payment in February.

C. After the overdue cost report is received, desk reviewed, and a new prospective rate established, the amounts withheld shall be computed and paid. If the provider fails to submit a complete cost report within 180 days after the fiscal year end, a penalty in the amount of 10% of the balance withheld shall be forfeited to DMAS.

§ 2.21. Reporting form.

All cost reports shall be submitted on uniform reporting forms provided by the DMAS, or by Medicare if applicable. Such cost reports, subsequent to the initial cost report period, shall cover a 12-month period. Any exceptions must be approved by the DMAS.

§ 2.22. Accounting method.

The accrual method of accounting and cost reporting is mandated for all providers.

§ 2.23. Cost report extensions.

A. Extension for submission of a cost report may be granted if the provider can document extraordinary circumstances beyond its control.

B. Extraordinary circumstances do not include:

1. Absence or changes of chief finance officer, controller or bookkeeper;

2. Financial statements not completed;

3. Office or building renovations;

4. Home office cost report not completed;

5. Change of stock ownership;

6. Change of intermediary;

7. Conversion to computer; or

8. Use of reimbursement specialist.

§ 2.24. Fiscal year changes.

All fiscal year end changes must be approved 90 days prior to the beginning of a new fiscal year.

Article 6.
Prospective Rates.

§ 2.25. Time frames.

A. A prospective rate shall be determined by DMAS within 90 days of the receipt of a complete cost report. (See § 2.20 A.) Rate adjustments shall be made retroactive to the first day of the provider's new cost reporting year. Where a field audit is necessary to set a prospective rate, the DMAS shall have an additional 90 days to determine any appropriate adjustments to the prospective rate as a result of such field audit. This time period shall be extended if delays are attributed to the provider.

B. Subsequent to establishing the prospective rate DMAS shall conclude the desk audit of a providers' cost report and determine if further field audit activity is necessary. The DMAS will seek repayment or make retroactive settlements when audit adjustments are made to costs claimed for reimbursement.

Article 7.
Retrospective rates.

§ 2.26. The retrospective method of reimbursement shall be used for Mental Health/Mental Retardation facilities.

§ 2.27. (reserved)

Article 8.
Record Retention.

§ 2.28. Time frames.

A. All of the NF's accounting and related records, including the general ledger, books of original entry, and statistical data must be maintained for a minimum of five years, or until all affected cost reports are final settled.

B. Certain information must be maintained for the duration of the provider's participation in the DMAS and until such time as all cost reports are settled. Examples of such information is set forth in § 2.29.

§ 2.29. Types of records to be maintained.

Information which must be maintained for the duration of the provider's participation in the DMAS includes, but is not limited to:

1. Real and tangible property records, including leases and the underlying cost of ownership;

2. Itemized depreciation schedules;

3. Mortgage documents, loan agreements, and amortization schedules;

4. Copies of all cost reports filed with the DMAS together with supporting financial statements.

§ 2.30. Record availability.

The records must be available for audits by DMAS staff. Where such records are not available, costs shall be disallowed.

Article 9.

Audits.

§ 2.31. Audit overview.

Desk audits shall be performed to verify the completeness and accuracy of the cost report, and reasonableness of costs claimed for reimbursement. Field audits, as determined necessary by the DMAS, shall be performed on the records of each participating provider to determine that costs included for reimbursment were accurately determined and reasonable, and do not exceed the ceilings or other reimbursement limitations established by the DMAS.

§ 2.32. Scope of audit.

The scope of the audit includes, but shall not be limited to: trial balance verification, analysis of fixed assets, indebtedness, selected revenues, leases and the underlying cost of ownership, rentals and other contractual obligations, and costs to related organizations. The audit scope may also include various other analyses and studies relating to issues and questions unique to the NF and identified by the DMAS. Census and related statistics, patient trust funds, and billing procedures are also subject to audit.

§ 2.33. Field audit requirements.

Field audits shall be required as follows:

1. For the first cost report on all new NF's.

2. For the first cost report in which costs for bed additions or other expansions are included.

3. When a NF is sold, purchased, or leased.

4. As determined by DMAS desk audit.

§ 2.34. Provider notification.

The provider shall be notified of all adjustments to be made to a cost report with stated reasons and references to the appropriate regulatory cites.

§ 2.35. Exit conference.

A. The provider shall be offered an exit conference to be executed within 15 days following completion of the on-site audit activities, unless other time frames are mutually agreed to by the DMAS and provider. Where two or more providers are part of a chain organization or under common ownership, DMAS shall have up to 90 days after completion of all related on-site audit activities to offer an exit conference for all such NFs.

B. The purpose of the exit conference shall be to enable the auditor to review the adjustments, to present supportive references, and to allow the provider an opportunity to present documentation that may affect the audit adjustments.

C. The provider shall be requested to sign an exit conference form that acknowledges the review of proposed adjustments. The provider shall have an opportunity at such exit conference to present additional documentation, and agreement or disagreement with the adjustments. All remaining adjustments, including those for which additional documentation is insufficient or not accepted by the DMAS, shall be applied to the applicable cost report(s) regardless of the provider's approval or disapproval.

D. The exit conference shall be conducted at the site of the audit or at a location mutually agreeable to DMAS and provider.

§ 2.36. Audit delay.

In the event the provider delays or refuses to permit an audit to occur or to continue or otherwise interferes with the audit process, payments to the provider shall be reduced as stated in § 2.20 B.

§ 2.37. Field audit time frames.

A. If a field audit is necessary after receipt of a complete cost report, such audit shall be initiated within three years following the date of the last notification of program reimbursement and concluded within 180 days from the date the field audit begins. Concluded is interpreted to mean completion of the on-site audit activities and exit conference. Where audits are performed on cost reports for multiple years or providers, the time frames shall be reasonably extended for the benefit of the DMAS.

B. Documented delays on the part of the provider will automatically extend the above time frames to the extent of the time delayed. Extensions of the time frames shall be granted to the Department for good cause shown.

PART III.
APPEALS.

§ 3.1. General.

A. NF's have the right to appeal the DMAS's interpretation and application of state and federal Medicaid and applicable Medicare principles of reimbursement in accordance with the Administrative Process Act, § 9-6.14.1 et seq. and § 32.1-325.1 of the Code of Virginia.

B. Nonappealable issues.

1. The use of state and federal Medicaid and applicable Medicare principles of reimbursement.

2. The organization of participating NF's into peer groups according to location as a proxy for cost variation across facilities with similar operating

characteristics. The use of individual ceilings as a proxy for determining efficient operation within each peer group.

3. Calculation of the initial peer group ceilings using the most recent cost settled data available to DMAS that reflects NF operating costs inflated to October 1, 1990.

4. The use of the moving average of the Skilled Nursing Facility market basket of routine service costs, as developed by Data Resources, Incorporated, adjusted for Virginia, as the prospective escalator.

5. The establishment of separate ceilings for direct operating costs and indirect operating costs.

6. The use of Service Intensity Indexes to identify the resource needs of given NFs patient mix relative to the needs present in other NFs.

7. The development of Service Intensity Indexes based on:

a. Determination of resource indexes for each patient class that measures relative resource cost.

b. Determination of each NF's average relative resource cost index across all patients.

c. Standardizing the average relative resource cost indexes of each NF across all NF's.

8. The use of the DMAS Long Term Care Information System (LTCIS), DMAS-95 assessment form, Virginia Center on Aging Study, the State of Maryland Time and Motion Study of the Provision of Nursing Service in Long Term Care Facilities, and the KPMG Peat Marwick Survey of Virginia long-term care NF's nursing wages to determine the patient class system and resource indexes for each patient class.

9. The establishment of payment rates based on service intensity indexes.

§ 3.2. Conditions for appeal.

A. An appeal shall not be accepted until the following conditions are met:

1. Where appeals result from desk or field audit adjustments, the provider shall have received a notification of program reimbursment (NPR) in writing from the DMAS.

2. Any and all moneys due to DMAS shall be paid in full, unless a repayment plan has been agreed to by the Director of the Division of Cost Settlement and Audit.

3. All first level appeal requests shall be filed in writing with the DMAS within 90 days following the receipt of a DMAS notice of program reimbursment that adjustments have been made to a specific cost report.

§ 3.3. Appeal procedure.

A. There shall be two levels of administrative appeal.

B. Informal appeals shall be decided by the Director of the Division of Cost Settlement and Audit after an informal fact finding conference is held. The decision of the Director of Cost Settlement and Audit shall be sent in writing to the provider within 30 days following conclusion of the informal fact finding conference.

C. If the provider disagrees with such initial decision the provider may, at its discretion, file a notice of appeal to the Director of the DMAS. Such notice shall be in writing and filed within 30 days of receipt of the initial decision.

D. Within 30 days of the receipt of such notice of appeal, the director shall appoint a hearing officer to conduct the proceedings, to review the issues and the evidence presented, and to make a written recommendation.

E. The director shall notify the provider of his final decision within 45 days of receipt of the appointed hearing officer's written recommendation, or after the parties have filed exceptions to the recommendations, whichever is later.

F. The director's final written decision shall conclude the provider's administrative appeal.

§ 3.4. Formal hearing procedures.

Formal hearing procedures, as developed by DMAS, shall control the conduct of the formal administrative proceedings.

§ 3.5. Appeals time frames.

Appeal time frames noted throughout this section may be extended for the following reasons;

A. The provider submits a written request prior to the due date requesting an extension for good cause and the DMAS approves the extension.

B. Delays on the part of the NF documented by the DMAS shall automatically extend DMAS's time frame to the extent of the time delayed.

C. Extensions of time frames shall be granted to the DMAS for good cause shown.

D. When appeals for multiple years are submitted by a NF or a chain organization or common owners are

coordinating appeals for more than one NF, the time frames shall be reasonably extended for the benefit of the DMAS.

PART IV.
INDIVIDUAL EXPENSE LIMITATION.

In addition to operating costs being subject to peer group ceilings, costs are further subject to maximum limitations as defined in VR 460-03-4.1943, Cost Reimbursement Limitations.

PART V.
COST REPORT PREPARATION INSTRUCTIONS.

Instructions for preparing NF cost reports will be provided by the DMAS.

PART VI.
STOCK TRANSACTIONS.

§ 6.1. Stock acquisition.

The acquisition of the capital stock of a provider does not constitute a basis for revaluation of the provider's assets. Any interest expense incurred as a result of such an acquisition shall not be an allowable cost, since it is not incurred on a loan made for a purpose related to patient care. The provider selling its stock continues as a provider after the sale, and the purchaser is only a stockholder of the provider.

§ 6.2. Merger of unrelated parties.

A. In the case of a merger which combines two or more unrelated corporations under the regulations of the Code of Virginia, there will be only one surviving corporation. If the surviving corporation, which will own the assets and liabilities of the merged corporation, is not a provider, a Certificate of Public Need, if applicable, must be issued to the surviving corporation.

B. The nonsurviving corporation shall be subject to the policies applicable to terminated providers, including those relating to gain or loss on sales of NFs.

§ 6.3. Merger of related parties.

The statutory merger of two or more related parties or the consolidation of two or more related providers resulting in a new corporate entity shall be treated as a transaction between related parties. No revaluation shall be permitted for the surviving corporation.

PART VII.

(Reserved)

PART VIII.

(Reserved)

PART IX.
USE OF MMR-240.

All providers must use the data from computer printout MMR-240 based upon a 60-day accrual period.

PART X.
COMMINGLED INVESTMENT INCOME.

DMAS shall treat funds commingled for investment purposes in accordance with PRM-15, § 202.6.

PART XI.
PROVIDER NOTIFICATION.

DMAS shall notify providers of State Plan changes affecting reimbursement 30 days prior to the enactment of such changes.

PART XII.
START-UP COSTS AND ORGANIZATIONAL COSTS.

§ 12.1. Start-up costs.

A. In the period of developing a provider's ability to furnish patient care services, certain costs are incurred. The costs incurred during this time of preparation are referred to as start-up costs. Since these costs are related to patient care services rendered after the time of preparation, they shall be capitalized as deferred charges and amortized over a 60-month time frame.

B. Start-up costs may include, but are not limited to, administrative and nursing salaries; heat, gas, and electricity; taxes, insurance; employee training costs; repairs and maintenance; housekeeping; and any other allowable costs incident to the start-up period. However, any costs that are properly identifiable as operating costs must be appropriately classified as such and excluded from start-up costs.

C. Start-up costs that are incurred immediately before a provider enters the Program and that are determined by DMAS to be immaterial need not be capitalized but rather may be charged to operations in the first cost reporting period.

D. Where a provider incurs start-up costs while in the Program and these costs are determined to be immaterial by the DMAS, these costs need not be capitalized but shall be charged to operations in the periods incurred.

§ 12.2. Applicability.

A. Start-up cost time frames.

1. Start-up costs are incurred from the time preparation begins on a newly constructed or purchased building, wing, floor, unit, or expansion thereof to the time the first patient (whether Medicaid or non-Medicaid) is admitted for treatment, or where

the start-up costs apply only to nonrevenue producing patient care functions or nonallowable functions, to the time the areas are used for their intended purposes.

2. If a provider intends to prepare all portions of its entire facility at the same time, start-up costs for all portions of the facility shall be accumulated in a single deferred charge account and shall be amortized when the first patient is admitted for treatment.

3. If a provider intends to prepare portions of its facility on a piecemeal basis (i.e., preparation of a floor or wing of a provider's facility is delayed), start-up costs shall be capitalized and amortized separately for the portion or portions of the provider's facility prepared during different time periods.

4. Moreover, if a provider expands its NF by constructing or purchasing additional buildings or wings, start-up costs shall be capitalized and amortized separately for these areas.

B. Depreciation time frames.

1. Costs of the provider's facility and building equipment shall be depreciated using the straight line method over the lives of these assets starting with the month the first patient is admitted for treatment.

2. Where portions of the provider's NF are prepared for patient care services after the initial start-up period, those asset costs applicable to each portion shall be depreciated over the remaining lives of the applicable assets. If the portion of the NF is a nonrevenue-producing patient care area or nonallowable area, depreciation shall begin when the area is opened for its intended purpose. Costs of major movable equipment, however, shall be depreciated over the useful life of each item starting with the month the item is placed into operation.

§ 12.3. Organizational costs.

A. Organizational costs are those costs directly incident to the creation of a corporation or other form of business. These costs are an intangible asset in that they represent expenditures for rights and privileges which have a value to the enterprise. The services inherent in organizational costs extend over more than one accounting period and thus affect the costs of future periods of operations.

B. Allowable organizational costs shall include, but not be limited to, legal fees incurred in establishing the corporation or other organization (such as drafting the corporate charter and by-laws, legal agreements, minutes of organizational meeting, terms of original stock certificates), necessary accounting fees, expenses of temporary directors and organizational meetings of directors and stockholders and fees paid to states for incorporation.

C. The following types of costs shall not be considered allowable organizational costs: costs relating to the issuance and sale of shares of capital stock or other securities, such as underwriters fees and commissions, accountant's or lawyer's fees, cost of qualifying the issues with the appropriate state or federal authorities, stamp taxes, etc.

D. Allowable organization costs shall generally be capitalized by the organization. However, if DMAS concludes that these costs are not material when compared to total allowable costs, they may be included in allowable indirect operating costs for the initial cost reporting period. In all other circumstances, allowable organization costs shall be amortized ratably over a period of 60 months starting with the month the first patient is admitted for treatment.

PART XIII.
DMAS AUTHORIZATION.

§ 13.1 Access to records.

A. DMAS shall be authorized to request and review, either through a desk or field audit, all information related to the provider's cost report that is necessary to ascertain the propriety and allocation of costs (in accordance with Medicare and Medicaid rules, regulations, and limitations) to patient care and nonpatient care activities.

B. Examples of such information shall include, but not be limited to, all accounting records, mortgages, deeds, contracts, meeting minutes, salary schedules, home office services, cost reports, and financial statements.

C. This access also applies to related organizations as defined in § 2.10 who provide assets and other goods and services to the provider.

PART XIV.
HOME OFFICE COSTS.

§ 14.1. General.

Home office costs shall be allowable to the extent they are reasonable, relate to patient care, and provide cost savings to the provider.

§ 14.2. Purchases.

Provider purchases from related organizations, whether for services, or supplies, shall be limited to the lower of the related organizations actual cost or the price of comparable purchases made elsewhere.

§ 14.3. Allocation of home office costs.

Home office costs shall be allocated in accordance with § 2150.3, PRM-15.

§ 14.4. Nonrelated management services.

Home office costs associated with providing management services to nonrelated entities shall not be recognized as allowable reimburseable cost.

§ 14.5. Allowable and nonallowable home office costs.

Allowable and nonallowable home office costs shall be recognized in accordance with § 2150.2, PRM-15.

§ 14.6. Equity capital.

Item 398 D of the 1987 Appropriation Act (as amended), effective April 8, 1987, eliminated reimbursement of return on equity capital to proprietary providers for periods or portions thereof on or after July 1, 1987.

PART XV.
REFUND OF OVERPAYMENTS.

§ 15.1. Lump sum payment.

When the provider files a cost report indicating that an overpayment has occurred, full refund shall be remitted with the cost report. In cases where DMAS discovers an overpayment during desk audit, field audit, or final settlement, DMAS shall promptly send the first demand letter requesting a lump sum refund. Recovery shall be undertaken even though the provider disputes in whole or in part DMAS' determination of the overpayment.

§ 15.2. Offset.

If the provider has been overpaid for a particular fiscal year and has been underpaid for another fiscal year, the underpayment shall be offset against the overpayment. So long as the provider has an overpayment balance, any underpayments discovered by subsequent review or audit shall be used to reduce the balance of the overpayment.

§ 15.3. Payment schedule.

A. If the provider cannot refund the total amount of the overpayment (i) at the time it files a cost report indicating that an overpayment has occurred, the provider shall request in writing an extended repayment schedule at the time of filing, or (ii) within 30 days after receiving the DMAS demand letter, the provider shall promptly request in writing an extended repayment schedule.

B. DMAS may establish a repayment schedule of up to 12 months to recover all or part of an overpayment or, if a provider demonstrates that repayment within a 12-month period would create severe financial hardship, the Director of DMAS may approve a repayment schedule of up to 36 months.

C. A provider shall have no more than one extended repayment schedule in place at one time. If subsequent audits identify additional overpayment, the full amount shall be repaid within 30 days unless the provider submits further documentation supporting a modification to the existing extended repayment schedule to include the additional amounts.

D. If, during the time an extended repayment schedule is in effect, the provider ceases to be a participating provider or fails to file a cost report in a timely manner, the outstanding balance shall become immediately due and payable.

E. When a repayment schedule is used to recover only part of an overpayment, the remaining amount shall be recovered from interim payments to the provider or by lump sum payments.

§ 15.4. Extension request documentation.

In the written request for an extended repayment schedule, the provider shall document the need for an extended (beyond 30 days) repayment and submit a written proposal scheduling the dates and amounts of repayments. If DMAS approves the schedule, DMAS shall send the provider written notification of the approved repayment schedule, which shall be effective retroactive to the date the provider submitted the proposal.

§ 15.5. Interest charge on extended repayment.

A. Once an initial determination of overpayment has been made, DMAS shall undertake full recovery of such overpayment whether or not the provider disputes, in whole or in part, the initial determination of overpayment. If an appeal follows, interest shall be waived during the period of administrative appeal of an initial determination of overpayment.

B. Interest charges on the unpaid balance of any overpayment shall accrue pursuant to § 32.1-313 of the Code of Virginia from the date the director's determination becomes final.

C. The director's determination shall be deemed to be final on (i) the due date of any cost report filed by the provider indicating that an overpayment has occurred, or (ii) the issue date of any notice of overpayment, issued by DMAS, if the provider does not file an appeal, or (iii) the issue date of any administrative decision issued by DMAS after an informal fact finding conference, if the provider does not file an appeal, or (iv) the issue date of any administrative decision signed by the director, regardless of whether a judicial appeal follows. In any event, interest shall be waived if the overpayment is completely liquidated within 30 days of the date of the final determination. In cases in which a determination of overpayment has been judicially reversed, the provider shall be reimbursed that portion of the payment to which it is entitled, plus any applicable interest which the provider paid to DMAS.

PART XVI.

REVALUATION OF ASSETS.

§ 16.1. Change of ownership.

A. Under the Consolidated Omnibus Budget Reconciliation Act of 1985, public law 99-272, and effective October 1, 1986, reimbursement for capital upon the change of ownership of a NF is restricted to the lesser of, acquisition cost of the previous owner increased by one-half the percentage increase in the Dodge Construction Index for NFs applied in the aggregate to NFs that have changed ownership or one-half the percentage increase in the CPI, whichever is lower, or the purchase price.

B. Change of ownership is deemed to have occurred only when there has been a bona fide sale of assets of a NF (See § 2.5 B 3 for the definition of "bona fide" sale).

VR 460-03-4.1941. Uniform Expense Classification.

§ 1. Foreword.

The attached is the classification of expenses applicable to the Nursing Facility Payment System.

Allowable expenses shall meet all of the following requirements; necessity, reasonablness, nonduplication, related to patient care, not exceeding the limits or ceilings established in the Payment System and meet applicable Medicare principles of reimbursement.

§ 2. Direct patient care operating costs.

A. Nursing service expenses.

1. Salary-Nursing Administration. Gross salary (includes sick pay, holiday pay, vacation pay, staff development pay) of all registered nurses in supervisory positions.

2. Salaries - RNs. Gross salary of registered nurses.

3. Salaries - LPNs. Gross salary of licensed practical nurses.

4. Salaries - Nurse Aides. Gross salary of certified nurse aides.

5. Nursing Employee Benefits. Benefits related to registered nurses, licensed practical nurses and certified nurse aides. See § 3 B for description of employee benefits.

6. Contract Nursing Services. Cost of registered nurses, licensed practical nurses and certified nurse aides on a contract basis.

7. Training. Costs of training associated with required certification for registered nurses, licensed practical nurses and certified nurse aides.

8. Supplies. Cost of supplies, including nursing and charting forms, medication and treatment records, physician order forms.

9. Professional Fees. Medical director fees and pharmacy consultant fees.

B. Minor medical and surgical supplies.

1. Supplies. Cost of items for which a separate identifiable charge is not customarily made, including but not limited to, colostomy bags; dressings; chux; rubbing alcohol; syringes; patient gowns; basins; bed pans; ice-bags and canes, crutches, walkers, wheelchairs, traction equipment and other durable medical equipment for multi-patient use.

2. Oxygen. Cost of oxygen for which a separate charge is not customarily made.

C. Ancillary service cost.

Allowable ancillary service costs represents gross salary and related employee benefits of those employees engaged in covered ancillary services to Medicaid recipients, cost of all supplies used by the respective ancillary service departments, cost of ancillary services performed on a contract basis by other than employees and all other costs allocated to the ancillary service cost centers in accordance with Medicare principles of reimbursement. Following is a listing of all covered ancillary services:

1. Radiology

2. Laboratory

3. Inhalation Therapy

4. Physical Therapy

5. Occupational Therapy

6. Speech Therapy

7. EKG

8. EEG

9. Medical Supplies Charged to Patient

§ 3. Indirect patient operating costs.

A. Administrative and general.

1. Administrator/Owner Assistant Administrator. Compensation of individuals responsible for administering the operations of the nursing facility. (See § 2.11 of VR 460-03-4.1940:1, Nursing Home Payment System, and VR 460-03-4.1943, Cost Reimbursement Limitations, for limitations).

2. Other Administrative and Fiscal Services. Gross salaries of all personnel in administrative, personnel, fiscal, billing and admitting, communications and purchasing departments.

3. Management Fees. Cost of fees for providing necessary management services related to nursing facility operations. (See VR 460-03-4.1943, Cost Reimbursement Limitations, for limitations).

4. Professional Fees - Accounting. Fees paid to independent outside auditors and accountants.

5. Professional Fees - Legal. Fees paid to attorneys (See VR 460-03-4.1943, Cost Reimbursement Limitations, for limitations).

6. Professional Fees - Other. Fees, other than accounting or legal, for professional services related to nursing facility patient care.

7. Director's Fees. Fees paid for attendance at scheduled meetings which serve as reimbursement for time, travel, and services provided. (See VR 460-03-4.1943, Cost Reimbursement Limitations, for limitations.)

8. Membership Fees. Fees related to membership in health care organizations which promote objectives in the providers' field of health care activities (See VR 460-03-4.1943, Cost Reimbursement Limitations, for limitations).

9. Advertising (Classified). Cost of advertising to recruit new employees and yellow page advertising.

10. Public Relations. Cost of promotional expenses including brochures and other informational documents regarding the nursing facility.

11. Telephone. Cost of telephone service used by employees of the nursing facility.

12. Subscriptions. Cost of subscribing to newspapers, magazines and periodicals.

13. Office Supplies. Cost of supplies used in administrative departments (e.g., pencils, papers, erasers, staples).

14. Minor furniture and equipment. Cost of furniture and equipment which does not qualify as a capital asset.

15. Printing and Postage. Cost of reproducing documents which are reasonable, necessary and related to nursing facility patient care and cost of postage and freight charges.

16. Travel. Cost of travel (airfare, auto mileage, lodging, meals, etc. by administrator or other authorized personnel on official nursing facility business). (See VR 460-03-4.1943, Cost Reimbursement Limitations, for limitations).

17. Auto. All costs of maintaining nursing facility vehicles, including gas, oil, tires, licenses, maintenance of such vehicles.

18. License Fees. Fees for licenses, including state, county, and local business licenses, and VHSCRC filing fees.

19. Liability Insurance. Cost of insuring the facility against liability claims.

20. Interest. Other than mortgage and equipment.

21. Amortization/Start-Up Costs. Amortization of allowable Start-Up Costs (See § 12.1 of the Nursing Home Payment System).

22. Amortization/Organizational Costs. Amortization of allowable organization costs (see § 12.3 of the Nursing Home Payment System).

B. Employee benefits.

1. FICA (Social Security). Cost of employer's portion of Social Security Tax.

2. State Unemployment. State Unemployment Insurance Costs.

3. Federal Unemployment. Federal Unemployment Insurance Costs.

4. Workers' Compensation. Cost of Workers' Compensation Insurance.

5. Health Insurance. Cost of employer's contribution to employee health insurance.

6. Group Life Insurance. Cost of employer's contribution to employee Group Life Insurance.

7. Pension Plan. Employer's cost of providing pension program for employees.

C. Dietary expenses.

1. Salaries. Gross salary of kitchen personnel, including dietary supervisor, cooks, helpers, and dishwashers.

2. Supplies. Cost of items such as soap, detergent, napkins, paper cups, and straws.

3. Dishes and Utensils. Cost of knives, forks, spoons, plates, cups, saucers, bowls and glasses.

4. Consultants. Fees paid to consulting dietitians.

5. Purchased Services. Costs of dietary services performed on a contract basis.

6. Food. Cost of raw food.

7. Nutrient/Tube Feedings. Cost of nutrients in oral or tube feedings.

D. Housekeeping expenses.

1. Salaries. Gross salary of housekeeping personnel, including housekeepers, maids and janitors.

2. Supplies. Cost of cleaners, soap, detergents, brooms and lavatory supplies.

3. Purchased Services. Cost of housekeeping services performed on a contract basis.

E. Laundry expenses.

1. Salaries. Gross salary of laundry personnel.

2. Linen. Cost of sheets, blankets and pillows.

3. Supplies. Cost of such items as soap, detergent, starch and bleach.

4. Purchased Services. Cost of other services, including commercial laundry service.

F. Maintenance and Operation of Plant.

1. Salaries. Gross salary of personnel involved in operating and maintaining the physical plant, including maintenance men or plant engineer and security services.

2. Supplies. Cost of supplies used in maintaining the physical plant, including light bulbs, nails, lumber, glass.

3. Painting. Supplies and contract services.

4. Gardening. Supplies and contract services.

5. Heating. Cost of heating oil, natural gas, or coal.

6. Electricity. Self-explanatory.

7. Water, Sewer, and trash removal. Self-explanatory.

8. Purchased Services. Cost of maintaining the physical plant, fixed equipment, moveable equipment and furniture and fixtures on a contract basis.

9. Repairs and Maintenance. Supplies and contract services involved with repairing the facility's capital assets.

G. Medical records expenses.

1. Salaries-Medical Records. Gross salary of licensed medical records personnel and other department personnel.

2. Utilization Review. Fees paid to physicians attending utilization review committee meetings.

3. Supplies. All supplies used in the department.

H. Social services expenses.

1. Salaries. Salary of personnel providing medically-related social services. A facility with more than 120 beds must employ a full-time qualified social worker.

2. Purchased Services. Cost of medically-related social services provided on a contract basis.

3. Supplies. Cost of all supplies used in the department.

I. Patient activity expenses.

1. Salaries. Gross salary of personnel providing recreational programs to patients, such as arts and crafts, church services and other social activities

2. Supplies. Cost of items used in the activities program (i.e., games, art and craft supplies and puzzles).

3. Purchased Service. Cost of services provided on a contract basis.

J. Educational activities expenses.

1. Salaries. Gross salaries of training personnel.

2. Supplies. Cost of all supplies used in this activity.

3. Purchased Services. Cost of training programs provided on a contract basis.

K. Home Office Costs. Allowable operating costs incurred by a home office which are directly assigned to the nursing facility or pooled operating costs that are allocated to the nursing facility in accordance with § 14.3 of the Nursing Home Payment System.

§ 4. Plant costs.

A. Interest.

1. Building Interest. Interest paid or accrued on notes, mortgages and other loans, the proceeds of which were used to purchase the nursing facility's real property. (See § 2.4 of the Nursing Home Payment System for Limitations)

2. Equipment Interest. Interest paid or accrued on

notes, chattel mortgages and other loans, the proceeds of which were used to purchase the nursing facility's equipment. (See § 2.4 of the Nursing Home Payment System for limitations)

B. Depreciation (See § 2.12 of the Nursing Home Payment System).

1. Building Depreciation. Depreciation on the nursing facility's building.

2. Building Improvement Depreciation. Depreciation on major additions or improvements to the nursing facility (i.e., new laundry or dining room).

3. Land Improvement Depreciation. Depreciation of improvements made to the land occupied by the facility (i.e., paving, landscaping).

4. Fixed and movable equipment depreciation. Depreciation on capital equipment depreciation assets classified as fixed and moveable equipment in compliance with American Hospital Association Guidelines.

5. Leasehold Improvement Depreciation. Depreciation on major additions or improvements to building or plant where the facility is leased and the costs are incurred by the lessee (tenant).

6. Automobile Depreciation. Depreciation of those vehicles utilized solely for facility/patient services.

C. Lease/Rental.

1. Building Rental. Rental amounts paid by the provider on all rented or leased real property (land and building).

2. Equipment Rental. Rental amounts paid by the provider on leased or rented furniture and equipment.

D. Taxes.

Property Taxes. Amount of taxes paid on the facility's property, plant and equipment.

E. Insurance.

1. Property Insurance. Cost of fire and casualty insurance on buildings and equipment.

2. Mortgage Insurance. Premiums required by the lending institution, if the lending institution is made a direct beneficiary and if premiums meet Medicare principles of reimbursement criteria for allowability.

F. Amortization-Deferred Financing Costs.

Amortization of Deferred Financing Costs (those costs directly incident to obtaining financing of allowable capital costs related to patient care services such as legal fees; guarantee fees; service fees; feasibility studies; loan points; printing and engraving costs; rating agency fees). These deferred financing costs should be capitalized and amortized over the life of the mortgage.

G. Home office capital costs.

Allowable plant costs incurred by a home office which are directly identified to the nursing facility or pooled capital costs that are allocated to the nursing facility in accordance with § 14.3 of the Nursing Home Payment System.

§ 5. Nonallowable expenses.

Nonallowable expenses include but are not limited to the following:

1. Barber and Beautician. Direct and indirect operating and capital costs related to the provision of beauty and barber services to patients.

2. Personal Items. Cost of personal items, such as cigarettes, toothpaste, and shaving cream sold to patients.

3. Vending Machines. Cost of items sold to employees and patients including candy bars and soft drinks.

4. Television/Telephones. Cost of television sets and telephones used in patient rooms.

5. Gift Shop. Direct and indirect operating and capital cost related to the provision of operating a gift shop.

6. Insurance - Officers. Cost of life insurance on officers, owners and key employees where the provider is a direct or indirect beneficiary.

7. Income Taxes. Taxes on net income levied or expected to be levied by any governmental entity.

8. Contributions. Amounts donated to charitable or other organizations which have no direct effect on patient care.

9. Deductions from Revenue. Accounts receivable written off as bad debts, charity, courtesy or from contractual agreements are nonallowable expenses.

10. Advertising. The cost of advertisements in magazines, newspapers, trade publications, radio, and television and certain home office expenses as defined in PRM-15.

11. Cafeteria. Cost of meals to other than patients.

12. Pharmacy. Cost of all prescribed legend and nonlegend drugs.

13. Medical Supplies. Cost of medical supplies to other than patients.

14. Plant Costs. All plant costs not available for nursing facility patient care related activities are nonreimbursable plant costs.

VR 460-03-4.1942. Leasing of Facilities.

§ 1. Determination of allowable lease costs.

A. Reimbursement of lease costs shall be limited to the lesser of the actual lease payments or the DMAS allowable cost of ownership. The computation of the allowable lease expense shall be subject to DMAS audit. The lesser of actual lease payments or the DMAS allowable cost of ownership computed for each fiscal year for a provider shall be used to limit reimbursement for that cost reporting period.

B. The provisions of this regulation shall apply to all lease agreements, including sales and leaseback agreements and lease purchase agreements, unless such are leases are between related parties. If a related party relationship exists, the provisions of § 2.10 of the Nursing Home Payment System will apply.

C. The DMAS allowable cost of ownership shall be determined by the historical cost of the facility to the owner of record at the date the lease becomes effective. When a lease agreement is in effect, whether during the original term or a subsequent renewal, no increase in the reimbursement shall be allowed as a result of a subsequent sale of the facility.

D. When a bona fide sale has taken place, the facility must have been held by the seller for a period of no less than five years for a lease effected subsequent to the sale date to be compared to the buyer's cost of ownership. Where the facility has been held for less than 5 years, the allowable lease cost shall be computed using the seller's historical cost.

§ 2. Documentation of costs of ownership.

A. Leases shall provide that the lessee or DMAS shall have access to any and all documents required to establish the underlying cost of ownership.

B. In those instances where the lessor will not share this information with the lessee, the lessor can forward the information direct to DMAS for confidential review.

§ 3. Computation of cost of ownership.

A. Before any rate determination for allowable lease costs is made, the lessee must supply a schedule comparing lease expense to the underlying cost of ownership for the life of the lease. Supporting documentation, including but not limited to, the lease and the actual cost of ownership (mortgage instruments, financial statements, purchase agreements, etc.) must be included with this schedule.

B. The underlying straight-line depreciation, interest, property taxes, insurance, and amortization of legal and commitment fees shall be used to determine the cost of ownership for comparison to the lease costs. Any cost associated with the acquisition of a lease other than those outlined herein shall not be considered allowable unless specifically approved by the Department of Medical Assistance Services.

1. Straight line depreciation. Depreciation shall be computed on a straight line basis only. New facilities shall be depreciated for a life of 40 years. Allowable depreciation for on-going facilities shall be computed on the historical cost of the facility determined in accordance with limits on allowable building and fixed equipment cost, and useful lives stated in the these regulations. The limits shall apply whether the facility is newly constructed or an ongoing facility.

2. Interest. Interest expense shall be limited to actual expense incurred by the owner of the facility in servicing long-term debt and shall be subject to the interest rate limitations stated in these regulations.

3. Taxes. Taxes are limited to actual incurred real estate and property taxes. When included in the lease as the direct responsibility of the lessee, such taxes shall not be a part of the computation of the cost of ownership.

4. Legal and commitment fees. Amortization of actual incurred closing costs paid by the owner, such as attorney's fees, recording fees, transfer taxes and service or "finance" charges from the lending institution may be included in the comparison of the cost of ownership computation. Such fees shall be subject to limitations and tests of reasonableness stated in these regulations. These costs shall be amortized over the life of the mortgage.

§ 4. Leases approved prior to August 18, 1975.

A. Leases approved prior to August 18, 1975, shall have the terms of those leases honored for reimbursement throughout the duration of the lease.

B. Renewals and extensions to these leases shall be honored for reimbursement purposes only when the dollar amount negotiated at the time of renewal does not exceed the amount in effect at the termination date of the existing lease. No escalation clauses shall be approved.

C. Payments of rental costs for leases reimbursed pursuant to § 2.1 A shall be allowed whether the provider occupies the premises as a lessee, sublessee, assignee, or otherwise. Regardless of the terms of any present or future document creating a provider's tenancy or right of possession, and regardless of whether the terms thereof or

the parties thereto may change from time to time, future reimbursement shall be limited to the lesser of (i) the amount actually paid by the provider, or (ii) the amount reimbursable by DMAS under these regulations as of the effective date this amendment. In the event extensions or renewals are approved pursuant to subsection B of this section, no escalation clauses shall be approved or honored for reimbursement purposes.

§ 5. Nothing in this section shall be construed as assuring providers that reimbursement for rental costs will continue to be reimbursable under any further revisions of or amendments to these regulations.

VR 460-03-4.1943. Cost Reimbursement Limitations.

§ 1. Foreword.

A. The attached information outlines operating and plant cost limitations that are not referenced in other regulations.

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

§ 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 written minutes must reflect the name of the facility for which the meeting is called, the content and purpose of the meeting, members in attendance, the time the meeting began and ended, and the date. If multiple facilities are discussed during a meeting, total allowable director fees, as limited herein, shall be pro-rated between such facilities.

4. Bona fide 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.

5. Compensation to owner/administrators who also serve as directors, shall include any and all director's fees paid, subject to the above-referenced limit those set forth in these regulations.

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 in health care organizations will be allowed for the administrator, owner, and home office personnel.

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 shall only be reimbursed if they are necessary, cost effective, and nonduplicative of existing NF internal management services.

2. Costs to the provider, based upon a percentage of net or gross revenues or other variations thereof, shall not be an acceptable basis for reimbursement. If allowed, 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 subject to administrator compensation 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 DMAS 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 PRM-15 guidelines.

F. Inhalation therapy fees (for outside services).

Limits are based upon current PRM-15 guidelines.

G. Medical directors' fees.

Costs will be allowed up to the established limit 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. effective January 1 of each calendar year to be effective for all providers' cost reporting periods ending on or after that date. The limits will be published and distributed to providers annually. The following limitations apply to the time periods as indicated:

Jan. 1, 1988 - Dec. 31, 1988 - $6,204
Jan. 1, 1989 - Dec. 31, 1989 - $6,625

§ 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 will not be reimbursed.

§ 4. Seminar expenses.

These expenses will be treated as allowable costs, if the following criteria are met:

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

2. Expenses must be supported by:

a. Seminar brochure,

b. Receipts for room, board, travel, registration, and educational material

3. Only the cost of two persons per facility will be accepted as an allowable cost for seminars which involve room, board, and travel.

§ 5. Legal retainer fees.

DMAS will recognize legal retainer fees if such fees do not exceed the following:

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*

The expense to be allowed by DMAS shall be supported by an invoice and evidence of payment.

§ 6. Architect fees.

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

§ 7. Administrator/owner compensation.

DMAS ADMINISTRATOR/OWNER COMPENSATION SCHEDULE
JANUARY 1, 1989 - DECEMBER 31, 1989

BED SIZE	NORMAL ALLOWABLE FOR ONE ADMINISTRATOR	MAXIMUM FOR 2 OR MORE ADMINISTRATOR
1-75	32,708	49,063
76-100	35,470	53,201
101-125	40,788	61,181
126-150	46,107	69,160
151-175	51,623	77,436
176-200	56,946	85,415
201-225	60,936	91,399
226-250	64,924	97,388
251-275	68,915	103,370
276-300	72,906	108,375
301-325	76,894	115,344
326-350	80,885	121,330

These limits will be escalated annually by a CPI effective January 1 of each calendar year to be effective for all provider's cost reporting periods ending on or after that date. The limits will be published and distributed to providers annually.

ASSESSMENT PROCESS

NAME | HOME ADDRESS | TELEPHONE NUMBER

SUMMARY OF PROVIDERS

RECORD NUMBER	PROVIDER NAME	PROVIDER ADDRESS	TELEPHONE NUMBER	PROVIDER NUMBER	PROVIDER SOURCE	DATES OF ADMISSION	DATES OF DISCHARGE

BIRTHDATE (MONTH / DAY / YEAR)

BIRTHPLACE (SPECIFY STATE OR COUNTRY) ☐ USA 0 ☐ OTHER 1 ____

SEX ☐ MALE 0 ☐ FEMALE 1

MARITAL STATUS (Legal at Time) ☐ MARRIED 0 ☐ SEPARATED 2 ☐ SINGLE 4 ☐ WIDOWED 1 ☐ DIVORCED 3 ☐ UNKNOWN 9

RELIGIOUS PREFERENCE
☐ CATHOLIC 0 ☐ OTHER 3 8 ____
☐ JEWISH 1-SECT ____
☐ PROTESTANT 2—SECT ____

RACIAL/ETHNIC BACKGROUND
☐ AMERICAN INDIAN OR ALASKAN NATIVE 0
☐ ASIAN OR PACIFIC ISLANDER 1
☐ BLACK 2 (NOT HISPANIC)
☐ HISPANIC 3
☐ WHITE 4 (NOT HISPANIC)
☐ OTHER 5 ____

EDUCATION
☐ GRADUATE COLLEGE 0 ☐ ELEM. e/HIGH SCHOOL 5 GRADES COMPLETED ____
☐ UNDERGRADUATE COLLEGE Degree 1 or yrs. 2 ____ ☐ SPECIAL EDUCATION 7
☐ TRADE, TECHNICAL VOCATIONAL 3 ☐ NO SCHOOLING 8
☐ HIGH SCHOOL DIPLOMA 4 ☐ UNKNOWN 9

FAMILY INCOME
☐ $20,000 OR MORE 0 ☐ $3,600 - $4,999 4
☐ $15,000 - $19,999 1 ☐ $2,600 - $3,599 5
☐ $10,000 - $14,999 2 ☐ $2,599 OR LESS 6
☐ $5,000 - $9,999 3 ☐ UNKNOWN 9

USUAL LIVING ARRANGEMENTS (ALONE 1 / SPOUSE 2 / OTHER 3,7)
☐ HOME/APARTMENT 0
☐ RENTED ROOM(S) 1
☐ DOMICILIARY/PERSONAL CARE FACILITY 25
☐ HEALTH CARE FACILITY 3 -TYPE 1,5 ____
☐ OTHER 4 6 ____

EMPLOYMENT STATUS
☐ EMPLOYED 0 ☐ RETIRED 2
☐ PRE-RETIREMENT 1 ☐ PENSION 1
☐ POST-RETIREMENT 2,3 ☐ NO PENSION 2
☐ UNEMPLOYED 10 ☐ NEVER EMPLOYED 30
☐ UNKNOWN 99

HEALTH CARE COVERAGE
☐ MEDICARE 1 # ____ PARTS ☐ A 2 ☐ B
☐ MEDICAID 1 # ____
☐ OTHER 1 TYPE 1, 5 ____ # ____
☐ VETERAN 0 ☐ NON-VETERAN 1 ☐ UNKNOWN 9
SOCIAL SECURITY # ____

NUMBER OF LIVING CHILDREN ____
SON(S) ____ DAUGHTER(S) ____

USUAL OCCUPATION
☐ HOMEMAKER 10 ☐ NONE 00
☐ OCCUPATION OUTSIDE THE HOME 2 SPECIFY 4,7 ____

NONINSTITUTIONAL LIVING SPACE
☐ AVAILABLE 0 ☐ NOT AVAILABLE 1 D
☐ NOT APPLICABLE 2

YES 0	NO 1	
		ENTRY STAIRS
		ELEVATOR OR OTHER CONVEYANCE AVAILABLE
		TOILET ROOM SAME FLOOR LEVEL AS BEDROOM
		KITCHEN SAME FLOOR LEVEL AS BEDROOM
		OTHER CONDITION

SOCIAL SUPPORT WILLING AND ABLE TO PROVIDE

	YES 0	NO 1	TIMES AVAILABLE
ACTIVITIES OF DAILY LIVING/ SUPERVISION			
HOUSEKEEPING			
LIVING SPACE			
MEAL PREPARATION			
SHOPPING			
TRANSPORTATION			
OTHER			

DIRECTORY OF HEALTH CARE PROFESSIONALS & OTHERS

NAME / ADDRESS / TELEPHONE NUMBER	DATES OF ASSESSMENT	UTILIZATION INFORMATION: TYPE OF SERVICE OR LEVEL OF CARE CURRENT 0,7	TYPE OF SERVICE OR LEVEL OF CARE RECOMMENDED 0,8	METHOD OF PAYMENT CURRENT 0,8	METHOD OF PAYMENT EXPECTED 0,8
REFERRING PHYSICIAN					
ATTENDING PHYSICIAN					
ALTERNATE PHYSICIAN					
DENTIST					
PODIATRIST					
PHARMACY					
FUNERAL HOME					
PERSON(S) TO BE NOTIFIED					
OTHER					

MEDICAL STATUS

CHECK BOXES WHICH APPLY. FILL IN SPACES AS INDICATED

	NO IMPAIRMENT 0	IMPAIRMENT (ATTEMPTED) 2 COMPENSATION 1 SPECIFY	NO COMPENSATION 3	COMPLETE LOSS 4	DATE OF CHANGE (IF ANY)
SIGHT			D		
HEARING			D		

SPEECH
☐ NO IMPAIRMENT 000
☐ IMPAIRMENT 1
☐ STRUCTURE OR MUSCULATURE OF VOCAL TRACT 2 TYPE ____
☐ LINGUISTIC SYSTEM 3
☐ COMPLETE LOSS 5
☐ DOES NOT SPEAK—NO KNOWN IMPAIRMENT 8

PREVIOUS REHABILITATION	COMPLETED1 ONSET More Than 6 Months	COMPLETED1 ONSET 6 Months Or Less	NOT COMPLETED2 ONSET More Than 6 Months	NOT COMPLETED2 ONSET 6 Months Or Less
	1	2	1	2
			D	
			D	

DENTITION

	COMPENSATION TYPE 1	NONE 2	DATE OF CHANGE
☐ NO TEETH MISSING OR FEW TEETH MISSING 00			
☐ SOME OPPOSING TEETH 1		D	
☐ NO TEETH OR NO OPPOSING TEETH 2		D	

FRACTURES/DISLOCATIONS ☐ NONE 000

	LOCATION/ TREATMENT	PREVIOUS REHABILITATION PROGRAM YES 1	PREVIOUS REHABILITATION PROGRAM NO OR NOT COMPLETED 2	ONSET MORE THAN ONE YEAR 1	ONSET ONE YEAR OR LESS 2
HIP FRACTURE 1(S) 2			D		D
OTHER FRACTURE(S) 3					
DISLOCATION(S) 4					

MISSING LIMBS ☐ NONE 000

	LOCATION	PREVIOUS REHABILITATION PROGRAM YES 1	PREVIOUS REHABILITATION PROGRAM NO OR NOT COMPLETED 2	ONSET MORE THAN ONE YEAR 1	ONSET ONE YEAR OR LESS 2
FINGER(S) OR TOE(S) 1			D		
BELOW ELBOW 2			D		
ABOVE ELBOW 3			D		
BELOW KNEE 4			D		
ABOVE KNEE 5			D		

PARALYSIS/PARESIS ☐ NONE 000

	LOCATION	PREVIOUS REHABILITATION PROGRAM YES 1	PREVIOUS REHABILITATION PROGRAM NO OR NOT COMPLETED 2	ONSET MORE THAN ONE YEAR 1	ONSET ONE YEAR OR LESS 2
MONOPLEGIA/ PARESIS 1			D		D
HEMIPLEGIA/ PARESIS 2			D		D
PARAPLEGIA/ PARESIS 3			D		D
TRIPLEGIA/ PARESIS 4			D		D
BILATERAL HEMIPLEGIA/PARESIS 5			D		D
QUADRIPLEGIA/ PARESIS 6			D		D

ALLERGIES—SPECIFY ICD-9CM CODE

NAME OR NUMBER

DIAGNOSES ICD-9CM CODE | DATE OF ONSET 0,6

RISK FACTOR MEASUREMENTS/OTHER TESTS

ALCOHOL/SUBSTANCE USE ☐ BY HISTORY - NOT AT PRESENT
☐ NO ☐ YES Type ____ Amount ____ ☐ UNKNOWN

TOBACCO USE ☐ NEVER USED ☐ BY HISTORY-NOT AT PRESENT
☐ CIGARETTES ☐ PIPE ☐ CHEWING
Specify Amount Per Day ____

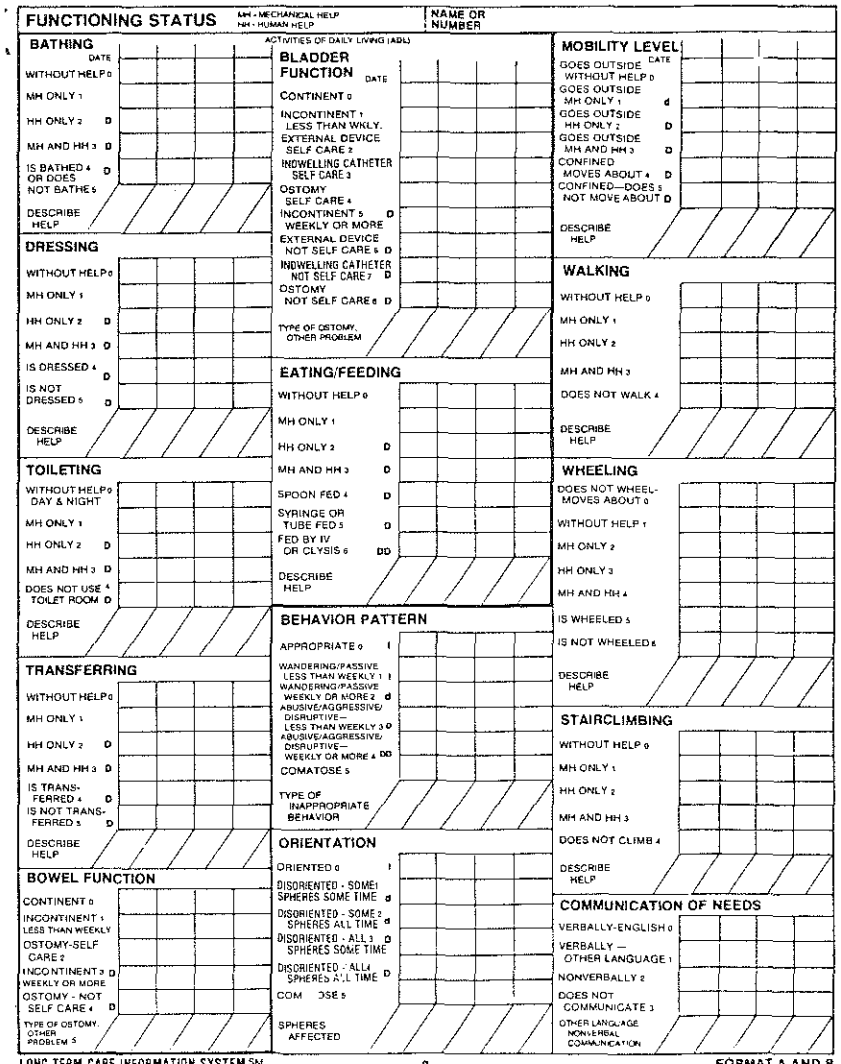
	RECORD DATE AND READING		
HEIGHT			
WEIGHT IDEAL ____			
BLOOD PRESSURE			
BLOOD CHOLESTEROL			
BUN			
ALBUMINURIA			
BLOOD SUGAR-SPECIFY TEST			
HEMOGLOBIN OR HEMATOCRIT			
DIG. LEVEL SPECIFY TEST			
PROTHROMBIN TIME			
SERUM POTASSIUM			
CHEST X-RAY 1, 2 OTHER			

JOINT MOTION SPECIFY JOINTS AFFECTED

	DATE			
WITHIN NORMAL LIMITS 0				
LIMITED MOTION 1 d				
INSTABILITY—CORRECTED 2				
INSTABILITY—UNCORRECTED 3 D				
IMMOBILITY 4 D				

MEDICAL HISTORY ICD-9CM CODE

FAMILY HISTORY ICD-9CM CODE



FUNCTIONING STATUS MH - MECHANICAL HELP; HH - HUMAN HELP | NAME OR NUMBER

ACTIVITIES OF DAILY LIVING (ADL)

BATHING (DATE)
- WITHOUT HELP 0
- MH ONLY 1
- HH ONLY 2 D
- MH AND HH 3 D
- IS BATHED 4 OR DOES NOT BATHE 5 D
- DESCRIBE HELP

DRESSING
- WITHOUT HELP 0
- MH ONLY 1
- HH ONLY 2 D
- MH AND HH 3 D
- IS DRESSED 4 D
- IS NOT DRESSED 5 D
- DESCRIBE HELP

TOILETING
- WITHOUT HELP 0 DAY & NIGHT
- MH ONLY 1
- HH ONLY 2 D
- MH AND HH 3 D
- DOES NOT USE 4 TOILET ROOM D
- DESCRIBE HELP

TRANSFERRING
- WITHOUT HELP 0
- MH ONLY 1
- HH ONLY 2 D
- MH AND HH 3 D
- IS TRANSFERRED 4 D
- IS NOT TRANSFERRED 5 D
- DESCRIBE HELP

BOWEL FUNCTION
- CONTINENT 0
- INCONTINENT 1 LESS THAN WEEKLY
- OSTOMY-SELF CARE 2
- INCONTINENT 3 D WEEKLY OR MORE
- OSTOMY - NOT SELF CARE 4 D
- TYPE OF OSTOMY, OTHER PROBLEM 5

BLADDER FUNCTION (DATE)
- CONTINENT 0
- INCONTINENT 1 LESS THAN WKLY.
- EXTERNAL DEVICE SELF CARE 2
- INDWELLING CATHETER SELF CARE 3
- OSTOMY SELF CARE 4
- INCONTINENT 5 D WEEKLY OR MORE
- EXTERNAL DEVICE NOT SELF CARE 6 D
- INDWELLING CATHETER NOT SELF CARE 7 D
- OSTOMY NOT SELF CARE 8 D
- TYPE OF OSTOMY, OTHER PROBLEM

EATING/FEEDING
- WITHOUT HELP 0
- MH ONLY 1
- HH ONLY 2 D
- MH AND HH 3 D
- SPOON FED 4 D
- SYRINGE OR TUBE FED 5 D
- FED BY IV OR CLYSIS 6 DD
- DESCRIBE HELP

BEHAVIOR PATTERN
- APPROPRIATE 0 I
- WANDERING/PASSIVE LESS THAN WEEKLY 1 I
- WANDERING/PASSIVE WEEKLY OR MORE 2 d
- ABUSIVE/AGGRESSIVE/DISRUPTIVE—LESS THAN WEEKLY 3 D
- ABUSIVE/AGGRESSIVE/DISRUPTIVE—WEEKLY OR MORE 4 DD
- COMATOSE 5
- TYPE OF INAPPROPRIATE BEHAVIOR

ORIENTATION
- ORIENTED 0 I
- DISORIENTED - SOME SPHERES SOME TIME d
- DISORIENTED - SOME SPHERES ALL TIME d
- DISORIENTED - ALL SPHERES SOME TIME D
- DISORIENTED - ALL SPHERES ALL TIME D
- COMATOSE 5
- SPHERES AFFECTED

MOBILITY LEVEL (DATE)
- GOES OUTSIDE WITHOUT HELP 0
- GOES OUTSIDE MH ONLY 1 d
- GOES OUTSIDE HH ONLY 2 D
- GOES OUTSIDE MH AND HH 3 D
- CONFINED MOVES ABOUT 4 D
- CONFINED—DOES NOT MOVE ABOUT 5 D
- DESCRIBE HELP

WALKING
- WITHOUT HELP 0
- MH ONLY 1
- HH ONLY 2
- MH AND HH 3
- DOES NOT WALK 4
- DESCRIBE HELP

WHEELING
- DOES NOT WHEEL-MOVES ABOUT 0
- WITHOUT HELP 1
- MH ONLY 2
- HH ONLY 3
- MH AND HH 4
- IS WHEELED 5
- IS NOT WHEELED 6
- DESCRIBE HELP

STAIRCLIMBING
- WITHOUT HELP 0
- MH ONLY 1
- HH ONLY 2
- MH AND HH 3
- DOES NOT CLIMB 4
- DESCRIBE HELP

COMMUNICATION OF NEEDS
- VERBALLY-ENGLISH 0
- VERBALLY — OTHER LANGUAGE 1
- NONVERBALLY 2
- DOES NOT COMMUNICATE 3
- OTHER LANGUAGE NON-VERBAL COMMUNICATION

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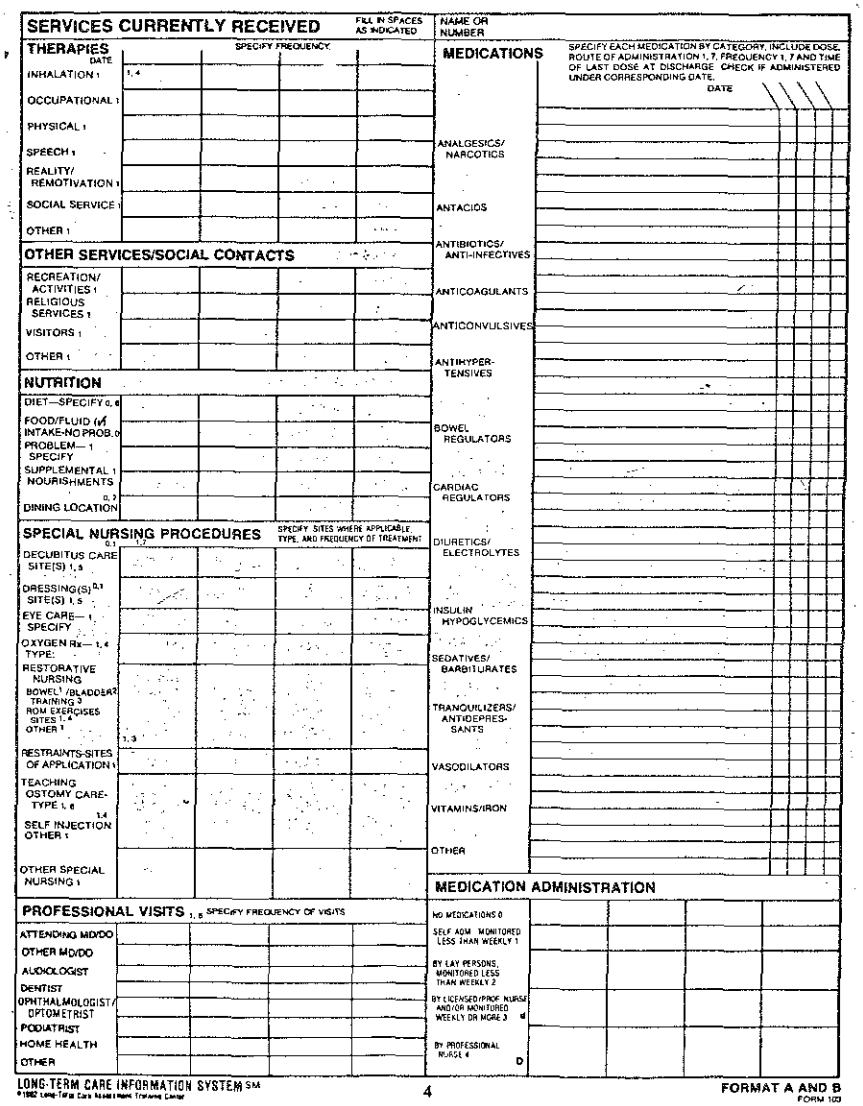
FORMAT A AND B



SERVICES CURRENTLY RECEIVED FILL IN SPACES AS INDICATED | NAME OR NUMBER

THERAPIES (DATE) — SPECIFY FREQUENCY
- INHALATION 1
- OCCUPATIONAL 1
- PHYSICAL 1
- SPEECH 1
- REALITY/REMOTIVATION 1
- SOCIAL SERVICE 1
- OTHER 1

OTHER SERVICES/SOCIAL CONTACTS
- RECREATION/ACTIVITIES 1
- RELIGIOUS SERVICES 1
- VISITORS 1
- OTHER 1

NUTRITION
- DIET—SPECIFY 0, 6
- FOOD/FLUID (# INTAKE-NO PROB. 0
- PROBLEM— 1 SPECIFY
- SUPPLEMENTAL 1 NOURISHMENTS
- DINING LOCATION

SPECIAL NURSING PROCEDURES SPECIFY SITES WHERE APPLICABLE, TYPE, AND FREQUENCY OF TREATMENT
- DECUBITUS CARE SITE(S) 1, 5
- DRESSING(S) SITE(S) 1, 5
- EYE CARE— 1 SPECIFY
- OXYGEN Rx— 1, 4 TYPE:
- RESTORATIVE NURSING
- BOWEL / BLADDER TRAINING
- ROM EXERCISES SITES
- OTHER
- RESTRAINTS-SITES OF APPLICATION 1
- TEACHING OSTOMY CARE-TYPE 1, 6
- SELF INJECTION OTHER 1
- OTHER SPECIAL NURSING 1

PROFESSIONAL VISITS 1, 6 SPECIFY FREQUENCY OF VISITS
- ATTENDING MD/DO
- OTHER MD/DO
- AUDIOLOGIST
- DENTIST
- OPHTHALMOLOGIST/OPTOMETRIST
- PODIATRIST
- HOME HEALTH
- OTHER

MEDICATIONS SPECIFY EACH MEDICATION BY CATEGORY, INCLUDE DOSE, ROUTE OF ADMINISTRATION 1, 7, FREQUENCY 1, 7 AND TIME OF LAST DOSE AT DISCHARGE. CHECK IF ADMINISTERED UNDER CORRESPONDING DATE. DATE
- ANALGESICS/NARCOTICS
- ANTACIDS
- ANTIBIOTICS/ANTI-INFECTIVES
- ANTICOAGULANTS
- ANTICONVULSIVES
- ANTIHYPERTENSIVES
- BOWEL REGULATORS
- CARDIAC REGULATORS
- DIURETICS/ELECTROLYTES
- INSULIN HYPOGLYCEMICS
- SEDATIVES/BARBITURATES
- TRANQUILIZERS/ANTIDEPRESSANTS
- VASODILATORS
- VITAMINS/IRON
- OTHER

MEDICATION ADMINISTRATION
- NO MEDICATIONS 0
- SELF ADM. MONITORED LESS THAN WEEKLY 1
- BY LAY PERSONS, MONITORED LESS THAN WEEKLY 2
- BY LICENSED/PROF. NURSE AND/OR MONITORED WEEKLY OR MORE 3 d
- BY PROFESSIONAL NURSE 4 D

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FORMAT A AND B
FORM 103

TRANSLATION TO SERVICE NEEDS

1. RECORD THE DATE OF ASSESSMENT
2. MATCH THE ASSESSED STATUS RECORDED AS d, D, OR DD IN THE COMPLETED ASSESSMENT WITH THE SAME ITEMS IN THE ASSESSED STATUS COLUMN BELOW. CHECK THE SERVICE(S) NEXT TO EACH MATCHED ITEM UNDER THE DATE OF ASSESSMENT.
3. MATCH THE ASSESSED STATUS FOR BEHAVIOR PATTERN WITH THAT OF ORIENTATION AND CHECK THE CORRESPONDING SERVICE AS NEEDED. IF THE ASSESSED STATUS IS "1" FOR BEHAVIOR AND ORIENTATION, NO SERVICE IS CHECKED AS NEEDED

NAME OR NUMBER

ADDITIONAL INFORMATION/PLAN

ASSESSED STATUS	DATE SERVICE NEEDS 1	✓ OR SPECIFY, IF CHANGE OCCURS, RECORD DATE AND CHANGE SOCIAL SUPPORT 1	SERVICE PROVIDER	AT REASSESSMENT, DATE AND ✓ IF SERVICE RECEIVED 1
NON-INSTITUTIONAL LIVING SPACE D Not Available	HOMEFINDING SERVICE			
SIGHT D IMPAIRMENT — NO (ATTEMPTED) COMPENSATION	OPHTHALMOLOGY/OPTOMETRY			
HEARING D IMPAIRMENT — NO (ATTEMPTED) COMPENSATION	AUDIOLOGY			
SPEECH D IMPAIRMENT SIX MONTHS AGO OR LESS — THERAPY NOT COMPLETED	SPEECH THERAPY			
DENTITION D SOME OR NO OPPOSING TEETH — NO COMPENSATION	DENTAL SERVICE			
FRACTURED HIP(S) DD — ONE YEAR AGO OR LESS AND REHABILITATION NOT COMPLETED	PHYSICAL THERAPY			
PARALYSIS/PARESIS DD — ONE YEAR AGO OR LESS AND REHABILITATION NOT COMPLETED				
MISSING LIMBS D REHABILITATION NOT COMPLETED				
JOINT MOTION INSTABILITY UNCORRECTED OR IMMOBILITY D				
LIMITED MOTION d	PROFESSIONAL NURSING			
EATING/FEEDING DD FED BY I.V. OR CLYSIS				
MEDICATION ADMINISTRATION SOME OR ALL BY PROFESSIONAL NURSE D				
BY LICENSED OR PROFESSIONAL NURSE d	LICENSED OR PROFESSIONAL NURSING			
ACTIVITIES OF DAILY LIVING ADL BATHING DRESSING TOILETING TRANSFERRING — D FOR 5, 6, OR 7 ADL	MEAL PREPARATION			
	HOUSEKEEPING			
BOWEL FUNCTION BLADDER FUNCTION EATING/FEEDING — D FOR 2, 3, 4, 5, 6, OR 7 ADL	ADL OR SUPERVISION BY LAY PERSONS OR AIDES			
BEHAVIOR PATTERN / ORIENTATION 1-APPROPRIATE OR WANDERING/PASSIVE LESS THAN WEEKLY AND d-DISORIENTED SOME SPHERES				
d-WANDERING/PASSIVE WEEKLY OR MORE AND 1-ORIENTED				
1-APPROPRIATE OR WANDERING/PASSIVE LESS THAN WEEKLY AND D-DISORIENTED ALL SPHERES	EMOTIONAL AND SOCIAL ASSESSMENT SERVICES			
d-WANDERING/PASSIVE WEEKLY OR MORE AND d,D-DISORIENTED SOME OR ALL SPHERES				
D-ABUSIVE/AGGRESSIVE DISRUPTIVE LESS THAN WEEKLY AND 1, ORIENTED d, OR D DISORIENTED				
DD-ABUSIVE/AGGRESSIVE/DISRUPTIVE WEEKLY OR MORE AND 1, ORIENTED d, OR D DISORIENTED	EMOTIONAL AND SOCIAL TREATMENT SERVICES			
MOBILITY LEVEL d, D GOES OUTSIDE WITH HELP OR DOES NOT GO OUTSIDE	SHOPPING			
OTHER SERVICE NEEDS				

PREFERENCES ☐ NONE0

FOOD 1

ACTIVITIES/HOBBIES/INTERESTS 2

OTHER 3

REASON FOR REFERRAL/DISCHARGE

IF DECEASED,† CAUSE OF DEATH

H-ICDA CODE DATE

PHYSICIAN'S SIGNATURE

LONG-TERM CARE INFORMATION SYSTEM SM

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FORMAT A

PHYSICIAN'S ORDERS FOR CARE

NAME OR NUMBER

PHYSICIAN'S SIGNATURE

DATE

DATE OF NEXT VISIT

I ( ) CERTIFY ( ) RECERTIFY THAT ( ) SKILLED1 ( ) INTERMEDIATE2 NURSING CARE ( ) OTHER PROFESSIONAL3 SERVICES ARE REQUIRED BY THE BENEFICIARY ( ) ON AN IN-PATIENT BASIS OR ( ) ON AN INTERMITTENT BASIS FOR A BENEFICIARY CONFINED TO THE HOME, FOR CONDITION(S) ELIGIBLE FOR PRESUMED COVERAGE AS DESIGNATED IN THE ( ) MEDICARE1 ( ) MEDICAID2 REGULATIONS. THE ABOVE PATIENT IS UNDER CARE AND AN ESTABLISHED PLAN OF CARE WILL BE REVIEWED BY ( ) ME OR ( ) ______ AT LEAST EVERY ______ MONTHS.

PROGNOSIS
REHABILITATION POTENTIAL

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S SIGNATURE

DATE

DATE OF NEXT VISIT

I ( ) CERTIFY ( ) RECERTIFY THAT ( ) SKILLED1 ( ) INTERMEDIATE2 NURSING CARE ( ) OTHER PROFESSIONAL3 SERVICES ARE REQUIRED BY THE BENEFICIARY ( ) ON AN IN-PATIENT BASIS OR ( ) ON AN INTERMITTENT BASIS FOR A BENEFICIARY CONFINED TO THE HOME, FOR CONDITION(S) ELIGIBLE FOR PRESUMED COVERAGE AS DESIGNATED IN THE ( ) MEDICARE1 ( ) MEDICAID2 REGULATIONS. THE ABOVE PATIENT IS UNDER CARE AND AN ESTABLISHED PLAN OF CARE WILL BE REVIEWED BY ( ) ME OR ( ) ______ AT LEAST EVERY ______ MONTHS.

PROGNOSIS
REHABILITATION POTENTIAL

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S SIGNATURE

DATE

DATE OF NEXT VISIT

I ( ) CERTIFY ( ) RECERTIFY THAT ( ) SKILLED1 ( ) INTERMEDIATE2 NURSING CARE ( ) OTHER PROFESSIONAL3 SERVICES ARE REQUIRED BY THE BENEFICIARY ( ) ON AN IN-PATIENT BASIS OR ( ) ON AN INTERMITTENT BASIS FOR A BENEFICIARY CONFINED TO THE HOME, FOR CONDITION(S) ELIGIBLE FOR PRESUMED COVERAGE AS DESIGNATED IN THE ( ) MEDICARE1 ( ) MEDICAID2 REGULATIONS. THE ABOVE PATIENT IS UNDER CARE AND AN ESTABLISHED PLAN OF CARE WILL BE REVIEWED BY ( ) ME OR ( ) ______ AT LEAST EVERY ______ MONTHS.

PROGNOSIS:
REHABILITATION POTENTIAL

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S SIGNATURE

DATE

DATE OF NEXT VISIT

I ( ) CERTIFY ( ) RECERTIFY THAT ( ) SKILLED1 ( ) INTERMEDIATE2 NURSING CARE ( ) OTHER PROFESSIONAL3 SERVICES ARE REQUIRED BY THE BENEFICIARY ( ) ON AN IN-PATIENT BASIS OR ( ) ON AN INTERMITTENT BASIS FOR A BENEFICIARY CONFINED TO THE HOME, FOR CONDITION(S) ELIGIBLE FOR PRESUMED COVERAGE AS DESIGNATED IN THE ( ) MEDICARE1 ( ) MEDICAID2 REGULATIONS. THE ABOVE PATIENT IS UNDER CARE AND AN ESTABLISHED PLAN OF CARE WILL BE REVIEWED BY ( ) ME OR ( ) ______ AT LEAST EVERY ______ MONTHS.

PROGNOSIS:
REHABILITATION POTENTIAL

PHYSICIAN'S SIGNATURE

DATE

ADDITIONAL COMMENTS/JUSTIFICATIONS/RECOMMENDATIONS/DECISIONS

SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
AFFILIATION	AFFILIATION	AFFILIATION	AFFILIATION

LONG-TERM CARE INFORMATION SYSTEM SM

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FORMAT A AND B

PROVIDER NAME _____

PROVIDER NUMBER _____ EXHIBIT A

FISCAL YEAR END _____

Please indicate applicable level of care:

- ○ Skilled care facility
- ○ Skilled care part of skilled with intermediate care
- ○ Intermediate care part of skilled care facility
- ○ Hospital-based skilled care facility
- ○ Hospital-based intermediate care facility

DRAFT

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I hereby certify, that I have read the above statement and that I have examined the accompanying Statement of Reimbursable Cost, the Balance Sheet and Statement of Revenue and Expense for the cost report period beginning _____ and ending _____, and that to the best of my knowledge and belief, it is a true, correct, and complete statement, prepared from the books and records of _____ (Name of Facility)

_____ (Address)

in accordance with applicable instructions, except as may be noted. The above referenced information was prepared by _____ (Name and Title)

_____ (Address)

Signed _____ (Officer or Administrator of Provider)

_____ (Date)

FORM MAP-250 SERIES (Rev. 11/82)

PROVIDER NAME _____

PROVIDER NUMBER _____ DRAFT EXHIBIT B

FISCAL YEAR END _____ (To be filed in addition to HCFA-2552, Wkst. D)

COMPUTATION OF INPATIENT AND OUTPATIENT ANCILLARY SERVICE COSTS

	TITLE XIX Ancillary Service Costs	RATIO OF COST TO CHARGES (From Wkst. C Col. 2)	PROGRAM CHARGES		PROGRAM COSTS	
			Inpatient	Outpatient	Inpatient (1 x 2)	Outpat (1 .
1	ANCILLARY SERVICE	(1)	(2)	(3)	(4)	(5
2	Radiology - Diagnostic					
3	Intravenous Therapy					
4	Oxygen(Inhalation)Therapy					
5	Physical Therapy					
6	Occupational Therapy					
7	Speech Therapy					
8	Medical Supplies Charged					
9	Drugs Charged to Patients					
10	Charge A (Specify)					
11	Charge B (Specify)					
12	Charge C (Specify)					
13	Charge D (Specify)					
14	Charge E (Specify)					
15	Other: (Specify)					
16						
17	TOTALS					

MAP-250, Exhibit B, (Rev. 11/82)

PROVIDER NAME _____

PROVIDER NUMBER _____ DRAFT EXHIBIT C

FISCAL YEAR ENDED _____

PART I -- ANALYSIS OF INTERIM PAYMENTS FOR TITLE XIX (MEDICAID) SERVICES

	DESCRIPTION	PATIENT DAYS (1)	PAYMENTS FROM INTERMEDIARY (2)	PATIENT PAY OR PAYMENTS FROM PRIMARY CARRIER (3)
1.	Paid by Intermediary during the fiscal period			
2.	(Deduct) Services rendered but not paid during prior period			
3.	Add Prior period services not yet paid at end of current period			
4.	Add Services rendered but not paid in current fiscal period			
5.	Add/(Deduct) Cash Advances From/(To) Intermediary relative to this report		(Date / /)	
6.	TOTAL			

PART II -- ACCUMULATION OF TITLE XIX (MEDICAID) CHARGES

1.	Inpatient Ancillary Services	
2.	Routine & Special Care Services	
3.	Outpatient Ancillary Services	
4.	Ambulance Services	
5.		
6.		
..	Total Medicaid Charges for Lower of Cost or Charges Comparison	

MAP-250, Exhibit C, (Rev. 11/82)

PROVIDER NAME _____ EXHIBIT D

NUMBER _____ DRAFT PAGE 1 of 2

PERIOD FROM _____ TO _____

COMPUTATION OF TITLE XIX (MEDICAID) BASE COSTS AND PER DIEM RATE

Operating Cost:

1. Total Inpatient Days (Form HCFA-2540, Page 5, Col. 7, Line 1 or Line 3 as applicable) 1. _____
2. Total Title XIX Inpatient Days (MAP 250, Exh. C, Col. 1, Line 6) 2. _____
3. Percent of Title XIX utilization (Line 2 / Line 1) 3. _____
4. Total Routine Expenses (Form HCFA 2540, Worksheet B, Part I, Col. 15, Line 15 (SNF) or Line 17 (ICF) as applicable) 4. _____
5. Less:
   - A. Plant Costs (HCFA-2540, Worksheet B, Part II, Col. 15, Line 15 (SNF) or Line 17 (ICF) as applicable) 5A. (_____)
   - B. Nurse Aide Competency Evaluation Costs (Schedule NC) 5B. (_____)
   - C. Va. Health Services Cost Review Council Fees. 5C. (_____)
6. Operting Cost (Line 4 minus Lines 5A, 5B, and 5C) 6. _____
7. Title XIX Operating Costs (Line 6 X Line 3) 7. _____
8. Add:
   - A. Title XIX share of Ancillary Service Costs (MAP-250, Exh. B, Cols. 4 and 5, Line 17 minus cost of drugs charged to patients on line 9) 8A. _____
   - B. Malpractice Insurance Cost (HCFA-2540, wkst. D-8, Parts I & II as appropriate) 8B. _____
9. Total Title XIX Operating Costs (Line 7 plus Line 8A and Line 8B) 9. _____
10. Title XIX Days - the greater of Line 2 10a)_____

    OR

    HCFA-2540, page 5, Col. 2, Line 1 or 3 X 95% X Line 3 10b)_____ 10. _____

    (NOTE: Above percentage = 85% for each level of care with 30 or less certified beds)
11. Title XIX Base Operating Costs per patient day (Line 9/Line 10) 11. _____
12. Escalator percentage X Title XIX based operating cost per Patient day (Line 11 X _____%) 12. _____
13. Title XIX Operating Cost per day including escalator percentage (Line 11 plus Line 12) 13. _____

PROVIDER NAME _____ EXHIBIT D

NUMBER _____ PAGE 2 of 2

PERIOD FROM _____ TO _____

DRAFT

14. Prospective Operating Cost Per Diem — Lower of:

A. Title XIX (Medicaid) Operating Cost including escalator percentage (Line 13) 14A)_____

B. Group Ceiling (from Virginia Division of Cost Settlement notification letter) 14B)_____

14)_____

15. Title XIX Plant Costs per patient day:

A. Title XIX Plant Costs (Line 5A X Line 3) 15A)_____

Total Title XIX Plant Costs per patient day (Line 15A ÷ Title XIX Days, Line 10) 15)_____

16. Total Title XIX Prospective Operating and Plant Cost per patient day (Line 14 plus Line 15) 16)_____

17. Profit Incentive:

A. Group Ceiling (Line 14B) 17A)_____ Minus

B. Title XIX Operating Cost with excalator (Line13) 17B)_____ =

C. Incentive Base (NOTE: If incentive base is equal to or less than zero, Profit Incentive Line 17 = 0) 17C)_____

D. Percentage of Difference (Line 17C / Line 17A) (Limited to 25%) 17D)_____

E. Profit Incentive = 17C X 17D (as limited) 17)_____

18. Drugs (costs excluded on Line 8A / Title XIX Days on Line 2) 18)_____

19. Cost Basis Prospective per diem rate for FYE _____ (Line 16 + Line 17 + Line 18) 19)_____

20. Average Program Charge (Total Program Charges, Exh. C Part II Line 7 / Title XIX Days, Line 10A) 20)_____

21. Prospective per diem rate for FYE _____ (Line 19 or Line 20, whichever is lower) 21)_____

PROVIDER NAME _____ EXHIBIT D-1

PROVIDER NUMBER _____ DRAFT Page 1 of 1

FISCAL YEAR END _____

PT. I STATEMENT OF COST OF SERVICES FROM RELATED ORGANIZATIONS

A. Is the amount of costs to be reimbursed by the Health Insurance Program, are any costs included which are of transactions with a related organization as defined in Chapter 10 of HIM-15?

☐ YES ☐ NO (If "Yes," complete part B, and submit schedule itemizing total expenses and basis of all.

B. Costs incurred as result of transactions with related organizations

Form No.	Schedule	Line No.	Item	Amount

C. Name, and percent of ownership in the related organization

Name of Owner	Name of Related Organization	Percent of Ownership

PT. II STATEMENT OF COMPENSATION OF OWNERS

Name	Title and Function	Sole Proprietorship	Partners		Corporation Officers		Compensation Included Above Costs - This Form
		Percentage of Customary Work Week Devoted to Business	Percent Share of Operating Profit or (Loss)	Percentage of Customary Work Week Devoted to Business	Percent of Provider's Stock Owned	Percentage of Customary Work Week Devoted to Business	
(1)	(2)	(3)	(4a)	(4b)	(5a)	(5b)	(6)

(*) Compensation as used in this schedule has the same definition as in Chapter 9 of HIM-15.

STATEMENT OF COMPENSATION PAID TO ADMINISTRATORS
PT. III AND/OR ASSISTANT ADMINISTRATOR(*) (OTHER THAN OWNERS)

Name	Title	Percent of Customary Work Week Devoted to Business	Compensation for the Period

PROVIDER NAME _____ Exhibit E

PROVIDER NUMBER _____ DRAFT

PERIOD FROM _____ TO _____

		(1) Period	(2) Period	(3) Period	(4) Period
		From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____
PART I	SETTLEMENT COMPUTATION/PIRS:				
1.	PIRS Reimbursement Rate				
A. (1)	Prospective Direct Care Operating Cost or Ceiling	A1) _____	_____	_____	_____
(2)	Service Intensity Index (SII)	A2) _____	_____	_____	_____
(3)	Service Intensity Adjusted Prospective Direct Care Rate(A1 X A2, cols. 1 - 4)	A3) _____	_____	_____	_____
B.	Direct Care Profit Incentive (Prior Year)	B) _____	_____	_____	_____
C.	Prospective Indirect Care Operating Cost Or Ceiling	C) _____	_____	_____	_____
D.	Indirect Care Profit Incentive (Prior Year)	D) _____	_____	_____	_____
E.	Actual Plant Costs Current Year	E) _____	_____	_____	_____
F.	Total Reimbursement Rate (Col. 1-4, sum of lines A(3) + B, C, D, & E)	F) _____	_____	_____	_____
2.	Medicaid Days	2) _____	_____	_____	_____
3.	PIRS Prospective Reimbursement (Line 1F X 2, Col. 1 thru 4)	3) _____	_____	_____	_____
4.	Total PIRS Prospective Reimbursement (Sum of line 3, cols. 1-4)				4) _____
PART II	SETTLEMENT COMPUTATION/CURRENT METHOD				
1.	Prospective Operating Cost Rate				1) _____
2.	Medicaid Days				2) _____
3.	Total Current Method Prospective Reimbursement (Line 1 X line 2)				3) _____
PART III	SETTLEMENT COMPUTATION/PHASE-IN				
1.	Total Potential PIRS Settlement (Part I, line 4) $_____ X Phase-in _____%				1) _____
2.	Total Potential PIRS Current Method Settlement (Part II, line 3) $_____ X Phase-in _____%				2) _____
3.	Total Potential Settlement (PART III sum of lines 1 & 2)				3) _____
4.	Total Current Year Medicaid Charges				4) _____
5.	Total Payments Paid to Provider - All Sources (Sch. J, Part IV, Col. 2, Line 6 + Col. 3, Line 6)				5) _____
6.	Balance Due to (From) Provider (Lower of Part III, Line 3 or Line 4 minus line 5)				6) _____
7.	Recovery of Prior Years' excess of Allowable Reimbursement over Charges				7) _____
8.	Total Amount Due to (From) Provider (Line 6 plus Line 7)				8) _____

Schedule A

A. Provider No _____

Date _____

INTERMEDIATE CARE FACILITY STATISTICAL AND OTHER DATA
READ INSTRUCTIONS BEFORE FILLING IN FORM

DRAFT

B. Name and Location:

Name of Intermediate Care Facility | Address

TYPE OF CONTROL

Voluntary Nonprofit: ☐ Church ☐ Other (Specify) _____

Proprietary: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (Specify) _____

Government (Non-Federal): 4 ☐ State 5 ☐ County 6 ☐ City 7 ☐ City-County 8 ☐ Hospital District 9 ☐ Other (Specify) _____

TYPE OF FACILITY CERTIFIED

1 ☐ Entirely Certified Intermediate Care Facility
2 ☐ Intermediate Care Facility That Provides a Lower Level of Care
3 ☐ Other (Specify) _____

E. Period Covered by Statement | From _____ To _____

F. STATISTICAL DATA

INPATIENT STATISTICS — ALL PATIENTS

Complete Cols. 1 and 2 for Type of Facility Checked in 1, 2, & 3 Above

	Distinct Part of Facility (1)	Total of Facility (2)
1. Beds available at beginning of period		
2. Beds available at end of period		
3. Total bed days available		
4. (A) Total inpatient days		
4. (B) Medicaid days (Less Medicaid Hold Days)		
5. Percentage of occupancy (line 4A divided by line 3)		
6. Discharges, including deaths		
7. Average length of stay—inpatients (line 4A divided by line 6)		
8. Number of admissions		

G. OTHER STATISTICS

	1st Q	2nd Q	3rd Q	4th Q
9. Total number of employees on payroll (First Week of each Quarter)				
A. Average number of full time equivalent on payroll (First Week of each Quarter)				
B. Number of registered nurses (fte)				
C. Number of LPN's (fte)				
D. Number of nursing aides and other nursing personnel assisting in patient care (fte)				

10. Most prevalent semi-private room rate in effect at fiscal year end $_____

H. QUESTIONNAIRE

11. How was depreciation included in cost statement calculated?
1 ☐ Straight Line 2 ☐ Declining Balance 3 ☐ Sum-of-years Digits

12. Is Depreciation Funded? ☐ Yes ☐ No
If Yes: What basis? _____ Balance in Fund at end of Period $_____

13. Were there any gains or losses on disposals of capital assets during period? ☐ Yes ☐ No
Included in Expenses? ☐ Yes ☐ No
Where? _____ Amounts $_____

1 AP-128 Schedule A

	RECLASSIFICA[illegible]ON AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider No.		Period From ______ To ______		Schedule B Map 128 Series Page 1 of 2 Pages	
	Cost Center or Account (Omit Cents)	Salaries (From Provider's Financial Statements)	Other (From Provider's Financial Statements)	Total (Col. 1 + 2) (From Provider's Financial Statements)	Reclassifications (From Schedules B-1, B-2 & B-3)	Reclassified Trial Balance (Col. 3 ± 4)	Adjustments to Expenses (Increases & Decreases) (From Schedule B-4)	Net Expenses for Cost Allocation (Col. 5 ± 6)	
		1	2	3	4	5	6	7	
1.	Plant Cost								1.
2.	Depreciation - Building & Fixture		$	$	$	$	$	$	2.
3.	Depreciation - Movable Equipme[illegible]								3.
4	Hazard Insurance on Propert[illegible] & [illegible]quipment								4.
5.	Real Estate Taxes								5.
6.	Personal Property Taxes								6.
7.	Interest on Mortgages & Depr[illegible]able Assets								7.
8	Amortization of Goodwill (Rec[illegible]sify to non-reimbursable)								8.
9	Amortization of Start up & De[illegible]ed Original Costs								9.
10.	Amortization of Deferred Fina[illegible]l Costs								10.
11.	Equipment Lease or Rental C[illegible]								11.
12.	Facility Lease Cost (in lieu of ow[illegible]ership)—If Applicable								12.
[illegible]	Home Office Plant Costs All[illegible]ed to this Facility (from home office cost report)—If Applicable (Direct Al[illegible]cated Costs Only)								13.
14.	Sub-Total (sum of lines 2-13)—[illegible]otal Plant Costs)		$	$	$	$	$	$	14.*
15.	Routine Operating Cost:								15.
16.	Administrative and General								16.
17.	Employee Health & Welfare								17.
18.	Operating Interest Expense								18.
19	Dietary - Raw Food								19.
20	Dietary—Other Expense								20.
21.	Housekeeping								21.
22.	Laundry and Linen								22.
23.	Operation of Plant—Utiliti[illegible]								23.
24.	Maintenance & Operation [illegible] (except utilities)								24.
25.	Nursing Service								25.
26.	Medical Supplies and Exp[illegible]								26.
27.	Medical Records and Serv[illegible]								27.
28.	Social Services								28
29.	Home Office Operating C[illegible]ocated to this Facility (from home office cost report)—If Applicab[illegible]e Indirect Plant Costs)								29.
30	Educational Activities								30.
31.	Patient Activities Program								31.
32.	Other (specify)								32.
33.	Sub-Total (sum of lines 16[illegible]tal Routine Operating Costs)	$	$	$	$	$	$	$	33.*

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FYE: ____________ PROVIDER NO. ______________

Ancillary Service Cost Centers:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							34
In-House Pharmacy								35
Pharmacy - Contracted Services								36
Drugs Charged to Patients - Other								37
Oxygen (Inhalation) Therapy								38
Physical Therapy: In-House or Non-Medicaid Provider Contracted								39
Occupational Therapy								40
Speech Therapy								41
Physical Therapy - Medicaid Provider Contracted								42
Other (Specify)								43
Other (Specify)								44
Other (Specify)								45
Other (Specify)								46
* Subtotal (Sum of lines 35-46) - Total Ancillary Service Costs	$	$	$	$	$	$	$	47
Other Reimbursable Cost Centers:	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	48
								49
								50
								51
								52
								53
								54
								55
								56
Other (Attach Schedule if not Shown on Schedule B-3)								57
Subtotal (Sum Of lines 49-57)	$	$	$	$	$	$	$	58
								59
Nonreimbursable Costs and Cost Centers:	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XX
Beauty and Barber							-0-	61
Ambulance Services							-0-	62
Income Taxes							-0-	63
Utilization Review							-0-	64
Veterans Administration Physician and Laboratory Fees							-0-	65
Gift, Flower, Coffee & Canteen							-0-	66
Charitable, Civic, and Other Contributions							-0-	67
Medicare Reimbursed Physicians Therapy Costs							-0-	68
Other Medicare Reimbursed Costs (Attach Schedule)							-0-	69
Subtotal (Sum of lines 61-69)	$	$	$	$	$	$	$ -0-	70
Other Nonreimbursable Costs (Attach Schedule)							-0-	71
							-0-	72
TOTAL (Sum of all lines marked with the Asterick)	$	$	$	$	$	$	$	73

sfer the amounts entered in column 7 on these lines marked * to schedule H, Line as appropriate.
28 Schedule B series

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RECLASSIFICATION FFECTING ADMINISTRATIVE AND GENERAL EXPENSES Provider No. From To SCHEDULE B-1 Page 1 of 1 pages

	Item	Depreciation Buildings & Fixtures	Depreciation Movable Equipment	Employee Health & Welfare	Administrative & General	Interest Expense	Utilization Review ICF
		1	2	3	4	5	6
1.	Employee Health & Welfare	oits included in Administrative					
2.	Personnel Department						
3.	Employee Health Service						
4.	Hospitalization Insurance						
5.	Workmen's Compensation						
6.	Employee Group Insurance						
7.	Social Security Taxes						
8.	Unemployment Taxes						
9.	Annuity Payments Past Ser	Benefits, Pensions					
10.							
11.							
12.							
13.	Total employer benefit cr Administrative & General	uded in lines 2-12)					
14.	Insurance						
15.	Interest						
16.	Rent						
17.	Taxes (real property taxe	onal property taxes)					
18.	Utilization Review – ICF						
19.	TOTAL RECLASSIFICAT (Sum of lines 13-18) (Total of columns 1-6, lin	ould equal 0)					
		Transfer to Schedule B Col. 4, Line 2	Transfer to Schedule B Col. 4, Line 3	Transfer to Schedule B Col. 4, Line 17	Transfer to Schedule B Col. 4, Line 18	Transfer to Schedule B Col. 4, Line 7	Transfer to Schedule B Col. 4, Line 84

BRAFT

OTHER RECLASSIFICATIONS— all items reclassified except those Reclassified on Schedule B-1. All items listed on Schedule B, Column 3 which do not agree with the VMAP account classifications MUST be reclassified to the proper VMAP account.

Provider No. Period: From To SCHEDULE B-2

	Explanation of Reclass Item Entry	Code (1)	Increase			Decrease		
			Cost Center	Line No.	Amount (2)	Cost Center	Line No.	Amount (2)
		1	2	3	4	5	6	7
1.					$			$
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								
32.								
33.								
34.								
35.								
36.	Total Reclassifications (Sum	must equal sum of col. 7)			$			$

(1) A letter (A, B, etc.) must be ent ach line to identify each reclassification entry.
(2) Transfer to Schedule B, Col. 4 lin approp

BRAFT

Provided Number _____

ANALYSIS OF ADMINISTRATIVE AND GENERAL—OTHER

Period From _____ To _____

SCHEDULE B-3
Page 1 of 1 Page

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EXPENSE CLASSIFICATION	AMOUNT
1. Advertisement	$
2. Telephone	
3. Dues and Subscriptions	
4. Equipment Rental	
5. Office Supplies	
6. Printing and Postage	
7. Professional Fees:	
A. Legal	
B. Audit	
C. Accounting	
D. Management	
E. Consultant	
F. Director's Fees	
G. _____	
8. Travel:	
A. Auto	
B. Registration—Tuition	
C. Room and Board	
D. _____	
9. Public Relations	
10. Taxes and Licensure	
11. Insurance	
12. Purchased Services:	
A. _____	
B. _____	
13. Payroll Taxes	
14. Employee Benefits	
15. Other: (Specify)	
A. _____	
B. _____	
C. _____	
16. Non-Allowables:	
A. _____	
B. _____	
C. _____	
D. _____	
E. _____	
F. _____	
G. _____	
17. Total Administrative and General Cost—Other	$

(15 A-G to be deducted on Schedule B-4)
(17 Same as Schedule B, Line 16, Column 2)

HA-128—Schedule B-3

ADJUSTMENTS TO EXPENSES

Provider No. _____ Period From _____ To _____

Schedule B-4
Page 1 of 1 Page

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	Description	Basis for Adjustment (1)	Amount (2)	Expense classification on Schedule B from which the amount is to be deducted or to which the amount is to be added — Cost Center	Line No.
		1	2		
1.	Investment income on commingled restricted and unrestricted funds (chapter 2)		$		
2.	Trade, quantity, time and discounts on purchases (chapter 8)				
3.	Rebates and refunds of expenses (chapter 8)				
4.	Rental of provider space by suppliers (chapter 6)				
5.	Telephone service (pay stations excluded) (chapter 21)				
6.	Television and radio service (chapter 21)				
7.	Home office costs				
8.	Sale of scrap, waste, etc. (chapter 23)				
9.	Nonallowable costs related to certain capital expenditures (chapter 24)				
10.	Adjustment resulting from transactions with related organizations (chapter 10)				
11.	Laundry and linen service				
12.	Cafeteria—employees, guests, etc.				
13.	Rental of living quarters to employees and others				
14.	Sale of medical and surgical supplies to other than patients				
15.	Sale of drugs to other than patients				
16.	Sale of medical records and abstracts				
17.	Vending machines				
18.	Income from imposition of interest, finance or penalty charges (chapter 21)				
19.	Advertisement				
20.	Donations				
21.	Excess administrator/owner compensation				
22.	Excess Directors Fees				
23.	Excess Medical Director's Fees				
24.	Excess Management Fees				
25.	Non-Allowable Life Insurance Premiums				
26.	Non-Allowable Public Relations Expenses				
27.	Fund Raising Expenses				
28.	Non-Competition Agreement Expenses				
29.	Non-Allowable Interest Expense				
30.	Non-Allowable Travel Expense				
31.	Non-Allowable Membership Expense				
32.	Other				
33.	Total				

1 Basis for adjustment (SEE INSTRUCTIONS)
A. Costs—if cost including applicable overhead, can be determined.
B. Amount Received—if cost cannot be determined

2 Transfer amounts in Column 2 to the appropriate line in Schedule B, Column 6.

HA-128 Schedule B-4

LIMITATION ON FEDERAL P[illegible]IPATION FOR C[illegible]ITAL EXPENDITURES QUESTIONNAIRE Provider No. _____ Period From _____ To _____ **SCHEDULE G** Page 1 of 1 Page

1. Analysis of changes during co[illegible]g period in capital asset balances of component is cashed to partici[illegible]ealth care programs

Description	Beginning Balance	Acquisitions: Purchase	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	Ending Balance
	1	2	3	4	5	6
Land	$	$	$	$	$	$
Land Improvements						
Buildings & Fixtures						
Building Improvements						
Equipment						
Fixed						
Movable						
TOTAL	$	$	$	$	$	$

2. Were there any obligations and/or[illegible]xpenditures incurred for capital expenditures (as defined in Provider Reimbursement Manual, Part I, chapter 24) by or on behalf of the provider during the period to which this cost report applies and subsequent to (1) December 31, 1[illegible] or (2) the effective date of the agreement between the State and the Secretary, whichever is later?

☐ Yes ☐ No If "No", DO NOT COMPLETE THE REMAINDER OF THIS SCHEDULE.

3. Enter the following data relative to[illegible]ach capital expenditure (as defined in Provider Reimbursement Manual, Part I, chapter 24) made by or on behalf of the provider during the period to which this cost report applies and subsequent to (1) December 31, 1972, or (2) the [illegible]ctive date of the agreement between the State and the Secretary, whichever is later.

Description	Type Acquired (Enter Letter Symbol (1))	Date Obligation Incurred	Cost	Expenses Included on Sch. B, Col. 7, Lines 2 & 3, Related to Capital Expenditures: Depreciation	Interest	Rent	Other: Expense	Other: Amount	Total (Sum of Cols. 4, 5, 6, 8)
	1	2	3	4	5	6	7	8	9
a.			$	$	$	$		$	$
b.			$	$	$	$		$	$
c.			$	$	$	$		$	$
d.			$	$	$	$		$	$

4. Enter the following data with respect to the provider's written notice of intention to make each capital expenditure described in item 3 above. The capital expenditures should be listed in the same chronological order as those listed in item 3

Description	Date Written Notice Submitted	Date Approved	Date of Notice of Disapproval Received	Appeal of Denial: Date	Appeal of Denial: Status of Appeal
	1	2	3	4	5
a.					
b.					
c.					
d.					

(1) Use the following symbols to indic[illegible]ow the asset was acquired
A - Purchase on the open market
B - Donation or transfer
C - Lease or comparable arrangement

STATEMENT OF COST OF SERVICES FROM RELATED ORGANIZATIONS Provider Number _____ Period From _____ To _____ **Schedule O** Page 1 of 1 Page

1. Is the amount of costs to be reimbursed by the Health Insurance Program are any costs included which are a result of transactions with a related organization as defined in Chapter 10 of HIM-15?
☐ YES ☐ NO (If "Yes," complete part B, and submit schedule itemizing total expenses and basis of allocation)

2. Costs incurred as result of transactions with related organizations

Form No.	Schedule	Line No.	Amount

B. Name, and percent of ownership in the related organization

Name of Owner	Name of Related Organization	Percent of Ownership

STATEMENT OF COMPENSATION OF OWNERS **SCHEDULE E**

Name	Title and Function	Sole Proprietorship: Percentage of Customary Work Week Devoted to Business	Partners: Percent Share of Operating Profit or (Loss)	Partners: Percentage of Customary Work Week Devoted to Business	Corporation Officers: Percent of Provider's Stock Owned	Corporation Officers: Percentage of Customary Work Week Devoted to Business	Compensation Included in Allowable Costs For The Period
(1)	(2)	(3)	(4a)	(4b)	(5a)	(5b)	(6)

Compensation as used in this schedule has the same definition as in Chapter 9 of HIM-15.

STATEMENT OF COMPENSATION PAID TO ADMINISTRATORS AND/OR ASSISTANT ADMINISTRATORS (OTHER THAN OWNERS) **SCHEDULE F**

Name	Title	Percent of Customary Work Week Devoted to Business	Compensation for the Period

HCFA-128—Schedules D, E, F

COMPUTATION OF BASE COSTS AND ICF PER DIEM RATE

PROVIDER NUMBER: _____ SCHEDULE H

PERIOD FROM: _____ Page 1 of 2

TO: _____

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OPERATING COST

1. Total Patient Days (Sch. A, Col. 2, Line 4A) 1. _____

2. Total ICF Program Patient Days (Sch. A, Line 48) 2. _____

3. Total Allowable Expenses (Sch. B, Col. 7, Line 73) 3. _____

4. Less: Ancillary Service Costs (Sch. B, Col. 7, Line 47) 4. (_____)

5. Less:
   A. Plant Costs (Sch. B, Col. 7, Line 14) 5A (_____)
   B. Nurse Aide Competency Evaluation Costs (Sch. B, Col. 7, Line 49) 5B (_____)
   C. VA Health Services Cost Review Council Fees (Sch. B, Col.7, Line 50) 5C (_____)

6. Operating Cost Less Ancillaries and Plant Costs (Line 3 minus Lines 4, 5a, 5b, and 5c) 6. _____

7. Percent of Medicaid Utilization (Line 2/Line 1) 7. _____

8. Medicaid Cost (Line 6 above X Line 7) = 8. _____

9. Add Back Medicaid Share of Ancillary Costs:
   (Do Not Include Drugs in either costs or charges)

   Medicaid Ancillary Charges (9a) _____/
   Total Ancillary Charges (9b) _____X
   Line 4 = 9. _____

10. Total Operating Cost (Line 8 plus Line 9) 10. _____

11. Medicaid Days - The greater of:
    (Sch. H, Line 2) (11a)_____
    OR
    (Sch. A, Line 3 _____
    X *95% = _____
    X Line 7 above _____=(11b)_____ 11. _____

    *(NOTE: This percentage is 85% for an ICF with 30 or less certified beds.)

12. Medicaid Base Operating Cost Per Patient Day (Line 10 - Line 11) 12. _____

13. Escalator percentage X Medicaid Base Operating Cost Per Patient Day
    (Line 12 X _____%) = 13. _____

14. Medicaid Operating Cost Including escalator percentage
    (Line 12 plus Line 13) 14. _____

15. Prospective Operating Cost Per Diem - The Lower of:
    A. Medicaid Operating Cost including escalator percentage (Line 14) (15a) _____

    B. Or Group Ceiling (15b) _____ 15. _____

16. Plant Cost Per Patient Day:
    A. Plant Costs (Line 5A X Line 7 _____
    Total Plant Cost Per Patient Day (Line 16a / Line 1) 16. _____

17. Total Prospective Operating and Plant Cost Per Patient Day (Line 15 plus Line 16) 17. _____

COMPUTATION OF BASE COSTS AND ICF PER DIEM RATE

PROVIDER NUMBER_____

PERIOD FROM_____ SCHEDULE H

TO_____ Page 2 of

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18. Profit Incentive:
    A. Group Ceiling (Line 15b)..18a_____Minus

    B. Medicaid Operating Cost with escalator (Line 15a) 18b_____=

    C. Incentive Base.....18c_____
    (NOTE: If incentive base is equal to or less than zero, Profit Incentive Line 18 = 0)

    D. Percentage of Difference
    (Line 18C ÷ 18a).....18d_____%
    (Limited to a maximum of 25%)

    D. Profit Incentive = 18c X 18d (as limited)...18)_____

19. Add back Medicaid share of drugs:
    A. Medicaid drug charges.....19a_____÷

    B. Total drug charges.....19b_____X

    C. Medicaid drug costs removed on Line 9.....19c_____=

    D. Medicaid share of drugs...19d_____÷
    Line 2 =.....19)_____

20. Cost Basis ICF Prospective Per Diem Rate for
    FY_____ (Lines 17 + 18 + 19).....20)_____

21. Total Program Charges....._____÷

    Medicaid Days (Line 2)..._____=..21)_____

22. Total ICF Prospective Per Diem Rate for
    FY_____ (The lower of Line 20 or Line 21) 22)_____

PROVIDER NAME _____

PROVIDER NUMBER _____ DRAFT

PERIOD FROM _____ TO _____

Schedule J
Page 1 of 2

	(1) Period	(2) Period	(3) Period	(4) Period
	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____
PART I SETTLEMENT COMPUTATION/PIRS:				
1. PIRS Reimbursement Rate				
A. (1) Prospective Direct Care Operating Cost or Ceiling	A1) _____	_____	_____	_____
(2) Service Intensity Index (SII)	A2) _____	_____	_____	_____
(3) Service Intensity Adjusted Prospective Direct Care Rate(A1 X A2, cols. 1 - 4)	A3) _____	_____	_____	_____
B. Direct Care Profit Incentive (Prior Year)	B) _____	_____	_____	_____
C. Prospective Indirect Care Operating Cost Or Ceiling	C) _____	_____	_____	_____
D. Indirect Care Profit Incentive (Prior Year)	D) _____	_____	_____	_____
E. Actual Plant Costs Current Year	E) _____	_____	_____	_____
F. Total Reimbursement Rate (Col. 1-4, sum of lines A(3) + B, C, D, & E)	F) _____	_____	_____	_____
2. Medicaid Days	2) _____	_____	_____	_____
3. PIRS Prospective Reimbursement (Line 1F X 2, Col. 1 thru 4)	3) _____	_____	_____	_____
4. Total PIRS Prospective Reimbursement (Sum of line 3, cols. 1-4)				4) _____
PART II SETTLEMENT COMPUTATION/CURRENT METHOD				
1. Prospective Operating Cost Rate				1) _____
2. Medicaid Days				2) _____
3. Total Current Method Prospective Reimbursement (Line 1 X line 2)				3) _____
PART III SETTLEMENT COMPUTATION/PHASE-IN				
1. Total Potential PIRS Settlement (Part I, line 4) $_____ X Phase-in _____%				1) _____
2. Total Potential PIRS Current Method Settlement (Part II, line 3) $_____ X Phase-in _____%				2) _____
3. Total Potential Settlement (PART III sum of lines 1 & 2)				3) _____
4. Total Current Year Medicaid Charges				4) _____
5. Total Payments Paid to Provider - All Sources (Sch. J, Part IV, Col. 2, Line 6 + Col. 3, Line 6)				5) _____
6. Balance Due to (From) Provider (Lower of Part III, Line 3 or Line 4 minus line 5)				6) _____
7. Recovery of Prior Years' excess of Allowable Reimbursement over Charges				7) _____
8. Total Amount Due to (From) Provider (Line 6 plus Line 7)				8) _____

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INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I hereby certify that I have read the above statement and that I have examined the accompanying Statement of Reimbursable Cost, the Balance Sheet and Statement of Revenue and Expense for the cost report period beginning _____ and ending _____ and that to the best of my knowledge and belief, it is a true, correct and complete statement, prepared from the books and records of _____
Name of Facility

_____
Address

in accordance with applicable instructions, except as may be noted. The above referenced information was prepared by _____
Name and Title

_____
Address

Signed _____
Officer or Administrator of Provider

_____
Title

_____
Date

PROVIDER AME _____ SCHEDULE

NUMBER _____ Page 2 of

PERIOD FROM _____ TO _____

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Part II

ANALYSIS OF INTERIM PAYMENTS FOR TITLE XIX (MEDICAID) SERVICES

DESCRIPTION	PATIENT DAYS (1)	PAYMENTS FROM INTERMEDIARY (2)	PATIENT PAY OR PAYMENTS FROM PRIMARY CARRIER (3)
1. Paid by Intermediary during the fiscal period			
2. (Deduct) Services rendered but not paid during prior period			
3. Add Prior period services not yet paid at end of current period			
4. Add Services rendered but not paid in current fiscal period			
5. Add/(Deduct) Cash Advances From/(To) Intermediary relative to this report		(Date / /)	
6. TOTAL			

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BALANCE SHEET (Completed by all providers. Nonproprietary providers not maintaining fund type accounting records, should complete the "General Fund" column only.)	PROVIDER NO.	PERIOD: FROM _____ TO _____	WORKSHT

	Assets (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Pl Fu
	CURRENT ASSETS				
1	Cash on hand and in banks				
2	Temporary investments				
3	Notes Receivable				
4	Accounts Receivable				
5	Other Receivables				
6	Less: Allowance for uncollectible notes and accounts receivable	( )	( )	( )	(
7	Inventory				
8	Prepaid Expenses				
9	Other Current Assets				
10	Due From Other Funds				
11	TOTAL CURRENT ASSETS (Sum of lines 1-10)				
	FIXED ASSETS				
12	Land				
13	Land Improvements				
14	Less: Accumulated Depreciation	( )	( )	( )	(
15	Buildings				
16	Less: Accumulated Depreciation	( )	( )	( )	(
17	Leasehold Improvements				
18	Less: Accumulated Amortization	( )	( )	( )	(
19	Fixed Equipment				
20	Less: Accumulated Depreciation	( )	( )	( )	(
21	Automobiles and Trucks				
22	Less: Accumulated Depreciation	( )	( )	( )	(
23	Major Movable Equipment				
24	Less: Accumulated Depreciation	( )	( )	( )	(
25	Minor Equipment Nondepreciable				
26	Other Fixed Assets				
27	TOTAL FIXED ASSETS (Sum of lines 12-26)				
	OTHER ASSETS				
28	Investments				
29	Deposits on leases				
30	Due from owners/officers				
31					
32	TOTAL OTHER ASSETS (Sum of lines 28-31)				
33	TOTAL ASSETS (Sum of lines 11, 27 and 32)				

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BALANCE SHEET (Completed by all providers. Nonproprietary providers not maintaining fund type accounting records, should complete the "General Fund" column only.)	PROVIDER NO.	PERIOD: FROM TO	WORKSHEE (Continu

	Liabilities and Fund Balances (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plan Fun
	CURRENT LIABILITIES				
34	Accounts Payable				
35	Salaries, Wages & Fees Payable				
36	Payroll Taxes Payable				
37	Notes & Loans Payable (Short Term)				
38	Deferred Income				
39	Accelerated Payments				
40	Due to Other Funds				
41					
42	TOTAL CURRENT LIABILITIES (Sum of lines 34-41)				
	LONG TERM LIABILITIES				
43	Mortgage Payable				
44	Notes Payable				
45	Unsecured Loans				
46	Loans from owners a. Prior to 7/1/66 b. On or after 7/1/66				
47					
48					
49	TOTAL LONG TERM LIABILITIES (Sum of lines 43-48)				
50	TOTAL LIABILITIES (Sum of lines 42 and 49)				
	CAPITAL ACCOUNTS				
51	General Fund Balance				
52	Specific Purpose Fund Balance				
53	Donor created--Endowment Fund Balance--Restricted				
54	Donor created--Endowment Fund Balance--Unrestricted				
55	Governing Body created--Endowment Fund Balance				
56	Plant Fund Balance--Invested in Plant				
57	Plant Fund Balance--Reserve for Plant Improvement, Replacement and Expansion				
58	TOTAL FUND BALANCES (Sum of lines 51 thru 57)				
59	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 50 and 58)				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	PROVIDER NO.:	PERIOD FROM TO	DRAFT	WORKSHEET G

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility - Participating			
2	Skilled Nursing Facility - Nonparticipating			
3	Intermediate Care Facility			
4	Other Long Term Care			
5	TOTAL General Inpatient Care Services (Sum of lines 1-4)			
	All Other Care Services			
6	Ancillary Services			
7	Clinic			
8	Home Health Agency			
9	CORF			
10	Ambulance			
11	Hospice			
12				
13				
14	TOTAL Patient Revenues (Sum of lines 5-13) (Transfer col. 3 to Worksheet G-2, line 1)			

PART II - OPERATING EXPENSES

1	Operating Expenses (Per Worksheet B col. 3, line 73)	
2	Add (Specify)	
3		
4		
5		
6		
7		
8	TOTAL Additions (Sum of lines 2-7)	
9	Deduct (Specify)	
10		
11		
12		
13		
14	TOTAL Deductions (Sum of lines 9-13)	
15	Net Operating Expenses (Sum of lines 1 and 8 minus line 14) Schedule G-2, line 3)	

BOARD OF SOCIAL WORK

Title of Regulation: **VR 620-01-1. Public Participation Guidelines.**

Statutory Authority: § 9-6.14:7.1 of the Code of Virginia.

Public Hearing Date: June 20, 1990 - 10 a.m.

NOTICE: The board proposes to **repeal** these regulatins as they are being incorporated into VR 620-01-2. Regulations Governing the Practice of Social Work.

* * * * * * * * *

Title of Regulation: **VR 620-01-2. Regulations Governing the Practice of Social Work.**

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public Hearing Date: June 20, 1990 - 10 a.m.
(See Calendar of Events section
for additional information)

Summary:

The proposed regulations establish requirements governing the practice of social work in the Commonwealth. They include requirements necessary for licensure; criteria for the written and oral examinations; standards of practice, and procedures for the disciplining of licensed social workers.

The proposed regulations respond to a biennial review conducted in accordance with Executive Order 5 (86) of Governor Gerald L. Baliles. The review of the regulations resulted in proposals to delete some regulations, and amend or revise other regulations. All relevant documents are available for inspection at the office of the Board of Social Work, 1601 Rolling Hills Drive, Richmond, Virginia 23229. Telephone (804) 662-9914.

VR 620-01-2. Regulations Governing the Practice of Social Work.

PART I.
GENERAL PROVISIONS.

§ 1.1. Definitions.

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

"Accredited school of social work" is defined as a school of social work accredited by the Council on Social Work Education.

"Applicant" is defined as a person who has submitted a completed application for licensure as a social worker with the appropriate fees.

"Board" is defined as the Virginia Board of Social Work.

"Candidate for licensure" is defined as a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for the required examinations.

"Clinical course of study" is defined as graduate course work which includes courses in human behavior and social environment, social policy, research, clinical practice with individuals, families, groups and a clinical practicum which focuses on diagnostic, prevention and treatment services.

"Supervision" is defined as the relationship between a supervisor and supervisee which is designed to promote the development of responsibility and skill in the provision of social work services. Supervision is the inspection, critical evaluation, and direction over the services of the supervisee. Supervision shall include, without being limited to, the review of case presentations, audio tapes, video tapes, and direct observation.

§ 1.2. Public participation guidelines.

A. Mailing list.

The Board of Social Work will maintain a list of persons and organizations who will be mailed the following documents as they become available.

1. "Notice of intent" to promulgate regulations.

2. "Notice of public hearing" or "informational proceeding," the subject of which is proposed or existing regulations.

3. Final regulation adopted.

B. Being placed on list.

Any person or organization wishing to be placed on the mailing list may be added by writing the board. In addition, the board may, at its discretion, add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons and organizations on the list will be provided all information stated in subsection A of these guidelines. Individuals and organizations will be periodically requested to indicate their desire to continue to receive documents or be deleted from the list. Where mail is returned as undeliverable, individuals and organizations will be deleted from the list.

C. Notice of intent.

At least 30 days prior to publication of the notice of intent to conduct an informational proceeding as required by § 9-6.14:1 of the Code of Virginia, the board will

publish a "notice of intent." This notice will contain a brief and concise statement of the possible regulation or the problem the regulation would address and invite any person or organization to provide written comment on the subject matter. Such notice shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register.

D. Information proceedings or public hearings for existing rules.

At least once each biennium, the board will conduct an informational proceeding, which may take the form of a public hearing, to receive public comment on existing regulations. The purpose of the proceedings will be to solicit public comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance. Notice of such proceedings will be transmitted to the Registrar for inclusion in the Virginia Register. Such proceedings may be held separately or in conjunction with other informational proceedings.

E. Petition for rulemaking.

Any person may petition the board to adopt, amend, or delete any regulation. Any petition received shall appear on the next agenda of the board. The board shall have sole authority to dispose of the petition.

F. Notice of formulation and adoption.

After any meeting of the board or any subcommittee or advisory committee where the formulation or adoption of regulations occurs, the subject matter shall be transmitted to the Registrar for inclusion in the Virginia Register.

G. Advisory committees.

The board may appoint committees as it may deem necessary to provide for adequate citizen participation in the formation, promulgation, adoption and review of regulations.

§ ~~1.2.~~ *§ 1.3.* Fees.

A. The board has established fees for the following:

1. Registration of supervision $25

2. Annual renewal of supervision 25

3. Application processing 65

4. Examinations and reexaminations:

Written ..... ~~85~~ *90*

Oral ~~(for first specialty)~~ ..... ~~65~~ *75*

~~(for second specialty)~~ .....~~65~~

5. Initial license: .....prorated portion
..... of biennial license
..... fee for unexpired
.....part of biennium

6. Biennial license

a. Registered social worker ..... ~~30~~ *35*

b. Associate social worker ..... ~~30~~ *35*

c. Licensed social worker ..... ~~120~~ *125*

d. Licensed clinical social worker ..... ~~120~~ *125*

7. ~~Penalty for~~ Late renewal *fee* 10

~~8. Name change~~ .....~~10~~

~~9.~~ *8.* Endorsement to another jurisdiction 10

~~10.~~ *9.* Additional or replacement wall certificates 15

~~11.~~ *10.* Returned check 15

B. ~~Fees shall be paid by check or money order made payable to the Treasurer of Virginia and forwarded to the board.~~ *Examination fees shall be paid as follows:*

1. Written examination fee shall be mailed directly to the examination service no later than 60 days prior to the examination administration.

2. Oral examination fee shall be mailed to the board office with the work sample. Check is to be made payable to the Treasurer of Virginia.

PART II.
REQUIREMENTS FOR LICENSURE.

§ 2.1. General requirements.

A. No person shall practice as a social worker or clinical social worker in the Commonwealth of Virginia except as provided for in the Code of Virginia or these regulations.

B. Licensure by this board to practice as a social worker or clinical social worker shall be determined by examination.

C. Every applicant for examination for licensure by the board shall:

1. Meet the education and experience requirements prescribed in § 2.2 of these regulations for the category of practice in which licensure is sought.

2. Have official transcripts documenting required

academic coursework and degrees attained submitted directly from the appropriate institutions of higher education to the board not less than ~~60~~ *90* days prior to the date of the written examination.

3. Submit to the board, not less than ~~60~~ *90* days prior to the date of the written examination:

a. A completed application, on forms provided by the board;

b. Documented evidence of having fulfilled the experience requirements of § 2.2; and

c. The application fee prescribed in § ~~1.2~~ *1.3* of these regulations.

§ 2.2. Education and experience requirements.

A. For a licensed social worker:

1. Education. The applicant shall hold a bachelor's or a master's degree from an accredited school of social work, documented as prescribed in § 2.1 C 2. Graduates of foreign institutions shall establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education.

2. Experience. Applicants shall meet applicable requirements for experience depending on their educational background, as provided in subdivisions a and b of this subdivision.

a. Bachelor's degree applicants shall have had two years of full-time post-bachelor's degree experience or the equivalent in part-time experience in casework management and supportive services under supervision satisfactory to the board.

(1) Full-time experience in casework management and supportive services is defined as a total of 3000 hours of work experience acquired in no less than two years.

(2) Part-time equivalent experience in casework management and supportive services is defined as at least 3000 hours of work experience acquired in no less than four years.

b. Master's degree applicants are not required to have professional experience in the field.

c. Registration of supervised post-bachelor's degree experience ~~may~~ *shall* be required as provided in ~~subdivisions~~ *subdivision* (1) ~~and~~ ~~(2)~~ of this subdivision.

(1) Experience in a nonexempt setting:

(a) An individual who proposes to obtain supervised post-bachelor's degree experience in a nonexempt setting in Virginia shall, prior to the onset of such experience and annually thereafter for each succeeding year of such experience: (i) be registered on a form provided by the board and completed by the supervisor and supervised individual; and (ii) pay the annual registration-of-supervision fee as prescribed by the board.

(b) The supervisor providing supervision under this subsection shall: (i) be a licensed social worker with a Master's degree or a social worker who holds a Master's degree in social work and who has had at least two years of experience prior to performing such supervision or a licensed clinical social worker *or such supervision as approved by the board* ; and (ii) be responsible for the social work practice of the prospective applicant once the supervisory arrangement is accepted by the board.

(c) Applicants shall document successful completion of their supervised experience on appropriate forms at the time of application. Supervised experience obtained prior to July 6, 1989, that was not registered with the board may be accepted towards licensure if this supervision met the requirements of the board which were in effect at the time the supervision was rendered.

~~(c)~~ *(d)* The supervised experience shall include at least 100 hours of weekly face-to-face supervision during the two-year period.

~~(d)~~ *(e)* Peer supervision shall not be substituted for any of the required hours of supervision.

~~(e)~~ *(f)* Group supervision shall constitute no more than 30 hours of the 100 hours required for supervision.

~~(f)~~ *(g)* Supervision between members of the immediate family (to include spouses, parents, and siblings) will not be approved.

~~(g)~~ *(h)* The individual acting as supervisor: (i) shall be knowledgeable about the diagnostic assessment and treatment plan of cases assigned to the applicant and shall be available to the applicant on a regularly scheduled basis for supervision; (ii) shall not provide supervision of activities for which the applicant has not had appropriate education; (iii) shall not provide supervision for activities for which the supervisor is not qualified; and (iv) shall, on an annual basis, provide to the board documentation of the hours attained by the supervisee of social work practice for which the supervisor has been responsible. On the same form on which this information is recorded, the supervisor shall list the number of hours of face-to-face supervision or group supervision, or both, received during the reporting

period as well as evaluate the supervisee in the areas of professional ethics and professional competency.

~~(h)~~ *(i)* At the time of application, applicants shall provide to the board documentation of the supervised experience from all supervisors, or, if a supervisor is unavailable, shall provide a satisfactory explanation of such circumstances to the board: (i) applicants whose former supervisor is deceased or whose whereabouts is unknown shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation, or partnership in which the applicant was supervised; and (ii) the affidavit shall specify dates of employment, job responsibilities, the supervisor's name (and last known address), and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.

(2) Experience in an exempt setting. Persons who wish to register their exempt setting supervised experience as the supervised experience required for licensure must meet the requirements of these regulations as prescribed in § 2.2 A 2 c.

B. For a licensed clinical social worker:

1. Education. The applicant shall hold a minimum of a master's degree from an accredited school of social work, documented as prescribed in § 2.1 C 2. Graduates of foreign institutions shall establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education.

a. The degree program shall have included a graduate *clinical* course of study; or

b. The applicant shall provide documentation of having completed specialized experience, coursework or training acceptable to the board as equivalent to such sequence of courses.

2. Experience. The applicant shall have had ~~three~~ *two* years of full-time post-master's degree experience in the delivery of clinical services as prescribed in subdivision a of this subdivision, or the equivalent in part-time experience. The post-master's experience, whether full- or part-time, shall be under supervision satisfactory to the board as prescribed in § 2.2 B 2 c. ~~A doctorate degree in clinical social work may be counted as one-third of the time required.~~

a. Full-time experience in the delivery of clinical services is defined as a total of ~~4,500~~ *3,000* hours of work experience equired in no less than ~~three~~ *two* years.

(1) Of these ~~4,500~~ *3,000* hours, 15 hours per week shall be spent in face-to-face client contact, for a total of ~~2,070~~ *1,380* hours in the ~~three~~ *two* -year period.

(2) The remaining hours may be spent in activities supporting the delivery of clinical services.

b. Part-time equivalent experience in the delivery of clinical services is a total of ~~4,500~~ *3,000* hours of work experience acquired in no more than ~~six~~ *four* years. Of the ~~4,500~~ *3,000* hours, ~~2,070~~ *1,380* hours shall be spent in face-to-face client contact.

c. Registration of supervised post-graduate degree experience ~~may~~ *shall* be required as provided in subdivisions (1) and (2) of this subdivision.

(1) Experience in a nonexempt setting:

(a) An individual who proposes to obtain supervised post-graduate experience in a nonexempt setting in Virginia shall, prior to the onset of such experience and annually thereafter for each succeeding year of such experience: (i) be registered on a form provided by the board and completed by the supervisor and the supervised individual; and (ii) pay the annual registration-of-supervision fee prescribed by the board.

(b) The supervisor providing supervision under this subsection shall: (i) be a licensed clinical social worker ; ~~psychologist (clinical), professional counselor, clinical psychologist, or psychiatrist; (ii) persons who do not meet the requirements of 2.2 B 2 c (1)(b)i~~ . *Persons who are not licensed clinical social workers* but were approved by the board prior to the implementation of these regulations to provide supervision to prospective applicants for licensure may continue to provide supervision to those individuals provided that the supervisory arrangements were registered with the board; ~~(iii)~~ *and (ii)* be responsible for the clinical activities of the prospective applicant once the supervisory arrangement is accepted by the board.

(c) Applicants shall document successful completion of their supervised experience on appropriate forms at the time of application. Supervised experience obtained prior to July 6, 1989, that was not registered with the board may be accepted towards licensure if this supervision met the requirements of the board which were in effect at the time the supervision was rendered.

~~(c)~~ *(d)* An individual who does not become a candidate for licensure after ~~six~~ *four* years of supervised training in a nonexempt setting shall submit evidence to the board showing why the training should be allowed to continue.

~~(d)~~ *(e)* The experience shall include at least ~~150~~ *100* hours of face-to-face supervision during the ~~three~~

two -year period ~~as follows: (i)~~ . A minimum of one hour of individual face-to-face supervision per week shall be provided ~~during~~ *for* the ~~first~~ two years. ~~(ii) a minimum of 50 hours of the 150 hours of face-to-face supervision shall be provided by a licensed clinical social worker; and (iii) at least 25 hours of supervision shall be provided in each specialty area (Casework, Groupwork) for which the applicant is seeking licensure.~~

~~(e)~~ *(f)* Supervision between members of the immediate family (to include spouses, parents, and siblings) will not be approved.

~~(f)~~ *(g)* The individual obtaining the ~~three~~ *two* years of required experience shall not call himself a licensed clinical social worker, solicit clients, bill for his services, or in any way represent himself as a clinical social worker until such a license has been issued.

~~(g) Group supervision involving six or fewer supervised persons will be acceptable for not more than one-third of the required 150 hours of face-to-face supervision, on the basis of two hours of group supervision as considered equivalent to one hour of individual supervision. Group supervision cannot be substituted for the required one hour of face-to-face individual supervision per week during the first two years.~~

~~(h) Peer supervision will not be counted toward the 150 hours of supervision required during the three-year period.~~

~~(i)~~ *(h)* The ~~individual~~ *licensed clinical social worker* acting as supervisor *shall* : (i) ~~shall~~ be knowledgeable about the diagnostic assessment and treatment ~~plan~~ *plans* ~~of~~ ~~cases~~ *for clients* assigned to the applicant and shall be available to the applicant on a regularly scheduled basis for supervision; (ii) ~~shall not~~ provide supervision ~~of~~ *only for those* activities for which the applicant has ~~not~~ had appropriate education; (iii) ~~shall not~~ provide supervision ~~for~~ *only for those* activities for which the supervisor is ~~not~~ qualified; and (iv) ~~shall~~ *provide* , on an annual basis, ~~provide to the board~~ *to the board,* documentation of the supervisee's direct client contact and supervisory hours for which the supervisor was responsible. The supervisor shall evaluate the supervisee in the areas of professional ethics, knowledge of theory base, and professional competency, noting any limitations observed regarding the supervisee's skills and practice.

~~(j)~~ *(i)* Applicants shall provide to the board documentation of the supervised experience from all supervisors, or, if a supervisor is unavailable, shall provide a satisfactory explanation of such circumstances to the board: (i) applicants for licensure who have worked full-time for a minimum of ~~three~~ *two* years in the delivery of clinical social work services need document only their full-time employment as long as the requirement in § 2.2 B 2 a (1) has been met; (ii) applicants for licensure who have worked part-time in the delivery of clinical services will need to document the experience prescribed in both subdivisions (1) and (2) of § 2.2 B 2 a, covering a period not more than ~~six~~ *four* years; (iii) applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised; and (iv) the affidavit shall specify dates of employment, job responsibilities, supervisor's name (and last address, if known), and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.

(2) Experience in an exempt setting.

~~Persons~~ *Individuals working in exempt settings are not required to register their supervision with the board. However, those individuals* who wish to register their exempt setting supervised experience as the supervised experience required for licensure ~~must~~ *shall* meet the requirements ~~of these regulations as prescribed in § 2.2 B 2~~ e *as prescribed* .

(a) Prior to the onset of such experience and annually thereafter for each succeeding year of such experience such individuals shall: (i) be registered on a form provided by the board and completed by the supervisor and the supervised individual; and (ii) pay the annual registration-of-supervision fee prescribed by the board.

(b) The supervisor providing supervision under this subsection shall be a licensed clincial social worker. Persons who are not licensed clinical social workers but were approved by the board prior to the implementation of these regulations to provide supervision to prospective applicants for licensure may continue to provide supervision to those individuals provided that the supervisory arrangements were registered with the board. The supervisor shall be responsible for the clinical activities of the prospective applicant once the supervisory arrangement is accepted by the board.

(c) Applicants shall document successful completion of their supervised experience on appropriate forms at the time of application. Supervised experience obtained prior to July 6, 1989, that was not registered with the board may be accepted towards licensure if this supervision met the requirements of the board which were in effect at the time the supervision was rendered.

(d) The experience shall include at least 100 hours of face-to-face supervision during the two-year period and a minimum of one hour of individual face-to-face supervision per week shall be provided for the two years.

(e) Supervision between members of the immediate family (to include spouses, parents, and siblings) will not be approved.

(f) The individual obtaining the two years of required experience shall not call himself a licensed clinical social worker, solicit clients, bill for his services, or in any way represent himself as a clinical social worker until such a license has been issued.

(g) The licensed clinical social worker acting as supervisor shall: (i) be knowledgeable about the diagnostic assessment and treatment plans for clients assigned to the applicant and shall be available to the applicant on a regularly scheduled basis for supervision; (ii) provide supervision only for those activities for which the applicant has had appropriate education; (iii) provide supervision only for those activities for which the supervisor is qualified; and (iv) provide, on an annual basis, to the board, documentation of the supervisee's direct client contact and supervisory hours for which the supervisor was responsible. The supervisor shall evaluate the supervisee in the areas of professional ethics, knowledge of theory base, and professional competency, noting any limitations observed regarding the supervisee's skills and practice.

(h) Applicants shall provide to the board documentation of the supervised experience from all supervisors, or, if a supervisor is unavailable, shall provide a satisfactory explanation of such circumstances to the board.

(i) Applicants for licensure who have worked full-time for a minimum of two years in the delivery of clinical social work services need document only their full-time employment as long as the requirement in § 2.2 B 2 a (1) has been met.

(ii) Applicants for licensure who have worked part-time in the delivery of clinical services will need to document the experience prescribed in both subdivisions (1) and (2) of § 2.2. B 2 a, covering a period of not more than four years.

(iii) Applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised.

(iv) The affidavit shall specify dates of employment, job responsibilities, supervisor's name (and last address, if known), and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.

~~§ 2.3. Applicant for licensure in an additional specialty.~~

~~An applicant seeking licensure in an area of practice other than that listed in the original application shall present documentation of 25 hours of supervised experience in the additional specialty for which licensure is sought and shall take the required examinations in this specialty area.~~

PART III.
EXAMINATIONS.

§ 3.1. General examination requirements.

A. The board may waive the written examination ~~in whole or in part,~~ if the applicant has been certified or licensed in another jurisdiction by standards and procedures equivalent to those of the board.

B. An applicant for licensure by the board as a social worker shall ~~take~~ *pass* a written examination and an applicant for licensure as a clinical social worker shall ~~take~~ *pass* a written and oral examination at times prescribed by the board.

C. Examination schedules.

A written examination and an oral examination shall be administered at least twice each year. The board may schedule such additional examinations as it deems necessary.

1. The executive director of the board shall notify all candidates in writing of the time and place of the examinations for which they have been approved to sit, and of the fees for these examinations.

2. The candidate shall submit the applicable fees *following the instructions under § 1.3 B .*

3. If the candidate fails to appear for the examination without providing written notice at least two weeks before the examination, the examination fee shall be forfeited.

§ 3.2. Written examination.

A. The written examination comprises an examination consisting of standardized multiple-choice questions. These questions may cover all or some of the following areas: ~~social sciences,~~ human growth and development, social work practice *with individuals, families, couples and groups* , ~~social groupwork,~~ supervision, ~~legislation~~ *social policy* , administration, social *work* research, community *organization and* planning, and ~~social work knowledge and concerns~~ *ethical principles of social work practice in addition to other areas deemed relevant to the board .*

B. The board will establish passing scores on the written examination.

§ 3.3. Oral examination: clinical social worker candidates only.

Successful completion of the written examination requirements shall be a prerequisite to taking the oral examination for the clinical social worker license.

A. Candidates who sit for the clinical social worker written licensure examination shall submit to the board office a work sample prepared in accordance with the requirements outlined in subsection D of this section.

B. Candidates who pass the written examination will be notified by the board of the time and place of the oral examination.

C. The oral examination shall consist of ~~an~~ *a face-to-face* interview ~~between~~ *by* the board or its designees ~~and~~ *of* the candidate for the purpose of *determining the minimal competence of the candidate* :

~~1. Reviewing the candidate's education, training and experience;~~

~~2.~~ *1.* Evaluating the applicant's professional *competence* ~~competency and emotional maturity, the extent and nature of the applicant's professional identity, the candidate's knowledge of ethical professional behavior, and demonstrated competency to successfully apply such knowledge in clinical practice,~~ and

~~3.~~ *2.* Determining the candidate's clinical skills as demonstrated in a work sample or through another examination format as prescribed by the board.

D. The work ~~sample(s)~~ *sample* of a candidate for examination for licensure as a clinical social worker shall conform to the following requirements:

1. The work ~~sample(s)~~ *sample* shall:

a. Present material drawn from the candidate's practice within the last 12 months immediately preceding the date of the ~~written~~ *oral* examination;

b. Be typical of the practice ~~specialty~~ area in which the candidate intends to engage as a clinical social worker ; ~~and~~ .

~~c. State the area(s) of specialty in which the candidate seeks licensure to practice, specifying whether the planned specialty will be casework (including individual, family, and marital); or groupwork.~~

~~2. A candidate who plans to practice in both specialty areas shall submit a separate work sample for each area. Each sample shall be reflective of the candidate's work in the applicable specialty area.~~

~~3.~~ *2.* ~~Each~~ *The* work sample shall be typed, double-spaced, on one side of the paper only, and within an absolute limit of six [illegible]ength. Six clearly readable copies of ~~each~~ *the* work sample shall be submitted to the board.

~~4.~~ *3.* ~~A~~ *The* work sample ~~on casework or groupwork~~ shall present an orderly, sequential treatment based on the candidate's understanding of the problem described. The work sample shall:

a. State dates of treatment, including the frequency of the sessions;

b. Provide a clear statement of the problem in such a way as to demonstrate the client's description of the problem and to substantiate the ~~therapist's interpretation~~ *candidate's assessment* of the problem;

c. Substantiate the diagnostic assessment made ~~by the therapist and the relationship to relevant significant history~~ ;

d. Show clearly the flow of the treatment process based upon the ~~therapist's~~ *candidate's* conceptual understanding of the problem and the diagnosis; and

e. Demonstrate the role played by the ~~therapist~~ *candidate* in facilitating the treatment process and the client's progress; the theory base ~~from which the therapist is operating; and the social work principles the therapist has used~~ *and the social work principles utilized with the client* .

~~5.~~ *4.* Candidates who submit a work sample but do not take the next scheduled oral examination may use this sample for the subsequent oral examination period only.

5. Failure to meet the criteria above may result in the applicant being denied permission to take the oral examination.

E. A majority decision of the board will determine whether a candidate has passed the oral examination.

~~§ 3.4. Reexamination.~~

F. Reexamination will be required on the failed *oral* examination ~~as follows:~~ . ~~1.~~ After paying the reexamination fee, a candidate may be reexamined *only* once within a 12-month period.

~~2. The candidate may be reexamined on any scheduled examination date; and~~

~~3. A candidate who fails the examination twice shall~~

reapply and submit documentation of education and experience as recommended by the board.

PART IV.
LICENSURE RENEWAL; REINSTATEMENT ; NAME CHANGE .

§ 4.1. Biennial renewal of licensure.

A. All licensees shall renew their licenses on or before June 30 of each odd-numbered year *and pay the renewal fee prescribed by the board* .

A. Along with the renewal application, the licensee shall submit:

1. A statement verifying completion of a minimum of 40 clock hours of continuing education in social work during the last biennium;

a. Acceptable categories of continuing educational activities:

(1) Academic social work courses taken for credit or audited.

(2) Continuing education offered by accredited social work education programs, other accredited educational programs, and other providers, including professional associations, agencies and private entrepreneurs:

(a) Seminars, institutes, workshops, or mini-courses oriented to the enhancement of social work practice, values, skills and knowledge; and

(b) Cross-disciplinary offering from medicine, law, and the behavioral sciences if they are clearly related to the enhancement of social work practice, values, skills and knowledge.

(3) Planned self-directed study in collaboration with other professionals; (i) independent study in a social work curriculum area or a closely related field. Examples include a planned reading program, individual supervision or consultation; and (ii) the content and plan of instruction developed by the licensee.

(4) Publication of books, papers, or presentations given for the first time at a profesisonal meeting;

(5) Other professional activities, including: (i) preparation for the first time of an academic social work course, in-service training workshop or seminar, or other professional seminar; and (ii) research not resulting in publication.

(6) Social work-related academic courses such as mental health, administration, health and social research, psychology, sociology, human growth and development, child and family development, counseling and guidance.

2. The renewal fee prescribed by the board.

B. Failure to receive a renewal notice from the board shall not relieve the licensee from the renewal requirement.

§ 4.2. Late renewal.

A social worker or clinical social worker whose license has expired may renew that license within four years after its expiration date by:

1. Providing evidence of having met all applicable requirements ; including the requirements for continuing education; and .

2. Paying:

a. The penalty *late renewal* fee prescribed *by* the board; and

b. The renewal fee prescribed by the board for each renewal period during which the license was expired.

§ 4.3. Reinstatement.

A social worker or clinical social worker who fails to renew the license for four years or more and who wishes to resume practice shall reapply and be reexamined for licensure.

§ 4.4. Legal change of name.

A. An individual practicing under a license issued by the board shall ensure that the current license bears the current legal name of that individual.

B. A licensee whose name is changed by marriage or court order shall promptly:

1. Notify the board of such change and provide a copy of the legal paper documenting the change;

2. Pay the "name change" fee prescribed in § 1.2;

3. Request and obtain from the board a new license bearing the individual's new legal name;

4. Practice only under such new legal name.

§ 4.5. *4.4.* Renewal of registration for associate social workers and registered social workers.

The registration of every associate social worker and registered social worker with the former Virginia Board of Registration of Social Workers under *former* § 54-775.4 of the Code of Virginia shall expire on June 30 of each

odd-numbered year.

1. Each registrant shall return the completed application before the expiration date, accompanied by the payment of the renewal fee prescribed by the board.

2. Failure to receive the renewal notice shall not relieve the registrant from the renewal requirement.

PART V.
COMMITTEES.

§ 5.1. Examining and advisory committees.

The board may establish advisory and examining committees to assist it in carrying out statutory responsibilities.

1. The committees may assist in evaluating the professional qualifications of applicants and candidates for licensure and renewal of licenses and in other matters the board deems necessary.

2. The committees may assist in the evaluation of the mental or emotional competency, or both, of any licensee or applicant for licensure when such competence is an issue before the board.

PART VI.
~~DISCIPLINARY PROVISIONS~~ *STANDARDS OF PRACTICE* .

§ 6.1. ~~Standards of practice~~ *Professional conduct* .

~~No person whose activities are regulated by the board shall:~~

~~1. Engage in professional conduct harmful to the public health, safety, and welfare or the best interest of the public.~~

~~2. Engage in professional conduct designed solely to further the financial interest of the licensee and not necessary for diagnostic or therapeutic purposes.~~

~~3. Engage in any professional conduct unless qualified by training or experience, or both.~~

~~4. Violate or aid and abet another in violating any provision of statutes applicable to the practice of social work or any provision of these regualtions.~~

~~5. Perform or attempt to perform professional functions outside the area of licensed competence.~~

Persons whose activities are regulated by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.

2. Be able to justify all service rendered to clients as necessary for diagnostic or therapeutic purposes.

3. Practice only within the competency areas for which they are qualified by training or experience, or both.

4. Report to the board known or suspected violations of the laws and regulations governing the practice of social work.

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.

6. Ensure that clients are aware of fees and billing arrangements before rendering services.

7. Keep confidential their counseling relationships with clients, with the following exceptions: (i) when the client is in danger of self or others; and (ii) when the social worker is under court order to disclose information.

8. Disclose therapy records to others only with the written consent of the client.

9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

10. Not engage in dual relationships with clients that might compromise the client's well-being or impair the social worker's objectivity and professional judgment, to include such activities as counseling close friends or relatives, engaging in sexual intimacies with a client.

§ 6.2. Grounds for *denial,* revocation, suspension, or denial of renewal of license.

Action by the board to *deny,* revoke, suspend or decline to renew a license shall be in accordance with the following:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;

2. Procurement of license by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public . *In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of the following as a demonstration of effort to maintain minimum competence to engage in practice:*

1. Evidence of continuing education in one or more of the following categories:

a. Academic social work courses taken for credit or audited.

b. Continuing education offered by accredited social work education programs, other accredited educational programs, and other providers, including professional associations, agencies and private entrepreneurs:

(1) Seminars, institutes, workshops, or mini-courses oriented to the enhancement of social work practice, values, skills and knowledge; and

(2) Cross-disciplinary offering from medicine, law, and the behavioral sciences if they are clearly related to the enhancement of social work practice, values, skills and knowledge.

c. Planned self-directed study in collaboration with other professionals;

(1) Independent study in a social work curriculum area or a closely related field. Examples include a planned reading program, individual supervision or consultation; and

(2) The content and plan of instruction developed by the licensee.

d. Publication of books, papers, or presentations given for the first time at a professional meeting;

e. Other professional activities, including:

(1) Preparation for the first time of an academic social work course, in-service training workshop or seminar, or other professional seminar; and

(2) Research not resulting in publication.

f. Social work-related academic courses such as mental health, health and social work research, psychology, human growth and development, and child and family development.

4. ; ~~or~~ ~~is~~ *Being* unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;

~~4.~~ *5.* Conducting one's practice in a manner contrary to the standards of ethics of social work or in violation of § 6.1, standards of practice;

~~5.~~ *6.* Performing functions outside the board-licensed area of competency; and

~~6.~~ *7.* Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of these regulations.

§ 6.3. Reinstatement following disciplinary action.

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of § 6.2 may, ~~two years subsequent to such board action~~ *in order to be eligible for reinstatement* , *(i)* submit a new application to the board for a license ~~:~~ *, (ii) pay the appropriate application fee, and (iii) submit any other credentials as prescribed by the board.*

~~1.~~ The board, at its discretion, may, after a hearing, grant the reinstatement;

~~2.~~ The applicant for reinstatement, if approved, shall be licensed upon payment of the appropriate fees applicable at the time of reinstatement.

FEE: $25

DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF SOCIAL WORK
1601 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5005
(804) 662-9914

REGISTRATION OF SUPERVISION

An individual who intends to apply for licensure as a clinical social worker must have completed three years of post-master's degree experience in the delivery of clinical social work services under the supervision of a licensed mental health practitioner.

This form is to be completed for the purpose of registering that experience with the Board. Board approval must be granted **before** the clinical experience begins. Prospective trainees are encouraged to submit this form at least 30 days before the beginning of the supervised training experience.

SECTION A—PERSONAL

1. Name in full _____ (FIRST / MIDDLE / LAST) Social Security Number _____
2. Residence Address _____ (NO / STREET / CITY/COUNTY / STATE / ZIP) (AREA) _____ Telephone No.
3. Business name and address _____ (NAME / NO. / STREET / CITY/COUNTY / STATE / ZIP) (AREA) _____ Telephone No.
4. Birth date _____ Birth place _____

SECTION B—EDUCATION

1. List in chronological order the name and location of each school or other institution, beyond high school, that you have attended.

INSTITUTION	DATES OF ATTENDANCE		MAJOR AND/OR CONCENTRATION	DEGREE RECEIVED	DATE DEGREE CONFERRED
	From	To			

2. List in chronological order the field instruction you have had.

INSTITUTION	DATES (MO./YR.)		HOURS PER WEEK	DUTIES (Types of learning experiences as related to specialty area of practice)
	From	To		

3. Did you take the required number of clinical courses to satisfy your graduate institution's requirements for a clinical social work concentration? ☐ Yes ☐ No
List the graduate clinical courses that you have completed.

_____
_____
_____
_____
_____

Trainees are required to have their MSW transcripts sent directly to the Board office from the graduate institution.

SECTION C—NATURE OF SUPERVISION

The trainee wishes to receive supervision in the following selected area(s):

Casework _____

Groupwork _____

Description of the nature of services to be rendered by the trainee:

_____
_____
_____
_____
_____
_____
_____

Trainee's previous or concurrent social work supervision:

Dates: From _____ (MO./DAY/YR.) To: _____ (MO./DAY/YR.) By Whom: _____
Supervisor's Profession and License Number if Licensed:
_____

Dates: From _____ (MO./DAY/YR.) To: _____ (MO./DAY/YR.) By Whom: _____
Supervisor's Profession and License Number if Licensed:
_____

SECTION D—SUPERVISOR INFORMATION

Name _____ (FIRST / MIDDLE / LAST)

Business Address _____
_____

Professional License _____ License No. _____ State _____

If the supervisor is not licensed in the Commonwealth of Virginia, a verification of licensure form must be submitted to the Virginia Board of Social Work from the jurisdiction where the supervisor is licensed.

Number of persons currently under supervisor's supervision:

Name _____ Name _____
Name _____ Name _____
Name _____ Name _____
Name _____ Name _____

COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK

DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF SOCIAL WORK
1601 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5005
(804) 662-9914

APPLICATION FOR EXAMINATION AND LICENSURE

APPLICATION FOR LICENSURE AS A:	APPLICATION FEE:	MAKE ALL CHECKS AND MONEY ORDERS
SOCIAL WORKER	☐ $65.00	PAYABLE TO THE TREASURER OF VIRGINIA

SECTION A—PERSONAL

1. Name in full _____ Social Security Number _____
   (FIRST / MIDDLE / LAST)
2. Residence Address _____ ( ) _____
   (NO. / STREET / CITY/COUNTY / STATE / ZIP) (AREA) Telephone No.
3. Business name and address _____ ( ) _____
   (NAME / NO. / STREET) Telephone No.
   _____
   (CITY/COUNTY / STATE / ZIP)
4. Birth date _____ Birth place _____

SECTION B—GENERAL INFORMATION

1. Are you licensed or certified in any state as a Social Worker? Yes ☐ No ☐
   Name of state _____ Date _____ License or certificate number _____

ANSWER THE FOLLOWING QUESTIONS:	YES	NO
1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where. _____	☐	☐
2. Have you ever failed an examination for licensure or certification? If so, how many times ____ Where?	☐	☐
3. Have you ever had any disciplinary action taken against an occupational license to practice or is any such action pending? If yes, explain in detail. _____	☐	☐
4. Have you ever been convicted of a violation of/or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, except convictions for driving under the influence)? If yes, explain in detail. _____	☐	☐
5. Have you ever been physically or emotionally dependent upon the use of alcohol or drugs or been treated by, consulted with, or under the care of a professional for substance abuse? If yes, please provide a letter from the treating professional stating the diagnosis, treatment, and prognosis.	☐	☐
6. Have you been unable to practice social work by reason of illness, excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? If yes, please provide a letter of explanation.	☐	☐
7. Have you ever been censored, warned, or requested to withdraw or your employment terminated from any health care facility, agency, or practice? If yes, explain in detail. _____	☐	☐

SECTION C—COMPETENCIES

The Standards of Practice limit your practice to your demonstrated areas of competence. List concisely your competencies. If you feel it is necessary, you also may attach a more elaborate explanation.

Client Population	Skills To Be Used

SECTION D—EDUCATION

1. List in chronological order the name and location of each school or other institution, beyond high school, that you have attended.

INSTITUTION	DATES OF ATTENDANCE From	DATES OF ATTENDANCE To	MAJOR AND/OR CONCENTRATION	DEGREE RECEIVED	DATE DEGREE CONFERRED

2. List in chronological order the field instruction you have had.

INSTITUTION	DATES (MO./YR.) From	DATES (MO./YR.) To	HOURS PER WEEK	DUTIES (Types of learning experiences as related to specialty area of practice)

SECTION E—SUPERVISED SOCIAL WORK EXPERIENCE

(To be completed by Bachelor of Social Work Applicants Only)

INDICATE BELOW PERSONS DESIGNATED AS YOUR SUPERVISORS OF SOCIAL WORK SUPERVISED EXPERIENCE TO WHOM VERIFICATION FORM(S) WILL BE SENT. VERIFICATION OF SUPERVISION FORMS MUST BE RETURNED TO THE BOARD OFFICE BY THE SUPERVISOR, NOT THE APPLICANT.

SUPERVISOR'S NAME		
INSTITUTION OR BUSINESS NAME & ADDRESS		
SUPERVISOR'S PROFESSIONAL LICENSE	LICENSE NUMBER	STATE WHERE LICENSED
DATES APPLICANT EMPLOYED FROM TO		TOTAL HOURS OF FACE-TO-FACE SUPERVISION
DESCRIPTION OF SUPERVISION		TOTAL HOURS OF GROUP SUPERVISION
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION		
SUPERVISOR'S NAME		
INSTITUTION OR BUSINESS NAME & ADDRESS		
SUPERVISOR'S PROFESSIONAL LICENSE	LICENSE NUMBER	STATE WHERE LICENSED
DATES APPLICANT EMPLOYED FROM TO		TOTAL HOURS OF FACE-TO-FACE SUPERVISION
DESCRIPTION OF SUPERVISION		TOTAL HOURS OF GROUP SUPERVISION
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION		
SUPERVISOR'S NAME		
INSTITUTION OR BUSINESS NAME & ADDRESS		
SUPERVISOR'S PROFESSIONAL LICENSE	LICENSE NUMBER	STATE WHERE LICENSED
DATES APPLICANT EMPLOYED FROM TO		TOTAL HOURS OF FACE TO-FACE SUPERVISION
DESCRIPTION OF SUPERVISION		TOTAL HOURS OF GROUP SUPERVISION
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION		

1. Total number of years of post bachelor's degree social work experience ____________
2. Total number of hours of face-to-face supervision ____________
3. Total number of hours of group supervision ____________

SECTION F—PROFESSIONAL EMPLOYMENT EXPERIENCE

List in chronological order the entire professional employment experience you have had after receiving your undergraduate degree (if you are a B.S.W. applicant) or your graduate degree (if you are a M.S.W. applicant).

DATES OF EMPLOYMENT		EMPLOYER	ADDRESS	HOURS PER WEEK	SUPERVISOR	DUTIES
From	To					

SECTION G—AFFIDAVIT

Have this AFFIDAVIT completed by a Notary Public.

State of ____________

County or City of ____________

The undersigned, being duly sworn, deposes and says that he is the person who executed this application, that the statements herein contained are true, that he has not suppressed any information that might affect this application, and that he has read and understands this affidavit. The undersigned also certifies that he has read and that he understands the regulations of the Board of Social Work governing the practice of social work in Virginia.

Signature of applicant: ____________ Signature of Notary Public ____________

Subscribed and sworn to before me this ______ day of ____________, 19 ______

My commission expires: ____________

COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK

DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF SOCIAL WORK
1601 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5005
(804) 662-9914

APPLICATION FOR EXAMINATION AND LICENSURE

APPLICATION FOR LICENSURE AS A:
CLINICAL SOCIAL WORKER
☐ Casework Specialty
☐ Group Work Specialty

APPLICATION FEE:
☐ $65.00 Casework

MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO THE TREASURER OF VIRGINIA

SECTION A—PERSONAL

1. Name in full _____ (FIRST MIDDLE LAST) Social Security Number _____
2. Residence Address _____ (NO STREET CITY/COUNTY STATE ZIP) ( ) _____ (AREA Telephone No)
3. Business name and address _____ (NAME NO. STREET) ( ) _____ (Telephone No.)
   _____ (CITY/COUNTY STATE ZIP)
4. Birth date _____ Birth place _____

SECTION B—GENERAL INFORMATION

1. Are you licensed or certified in any state as a Social Worker? Yes ☐ No ☐
   Name of state _____ Date _____ License or certificate number _____

ANSWER THE FOLLOWING QUESTIONS:

	YES	NO
1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where. _____	☐	☐
2. Have you ever failed an examination for licensure or certification? If so, how many times ____ Where? _____	☐	☐
3. Have you ever had any disciplinary action taken against an occupational license to practice or is any such action pending? If yes, explain in detail. _____	☐	☐
4. Have you ever been convicted of a violation of/or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, except convictions for driving under the influence)? If yes, explain in detail. _____	☐	☐
5. Have you ever been physically or emotionally dependent upon the use of alcohol or drugs or been treated by, consulted with, or under the care of a professional for substance abuse? If yes, please provide a letter from the treating professional stating the diagnosis, treatment, and prognosis.	☐	☐
6. Have you been unable to practice social work by reason of illness, excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? If yes, please provide a letter of explanation	☐	☐
7. Have you ever been censored, warned, or requested to withdraw or your employment terminated from any health care facility, agency, or practice? If yes, explain in detail. _____	☐	☐

SECTION C—COMPETENCIES

The Standards of Practice limit your practice to your demonstrated areas of competence. List concisely your competencies. If you feel it is necessary, you also may attach a more elaborate explanation.

Client Population	Skills To Be Used

SECTION D—EDUCATION

1. List in chronological order the name and location of each school or other institution, beyond high school, that you have attended.

INSTITUTION	DATES OF ATTENDANCE From	DATES OF ATTENDANCE To	MAJOR AND/OR CONCENTRATION	DEGREE RECEIVED	DATE DEGREE CONFERRED

2. List in chronological order the field instruction you have had.

INSTITUTION	DATES (MO./YR.) From	DATES (MO./YR.) To	HOURS PER WEEK	DUTIES (Types of learning experiences as related to specialty area of practice)

3. Did you take the required number of clinical courses to satisfy your graduate institution's requirements for a clinical social work concentration? ☐ Yes ☐ No.
   List the graduate clinical courses that you have completed.

SECTION E—SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE

INDICATE BELOW PERSONS DESIGNATED AS YOUR SUPERVISORS OF CLINICAL SOCIAL WORK SUPERVISED EXPERIENCE TO WHOM VERIFICATION FORM(S) WILL BE SENT.

SUPERVISOR'S NAME			
INSTITUTION OR BUSINESS NAME & ADDRESS			
SUPERVISOR'S PROFESSIONAL LICENSE	LICENSE NUMBER		STATE WHERE LICENSED
DATES APPLICANT EMPLOYED FROM TO	HRS. PER WEEK	TOTAL HOURS OF FACE-TO-FACE SUPERVISION CASEWORK	GROUPWORK
DESCRIPTION OF SUPERVISION		TOTAL HOURS OF GROUP SUPERVISION CASEWORK	GROUPWORK
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION			
SUPERVISOR'S NAME			
INSTITUTION OR BUSINESS NAME & ADDRESS			
SUPERVISOR'S PROFESSIONAL LICENSE	LICENSE NUMBER		STATE WHERE LICENSED
DATES APPLICANT EMPLOYED FROM TO	HRS. PER WEEK	TOTAL HOURS OF FACE-TO-FACE SUPERVISION CASEWORK	GROUPWORK
DESCRIPTION OF SUPERVISION		TOTAL HOURS OF GROUP SUPERVISION CASEWORK	GROUPWORK
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION			
SUPERVISOR'S NAME			
INSTITUTION OR BUSINESS NAME & ADDRESS			
SUPERVISOR'S PROFESSIONAL LICENSE	LICENSE NUMBER		STATE WHERE LICENSED
DATES APPLICANT EMPLOYED FROM TO	HRS. PER WEEK	TOTAL HOURS OF FACE-TO-FACE SUPERVISION CASEWORK	GROUPWORK
DESCRIPTION OF SUPERVISION		TOTAL HOURS OF GROUP SUPERVISION CASEWORK	GROUPWORK
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION			

1. Total number of years of post master's degree clinical social work experience ______
2. Total number of hours of post master's degree clinical social work supervision ______
   a. Total number of hours of post master's degree casework supervision ______
   b. Total number of hours of post master's degree groupwork supervision ______
3. Have you had three (3) years of postgraduate supervision with a minimum of 150 hours of face-to-face consultation with your supervisor(s)?
   ☐ Yes ☐ No Total hours ______ Where? ______

SECTION F—PROFESSIONAL EMPLOYMENT EXPERIENCE

List in chronological order the entire professional employment experience you have had after receiving a master's degree in clinical social work.

DATES OF EMPLOYMENT		EMPLOYER	ADDRESS	HOURS PER WEEK	SUPERVISOR	DUTIES
From	To					

SECTION G—AFFIDAVIT

Have this AFFIDAVIT completed by a Notary Public.

State of ______

County or City of ______

The undersigned, being duly sworn, deposes and says that he is the person who executed this application, that the statements herein contained are true, that he has not suppressed any information that might affect this application, and that he has read and understands this affidavit. The undersigned also certifies that he has read and that he understands the regulations of the Board of Social Work governing the practice of social work in Virginia.

Signature of applicant: ______ Signature of Notary Public ______

Subscribed and sworn to before me this ______ day of ______, 19 ______

My commission expires: ______

COMMONWEALTH of VIRGINIA

BERNARD L. HENDERSON, JR.
DIRECTOR

Department of Health Regulatory Boards
Board of Social Work

1601 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5005
(804) 662-9914

LICENSURE VERIFICATION FROM ANOTHER STATE

TO: BOARD OF SOCIAL WORK, STATE OF _____

The Virginia Board of Social Work has received an application for licensure from _____ who holds license number _____ dated _____ from the state of _____.

Virginia statutes permit waiver of a portion of our examinations if the applicant is licensed under the laws of a jurisdiction that imposes the same requirements as Virginia, and has passed an exam similar to that administered in Virginia.

Please complete this form and return it directly to this office.

1. Did the applicant take a written licensing examination? Yes ___ No ___
   If yes, please indicate:

   (a) Type of examination: ASI ___ PES ___ Other _____
   (b) Date of examination: _____
   (c) Length of examination: _____
   (d) Cut-off score: _____
   (e) Applicant's score: _____
   (f) Level of exam taken: _____

2. Is the applicant currently licensed and in good standing? Yes ___ No ___
   If no, please explain. (Use additional sheet if necessary.) _____

Your cooperation will be appreciated. Any information you provide will be treated as confidential.

CERTIFICATION OF SECRETARY OF THE STATE BOARD OF SOCIAL WORK, STATE OF _____

I hereby certify that the above information is true and correct.

(Seal)

Name: _____
Signature: _____
Title: _____
Date: _____

DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF SOCIAL WORK
1601 Rolling Hills Drive, Suite 200
Richmond, Virginia 23229

ANNUAL EVALUATION OF SUPERVISION

This form is required to be completed by the supervisor annually in order to determine the trainee's professional competency and ethics. Please return to the Board office along with the $25.00 annual registration of supervision fee.

1. TRAINEE'S NAME: _____

2. SUPERVISOR'S NAME; _____

   BUSINESS ADDRESS: _____ Phone: ( ) _____

   _____

   Profession: _____ License No.: _____

3. DATES TRAINEE UNDER YOUR SUPERVISION:

   From: _____ To: _____

   Total Number of Hours Applicant Worked Per Week: _____

   Number of Hours Per Week of Face-to-Face Supervision Received: _____

   Total Number of Hours of Face-to-Face Supervision Received: _____

   (a) Total Number of Hours of Individual Supervision: _____

   (b) Total Number of Hours of Group Supervision (Supervised as a member of a group) _____

4. DUTIES PERFORMED BY TRAINEE UNDER YOUR SUPERVISION:

_____

_____

_____

_____

_____

_____

5. SUPERVISORS ARE REQUIRED TO EVALUATE THE TRAINEE IN THE FOLLOWING AREAS OF CLINICAL PRACTICE REGARDING THE TRAINEE'S SKILLS AND PRACTICE.

(a) Does the trainee adequately demonstrate an overall competence in the application of his/her theory base?

Yes _____ No _____

(b) Does the trainee adequately demonstrate an overall competence and skill in the application of differential diagnostics?

Yes _____ No _____

(c) Does the trainee demonstrate an overall ability and skill to establish and monitor a treatment plan?

Yes _____ No _____

(d) Does the trainee demonstrate an overall use of the "professional self" with the client in the treatment process?

Yes _____ No _____

(e) Does the trainee understand and meet the standards, values, or ethics of the social work profession?

(f) Does the trainee perform in a professional manner adequate for potential self-directed, independent practice?

Yes _____ No _____

If answered "No" in any of the above, please explain below: _____

_____

_____

_____

6. FURTHER COMMENTS: _____

_____

_____

_____

_____

_____

SUPERVISOR'S SIGNATURE

_____

DATE

VIRGINIA RACING COMMISSION

Title of Regulation: **VR 662-02-04. Regulations Pertaining to Limited Licenses for Horse Racing with Pari-Mutuel Wagering.**

Statutory Authority: § 59.1-369 of the Code of Virginia.

Public Hearing Date: July 18, 1990 - 9:30 a.m.
(See Calendar of Events section for additional information)

Summary:

The Virginia Racing Commission is authorized by § 59.1-369 of the Code of Virginia to promulgate regulations for the licensure, construction and operation of horse racing facilities with pari-mutuel wagering. The proposed regulation sets forth the application procedures, the criteria the commission will utilize in considering applications, and the procedures, equipment and facilities the licensees will have to provide to conduct horse race meetings of 14 days or less per calendar year in the Commonwealth.

VR 662-02-04. Regulstions Pertaining to Limited Licenses for Horse Racing with Pari-Mutuel Wagering.

§ 1. Definitions.

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

"Commission" means the Virginia Racing Commission.

"Licensee" includes any person holding an owner's, operator's, limited or unlimited license, or any other license issued by the commission.

"Limited license" means a license issued by the commission allowing the holder to conduct a race meeting or meetings, with pari-mutuel wagering privileges, for a period not exceeding 14 days in any calendar year.

"Pari-mutuel wagering" means the system of wagering on horse racing in which those who wager on horses that finish in the position or positions for which wagers are taken share in the total amounts wagered, less deductions required or permitted by law.

"Person" includes a natural person, partnership, joint venture, association or corporation.

"Race meeting" means the whole consecutive period of time during which horse racing with pari-mutuel wagering is conducted by a licensee.

"Totalizator" means an electronic data processing system for registering wagers placed on the outcomes of horse racing, deducting the retainage, calculating the mutuel pools and returns to ticket holders, and displaying approximate odds and payouts, including machines utilized in the sale and cashing of wagers.

§ 2. Generally.

The commission is authorized to issue limited licenses for the promotion, sustenance and growth of a native industry, in a manner consistent with the health, safety and welfare of the people. The horse racing, with pari-mutuel wagering privileges, shall be conducted by limited licensees so as to maintain horse racing in the Commonwealth of Virginia of the highest quality and free of any corrupt, incompetent, dishonest or unprincipled practices and to maintain in horse racing complete honesty and integrity.

A. Number of racing days.

The commission may issue limited licenses to conduct horse race meetings, with pari-mutuel wagering privileges on races held at the site, for a period not to exceed 14 days in any calendar year.

B. Local referendum.

The commission shall not grant a limited license to conduct a horse race meeting, with pari-mutuel wagering privileges, until a referendum approving the question is held in the county or city in which the race meeting is to be conducted.

C. Observance of regulations.

The holder of a limited license shall be charged with the same duties and responsibilities as are the holders of unlimited licenses with respect to the observance and enforcement of the act and the regulations of the commission.

D. Racing surfaces.

The holders of limited licenses shall utilize racing surfaces which are safe and humane for participants and meet generally accepted standards for the type of racing, but any dirt surface for flat racing shall be at least one mile in circumference, any turf surface for flat or jump racing shall be at least seven-eighths of a mile in circumference, and any dirt surface for Standardbred or Quarter Horse racing shall be at least five-eighths of a mile.

E. Renewal of limited licenses.

Limited licenses are valid for one calendar year during which the licensee may conduct as many as 14 days of horse racing with pari-mutuel wagering privileges. A licensee may apply for a renewal of a limited license by submitting an application to the commission as set forth in § 3 of this regulation. An applicant for a renewal of a limited license may incorporate by reference any

information submitted in previous applications.

§ 3. Application for a limited license.

A. Where to file application.

An applicant for a limited license shall submit an application on a form, prepared by the commission, to the main office of the commission no later than September 1, excluding Saturdays, Sundays or holidays, for the following calendar year. The commission may, in its discretion, extend the deadline to receive applications.

1. An application to be sent by certified mail shall be addressed to:

Executive Secretary
Virginia Racing Commission
Post Office Box 1123
Richmond, VA 23208

2. An application to be hand-delivered shall be delivered to the Executive Secretary, Virginia Racing Commission at the Commission's office in Richmond, Virginia.

3. An application delivered by hand or by certified mail will be timely only if received at the main office of the commission by 5 p.m. on or before the date prescribed or the extended deadline.

4. Delivery to other than the commission's main office is not acceptable.

5. The licensee assumes full responsibility for the method chosen to deliver the request.

B. Identification of applicant for limited license.

An application for a limited license shall include the name, address and telephone number of the applicant, and the name, position, address, telephone number and authorized signature of an individual to whom the commission may make inquiry.

C. Applicant's affidavit.

An application for a limited license shall include an affidavit from the chief executive officer, director, officer or other participant in the applicant setting forth:

1. That application is made for a limited license to conduct a horse race meeting, with pari-mutuel wagering privileges, for a period not to exceed 14 days in any calendar year;

2. That the affiant is the agent of the applicant, its owners, partners, members, directors, officers and personnel, and is duly authorized to make the representations in the application on their behalf. Documentation of the authority must be attached (Identify attached exhibit number;)

3. That the applicant seeks a grant of privilege from the Commonwealth of Virginia, and the burden of proving the applicant's qualifications rests at all times with the applicant;

4. That the applicant consents to inquiries by the Commonwealth of Virginia, its employees, commission members, staff and agents, into the financial, character and other qualifications of the applicant by contacting individuals and organizations;

5. That the applicant, its owners, partners, members, directors, officers and personnel accept any risk of adverse public notice, embarrassment, criticism or other circumstance, including financial loss, which may result from action with respect to the application and expressly waive any claim which otherwise could be made against the Commonwealth of Virginia, its employees, the commission, and its staff or agents;

6. That the affiant has read the application and knows the contents; the contents are true to the affiant's own knowledge, except matters therein stated as information and belief, and that as to those matters, the affiant believes them to be true;

7. That the applicant recognizes all representations in the application are binding, and false or misleading information in the application, omission of required information, or substantial deviation from representations in the application may result in denial, revocation, suspension or conditioning of a license or imposition of a fine, or any or all of the foregoing;

8. That the applicant will comply with all applicable state and federal statutes and regulations, all regulations of the commission and all other local ordinances;

9. The affiant's signature, name, organization, position, address and telephone number; and

10. The date.

D. Disclosure of ownership and control.

An applicant for a limited license must disclose the type of organizational structure of the applicant, whether individual, business corporation, nonprofit corporation, partnership, joint venture, trust, association or other.

1. If the applicant is an individual, the applicant shall disclose his legal name, whether the applicant is a United States citizen, and any aliases and business or trade names currently or previously used.

2. If the applicant is a corporation, the applicant shall disclose the applicant's full corporate name, any

trade names currently or previously used; jurisdiction of incorporation, date of incorporation, and the date the applicant began doing business in the Commonwealth of Virginia. In addition, the applicant shall include:

a. A copy of the applicant's certificate of authority to do business in Virginia;

b. A copy of the applicant's articles of incorporation;

c. A description of the general nature of the applicant's business; and

d. A list of the names, in alphabetical order, and addresses of the directors, and in a separate list, the names and addresses, in alphabetical order, of the officers of the applicant.

3. If the applicant is an organization other than a corporation, the applicant shall disclose the applicant's full name, any aliases, business or trade names currently or previously used; the jurisdiction of organization; the date the applicant began doing business in Virginia; and the general nature of the applicant's business. In addition, the applicant shall include:

a. Copies of any agreements creating or governing the applicant's organization; and

b. The names, in alphabetical order, and addresses of any partners and officers of the applicant and other persons who have or share policymaking authority.

4. If the applicant is a tax exempt organization, the applicant shall submit copies of documentation from the Internal Revenue Service granting tax exempt status.

E. Disclosure of character information.

An applicant for a limited license shall disclose and furnish particulars as follows whether the applicant or any individual identified in subsection D of this section has:

1. Been charged in any criminal proceeding other than a traffic violation. If so, the applicant shall disclose the nature of the charge, the date charged, court and disposition;

2. Had a horse racing, gambling, business, professional or occupational license or permit revoked or suspended or renewal denied or been a party in a proceeding to do so. If so, the applicant shall disclose the date of commencement, circumstances and disposition; and

3. Begun an administrative or judicial action against a governmental regulator of horse racing or gambling. If so, the applicant shall disclose the date of commencement, forum, circumstances and disposition.

F. Disclosure of site and facilities.

An applicant for a limited license shall disclose the following concerning the site and facilities where horse racing will be conducted with pari-mutuel wagering privileges:

1. The location of the horse racing facility including street address, municipality where the facility is located and the county in which the facility is located;

2. The present ownership of the horse racing facility;

3. If the applicant leases the site of the horse racing facility, the applicant shall submit copies of any leasing agreement, and any other arrangements for the use of the facility between the applicant and the owner of the facility;

4. The type or types of racing to be offered, the number of races to be run each day, the post time of the first race each day, type of pari-mutuel pools to be offered, and any organization that is sanctioning the races;

5. A description of the post-race detention facilities and sample collection arrangements;

6. A description of the totalizator, including vendor and manufacturer, if known;

7. A description of starting, timing, photo finish and photo patrol or video equipment, including vendor and manufacturer, if known; and

8. A description of the work areas for stewards and patrol judges.

G. Disclosure of governmental actions.

An applicant for a limited license shall disclose whether the applicant is in compliance with all state statutes, local charter provisions, local ordinances, and street and local regulations pertaining to the development, ownership and operation of its horse racing facility. If the applicant is not in compliance, the applicant shall disclose the reasons why the applicant is not in compliance and summarize plans to obtain compliance.

H. Disclosure of management.

An applicant for a limited license shall disclose its management personnel by listing the names of the personnel and their titles.

I. Disclosure of safety and security plan.

An applicant for a limited license shall describe the safety and security plan for the horse racing facility in regards to the procedures for accepting and cashing wagers, detention facility and participants.

J. Effects on competition.

An applicant for a limited license shall make a brief statement indicating why its racing days will not be harmful to other limited or unlimited licenses issued by the Virginia Racing Commission.

K. Personal information and authorization for release.

An applicant for a limited license shall include the following with respect to each individual identified as an applicant, partner, director, officer, policymaker or management personnel in subsection D or subsection H of this section:

1. Full name, business and residence addresses and telephone numbers, date of birth, place of birth, social security number, if the individual is willing to provide such information;

2. An authorization for release of personal information, on a form prepared by the commission, signed by the individual and providing that he:

a. Authorizes a review by, and full disclosure to, an agent of the Virginia State Police, of all records concerning the individual;

b. Recognizes the information reviewed or disclosed may be used by the Commonwealth of Virginia, its employees, the commission, members, staff and agents to determine the signer's qualifications for a license; and

c. Release authorized providers and users of the information from any liability under state or federal data privacy statutes.

L. Additional information.

Upon receipt of a properly completed application for a limited license, the commission may, in its discretion, require any further information from the applicant that it deems necessary for a full understanding and evaluation of the application.

M. Amendment of application.

An applicant for a limited license may amend a properly completed and properly submitted application to the commission.

N. Application fee.

An applicant for a limited license as provided for in § 59.1-376 of the Code of Virginia shall submit a nonrefundable application fee to the commission's designee at the time of application by a certified check or bank draft to the order of the Commonwealth of Virginia in the amount of $100 per number of racing days requested. The applicant also shall pay the costs of background investigations conducted by the Virginia State Police of the persons enumerated in subsections D and H of this section.

§ 4. License criteria.

A. Determination by commission.

The commission may issue a limited license if it determines on the basis of all the facts before it that:

1. Issuance of a license will not adversely affect the horse racing industry in the Commonwealth of Virginia or the public interest;

2. The horse racing facility will be operated in accordance with all applicable state and federal statutes and regulations, regulations of the commission and all local ordinances; and

3. The issuance of a limited license to the applicant will not adversely affect the public health, safety and welfare.

B. Consideration of application.

The commission, in determining whether the issuance of a limited license is in the public interest, shall consider the following factors:

1. The integrity of the applicant, including:

a. Criminal record;

b. Involvement in proceedings in which government regulation of horse racing or gambling was an issue; and

c. Any other factors related to integrity which the commission deems crucial to its decision making, as long as the same factors are considered with regard to all applicants.

2. The quality of physical improvements and equipment in the applicant's facility, including:

a. Detention facility;

b. Totalizator;

c. Starting, timing, photo finish, photo patrol or video equipment; and

d. Any other factors related to quality which the

commission deems crucial to its decision making, as long as the same factors are considered with regard to all applicants.

3. Status of governmental actions required for the applicant's facility, including:

a. Required governmental approvals for the operation of the horse racing facility; and

b. Any other factors related to status of governmental actions which the commission deems crucial to its decision making as long as the same factors are considered with regard to all applicants.

4. The qualifications of the applicant's managers and any other factors related to management ability which the commission deems crucial to its decision making as long as the same factors are considered with regard to all applicants.

5. Compliance with applicable statutes, charters, ordinances or regulations.

6. Efforts to promote an orderly growth of horse racing in Virginia and educate the public with respect to horse racing and pari-mutuel wagering.

7. Effects on competition, including:

a. Number, nature and relative location of other licensees;

b. Minimum and optimum number of racing days sought by the applicant; and

c. Any other factors of the impact of competition which the commission deems crucial to decision making as long as the same factors are considered with regard to all applicants.

8. The commission shall also consider any other information which the applicant discloses and is relevant and helpful to a proper determination.

C. Issuance of limited license.

In issuing a limited license to an applicant, the commission shall designate in writing the location of the facility where the horse racing, with pari-mutuel wagering privileges, shall take place, the total number of racing days assigned, the dates within which the racing days are to be conducted and dark days, the breed or breeds to be utilized, the type or types of racing to be offered, and the hours of racing.

D. Denial of request final.

The denial of a request by the commission shall be final unless appealed by the applicant or licensee under the provisions of § 2.24 of VR 662-01-02, Regulations Pertaining to Horse Racing with Pari-Mutuel Wagering.

E. Transfer or acquisition of an interest in a limited license.

A holder of a limited license may apply to the commission to transfer its race meet or meetings to that of another horse racing facility already licensed by the commission under the provisions of § 2.23 of VR 662-01-02, Regulations Pertaining to Horse Racing with Pari-Mutuel Wagering.

§ 5. Limited license criteria.

The holder of a limited license shall conduct horse racing at a facility for the promotion, sustenance and growth of a native industry in a manner consistent with health, safety and welfare.

The adequacy and sufficiency with which the licensee meets the following criteria shall rest with the commission:

1. Each licensee shall accept, observe and enforce all federal and state laws, regulations of the commission and local ordinances;

2. Each licensee shall ensure that its grounds and facility are neat and clean, painted and in good repair, with special consideration for the comfort and safety of the public, employees, other persons whose business requires their attendance, and for the health and safety of the horses there stabled;

3. Each licensee shall honor commission exclusions from the horse racing facility and shall eject immediately any person found in the facility who has been excluded by the commission. The licensee shall make a report to the commission of each person who is ejected from the facility;

4. Each licensee shall provide uniformed security personnel in the areas where pari-mutuel wagering is conducted so that money and pari-mutuel tickets may be safeguarded, decorum maintained and public safety protected;

5. Each licensee shall provide a starting gate or starting apparatus that is appropriate to the type of racing being offered, sufficient, trained outriders, and timing devices or trained personnel to manually time the races and provide fractional times as deemed appropriate;

6. Each licensee shall provide a photo-finish camera and an area where photo-finish prints may be displayed to the public. The photo-finish camera and the personnel operating the camera shall be under the supervision of the stewards;

7. Each licensee shall provide a totalizator where

wagers are recorded, pools calculated, approximate odds displayed visibly to the general public in the infield at periodic intervals during the wagering and with the payouts on winning tickets are displayed;

8. Each licensee shall provide an adequate number of ambulances and emergency medical services for participants and public during those hours when horse racing is conducted. At no time will horse racing be permitted unless there is at least one ambulance at the facility;

9. Each licensee shall provide at least one veterinarian to administer and provide emergency service to any horse participating in the racing program;

10. Each licensee shall provide a detention facility where samples of blood, saliva, urine and other substances can be collected from horses following racing. The commission may, in its discretion, authorize the commission veterinarian and his assistants to collect samples from horses following racing in their stalls; and

11. Each licensee shall coordinate its fire, safety and security plans with local fire and police agencies so that the public health and safety may be protected.

* * *

GENERAL GUIDELINES

The following limited license application, regulations and guidelines are developed to implement the filing of applications pursuant to § 59.1-376 of the Code of Virginia. The applicant or its designated representative shall execute all sections of this application unless otherwise provided.

1. False or misleading information in a license application, omission of required information or substantial deviation from representation in the application is cause for denial, revocation or suspension of a license or imposition of a fine.

2. The applicant shall provide all information required to be disclosed.

3. The applicant shall provide only information relevant to disclosures required by the Virginia Racing Commission.

4. Upon filing the application, the applicant shall provide the following:

a. A letter of transmittal to the Virginia Racing Commission;

b. An original and six copies of the application, in sealed envelopes; and

c. Any exhibits and attachments to the application.

5. The applicant shall file with the application a disclosure statement on the form attached hereto (original and six copies) for itself and for each officer, director, partner, policymaker and owner or holder of 5% or more of the legal or beneficial ownership interest in the applicant. If 25% or more of the applicant is owned by another entity, disclosure statements shall be filed by the officers, directors, partners and policymakers of the other entity and the owner or holders of 10% or more of the legal or beneficial ownership interest in the other entity. This disclosure shall continue through as many tiers as necessary to disclose the ultimate owners or holders of 5% or more of the legal or beneficial ownership interest in the applicant. A person having an interest subject to disclosure in more than one applicant shall file one set of disclosure statements for each application. Each disclosure statement shall be attached to the application as an exhibit.

6. Upon request of the Virginia Racing Commission, the applicant shall provide copies of any documents used in the preparation of its application or any other documents the commission requests.

7. Each disclosure required in the application shall be provided in printed or typewritten form on 8-1/2 by 11 inch paper.

8. Each page shall be sequentially numbered including exhibits and attachments.

9. All disclosures shall be submitted in the order that they are presented in the application.

10. If the applicant elects not to utilize this application form, then the applicant shall restate the question and the question number, immediately preceding each response.

11. All documents which are part of the application shall be submitted as a bound single assemblage (unless multiple volumes are necessary) with each disclosure section, exhibit or other attachment identified and separated by tabs.

12. An applicant shall provide photographs of any three-dimensional exhibits.

13. If a question is inappropriate or not applicable, indicate "N.A." on the application.

14. If additional forms are required, the applicant may detach the form and make as many copies as necessary.

IDENTIFICATION OF APPLICANT FOR LIMITED LICENSE

Application for a limited license is hereby made to the Virginia Racing Commission:

_____
(Applicant)

_____
(Address)

_____ _____ _____
(City) (State) (Zip Code)

_____ _____
(Area Code) (Telephone Number)

The Virginia Racing Commission may make inquiries to:

_____
(Name)

_____
(Address)

_____

_____

_____ _____ _____
(City) (State) (Zip Code)

_____ _____
(Area Code) (Telephone Number)

APPLICANT'S AFFIDAVIT

_____
(Applicant)

The undersigned executes this affidavit of his own free will and with no coercion. The applicant, and to the best of the applicant's knowledge, any partner, officer, director and owner subject to 59.1-376 of the Code of Virginia, and any other person with a present, or future direct or indirect financial or management interest in the application meets the qualifications set forth in the Virginia Code and regulations of the Virginia Racing Commission.

1. That application is made for a limited license to conduct a horse race meeting, with pari-mutuel wagering privileges, for a period not to exceed 14 days in any calendar year.

2. That the affiant is the agent of the applicant, its owners, partners, members, directors, officers and personnel, and is duly authorized to make the representations in the application on their behalf. Documentation of the authority must be attached. (Identify attached exhibit number.)

3. That the applicant seeks a grant of privilege from the Commonwealth of Virginia, and the burden of proving the applicant's qualifications rests at all times with the applicant.

4. That the applicant consents to inquiries by the Commonwealth of Virginia, its employees, the commission members, staff and agents, into the financial, character and other qualifications of the applicant by contacting individuals and organizations.

5. That the applicant, its owners, partners, members, directors, officers and personnel accept any risk of adverse public notice, embarrassment, criticism or other circumstance, including financial loss, which may result from action with respect to the application and expressly waive any claim which otherwise could be made against the Commonwealth of Virginia, its employees, the commission, staff or agents.

6. That the affiant has read the application and knows the contents; the contents are true to the affiant's own knowledge, except matters therein stated as information and belief; as to those matters, the affiant believes them to be true.

7. That the applicant recognizes all representations in the application are binding on it, and false or misleading information in the application, omission of required information, or substantial deviation from representations in the application may result in denial, revocation, suspension or conditioning of a license or imposition of a fine, or any or all of the foregoing; and

8. That the applicant will comply with all applicable state and federal statutes and regulations, all regulations of the commission and all other local ordinances.

I hereby swear and affirm that all of the facts set forth in this application and affidavit and all exhibits and attachments contained herein are true and correct.

this _____ day of _____, 19_____

Further your affiant sayeth not.

_____
(Signature)

_____
(Name)

_____
(Title)

_____
(Address)

_____
(City)

_____ _____
(State) (Zip Code)

COMMONWEALTH OF VIRGINIA

_____ COUNTY

_____, personally appeared before me and having been duly sworn, stated to me _____ the undersigned Notary Public in and for the County of _____ State of _____ that all of the facts set forth in this application and all exhibits and attachments contained herein are true and correct and that he executed the same voluntarily and with full authority to do this _____ day of _____, 19_____.

_____
(Notary Public)

My commission Expires: _____

(Seal)

If the applicant is a corporation, the applicant must disclose the applicant's:

Full corporate name: _____

Any trade names currently or previously used: _____

_____

_____

Jurisdiction of incorporation: _____

Date of incorporation: _____

Date the applicant began doing business in the Commonwealth of Virginia: _____

A copy of the applicant's certificate of authority to do business in Virginia. (Identify attached exhibit number.)

Copies of the applicant's articles of incorporation. (Identify attached exhibit number.)

The general nature of the applicant's business: _____

_____

_____

The names, in alphabetical order, and addresses of the directors, and in a separate list, officers of the applicant.

If the applicant is an organization other than a corporation:

The applicant's full name: _____

Any aliases, business or trade names currently or previously used:

_____

_____

_____

_____

DISCLOSURE OF OWNERSHIP AND CONTROL

The applicant must disclose the type of organizational structure of the applicant:

_____ Individual

_____ Business corporation

_____ Nonprofit corporation

_____ Partnership

_____ Joint venture

_____ Trust

_____ Association

_____ Other

If other, describe: _____

_____

_____

If the applicant is an individual, the applicant must disclose the individual's:

Legal name: _____

United States citizen: (Yes or No): _____

Any aliases and business or trade names currently or previously used:

_____

_____

_____

The jurisdiction of organization of the applicant: _____

_____

The date the applicant began doing business in Virginia: _____

_____

The general nature of the applicant's business: _____

_____

_____

_____

Copies of any agreements creating or governing the applicant's organization. (Identify attached exhibit number.)

The names, in alphabetical order, and addresses of any partners and officers of the applicant and other persons who have or share policy-making authority.

If the applicant is a tax exempt organization, the applicant must submit copies of documentation from the Internal Revenue Service granting tax exempt status. (Identify attached exhibit number.)

DISCLOSURE OF CHARACTER INFORMATION

An applicant for a license shall disclose and furnish particulars whether the applicant, director, officer, partner and other persons who have or share policy-making authority:

Been charged in any criminal proceeding other than a traffic violation: (Yes or No) _____

If yes, the applicant must disclose:

Name: _____

Title: _____

Nature of the charge: _____

Date charged: _____

Court: _____

Disposition: _____

Had a horse racing, gambling, business, professional, or occupational license or permit revoked or suspended or renewal denied or been a party in a proceeding to do so: (Yes or No) _____

If yes, the applicant must disclose:

Name: _____

Title: _____

Date of commencement: _____

Circumstances: _____

_____

_____

Disposition: _____

_____

_____

Begun an administrative or judicial action against a governmental regulator of horse racing or gambling: (Yes or No): _____.

If yes, the applicant must disclose:

Name: _____

Title: _____

Date of commencement: _____

Forum: _____

Circumstances: _____

_____

Disposition: _____

_____

_____

DISCLOSURE OF SITE AND FACILITIES

An applicant for a limited license shall disclose the following concerning the horse racing facility:

Address of the facility:

_____
(Street Address)

_____
(Municipality)

_____
(County)

Present ownership of the horse racing facility:

_____

_____

If the applicant leases the site of the horse racing facility, the applicant must submit copies of any leasing agreement, and any other arrangements for the use of the facility between the applicant and the owner of the facility. (Identify attached exhibit number.)

The type or types of racing which will be offered:

_____ Thoroughbred

_____ Standardbred

_____ Steeplechase

_____ Quarter Horse

_____ Arabian

_____ Other

If other, describe: _____

The number of races to be run each day, the post time of the first race each day, types of pari-mutuel pools to be offered, and any organization sanctioning the races. (Identify attached exhibit number.)

A description of the post-race detention facility or sample collecting arrangements:

_____

_____

A description of the totalizator, including vendor and manufacturers, if known:

_____

_____

_____

_____

A description of starting, timing, photo finish and photo patrol, or video equipment, including vendor and manufacturers, if known:

_____

_____

A description of the work areas for stewards and patrol judges:

_____

_____

DISCLOSURE OF GOVERNMENTAL ACTIONS

An applicant for a limited license shall disclose:

Whether the applicant is in compliance with all state statutes, local charter provisions, local ordinances, and state and local regulations pertaining to the development, ownership and operation of its horse racing facility. If the applicant is not in compliance, the applicant must disclose the reasons why the applicant is not in compliance and summarize plans to obtain compliance.

Is the applicant in compliance with all state statutes, local charter provisions, local ordinances, and state and local regulations pertaining to the development, ownership and operation of its horse racing facility? (Yes or No) _____

If no, the applicant must disclose the reasons why the applicant is not in compliance:

Further, the applicant must summarize plans to obtain compliance:

DISCLOSURE OF MANAGEMENT

An applicant for a limited license shall disclose its management personnel:

Name	Title

DISCLOSURE OF SAFETY AND SECURITY PLANS

An applicant for a limited license shall describe the safety and security plans for the horse racing facility in regards to the procedures for accepting and cashing wagers, detention facility and participants:

EFFECTS ON COMPETITION

An applicant for a limited license shall make a brief statement indicating why its racing days will not be harmful to other limited and unlimited licenses issued by the Virginia Racing Commission:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I ,_____
(Name)

a _____
(Title)

of _____
(Name of Applicant)

hereby authorize a complete review of my background and of the information provided by me in my disclosure statement and the information provided in the applicant's application. In addition, I hereby authorize a complete background investigation to be conducted by the Virginia State Police, Federal Bureau of Investigation, the Virginia Racing Commission, and its agents, contractors and assignees of all records concerning me, whether these records are public, non-public, private or confidential. I accept any risk of adverse public notice, embarrassment, criticism, or other circumstance, including financial loss, which may result from action with respect to the application and expressly waive any claim which otherwise could be made against the Virginia Racing Commission, its employees, commission staff or agents. I recognize that the information provided and discovered may be used by the Virginia Racing Commission, its employees, members, staff and agents in order to evaluate both the applicant and my fitness and qualifications for participation in the applicant's license under 59.1-376 Code of Virginia; and I further release authorized providers and users of any such information from any liability under state or federal privacy laws.

_____
(Signature)

Subscribed and sworn to before me

on this _____ day of _____, 19____.

_____
(Notary Public)

PERSONAL INFORMATION FORM

_____
(Name)

_____ _____
(Date of Birth) (Social Security Number)

_____
(Home Address)

_____ _____ _____
(City) (State) (Zip Code)

_____ _____
(Area Code) (Home Telephone Number)

_____
(Business Address)

_____

_____

_____ _____ _____
(City) (State) (Zip Code)

_____ _____
(Area Code) (Business Telephone Number)

Have you ever been suspended, denied a license or fined more than $25 by any state racing commission? (Yes or No) _____

Have you ever been arrested or charged with a crime (other than a traffic violation)? (Yes or No) _____

Have you ever been employed by or associated with a bookmaker or any gambling or illegal establishment or ever owned or operated a handbook or other illegal establishment? (Yes or No) _____

I hereby certify that I have read the foregoing form and affirm that every statement therein is true and correctly set forth. I also agree to abide by and obey the regulations of the Virginia Racing Commission and the Commonwealth of Virginia.

_____
(Signature)

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 355-12-02. State Plan for the Provision of Children's Specialty Services.**

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

Effective Date: July 1, 1990.

Summary:

This revision of the State Plan for the Provision of Children's Specialty Services revises the previous state plan of May 1, 1987. The changes in the revised plan include the following:

1. Addition of the definitions of the words "academic medical center," "accident," "developmental disorder," "imaging procedures," and "orthopedic appliance."

2. Incorporation of the Child Development Services Program. This program was transferred from the Division of Maternal and Child Health to the Division of Children's Specialty Services in 1987. The description; scope; content; patient services provided; organizational relationships; process for application, evaluation, treatment, variance and appeal; financial regulations; and financial procedures for this program are included in the plan.

3. Deletion of the registry of the deaf. This registry was transferred to the Department for the Deaf and Hard of Hearing by legislation in 1988.

4. Clarification of covered conditions and services in the existing program specialty clinics, as follows:

a. Cardiology - Hyperlipidemia is a covered condition. Children with Kawasaki Disease may be admitted to the program during hospitalization. Pacemakers are a covered service. Change of the name of the specialty clinic from Cardiology to Cardiology Including Cardiac Surgery is allowed.

b. Cystic Fibrosis - Covered medications include mucolytic agents, aerosols, and glycemia controls. Influenza and pneumococcal vaccines are covered. Medications needed for intravenous antibiotic therapy in the home are covered. Supplies utilized by home health services who provide the patient care may be replaced. Persons who do not meet criteria for low income may choose to pay the annual patient fee to cover professional services during the program clinic and to pay for all other medical services, including the purchase of medication at the pharmacy of their choice.

c. Genetic Services - Genetic evaluation, genetic testing, and genetic counseling are an integral part of the care of children managed in program clinics. Insofar as possible, a genetic professional is incorporated in the program clinics. Low income patients shall receive genetic services at no charge to the families whether they are provided at a program clinic or a genetic clinic. Other than low income patients with cystic fibrosis, hemophilia, spina bifida and maxillofacial deformities shall also receive genetic services at no charge to the families.

d. Hearing - A complete hearing evaluation performed by a licensed audiologist which indicates a hearing loss does not have to be repeated.

e. Hemophilia - All patients covered by insurance shall obtain their drugs through private pharmacy providers that have agreements with the program to provide such services.

f. Maxillofacial - Change of the name of the specialty clinic from Cleft Lip/Palate/Facial Deformities to Maxillofacial is allowed.

g. Neurology - Narcolepsy, developmental disorders, and attention deficit disorders are not covered. Delete the word "primary" to allow referral by all types of physicians.

h. Psychological Services - Psychological services are provided by psychologists employed in the Children's Specialty Services Program and the Child Development Services Program. When patients need services not available in the programs, they are referred to other public resources, e.g., the school system and mental health clinics. If these are not available, they are referred to the psychology department of the hospitals in which program clinics are located.

i. Sickle Cell Anemia - Covered conditions shall be limited to sickle cell anemia (SS), sickle "C" anemia (SC), and sickle beta thalassemia (SA). Comprehensive treatment services are covered for persons from birth to the fifth birthdate who have been identified as having Sickle Cell Anemia by the newborn screening program as required by the Code

of Virginia.

j. Surgery - Acquired cysts of the lungs and breast deformities are covered services. Add the word "correctable" as an adjective beside congenital anomaly or condition at birth requiring surgery within 30 days of birth. Delete the words "TO SAVE LIFE." Program coverage shall begin 24 hours before surgery. Tracheostomy supplies are a covered service for those patients requiring a tracheotomy while under program care.

k. Tumors - Benign and malignant tumors are covered conditions for diagnosis, surgical removal, and follow-up. Chemotherapy and radiotherapy in conjunction with treatment of malignant tumors are not covered, as well as hospitalization for terminal care after metastasis.

l. Urology - Circumcision revision is not a covered condition.

5. Clarification of direct hospitalization coverage for patients admitted between clinic sessions if preauthorized by the program director.

6. Addition of procedures for reporting an injury due to any type of accident that has occurred in a child seeking or receiving treatment in the program for the results of said accident. This allows a lien to be processed by the Assistant Attorney General's office in favor of the Commonwealth. At the conclusion of litigation, if a monetary award above the Medicaid Medically Needy Standard for One Person Household (resource limitation) has already been provided for the benefit of the child, such child may enter or remain on the program for management and follow-up, but must pay for all x-rays, laboratory work, tests, braces, appliances, drugs, hospitalization, and other treatment services until proof is provided that only the resource limitation remains in the award. The child then becomes eligible for full services if the family meets income requirements.

7. Modification of the eligibility procedures to require application to Medicaid for infants and children with family income that meets current Medicaid requirements for coverage. These patients may receive clinic services upon completion of the program application. They shall be referred to Medicaid, and the program shall not be a payor of ancillary or hospitalization services until the appropriate Medicaid application has been processed for acceptance or denial.

8. Addition of a statement to the qualifications of the clinical director - "If possible, the clincial director shall be a pediatric subspecialist."

9. Clarification of the rate of payment for appliances from "...shall not exceed the usual and customary charge..." to "...shall be the program's negotiated price with the vendors".

VR 355-12-02. State Plan for the Provision of Children's Specialty Services.

PART I.
DEFINITIONS.

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

[*"Academic medical center" means Medical College of Virginia, University of Virginia Medical Center and Eastern Virginia Medical School-Children's Hospital of the King's Daughters.*]

[*"Accident" means an unexpected event that causes or has potential for causing a disability.*]

"Administrative director" means an employee of the Child Development Services Program who is designated to be responsible for the administration of clinic activities at a clinic facility.

"Annual patient [~~*fee charge*~~]" means the annual charge for services provided in accordance with this plan and determined in accordance with the effective Board of Health "Regulations Governing Eligibility Standards and Charges for Medical Care Services."

"Appeal" means the patient's right to seek relief from a decision that results in denial of services included in the plan.

"Applicant" means an individual who has applied for treatment services provided by Division of Children's Specialty Services.

"Board" means the Virginia State Board of Health.

"Child development services" means the activities undertaken by the program for (i) the early identification of [~~*developmentally impaired*~~] *children* [*with developmental disorders*] *; (ii) the provision of preventive, diagnostic and treatment services authorized by the plan for such children; (iii) the development, strengthening and improvement of standards and techniques relating to the provision of such services; (iv) training of personnel engaged in providing these services; and (v) the necessary administrative services in connection with the aforementioned services.*

"Children's specialty services" means the activities undertaken by the program for:

1. The early identification of handicapped children;

2. The provision for such children of preventive, diagnostic and treatment services authorized by the

plan;

3. The development, strengthening and improvement of standards and techniques relating to the provision of such services;

4. Training of personnel engaged in providing these services, to the extent permitted by fiscal constraints; and

5. The necessary administrative services in connection with the aforementioned services.

"Clinic coordinator" means an employee of the [*Children's Specialty Services*] program who is designated to be responsible for the administration of clinic activities at an assigned provider facility.

"Clinical director" means the physician in charge of a program sponsored clinic.

"Commissioner" means the State Health Commissioner. The commissioner is the chief executive officer of the board and vested with authority to act for the board when it is not in session.

"Covered condition" means a specific congenital or acquired physical condition which results in a handicapping condition which is amenable to surgical or medical intervention that results in correction or functional improvement of that condition and, for which services are specifically authorized by the plan [*to be rendered in Children's Specialty Services Program*].

"Covered services" means those diagnostic and treatment services that directly relate to the treatment of a covered condition *in the Children's Specialty Services Program and to a developmental disorder in the Child Development Services Program* .

"Department" means the Virginia Department of Health.

[*"Developmental disorder" means a delay(s) in maturation or deviant maturation of physical, language, sensory, motor, cognitive, social, learning or emotional capabilities to the extent that there is a negative impact on a child's ability to adapt to or cope with the typical environmental demands as expected for chronological age.*]

"Director" means the Director, Division of Children's Specialty Services.

"Division" means the Division of Children's Specialty Services.

"Handicapped child" means a child between birth and 21 years of age who meets the financial eligibility criteria, and is afflicted with a covered condition.

"Handicapping condition" means a congenital anomaly or acquired disease or condition which if untreated, will result in a significant diminution of one's physical ability to function in his environment, i.e., cleft lip/palate, amputation, club foot, scoliosis, burn scar contractures, but not including acute care for trauma, pneumonia or routine pediatric care.

"Hospitalization" means an admission to a provider facility for more than 24 hours for the treatment of a covered condition. (See subsections A.6 and A.7 of § 11.5.)

[*"Imaging procedure" means a method whereby a picture or conception with more or less likeness to an objective reality of a body part or function. This includes magnetic resonance imaging, nuclear medicine procedures, ultrasonography, CAT Scan, arthrogram, arteriogram, myelogram, echocardiogram, and radiographic examination.*]

"Low income family" means those families whose annual gross income, as defined in the board's "Regulations Governing Eligibility Standards and Charges for Medical Care Services (VR 355-39-01)" does not exceed THE HIGHEST ANNUAL INCOME RANGE BELOW THE 100% SELF-PAY RANGE.

[*"Orthopedic appliance" means equipment or device to correct or mitigate an orthopedic handicapping condition. This term shall include corrective shoes, splints, walkers, braces, prostheses, crutches, and canes.*]

"Participant" or "patient" means an individual who meets all the eligibility criteria for the program, and has been accepted for treatment services.

"Plan" means the State Plan for the Provision of Children's Specialty Services prepared pursuant to Title V of the United States Social Security Act, as amended.

"Preauthorized" means written approval by the director prior to the provision of a covered service for a participant, except as otherwise provided for in the plan.

"Program" means Children's Specialty Services Program *and the Child Development Services Program* administered by the Division of Children's Specialty Services.

"Provider" means an individual or agency which provides a covered service under an agreement between the individual or agency and the Division of Children's Specialty Services.

"Provider facility" means any facility which provides a covered service under a contractual arrangement between that facility and the Division of Children's Specialty Services.

"Resident" means any child whose parents or legal guardian reside within the geographical boundaries of the Commonwealth with the intent to remain therein. Further, there shall be a reasonable assurance that the child will

remain long enough to benefit from any treatment provided.

"Specialty program" means the diagnostic, treatment and ~~case management~~ *care coordination* activities provided by the Division of Children's Specialty Services which are limited to a particular branch of medicine or surgery.

"Treatment services" means those preauthorized surgical or medical procedures necessary to correct or mitigate a covered handicapping condition *in the Children's Specialty Services Program and a developmental disorder and related conditions or problems in the Child Development Services Program* . This term shall include hospitalization, amubulatory surgery, outpatient surgery, in and out surgery, laboratory, [~~radiographic~~ *imaging procedures*] and other diagnostic tests, medications, prostheses, appliances, or aftercare required to properly treat the covered condition. ANY SERVICE NOT SPECIFICALLY AUTHORIZED IN THIS PLAN IS NOT COVERED. RADIATION AND CHEMOTHERAPY ARE NOT COVERED.

"Variance" means an authorization to provide a noncovered service for a participant in the ~~Children's Specialty Program~~ *programs in the Division of Children's Specialty Services* when the additional service augments and provides for a better rehabilitative outcome.

PART II.
GENERAL INFORMATION.

§ 2.1. Authority.

Section 32.1-77 of the Code of Virginia authorizes the Board of Health to prepare, amend, and submit to the appropriate federal authority, a state plan for maternal and child health services and children's specialty services pursuant to Title V of the United States Social Security Act and any amendments thereto. Section 32.1-12 of the Code of Virginia authorizes the board to promulgate regulations. This document is prepared under this authority.

§ 2.2. Purpose of the plan.

To ensure that services for the treatment and rehabilitation of handicapped children are made available to eligible citizens of the Commonwealth within available appropriations and to qualify for federal funds to implement the plan.

§ 2.3. Authority to administer the plan.

Section 32.1-77 of the Code of Virginia authorizes the Commissioner of Health to administer the plan and to receive and expend federal funds for the administration thereof in accordance with applicable federal and state laws and regulations.

The commissioner hereby delegates the authority to supervise the day-to-day activities required to administer the plan to the director, Division of Children's Specialty Services. The director shall be responsible for the efficient and effective implementation of the plan and shall be accountable to the commissioner.

§ 2.4. Effective date of plan.

This plan will become effective on ~~May 1, 1987~~ [~~April~~ *July*] 1, 1990 .

§ 2.5. Emergency suspension of services.

The commissioner may suspend any portion of the plan, including services provided, to ensure the financial integrity of the Children's Specialty Services Program. The commissioner shall report any action taken under the provisions of this section to the Board of Health at its next scheduled meeting.

PART III.
ASSURANCE AND REFERENCES.

§ 3.1. Section 32.1-77 of the Code of Virginia designates the Commissioner of Health, a physician and Chief Executive Officer of the Department of Health, as the administrator of this plan.

The director of the Division of Children's Specialty Services, an organizational unit of the department, has the responsibility for supervising the day-to-day activities required to administer the plan. The director of this division is a physician and full-time employee of the Department of Health.

§ 3.2. Confidentiality of medical records is assured by § 32.1-41 of the Code of Virginia.

§ 3.3. Participating hospitals have signed a contract with the department accepting reasonable and adequate to meet the costs incurred by efficiently and economically operated facilities, determined in conformity with standards approved by the Secretary of Health and Human Services. This rate shall be calculated annually as an aggregate cost to charges based on Title XIX reimbursable costs. payments for care based on Medicaid allowable cost determinations.

Further, the contract also stipulates that payments made by the department and accepted by the hospital constitutes full payment for services provided to patients sponsored by the Division of Children's Specialty Services.

§ 3.4. All services purchased for recipients of the Children's Specialty Services Program are made in accordance with policies and procedures of the Commonwealth of Virginia's Department of General Services. Records are on file for audit for a period of five years from year of purchase.

§ 3.5. The Department of Health maintains adequate records to show the disposition of all funds expended for

activities under the plan.

§ 3.6. The plan does not preclude establishment of "Demonstration Projects" when approved by the commissioner. All such projects shall be relevant to the children's specialty services provided through the administration of the plan.

§ 3.7. The plan does not preclude the use of subprofessional staff and volunteers in the provision of services authorized by the plan.

PART IV.
ORGANIZATIONAL RELATIONSHIPS.

§ 4.1. Relationships between Division of Children's Specialty Services and:

A. Local health departments.

The division and local health departments work as partners in the provision of services to handicapped children. The program provides medical specialists and clinics for patients in both selected locations and local health departments for diagnostic services and treatment of specified conditions. In the specialty clinics eligibility certification and the [~~fee~~ *charge*] collection are also conducted by the program personnel.

The local health department provides case finding, initial eligibility determination, [~~fee~~ *charge*] collection, and counseling for all program patients. Space, equipment and personnel to conduct clinics are provided by local health departments for specialty clinics held on their premises for program sponsored patients. Local health departments are responsible for ~~case management~~ *care coordination* between specialty clinic visits.

B. *Academic* medical ~~schools~~ *centers* in Virginia.

The program provides personnel, i.e., nurse coordinators, clerks, physical therapists, and social workers, to operate specialty clinics held in the *academic* medical ~~schools~~ *centers* . Reimbursement to physicians conducting specialty clinics is based on time spent in clinic.

The *academic* medical ~~schools~~ *centers* provide space, supplies, and routine equipment for conducting specialty clinics. Personnel, i.e., physicians, nurses, and support personnel, to accomplish outpatient services, ancillary services and hospitalization services are provided by state *academic* medical ~~schools~~ *centers* .

C. Hospitals.

The program provides personnel, i.e., nurse coordinators, clerks, physical therapists, and social workers, to operate specialty clinics held in hospitals. Also provided by the program is reimbursement for ancillary services, hospitalization, and reimbursement to physicians based on time spent in clinics. Office space/equipment are provided by the program.

D. Volunteer organizations.

1. United Cerebral Palsy.

United Cerebral Palsy may provide case findings, clinics, clinicians, and other personnel to operate clinics located at cerebral palsy centers.

The program provides covered appliance, ancillary services and hospitalization as recommended by the cerebral palsy clinical director for those patients accepted into the program from the cerebral palsy center.

2. Hemophilia Foundation.

The Hemophilia Foundation provides case findings and an advisory committee to direct public attention toward hemophilia through education. The program provides covered services to hemophiliacs.

3. Society for Crippled Children and Adults.

The Society for Crippled Children and Adults provides case findings and directs public attention to handicapped persons through education. Also the society provides some equipment and appliances not provided by the program (wheelchairs, [~~walkers,~~] etc.)

E. Other state agencies and programs.

1. Department of Rehabilitative Services.

The Department of Health has formal agreements with the Department of Rehabilitative Services for provision of clinic services by the program with the Department of Rehabilitative Services reimbursing for ancillary services, hospitalization, drugs, and equipment/appliances.

2. Department of Corrections.

The Department of Health has formal agreements with the Department of Corrections to provide continued clinic services for previous program participants. Reimbursement for covered ancillary services, drugs, and hospitalization is made by the Department of Corrections.

3. Department of Education.

The ~~Division of Special Education Programs and Services of the~~ *Virginia* Department of Education provides educational consultants to the program as an integral part of the evaluation and medical team. The educational consultant is a direct liaison between the program and public schools. The program also cooperates with the Division of Special Education

Programs and Services in development of medical-educational programs for handicapped children ages birth to 21 years in support of Public Laws 94-142 and 99-457.

The program is a medical resource in support of the Statewide Scoliosis Screening Program in public schools.

~~4. Maternal and Child Health. Child Development Clinic Program.~~

~~The program has formal agreements with the Division of Maternal and Child Health's child development clinics providing for cross referral from agency to agency, under which each agency will purchase the services ordered or recommended during the course of their treatment of the patient.~~

~~5.~~ *4.* Maternal and Child Health. Genetics Disease Program.

The ~~program~~ *division* has a formal agreement with the Division of Maternal and Child Health's Genetics Disease Program providing for cross referral between the program and genetics centers. Genetic counseling, testing and diagnostic services shall be provided by the genetics centers to program patients as part of their funding through the Maternal and Child Health Services Block Grant. [*See § 8.4.*]

F. Primary care physicians.

The program encourages each family to have a primary care physician for the provision of general health care to the child. The program sends clinic reports and hospital discharge summaries to the child's primary care physician to enhance medical management and promote continuity of care between program clinic visits.

PART V.
CHILDREN'S SPECIALTY SERVICES SCOPE AND CONTENT.

§ 5.1. Mission statement.

The Virginia Children's Specialty Services Program's primary thrust is capacity building through a statewide structured health care delivery system which ensures the availability of appropriate and proper comprehensive care for handicapped children. Such a system stresses quality assurance, establishment of standards, and monitoring of performance. Quality assurance involves the establishment of codified service programs under contract outlining professional qualifications and space, equipment, and procedure standards.

The system involves multidisciplinary teams and paraprofessionals, brought together for the comprehensive management of the multiple problems associated with long-term, multistaged, and complicated handicapping conditions.

In addition to availability and quality assurance, the system is geared to individual needs and stresses continuity of care through shared responsibilities and coordination.

§ 5.2. Scope of services.

The division through agreements and contracts, provides structured programs within [~~university~~ *academic*] medical [~~facilities~~ *centers*], private hospitals, and local health departments, for the specialized diagnosis and treatment of the broad series of childhood handicapping conditions. The program concentrates on highly specialized services which are not generally or readlily available within local communities and are of such a complicated and long-term nature that the cost would be prohibitive to low income families.

Regional center management is accomplished through program offices located within the center. Program coordinators supervise all program transactions and activities within the center. The coordinator works with the clinical director relative to patient treatment to families, consults with nurses in local health departments, and follows program sponsored patients through hospital stays.

§ 5.3. Goals and objectives of the program.

A. Goals.

1. To locate ~~all~~ children within the Commonwealth in need of children's specialty services.

~~2. To maintain a registry of the deaf in the Commonwealth (§ 63.1-85.5 of the Code of Virginia).~~

~~3.~~ *2.* To maintain the Virginia Hearing Impairment Identification and Monitoring System (§§ 32.1-64.1 and 32.1-64.2 of the Code of Virginia).

~~4.~~ *3.* To provide diagnostic and treatment services by qualified medical specialists through regularly-scheduled clinics located in comprehensive medical/surgical regional centers as well as numerous field centers so as to be accessible to all parts of the Commonwealth.

~~5.~~ *4.* To provide comprehensive outpatient and inpatient medical/surgical care for handicapped children.

~~6.~~ *5.* To arrange for indicated ancillary and professional services.

~~7.~~ *6.* To plan, develop and facilitate implementation of needed services for handicapped children.

B. Objectives.

[~~1.~~] General. The director shall develop objectives that are the basis for the annual management plan for the program. These objectives are developed as a result of the director's assessment of statistical data, the Virginia State Health Services Plan, and federal initiatives. These objectives shall become part of this plan if they have been accepted as part of the department's Biennium Budget Proposal. No special review action shall be required to include these objectives.

PART VI.
SERVICES PROVIDED.

§ 6.1. Amputee.

A. Covered conditions shall be limited to amputations of the hand, arm, leg, feet, fingers, and toes. Neoplasms of all extremities requiring amputation are also covered.

EMERGENCY AMPUTATION DUE TO ACCIDENTS IS NOT A COVERED SERVICE DURING ACUTE PHASE OF TREATMENT. Children with this condition can be referred to the program for long-term rehabilitation.

B. Treatment services.

1. Clinic services shall be provided by a team (Amputee Board) of orthopedist, prosthetist, occupational therapist, and physical therapist.

2. Hospitalization shall include surgery related to the covered condition and for fitting of and training in use of prostheses.

3. Ancillary services shall include temporary and permanent prosthetic devices and repairs, physical therapy, occupational therapy, stump care, gait training, stump socks, drugs, [ra~~diographic examinations~~ *imaging procedures*], orthopedic appliances (braces, shoes, crutches, canes) and repairs, stump wrapping, casts, and muscle tests required for treatment of the covered conditions.

§ 6.2. Cardiology [*including cardiac surgery*].

A. Covered conditions shall be limited to congenital heart disease, rheumatic fever, Kawasaki Disease, tachyarrhythmias, bradyarrhythmias, infective endocarditis, [*hyperlipidemia,*] and diseases of the pericardium and myocardium.

Referral by the child's physician is required. The physician's nurse practitioner may make the referral.

B. Treatment services.

1. Clinic services.

Medical follow-up shall be provided by a pediatric cardiologist [*and surgery shall be performed by a pediatric cardiac surgeon*].

2. Hospitalization.

Newborn infants with congenital cardiac conditions of such severity as to require immediate corrective or palliative surgery within 30 days of birth and children with rheumatic fever *and Kawasaki Disease* may be admitted for program sponsored treatment services during hospitalization.

Hospitalization for cardiac catherization, cardiac surgery, and cardiac complications of the covered conditions shall be provided. ADMISSIONS FOR TREATMENT OF PNEUMONIA SHALL NOT BE COVERED.

For patients already admitted to the Children's Specialty Services Program during clinic services, the program may authorize three days hospitalization for diagnosis or evaluation of cardiac problems. If illness is not due to this condition, authorization for hospitalization will not be extended.

Hospitalization for the treatment of children during the acute phase of rheumatic fever shall be provided, to a maximum of 21 days.

Program sponsored patients admitted to a program approved hospital as an emergency for cardiac complications of the covered conditions may have treatment services without preauthorization if the program's contract cardiologist has confirmed the diagnosis.

3. Ancillary services shall include drugs, [~~chest radiographs,~~] EKG, blood and urine chemistries, [~~Echocardiogram,~~] exercise stress test, Holter Monitor, [~~cardiac blood pool imaging, Doppler Study,~~] *pacemaker,* and [~~magnetic resonance~~] imaging [*procedures*].

§ 6.3. Cerebral palsy.

A. Covered condition shall be limited to cerebral palsy.

B. Treatment services.

1. Clinic services shall be provided by a team consisting of othopedist, occupational therapist, physical therapist, rehabilitation engineer and orthotist [~~and located at cerebral palsy centers~~].

2. Hospitalization shall be limited to orthopedic surgery and intensive physical and occupational therapy required during the hospital stay.

3. Ancillary services shall be limited to orthopedic appliances and repairs, orthoses, physical therapy, occupations therapy, drugs, [ra~~diographic examinations,~~] casts, [~~magnetic resonance~~] imaging [*procedures*], blood and urine tests, and muscle tests required for the treatment of the covered condition.

~~§ 6.4. Cleft lip/palate facial deformities.~~

~~A. Covered conditions shall be limited to cleft lip, cleft palate, cleft lip and palate and congenital facial deformities such as Aperts, Treacher-Collins, craniofacial microsomias, prognathisms, tumor, Cruzon's Syndrome, Pierre Robin Syndrome, and short palate, as well as other mandibulofacial dysostosis. Tongue-tie is not a covered condition unless accompanied by mandibulofacial problem. Orthodontics without plastic surgery is not covered.~~

~~B. Treatment services.~~

~~1. Clinic services shall be provided by a clinic which may be made up of plastic surgeon, pedodontist, orthodontist, prosthodontist, oral surgeon, speech pathologist, medical social worker and pediatrician.~~

~~Children with suspected medical ear problems or hearing loss shall be automatically referred to the Hearing Impairment Program by the coordinator of the Facial Deformities Program.~~

~~2. Hospitalization shall be limited to surgical correction of the covered condition or complications of the covered condition.~~

~~3. Ancillary services shall be limited to radiographic examination; laboratory tests; drugs; photographs which are a part of the patient's medical record and are considered necessary for evaluation of growth and development; speech and language evaluation and speech therapy as recommended by clinic team; appliances; dental orthodontic or prosthodontic care relative to the covered condition.~~

~~C. Nonlow income patients.~~

~~Persons with severe cleft lip and cleft palate or extensively involved facial deformities and syndromes which will involve long-term multistaged surgeries and reconstructions who do not meet criteria for low income (see Part I) shall be allowed to attend program sponsored clinics on payment of the annual fee. Such patients shall be responsible for the cost of medical services directly with the provider. After presenting evidence of medical expenses incurred, not covered by insurance, for the patient in an amount equal to 5.0% of the family's gross annual income, the patient will then become a program sponsored patient and be eligible for all indicated treatment services as outlined in subsection B of § 6.4 until the next annual financial recertification.~~

~~§ 6.5.~~ *§ 6.4.* Cystic fibrosis.

A. Covered condition shall be limited to cystic fibrosis.

B. Treatment services.

1. Clinic services shall be provided by a pediatrician and may include consultation with other team members comprised of physical therapist, social worker, nutritionist and education consultant.

2. Hospitalization shall be limited to treatment of acute exacerbation of the disease and evaluation and treatment for meconium ileus equivalent or other complications associated with cystic fibrosis. Surgical removal of nasal polyps shall be covered if performed in existing programs.

3. Ancillary services shall be limited to laboratory studies, i.e., sweat chloride determination by pilocarpine iontophoresis sweat gland stimulation and titrimetric quantitative analysis[*of collected sweat*], blood studies, urine studies, [~~and throat and sputum~~] cultures [*of respiratory tract secretions*], [~~radiographic examinations~~ *imaging procedures*] relative to cystic fibrosis, pulmonary functions studies, medication, i.e., antibiotices, enzymes, vitamins, expectorants, [*mucolytic agents, aerosols, glycemia controls, etc., influenza and pneumococcal vaccines,*] nebulization equipment, and physical therapy. Special formula is not covered. Supplies [*and medications needed*] for intravenous antibiotic therapy in the home shall be ordered through the Bureau of Pharmacy Services. [*Supplies utilized by home health services who provide the patient care may be replaced.*]

C. ~~Nonlow~~ *Other than low* income patients.

Persons who do not meet criteria for low income (see Part I) shall be allowed to attend program sponsored clinics on payment of the annual [~~fee~~ *charge*]. This allows such patients to order authorized medication through the Bureau of Pharmacy Services. Such patients shall be responsible for the cost of medical services directly with the provider. Drugs shall be paid for at time order is placed in the local health department. After presenting evidence of medical expenses incurred, not covered by insurance, for the patient in an amount equal to 5.0% of the family's gross annual income, the patient will then become a program sponsored patient and be eligible for all indicated treatment services as outlined in subsection B of ~~§ 6.5~~ *§ 6.4* until the next annual financial recertification.

At their option, persons who do not meet criteria for low income patients (see Part I) may choose to pay the annual patient [~~fee~~ *charge*] *to cover professional services provided during the program clinic and to pay for all other medical services including the purchase of medication at the pharmacy of their choice.*

D. Adult cystic fibrosis patients over 21 years of age shall be provided clinic services and ancillary services (see subsections B.1 and B.3 of ~~§ 6.5~~ *§ 6.4*). No hospitalization is provided for adults.

~~§ 6.6.~~ *§ 6.5.* Endocrinology.

A. Covered conditions shall be limited to diseases or disorders of the pituitary glands, thyroid gland, parathyroid glands, adrenal glands, pancreas and gonads.

Full evaluation for short stature (defined as below the fifth percentile on the height chart for sex and age), tall stature, growth failure, precocious puberty, delayed sexual development and such other syndromes shall be provided but unless they have an endocrinological cause, they cannot be followed for ongoing treatment services in the endocrinology clinic but may qualify for coverage in another program sponsored clinic.

B. Treatment services.

1. Clinic services shall be provided by a pediatric endocrinologist.

2. Hospitalization shall be provided for required surgery and medical management of complicated covered conditions.

3. Ancillary services shall include laboratory services, i.e., blood studies and urine studies, necessary to diagnose or treat a covered condition, [~~radiographic studies~~ *imaging procedures*] relative to the covered condition, and medication necessary to treat covered conditions.

C. Childhood and Adolescent Diabetes Program.

The diabetic clinics are a part of the Endocrinology Program and are especially structured for the treatment, management, and follow up of children and adolescents with diabetes mellitus. The clinics may function as a part of the endocrine clinics or may be self-standing.

1. Self-standing diabetes clinic services shall be limited to the treatment of diabetes mellitus and its complications.

2. Hospitalization shall be provided for required medical management of complicated covered condition when ordered by the clinical director.

3. Ancillary services shall cover [~~radiographic studies~~ *imaging procedures*], laboratory testing, insulin syringes, and testing materials.

§ ~~6.7.~~ *§ 6.6.* Eye surgery.

A. Covered conditions shall be limited to strabismus, acquired cataract, strabismus with amblyopia, malignancies of eye requiring enucleation, conditions requiring corneal transplant, chronic glaucoma, ptosis, lacrimal stenosis, juvenile rheumatoid arthritis uveitis, granulomatous uveitis, keratoconus, retrolental fibroplasia, posttraumatic eye complications, congenital anophthalmos, congenital malformation of the eye, and albino eye conditions.

ACUTE GLAUCOMA AND ACUTE EYE ACCIDENTS ARE NOT COVERED CONDITIONS.

ABNORMAL VISION DUE TO REFRACTIVE ERROR ONLY AND RETINAL DETACHMENT ARE NOT COVERED CONDITIONS.

B. Treatment services.

1. Clinic services shall be provided by an opthalmologist.

2. Hospitalization and outpatient eye surgery shall be provided and limited to eye surgery for covered conditions.

3. Ancillary services shall be limited to eye glasses, drugs, prostheses, eye occlusors, contact lens, [~~radiographic examinations~~ *imaging procedures*], blood tests, and urine tests required for the diagnosis and treatment of the covered condition.

§ ~~6.8.~~ *§ 6.7.* Hearing impairment.

A. Before referral to a hearing impairment clinic, children must have failed a local hearing screening test followed by a failure of a rescreen in two to four weeks. They shall also have a local medical examination for impacted wax, foreign bodies, obvious pathology, etc. *A complete hearing evaluation performed by a licensed audiologist which indicates a hearing loss does not have to be repeated.* Children too young to respond to audiometric screening can be screened with tympanometry *; or* the Modified Ewing *(both must be repeated, as above, in two to four weeks)* , or on the basis of high risk status for hearing loss. Children unable to be screened because of a handicap are exempt from this referral requirement. Children known to the ~~cleft lip/cleft palate~~ *Maxillofacial* Program can be referred to hearing impairment clinic without screen failures.

B. Covered conditions shall be limited to chronic recurrent otitis media, mastoiditis, congenital conditions of external auditory canal, middle and inner ear, disorders of tympanometry, the Modified Ewing, or on the basis of high risk status for hearing loss. Children unable to be screened because of a handicap are exempt from this referral requirement. Children known to the cleft lip/cleft palate program can be referred to hearing impairment clinic without screening failures.

C. Treatment services.

1. Clinic services shall be provided by a team consisting of otologist, audiologist, psychologist and social worker.

2. Hospitalization and outpatient ear surgery shall be provided and limited to corrective ear surgery required for the covered conditions. TONSILLECTOMY [~~AND~~ *OR*] ADENOIDECTOMY [*, OR BOTH,*] FOR THE TREATMENT OF DOCUMENTED AND

DEMONSTRABLY RELATED HEARING LOSS IS COVERED.

3. Ancillary services shall be limited to medication, complete hearing evaluation, hearing aid evaluation, hearing aids and repairs, speech therapy, blood and urine tests, [~~radiographic~~ ~~examinations~~ *imaging procedures*], aural rehabilitation, and speech-language evaluation required for treatment of the covered conditions.

~~§ 6.9.~~ *§ 6.8.* Hemophilia.

A. Covered conditions shall be limited to hemophilia and Von Willebrand's disease.

B. Treatment services.

1. Clinic services shall be provided by a team consisting of a hematologist, orthopedist, and physical therapist.

2. Hospitalization shall be provided for severe bleeding episodes. Required orthopedic surgery is limited to individuals up to 21 years of age.

Emergency room care is provided for acute accidents and bleeding episodes.

A life threatening bleeding episode requiring immediate care may be received at the nearest hospital without prior authorization by the program if or when the family has a private physician who manages the case in consultation with the clinical director and the hospital has adequate capabilities for treatment services.

3. Ancillary services shall be limited to ~~drugs,~~ training for home infusion, [~~radiographic~~ ~~examinations~~ *imaging procedures*], orthopedic appliances, splints, casts, physical therapy and blood tests required for the treatment of the covered conditions. *Coverage for drugs by the program shall be limited to patients who do not have medical insurance. All patients covered by insurance [~~shall~~ may]* obtain their drugs through private pharmacy providers that have agreements with the program to provide such services.

C. ~~Nonlow~~ *Other than low* income patients.

Persons who do not meet criteria for low income patients (see Part I) shall be allowed to attend program sponsored clinics on payment of the annual patient [~~fee~~ *charge*]. This allows such patients to order authorized medication through the Bureau of Pharmacy Services. Due to the extremely high cost of the blood products, patients with hemophilia may pay the annual medical spend down in monthly installments to the program coordinator. The spend down is equivalent to 5.0% of the family's gross annual income. The spend down shall be fully paid at the end of the 12-month period from the annual recertification date.

D. Covered services shall be provided for children and adults.

§ 6.9. ~~Cleft~~ ~~lip/palate~~ ~~facial~~ ~~deformities.~~ Maxillofacial.

A. Covered conditions shall be limited to cleft lip, cleft palate, cleft lip and palate and congenital [or acquired] facial deformities including severly handicapping conditions such as Aperts, Treacher-Collins, craniofacial microsomias, prognathisms, tumors, Cruzon's Syndrome, Pierre Robin Syndrome, and short palate, as well as other mandibulofacial dysostosis. Tongue-tie is not a covered condition unless accompanied by mandibulofacial problem. Orthodontics without plastic surgery is not covered.

B. Treatment services.

1. Clinic services shall be provided by a clinic which may be made up of plastic surgeon, pedodontist, orthodontist, prosthodontist, oral surgeon, speech pathologist, medical social worker and pediatrician.

Children with suspected medical ear problems or hearing loss shall be automatically referred to the Hearing Impairment Program by the coordinator of the Maxillofacial Program.

2. Hospitalization shall be limited to surgical correction of the covered condition or complications of the covered condition.

3. Ancillary services shall be limited to [~~radiographic~~ ~~examination~~ imaging procedures] ; laboratory tests; drugs; photographs which are a part of the patient's medical record and are considered necessary for evaluation of growth and development; speech and language evaluation and speech therapy as recommended by clinic team; appliances; dental orthodontic or prosthodontic care relative to the covered condition.

C. Other than low income patients.

Persons with severe cleft lip and cleft palate or extensively involved facial deformities and syndromes which will involve long-term multistaged surgeries and reconstructions who do not meet criteria for low income (see Part I) shall be allowed to attend program sponsored clinics on payment of the annual [~~fee~~ charge] . Such patients shall be responsible for the cost of medical services directly with the provider. After presenting evidence of medical expenses incurred, not covered by insurance, for the patient in an amount equal to 5.0% of the family's gross annual income, the patient will then become a program sponsored patient and be eligible for all indicated treatment services as outlined in subsection B of § 6.9 until the next annual financial recertification.

§ 6.10. Neurology.

A. Covered conditions shall be limited to seizures; neurocutaneous and neuromuscular diseases; degenerative disorders of cerebral white matter, cerebellum, and basal ganglia; neoplasms (diagnosis only); toxic encephalopathy; and diseases of the the spinal cord. *Narcolepsy, developmental disorders, and attention deficit disorders are not covered.*

Referral by the child's [~~primary~~] physician is required. Children with emotional, school, and social problems or learning disabilities as their primary problem shall be referred to the child development clinics.

B. Treatment services.

1. Clinic services shall be provided by a team which includes a neurologist, psychologist, social worker and educational consultant.

2. Hospitalization for special work ups, difficult drug adjustment, and status epilepticus may be approved. All such hospitalization shall be approved and preauthorized (see Part I). An admission of a program sponsored patient for a life threatening episode of status epilepticus does not require preauthorization.

3. Ancillary services shall be limited to drugs [, *except for ritalin*], blood tests, urine tests, [~~radiographic examinations,~~] EEG, [~~CAT SCAN, EMG and ultrasonography,~~] and [~~magnetic resonance~~] imaging [*procedures*].

C. Adult neurology.

When a program sponsored patient in the neurology program reaches the age of 21 years and the clinic director determines that the patient will benefit from continued follow up, the patient may continue program sponsored clinic visits; however, the patient shall pay the annual [~~fee~~ *charge*] and all other costs except attending the clinic for follow up.

§ 6.11. Neurosurgery.

A. Covered conditions shall be limited to meningocele; myelomeningocele, encephalocele; craniosynostosis; subdural hematomas and effusions; surgically resectable abcesses, cysts, and tumors; surgical decompressions; surgical shunting for all types of hydrocephalus.

B. Treatment services.

1. Clinic services shall be provided by a neurosurgeon.

2. Hospitalization shall be limited to surgical intervention for covered conditions.

[*Selected hospital referral. In cases of correctable congenital anomaly or condition at birth requiring surgery in the newborn within 30 days of birth which meet the criteria in subsection D of § 7.1, the program shall provide coverage within limits set forth in subsection A of § 11.5 beginning 24 hours before surgery.*]

3. Ancillary services shall be limited to [~~radiographic examination,~~] drugs, [~~mangnetic resonance~~] imaging [*procedures*], physical therapy, occupational therapy and laboratory studies necessary to treat the covered conditions.

§ 6.12. Orthopedics.

A. Covered services shall be limited to any condition of the bone, joint or muscle which meets the definition of a handicapping condition. ROUTINE FRACTURES AND ACCIDENTS SHALL NOT BE COVERED. Spontaneous fractures in the case of osteogenesis imperfecta, which are an integral part of the disease process, are covered, as well as fractures occurring secondary to other covered conditions.

B. Treatment services.

1. Clinic services shall be provided by orthopedists, physical therapist, occupational therapist, rehabilitation engineer and orthotist.

2. Hospitalization and inpatient and outpatient orthopedic surgery shall be provided and limited to corrective orthopedic surgery for covered conditions; but, rehabilitation shall be limited to procedures that can only be performed in a hospital. Hospitalization may be preauthorized for up to three days for diagnostic work up which may include arthrogram, arteriogram, muscle and bone biopsy, or myelogram if the clinician is unable to make an outpatient diagnosis.

3. Ancillary services shall be limited to physical therapy, occupational therapy, cast, orthopedic appliances and repairs, orthoses, [~~magnetic resonance~~] imaging [*procedures*], [~~radiographic examinations,~~] muscle tests, drugs, and blood and urine tests required for treatment of the covered conditions.

[~~4. Physical therapy.~~

~~Physical therapists in the Division of Children's Specialty Services shall attend all orthopedic clinics held in their assigned area and take medical orders from the attending orthopedists. Physical therapists carry out medical orders of any program clinical director through physical therapy clinics and home visits.~~

~~Physical therapy may be purchased on an outpatient basis from a contract provider for program sponsored patients when ordered by the attending clinician. This service is used when a patient needs a modality or frequency of treatment not available in a program physical therapy clinic and when physical therapy is not available in the school system.~~

§ ~~6.13. Pediatric evaluations.~~

~~Every new patient admitted to any Children's Specialty Services Program who is not under the general well-child supervision of a local general practitioner or pediatrician shall be provided a comprehensive pediatric evaluation following the same protocol as required by Medicaid's Early and Periodic Screening, Diagnosis, and Treatment Program. The report will be incorporated as an integral part of the chart. If a condition is discovered by the evaluation which the program does not cover, the patient will be referred to the other medical resources.~~]

[§ ~~6.14.~~ *§ 6.13.*] Plastic surgery.

A. Covered conditions shall be limited to burn scar contractures, grafting for old burn scars, burn-related reconstructive surgery, congenital anomalies of the hands and feet (syndactylism), supernumerary digits, congenital absence or malformation of the ear, hypospadias if uncomplicated by other genitourinary anomalies, ptosis of eyelid, extensive hemangiomas scar contractures resulting from trauma branchiogenic sinus and cyst, thyroglossal cyst, pigmented nevi, keloids, hypoplastic breast, perianal lesions and pressure ulcers in insensate skin.

B. Treatment services.

1. Clinic services shall be provided by a plastic surgeon.

2. Hospitalization and outpatient plastic surgery shall be provided and limited to surgical intervention for covered conditions.

3. Ancillary services shall be limited to [~~radiographic examination~~ *imaging procedures*] necessary to treat the covered condition, laboratory services necessary to treat the covered condition, drugs, photographs as part of the medical record, physical therapy and occupational therapy evaluation, physical therapy services and special appliances recommended by clinician.

[§ ~~6.15.~~ *§ 6.14.*] Rheumatology.

A. Covered conditions shall be limited to juvenile rheumatoid arthritis, juvenile ankylosing spondylitis and other spondyloarthropathies, systemic lupus erythematosis, dermatomyositis and polymyositis, scleroderma, mixed connective tissue diesase and other overlap syndromes, vasculitis syndromes such as Henoch-Schonlein, polyarthritis nodosa, [~~Wegeners~~ *Wegener*] Granulomatosis, Kawasaki Disease, infectious and post infectious arthritis, connective tissue disorders (Marfan's Syndrome, etc.), erythema multiforme, erythema nosdosum, Lyme Disease and arthritis or arthralgias of unknown etiology.

B. Treatment services.

1. Clinic services shall be provided by a pediatric rheumatologist.

Children with complications such as seizures or cardiac involvement shall be followed in appropriate program sponsored clinics.

2. Hospitalization shall be limited to diagnosis, medical and surgical treatment of the covered condition.

3. Ancillary services shall be limited to drugs, physical therapy, nutrition services, occupational therapy, [~~radiographic examinations~~ *imaging procedures*], blood and urine tests, casts, orthopedic appliances and repairs, and muscle tests required for treatment of the covered condition.

§ ~~6.16. Sickle cell anemia.~~

~~A. Covered condition shall be limited only to sickle cell disease crisis. NO SCHEDULED SICKLE CELL DISEASE CLINICS ARE SPONSORED BY THE PROGRAM. THE PROGRAM DOES NOT PARTICIPATE IN ROUTINE MANAGEMENT OF SICKLE CELL DISEASE.~~

~~B. Treatment services.~~

~~1. Clinic services shall be limited to crisis intervention measures performed in an emergency room facility of a hospital under contract with the program.~~

~~2. Hospitalization shall be limited to emergency treatment in the hospital for sickle cell disease crisis and does not require preauthorization.~~

~~3. Ancillary services shall be limited to laboratory services, i.e., blood and urine studies, and radiographic examinations necessary to treat covered conditions in an emergency room or hospital without preauthorization. Also included are intravenous administration of fluids, supplies associated with intravenous infusion, and scheduled prophylactic transfusions on an outpatient basis.~~

§ ~~6.17.~~ [*§ 6.16. § 6.15.*] Scoliosis.

A. Covered conditions shall be limited to scoliosis and kyphosis.

B. Treatment services.

1. Clinic services shall be provided by an orthopedist, physical therapist and orthotist.

2. Hospitalization shall be limited to surgery, bracing, myelogram, and casting for the covered condition. HOSPITALIZATION FOR DIAGNOSIS ONLY SHALL NOT BE AUTHORIZED.

3. Ancillary services shall be limited to orthopedic appliances and repairs, casts, physical therapy, drugs, [~~magnetic resonance~~ *and*] imaging [, ~~and radiographic~~

~~examinations~~ *procedures*] required for treatment of the covered conditions.

[~~§ 6.17.~~ *§ 6.16.*] *Sickle cell* [~~disease~~ *anemia*].

A. Covered condition shall be limited [~~only~~] *to sickle cell* [~~disease~~ *anemia (SS), sickle "C" anemia (SC) and sickle beta thalassemia (SA)*].

B. Treatment services (sickle cell [~~disease~~ *anemia*] *crisis).*

1. Clinic services shall be limited to crisis intervention measures performed in an emergency room facility of a hospital under contract with the program.

2. Hospitalization shall be limited to emergency treatment in the hospital for sickle cell [~~disease~~ *anemia*] *crisis and does not require preauthorization.*

3. Ancillary services shall be limited to laboratory services, i.e., blood and urine studies, and [~~radiographic~~ ~~examinations~~ *imaging procedures*] *necessary to treat covered conditions in an emergency room or hospital without preauthorization. Also included are intravenous administration of fluids, supplies associated with intravenous infusion, and scheduled prophylactic transfusions on an outpatient basis.*

C. Treatment services (comprehensive services).

1. Clinic services shall be provided by a pediatric hematologist to persons from birth to the fifth birthdate who have been identified as having sickle cell [~~disease~~ *anemia*] *by the newborn screening program.*

2. Hospitalization shall be limited to emergency treatment for serious bacterial infection in the hospital and in the emergency room and does not require preauthorization.

3. Ancillary services shall be limited to prophylactic penicillin [*or alternate antibiotic if patient is allergic to penicillin*] , [~~preventive~~ *influenza and pneumococcal*] *vaccines, laboratory studies and* [~~radiographic~~ ~~examinations~~ *imaging procedures*].

[~~§ 6.18.~~ *§ 6.17.*] Spina bifida (myelodysplasia).

A. Covered condition shall be limited to meningocele, myelomeningocele, lipomeningocele, diastematomyelia, and other intraspinal lesions.

B. Treatment services.

1. Clinic services shall be provided by a team consisting of orthopedist, neurosurgeon, urologist, physical therapist, orthotist, rehabilitation engineer and occupational therapist.

2. Hospitalization shall be limited to corrective surgery and rehabilitation, bracing and casting for the covered condition.

3. Ancillary services shall be limited to physical therapy, occupational therapy, casts, orthopedic appliances and repairs, drugs, orthoses, [~~magnetic resonance~~] imaging [*procedures*], [~~radiographic examinations,~~] muscle tests, and blood and urine tests required to treat the covered conditions.

C. ~~Nonlow~~ *Other than low* income patients.

Persons who do not meet criteria for low income (see Part I) shall be allowed to attend program sponsored clinics on payment of the annual [~~fee~~ *charge*]. This allows such patients to order authorized medications through Bureau of Pharmacy Services. Such patients shall be responsible for the cost of medical services directly with the provider. After presenting evidence of medical expenses incurred, not covered by insurance, for the patient in an amount equal to 5.0% of the family gross annual income, the patient will then become a program sponsored patient and be eligible for all indicated treatment services as outlined in subsection B of [~~§ 6.18~~ *§ 6.17*] until the next annual financial recertification.

[~~§ 6.19.~~ *§ 6.18.*] Surgery.

A. Covered conditions shall be limited to correctable congenital or acquired deformities of the gastrointestinal tract (tracheosophageal fistula, atresias, duplications, strictures, Hirschsprung's disease, omphalocele, diaphragmatic hernia, ileostomy and colostomy for ulcerative colitis, tumors, and regional ileitis); lung and thoracic wall (deformities of rib cage (pectus excavatum), congenital *or acquired* cysts of the lungs, congenital bronchial strictures, bronchial cysts, and bronchiectasis); *breast deformities;* and hepatic disorders and pancreatic lesions (atresia of the bile ducts, tumor, and choledochal cysts).

B. Treatment services.

1. Clinic services shall be provided by a pediatric surgeon.

2. Hospitalization shall be limited to pediatric surgical intervention for covered conditions with ancillary services necessary to treat covered conditions.

[~~a.~~] Selected hospital referral. In cases of *correctable* congenital anomaly or condition at birth requiring surgery in the newborn within 30 days of birth ~~TO SAVE LIFE~~ which meet the criteria in subsection D of § 7.1, the program ~~may~~ *shall* provide coverage within limits set forth in subsection A of § 11.5 *beginning 24 hours before surgery* .

3. Ancillary services shall be limited to [~~radiographic examination~~ *imaging procedures*] necessary to treat

covered conditions, laboratory studies, i.e., cultures, blood studies, etc., necessary to treat covered conditions, medication, and appliances, i.e., colostomy bags, etc. *Tracheostomy supplies shall be provided only if the tracheotomy was required while the patient was under program care.*

[*§ ~~6.20.~~ § 6.19.*] *Tumors.*

A. Covered conditions.

Although there is no codified oncology program, all tumors, whether benign or malignant, occurring in organs covered by the program specialties (bone, muscle, soft tissue, skin, brain, eyes, respiratory tract, digestive tract, endocrine glands) are covered for diagnosis, surgical removal, and follow-up. Chemotherapy and radiotherapy in conjunction with treatment of malignant tumors are not covered, as well as hospitalization for terminal care after metastasis (see subdivision G 11 of [§ ~~8.6~~ § 8.10]).

§ ~~6.20.~~ [*§ ~~6.21.~~ § 6.20.*] Urology.

A. Covered conditions shall be limited to correctable urological conditions such as fistulas, dilatations, cysts, occlusions, or strictures of the urinary system. Also covered will be neurogenic bladder and ureteral reflux if associated with spina bifida or myelomeningocele, hypospadias and epispadias if complicated by other genitourinary anomalies, extrophy of the bladder or any congenital or acquired urological condition which is surgically correctable. Surgical exploration and treatment of pseudohermaphroditism and hermaphroditism as well as surgery for cryptorchidism are covered.

CONDITIONS NOT COVERED ARE ACUTE OR CHRONIC NEPHRITIS, NEPHROSIS, OTHER MEDICAL UROLOGICAL CONDITIONS AS WELL AS CIRCUMCISION ~~FOR PHIMOSIS,~~ *AND REVISION* [,] KIDNEY TRANSPLANTS AND RENAL DIALYSIS.

B. Treatment services.

1. Clinic services shall be provided by an urologist.

2. Hospitalization shall be limited to evaluation and surgical intervention for covered conditions.

3. Ancillary services shall be limited to [~~radiographic examination~~ *imaging procedures*] and laboratory studies, i.e., urine cultures, blood studies, urine studies, voiding studies, medication, and appliances, i.e., urostomy pouches, etc., necessary to treat covered conditions.

PART VII.
APPLICATION PROCESS.

§ 7.1. Application procedures.

A. Routine health department referral.

When a patient/family requests program sponsored services, they shall provide the local health department with information pertaining to residence, family size, financial status, chief complaint, previous medical treatment, and other related data as required for the program application and eligibility determination forms. These forms shall be sent to the program clinic which provides the treatment services for the child's diagnosed or suspected physical condition.

1. If no annual patient [~~fee~~ *charge*] is required, an appointment for the first visit is arranged by the program coordinator at the earliest date possible.

If an annual patient [~~fee~~ *charge*] is required, a check or money order made out to "Virginia Department of Health" with child's name noted shall be sent to the program coordinator. Once the [~~fee~~ *charge*] is received, the first appointment will be sent to the family. Medical urgency, clinic schedules, availability of appointments, preauthorization, and any backlog of referrals determine the date of the initial appointment.

2. It is the applicant's responsibility to furnish the local health department representative with the correct financial data in order that he may be appropriately classified according to income level and to determine applicable charges for program sponsored services. Proof of income is to be presented at time of application. The documentation used to verify income shall be photocopied and attached to the eligibility determination form.

Any one of the following shall be used to verify income:

a. The most recent W-2 or W-4 withholding forms.

b. The most recent pay stubs.

c. The most recent income tax returns.

d. Verification of current wages from employer if applicant approves such inquiry in writing.

If the applicant does not provide proof of income, the patient will not be admitted to program sponsored services.

The State Board of Health "Regulations Governing Eligibility Standards and Charges for Medical Care Services (VR 355-39-01)" currently in effect shall be utilized in completing the eligibility determination form.

B. Emergency referral to the program.

In cases where an applicant is in need of emergency referral for outpatient services, the local health department shall contact the appropriate program clinic

coordinator by telephone to set up an appointment. Eligibility for TREATMENT SERVICES shall then be established at the first clinic visit. Such patient is a "pending program sponsored patient" until the program application and eligibility determination forms with proof of income are sent by the local health department to the program clinic coordinator.

C. Between clinic admissions.

Patients can be admitted to the program between clinic sessions if all of the following criteria are met:

1. Patient was seen privately by the program physician for the specialty clinic.

2. Program physician orders medical care to be done on an outpatient basis. ~~Orders for~~ *Direct* hospitalization ~~will not be approved~~ *requires preauthorization by the program director* .

3. Program financial criteria have been met including the payment of the appropriate program annual [~~fee~~ *charge*].

4. Patient would be put in jeopardy to return to a second [~~clinic~~ *visit*] to see the same doctor in a program setting due to [~~distance of his home from the medical center (clinic location)~~ *duplication of service or clinic scheduling difficulties*] or patient [~~requires~~ *requiring*] treatment before the next available local program clinic.

5. Approval has been received from program director prior to program admission.

The date of the program admission will be the date the patient saw the program physician in a private or outpatient setting [*and was referred to the program*]. The program will pay for outpatient medical care ordered by the program physician at that time. All return visits to the physician shall be during a regularly scheduled program clinic.

D. Referrals for hospitalized patients.

1. Except newborns with a congenital anomaly requiring corrective or palliative surgery within 30 days from birth, children with acute rheumatic fever *and Kawasaki Disease* , and children in sickle cell [~~disease~~ *anemia*] crisis, no patient will be admitted to the program at or during hospitalization for treatment services. At time of hospital discharge, the hospital may refer the patient to the local health department for subsequent referral to the Children's Specialty Services Program and to the local primary care physician for follow-up.

2. Hospitals providing program authorized services may refer newborns, with a covered congenital anomaly that requires corrective or palliative surgery within 30 days from birth *for which hospitalization coverage shall not begin until 24 hours before surgery* , children with acute rheumatic fever *and Kawasaki Disease,* and children in sickle cell [~~disease~~ *anemia*] crisis, to the program by providing notification to the appropriate program clinic office within 24 hours after the initiation of the treatment services, excluding weekends. The program clinic coordinator will issue a written pending approval to the hospital.

In such instances the program clinic office will contact the family at the hospital and will initiate application form, eligibility determination form and application for hospitalization and forward a copy of the forms to the program for review and approval. Proof of income is to be presented at the time of application and is the responsibility of the patient/family. The annual patient [~~fee~~ *charge*] will be collected by the program clinic coordinator. The program clinic office will forward copies of the forms to the local health department after they have been approved.

The hospital and the family shall be advised that the program will not assume any financial liability for the treatment of the patient until the director authorizes the treatment. In situations in which the program clinic office is unable to contact the family at the hospital, the local health department will be notified and shall be responsible for contacting the family and initiating the application and eligibility determination forms and collecting the annual patient [~~fee~~ *charge*].

E. Hospital referrals to clinic.

In cases where an applicant is referred to a program sponsored clinic from within the hospital (not a hospitalized case) by a program physician for a diagnosed case, the program clinic office will make the first appointment directly with the applicant and initiate referral forms at time of the first program sponsored clinic visit. If the child is not given an immediate appointment, the program coordinator will contact the family for the completion of the program application forms and is responsible for the submission of the forms to the local health department after the first clinic visit. In situations in which the program coordinator has difficulty in contacting or compliance of the family, assistance of the local health department is requested. Proof of income is to be presented by the family at time of completion of the financial eligibility form. The interviewer reviews presented evidence and attaches a photocopy of the evidence to the eligibility form.

§ 7.2. Eligibility procedures.

A. No applicant becomes a participant in program sponsored treatment services until he meets the conditions as described in subsection A of § 7.3. At time of referral, local health departments have a responsibility to screen the applicant for the following:

1. Age

2. Resident of Virginia

3. Suspected covered condition

4. Financial eligibility.

For all referrals, the program clinic coordinator reviews the application forms to determine if the applicant meets the criteria for admission for treatment services.

B. Medical eligibility is determined at time of the program sponsored clinic visit when the clinical director determines if the child has a covered condition. The program director reserves the right to reverse any decision. If the patient has a noncovered condition the patient will be discharged and referred to another medical resource. The original annual patient [~~fee~~ *charge*] covers the examinations and diagnostic modalities used in determining the diagnosis.

C. After completed application and attendance at a program sponsored clinic, the family shall be given an explanation of treatment services and family responsibilities in the management and follow-up services.

D. For a newborn with a congenital anomaly requiring corrective or palliative surgery within 30 days of birth and children in sickle cell [~~disease~~ *anemia*] crisis or with acute rheumatic fever *or Kawasaki Disease* who have a covered condition at time of application and meet eligibility for treatment criteria, the annual [~~fee~~ *charge*] is due within 14 days of contact by the program with the family. Program sponsored treatment services begin no more than 24 hours prior to the date the hospital notifies the program clinic coordinator of the hospitalization. NO APPLICATION FOR HOSPITALIZATION WILL BE APPROVED UNTIL THE ANNUAL PATIENT [~~FEE~~ *CHARGE*] IS PAID.

Upon discharge from the hospital, an appointment for follow up in a program sponsored clinic will go to the family with a copy to the local health department. Clinic reports and discharge summaries will go to the local health department and private physician.

E. Patients with Medicaid, Medicare, or CHAMPUS coverage will be accepted in the program.

F. Patients registered in a health maintenance organization (HMO) are not eligible to enter the program unless they are referred by the HMO primary physician and the HMO pays for care within its coverages.

G. For patients not receiving public assistance, the family's gross income and number of persons dependent upon this income are computed and compared against the health department income levels and charge schedules as promulgated by the State Board of Health. The patients are placed in an income category and [~~charged~~ *are required to pay*] a [~~fee~~ *charge*] based on a sliding scale. The definition of income and family unit; income level schedules, and program annual [~~fees~~ *charges*] are described in the effective State Board of Health "Regulations Governing Eligibility Standards and Charges for Medical Care Services (VR 355-39-01)."

H. Children's Specialty Services has the Right of Lien in favor of the Commonwealth of Virginia (see § 8.01-66.9 of the Code of Virginia). If an injury due to any type of accident has occurred in a child seeking or receiving treatment in any program for the results of such accident, the accident must be reported to Children's Specialty Services Program as follows:

1. Date of accident/injury;

2. Type of accident;

3. Location of accident; [~~*and*~~]

4. Name and address of attorney [*representing the child; and*]

[*5. Name and address of the source of the original medical treatment for this accident.*]

Children's Specialty Services turns this information over to the Office of the Attorney General for processing in accordance with the Code of Virginia.

At the conclusion of litigation, if a monetary award above the Medicaid Medically Needy Standard for One Person Household (resource limitation) has already been provided for the benefit of the child, such child may enter or remain on the program for management and follow-up, but must pay for all x-rays, laboratory work, tests, braces, appliances, drugs, hospitalization, and other treatment services until proof is provided that only the resource limitation remains in the award. The child then becomes eligible for full services if the family meets income requirements.

I. Infants and children with family income that meets current Medicaid requirements for coverage may receive clinic services upon completion of the program application. These patients shall be referred to Medicaid, and the program shall not be a payor of ancillary or hospitalization services until the appropriate Medicaid application has been processed for acceptance or denial.

§ 7.3. Approval procedures.

A. To be admitted for program sponsored treatment services, the child shall meet the following conditions:

1. Shall be a resident of the Commonwealth of Virginia. Further, there shall be reasonable assurance that the child will remain a resident long enough to benefit from treatment.

Aliens are eligible for program sponsored services if they otherwise meet eligibility requirements.

2. Shall meet the definition of a handicapped child as defined in Part I.

3. Shall be a member of a low income family as defined in Part I except as provided for in §§ 6.4 C, ~~6.5~~ *6.8* C, 6.9 C, [~~6.18~~ *6.17*] C, and [~~8.6~~ *8.10*] F due to the long-term and exhaustive expense of the treatment and management.

4. Shall have provided proof of income and paid the annual [~~fee~~ *charge*] aaccording to the income category established by the family's gross income and number of persons dependent upon the income.

5. Shall have received services which have been authorized by the program prior to the commencement of treatment. Exceptions are described in subsections D.1 and D.2 of § 7.1.

PART VIII.
THE TREATMENT PROCESS.

§ 8.1. Preauthorization of services.

Treatment services as defined in Part I shall be preauthorized by the director. These services are available only to those children who have been accepted for treatment services and only for care arranged for by the Children's Specialty Services Program.

§ 8.2. Clinic services.

Program sponsored clinics, central and field, are located throughout the Commonwealth of Virginia [~~in university medical centers, community hospitals, physicians' offices, and local health departments~~]. Program sponsored central clinics, located in or near major hospitals, provide case finding, treatment, hospitalization, surgery, and follow up. [*Program sponsored field clinics, located in local health departments and private physicians' offices, provide case finding, local treatment, and follow-up and make referrals to central clinics for hospitalization and surgery if these cannot be performed in the community hospital.*] Program sponsored clinics provide a multidisciplinary approach to the management of the patient.

The members of the clinic team vary depending upon the diagnosis, needs of the patient and the availability of professional resources in the geographic area. The team usually includes a nurse, medical social worker and educational consultant in addition to the medical specialists and therapists.

A. The clinical director shall be a board eligible or certified specialist or provide proof of extensive subspecialty training if no board certification is available for a subspecialty. [*If possible, the clinical director shall be a pediatric subspecialist.*] He shall attend all program sponsored clinics, make all medical decisions and perform or assist with all surgeries.

B. Every clinic is managed by a program coordinator or a public health nurse designated by the local health department whose responsibilities include the following:

1. Reviews referral forms, determines program eligibility and initiates appointment for the visit.

2. Coordinates patient services within the clinic, with medical and paramedical services, and with public health nurses in the local health departments.

3. Initiates basic teaching of the patient and family regarding the diagnosis and recommended treatment, such as use of appliances, and equipment, medications, diet and exercise.

4. Provides counseling and support in the clinic setting.

5. Is responsible for distribution of a written clinic report for each patient to the local health department, private physician, and program central office.

6. Coordinates the patient's hospital admissions.

C. Medicaid patients referred to the program shall be treated and managed in the program clinics. Medicaid patients cannot be referred to the program for braces, prostheses, or hearing aids only, as ordered by the private specialist. They shall be admitted for full specialty care. This does not preclude patients from having a primary care physician.

D. Quality of care dictates that a child cannot be followed in two or more separate clinics of the same specialty or by a private specialist and the same children's specialty services clinic.

[*E. Interprogram coordination of appointments is encouraged to allow a patient to be seen in program clinics held simultaneously or on the same day in a medical facility.*]

§ 8.3. Hospitalization.

A. The program provides inpatient hospital services for each sponsored program as part of the total treatment at hospitals providing program authorized services.

B. Patient and family responsibilities.

1. The family shall agree to assign all hospitalization insurance benefits to the hospital and clinical physician.

2. The family is responsible for medical care not covered in the program specialty clinic and for hospitalization for the specialty in facilities other than

those under contract with the program. (Exception is sickle cell [~~disease~~ *anemia*] crisis. See subsection B.2 of § 6.16.

3. The family is responsible for medical services for the covered condition, either hospitalization or outpatient, that occurred before the patient was admitted to the program.

4. The family is responsible for emergency room visits that the parents initiate unless the child is admitted to the hospital directly from the emergency room.

C. Hospitalization to establish a definitive diagnosis.

If hospitalization is indicated to establish a definitive diagnosis and develop a plan of treatment for the individual, such hospitalization may be authorized, but it SHALL BE preauthorized, subject to the following limitations:

1. That reasonable evidence of the existence of a covered condition be documented.

2. That the applicant be otherwise eligible for treatment services by meeting the criteria established in subsection A of § 7.3.

3. That the procedures performed in the hospital directly relate to the covered condition.

4. That the definitive diagnosis can only be established by hospitalizing the patient.

5. That the hospital stay shall not exceed three days.

D. Hospitalization for acute exacerbation of covered conditions (see subsection A.1.d of § 11.5).

Preauthorization shall not be required whenever a participant requires emergency hospitalization for an acute exacerbation or complication of covered conditions.

[*§ 8.4. Genetic services.*

Genetic evaluation, genetic testing, and genetic counseling are an integral part of the care of children managed in program clinics. Insofar as possible, a genetic professional is incorporated in the program clinics. Low income patients shall receive genetic services at no charge to the families whether they are provided at a program clinic or a genetic clinic. Other than low income patients with cystic fibrosis, hemophilia, spina bifida and maxillofacial deformities shall also recive genetic services at no charge to the families.]

[§ ~~8.4.~~ *§ 8.5.*] Nutrition services.

Patients at risk for nutrition disorders will be screened and referred as needed to nutritionists for counseling and follow up and referral to funding resources for nutrition supplements. Certain nutrition additives, i.e., MCT oil and Polycose, are supplied by the program. Special formula [*, i.e., Ensure, Osmolite, and other liquid nutrition,*] is not provided.

[*§ 8.6. Physical therapy services.*

Physical therapists in the Division of Children's Specialty Services shall attend all orthopedic clinics and other specialty clinics as their schedule allows held in their assigned area and take medical orders from the attending physicians. Physical therapists carry out medical orders of any program clinical director through physical therapy clinics and home visits.

Physical therapy may be purchased on an outpatient basis from a contract provider for program sponsored patients when ordered by the attending clinician. This service is used when a patient needs a modality or frequency of treatment not available in a program physical therapy clinic and when physical therapy is not available in the school system.]

[*§ 8.7. Psychological services.*

Psychological services are provided by psychologists employed in the Children's Specialty Services Program and the Child Development Services Program. When patients need services not available in the programs, they are referred to other public resources, e.g., the school system and mental health clinics. If these are not available, they are referred to the psychology department of the hospitals in which program clinics are located.]

[*§ 8.8. Pediatric evaluations.*

Every new patient admitted to any Children's Specialty Services Program who is not under the general well-child supervision of a local general practitioner or pediatrician shall be provided a comprehensive pediatric evaluation following the same protocol as required by Medicaid's Early and Periodic Screening, Diagnosis, and Treatment Program. The report will be incorporated as an integral part of the chart. If a condition is discovered by the evaluation which the program does not cover, the patient will be referred to the other medical resources.]

[§ ~~8.5.~~ *§ 8.9.*] Drugs.

A. Drugs related to the covered condition are provided at no additional charge to program sponsored patients after the annual patient [~~fee~~ *charge*] has been paid except for Medicaid patients (see subsection B of [§ ~~8.5~~ *§ 8.9*]). These drugs are obtained from the Department of Health, Bureau of Pharmacy Services. The program sponsored clinic initiates the initial drug order, and the local health departments are responsible for reorders of drugs.

If the clinical director makes a change in the drug order in between clinic visits due to a contact with the

patient or family, he will immediately contact the program coordinator and complete a new prescription to be processed by the program coordinator to the appropriate sources.

B. Medicaid patients will be given regular prescriptions to obtain drugs from a pharmacy of their choice. The only exception is medications that cannot be obtained in local drug stores.

C. When patients in the neurology program reach the age of 21 years and are still active in the program, they will be closed to the program. However, they have the right to remain in the program sponsored outpatient program if they agree to pay the annual [~~fee~~ *charge*], the cost of drugs, other ancillary services, and hospitalization. The local health department will continue to order drugs from the Bureau of Pharmacy Services but the patient shall pay the local health department the department's cost for the drugs.

[§ ~~8.6.~~ *§ 8.10.*] Follow up/aftercare.

A. Follow-up services are limited to the specialized medical care directly related to the diagnosis and treatment of the covered handicapping condition.

B. To promote continuity of care, clinic reports and hospital discharge summaries indicating findings, treatment and recommendations are sent to the child's local physician and the local health department.

C. The public health nurse in the local health department is a vital link in the Children's Specialty Services Program's nursing follow up. They assist the patient and family in the udnerstanding of the child's physical condition and follow up of medical recommendations.

D. Parents or guardians have definite responsibilities to cooperate with the program sponsored clinic, the clinic director, the program office and the local health department. Quality and continuity of care are not possible without the direct participation of all the above components. These responsibilities include but are not limited to the following:

1. TO KEEP ALL APPOINTMENTS FOR CARE. SUCH APPOINTMENTS MAY BE FOR CLINICS, ANCILLARY SERVICES, OR HOSPITALIZATION;

2. TO FOLLOW INSTRUCTIONS FOR HOME CARE which may include the wearing of an appliance, bed rest, special diets, medications, or home therapy;

3. To supply that part of the treatment which has been agreed upon between the clinic director and the parents or guardian which may include purchase of shoes, appliances, medications, special therapy;

4. To provide general health care for the child as the program provides only specialized care related to the handicap;

5. TO COOPERATE IN THE COLLECTION OF ANY HEALTH INSURANCE which is available for the services provided; and

6. To accompany the child to clinic or provide a knowledgeable guardian to accompany the child.

E. Patient eligibility for services SHALL BE REDETERMINED EVERY 12 MONTHS at the anniversary date of the first program clinic visit or the date when authorized treatment began for hospitalized patients (see subsection B of § 11.1). The recertification requirements are the same as subsection A.2 of § 7.1 and the patient shall meet the conditions set forth in subsection A of § 7.3.

The annual patient [~~fee~~ *charge*] is due and payable at or before each anniversary date. If the proof of income and the annual patient [~~fee~~ *charge*], if indicated, are not provided within 30 days of the anniversary date, the patient will be discharged and referred to other medical sources for further care.

F. Patients who do not meet the definition of low income family (see Part I) at the time of their annual financial recertification shall be discharged from the program except for the patients in the following situations who will remain in the program until discharged by the clinical director:

1. Undergoing multistaged surgery and at least the first surgery has been accomplished;

2. Undergoing orthodontic treatment which has started;

3. Have multisystem involvement of complicated conditions in a program in which one or more surgeries have been accomplished and further surgeries are contemplated to rehabilitate the child's condition;

4. Have an underlying condition which leads to multisystem involvement, in which surgery has been accomplished in at least one specialty program. The patient can remain open to all specialty programs treating the condition and multisystem involvement. Full program services will be provided in the specialty program(s) in which surgery has been accomplished. Outpatient services only will be provided in the other specialty programs.

Patients in ~~nonlow~~ *other than low* income families who are allowed to stay in the program shall attend program sponsored clinics on payment of the annual patient [~~fee~~ *charge*]. Such patients shall be responsible for the cost of medical services directly with the provider. After presenting evidence of medical expenses incurred, not covered by insurance, for the patient in an amount equal

to 5.0% of the family's gross annual income, the patient will then become eligible for all indicated treatment services until the next annual financial recertification.

G. Patients remain eligible for treatment services until one of the following occurs:

1. Patient has received maximum benefit as determined by the clinical director;

2. Patient, parent or guardian requests transfer to another medical resource;

3. Patient, parent or guardian is not interested in further service;

4. Patient reaches age 21 except for patients in the cystic fibrosis or hemophilia program and patients covered in subsection C of [§ ~~8.5~~ *§ 8.9*];

5. Patient moves from Virginia;

6. Patient becomes ineligible financially ;

7. Documented lack of compliance with clinic recommendations is in participant's record;

8. Family fails to pay annual patient [~~fee~~ *charge*];

9. Patient enters a HMO which covers the specialty care;

10. Other good and sufficient reasons such as disruptive and abusive behavior including verbal or physical are documented; or

11. Patient is diagnosed as having a malignant tumor which is inoperable or terminal.

H. If, at time of closure to program sponsored treatment services, the patient still needs health care for covered handicapping physical condition, the patient will be referred to another source.

I. When patients are referred to a private source for care, the program personnel will no longer participate in their care management or health/medical care. This includes patients who choose private care from physicians who provide care to program sponsored patients in program operated/sponsored clinics.

J. In program sponsored clinics, private patients may be scheduled and seen by the clinician after the program sponsored clinic is over. Program or local health department personnel shall not be involved with these patients. The Children's Specialty Services Program shall not incur any financial liability for these private patients.

[§ ~~8.7.~~ *§ 8.11.*] Transfer of patients.

Transfers of patients geographically and programmatically shall be in accordance with existing policies.

PART IX.
VARIANCES.

§ 9.1. General.

The commissioner is designated to act for the board in granting variances to this plan. He may, however, delegate the authority to grant variances to a panel (see § 9.2). It should be understood that variances will not be approved except in clearly unusual circumstances for children who are otherwise enrolled and where the additional service augments and provides for a better rehabilitative outcome.

A variance request may be made by the patient, the patient's family or guardian or a physician (see §§ 9.3 and 9.4).

§ 9.2. Variance panel.

The commissioner will appoint a departmental panel to hear requests for and grant variances to the provisions of the plan.

A. The variance panel shall be convened as required.

B. Any two members of the variance panel may act upon and, if both members concur in writing, grant requested variance when expeditious action is required to ensure quality care for a registered Children's Specialty Services' Program *or Child Development Services Program* participant.

§ 9.3. Form of variance requests.

A request for variance may be either verbal or in writing.

A. A written request shall be used to seek a variance when a delay in providing a service not covered in the plan will not jeopardize the health or cause the patient undue suffering. The variance panel shall respond to a written request within five working days of receipt in the central office. These requests for variance shall be addressed to the *appropriate* director ; ~~Division~~ of Children's Specialty Services *Program or Child Development Services Program* .

B. A verbal (telephonic) request for variance may be used during normal working hours in cases where the delay associated with the written request would jeopardize the health or cause undue suffering of the participant. This request shall be driected to the *appropriate* director ; ~~Division~~ of Children's Specialty Services *Program or Child Development Services Program* , who will contact the variance panel members, explain the situation, obtain a decision and relay the panel's decision to the person requesting the variance.

1. The *appropriate* director ; ~~Division~~ of Children's Specialty Services *Program or Child Development Services Program* , shall prepare a memorandum for record (MFR) summarizing the case and the action taken. The MFR shall be attached to the patient's hospital bill when it is forwarded to the hospitalization accounts section for payment *for those persons in the Children's Specialty Services Program. The MFR shall be attached to the patient's bill when it is forwarded to the accounts section for payment for those persons in the Child Development Services Program* . Copies of the MFR shall also be forwarded to members of the panel, and such other parties as the panel deems necessary.

C. A variance is not required when the procedure in question is required to treat a complication of the preauthorized covered condition.

§ 9.4. In those rare instances when treatment must be initiated and time does not permit the physician to prepare a request for variance (such as at night or on weekends), he may make a retroactive request. Such requests shall be submitted within five working days following the commencement of the treatment. The physician, the patient's family and the provider facility shall be made aware of the possibility that the variance may not be granted.

PART X.
APPEALS.

§ 10.1. General.

The commissioner will appoint a departmental panel to review and make recommendations on all appeals filed under this section.

A. If an individual is denied services made available in this plan, and he believes that he is entitled to these services, the individual has the right to an appeal which may be made by that individual or a represenative to the *appropriate* director ; ~~Division~~ of Children's Specialty Services *Program or Child Development Services Program* , within 30 days of the denial of service. The program shall not limit or interfere with the individual's freedom to present an appeal. The individual shall be informed of the right to an appeal and the method by which an appeal may be filed including time limits and the requirement to present substantial evidence.

B. The *appropriate* director shall review each appeal and shall make written recommendations within 15 working days. These recommendations, along with any other documentation relevant to the appeal, shall then be forwarded to the departmental panel.

C. The departmental panel will review and make recommendations regarding the appeal.

D. The commissioner or deputy commissioner shall make the final decision within 45 days following the date on which an appeal is filed. The individual making the appeal shall be informed of this decision in writing.

E. The Division of Children's Specialty Services will not assume any financial liability, directly or indirectly for treatment services while the appeal is pending.

§ 10.2. Appeals shall be submitted in writing. The Division of Children's Specialty Services staff shall assist any individual who wishes to file an appeal. The appeal shall contain factual information which, in the opinion of the individual, is the basis for their appeal.

§ 10.3. When the appeal process has been exhausted and the individual desires further review, the individual shall be informed of the right to pursue judicial review.

PART XI.
FINANCIAL PROCEDURES AND REGULATIONS.

§ 11.1. Source of payment funds.

A. General.

Funds used in administration and operation of the Division of Children's Specialty Services are received from the federal government and from state funds appropriated by the legislature.

B. Annual patient [~~fee~~ *charge*].

If the patient's family gross income is such that an annual [~~fee~~ *charge*] is required, the [~~fee~~ *charge*] will be paid at the time treatment services are initiated and every 12 months therafter as long as the child is receiving program covered services. The financial eligibility and charges are based on the State Board of Health "Regulations Governing Eligibility Standards and Charges for Medical Care Services."

If the child enters more than one specialty program, he maintains the anniversary date for financial eligibility screening of the first specialty program entered. There is only one annual patient [~~fee~~ *charge*] no matter how many specialty programs that the patient enters. If the one annual patient [~~fee~~ *charge*] is not paid, the patient is discharged from all specialty programs. If the patient is medically discharged from the first specialty program but remains open in other specialty programs the same anniversary date remains for the other specialty programs.

If more than one child in a family enters the program, each child receives the same anniversary date for financial eligibility screening as the first child in the family. If two children in a family are in the program, there are two annual patient [~~fees~~ *charges*]. There is no further annual patient [~~fee~~ *charge*] if three or more children from one family are entered into programs.

C. Insurance.

THE COLLECTION OF PRIVATE HEALTH INSURANCE IS THE RESPONSIBILITY OF PROVIDER FACILITIES FOR TREATMENT SERVICES OF PROGRAM SPONSORED PATIENTS. Parents/patients are expected to report the extent of their health insurance coverage and to cooperate in the collection of insurance funds. If the insurance company makes direct payment to the parent or legal guardian, such benefits will be assigned to the provider of the services. Insurance including outpatient and major medical will be used for all patients with such coverage. The providers will bill the insurance companies.

The program may pay only when (i) the insurance company denies reimursement for a service covered under the insurance company contract to the provider facility, or (ii) bill or a portion thereof is not covered by health insurance. The program payment shall not exceed the Medicaid or the program established rate.

D. Medical assistance programs; Title XIX (Medicaid), Title XVIII (Medicare), and CHAMPUS.

Medicaid, Medicare and CHAMPUS will be used as the source of payment for patients covered under these medical assistance programs. Payments by Medicaid, Medicare and CHAMPUS will be collected by provider facilities for treatment services of program sponsored patients. The PROGRAM WILL NOT PAY ANY PORTION OF THE BILL WHICH IS NOT COVERED BY MEDICAID OR MEDICARE UNLESS THE COVERED SERVICE IS NOT REIMBURSABLE BY MEDICAID OR MEDICARE. The program will not pay a deductible that would normally be the responsibility of the patient.

§ 11.2. Rates of payment.

A. Physician services.

Board certified or eligible specialists are reimbursed for provision of clinic services pursuant to contract. The program will not reimburse physicians for professional services provided during hospitalization or surgery on program sponsored patients, but the physicians can pursue health insurance reimbursement.

B. Appliances.

The program may provide payment for appliances including hearing aids and repairs, orthopedic braces and repairs, eye glasses, artificial eyes, dental appliances and prostheses, and orthopedic prostheses. Providers of these services shall be program approved vendors. Rate of payment shall [~~not exceed the usual and customary charge per unit or per service provided~~ *be the program's negotiated price with the vendors*].

C. Dental services.

Dentists are reimbursed on a contractual basis.

D. Inpatient hospital care.

Hospital care shall be provided by hospitals which agree to accept payments for care based on Medicaid allowable cost determinations. (See § 3.3.)

E. Ancillary services.

Services such as speech therapy, occupational therapy, physical therapy, hearing therapy, drugs, medical supplies, [~~radiographic examinations~~ *imaging procedures*], and laboratory studies shall be provided in accordance with policies and procedures of the department and shall be paid at the rate established by the Department of Medical Assistance Services (Medicaid) for such services using the Physician's Current Procedural Terminology (CPT) code for each service.

§ 11.3. Limitations of payments.

A. Payment in full.

Payments for authorized medical care will be limited to those providers of service who accept the amounts allowed by the program as payment in full. Such providers agree not to make any charge to or accept any payment from the patient or his family for services authorized by the program.

B. Nonrelated services.

Payments approved by the program shall be limited to medical treatment related to the covered conditions. The program provides only specialized care and does not provide general medical care.

C. Limitations of service.

Payment shall be made for treatment services only for program sponsored patients and only from contract or approved providers.

Care provided by noncontract or nonapproved providers *, whether in or out-of-state,* or care not authorized by the program is not a liability of the program.

The program will only pay for treatment services given by providers licensed by the Commonwealth of Virginia except the out-of-state providers with which the program has contracts.

§ 11.4. Prerequisite for payment.

Payment will be made ONLY for services recommended in the treatment plan provided by the clinical directors, and approved by the program director.

§ 11.5. Billing requirements.

A. The program will only pay a hospital bill based on the fulfillment of ALL of the following criteria:

1. Written authorization for a specified number of

days shall be APPROVED BY THE PROGRAM DIRECTOR PRIOR TO HOSPITLIZATION. Exceptions:

a. Newborns with a congenital anomaly requiring corrective or palliative surgery within 30 days from birth *for which hospitalization coverage shall not begin until 24 hours before surgery* (see subsection D of § 7.1).

b. Acute rheumatic fever (see subsection B.2 of § 6.2 and subsection D of § 7.1).

c. Sickle cell [~~disease~~ *anemia*] crisis (see subsection B.2 of [§ 6.16] and subsection D of § 7.1).

d. Acute exacerbation or complication of a covered condition (see subsection D of § 8.3).

2. Hospitalization shall be for an authorized service or procedure necessary to correct or mitigate a covered handicapping condition.

3. Discharge summary shall be received by the program's clinic office within 30 days of discharge date.

4. Itemized statement shall be submitted to the program by the hospital with the form UB-82 HCFA within 90 days of discharge date or within 30 days of denial by third party payment source if over 90 days from service date unless adequate written justification is provided by the hospital. No itemized statement will be considered for payment prior to the receipt of the discharge summary.

5. If authorization indicates coinsurance with a third party payor, the UB-82 HCFA shall indicate amount of all third party payment collected by the hospital. The Children's Specialty Services Program shall only be liable for the difference between what the third party payor pays and what the program would be liable for if it was the sole payor.

If the third party payor denies payment of any portion of the bill, the denial letter shall be attached.

6. Hospitalization shall be a maximum of 21 days per hospital admission per specialty program. This shall run concurrently with any other insurance coverage, including Medicare and Medicaid.

7. Hospitalization shall be a maximum of 42 days in a treatment year per specialty program which run concurrently with any other insurance coverage. A treatment year is defined as 12 months from date the program authorized treatment began. It reoccurs every 12 months thereafter as long as the patient is authorized to receive program sponsored services.

8. If a longer period of time is required beyond that of the original authorization, a "Request for Extension of Hospitalization" shall be received by the program at least 14 calendar days after the expiration date of the original authorized period.

B. Bills for ancillary services shall be presented for payment with the following information:

1. Name of child

2. Date of service

3. Amount of insurance or other third party payor funds received for the service

4. Itemized statement

5. Written authorization by the program.

C. ~~Application for Orthopedic Appliances and Special Services,~~ *Approval for Purchase* which has been preauthorized (see Part I) shall be attached to certain bills for appliances, therapy, supplies, and testing.

D. An invoice reviewed by the program coordinator shall be used for itemized statement of multiple ancillary services per child, i.e., laboratory work, x-rays, EKG, EEG.

E. Bills should be presented within 90 days of the date of the ancillary service or denial by a third party payor. Bills submitted subsequent to 90 days shall be justified for acceptable extenuating circumstances. NO BILL MAY BE SUBMITTED FOR PAYMENT IF MORE THAN ONE YEAR HAS ELAPSED SINCE THE LAST DATE OF SERVICE.

PART XII.
CHILD DEVELOPMENT SERVICES PROGRAM.

§ 12.1. Description of program.

The Child Development Services Program consists of (i) a system of child development clinics located to serve all regions of the Commonwealth of Virginia and (ii) the program administration located in the Division of Children's Specialty Services, Virginia Department of Health. The clinics are pediatric specialty centers that serve children [with known or] suspected of developmental disorders such as mental retardation, [~~hyperactivity~~ communication disorders] , learning problems, childhood behavioral disorders, [~~developmental delay associated with~~ neurological disorders,] primary sensory [~~or~~ motor and] physical [~~disability~~ disorders] or a combination of these problems. Early identification and individual planning for [~~developmentally impaired~~] children [with developmental disorders] require the interdisciplinary expertise of each clinic team of professionals [which includes, but is not limited to,] the pediatrician, public health nurse, clinical social worker, education consultant and clinical child psychologist. The program management staff serves at the state level to

guide, develop and advocate for services and programs which will enhance outcome for [~~developmentally impaired~~] children [with developmental disorders] and their families. Program staff throughout the Commonwealth participates in interagency and community initiatives to promote healthy development of children.

§ 12.2. Scope and content.

A. Mission.

The mission of the Child Development Services Program is to improve the availability and accessibility of comprehensive, interdisciplinary developmental services to promote the optimal physical, social [, mental] and emotional development and well-being of children.

B. Scope.

The child development clinics provide pediatric services in the specialty area of developmental and behavioral pediatrics. This health care field specializes in the diagnosis and treatment of developmental problems which include delays in maturation or deviant maturation in physical, social, mental or emotional development, to the extent that there is a negative impact on the child's ability to adapt to or cope with the typical environmental demands as expected for chronological age.

C. Target population.

The population served is children ages birth to 21 who evidence or are suspected of experiencing developmental problems. This includes children who are believed to be at risk for problems based on the presence of factors associated with significantly increased risk for developmental disorders. Priority is given to children who have limited access to private health care options because of such barriers as low family income, lack of health insurance, lack of available private care, [~~etc.~~ or similar situations] Young children are given priority based on the current practice of promoting early intervention for best outcome and prevention of more complex problems.

D. Goals.

1. To improve the availability and accessibility of comprehensive, interdisciplinary developmental services to promote optimal physical, social, mental and emotional development and well-being of children.

2. To improve the early identification of children throughout the Commonwealth who are at greatest risk [~~or~~ for developmental disorders and] in need of developmental services.

§ 12.3. Patient services provided.

A. Early identification and developmental screening.

Child development clinic professional staff provides screenings for identification of children with developmental disorders. Screenings are provided in many different situations such as in day care centers or preschools, health fairs, health department clinics or Head Start Programs. Screening may also be the first response to a parent phone call to the clinic, if the need or appropriateness of a referral for full services is questionable. [~~The process of the developmental screening is detailed in § 12.6 A.~~]

B. Comprehensive interdisciplinary evaluation.

An interdisciplinary evaluation includes (at a minimum) a pediatric examination, psychological examination, social work [~~interview~~ evaluation] , public health nurse evaluation and may include an educational evaluation. A variety of specialist consultations, including [genetic,] neurological, psychiatric, endocrine, ophthalmological, otological, audiological, nutritional, and other health-related services are obtained as indicated by the child's total health needs, and are a part of the child's comprehensive diagnostic evaluation. [~~The process of the comprehensive evaluation is detailed in § 12.6 B.~~ Family and referral source concerns and previous study results also contribute to the evaluation.]

C. Partial evaluation.

Any evaluation which has fewer components than listed for the "Comprehensive Evaluation" may be considered a "Partial Evaluation." Partial evaluations may be requested by a referral source or selected by the clinic team based on need or availability of data from another source.

D. Treatment planning/care coordination.

[The evaluation team uses an interdisciplinary conference to integrate findings and establish diagnoses. In addition,] comprehensive or partial evaluations may result in a number of treatment goals and recommendations for further treatment services, diagnostic services or other types of intervention and follow-up. Each of the clinic team members assists the child's family in:

1. Identifying the types of services that will be beneficial to the child or family in adapting to or coping with identified problems, and locating appropriate resources where these services can be obtained.

2. Following up at a later time to determine if recommendations were followed and if services were of value to the child or family in achieving goals.

This process or treatment planning and follow-up is called care coordination (case management). Typically one member is designated as the care coordinator for each child evaluated. [~~The process of care coordination is detailed in § 12.6 D.~~]

E. Consultation.

Consultation involves the rendering of professional advice for a specific child or family [~~based on information provided by the clinic's evaluation or treatment services~~] . The consultation is typically with another professional or agency, but may also be a discussion with one or more family members to further reinforce their understanding [, e.g.,] of evaluation results or intervention plan. [~~The consultation process is detailed in § 12.6 E.~~]

F. Intervention services.

Direct services are provided by one or more members of the clinic team. The intervention services of the clinic may be medical, psycho-social, educational or interdisciplinary. Services offered at each clinic location vary according to the expertise of the professional staff and the overall goals and objectives of the current program.

§ 12.4. Organizational relationships between the Child Development Services Program and:

A. Local health departments.

The program works closely with the local health departments to provide care to [~~developmentally disabled~~] children [with developmental disorders] . This partnership covers activities of case finding (identification and screening), treatment planning, referral and care coordination. Space and support are provided in some locations by the local health departments for child development clinics to conduct field or satellite clinics periodically. Health Department and program staff provide periodic services to each other in staff development and program development/evaluation.

B. Division of Maternal and Child Health-Genetics Disease Program.

The divisions have an agreement providing for cross referral to the services of each specialty. The program provides evaluation, care coordination and counseling to children with inborn errors of metabolism and other types of genetic risk conditions. [See § 8.4.]

C. Other health care providers.

1. Primary care physicians. Pediatricians and family physicians are major source of referrals to the program. The program sends reports summarizing services and recommendations to the child's primary care physician to enhance medical management and to promote continuity of care between the clinic and the physician.

2. Academic medical centers and universities. The program provides personnel and support to operate clinics held in academic medical centers and universities in the Commonwealth. The centers and universities provide space and other routine support to conduct the clinics. The data required for program monitoring and evaluation are collected by the clinic personnel and provided to the program.

D. Other state and local agencies and programs.

1. Department of Education. The Virginia Department of Education provides education consultants to the program, who serve as integral members of the teams. Each consultant position is administered by the local school division in the area where the clinic is physically located, and the consultant functions as a direct liaison between the clinic and the public schools. The program also cooperates with the Division of Special Education Programs and Services in the development of programs for handicapped children required for compliance with Public Laws 94-142 and 99-457.

2. Department of Social Services. The program cooperates with the Department of Social Services in providing programs for the continuing education and development of day care personnel. The Department of Social Services administers local programs in child protective services and alternative care for children, which are primary sources of referrals to the clinics.

3. Department of Mental Health, Mental Retardation and Substance Abuse Services. The program coordinates with the Department of Mental Health, Mental Retardation and Substance Abuse Services Early Intervention Programs in the early identification, screening, evaluation and treatment of very young children with developmental disorders. In addition, the Department of Mental Health, Mental Retardation and Substance Abuse Services serves as the lead agency for Public Law 99-457, and the program coordinates efforts to comply with the regulations of Part H of the statute.

4. Headstart programs. The program cooperates through cross referrals with community Headstart programs in the early identification, screening, diagnosis and treatment of preschool-age children with developmental disorders. The program also provides statewide Headstart consultants who provide technical assistance in program development and evaluation.

5. Day care programs. The program serves as a resource to day care programs for the identification, screening, diagnosis and treatment of preschool children with developmental disorders. Programs of continuing education for day care personnel are also provided in coordination with the Department of Social Services.

§ 12.5. Application process.

A. Admission criteria.

To be eligible for the services of the clinic the

individual must meet the following criteria:

1. Age from birth to 21 years.

2. Resident of the Commonwealth of Virginia.

3. Suspected or known developmental delay or disorder, behavioral disorder, learning disorder, mental retardation, neuropsychological disorder or presence of severe or multiple risk factors for these conditions.

B. Routine referral.

Referral for clinic services may be based on a telephone call, personal contact or written request. Referrals are accepted from all sources including parents, guardians, public and private agencies, primary care physicians and other health care providers, health department clinics, and schools. Notwithstanding the provision of § 54.1-2969 of the Code of Virginia, in order for a child to receive services under the Child Development Services Program, informed consent must be provided by the child's parent or legal guardian.

1. Upon referral, an application packet is delivered to the child's guardian. The application contains material including an informed consent form permitting the [~~child~~ clinic] to [~~receive~~ provide] services, and release of information forms to be signed by the legal guardian so that medical, school and other records may be obtained. Information about the clinic's [~~fees~~ charges] and sliding scale is also provided, and the parent/guardian is requested to provide information needed to determine income level for the purpose of setting [~~fees~~ charges] for services. The clinic provides assistance to parents in completing the application material as needed.

2. When the completed application is received by the clinic, requests are sent out for records and material which may be released according to parent/guardian consent.

3. The administrative director or designee uses the information provided to determine income level eligibility which in turn determines the [~~fees~~ charges] which will apply for any services provided. Billing occurs only after the initial evaluation is completed (see [§ ~~12.7~~ § 12.6]).

4. The clinic nurse or designee reviews the completed application, consults with other professional staff as appropriate and assigns a first appointment based on the priority ranking guidelines.

C. Emergency referrals.

In certain cases the administrative director may determine that a child is in need of clinic services on an immediate or emergency basis. In such a case the administrative director may waive the application process and schedule the first appointment with the consent form signed by the parent or legal guardian.

D. Program referrals.

In certain cases, children receive services through an agreement between the program and another agency or program. For example, children in a Headstart program may be screened for developmental problems by clinic personnel. In all cases, the written agreement specifies the referral/application process and the agreement contains at least the following:

1. Assurance that no child is seen by clinic personnel for a service until a consent form is signed by the parent/legal guardian.

2. Assurance that only children who meet the eligibility criteria receive services.

3. A [~~fee~~ charge] schedule for the services which will be provided. If families are held responsible for all or part of the [~~fees~~ charges] , then the [~~fees~~ charges] will be based on the income level eligibility of the child's family to be determined prior to delivery of services.

[§ ~~12.6. Evaluation and treatment process.~~

~~A. Developmental screening.~~

~~A screening consists of:~~

~~1. Collecting a brief health and developmental history including pertinent medical history of immediate family members.~~

~~2. Surveying the growth and developmental status of the child in physical, mental and social-emotional areas. This survey is typically conducted using a standardized screening instrument (e.g., Denver Developmental Screening Test) which utilizes parent interview and direct observation of the child.~~

~~3. Identifying the presence of significant risk factors associated with the environment in which the child is developing.~~

~~The results of a screening are generally an estimate of the child's developmental status with reference to expected norms, a profile of the significant risk factors detected and a recommendation as to whether or not more comprehensive services may be needed. Recommendations for further services include suggested resources available in the locality for the child and family.~~

~~B. Comprehensive evaluation.~~

~~The basic components of a diagnostic evaluation are:~~

~~1. Health and developmental history. Attention is~~

directed to the maternal medical history, the obstetric history, and perinatal course. Pertinent medical history of the immediate and extended family is obtained.

Specific details concerning growth and development from early infancy to the present age are collected. This information includes environmental adaptation and developmental landmarks. The clinic nurse is responsible for obtaining this information or assuring that it is available in the records.

2. Pediatric examination. Attention is directed toward the total health of the child, including:

a. A complete physical examination including assessment of gross and fine motor neurological functions in relation to age-appropriate standards.

b. Observation for behavioral manifestations of suspected specific medical disorders or clinical syndromes.

c. Specific consultations as required for a complete medical evaluation such as neurological, psychiatric, audiological, etc.

3. Social work assessment. Information is obtained concerning the family system. The goals of the psycho-social assessment are to:

a. Understand the family system - how it functions as the context in which the child is developing, the impact of the system on the child's adaptation and the impact of the child on the family system.

b. Identify the needs of the family system which will contribute to the most positive outcome for the child and family as a whole.

4. Psychological examination. The psychological evaluation generally involves one or more sessions of observation, testing, and clinical interview with the child, as well as parent interview. The goals of the psychological evaluation are to:

a. Describe cognitive development and the intellectual profile.

b. Describe the emotional development, behavioral adaptation and personal motivation of the child.

c. Identify and describe the presence of significant deviance or dysfunction in any of these areas.

d. Identify areas of strength which may be significant in planning services.

5. Education assessment. Attention is directed to understanding the variances in the child's learning profile, intellectual resources, academic achievement, and learning style. The child's adaptation to the academic setting (behavioral, attitudinal) is also assessed as an important factor which contributes to success in school.

6. Team assessment. All members of the clinic team review family and referral source concerns, previous evaluation or intervention information and the summary of an earlier screening if this occurred.

7. Consultations. For individual patients, consultations and studies may be conducted as needed based on the impressions of the core team (e.g., speech/language evaluation, x-rays, chromosomal studies).

8. Interdisciplinary staffing conference. The team conducts a conference to share and integrate evaluation findings among team members and with previous evaluation material. During the staffing any additional studies are planned and appropriate diagnoses are determined.

9. Parent interpretive meeting. One or more members of the team meet with the parents/guardians to share results, discuss interpretations of the findings and plan intervention as needed.

10. Reports. Each team member prepares a detailed report and contributes to a summary report to share with others as desired by parents/guardians. No material is shared without written consent of the legal guardian. Consent specifies who may receive specific material.

C. Intervention services.

Intervention services consist of professional staff counseling children or parents. Treatment services are provided with the intent that such services are short term, supportive and focused toward symptom reduction. In-depth mental health treatment and comprehensive medical treatment services are not provided. For each intervention service provided there is a written treatment plan with stated goals and strategies, periodic written assessment of progress toward goals, revision of strategies as needed, and plan for termination of the intervention which includes an estimate of the length of treatment.

Intervention services within the Child Development Clinics include the following:

1. Medical follow-up studies and treatment provided in consultation with the child's primary care physician, e.g., drug titration, nutrition counseling, etc.

2. Behavior modification and management.

a. Family.

(1) Instruction in ways to enhance child development.

~~(2) Behavior management techniques.~~

~~(3) Short-term counseling to address, e.g.~~

~~(a) Family guilt over having a handicapped child.~~

~~(b) Parent-child relationship problems.~~

~~b. Child.~~

~~(1) Behavior modification.~~

~~(2) Short-term counseling.~~

~~c. Group.~~

~~(1) Parent or child groups which are primarily therapeutic in nature.~~

~~(2) Parent or child groups which are primarily educational in nature.~~

~~(3) Multifamily groups which are primarily supportive.~~

~~D. Care coordination.~~

~~1. Once an applicant has been accepted for service, the administrative director assigns the case to one of the clinical staff who acts as care coordinator during the delivery of patient services in the clinic. The care coordinator is responsible for assisting the patient or guardian with the process as needed.~~

~~2. The care coordinator typically participates in the interpretive session with the parent/guardian and one or more team members. The goals of this meeting are to:~~

~~a. Assist parents to understand the findings of the comprehensive evaluation and the diagnostic impressions of the team; and~~

~~b. Plan intervention services for the child.~~

~~3. The care coordinator facilitates implementation of the intervention plan. This may mean making referrals to other agencies, programs, etc., requesting consultation from other team members, setting up appointments for intervention services at the clinic, and serving as a contact person at the clinic for the family and others.~~

~~4. The care coordinator also conducts a follow-up after a period of time (usually four to six months) to assess if the intervention plan was implemented, if recommended services were available and were beneficial, and if the patient has further needs from the clinic.~~

~~5. The recommendation for reevaluation is occasionally included in the intervention plan. The decision to reevaluate is based on the health or developmental benefits for the child. Parents and other referral sources may also request reevaluation based on the need for updated information about the child's status.~~

~~E. Consultation services.~~

~~Consultation involves the rendering of professional advice for a specific child or family based on evaluation/intervention information. Consultation may be of several types:~~

~~1. Discussion with a referral source or service provider regarding the comprehensive evaluation and/or the recommendations for intervention.~~

~~2. Further in-depth discussions with family members to further or reinforce their understanding of the evaluation results or intervention plan.~~

~~3. More detailed interaction or work with a referral source or service provider to develop, coordinate or evaluate an ongoing intervention.~~]

[~~§ 12.7.~~ § 12.6.] Financial regulations and procedures.

A. Eligibility.

Family financial eligibility is determined at the time service is provided based upon proof of income provided by the family. The family's gross income and number of persons dependent upon that income are computed and compared against the health department income levels and charge schedules as promulgated by the State Board of Health. The patients are placed in an income category and [~~charged~~ required to pay] a [~~fee~~ charge] based on a sliding scale.

The definition of income, family unit and income level schedules are described in the effective State Board of Health "Regulations Governing Eligibility Standards and Charges for Medical Care Services." Those families receiving food stamp benefits or Medicaid are automatically eligible for services at no cost to the family.

B. [~~Fees~~ Charges] for services.

1. The program [~~charges fees~~ requires payment of charges] for the comprehensive evaluation, certain partial evaluation components and other services as described in the effective State Board of Health "Regulations Governing Eligibility Standards and Charges for Medical Care Services."

2. School referral [~~fees~~ charges] . The payment of [~~fees~~ charges] for referrals made by schools are the responsibility of the referring school system. Unless otherwise established by contract with the school system, the [~~fee~~ charge] is determined by the

family's gross income and number of persons dependent upon the income. (see [§ ~~12.7~~ § 12.6] A)

3. University[~~/fees~~ charges]. At those universities with whom the program *contracts for clinic services, patient eligibility and [~~fees~~ charges] are established using the same regulations as described in the effective State Board of Health "Regulations Governing Eligibility Standards and Charges for Medical Care Services." However, the university may bill Medicaid and private insurance at the rate established by the university for private patients. [Pursuant to the agreement executed between the division and the university,] the university may not bill any difference between the insurance payment and the university established rate to the patient's family.*

C. Central billing.

The program maintains a centralized billing system to bill families and Medicaid. The family or other authorized source is billed at 30, 60, 90 and 120 calendar days. If the payment is not made within 120 days of the date of service, additional chargeable services are discontinued.

A written notice, including the development of a payment plan for overdue payments, is presented to the family or other authorized source. The written notice describes how an individual may file an appeal.

D. Collections.

Those accounts on which there has been no payment within 120 days from the date of services are referred to the department's fiscal office for collection through the approved collection agency.

E. Insurance.

The collection of private health insurance is the responsibility of the patient's family. Clinic personnel provide medical information to assist in completing the forms.

F. Purchased services.

1. Ancillary services. Payment of ancillary services or those services purchased external to the clinic is the responsibility of the family, except for families below 100% of poverty as defined by the federal government. For these families, payment is made for treatment services only for program patients and only from contract or approved providers.

2. Payment in full. Payments for authorized services are limited to those providers of services who accept the amounts allowed by the program as payment in full. Such providers agree not to make any charge to or accept any additional payment from the patient or family for services authorized by the program.

3. Nonrelated services. The program provides only specialized care and does not provide general medical care.

4. Limitation of services. The program only pays for services given by providers licensed by the Commonwealth of Virginia except the out-of-state providers with which the program has contracts.

5. Billing requirements. Bills for ancillary services must be presented for payment with the following information:

a. Name of child.

b. Date of service.

c. Itemized statement.

An invoice reviewed by the administrative director must be used for itemized statement of multiple ancillary services per child, i.e., laboratory work, x-rays, EKG, EEG.

Bills should be presented within 90 days of the date of the ancillary services or denial by a third party payor. Bills submitted subsequent to 90 days must be justified for acceptable extenuating circumstances. NO BILL MAY BE SUBMITTED FOR PAYMENT IF MORE THAN ONE YEAR HAS ELAPSED SINCE THE LAST DATE OF SERVICE.

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Title of Regulation: **VR 355-27-01. Regulations Governing the Licensing of Commercial Blood Banks and Minimum Standards and Qualifications for Noncommercial and Commercial Blood Banks.**

Statutory Authority: §§ 32.1-12 and 32.1-140 of the Code of Virginia.

Effective Date: July 1, 1990.

Summary:

These regulations have been revised to be more consistent with Federal Food and Drug Administration (FDA) regulations, American Association of Blood Banks guidelines and current state-of-the-art blood banking technology.

Provision has been made in the regulations for those noncommercial blood banks or licensed hospitals inspected and accredited by the American Association of Blood Banks to be exempted from the regulations. Enforcement provisions have not been changed. The definitions of plasmapheresis has been changed to allow for either manual or automated methods. A temporary suspension of license can result from a failure to obtain or retain FDA certification.

The director of the blood bank is required to spend an average of one day per week in the licensed facility. Personnel requirements have remained essentially unchanged.

Requirements for blood bank facilities have been changed to be consistent with FDA requirements.

Qualifications of donors have remained unchanged with the exception that persons with clinical or laboratory evidence of HIV or who are at high risk for HIV infection are excluded from donating blood. The testing of blood provisions has been changed to include testing for HIV antibody. The requirement for a check on sterile technique concerning the collection of red blood cells has been deleted.

The requirements for reporting statistical data have been reduced to reflect current needs. Application for licensure forms have remained unchanged and the licensure fee has remained at $250 per year.

VR 355-27-01. Regulations Governing the Licensing of Commercial Blood Banks and Minimum Standards and Qualifications for Noncommercial and Commercial Blood Banks.

~~Section 2.0~~

PART I.
~~DEFINITIONS.~~ *GENERAL.*

~~2.1~~ *§ 1.1. Definitions* ~~General.~~

~~As used in these regulations, the words and terms hereinafter set forth, shall have meanings respectively set forth unless the context clearly requires a different meaning.~~ *The following words and terms, when used in these regulations, shall have the following meaning, unless the context clearly indicates otherwise:*

~~2.2~~ *"Applicant"* means any person, partnership, firm, company, association, corporation or other legal entity which seeks licensure to establish, conduct, maintain or operate a commercial blood bank.

~~2.12~~ *"Autologous transfusion"* ~~refers to~~ *means* the removal and storage of blood or blood components from a donor for subsequent reinfusion *into the same person* .

~~2.3~~ *"Blood bank"* means both noncommercial and commercial blood banks, unless specifically qualified by the terms noncommercial or commercial.

~~2.4~~ *"Board"* means the State Board of Health.

~~2.5~~ *"Commercial blood bank"* means any activity that procures, extracts, collects, prepares, tests, processes, stores, distributes, or sells for profit human whole blood, human whole blood derivatives or blood components specified by these regulations except any such activity conducted by a licensed hospital as part of its regular hospital operations.

~~2.6~~ *"Commissioner"* means the State Health Commissioner.

"Cryoprecipitated Antihemophilic Factor (Human)" means a preparation containing the antihemophilic factor obtained from a single unit of human blood.

~~2.7~~ *"Division of Consolidated Laboratory Services"* means the Department of General Services, Division of Consolidated Laboratory Services of the Commonwealth of Virginia.

~~2.8~~ *"License"* means a nontransferrable document which authorizes the operation of a commercial blood bank within the ~~State~~ *Commonwealth* of Virginia.

~~2.9~~ *"Licensee"* means any person, partnership, firm, association, corporation, company or other legal entity which establishes, conducts, maintains or operates a commercial blood bank under authority of a valid current license issued by the board.

~~2.10~~ *"Noncommercial blood bank"* means any activity that procures, extracts, collects, prepares, tests, processes, stores, or distributes human blood, human whole blood derivatives or blood components specified by regulations; provided, however, such activity conducted by a licensed profit or nonprofit hospital as a part of its regular hospital operations shall be included in such definition.

~~2.11~~ *"Plasmapheresis"* ~~Definition Plasmapheresis is defined as~~ *means* that procedure in which blood is removed from a donor, the plasma separated from the formed elements and the formed elements returned to the donor, during a single visit to the establishment. *The procedure may be performed by manual or automated methods.* The entire procedure shall be described in detail in the blood bank procedure manual.

"Red Blood Cells (Human)" means red blood cells remaining after separating plasma from human blood.

"Whole Blood (Human)" means blood collected from human donors for transfusion to human recipients.

~~Section 1.0~~

PART II .
GENERAL INFORMATION ~~AND PROCEDURES~~ .

~~1.1~~ *§ 2.1.* Authority.

These regulations are authorized by §§ 32.1-2, 32.1-12, 32.1-42 and 32.1-140 of the Code of Virginia.

~~1.2~~ *§ 2.2.* Purpose.

These regulations have been promulgated by the board

for the purpose of defining the minimum standards for the number and qualifications of professional and administrative staff of commercial and noncommercial blood banks, for equipment and facilities of such blood banks, for reporting of certain information relative to the operation of such blood banks, and for licensure standards and procedures as set forth herein.

~~1.3~~ *§ 2.3.* Administration.

~~These regulations are administered by the following:~~

~~1.3.1~~ *A.* State Board of Health.

The Board of Health has responsibility for promulgating, amending and repealing regulations pertaining to the licensing of commercial blood banks and for establishing standards for all blood banks.

~~1.3.2~~ *B.* Division of Consolidated Laboratory Services.

The Division of Consolidated Laboratory Services, 1 North 14th Street, Richmond, Virginia 23219, has the responsibility for performing such duties as requested by the commissioner for the administration of these regulations.

~~1.3.3~~ *C.* State Health Commissioner.

The State Health Commissioner has the responsibility for implementing and enforcing these regulations. The commissioner's address is: State Health Department, James Madison Building, 109 ~~North~~ Governor Street, Richmond, Virginia 23219.

~~1.4~~ *§ 2.4.* Effective date.

~~These regulations shall be effective on August 1, 1980~~

Effective date of original regulations: August 1, 1980.

[~~*Proposed*~~] *Effective date of Amendment No. 1:* [~~*March 12, 1990.*~~ *July 1, 1990.*]

~~1.5~~ *§ 2.5.* Exceptions.

In accordance with the Code of Virginia Title 32.1, Chapter 5, Article 3, license is not required of noncommercial blood banks or licensed hospitals. *Those noncommercial blood banks or licensed hospitals inspected and accredited by the American Association of Blood Banks, or other nationally recognized blood bank accrediting agency acceptable to the commissioner shall be deemed in compliance with the provisions of these rules and regulations provided they furnish the commissioner with a copy of their inspection reports, if requested. Provided further, the noncommercial blood banks or licensed hospitals notify the commissioner within 10 days after receipt of any notice of revocation or suspension by the American Association of Blood Banks, or other recognized blood bank accrediting agency acceptable to the commissioner.*

~~1.6 Severability.~~

~~If any provision of these regulations or the application thereof to any facility or circumstances shall be held invalid, such invalidity shall not affect the provisions or application of the regulations which can be given effect, and to this end the provisions of the regulations are declared to be severable.~~

~~1.7~~ *§ 2.6.* Application of the Administrative Process Act.

The provisions of the Virginia Administrative Process Act, which is codified as Chapter 1.1:1 of Title 9, § ~~9-6.14:1~~ et seq. of the Code of Virginia, governs the adoption, amendment, modification, and revision of these regulations, and conduct of all proceedings hereunder and appeals therefrom.

~~1.8~~ *§ 2.7.* Enforcement.

~~The following provisions of Chapter 1, Article 4 of Title 32.1 of the Code of Virginia, shall apply:~~

~~1.8.1 "32.1-25 Right of entry to inspect, etc: warrants. Upon presentation of appropriate credentials and upon consent of the owner or custodian, the commissioner or his designee shall have the right to enter at any reasonable time onto any property to inspect, investigate, evaluate, conduct tests or take samples for testing as he reasonably deems necessary in order to determine whether the provisions of these regulations, any order of the board or commissioner or any conditions in a permit, license or certificate issued by the board or commissioner are being complied with. If the commissioner or his designee is denied entry, he may apply to appropriate circuit court for an inspection warrant authorizing such investigation, evaluation, inspection, testing or taking of samples for testing as provided in Chapter 24 of Title 10.2."~~

~~1.8.2 "32.1-26 Orders. The board is authorized to issue orders to require any person to comply with the provisions of any law administered by it, the commissioner or the department or any regulations promulgated by the board or to comply with any case decision as defined in 9-6.14:4 of the board or commissioner. Any such order shall be issued only after a hearing with at least thirty days notice to the affected person of the time, place and purpose thereof. Such order shall become effective not less than fifteen days after mailing a copy thereof by certified mail to the last known address of such person. The provisions of this section shall not affect the authority of the board to issue separate orders and regulations to meet any emergency as provided in Section 32.1-13."~~

~~1.8.3 § 32.1-27 Penalties, injunctions, civil penalties and charges for violations.~~

~~A. Any person willfully violating or refusing, failing or neglecting to comply with any regulation or order of the~~

~~board or commissioner or any provision of this title shall be guilty of a Class 1 misdemeanor unless a different penalty is specified.~~

~~B. Any person violating or failing, neglecting, or refusing to obey any lawful regulation or order of the board or commissioner or any provision of this title, may be compelled in a proceeding instituted in an appropriate court by the board or commissioner to obey such regulations, order or provision of this title and to comply therewith by injunction, mandamus, or other appropriate remedy.~~

~~C. Without limiting the remedies which may be obtained in subsection 2, any person violating or failing, neglecting or refusing to obey any injunction, mandamus or other remedy obtained pursuant to subsection B shall be subject, in the discretion of the court, to a civil penalty not to exceed ten thousand dollars for each violation. Each day of violation shall constitute a separate offense.~~

~~D. With the consent of any person who has violated or failed, neglected or refused to obey any regulation or order of the board or commissioner or any provision of this title, the board may provide, in an order issued by the board against such person, for the payment of civil charges for past violations in specific sums not to exceed the limit specified in subsection C. Such civil charges shall be instead of any appropriate civil penalty which could be imposed under subsection C of this section."~~

The provisions of §§ 32.1-25, 32.1-26 and 32.1-27 of the Code of Virginia shall apply.

~~Section 3.0~~

PART III.
CHARACTER OF LICENSES.

§ 3.1. General.

No person shall establish, maintain, conduct or operate a commercial blood bank in this Commonwealth unless such person possesses a license issued by the commissioner pursuant to these regulations.

§ 3.2. Application procedure.

Any applicant may apply to the Division of Consolidated Laboratory Services for a license to establish, maintain, conduct or operate a commercial blood bank by filing forms accompanying these regulations with the Division of Consolidated Laboratory Services at the address indicated in ~~1.3.2~~ *§ 2.3 B* .

§ 3.3. Request for issuance of license.

Commercial blood bank licenses shall be issued by the commissioner, but all requests for licensing shall be submitted initially to the Division of Consolidated Laboratory Services. The procedure for obtaining the license shall include the following steps:

~~3.3.1~~ *1.* Requests for application forms shall be made in writing to the Division of Consolidated Laboratory Services.

~~3.3.2~~ *2.* Applications for license or license renewal to establish or maintain a commercial blood bank shall be made and submitted to the Division of Consolidated Laboratory Services and shall be accompanied by a check or money order for the fee, payable to the Treasurer of Virginia.

§ 3.4. License fees.

~~3.4.1~~ *A.* The initial application for a license to operate a commercial blood bank shall be submitted on forms accompanying these regulations and shall be accompanied by a fee of $250.

~~3.4.2~~ *B.* The annual renewal fee for a license to operate a commercial blood bank shall be $250.

§ 3.5. Classification.

Any license issued by the State Board of Health may be provisional or general.

~~3.5.1~~ *A.* A provisional license may be granted whenever the commissioner determines upon completion of a preliminary inspection prior to commencement of operation that the commercial blood bank's equipment and facilities are adequate to meet minimum standards established herein subject to final inspection under actual operating conditions.

~~3.5.2~~ *B.* A general license shall be granted to any commercial blood bank which, in the opinion of the commissioner, is in substantial compliance with the standards established herein.

~~3.5.3~~ *C.* No such license, either provisional or general, shall be assignable or transferrable.

~~3.5.4~~ *D.* Separate license shall be required by blood banks maintained on separate premises even though they are owned or operated under the same management. A separate fee shall be paid for each separate license.

§ 3.6. Duration of license.

~~3.6.1~~ *A.* A provisional license shall be for any period not more than six months, as the board shall determine proper, unless terminated for cause as stated herein.

~~3.6.2~~ *B.* A general license by the board shall be for a period of one year from the date the license is issued, unless terminated for cause as stated herein.

§ 3.7. Continuance of a license.

~~3.7.1~~ *A.* No license shall be deemed to continue beyond the expiration of the term set therefore, unless the licensed commercial blood bank submits, within 30 days prior to the expiration of such license, an application seeking a license for a further period.

~~3.7.2~~ *B.* Subject to ~~provision~~ ~~3.7.1~~ *§ 3.7 A* , unless the commissioner denies an application for a license or the renewal of a license, the license, whether provisional or general, shall continue in force until such time as the commissioner acts on the renewal application.

§ 3.8. Temporary suspension of a license.

Any license issued by the commissioner may be suspended pending a hearing to determine whether to revoke such license if in the opinion of the commissioner:

~~3.8.1~~ *1.* The applicant has failed or refused to complete the application, or to appear for or to complete an interview, or otherwise to provide additional facts or evidence requested by the commissioner to enable ~~it~~ *him* to ascertain whether the license should be granted; ~~or~~

~~3.8.2~~ *2.* The license has been obtained by misrepresentation of material, facts or fraud ~~.~~ *; or*

3. The applicant has failed to obtain a license from the U.S. Food and Drug Administration or has been suspended by the U.S. Food and Drug Administration or the applicant's license from the U.S. Food and Drug Administration has expired.

§ 3.9. Plan of correction.

~~3.9.1~~ *A.* Each commercial blood bank shall submit an acceptable plan for correcting licensing discrepancies to the commissioner when requested. The plan of correction shall contain at least the following information:

~~(a)~~ *1.* The method(s) implemented to correct licensing discrepancies; and

~~(b)~~ *2.* The date on which such correction(s) will be completed.

~~3.9.2~~ *B.* The director of the commercial blood bank shall be responsible for assuring that the plan of correction is completed.

§ 3.10. Revocation of license.

The commissioner may revoke a license to operate a commercial blood bank upon the findings of one or more of the following:

~~3.10.1~~ *1.* Violation of the provisions of the licensing act or the rules and regulations of the board adopted thereunder.

~~3.10.2~~ *2.* Permitting, aiding, or abetting the commission of any illegal act by the agency.

~~Before a revocation of a license is effective, the provisions of the Administrative Process Act shall be observed.~~

~~3.10.3~~ *3.* Determination by the commissioner after a hearing as provided in § 3.8 that the operation of a blood bank is not in conformity with the law or these regulations.

Before a revocation of a license is effective, the provisions of the Administrative Process Act shall be observed.

~~Section 4.0~~

PART IV.
BLOOD BANK PERSONNEL QUALIFICATIONS.

~~Blood Bank Director - The blood bank shall be under the direction of a qualified person.~~

§ 4.1. Administration.

Every blood bank shall have a director qualified under ~~paragraph~~ § 4.2 of these regulations. The director shall administer the technical and scientific operation of the ~~laboratory including the reporting of findings of laboratory test~~ *blood bank* .

~~4.1.1~~ *A.* The director shall serve the blood bank ~~laboratory~~ full time, or on a regular part-time basis. If on a regular part-time basis, he (i) shall not individually serve as director of more than three blood bank ~~laboratories~~ *facilities* (hospital or independent), or (ii) if he does individually serve as director of more than three blood bank ~~laboratories~~ *facilities* , he shall provide for an associate in each additional blood bank ~~laboratory~~ *facility* , qualified under the standard in ~~paragraph~~ § 4.2 ~~of this section~~ , to serve as assistant director in each blood bank ~~laboratory~~ . Such assistant director shall not serve more than three blood bank ~~laboratories~~ *facilities* .

~~4.1.2~~ *B.* Commensurate with the ~~laboratory~~ *blood bank* workload, the director shall spend ~~a minimum of eight hours per week~~ *an average of one day per week* in the blood bank ~~laboratory~~ to direct and supervise the technical performance of the staff and shall be readily available for personal or telephone consultation.

~~4.1.3~~ *C.* The director shall be responsible for the proper performance of all tests made in the blood bank laboratory.

~~4.1.4~~ *D.* The director shall be responsible for the development and *annual review of a written procedure manual. This manual shall describe in detail all procedures, policies and the use of all record forms. ~~A copy shall be filed with the commissioner at the time of~~

~~application for licensure~~ .

~~4.1.5~~ *E.* The director shall be responsible for the employment of qualified laboratory personnel and their inservice training.

~~4.1.6~~ *F.* If the director shall be continuously absent for more than one month, arrangements shall be made for a qualified substitute director. A notice of the director's absence and the name of the substitute director shall be filed with the commissioner prior to the beginning date of the absence.

§ 4.2. Blood bank director; qualification.

~~Standard; Blood Bank Laboratory Director qualification.~~ The director shall meet the requirements of *subsection* ~~4.2.1, 4.2.2, or 4.2.3~~ *A, B or C of this section* .

~~4.2.1~~ *A.* A physician licensed in the ~~State~~ *Commonwealth* of Virginia and certified or is eligible therefore in clinical pathology by the American Board of Pathology or the American Osteopathic Board of Pathology.

~~4.2.2~~ *B.* A physician licensed in the ~~State~~ *Commonwealth* of Virginia who is certified by an American Board, or is eligible therefore, and who has acquired a proficiency in the field of immunohematology or blood banking, or subsequent to graduation has had four or more years of general laboratory training and experience of which at least two were spent acquiring proficiency in the field of immunohematology.

~~4.2.3~~ *C.* Holds an earned doctoral degree from an accredited institution with a chemical, physical, or biological science as a major subject, and is certified by the American Board, or is eligible therefore, and has acquired a proficiency in the field of immunohematology or blood banking or subsequent to graduation has had four or more years of general laboratory training and experience, of which at least two were spent acquiring proficiency in the field of immunohematology.

§ 4.3. Blood bank supervision.

The blood bank ~~laboratory~~ shall be supervised by personnel who meet the qualifications specified below.

~~4.3.1~~ General.

The blood bank shall have one or more blood bank supervisors who, under the general direction of the blood bank director, supervise technical personnel and reporting of findings, perform tests requiring special scientific skills, and, in the absence of the director, are held responsible for the proper performance of all ~~laboratory~~ *blood bank* procedures. The director of the blood bank may also serve as the supervisor. If the supervisor is absent more than two hours during the operation of the blood bank, the director or another qualified supervisor shall be present on the premises.

§ 4.4. Supervisor; qualification.

A. The blood bank supervisor shall meet one of the following requirements:

~~4.4.1~~ *1.* Is a physician or holds an earned doctoral degree from an accredited institution with a chemical, physical, or biological science as his major subject and subsequent to graduation has had at least one year technical experience in immunohematology.

~~4.4.2~~ *2.* Holds a master's degree from an accredited institution with a major in one of the chemical, physical, or biological sciences and subsequent to graduation has had at least one year technical experience in immunohematology.

~~4.4.3~~ *3.* (i) Has earned a bachelor's degree in medical technology from an accredited college or university; or (ii) has successfully completed three academic years of study (a minimum of 90 semester hours or equivalent) in an accredited college or university, which met the specific requirements for entrance into, and has successfully completed a course of training of at least 12 months in a school of medical technology approved by the Council on Medical Education of the American Medical Association; and is certified by a recognized national professional organization in medical technology, accredited by the Council on Medical Education of the American Medical Association, and has had at least one year of technical laboratory experience in immunohematology.

~~4.4.4~~ *4.* Has earned a bachelor's degree in one of the chemical, physical, or biological sciences in addition to at least two years of ~~laboratory~~ experience and training in blood banking.

~~4.4.5~~ *5.* ~~For~~ A person not meeting the above requirements but having a minimum of five years blood bank experience, ~~he~~ may apply to the State Health Commissioner for approval as a supervisor on an individual basis.

~~4.4.6~~ *B.* Supervisor; qualification for a donor drawing center.

For a center which is limited to the single function of drawing blood for shipment to a processing center or is limited to the sole function of collection and production of plasma by the procedure of plasmapheresis, the following minimum qualifications for supervisor are applicable:

1. A registered nurse licensed in Virginia who has a bachelor's degree in nursing and who has one year of experience in a blood bank approved by a state or national accrediting agency, *or*

2. A registered nurse with a three-year diploma plus two-years experience or a registered nurse with a two-year associate degree plus three years experience

in a blood bank approved by a state or national accrediting agency.

However, a supervisor who meets the requirements of *subdivisions* ~~4.4.1~~ ~~4.4.A~~ ~~through~~ ~~4.4.5~~ ~~4.4.E~~ *A 1 through A 5 of § 4.4* may also supervise a donor drawing center.

§ 4.5. ~~Technical~~ ~~Personnel~~ Commensurate with the volume and diversity of the tests performed and blood components prepared and preserved, the director shall have available for work each day of operation a sufficient number of laboratory technicians, phlebotomists, centrifuge operators, and receptionists to fulfill the requirements of these regulations. Records of their qualifications and training in blood banking laboratory tests and procedures shall be on file in the ~~blood~~ ~~bank~~ *facility* and available for inspection.

~~Section 5.0~~

PART V.
BLOOD BANK PHYSICAL STRUCTURE AND ENVIRONMENT.

~~5.1. General.~~

~~Suitable quarters with proper lighting, construction, and equipment shall be available to provide for the safety and protection of donors, staff and the public. The quarters for the blood bank shall comply with the uniform state-wide building code, adopted pursuant to § 36-98 of the Code of Virginia.~~

§ 5.1. Facilities.

The blood bank facilities shall comply with Food and Drug Administration, HHS, regulations as specified in Subpart C - Plant and Facilities, paragraph 606.40 - Facilities, 21 CFR Ch. 1 (4-1-88 Edition) which are incorporated by reference in these regulations. In addition, the blood bank facilities shall comply with the Uniform Statewide Building Code, adopted pursuant to § 36-98 of the Code of Virginia.

~~5.2. Preventative Maintenance.~~

~~Blood banks shall establish, in conformance with the uniform standard building code, a preventative maintenance program to ensure that equipment is operative and that interior and exterior of the building are maintained in good repair and free from hazards or litters.~~

~~5.3. Housekeeping and Maintenance.~~

~~The blood bank shall be clean, air conditioned and well lighted.~~

~~PART II. STANDARDS FOR BLOOD AND BLOOD PRODUCTS.~~
~~Section 6.0~~

PART VI.
WHOLE BLOOD (HUMAN).

§ ~~6.1.~~ ~~Proper~~ ~~Name~~ ~~and~~ ~~Definition.~~

~~The proper name of this product shall be Whole Blood (Human). Whole Blood (Human) is defined as blood collected from human donors for transfusion to human recipients.~~

§ ~~6.2.~~ *§ 6.1.* Suitability of donor.

~~6.2.1~~ *A.* Method of determining.

The suitability of a donor as a source of Whole Blood (Human) shall be determined by a physician licensed in the Commonwealth of Virginia or by persons under his supervision and trained in determining suitability. Such determinations shall be made on the day of collection from the donor by means of medical history, a test for hemoglobin level, and such physical examination as appears necessary to a physician who shall be present on the premises, when examinations are made, except that the suitability of donors may be determined when a physician is not present on the premises, provided the establishment (i) maintains on the premises, a manual of standard procedures and methods, as prescribed in ~~4.1.5~~ *§ 4.1 D* , that shall be followed by employees who determine suitability of donors, and (ii) maintains records indicating the name and qualifications of the person immediately in charge of the employees who determine the suitability of donors when a physician is not present on the premises.

~~6.2.2~~ *B.* Qualifications of donor; general.

Except as provided in ~~paragraph~~ ~~6.2.4~~ ~~and~~ ~~6.2.5~~ *§§ 6.1 D and 6.1 E* , no person may serve as a source of Whole Blood (Human) more than once in eight weeks. In addition, donors shall be in good health, as indicated in part by a medical history that shall obtain data relating to the following requirements:

~~(a)~~ *1.* Absence of acute respiratory diseases;

~~(b)~~ *2.* Absence of any infectious skin disease at the site of phlebotomy and from any such diseases generalized to such ~~as~~ *an* extent as to create a risk of contamination of the blood;

~~(c)~~ *3.* Absence of any disease transmissible by blood transfusion;

~~(d)~~ *4.* Absence of advanced cardiovascular disease;

~~(e)~~ *5.* Absence of uncontrolled diabetes;

~~(f)~~ *6.* Absence of blood dycrasias;

~~(g)~~ *7.* Absence of bleeding tendency;

~~(h)~~ *8.* Absence of recurring convulsions;

~~(i)~~ *9.* No existing pregnancy, or pregnancy within preceding six weeks;

~~(j)~~ *10.* Absence of an active rheumatic fever within the previous five years;

~~(k)~~ *11.* Donor does not engage in illegal use of drugs as determined by questioning and by inspection of arms for marks suggestive of injections not prescribed or related to repeat plasmapheresis;

~~(l)~~ *12.* Donor has not been immunized to human blood group antigens, unless the container shall indicate such information;

~~(m)~~ *13.* Donor is not on medication except following evaluation and acceptance by attending physician;

~~(n)~~ *14.* Absence of appearance of being currently under the influence of alcohol or drugs.

~~6.2.3~~ *C.* Additional qualifications of donor.

Every blood donor shall meet all of the criteria set forth below:

~~(a)~~ *1.* Age. Blood donors shall be between the ages of 17 through 65 (up to 66th birthday); provided, however,

~~(1)~~ *a.* [~~Donors 17 years of age must have a written consent signed by a parent or guardian~~ *Prospective donors who are considered minors under applicable law may be accepted if written consent to donate blood has been obtained in accordance with state statutes*].

~~(2)~~ *b.* After the 66th birthday, donors may be accepted at the discretion of the blood bank physician ~~if they have specific written consent from a physician within two weeks before the date of donation, provided they meet all other criteria for acceptability~~ .

~~(b)~~ *2.* Temperature. The temperature of the donor shall not exceed 99.6°F (37.5°C).

~~(c)~~ *3.* Hemoglobin or hematocrit. The preferred method is determination of the hemoglobin concentration. [*The acceptable hemoglobin or hematorcrit minimum will be the current FDA established value.*]

~~(1)~~ [~~a. The hemoglobin shall be no less that than 12.5g. per 100 dl; or~~]

~~(2)~~ [~~b. The hematocrit value, if substituted for the hemoglobin concentration, shall be no less than 38%.~~]

~~(d)~~ *4.* Pulse. The pulse shall reveal no pathological cardiac irregularity and should be between 50 and 100 beats per minute.

~~(e)~~ *5.* Blood pressure. The systolic blood pressure of the donor shall be between 90 and 180 mm. of mercury and the diastolic shall not be below 50 or above 100 mm. of mercury.

~~(f)~~ [~~6. Dental surgery. Tooth extraction or other minor oral surgery during the preceding 72 hours shall exclude a donor.~~]

~~(g)~~ [~~7.~~ *6.*] Receipt of blood or blood components. Donors who during the preceding six months have received blood or human blood components known to be a possible source of hepatitis shall be excluded.

~~(h)~~ [~~8.~~ *7.*] Infectious disease. A donor shall be free from infectious diseases known to be transmissible by blood insofar as can be determined by usual examinations. He shall not serve as a whole blood donor if there is evidence of any of the following:

~~(1) Confirmed brucellosis.~~

~~(2) Relapsing fever within two years.~~

~~(3)~~ *a.* Active tuberculosis.

~~(4) Current active syphilis or suspected active syphilis.~~

~~(5) A reactive serologic test for syphilis.~~

~~(6)~~ *b.* Viral Hepatitides. No individual shall be used as a source of whole blood or blood components if he has: ~~(1)~~ *(i)* a history of viral hepatitis ~~, a history of a previous positive test for hepatitis~~ ; *(ii) a history of reactive test for hepatitis B surface antigen (HBsAg) [and hepatitis B core antibody (HBcAb)*]; ~~(2)~~ *(iii)* a history *of a tattoo or* of close contact within six months of donation with an individual having viral hepatitis; ~~(3)~~ *(iv)* a history of having received within six months human blood, or any derivative of human blood which the National Institutes of Health has advised the licensed establishment is a possible source of viral hepatitis; *and* ~~(4)~~ *(v)* a donor shall also be permanently excluded if his was the only unit of blood, blood component or derivative administered to a patient who within six months developed post-transfusion hepatitis and who received no other icterogenic blood fractions, or, if more than one recipient receiving blood, blood components, or derivatives prepared from his blood had developed post-transfusion hepatitis.

~~(7)~~ *c.* Malaria.

~~(a)~~ *(1)* Donors meeting one or more of the

following criteria shall be excluded from whole blood donation for three years.

(a) After becoming asymptomatic or after cessation of therapy whichever is later in prospective donors who have had malaria.

(b) Immigrants or visitors from endemic areas *even* if they have been asymptomatic.

(c) Civilians returning from endemic areas who have taken prophylactic anti-malaria drugs.

~~(b)~~ *(2)* Travelers in areas considered endemic for malaria by the malaria program, ~~Center for Disease Control, Department of Health, Education, and Welfare,~~ *Centers for Disease Control, U.S. Department of Health and Human Services,* may be accepted as regular blood donors six months after their return to the United States, provided they have been free of symptoms and have not taken any antimalarial drugs.

~~(c)~~ *(3)* Donations to be used for the preparation of plasma, plasma components or fraction devoid of intact red cells are exempted from these restrictions.

~~(i)~~ [~~9.~~ *8.*] Immunizations or vaccinations. Symptom-free donors who have been recently immunized may be accepted with the following exceptions:

~~(1) Smallpox. Doners are acceptable either after the scab has fallen off or two weeks after an immune reaction.~~

~~(2)~~ *a.* Measles (rubeola), mumps, yellow fever, oral polio vaccine, rabies and animal serum products. Donors are acceptable two weeks after their last injection.

~~(3)~~ *b.* German measles (rubella). Donors are acceptable ~~two months~~ *four weeks* after their last injection.

~~(4) Rabies (therapeutic): donors will be deferred until one year after their last injection.~~

~~(j) Allergy - A history of an attack of drug allergy within six months is cause for determent. A symptomatic allergy such as asthma, hay fever or urticaria, may be accepted.~~

~~(k)~~ [~~10.~~ *9.*] Weight and amount of blood. Donors weighing 110 lbs. (50 kg) or more may ordinarily give 450 + [*or - 45*] ml. of blood, in addition to pilot samples which shall not exceed 30 ml. Donors weighing less than 110 lbs. may be bled proportionately less in a reduced volume of anticoagulant. All other prospective donations of blood exceeding the recommended amounts shall be subject to evaluation by a licensed physician.

~~(l)~~ [~~11.~~ *10.*] Checking arms. Both arms ~~must~~ *shall* be checked for signs of multiple punctures. Donors with signs of addiction stigmata shall be rejected permanently.

~~(m)~~ [~~12. Fasting. Fasting prior to blood donation is unnecessary.~~]

~~6.2.4~~ *D.* Frequency of donation.

A person may serve as a source of Whole Blood (Human) no more than six times a year provided that the duration between each two successive donations is not shorter than eight weeks. An exception to this rule may be made upon the recommendation of both the director of the blood bank and a licensed physician after proper physical examination of the donor *certifying that the donor is in good health as indicated in subsections B and C of this section* . Records of every exception shall be maintained in the blood bank.

~~6.2.5~~ *E.* Autologous transfusion.

Exceptions to the usual requirements of the donor acceptability can be made with the joint consent of both the patient's doctor and the director of the blood bank.

~~(a)~~ *1.* Age. No limitation.

~~(b)~~ *2.* Hemoglobin. Minimum 11 grams/100 ml.

~~(c)~~ [~~3. Interval between donations at least four days except in special circumstances, provided the hemoglobin is maintained at 11 grams/100 ml.~~]

~~(d)~~ [~~4.~~ *3.*] Up to 10% of blood volume and never more than 450 ml at a single donation in an appropriate amount of anticoagulant.

~~(e)~~ [~~5.~~ *4.*] Pregnancy. May donate if autologous or exchange transfusion is anticipated.

F. Persons in the following categories should not donate blood or blood components to be used for transfusion or donate plasma for further manufacture:

1. Persons with clinical or laboratory evidence of HIV or HTLV 1 infection.

2. Men who have had sex with another man one or more times since 1977.

3. Past or present intravenous drug abusers.

4. Persons emigrating since 1977 from countries where heterosexual activity is thought to play a major role in transmission of HIV or HTLV 1.

5. Persons with hemophilia who have received clotting factor concentrates.

6. Men and women who have engaged in prostitution [*since 1977 as well as those who have been their sexual partners in the past six months*].

7. Sexual partners of any of the above.

§ ~~6.3~~ *§ 6.2.* Collection of blood.

~~6.3.1~~ *A.* Blood bank products.

Blood banks shall engage only in the collection, preparation and storage of such blood and blood products as specifically authorized by the commissioner.

~~6.3.2~~ *B.* Supervision.

A physician shall be present on the premises when blood is being collected, except that blood may be collected when a physician is not present on the premises, provided the establishment ~~(1)~~ *(i)* maintains on the premises, a manual of procedures and methods, as prescribed in ~~4.1.4~~ *§ 4.1 D* that shall be followed by employees who collect blood, and ~~(2)~~ *(ii)* maintains records indicating the name and qualifications of the person immediately in charge of the employees who collect blood when a physician is not present on the premises. A current detailed manual outlining the operations of the blood bank and all applicable quality assurance records shall be maintained.

~~6.3.3~~ *C.* Blood containers.

Blood containers and donor sets shall be pyrogen-free, sterile and identified by lot number. The amount of anticoagulant required for the quantity of blood to be collected shall be in the blood container when it is sterilized. [~~In addition, all container and donor set surfaces that come in contact with blood used in the processing of Whole Blood (Human) shall be water repellent~~ *In addition, the container and donor set that comes in contact with heparin whole blood shall be water repellant*].

~~6.3.4~~ *D.* The anticoagulant solution.

The anticoagulant solution shall be sterile and pyrogen-free. One of the following ~~formulae~~ *anticoagulant solutions* shall be used ~~in the indicated volumes~~ :

~~(1) Anticoagulant acid citrate dextrose solution (ACD)~~

	~~Solution A~~	~~Solution B~~
~~Tri sodium Citrate (Na3C6H5O7 2H2O~~	~~22.0 gm~~	~~13.2 gm~~
~~(C6H8O7 H2O) Citric Acid (monohydrate)~~	~~8.0 gm~~	~~4.8 gm~~
~~(C6H12O6 H2O) Dextrose~~	~~24.5 gm~~	~~14.7 gm~~
~~Water for injection (U.S.).) to mak~~	~~1,000 ml~~	~~1,000 ml~~
~~Volume per 100 ml blood~~	~~15 ml~~	~~25 ml~~

~~(2) Anticoagulant heparin solution~~

~~Heparin sodium (U.S.P.)~~	~~75,000 units~~
~~Sodium chloride injection (U.S.P.) to make~~	~~1,000 ml~~
~~Volume per 100 ml blood~~	~~6 ml~~

~~(3) Anticoagulant citrate phosphate dextrose solution (CPD).~~

~~Tri sodium citrate (Na3C6H5O7 2H2O)~~	~~26.3 gm~~
~~Citric acid (C6H8O7 H2O) (monohydrate)~~	~~3.27 gm~~
~~Dextrose (C6H12O6 H2O)~~	~~25.5 gm~~
~~Monobasic sodium phosphate (NaH2PO4 H2O)~~	~~2.22 gm~~
~~Water for injection (U.S.P.) to make~~	~~1,000 ml~~
~~Volume per 100 ml blood~~	~~14 ml~~

1. *Anticoagulant acid citrate dextrose solution (ACD)*
2. *Anticoagulant heparin solution*
3. *Anticoagulant citrate phosphate dextrose solution (CPD)*
4. *Anticoagulant citrate phosphate dextrose adenine 1 (CPDA-1)*

[5. *Any other FDA approved anticoagulant system.*]

~~6.3.5~~ *E.* Donor identification.

Blood donors shall be identified by name, address and social security number *or control number that can be related directly to the donor* . The inclusion of a photograph on a continuous donor card is highly desirable. The source of donor identification shall be written on the donor registration card or sheet.

~~6.3.6~~ *F.* Donor blood unit identification.

The identification system shall make it possible to trace a unit of any blood or blood component from its source bank to its destination ~~and/~~ or final disposition *, or both* , and from its destination ~~and/~~ or final disposition *, or both,* back to its source.

~~6.3.7~~ *G.* Donor records.

Suitable records shall be maintained for a period of not less than five years which provide all data secured and developed by the blood bank concerning donor

identification, qualification and registration, as well as the processing, storage and distribution of blood and plasma. A numerical or code system shall be assigned to and identify the unit of blood (or component) of a donor in all stages of processing. All records shall be maintained on the premises[, *or be readily accessible*].

~~6.3.8~~ *H.* Prevention of contamination of the blood.

The skin of the donor at the site of phlebotomy shall be prepared thoroughly and carefully by a method that gives maximum assurance of a sterile container of blood. Once the skin has been prepared, there should be no palpation of the vein until after the skin has been punctured.

~~6.3.9~~ *I.* Materials and instruments.

~~(a)~~ *1.* Apparatus or instruments such as syringes, needles and lancets or other blood-letting devices capable of transmitting infection from one donor to another shall be sterile single use instruments insofar as possible.

~~(b)~~ *2.* All such instruments intended for reuse shall be heat sterilized prior to each use and protected against contamination. Heat sterilization shall be by autoclaving for 30 minutes at 121.5°C (15 lb. p.s.i. pressure), by dry heat for two hours at 170°C, or by boiling in water for 30 minutes. Times, temperatures and pressures in excess of those stated are permissible. An acceptable alternative is gas sterilization.

~~(c)~~ *3.* Such heat sterilization shall include the use of a heat indicator (such as a maximum registering thermometer, heat sensitive tapes and spore strips or ampules) which will serve as evidence of proper sterilization. A record of sterilization of materials and instruments prepared within the facility shall include the date, time interval, temperature and mode and shall be retained for five years.

~~(d)~~ *4.* Instruments used in puncturing the skin, if not prepared for reuse, shall be disposed of in such a way that they cannot be reused.

~~(e)~~ *5.* Thermometers shall be sufficiently cleansed before use to minimize the transmission of disease.

~~6.3.10~~ *J.* Donor reaction.

The staff concerned with blood collection shall be instructed in the first aid procedures to be used in the event of a reaction, and suitable drugs and supplies shall be immediately available for use. Donors shall be kept under continuous observation throughout the entire procedure of blood collection ~~and for at least 15 minutes afterwards~~ . *Donor shall be observed for at least 15 minutes post-phlebotomy, unless the waiting period is waivered by the donor.*

~~6.3.11~~ *K.* Pilot samples for laboratory tests.

Pilot samples for laboratory tests shall meet the following standards:

~~(a)~~ *1.* One or more pilot samples shall be provided with each unit of blood and all pilot samples shall be from the donor who is the source of the unit of blood.

~~(b)~~ *2.* All samples for laboratory test performed by the ~~manufacturer~~ *blood bank* and all pilot samples accompanying a unit of blood shall be collected at the time of filling the final container by the person who collects the unit of blood.

~~(c)~~ *3.* All containers for all samples shall bear the donor's identification before collecting the samples.

~~(d)~~ *4.* All containers for pilot samples accompanying a unit of blood shall be attached to the whole blood container before blood collection, in a tamper proof manner that will conspicuously indicate removal and reattachment.

~~(e)~~ *5.* The integral tubing of a container so equipped may serve as a pilot tube when filled with blood at the time of blood collection, if it is capable of separation from the container without breaking the hermetic seal. If anticoagulated blood is used for the pilot sample, it shall be preserved with ACD ~~or CPD~~ *CPDA-1* solution in the prescribed proportion, or with an alternate solution acceptable to the board.

~~6.3.12~~ *L.* Method of blood collection.

The method employed for blood collection must conform to accepted standards of asepsis. The procedure of arm preparation shall be one that gives maximum assurance of sterility of the collected blood, as well as assurance of protection to the donor. The manufacturer's lot number shall be recorded for sets used in the collecting of whole blood, the sets shall have been shown to be sterile and pyrogen-free by the manufacturer of the sets. The blood unit number satisfies the requirement for a "lot number." The blood collection shall be made into a sterile system which may be either closed or vented if adequately protected against contamination. Each blood container, when filled, shall be the container used later for dispensing the whole blood. Other containers may be attached to the original container by the manufacturer in such a way that transfer of blood can be accomplished without breaking the hermetic seal. During blood collection, the anticoagulant and the entering blood shall be thoroughly mixed. The contents of the blood container shall be mixed periodically at intervals not exceeding 60 seconds each. The outside of the blood container shall be kept clean and free of blood to protect workers against exposure to disease transmissible by blood. If blood is collected into an evacuated container of rigid shape, the container shall be kept in an inverted position during the bleeding.

~~6.3.13~~ *M.* Storage and refrigeration.

~~(a)~~ *1.* As soon as possible, but in no instance later than 15 minutes after collection, the blood shall be placed in storage at a temperature between 1°C and 6°C held within a 2°C range, except that whole blood or plasma from which platelet concentrate will be derived may be maintained at 22 ± 2°C until the platelet concentrate is separated but not exceeding [~~four~~ *eight*] hours after collection. Freezing must be avoided at all times. If transportation of blood from collection center to processing laboratory is necessary, it shall be transported in clean shipping containers provided with refrigeration sufficient to hold the blood between 1°C and 10°C if it has already been cooled; however, if the blood has not been cooled, the shipping containers shall provide sufficient refrigeration to bring the temperature continuously toward a range between 1°C and 10°C while in transit. Immediately upon receipt at the blood bank laboratory, the blood shall be stored between 1°C and 6°C with a 2°C range until issued.

~~(b)~~ *2.* Each storage refrigerator shall be equipped with a recording thermometer *or central monitoring system,* the recordings of which shall be kept in a file for a minimum of one year, or the refrigerator shall be equipped with a maximum-minimum thermometer, the daily maximum and minimum readings of which shall be kept on file for a minimum of one year. In addition to the recording thermometer, there shall be two other thermometers inside the refrigerator, one on the top and one on the bottom shelf. The sensing element of these thermometers shall be immersed in water or a 10% glycerol solution so that any temperature change will simulate that of the stored blood. This will serve to confirm the readings shown by the recording thermometer or by the maximum-minimum thermometer. This thermometer shall be read and recorded weekly on the recording chart.

~~(c)~~ *3.* There shall be an alarm system to warn of temperatures outside the required limits (1°C to 6°C). The alarm system *should* warn of temperatures outside the limits of median temperature selected by the blood bank. For example, if the temperature selected is 4°C plus or minus 1°C, then the alarm should warn of temperatures colder than 3°C and warmer than 5°C. Also, the alarm system shall be always within hearing of some responsible person. Blood shall be stored within this temperature range until used for whole blood transfusions or assigned for processing into plasma or fractionation products, except as provided in ~~paragraph 6.3.14~~ *§ 6.2 N* . Only blood, blood products, [*patient samples, donor samples*] and blood bank reagents shall be stored in the refrigerator used for whole blood storage.

The requirement for the alarm system to be within hearing range of some responsible person shall be considered fulfilled if the alarm system is connected with a telephone exchange whose operator can notify ~~a~~ responsible individual.

An auxiliary or emergency power source kept continuously in operating condition, sufficient to maintain required storage conditions, shall be available for blood bank use, or auxiliary storage facilities shall be available.

~~(d)~~ *4.* Adequate circulation of air in the blood storage area shall be assured. A fan shall be provided for this purpose.

~~(e)~~ *5.* Blood storage regulations relate not only to the blood bank itself, but also to all transfusion services or other places approved by the board where whole blood from the blood banks is stored prior to transfusion. No blood bank shall deliver whole blood to a transfusion service which does not meet this storage requirement. Blood removed from the ~~storage facilities~~ *refrigerator* of the transfusion service for more than 30 minutes shall not be used for transfusion purposes.

~~(f)~~ *6.* Whole blood for transfusion shall not be stored more than ~~21 days~~ *the limits of the anticoagulant used i.e., ACD or CPD - 21* [*storage*] *days, CPDA-1 - 35 days, Heparin - 48 hours* [*Adsol and Nutricel - 42 days*]. Storage temperature during this period shall be within a 2 degree range between 1°C and 6°C.

~~6.3.14~~ *N.* Transportation.

In order to meet the requirements for safety, purity and potency as defined by the regulations, whole blood shall be stored continuously between 1°C and 6°C within a range of 2°C. While in transportation from one storage point to another, ~~the temperature shall remain between 1 and 10C. Containers for transportation of blood shall have been proven capable of maintaining this temperature in order to fulfill the requirement for recorded evidence that blood has remained between 1 and 10C during transportation~~ *the temporary storage shall have sufficient refrigeration capacity to cool the blood continuously toward the range between 1°C and* [~~6°C~~ *10°C*] *until it arrives at the processing laboratory .*

§ ~~6.4.~~ *§ 6.3.* Testing the blood.

All laboratory tests shall be made on a pilot sample ~~specimen~~ of blood taken from the donor at the time of collecting the unit of blood, and these tests shall include the following:

~~6.4.1~~ *A.* Serological test for syphilis.

Whole Blood (Human) shall be nonreactive to a serological test for syphilis. The test and procedures used shall be any test ~~listed in the Public Health Service Publication #411 (1969) Manual of Tests for Syphilis~~

given standard test status by the Centers for Disease Control, U.S. Department of Health and Human Services .

~~6.4.2~~ *B.* Determination of blood group.

Each container of Whole Blood (Human) shall be classified as to ABO blood group on basis of tests performed on pilot tube or segment. At least two blood group tests shall be made and the unit shall not be issued until grouping tests by different methods or with different lots of antiserums are in agreement. Only those Anti-A and Anti-B Blood Grouping Serums licensed by the FDA shall be used and shall be that for which the serum is specifically designed to be effective.

~~6.4.3~~ *C.* Determination of Rh factor.

Each container of Whole Blood (Human) shall be classified as to Rh type on the basis of tests done on the pilot sample. The label shall indicate the extent of typing and the results of all tests performed. If the test, using Anti-Rho (Anti-D) Typing Serum, is positive, the container may be labeled "Rh Positive." If this test is negative, the results shall be confirmed by further testing which may include tests for the Rho variant (Du) and for other Rh-Hr factors. Blood may be labeled "Rh Negative" if negative to tests for the Rho(D) and Rho variant (Du) factors. If the test using Anti-Rho (Anti-D) Typing Serum is negative, but not tested for the Rho variant (Du), the label shall indicate that this test was not done. Only Anti-Rh Typing Serums licensed by the FDA shall be used, and the technique used shall be that for which the serum is specifically designed to be effective.

~~6.4.4~~ *D.* Tests for viral [~~hepatitis~~ *hepatitides*].

Each donor's serum shall be tested by a technique for the detection of hepatitis B surface antigen [*and for hepatitis B core antibody (HbcAb). Additional testing for viral hepatitides as required by FDA regulations or AABB standards, or both, shall be performed*]. The method of detection shall be of a third generation rate of sensitivity.

~~6.4.5~~ *E.* Sterility test.

Whole Blood (Human) intended for transfusion shall not be tested for sterility by a method that entails entering the final container before the blood is used for transfusion.

~~6.4.6~~ *F.* Inspection.

Whole Blood (Human) shall be inspected visually during storage and immediately prior to issue. If the color or physical appearance is abnormal or there is any indication or suspicion of microbial contamination, the unit of Whole Blood (Human) shall not be issued for transfusion.

G. Test for HIV antibody.

Each donation of human blood or blood components shall be tested for HIV antibody to comply with Food and Drug Administration, HHS regulations as specified in Subpart E, paragraph 610.45 - Human Immunodeficiency Virus (HIV) requirements 21CFR Ch. 1 (4-1-88 Edition).

§ ~~6.5.~~ *§ 6.4.* Periodic check on sterile technique.

If blood is collected in a closed system, no sterility test is necessary. If blood is not collected in a closed system, those blood banks drawing at least 250 pints of blood a year shall check their sterile technique. At least two units of blood shall be collected in double bags each month. 25 ml of this blood shall be transferred to the empty satellite bag, which will be stored in the refrigerators of the commercial blood bank for 18 to 24 days. At that time, the specimen shall be tested for sterility. The test shall be performed with a total sample of no less than 10 ml of blood and a total volume of fluid thioglycollate or thioglycollate broth medium 10 times the volume of the sample of blood. The test sample shall be inoculated into one or more test vessels in a ratio of blood to medium of 1 to 10 for each vessel, mixed thoroughly, incubated for seven to nine days at a temperature of 30°C to 32°C, and examined for evidence of growth of microorganisms every workday throughout the test period. On the third, fourth, or fifth day at least 1 ml of material from each test vessel shall be subcultured in additional test vessels containing the same culture medium and in such proportion as will permit significant visual inspection, mixed thoroughly, incubated for seven days at a temperature of 30°C *to* 32°C and examined for evidence of microorganisms every workday throughout the test period. If growth is observed in any test vessel, the test shall be repeated to rule out faulty test procedure, using another sample of blood from either, ~~(1)~~ *(i)* the container from which the initial test sample was taken, ~~(2)~~ *(ii)* the residual cells or plasma from that blood, or ~~(3)~~ *(iii)* two different containers of blood each 18 to 24 days old and each tested separately. In lieu of performing one test using an incubation temperature of 30°C to 32°C, two tests may be performed, each in all respects as prescribed in this ~~paragraph~~ *section* , one at an incubation temperature of 18°C to 22°C. and one at an incubation temperature of 35°C to 37°C.

§ ~~6.6.~~ *§ 6.5.* Final container.

The blood shall be stored in the original bleeding container, or other containers attached to it by a closed system in which transfer of the blood can be accomplished without breaking the hermetic seal, and shall not be entered prior to issue for any purpose except for blood collection. Such container shall be uncolored and transparent to permit visual inspection of the contents and any closure shall be such as will maintain a hermetic seal and prevent contamination of the contents. The container material shall not interact with the contents under the customary conditions of storage and use, in such a manner as to have an adverse effect upon the safety, purity, or potency of the blood.

The label shall not bear the name or any other identification of the intended recipient [*except where the unit is an autologous donation*].

§ ~~6.7.~~ *§ 6.6.* Labeling.

In addition to all other applicable requirements, the following shall appear on the label of each container:

~~6.7.1~~ *1.* Anticoagulant.

(a) Name. The name of the anticoagulant immediately preceding and of no less prominence than the proper name, expressed as follows:

(1) Either "ACD" or "acid citrate dextrose solution,"

(2) Either "Heparinized" or "heparin solution,"

(3) Either "CPD" or "citrate phosphate dextrose solution,"

(4) Either "CPDA-1" or "Citrate phosphate dextrose adenine-1."

(b) Quantity. The quantity and kind of anticoagulant used and the volume of blood corresponding with the formula anticoagulant solutions prescribed under ~~paragraph 6.3.4~~ *§ 6.2 D* .

~~6.7.2~~ *2.* [~~Test for HB sAg~~ *Hepatitis* ~~: Method of detection and result~~ *Testing. Statement that unit has been tested and found negative for HIV antibodies, hepatitis and syphilis*].

~~6.7.3 [3. Serological test. The serological test for syphilis used and the result.]~~

~~6.7.4~~ [~~4.~~ *3.*] Blood group and Rho (D) type. Designation of blood group and Rh factors:

(a) The ABO blood group and the Rho type shall be designated conspicuously.

(b) If a color scheme for differentiating the ABO blood groups is used, the color used to designate each blood group on the container shall be:

Blood Group A - Yellow

Blood Group B - Pink

Blood Group O - Blue

Blood Group AB - White

~~6.7.5 [5. Additional Information for Labels of Group O Bloods.~~

~~Each Group O blood container shall be labeled with a statement indicating whether or not isoagglutinin titers or other tests to exclude so-called "dangerous" Group O bloods were performed, and indicating the classification based on such tests.]~~

~~6.7.6~~ [~~6.~~ *4.*] The name of the blood bank.

~~6.7.7~~ [~~7.~~ *5.*] Name of product or component.

~~6.7.8~~ [~~8.~~ *6.*] Required storage temperature.

~~6.7.9~~ [~~9.~~ *7.*] Donor serial number.

~~6.7.10~~ [~~10.~~ *8.*] Expiration date.

~~6.7.11~~ [~~11.~~ *9.*] The following statements:

(a) Crossmatch before using.

(b) Do not vent.

(c) Do not add medication.

(d) Mix thoroughly before use.

(e) Administer through filter.

(f) Properly identify intended recipient.

(g) See circular of information for further guidelines.

(h) Warning - The risk of hepatitis *and HIV infection* is present. Careful donor selection and available laboratory tests do not eliminate ~~this hazard~~ *these hazards* .

(i) Caution - Federal law prohibits dispensing without prescription.

[~~12.~~ *10.*] *Commonality labels may be substituted where appropriate.*

~~[13. Test for HIV Infection - Method of detection and result.]~~

~~Section 7.0~~

PART VII.
PLASMAPHERESIS.

As defined ~~in 2.11~~ *in § 1.1,* plasmapheresis shall be performed by the method of single unit plasmapheresis or double unit plasmapheresis.

§ 7.1. Selection of donor.

In general, the standards stated in ~~paragraphs 6.2.2, 6.2.3~~ *§§ 6.1 B, 6.1 C* (except ~~h7~~ *subdivision 8 c*) which apply to whole blood shall apply to the selection and care of the donor. Whenever the components are not intended for transfusion or for the preparation of blood derivatives for

transfusion, the criteria for donor selection may be limited to those designed for the safety of the donor ~~paragraphs 6.2.1, 6.2.2~~ *in §§ 6.1 A, 6.1 B* (except *subdivisions* 3 and 5), and ~~6.2.3 6.2.C a-c, 1-5 k-m~~ *6.1 C, subdivisions 1-5 and 10-12* . In such instances, the plasma unit must be labeled prominently and appropriately "NOT FOR TRANSFUSION." Plasmapheresis of donors who do not meet the usual requirements shall be performed only when the components are of unusual value and only when a licensed physician who is aware of the health status of the donor has certified in writing that the donor's health permits plasmapheresis.

~~7.1.1~~ *A.* Before a donor enters a plasmapheresis program, he shall undergo a physical examination, no earlier than one week prior to the first donation, by a physician licensed to practice medicine in Virginia, who shall be aware of the extent of the proposed procedures. The examination shall be adequate to assure that the prospective donor's health is unlikely to be adversely affected by these procedures. The initial medical examination shall include as a minimum:

~~(a)~~ *1.* Determination of blood pressure;

~~(b)~~ *2.* Ausculation of heart and lungs;

~~(c)~~ *3.* Abdominal palpation for hepatomegaly, splenomegaly or masses;

~~(d)~~ *4.* Brief neurological examination;

~~(e)~~ *5.* Urinalysis.

~~7.1.2~~ *B.* Informed consent for general plasmapheresis.

The informed consent of a prospective donor should be obtained in writing. The hazards of the plasmapheresis procedure should be explained to the donor clearly so that he is fully aware of the role expected of him and the time involved and in such a manner that he is offered an opportunity to refuse consent. A form developed for this purpose by the blood bank should be used specifically setting forth the following:

~~(a)~~ *1.* The test to be performed.

~~(b)~~ *2.* A step by step description of the procedure.

~~(c)~~ *3.* The time limits between donations as defined by these regulations.

~~(d)~~ *4.* The maximum volume of blood to be drawn at one time.

~~(e)~~ *5.* Donor discomforts such as ~~(1)~~ *(i)* being immobilized for 1-1/2 to 2 hours; ~~(2)~~ *(ii)* having a needle in the vein during this time; ~~(3)~~ *(iii)* possible syncope, fainting, or convulsions.

~~(f)~~ *6.* Risks, including ~~(1)~~ *(i)* the possibility of a hemolytic transfusion reaction if he is given someone else's red cells, ~~(2)~~ *(ii)* depletion of protein, hemoglobin or immunoglobulin levels, which may necessitate deferment or removal from the program, ~~(3)~~ *(iii)* possibility that it may not be possible to return the red cells to the donor.

~~(g)~~ *7.* A statement that the donor has been given the opportunity to ask questions about any phase and has had the opportunity to refuse.

~~(h)~~ *8.* An instruction that the donor is free to withdraw his consent and to discontinue participation in the plasmapheresis program at any time. The form shall be signed by the donor, and by the examining physician, dated, and made part of the records.

~~7.1.3~~ *C.* Informed Consent for Plasmapheresis with Immunizing Injections.

~~(a)~~ *1.* In the event that immunizing injections are to be given as part of the overall procedure, the licensed physician should include a description of the antigens to be used, the approximate duration of the immunization program and the maximum number of injections expected. Factors determining when the injections are to be made should be discussed with the donor.

~~(b)~~ *2.* If the immunizing agent is a human blood product, additional risks as listed will be explained to the donor depending on their applicability. These hazards are:

~~(1)~~ *a.* H~~epatitis,~~ *Hepatitides or Human Immunodeficiency Virus Infection* .

~~(b)~~ *b.* Possible difficulty in finding a compatible blood if the donor should need a transfusion at a later date.

~~(3)~~ *c.* Possible immunological problems that might complicate pregnancy.

~~(4)~~ *d.* Increased risk of rejection of an organ transplant if the donor should be a candidate for a transplant at a later date.

An informed consent form acceptable to the board indicating the above items have been discussed with the prospective donor must be used.

~~7.1.4~~ *D.* The examining physician shall certify to the good health of the donor on a form developed for this purpose by the blood bank. This form shall indicate that the certification is with respect to the suitability of the individual to be a plasmapheresis donor.

~~7.1.5~~ *E.* After the initial medical examination, technical personnel experienced in determining donor suitability may be authorized to decide the acceptability of the donor by

means of a medical history, a brief physical examination including blood pressure, pulse rate, and temperature, and laboratory tests including hemoglobin or hematocrit, serum protein level, a test for HBsAg, ~~and~~ a test for syphilis , *and a test for HIV antibodies .*

~~7.1.6~~ *F.* Weight of donor shall be determined and recorded for each day of donation.

~~7.1.7~~ *G.* The removal of blood (method of collection) from the donor shall be in accordance with these Regulations.

~~7.1.8~~ *H.* Prior to phlebotomy, the blood container shall be provided with two methods of identification that will enable both the donor and the phlebotomist to determine without doubt that the contents are those of the donor. The use of a numerical system combined with donor's recognition of his signature on the bag is one acceptable method. The addition of a photograph for further identification is encouraged.

~~7.1.9~~ *I.* A total serum protein determination shall be made immediately prior to each plasmapheresis procedure. To be acceptable, the donor's total serum protein shall be not less than 6.0 grams per 100 milliliters serum. Quality control records of the total protein determinations shall be maintained.

~~7.1.10~~ *J.* A serum protein electrophoresis or quantitative immunodiffusion test for immunoglobulins shall be performed on every donor at the time of the first donation, and every four months thereafter. ~~Based on this first test, a normal range shall be established for each donor by the laboratory. Whenever the immunoglobulin composition of a donor falls below or rises above this normal range, the donor shall be removed from the plasmapheresis program until such time as the immunoglobulin composition returns to the normal range.~~

~~7.1.11~~ *K.* Physical status of the donor and accumulated laboratory data, ~~shall be reviewed by a licensed physician at least once every 2-4 months after the initial donation. Only those donors certified to be in good health upon such review shall remain in the plasmapheresis program. Plasmapheresis program should be deferred if there is evidence of unexpected weight loss of a significant degree, if the hemoglobin and or hematocrit falls below the values acceptable for whole blood donors, or if the total protein falls below 6.0 gms. or significantly below the normal value established for the donor at time of his initial visit to the Center~~ *including tracings, if any, of the plasma or serum protein electrophoresis pattern, the calculated values of each component, and the collection records shall be reviewed by a qualified licensed physician within 21 days after the sample is drawn to determine whether or not the donor may continue in the program. The review shall be signed by the reviewing physician. If the protein composition is not within normal limits established by the testing laboratory, or if the total protein is less than 6.0 grams per 100 milliliters of samples, the donor shall be removed from the program until these values return to normal.*

A donor with a reactive serological test for syphilis shall not be plasmapheresed again until the donor's serum is tested and found to be nonreactive to a serological test for syphilis or is determined to be a biological false positive reaction. A donor with a reactive serological test for syphilis may be plasmapheresed only to obtain plasma to be used for further manufacturing into control serum for the serological test for syphilis, provided the physician performing the plasmapheresis approves the donation.

~~7.1.12~~ *L.* The system used for the collection of blood and the separation of the plasma shall provide for positive identification of all containers. It shall also result in a sterile final product, without contamination of the red blood cells to be returned to the donor.

~~7.1.13~~ *M.* The elapsed time from phlebotomy to return of the red cell mass should not exceed two hours.

~~7.1.14~~ *N.* Physiological saline used to keep the venipuncture site open ~~and/~~ or to resuspend red cells for reinfusion *or both* shall be sterile, pyrogen-free, and manufactured and licensed for intravenous administration. The physiological saline assembly may be prepared in advance, but used as soon as possible after entry of the container. In any event, no more than four hours may elapse between entry and usage.

The addition of saline ~~meeting the requirements above~~ to the red cell mass prior to reinfusion to provide better flow is permitted.

~~7.1.15~~ *O.* All available erythrocytes from the phlebotomy should be returned to the donor within two hours. Erythrocyte loss, including blood for test purposes, should not exceed 25 ml, per week during serial plasmapheresis.

~~7.1.16~~ *P.* The amount of whole blood removed from a donor at any one time shall not exceed 500 ml unless the donor weighs more than 175 lbs., in which case 600 ml of whole blood may be withdrawn. Each unit shall be weighed and records kept to provide assurance that this amount is not being exceeded.

~~7.1.17~~ *Q.* During any one session, or during any 48-hour period, not more than 1000 ml of whole blood shall be collected from any donor, unless the donor weighs more than 175 lbs., in which case 1200 ml of whole blood may be withdrawn.

~~7.1.18~~ *R.* During any seven-day period, not more than 2000 ml of whole blood shall be removed from any one donor, unless the donor weighs more than 175 lbs., in which case 2400 ml of whole blood may be withdrawn.

~~7.1.19~~ *S.* In the event that a unit of red cells cannot be returned to the donor, a second unit must NOT be withdrawn. The donor shall be suspended from the

program until the hemoglobin or hematocrit and total serum protein levels return to normal. At no time shall this suspension period be shorter than 72 hours. In the event a second unit of red cells could not be returned within eight weeks of resumption of plasmapheresis, the donor shall be suspended for eight weeks, provided the hemoglobin or hematocrit and total serum protein levels have returned to normal.

§ 7.2. Containers and anticoagulants.

~~7.2.1~~ *A.* Containers and anticoagulants shall meet the ~~Regulations for collection of Whole Blood (Human), paragraph section 6.3~~ *provisions of § 6.2, Collection of Blood* .

~~7.2.2~~ *B.* The amount of anticoagulant shall be adequate for the volume of blood to be obtained. This is:

Whole blood in ml	450	500	600
ml of ACD	67.5	75.0	90.0
ml of CPD	63.0	70.0	84.0
ml of trisodium citrate	45.0	50.0	60.0
ml of CPDA-1	*63.0*	*Not Applicable*	

[*Other FDA approved anticoagulants not listed shall be adequate for the volume of blood according to FDA specifications.*]

~~7.2.3~~ *C.* Written approval must be obtained from the board in event any other type of anticoagulant not mentioned in this regulation *or licensed by the FDA* is used.

§ 7.3. Care of the donor.

The plasmapheresis center should provide for adequate medical care to the blood donors who experience a donor reaction related to the blood donation. For this, a licensed physician well versed in the management and care of donor reactions including the management of hemolytic transfusion reactions must be available within 15 minutes. A hospital emergency facility may be used in lieu of the licensed physician, if it is located within 15 minutes of the plasmapheresis center. The staff of the plasmapheresis center should be fully trained in the recognition and prevention of all potential procedural hazards. They should be prepared to institute emergency first aid to the donor as soon as reaction is recognized, while ~~awainting~~ *awaiting* the center's physician or transfer of the donor to a hospital emergency room in the case of severe reactions.

Specific instructions concerning procedures to be followed for prevention and treatment of donor reactions, together with the necessary drugs, equipment and supplies should be readily available. Donors should be cautioned that, infrequently, delayed dizziness or syncope may be experienced.

§ 7.4. Labeling of donor plasma.

Every container of donor plasma shall have attached to it:

~~7.4.1~~ *1.* Name of product ;

~~7.4.2~~ *2.* The amount of plasma, and the type and amount of anticoagulants ;

~~7.4.3~~ *3.* The number, and if desired, the name of the donor ;

~~7.4.4~~ *4.* The storage temperature ;

~~7.4.5~~ *5.* The result of the third generation [~~test~~ *test(s)*] for [~~HBsAg~~ *all viral hepatitides performed*] ;

~~7.4.6~~ *6.* The results of the serological test for syphilis, if reactive ;

~~7.4.7~~ *7.* The ABO and Rho (D) type, if determined ;

~~7.4.8~~ *8.* The anti-A and anti-B titer, if known ;

~~7.4.9~~ *9.* The name and address of the blood bank ; *and*

10. The result of the test for HIV antibodies.

[*§ 7.5. Automated plasma collection.*

Any blood bank collecting plasma by automated procedures either in part or totally, shall have evidence of inspection and licensure by the Food and Drug Administration for collection of plasma by automated procedures.]

~~Section 8.0~~

PART VIII.
RED BLOOD CELLS (HUMAN).

~~§ 8.1. Proper name and definition.~~

~~The proper name of this product shall be Red Blood Cells (Human). The product is defined as red blood cells remaining after separating plasma from human blood.~~

~~§ 8.2.~~ *§ 8.1.* Suitability of donor.

The source blood for Red Blood Cells (Human) shall be obtained from a donor who meets the criteria for donor suitability prescribed for donors of whole blood, as described in ~~§ 6.2~~ *§ 6.1* .

~~§ 8.3.~~ *§ 8.2.* Collection of blood.

~~(a)~~ *A.* The source of blood shall be whole blood collected as prescribed for whole blood except that heparinized blood shall not be used as a source of red blood cells.

~~(b)~~ *B.* Source blood may also be derived from Whole Blood (Human) manufactured in accordance with applicable provisions of this part.

§ ~~8.4.~~ *§ 8.3.* Laboratory tests.

A sample of source blood shall be taken from the donor at the time of collection and it shall be used for a serological test for syphilis, for hepatitis *B* surface antigen (HBsAg) *for HIV antibodies,* and for tests to determine blood group and Rh factors, as prescribed in § ~~6.4~~ *§ 6.3* , Testing the Blood.

§ ~~8.5.~~ *§ 8.4.* Pilot samples.

Pilot samples collected in integral tubing or in separate pilot tubes shall meet the following criteria:

~~(a)~~ *1.* One or more pilot samples of the original blood being processed shall be provided with each unit of Red Blood Cells (Human).

~~(b)~~ *2.* Before they are filled, all pilot samples shall be marked or identified so as to relate them to the donor of that unit of red cells.

~~(c)~~ *3.* Before the final container is filled, the pilot samples to accompany the unit of cells shall be attached securely to the final container in a tamper proof manner that will conspicuously indicate removal and reattachment.

~~(d)~~ *4.* All pilot samples accompanying a unit of Red Blood Cells (Human) shall be filled at the time the blood is collected and in each instance by the person who performs the collection.

§ ~~8.6.~~ *§ 8.5.* Processing.

~~8.6.1~~ *A.* Separation.

Red Blood Cells (Human) may be prepared either by centrifugation done in a manner that will not tend to increase the temperature of the blood, and no later than six days after the date of blood collection or by normal, undisturbed sedimentation no later than 21 days after the date of blood collection [, *and within 35 days when CPDA-1 solution is used as the anticoagulant*]. A portion of the plasma sufficient to assure optimal cell preservation shall be left with the red cells except when a cryophylactic substance is added for prolonged storage.

~~8.6.2~~ *B.* Sterile system.

All surfaces that come in contact with the red cells shall be sterile and pyrogen-free. If an open system is used, that is, where the transfer container is not integrally attached to the blood container, and the blood container is entered after blood collection, the plasma shall be separated from the red blood cells with positive pressure maintained on the original container until completely sealed. If the method of separation involves a vented system, that is, when an airway must be inserted in the container for withdrawal of the plasma, the airway and vent shall be sterile and constructed so as to exclude microorganisms and maintain a sterile system.

~~8.6.3~~ *C.* Final containers.

Final containers used for Red Blood Cells (Human) shall be the original blood containers unless the method of processing requires a different container. The final container shall meet the requirements for blood containers prescribed for whole blood. At the time of filling, if a different container is used, it shall be marked or identified by number or other symbol so as to relate it to the donor of that unit of red cells.

§ ~~8.7. Check on sterile technique.~~

~~If Red Blood Cells (Human) are prepared in a vented or open system, a check on sterile technique shall be made each month by performing a test 20-28 hours after the preparation of at least one container of Red Blood Cells (Human), by the method prescribed in 6.5, "periodic check on sterile technique."~~

§ ~~8.8.~~ *§ 8.6.* Storage.

Immediately after processing, the Red Blood Cells (Human) shall be placed in storage and maintained within a 2°C range between 1°C and 6°C.

§ ~~8.9.~~ *§ 8.7.* Inspection.

The product shall be inspected immediately after separation of the plasma, periodically during storage, and at the time of issue. The product shall not be issued if there is any abnormality in color or physical appearance or if there is any indication of microbial contamination.

§ ~~8.10.~~ *§ 8.8.* Expiration.

Red Blood Cells (Human) prepared in a vented or open system shall have an expiration time of 24 hours from the time of preparation, and shall be so labeled. ~~If a unit is vented twice, the expiration time shall be 6 hours from the time of second venting, but not more than 24 hours after the original preparation.~~

§ ~~8.11.~~ *§ 8.9.* Modifications for specific products.

Red Blood Cells (Human), Frozen: A cryophylactic substance may be added to the Red Blood Cells (Human) for extended manufacturer's storage at -65°C. or colder, provided the manufacturer submits data (at least 70% of the transfused cells will remain in the circulation 24 hours

after transfusion) demonstrating through in vivo cell survival and other appropriate tests that the addition of the substance, the materials used and the processing methods result in a final product that meets the required standards of safety, purity, and potency for Red Blood Cells (Human), and that the product will maintain those properties for the prescribed dating period. *Sections* ~~8.8~~ *8.6,* Storage, and *8.7,* Inspection, do not apply while a cryophylactic substance is present.

§ ~~8.12.~~ *§ 8.10.* Labeling.

In addition to the items required by other applicable labeling provisions of this part, labels for Red Blood Cells (Human) shall bear the following:

~~(a)~~ *1.* The information required by ~~section 6.7 "Labeling", 6.7.2, 6.7.3, 6.7.4, 6.7.6, 6.7.7, 6.7.8, 6.7.9, 6.7.10, 6.7.11~~ *subdivisions 2, 3, 4, 6, 7, 8, 9, 10, 11 and 13 of § 6.6, Labeling,* for Whole Blood (Human), except the proper name.

~~(b)~~ *2.* Immediately following or immediately below and in no less prominence than the proper name, appropriate words describing each approved variation applicable to the product in the final container; for example, Red Blood Cells (Human), Frozen, and Red Blood Cells (Human), Deglycerolized.

~~(c)~~ *3.* Instruction to use a filter in the administration equipment.

~~(d)~~ *4.* Where source blood has been derived from Whole Blood (Human), such fact and the name, and address, of the establishment.

§ 8.11. Commonality labels may be substituted where appropriate.

~~Section 9.0~~

PART IX.
CRYOPRECIPITATED ANTIHEMOPHILIC FACTOR (HUMAN).

§ ~~9.1. Proper Name and Definition.~~

~~The proper name of this product shall be Cryoprecipitated Antihemophilic Factor (Human) which shall consist of a preparation containing the antihemophilic factor obtained from a single unit of human blood.~~

§ ~~9.2.~~ *§ 9.1.* Source.

Cryoprecipitated Antihemophilic Factor (Human) shall be prepared from human blood meeting the following criteria:

~~9.2.1~~ *1.* Suitability of the donor. Blood for Cryoprecipitated Antihemophilic Factor (Human) shall be obtained only from a donor who meets the criteria for suitability prescribed for whole blood.

~~9.2.2~~ *2.* Collection of the blood. Blood for Cryoprecipitated Antihemophilic Factor (Human) shall be collected either as prescribed for whole blood donors ~~(Section 6.3.~~ *§ 6.2)* or for plasmapheresis donors (§ 7.1).

~~9.2.3~~ *3.* Testing the blood. Blood for Cryoprecipitated Antihemophilic Factor (Human) shall be tested as prescribed for whole blood (§ ~~6.4~~ *6.3*).

§ ~~9.3~~ *§ 9.2.* Processing.

~~9.3.1~~ *A.* Separation of plasma.

The plasma shall be separated from the red blood cells in a closed sterile system ~~within 4 hours after collection~~ by centrifugation to obtain an essentially cell-free material.

~~9.3.2~~ *B.* Freezing the plasma.

The plasma shall be frozen within ~~2~~ *six* hours after ~~separation~~ *phlebotomy* . A combination of dry ice and organic solvent may be used for freezing ~~providing~~ *provided* the procedure has been shown not to cause the solvent to penetrate the container or leach plasticizers from the container into the frozen plasma.

~~9.3.3~~ *C.* Separation of Cryoprecipitated Antihemophilic Factor (Human).

The Cryoprecipitated Antihemophilic Factor (Human) shall be separated from the plasma in a closed system by a procedure that precludes contamination and has been shown to produce a product which has demonstrated potency in patients having a factor VIII deficiency.

~~9.3.4~~ *D.* Final container.

Final containers used for Cryoprecipitated Antihemophilic Factor (Human) shall be uncolored and transparent to permit visual inspection of the contents and any closure shall be such as will maintain a hermetic seal and prevent contamination of the contents. The container material shall not interact with the contents under the customary conditions of storage and use, in such a manner as to have an adverse effect upon the safety, purity, and potency of the product. At the time of filling, the final container shall be marked or identified by number or other symbol so as to relate it to the donor.

§ ~~9.4.~~ *§ 9.3.* General requirements.

~~9.4.1~~ *A.* Diluent.

No diluent shall be added to the product by the ~~manufacturer~~ *blood bank* .

~~9.4.2~~ *B.* Storage.

Immediately after processing, the product shall be placed in storage at subfreezing temperatures. ~~If~~

~~maintained constantly at 30°C or lower, component may be store for up to 12 months.~~ When stored ~~between~~ *at* -18°C ~~and 30C~~ *or colder* , storage is limited to ~~six~~ *12* months.

~~9.4.3~~ *C.* Labeling.

In addition to the items required by other provisions of this ~~part~~ *section* , the package label shall bear the following:

~~(a)~~ *1.* Designation of blood group and type of the source blood.

~~(b)~~ *2.* [~~A warning against using the product if there is evidence of thawing during storage~~ *The Circular of Information for the Use of Human Blood and Blood Components should be referred to for additional information and precautions*].

~~(c)~~ [*3.* ~~Instructions to thaw Cryoprecipitated Antihemophilic Factor (Human) in a water bath maintained at not warmer than 37°C.~~

~~(d)~~ *4.* ~~Instructions to store the product at room temperature after thawing, to use the product within six hours after thawing and within two hours of entering the container.~~

~~(e)~~ *5.* ~~Instructions to use a filter in the administration equipment.~~

~~(f)~~ *6.* ~~A statement indicating the volume of the source plasma and the type of anticoagulant solution present in the source plasma from which the product was prepared.~~]

~~Section 10.0~~

PART X.
REPORTING STATISTICAL DATA.

§ 10.1. General.

Every commercial blood bank in the state shall submit a statistical report to the commissioner by February 1 of each year at the address indicated in ~~1.3.3~~ *§ 2.3 C* of these regulations. The report shall be on the form shown in the appendix and shall require the information listed below:

~~10.1.1~~ *1.* Number of whole blood units collected. ~~Number converted to PRC & plasma~~

~~10.1.2~~ *2.* Number of units of plasma collected ~~by~~ *and methods of collection* .

~~(a) double plasmapheresis~~

~~(b) single plasmapheresis~~

~~10.1.3~~ *3.* Number of platelets collected ~~by~~ *and methods of collection.*

~~(a) double plateletpheresis~~

~~(b) single plateletpheresis~~

~~10.1.4 Number of combination plasma plateletpheresis done by:~~

~~(a) double plasma plateletpheresis~~

~~(b) single plasma plateletpheresis~~

~~10.1.5 Number of bank plasma prepared from outdated blood~~

~~10.1.6~~ *4.* Number of other blood components prepared (specify).

~~10.1.7~~ *5.* Number of donor reactions (classified according to type of reaction).

~~10.1.8~~ *6.* Number of donor rejections (classified on basis of cause of rejection).

~~10.1.9~~ *7.* Number of donors involved in transmission of disease:

~~(a)~~ *a.* Hepatitis,

~~(b)~~ *b.* Malaria,

~~(c)~~ *c.* Syphilis,

~~(d)~~ *d.* [~~Others.~~ *HIV infection,*

e. Others.]

~~10.1.10~~ *8.* Name, address and telephone number of individuals found to be:

~~(a)~~ *a.* Positive for syphilis.

~~(b)~~ *b.* Positive for HBsAg [*and HBcAb*],

~~(c)~~ *c.* Involved (individually or as one of a number of blood donors) in transmission of disease.

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

COMMONWEALTH OF VIRGINIA

STATE HEALTH DEPARTMENT

APPLICATION FOR LICENSURE OF COMMERCIAL BLOOD BANKS

Name of Blood Bank _____

Address _____ Telephone No. _____

City _____ County _____ Zip Code _____

Name of Director _____ Degree(s) _____

Specialty _____

Name of Technical Supervisor _____ Degree(s) _____

Specialty/major _____

	Number of Full-time	Number of Part-time	Registry if Any
Technical Personnel:			
Laboratory Technologist	_____	_____	_____
Laboratory Technicians	_____	_____	_____
Others (Specify)	_____	_____	_____

Is this Blood Bank a member of any national professional organization?

Yes ___ No ___ If yes, name of organization(s) _____

_____

Is this bank licensed by Federal Government? Yes ___ No ___ If yes, give:

Agency _____ License No. _____

Date Bank was founded _____

Name of founder _____

Incorporated _____ State _____ Profit _____ Non-Profit _____

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

Blood components collected: Check applicable items.

Whole Blood _____ Fresh or Frozen Plasma _____ Packed Red Cells _____

Cryoprecipitate _____ Others (Specify)_____

Workload during previous year from month/year _____ to month/year _____

1. Number of whole blood units drawn _____
2. Number of plasmapheresis: Single _____ Double _____
3. Number of cryoprecipitates prepared _____
4. Others (specify)_____

DONOR SELECTION & COLLECTION: (Separate sheets and enclosures may be used)

1. Attach a copy of the donor history card and other forms, labels, and record sheets used in this blood bank.
2. Who interviews donors? Where and what kind of training have the interviewers had?
3. Who bleeds donors? Where and what kind of training have they had for bleeding donors?
4. (A) Is a licensed physician present during donor selection or collection?
   Yes _____ No _____

   (B) If no, is a physician available for consultation? Yes _____ No _____
5. When a physician is not present, is the technical supervisor in charge always available? Yes _____ No _____
6. Are questionable medical data referred to a physician? Yes _____ No _____
7. Is a manual or procedure outlining donor requirements easily available to personnel? Yes _____ No _____ ~~(enclose a copy)~~
8. Does the area where donor interviews are conducted ensure privacy? Yes _____ No _____

   Describe the area.

9. Is donor interviewed and medical history taken each day of donation? Yes _____ No _____

10. Does the interviewer review the history card of the donors as well as questioning him/her carefully regarding:

YES	NO		
____	____	a.	age
____	____	b.	interval between donations of whole blood and plasmapheresis
____	____	c.	upper respiratory infections, brucellosis, tuberculosis, syphilis, infectious mononucleous
____	____	d.	dental surgery within 72 hours
____	____	e.	if female, pregnancy within six months
____	____	f.	chronic disease of lung, heart, liver, kidneys
____	____	g.	convulsions after infancy
____	____	h.	receipt of a transfusion of IM injection of blood or blood component within six months
____	____	i.	history of cancer
____	____	j.	skin diseases
____	____	k.	abnormal bleeding tendencies
____	____	l.	(1) history of viral hepatitis or a positive ~~test HAA~~ HBsAg test
____	____		(2) possible intimate contact with the disease within six months
____	____		(3) tattoos within last six months
____	____	m.	(1) history of malaria
____	____		(2) immigrant or visitor from an area endemic for malaria
____	____		(3) travel in areas endemic for malaria within six months
____	____		(4) antimalarial therapy within three years
____	____		(5) positive HIV test or risk factors for AIDS
____	____	n.	(1) immunization with blood group antigens
____	____		(2) bacterial vaccines
____	____	o.	seasonal, food or drug allergies
____	____	p.	currently taking or receiving medication
____	____	q.	currently under a physician's care
____	____	r.	diabetes
____	____	s.	major surgery within last six months
____	____	t.	unexplained weight loss

11. Is the donor's general appearance observed carefully for any abnormal color for evidence of narcotic addiction, alcoholic habitation for intoxication? Yes _____ No _____

12. State your acceptable limits for the following: (indicate maximum, minimum or range)
    a. oral temperature _____
    b. hemoglobin (minimum) Male _____ Female _____
    c. pulse _____ Are irregularities referred to a physician? Yes _____ No _____
    d. blood pressure: systolic _____ diastolic _____

    Are abnormalities referred to a physician? Yes _____ No _____
    e. Weight _____ lbs. (minimum)
    f. (1) Are values for each of the above determined on each day of donation? Yes _____ No _____
    (2) Are these part of the donor record? Yes _____ No _____

13. Do the donor records include: (Yes or No)
    a. release by the donor _____
    b. signature of witness _____
    c. date of donation _____

14. Attach a copy of your complete and detailed step by step procedure followed in preparation of area for phlebotomy.

15. Describe the blood collection sets used and the method of identification of donor blood.

16. Attach a copy of your procedure for:
    a. ABO grouping & subgrouping
    b. Rho typing
    c. ~~HAA~~ Testing for HBsAg
    d. Testing for syphilis
    e. HIV antibody testing

17. a. Are reagents purchased commercially or locally prepared?
    _____
    b. If any of the reagent(s) is locally prepared, attach a detailed description of the preparation method(s) used.

18. Is group O blood screened for anti-A or anti-B agglutinins and/or lysins? Yes _____ No _____

19. If a discrepancy occurs between ABO cell grouping and serum grouping, is the unit of blood dispensed for transfusions? Yes _____ No _____

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

COMMONWEALTH OF VIRGINIA

STATE HEALTH DEPARTMENT

APPLICATION FOR RENEWAL OF LICENSURE OF COMMERCIAL BLOOD BANKS

Date of Application _____

Name of Blood Bank _____

Address _____ Telephone No. _____

City _____ County _____ Zip Code _____

Name of Director _____ Degree(s) _____

Specialty _____

Name of Consultant Physician _____ Degree(s) _____

Specialty _____

Name of Technical Supervisor _____ Degree(s) _____

Specialty/Major _____

	Number of Full-time	Number of Part-time	Registry if Any
Technical Personnel:			
Laboratory Technologist	_____	_____	_____
Laboratory Technicians	_____	_____	_____
Others (Specify)	_____	_____	_____

Is this blood bank incorporated?

_____ State _____ Profit _____ NonProfit

Is this bank licensed by the Federal Government? ___ Yes ___ No if yes, give:

Agency _____

License No. _____

Date of last license by Virginia _____

Blood or blood products authorized to collect, prepare, and/or store:

Whole Blood _____ Fresh or Frozen Plasma _____

Packed Red Cells _____ Cryoprecipitate _____

Other (Specify) _____

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

HAVE CHANGES BEEN MADE IN ANY OF THE FOLLOWING SINCE THE LAST INSPECTION?

Physical Facility (Specify)

Donor Identification and Suitability (Specify)

Collection Procedure (Specify)

Testing of Blood (Specify)

Processing of Blood or Blood Products (Specify)

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

DIVISION OF CONSOLIDATED LABORATORY SERVICES

PERSONNEL PROFILE

Professional - Managerial

IDENTIFICATION

Name _____ Date _____

Social Security Number _____ Date Employed _____

Classification _____

EDUCATION

Highest Degree Received _____ Year of High School Graduation _____

COLLEGES ATTENDED:

(1) Name of College _____

Location _____

Attended from _____ (Month) (Year) to _____ (Month) (Year)

Major _____ Degree _____ Date _____

(2) Name of College _____

Location _____

Attended from _____ (Month) (Year) to _____ (Month) (Year)

Major _____ Degree _____ Date _____

GRADUATE OR PROFESSIONAL:

(3) Name of School _____

Location _____

Attended from _____ (Month) (Year) to _____ (Month) (Year)

Major _____ Degree _____

Dissertation Research Topic _____

_____

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

Quality Control (Specify)

Personnel (Specify)

DATE: _____ SIGNATURE OF DIRECTOR: _____

Return this application for renewal with a check for $250 payable to Treasurer of Virginia to:

Director
Division of Consolidated Laboratory Services
1 North 14th Street
Richmond, Virginia 23219

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

(3) Name of School _____

Location _____

Attended from _____ (Month) (Year) to _____ (Month) (Year)

Major _____ Degree _____

Dissertation Research Topic _____

_____

OTHER SCHOOLING

OTHER COURSES, SEMINAR, SPECIAL BENCH TRAINING, SPECIAL QUALIFICATION:

Name and Location	Year	Length of Course Wks . Mos . Yrs	Subject	Type of Training

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

CERTIFICATES - LICENSES

Are you certified or registered by an American Board, Academy or Society?

Yes _____ No _____

Specify (1) _____

(2) _____

(3) _____

Other Certifications or Licenses:	Authorizing Authority:	Year Obtained:
(1)		
(2)		
(3)		

EXPERIENCE List all experience in order, starting with your present or most recent position and working back.

JOB EXPERIENCE: Give (1) organization (2) dates (3) type of work (4) specialization, if any, and (5) special equipment capability, if any. Use more than one unit for different assignments within same organization.

DATES _____ ORGANIZATION _____

DESCRIBE TYPE OF WORK: _____

_____

_____

_____

SPECIALIZATION, WITHIN SECTION, IF ANY: _____

_____

_____

SPECIAL EQUIPMENT CAPABILITY, IF ANY: _____

_____

******

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

DATES _____ ORGANIZATION _____

DESCRIBE TYPE OF WORK: _____

SPECIALIZATION, WITHIN SECTION, IF ANY: _____

SPECIAL EQUIPMENT CAPABILITY, IF ANY: _____

******

DATES _____ ORGANIZATION _____

DESCRIBE TYPE OF WORK: _____

SPECIALIZATION, WITHIN SECTION, IF ANY: _____

SPECIAL EQUIPMENT CAPABILITY, IF ANY: _____

******

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

DATES _____ ORGANIZATION _____

DESCRIBE TYPE OF WORK: _____

SPECIALIZATION, WITHIN SECTION, IF ANY: _____

SPECIAL EQUIPMENT CAPABILITY, IF ANY: _____

******

VIRGINIA STATE HEALTH DEPARTMENT

REGULATIONS FOR THE LICENSURE OF BLOOD BANKS IN VIRGINIA

VITAL STATISTICS

Number

1. Number of whole blood units collected _____
~~a.--No.-converted-to-PRE-&-plasma~~

2. Number of units of plasma collected ~~by~~ and methods _____
of collection
~~a)--double-plasmapheresis~~
~~b)--single-plasmapheresis~~

3. Number of platelets collected ~~by~~ and methods of _____
collection
~~a)--double-plateletpheresis~~
~~b)--single-plateletpheresis~~

~~4.--a)--double-plasma-plateletpheresis~~
~~b)--single-plasma-plateletpheresis~~

~~5.--Number-of-bank-plasma-prepared-from-outdated-blood~~

~~6.~~ 4. Number of blood components prepared (specify):
a) _____
b) _____

~~7.~~ 5. Number of donor reactions (classified according to type of reaction):
a) _____
b) _____
c) _____

~~8.~~ 6. Number of donor rejections (classified on basis of cause of rejection):
a) _____
b) _____
c) _____
d) _____

~~9.~~ 7. Number of donors involved in transmission of disease:
a) hepatitis _____
b) malaria _____
c) syphilis _____
d) others _____

~~10.~~ 8. List name, address & telephone number of individuals found to be:
a) positive for syphilis
b) positive for HBsAg
c) involved (individually or as one of a number of blood donors) in transmission of disease.

Use blood bank stationary to supply this information.

* * * * * * * *

Title of Regulation: **VR 355-29-01. Board of Health Regulations Governing Vital Records.**

Statutory Authority: §§ 32.1-250 and 32.1-252 of the Code of Virginia.

Effective Date: July 1, 1990.

Summary:

The amendments to the regulations governing vital records are required to conform health statistics data collection in Virginia to statistical data requested by the National Center for Health Statistics, as well as the Family Support Act of 1988 (42 U.S.C. § 405).

The amendments will alter the regulations to enumerate the specific items of information required for Virginia's vital records. These records will then conform to the U.S. Standard Certificates which are the bases of vital records for each area of the United States. Standardized records are accepted from one state to another to prove the legal facts of vital events. The statistical data collected pursuant to standardized requirements are comparable to vital statistics data from other states, as well as to national compilations.

Special surveys and studies were conducted throughout the United States in determining standard items for the records. Several new items have also been added at the request of staff of the Virginia Department of Health to provide better data for evaluating current health programs.

VR 355-29-01.05. Board of Health Regulations Governing Vital Records.

PART I.
GENERAL INFORMATION.

§ 1.1. Authority for regulations.

Chapter 7 of Title 32.1 of the Code of Virginia establishes the vital records and health statistics system in the Commonwealth. The Board of Health is directed to promulgate procedural rules for the conduct of activities under this chapter and to promulgate regulations.

§ 1.2. Purpose of regulations.

The board has promulgated these regulations to facilitate the vital record registration activities and health statistical services in a manner to ensure the uniform and efficient administration of the system. Required certificates, reports, and forms shall be prescribed, where feasible, to include data collected nationally for the benefit of all citizens. The protection of individual data from casual perusal is essential to the validity of the program as well as a desirable shield of sensitive personal information while providing health statistics for the protection of society as a whole.

§ 1.3. Administration of regulations.

These regulations are administered by the following:

A. State Board of Health.

The Board of Health is the governing body of the State Department of Health, which is the Vital Records and Health Statistics Agency. In this capacity, the board has the responsibility to promulgate, amend, and repeal, as appropriate, regulations necessary to implement the vital records and health statistics system, and to collect, catalog, and evaluate information reported to it.

B. State Health Commissioner.

The State Health Commissioner is the chief executive officer of the State Department of Health. The commissioner has the authority to act, within the scope of regulations promulgated by the board, for the board when it is not in session.

C. State Registrar of Vital Records and Health Statistics.

The State Registrar shall carry out the provisions of Chapter 7 of Title 32.1 of the Code of Virginia and the regulations of the board.

§ 1.4. Application of regulations.

These regulations have general application throughout the Commonwealth.

§ 1.5. Effective date of regulations.

[*The amendments to*] these regulations are effective [~~October 1, 1980~~ *July 1, 1990*].

§ 1.6. Application of Administrative Process Act.

Except where specifically provided otherwise by statute, the provisions of the Virginia Administrative Process Act, which is codified as Chapter 1.1:1 of Title 9 of the Code, shall govern the adoption, amendment, modification, and revision, of these regulations, and the conduct of all proceedings hereunder.

§ 1.7. Powers and procedures of regulations not exclusive.

The board reserves the right to authorize any procedure for the enforcement of these regulations that is not inconsistent with the provisions set forth herein and the provisions of Chapter 7 of Title 32.1 of the Code of Virginia.

PART II.
SUPPLIES AND FORMS.

§ 2.1. State Registrar.

The State Registrar shall prepare, print, and supply all blanks and forms to be used in registering, recording, and preserving data of vital records and health statistics or in otherwise carrying out the purpose of the statutes governing vital statistics. He shall prepare and issue such detailed instructions concerning use of all forms and supplies as may be required to secure the uniform observance of the statutes and the maintenance of an adequate system for the collection, registration, and preservation of data of vital records and health statistics throughout the Commonwealth.

§ 2.2. County and city registrars.

County and city registrars shall maintain an adequate supply of all forms and blanks as furnished by the State Registrar in order to furnish required forms and blanks to all registrars and reporting sources within their jurisdiction.

§ 2.3. Use of forms.

No forms other than those supplied by the State Registrar shall be used for vital event registration. All such forms, records, and reports are property of the Commonwealth of Virginia. As such, they shall be protected from unauthorized use, access, and distribution and shall be surrendered to the State Registrar or his representative upon demand.

PART III.
DATA REQUIRED ON VITAL STATISTICS CERTIFICATES.

~~3.01~~ [~~A.~~ *§ 3.1.*] Birth certificate items.

The certificate of birth to be used shall be:

~~A.~~ *1.* Certificate of Live Birth, Commonwealth of Virginia, for current registrations, and shall contain the following items: child's full name; place of birth; usual residence of mother; sex of child; single or plural birth, and birth order of plural birth; date of birth; full name of father (except when mother is not married to the father); age of father *(except when mother is not married to the father)* ; birthplace of father *(except when mother is not married to the father)* ; full maiden name of mother; age of mother; birthplace of mother; certification of parent (if available); certification of attendant at the birth, including title, address and date signed; date the certificate was received by the registrar; registrar's signature; registration area and certificate numbers; state birth number; and supplemental confidential ~~medical~~ data to consist of the following items: *medical record and social security numbers of the mother; medical record number of the child; hispanic origin, if any, and* race of mother; education of mother; *mother transferred prior to delivery; hispanic orgin, if any, and* race of father *(except when mother is not married to the father); social security numbers of the father* ; education of father *(except when mother is not married to the father)* ; pregnancy history of mother, including date of last live birth and date of last other termination of pregnancy; date of last normal menses and physician's estimate of gestation; month of pregnancy prenatal care began; *source of prenatal care;* number of prenatal visits; birthweight of child in grams; mother married to father of child; Apgar score of child at one minute and five minutes; *obstetric procedures and method of delivery; newborn conditions and* congenital malformations or anomalies of child, if any; *infant transferred;* ~~complications of pregancy, if any; complications of labor and/or delivery, if any; and concurrent illnesses or conditions affecting the pregnancy, if any~~ *medical history for this pregnancy; other history for this pregancy; and events of labor and delivery. An optional item for the parent to request the State Registrar to report the birth to the Social Security Administration for account number issuance may be added to the Certificate of Live Birth if the State Registrar and the Social Security Administration develop procedures for such.*

2. Delayed Certificate of Birth, Commonwealth of Virginia, for delayed registrations, and shall contain the following items: full name at time of birth; sex; place of birth; date of birth; name of father (except when mother was not married to father at the time of birth or during the 10 months next preceding the birth); race of father *(except when mother was not married to the father)* ; birthplace of father *(except when mother was not married to the father)* ; full maiden name of mother; race of mother; birthplace of mother; certification and signature of applicant; address of applicant; relationship of applicant to registrant; statement and signature of notary public (or other official authorized to administer oaths); description of documentary evidence submitted; certification and authorized signature of the State Registrar; date certificate filed by the State Registrar; and number of certificate.

~~3.02~~ [~~§ 2.~~ *§ 3.2.*] Death certificate items.

The certificate of death to be used shall be the Certificate of Death, Commonwealth of Virginia, and shall contain the following items: full name of ~~deceased~~ *decedent* ; place of death; usual residence ~~of deceased~~ ; date of death; sex ~~of deceased~~ ; *hispanic orgin, if any, and* race ~~of deceased~~ ; *education;* date of birth ~~of deceased~~ ; age ~~of deceased~~ ; birthplace; citizenship; usual occupation and industry; veteran status; social security number ~~of deceased~~ ; father's name; mother's maiden name; marital status and name of ~~husband or wife~~ *spouse, if married or widowed* ; informant's name; medical certification of cause of death; autopsy; if female, was there a pregnancy during past three months; and supplementary data concerning death due to external causes; certification of attending physician or medical

examiner, including title, address, and date signed; disposition of the body; signature of funeral director or person legally filing this certificate; name and address of funeral home; date received by registrar; registrar's signature; registration area and certificate numbers; and state file number.

~~3.03~~ [~~§ 3.~~ *§ 3.3.*] Fetal death or induced termination of pregnancy report items.

The record of fetal death or induced termination of pregnancy to be used shall be :

1. The *Report of* Fetal Death ~~or Induced Termination of Pregnancy Report,~~ Commonwealth of Virginia, and shall contain the following items for spontaneous fetal deaths: place of occurrence; usual residence of ~~mother~~ *patient* [*(mother)*]; ~~full name of father (except when mother is not married to the father); race of father; age of father; birthplace of father;~~ full maiden name of ~~mother~~ *patient; medical record number and social security number of patient; hispanic origin, if any, and* race of ~~mother~~ *patient* ; age of ~~mother~~ *patient* ; ~~birthplace of mother;~~ education of ~~mother~~ *patient* ; sex of fetus; ~~mother~~ *patient* married to father; previous deliveries to ~~mother~~ *patient* ; single or plural delivery and order of plural delivery; date of delivery; date of last normal menses and physician's estimate of gestation; weight of fetus in grams; month of pregnancy care began; number of prenatal visits; when fetus died; congenital malformations, if any; *events of labor and delivery;* ~~complications related to pregnancy or labor, if any;~~ *medical history for this pregnancy; other history for this pregnancy; obstetric procedures and method of delivery;* autopsy; medical certification of cause of spontaneous fetal death; signature of attending physician or medical examiner including title, address and date signed; method of disposal of fetus; signature and address of funeral director or hospital representative; date received by registrar; registrar's signature; registration area and report numbers ; ~~and State file numbers; or the report~~ .

2. The Report of Induced Termination of Pregnancy, Commonwealth of Virginia, and shall contain the following items for induced terminations of pregnancy: place of occurrence; usual residence of patient; patient identification number; age of patient; *hispanic origin, if any, and* race of patient; ~~birthplace of patient;~~ education of patient; patient married to father; date of pregnancy termination; pregnancy history of patient; date of last normal menses and physician's estimate of gestation; type of termination procedures; ~~complications of pregnancy termination, if any;~~ *pregnancy terminated because of genetic defect;* signature , *title,* and address of ~~attending physician.~~ *person completing this report; registration area and report numbers.*

~~3.04~~ [~~§ 4.~~ *§ 3.4.*] Marriage return and certificate items.

The record of marriage to be used shall be the Marriage Return and Certificate, Commonwealth of Virginia, and shall contain the following items: ~~name and~~ city or county of the court of issuance; court clerk's number; for the groom: full name, age, date and place of birth, race, marital status if previously married ~~and date last marriage ended~~ , number of marriage, education, usual residence, the names of parents; for the bride: full name, maiden name, age, date and place of birth, race, marital status if previously married ~~and date last marriage ended,~~ number of marriage, education, usual residence, and names of parents; signature of clerk of court and date of license; date and place of marriage; whether civil or religious ceremony; certification and signature of officiant indicating title, address, and year and ~~place~~ *court* of ~~bond~~ *qualification* ; date received by clerk of court from officiant; and state file number.

~~3.05~~ [~~§ 5.~~ *§ 3.5.* Report of divorce or annulment items.

The report of divorce or annulment to be used shall be the Report of Divorce or Annulment, Commonwealth of Virginia, and shall contain the following items: ~~name and~~ city or county of court of issuance; for the husband: full name, date and place of birth, ~~age,~~ race, education, number of marriage, ~~if previously married, number of previous marriages terminated by death and/or divorce or annulment.~~ usual residence; for the wife: full maiden name, date and place of birth, ~~age,~~ race, education, number of the marriage, ~~if previously married, number of previous marriages terminated by death and/or divorce or annulment,~~ usual residence; date and place of marriage; identity of plaintiff and to whom divorce granted; number *and custody* of children ~~ever born alive of this marriage and children~~ under 18 in this family; date of separation; date of divorce; legal grounds or cause of divorce; signature of attorney or petitioner; certification and signature of clerk of court indicating type of decree; court file number; date final order entered; and state file number.

PART IV.
PREPARATION OF CERTIFICATES.

§ 4.01. Requirements for completion.

All certificates and records provided for in the statutes governing vital event registration shall be prepared on a typewriter with a black ribbon whenever possible or shall be printed legibly in black ink. All signatures required shall be entered in black ink. No certificate shall be considered as complete and correct and acceptable for filing:

1. That does not supply all items of information called for thereon or satisfactorily account for their omission.

2. That contains alterations or erasures.

3. That does not contain original signatures.

4. That is marked "copy" or "duplicate."

5. That is a carbon copy.

6. That is prepared on an improper form.

7. That contains obviously improper or inconsistent data.

8. That contains any data relative to the putative father of a child born out of wedlock without his written consent or unless determined by a court of competent jurisdiction as required by § 32.1-257 of the Code.

9. That contains an indefinite cause of death denoting only symptoms of disease or conditions resulting from disease.

10. That is not prepared in conformity with these regulations or instructions issued by the State Registrar.

PART V.
REGISTRATION DISTRICTS.

§ 5.1. Geographical areas.

For vital event registration purposes, the Commonwealth is hereby divided into registration districts as follows: Each independent city and each county shall constitute a registration district, provided that the State Registrar may designate special registration districts within cities and counties where necessary to facilitate registration.

§ 5.2. [*Registrars' representatives.*]

Each registrar for an independent city or county may appoint one or more representatives to act for the registrar after regular office hours. Such representatives may issue out-of-state transit permits as specified in Part X of these regulations.

PART VI.
DUTIES OF REGISTRARS.

§ 6.1. Acceptance of certificates.

Each registrar shall examine certificates as they are submitted for registration to determine whether they have been prepared in accordance with the provisions of the statutes, regulations, and instructions. When any certificate submitted for registration is unsatisfactory, it shall be the duty of the registrar to notify the person responsible for the registration of its defects and to secure a complete and correct registration. Each registrar or his deputy shall note over his signature the date each certificate of birth, death, or report of fetal death was filed with him and shall number consecutively the certificates of birth, death, and fetal death in three separate series beginning with number 1 for the first certificate in each respective series in each calendar year.

§ 6.2. Local records.

On forms furnished by the State Registrar, each registrar shall record the following information from the original records before forwarding such original records to the State Registrar:

1. For birth records. The full name of the child; sex and race of child; date of birth; place of birth; names of parents; residence of parents; date filed; local certificate number; congenital malformations of child; and premature indicator.

2. For death records. The full name of the decedent; race and sex of decedent; date and place of death; residence of decedent; cause of death; date filed; and local certificate number.

3. For spontaneous fetal death records. Surname of family; race and sex of fetus; date and place of delivery; names and residence of parents; causes of death; date filed; and local report number.

§ 6.3. Reporting periods.

A. Special registrars shall, on the 5th day and the 20th day of each month, transmit all original certificates filed with them during the period preceding such dates to the city or county registrar having jurisdiction over the special registration district. If no birth, death, or fetal death was registered in any month, that fact shall be reported on the 5th day of the following month on a form provided for that purpose.

B. City and county registrars shall, on the 10th day and 25th day of each month, transmit to the State Registrar all complete original certificates filed with them or received by them from special registrars during the period preceding such dates. Each shipment of certificates sent by special registrars and by city and county registrars shall be accompanied by a transmittal form provided for that purpose.

§ 6.4. Promotion of registration.

Each registrar is to familiarize himself with the statutes, regulations, and instructions so that he may promote and stimulate complete and accurate registration. Lists of hospitals, physicians, medical examiners, funeral directors, and midwives should be maintained where necessary for reference purposes.

PART VII.
FOUNDLING REGISTRATION.

§ 7.1. Procedure.

Whoever assumes custody of a living infant of unknown parentage shall on a blank certificate of live birth report

the required facts. The certificate shall be plainly marked "foundling registration" in the top margin and data required will be determined by approximation. Parentage data shall be left blank, and the certification of the informant shall be signed by the custodian indicating title, if any. The item "Certification of the attendant," shall be signed by the physician who examines the foundling child. On the reverse of the form shall be listed the name and address of the persons or institution with whom such child has been placed for care and the date and place the child was found.

PART VIII.
DELAYED BIRTH REGISTRATION.

§ 8.1. Late registration and delayed registration defined.

A. "Late registration."

The registration of a nonrecorded birth after the statutory time prescribed for filing but within one year from the date of birth shall be a "late birth registration." As such, its filing shall be subject to the requirements of § 8.3 of these regulations but shall not be considered a "delayed registration."

B. "Delayed registration."

The registration of a nonrecorded birth after one year from the date of birth shall be a "delayed birth registration."

1. For those births occurring more than one year but less than seven years prior to the date of filing, the birth registrations shall be prepared and filed on the certificate of live birth form in use at the time of birth and shall be plainly marked in the upper margin "delayed registration." Such certificates shall be subject to the requirements of § 8.3 of these regulations and not subject to § 8.4.

2. The registration of a nonrecorded birth seven or more years after the date of birth shall be a "delayed birth registration" and shall be registered by the State Registrar on special forms provided for such purposes and shall be subject to the requirements of § 8.4 of these regulations.

§ 8.2. Who may file a late or delayed birth certificate.

A person born in the Commonwealth of Virginia whose birth is not recorded, or his parent, guardian, legal representative, or an older person having knowledge of the facts of birth, may file a certificate of birth after the time prescribed for filing subject to the procedures and requirements established by these regulations and instructions issued by the State Registrar.

§ 8.3. Procedures and requirements for late birth registration and delayed birth registration within seven years of date of birth.

A. Late birth registrations and delayed birth registrations filed within seven years of the date of birth shall be prepared and filed on the certificate of live birth form in use at the time of birth. To be acceptable for filing, the certificate must be signed by the physician or other person who attended the birth; or if the birth occurred in a hospital, the hospital administrator, or his designated representative, may sign the certificate; or if the physician or other person who attended the birth is not available, and the birth did not occur in a hospital, the certificate may be signed by one of the parents, provided that a notarized statement is attached to the certificate outlining the reason why the certificate cannot be signed by the attendant.

B. The State Registrar or the city or county registrar may require the presentation of additional evidence in support of the facts of birth or an explanation for the delay in filing in any case where there appears to him reason to question the adequacy of the registration.

§ 8.4. Procedure and requirements for delayed birth registration seven or more years after date of birth.

A. Application for a delayed birth registration after seven years have elapsed since the date of birth shall be made to the State Registrar and shall be filed according to instructions issued by the State Registrar. If a prior birth certificate is located for the registrant, a delayed birth certificate shall not be filed. The final acceptance of a delayed birth certificate for filing shall remain in a pending status until evidence is submitted in support thereof satisfactory to the State Registrar as outlined in subsection D of this section, or until one year from the date of application, in which event the application shall lapse.

B. The following facts concerning the person whose birth is to be registered must be established:

1. The full name of the person at the time of birth, except that the delayed certificate may reflect a name established by adoption or legitimation when such evidence is submitted.

2. The date and place of birth.

3. The names of the parents, except that if the mother of the child was not married to the father of the child at the time of birth, or during the 10 months preceding such birth, the name of the father shall not be entered on the delayed certificate unless the child has been adopted or legitimated, or parentage has been determined by a court of competent jurisdiction pursuant to § 32.1-257 of the Code of Virginia, or both natural parents present a sworn acknowledgement of paternity.

C. Delayed birth certificates shall be prepared on forms supplied by the State Registrar. Each such delayed certificate shall be signed and sworn to before an official

authorized to administer oaths by the person whose birth is to be registered if such person is available and is competent to sign and swear to the accuracy of the facts stated therein; if not, the application shall be signed and sworn to by one of the parents, guardian, legal representative, or by an older person having knowledge of the facts of birth.

D. 1. The birth facts entered on the delayed certificate shall be supported by at least three pieces of documentary evidence; except that:

a. If one of the documents was established before the registrant's seventh birthday, only two such documents shall be required.

b. If the person whose birth is being registered is 15 years of age or under, only two such documents shall be required.

2. All documents used in evidence, such as insurance policy applications, marriage records, children's birth records, baptismal records, federal census abstracts, immunization records, and the like, shall be at least five years old, except that an affidavit of personal knowledge need not be five years old. Only one such affidavit of personal knowledge shall be used as a supporting document.

3. Facts of parentage need only be supported by one such document described above.

4. Documents shall be in the form of the original or certified or true copies thereof.

5. All documents, except the affidavit of personal knowledge, shall be returned to the applicant after review.

E. Whether delayed certificates and documentary evidence submitted conform with these regulations and are acceptable for filing shall be determined by the State Registrar. If, in his judgment, an applicant does not submit the documentation required in support of the facts of birth or if there appears reason to question the delayed registration, the delayed birth certificate shall not be accepted and the applicant shall be advised of its deficiencies.

1. If a delayed birth certificate is acceptable for filing, the State Registrar, or his designated representative, shall abstract on the delayed birth certificate form a description of each document submitted in support of the delayed registration, including the kind and title of the document; the name and relationship of the affiant if the document is an affidavit of personal knowledge; the date the document was originally established; and

2. The State Registrar, or his designated representative, shall then enter the date of filing of the delayed registration, and by his signature thereto shall certify:

a. That no prior birth certificate is on file for the person whose birth is to be registered.

b. That the documentary evidence submitted to establish the facts of birth has been reviewed and is in conformity with the stated facts.

§ 8.5. Cancellation records.

When the State Registrar shall be satisfied that a late or a delayed birth certificate was obtained through fraud or misrepresentation, he shall give to the person named in the certificate a notice in writing of his intention to cancel said certificate. The notice shall give such person an opportunity to appear to show cause why the certificate should not be cancelled. The notice may be served on such person or in the case of a minor or incompetent to his parent or guardian by forwarding the notice by certified mail to his last known address on file in the Division of Vital Records and Health Statistics. Any appeal shall be governed by the provisions of the Virginia Administrative Process Act pursuant to Title 9, Chapter 1.1:1 of the Code of Virginia.

PART IX.
NEW BIRTH CERTIFICATES AFTER ADOPTION, LEGITIMATION, ACKNOWLEDGEMENT OF PATERNITY, OR COURT DETERMINATION OF PATERNITY.

§ 9.1. Adoptions.

A. A new certificate of birth may be prepared by the State Registrar for a child born in Virginia and subsequently adopted through the courts of Virginia, the several states of the United States, or in a foreign country. An adoption report or certified copy of an adoption decree must be in the possession of the State Registrar together with a request that a new certificate be prepared.

B. A certificate of birth may be prepared by the State Registrar for a child born in a foreign country and subsequently adopted through a court in Virginia. An adoption report must be in the possession of the State Registrar together with a request that a Virginia registration of the birth be prepared. Such certificates shall not confer citizenship upon the child or the adoptive parents.

§ 9.2. Legitimation.

If the natural parents of a child shall marry after the birth of a child, a new certificate of birth may be prepared by the State Registrar for a child born in Virginia provided that the name of another man is not shown as the father on the original certificate. If another man is so listed, a new certificate may be prepared only if a determination of paternity shall be ordered by a court

of competent jurisdiction. An affidavit of paternity, executed subsequent to the birth of the child, by both natural parents and a certified copy of the parents' marriage record must be in the possession of the State Registrar together with a request that a new certificate be prepared.

§ 9.3. Acknowledgement of paternity.

A new certificate of birth may be prepared by the State Registrar for a child born out of wedlock in this Commonwealth upon receipt of a sworn acknowledgement of paternity, executed subsequent to the birth of the child, signed by both parents and a written request by both parents that the child's surname be changed or not be changed on the certificate to that of the father. If another man is shown as the father of the child on the original certificate, a new certificate may be prepared only when a determination of paternity is made by a court of competent jurisdiction.

§ 9.4. Court determination of paternity.

A new certificate of birth may be prepared by the State Registrar for a child born in this Commonwealth upon receipt of a certified copy of a court determination of paternity, together with a request from the natural mother or person having legal custody of said child that such new certificate be prepared. If the surname of the child is not decreed by the court, the request for the new certificate shall specify the surname to be placed upon the certificate.

§ 9.5. Change of sex.

A new certificate of birth may be prepared by the State Registrar for a person born in this Commonwealth whose sexual designation has been clarified or changed through medical ~~and/~~ or surgical procedure for cases including, but not limited to, hermaphroditism or pseudo-hermaphroditism. A certified copy of the court order changing the name of the registrant as well as designating the sex of the registrant must be in the possession of the State Registrar together with a request that a new certificate be prepared.

§ 9.6. New certificate.

The new certificate of birth prepared after adopting, legitimation, court determination of paternity, or acknowledgement of paternity shall be on the form in use at the time of birth and shall include the following items and such other information necessary to complete the certificate:

1. The name of the child;

2. The date and place of birth as transcribed from the original certificate;

3. The names and personal particulars of the adoptive parents or of the natural parents, whichever is appropriate;

4. The name of the attendant, printed or typed;

5. The birth number assigned to the original birth certificate;

6. The original filing date.

The information necessary to locate the existing certificate and to complete the new certificate shall be submitted on forms prescribed by the State Registrar.

§ 9.7. Sealed files.

After preparation of the new certificate, the existing certificate and the evidence upon which the new certificate was based are to be placed in a special file. Such file shall not be subject to inspection except upon order of a circuit court of this Commonwealth or by the State Registrar for purposes of properly administering the system of vital records and health statistics.

PART X.
PROCEDURES FOR FILING DEATH CERTIFICATES.

§ 10.1. A proper and complete medical certification of cause of death defined.

A complete and properly executed medical certification of cause of death shall mean the entry by a physician or medical examiner of a definite medical diagnosis of the underlying cause of death and related conditions following the instructions indicated on the death certificate. This may be variously:

1. Supported by clinical findings of the physician who attended the deceased for the illness or condition that resulted in death;

2. Supported by tentative clinical findings that may or may not be supported by the gross findings of an autopsy; or

3. Supported by autopsy findings where necessary to establish a definite medical diagnosis of cause of death.

In cases where an autopsy is to be performed, the physician or medical examiner shall not defer the entry of the cause of death pending a full report of microscopic and toxicological studies. In any case where the autopsy findings significantly change the medical diagnosis of cause of death, a supplemental report of the cause of death shall be made by the physician or medical examiner to the registrar as soon as the findings are available. (As examples: If it is clear that a patient dies of "cancer of the stomach," report the cause while a determination of the histological type is being carried out. Similarly, if it is clear that a death is from "influenza," do not delay the

medical certification while a laboratory test is being carried out to determine the strain).

§ 10.2. Responsibility of the attending physician.

When a patient shall die, the physician in charge of the patient's care for the illness or condition shall be responsible for executing and signing the medical certification of cause of death as follows:

1. If the physician is present at or immediately after the death, he shall execute and sign the medical certification of cause of death on the death certificate form prescribed by the State Registrar.

2. In an case where an autopsy is scheduled and the physician wishes to await its gross finding to confirm a tentative clinical finding, he shall give the funeral director notice that he attended the patient and when he expects to have the medical data necessary for the certification of cause of death. If the provisions of § 10.1 of these regulations cannot be adhered to, he shall indicate that the cause is "pending" and sign the certification. Immediately after the medical data necessary for determining the cause of death have been made known, the physician shall, over his signature, forward the cause of death to the registrar.

3. If the physician is unable to establish the cause of death or if a death is within the jurisdiction of the medical examiner, he shall immediately report the case to the local medical examiner and advise the funeral director of this fact. If the medical examiner does not assume jurisdiction, the physician shall sign the medical certification.

4. An associate physician who relieves the attending physician while he is on vacation or otherwise temporarily unavailable may certify to the cause of death in any case where he has access to the medical history of the case, provided that he views the deceased at or after death occurs and that death is from natural causes. In all other cases in which a physician is unavailable, the funeral director shall contact the medical examiner.

5. When the attending physician shall have given the person in charge of an institution authorization in writing, the person in charge of such institution, or his designated representative, may prepare the medical certification of cause of death in cases where all pertinent aspects of the medical history are a part of the official medical records and the death is due to natural causes. In such instances, the signature shall be that of a physician.

§ 10.3. Responsibility of the medical examiner.

When a medical examiner assumes jurisdiction in a death or when death occurs without medical attendance, the medical examiner shall be responsible for executing and signing the medical certification of cause of death as follows:

1. The medical examiner shall, at the time of releasing a body to a funeral director or person who first assumes custody of a dead body, or as soon as practicable thereafter, execute and sign the medical certification of cause of death on the death certificate form prescribed by the State Registrar.

2. In any case where an autopsy is scheduled and the medical examiner wishes to await its gross findings to confirm a tentative clinical finding, he shall give the funeral director notice as to when he expects to have the medical data necessary for the certification of cause of death. If the provisions of § 10.1 of these regulations cannot be adhered to, he shall indicate that the cause is "pending" and sign the certification. Immediately after the medical data necessary for determining the cause of death have been made known, the medical examiner shall, over his signature, forward the cause of death to the registrar.

3. In any case where a death has been referred to the medical examiner because a physician in attendance is deceased or physically incapacitated and there was no associate physician, the medical examiner shall prepare and sign the medical certification of cause of death.

§ 10.4. Responsibility of the hospital or institution.

When a patient shall die in a hospital or institution, and the death is not under the jurisdiction of the medical examiner, the person in charge of such institution, or his designated representative, shall where feasible and where the cause of death is known, aid in the preparation of the death certificate as follows:

1. Place the full name of the deceased on the death certificate form and obtain from the attending physician the medical certification of cause of death.

2. If authorized in writing by the attending physician, the person in charge, or his designated representative, may prepare the medical certification of cause of death in cases where all pertinent aspects of the medical history are a part of the official hospital records and the death is due to natural causes. The signature shall be that of a physician.

3. Present the partially completed death certificate identified by the name and the complete medical certification to the funeral director.

4. In a case of long-term residence by a patient in a state institution, a death certificate including personal particulars of the deceased may be prepared for presentation to the funeral director.

§ 10.5. Responsibility of the funeral director.

Each funeral director who has been authorized to take custody of a dead human body shall exercise the following responsibilities with respect to the preparation and filing of the death certificate:

1. When he arrives to take custody of the body, he shall first ascertain whether an attending physician or local medical examiner has established the cause of death as follows:

a. If a physician was present at or after the death, he shall obtain the medical certification of cause of death from such physician if the death is from natural causes. An associate physician or person in charge of an institution may prepare the medical certification as outlined in § 10.2 of these regulations.

b. If a physician attended the deceased but did not complete the medical certification of cause of death, the funeral director shall immediately contact such physician in person or by telephone to be certain that he was the attending physician and to ascertain whether the physician is to assume responsibility for the medical certification or to refer the case to the medical examiner.

c. When a medical examiner assumes jurisdiction in a death, or when death occurs without medical attendance, or when a physician in attendance is incapacitated, the funeral director shall obtain the signed medical certification of cause of death from the medical examiner as required by subdivision 3 of § 10.3 of these regulations.

2. The personal history of the deceased and the facts of the death shall be obtained from the best source possible. This source may be variously: a member of the immediate family of the deceased who possesses the necessary information; a hospital records custodian whose records contain the necessary information; or the local medical examiner having jurisdiction over a case. The name of the informant shall be entered on the death certificate. The facts required as to the manner and place of disposal of the body or its removal from the Commonwealth shall be entered over the signature of the funeral director. He shall personally sign the certificate and print or type the name of his firm.

3. Except as outlined in § 10.7 of these regulations, a satisfactory death certificate shall be filed with the city, county, or special registrar in the city or county where death occurred, or a dead body is found, prior to final disposal of the body or its removal from the Commonwealth, and within three days. In cases where a completed medical certification is not available when the funeral director takes possession of a body, he shall not move the body from the place of death until so authorized by the local medical examiner or until the attending physician has advised him that death is from natural causes and the physician is able to prepare the medical certification of cause of death. In every case, the removal of a dead human body from the city or county of death is unlawful unless notice is give the city, county, or special registrar by telephone or in person. Such notice shall consist of the name of the deceased, date and place of death, and the name of the attending physician or of the medical examiner, as the case may be, and, if the body is to be removed, the destination within the Commonwealth. Such notification shall be made during the next available business hours of the registrar following the time of death. After business hours, in independent cities and in designated counties, such notification shall be made immediately on assumption of custody of the deceased to the registrar's representative.

§ 10.6. Out-of-state transit permits.

A. The body of any person whose death occurs in Virginia or whose body shall be found dead therein shall not be removed from the Commonwealth unless an out-of-state transit permit on a form prescribed by the State Registrar has been issued by the city, county, or special registrar of the city or county where the death occurred or the body was found except as outlined in § 10.7 of these regulations.

B. No out-of-state transit permit shall be issued until a proper certificate of death is filed except as outlined in § 10.7 of these regulations.

C. A certificate of death shall be considered to be properly filed:

1. When all items thereon have been answered in the manner prescribed by the State Registrar; and

2. When the certificate has been presented for filing with the city, county, or special registrar of the city or county where the death occurred or the body was found, or, in emergency cases, with the city or county registrar of the area to which removal was made within the Commonwealth.

§ 10.7. Emergency cases: Filing of death certificates elsewhere.

A. Under the conditions of § 32.1-266 of the Code of Virginia, the following situations are declared to be proper reasons for emergency extensions of time periods for filing a completed death certificate:

1. A completed or "pending" medical certification is unavailable.

2. Personal data concerning the deceased is temporarily unavailable.

3. The body must be moved immediately out of the Commonwealth.

B. If one or more of the above situations exists and the conditions of subdivision 3 of § 10.5 of these regulations have been complied with by the funeral director when the body is to be moved, any authorized registrar, or registrar's representative, may issue an out-of-state transit permit. Such permit shall be issued upon application by a funeral director and the presentation by the funeral director, over his signature only, of a death certificate form complete in as many known details as possible.

C. The incomplete death certificate form originally furnished to the registrar as outlined in subsection B of this section is to be placed by the funeral director with a completed death certificate as soon as the missing data become known or the medical certification is obtained, or within 10 days, whichever occurs first.

D. Under emergency provisions and the conditions of subdivision 1 c of § 10.5 of these regulations, the death certificate may be filed with a registrar other than the registrar at the place of death. When a registrar of an area other than the place of death receives a completed death certificate, he shall not sign nor number the certificate, but shall make a notation in the left-hand margin indicating his name and whether or not an out-of-state permit has been issued. The registrar receiving the death certificate shall immediately forward the death certificate to the city or county registrar at the place of death.

§ 10.8. Forwarding "pending cause" death certificates.

A death certificate received by a city or county registrar which contains a signed medical certification of cause of death, but the cause is not complete by reason of a pending inquest, investigation, or autopsy should be sent to the State Registrar on the regular reporting date with completed records. If the cause of death is completed by the presentation of a second and complete certificate before the original certificate is sent to the State Registrar, the original incomplete certificate should be marked "VOID." The completed death certificate should be processed as a current certificate and should be forwarded to the State Registrar. If the cause of death is completed by a properly signed query form or other statement, the cause of death information may be added to the incomplete death certificate by the State Registrar.

§ 10.9. Disinterment permits.

A. Unless so ordered by a court of competent jurisdiction, a body shall not be disinterred for removal or transportation until an application for disinterment has been submitted to the city or county registrar or to the State Registrar.

B. The city or county registrar at the place from which disinterment is to be made shall issue a disinterment permit in triplicate. One copy shall be retained by the funeral director to whom issued, one copy filed with the sexton or person in charge of the cemetery in which disinterment is to be made, and one copy to be used during transportation and filed with the sexton or person in charge of the cemetery of reinterment. The State Registrar may issue a letter of authorization in lieu of individual permits when numbers of bodies are to be moved in one operation from the same place of disinterment to the same place of reinterment.

C. A disinterment permit shall not be required if a body is to be disinterred and reinterred in the same cemetery; however, the sexton or other person in charge of the cemetery shall establish a record relative to the facts of disinterment and reinterment within the cemetery.

D. A body kept in a receiving vault shall not be regarded as a disinterred body until after expiration of 30 days.

PART XI.
CORRECTION AND AMENDMENT.

§ 11.1. Applications for correction.

A. After 30 days from the date of filing, no change or alteration in any birth or death certificate on file with the State Registrar or on file in any city or county of this Commonwealth shall be made except upon application to the State Registrar.

1. To change or alter a birth certificate, such application shall be made by the reporting source, one of the parents, guardian, or legal representative of the child, or, if the person whose certificate is involved is 18 years of age or over, by the person himself.

2. To change or alter a death certificate, such application shall be made by the surviving spouse or the next of kin of the deceased, attending funeral director, or other reporting source. Changes or alterations of the medical certification of cause of death may be requested only by the attending physician or by the medical examiner.

B. Within 30 days from the date of filing, missing data or corrected information may be entered on a birth or death certificate by the State Registrar or by the city or county registrar when the original record is in his possession.

1. Applications for changes or alterations may be made by persons outlined in subdivision A 1 or A 2 of § 11.1 1 of these regulations.

2. Missing or corrected data may be obtained at the initiative of the city or county registrar by personal call, telephone, or query form from the reporting source responsible for filing the birth or death certificate. Data so obtained by the registrar shall not be deemed an amendment.

C. Marriage and divorce or annulment records on file

with the State Registrar may be amended only by notification from the clerk of court in which the original record is filed. Such notification to the State Registrar shall indicate what items have been amended on the original record and shall indicate that the State Registrar's copy should be amended accordingly. Evidence required for amending marriage and divorce or annulment records shall be determined by the court in which the original record is filed.

§ 11.2. Evidence required for corrections or amendments.

Every application for a correction or amendment of a birth or death certificate shall be accompanied by appropriate documentary evidence as follows:

1. Except as provided in subdivisions 2 and 3 of this section, name changes, other than minor corrections in spelling involving the given names or surname of a registrant, or the given names or surnames of the parents or of a spouse as listed on a certificate, shall require that a certified or attested copy of a court order changing the name be obtained.

2. Within one year of birth, the given names listed on a birth certificate may be changed by the affidavit of:

a. Both parents, or

b. The mother in the case of a child born out of wedlock, or

c. The father in the case of the death or incapacity of the mother, or

d. The mother in the case of the death or incapacity of the father, or

e. The guardian or agency having legal custody of the registrant.

3. In cases of hermaphroditism or pseudo-hermaphroditism, given names of a registrant may be changed on a birth certificate by affidavit of the parents or guardian as listed in subdivision 2 of this section, or by affidavit of the registrant if 18 years of age or older. Additionally, a statement from a physician must be submitted which certified the birth record of the registrant contains an incorrect designation of sex because of congenital hermaphroditism, pseudo-hermaphroditism, or ambiguous genitalia which has since been medically clarified.

4. Except as otherwise provided in the Code of Virginia or these regulations, after one year from the date of birth, any change of name shall be made only by court order, and any second change of name within one year shall be made only by court order.

5. Within seven years after birth, given names may be added to a birth certificate where such information has been left blank by use of an affidavit only prepared by the parent, guardian, or legal representative of the child.

6. If the date of birth on a birth certificate is to be changed more than one year, a certified copy of a court order changing the date of birth shall be submitted.

7. In all other cases, an affidavit shall be obtained which sets forth: the identity of the incorrect record, the incorrect data as it is listed, the correct data as it should be listed, and the documentary evidence supporting the facts. In addition to the affidavit, a document or certified or true copy of such document, must be obtained which is over five years of age and will establish the identity of the certificate to be altered or corrected and will support the true and correct facts. The five years may be waived for recently filed certificates. Any item of a vital record which has been previously corrected may only be changed again by court order.

8. All documents, except the affidavit, shall be returned to the applicant after review.

§ 11.3. Methods of correcting or altering certificates.

A. A new name authorized by court order shall be recorded by drawing a single line through the name appearing on the certificate and inserting above it or to the side of it the new name. In addition, there shall be inserted on the certificate a statement that the name was changed by court order and the date and place of such order. The word "Amended" shall be written in the top margin of the certificate. Certificates on which given names are added within seven years after birth or on which given names have been changed at any time pursuant to subdivision 3 of § 11.2 of these regulations shall not be considered as amended.

B. In all other cases, corrections or alterations shall be made by drawing a single line through the incorrect item, if listed, and by inserting the correct or missing data immediately above it or to the side of it, or by completing the blank item, as the case may be. In addition, there shall be inserted on the certificate a statement identifying the affidavit and documentary evidence used as proof of the correct facts and the date the correction was made. If three months have elapsed from the date of filing, the word "Amended" shall be written in the top margin of the certificate unless otherwise stated in these regulations.

PART XII.
INSPECTION OF RECORDS AND DISCLOSURE OF INFORMATION.

§ 12.1. Individual requests.

Upon request, the State Registrar or the city or county

registrar shall disclose data or issue certified copies of birth or death records or information when satisfied that the applicant therefor has a direct and tangible interest in the content of the record and that the information contained therein is necessary for the determination or protection of personal or property rights.

1. A direct and tangible interest may be evidenced by requests from the registrant, members of his immediate family, his guardian, or their respective legal representatives in the case of birth records. Such direct and tangible interest may be evidenced by requests from surviving relatives or their legal representatives in the case of death records.

2. For the purposes of securing information or obtaining certified copies of birth and death records, the term "legal representative" shall include an attorney, physician, funeral director, insurance company, or an authorized agency acting in behalf of the registrant or his family.

3. A direct and tangible interest shall not be evidenced by the natural parents of an adopted child; nor by commercial firms, agencies, nonprofit or religious organizations requesting listings of names or addresses.

§ 12.2. Research requests.

The State Registrar or the city or county registrar may permit use of data from vital records for bona fide research purposes subject to reasonable conditions the State Registrar may impose to ensure that the use of the data is limited to such research purposes.

§ 12.3. Official requests.

The State Registrar or the city or county registrar may disclose data from vital records to federal, state, county, or municipal agencies of government which request such data in the conduct of their official duties; except that records governed by §§ 32.1-261 and 32.1-274 D and E of the Code of Virginia, may be made available only by the State Registrar for official purposes to federal, state, county, or municipal agencies charged by law with the duty of detecting or prosecuting crime, preserving the internal security of the United States, or for the determination of citizenship.

§ 12.4. Application for records.

The State Registrar or the city or county registrar may require written applications for data; the identification of an applicant; or a sworn statement, when it shall seem necessary to establish an applicant's right to information from vital records.

PART XIII.
CERTIFICATIONS OF DATA; FEES.

§ 13.1. Certified copies; how prepared.

Under the provision of § 32.1-272 of the Code of Virginia and Part XII of these regulations, certifications of vital records may be prepared and issued by the State Registrar and, where applicable, by the city or county registrar.

1. Certifications may be made by photostat or other reproduction process, typewriter, or electronic print except that medical and health data on the birth certificate shall not be so certified.

2. The statement to appear on each certification of a vital record is to read as follows:

"This is to certify that this is a true and correct reproduction or abstract of the official record filed with the ..... Department of Health, ... Virginia.

Date issued .....

.....Registrar"

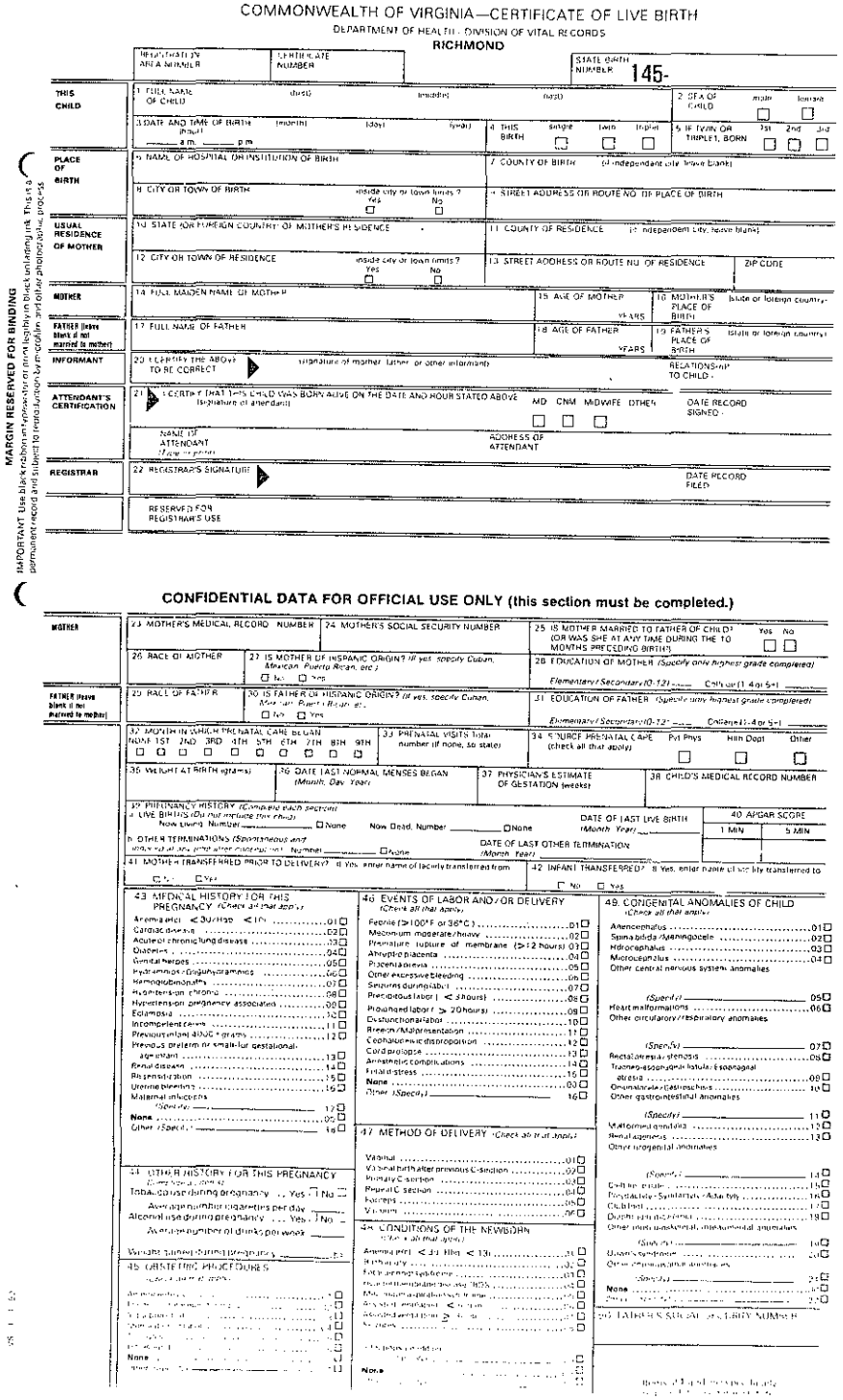
The registrar will enter the appropriate city or county name in the spaces provided, date and sign the certification, and enter his official title.

3. The seal of the issuing office is to be impressed on the certification.

4. Short form certifications of birth records, or birth registration cards, which make no reference to parentage may be issued by the State Registrar.

§ 13.2. Fees.

The fee to be charged by the State Registrar or by the city or county registrar shall be $5.00 for each full certification or short form certification of a vital record, or for a search of the files or records when no copy is made.



COMMONWEALTH OF VIRGINIA—CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

RICHMOND

STATE BIRTH NUMBER 145-

IMPORTANT: Use black ribbon ink typewriter or print legibly in black unfading ink. This is a permanent record and subject to reproduction by photographic and other photographic processes.

MARGIN RESERVED FOR BINDING

THIS CHILD

PLACE OF BIRTH

USUAL RESIDENCE OF MOTHER

MOTHER

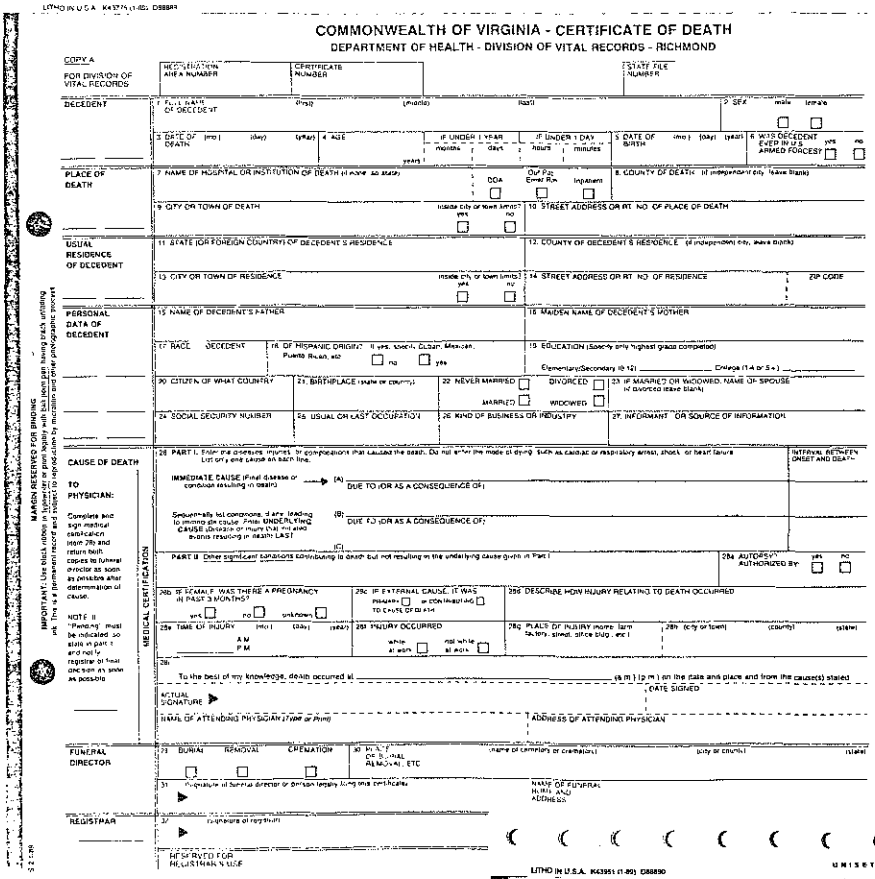
FATHER (leave blank if not married to mother)

INFORMANT

ATTENDANT'S CERTIFICATION

REGISTRAR

CONFIDENTIAL DATA FOR OFFICIAL USE ONLY (this section must be completed.)



COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER | CERTIFICATE NUMBER | STATE FILE NUMBER

DECEDENT

1. FULL NAME OF DECEDENT (First) (Middle) (Last) 2. SEX male female

3. DATE OF DEATH (mo.) (day) (year) 4. AGE years IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes 5. DATE OF BIRTH (mo.) (day) (year) 6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes no

PLACE OF DEATH

7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) DOA Out-Pt. Emer. Rm. Inpatient 8. COUNTY OF DEATH (If independent city, leave blank)

9. CITY OR TOWN OF DEATH Inside city or town limits? yes no 10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH

USUAL RESIDENCE OF DECEDENT

11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE 12. COUNTY OF DECEDENT'S RESIDENCE (If independent city, leave blank)

13. CITY OR TOWN OF RESIDENCE Inside city or town limits? yes no 14. STREET ADDRESS OR RT. NO. OF RESIDENCE ZIP CODE

PERSONAL DATA OF DECEDENT

15. NAME OF DECEDENT'S FATHER 16. MAIDEN NAME OF DECEDENT'S MOTHER

17. RACE - DECEDENT 18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. no yes 19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)

20. CITIZEN OF WHAT COUNTRY 21. BIRTHPLACE (state or country) 22. NEVER MARRIED DIVORCED MARRIED WIDOWED 23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (If divorced leave blank)

24. SOCIAL SECURITY NUMBER 25. USUAL OR LAST OCCUPATION 26. KIND OF BUSINESS OR INDUSTRY 27. INFORMANT - OR SOURCE OF INFORMATION

MEDICAL CERTIFICATION

CAUSE OF DEATH

TO PHYSICIAN:

Complete and sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final disposition as soon as possible.

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) DUE TO (OR AS A CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (b) DUE TO (OR AS A CONSEQUENCE OF)

(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28a. AUTOPSY? AUTHORIZED BY: yes no

29. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes no unknown 29c. IF EXTERNAL CAUSE, IT WAS PREGNANT or CONTRIBUTING TO CAUSE OF DEATH 29d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

29e. TIME OF INJURY (mo.) (day) (year) AM PM 29f. INJURY OCCURRED while at work not while at work 29g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 29h. (city or town) (county) (state)

29i. To the best of my knowledge, death occurred at (a.m.) (p.m.) on the date and place and from the cause(s) stated.

DATE SIGNED

ACTUAL SIGNATURE

NAME OF ATTENDING PHYSICIAN (Type or Print) ADDRESS OF ATTENDING PHYSICIAN

FUNERAL DIRECTOR

29. BURIAL REMOVAL CREMATION 30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state)

31. Signature of funeral director or person legally living this certificate. NAME OF FUNERAL HOME AND ADDRESS

REGISTRAR

32. (signature of registrar) DATE RECORD FILED

RESERVED FOR REGISTRAR'S USE

IMPORTANT: Use black inking in typewriter or print legibly with ball point pen having black writing ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

MARGIN RESERVED FOR BINDING

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UNISET Reynolds+Reynolds UNISET

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

MEDICAL EXAMINER'S CERTIFICATE

COPY A FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER | CERTIFICATE NUMBER | STATE FILE NUMBER

DECEDENT

1. FULL NAME OF DECEDENT (First) (Middle) (Last) 2. SEX male female

3. DATE OF DEATH (mo.) (day) (year) 4. AGE years IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes 5. DATE OF BIRTH (mo.) (day) (year) 6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes no

PLACE OF DEATH

7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) DOA Out-Pt. Emer. Rm. Inpatient 8. COUNTY OF DEATH (If independent city, leave blank)

9. CITY OR TOWN OF DEATH Inside city or town limits? yes no 10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH

USUAL RESIDENCE OF DECEDENT

11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE 12. COUNTY OF DECEDENT'S RESIDENCE (If independent city, leave blank)

13. CITY OR TOWN OF RESIDENCE Inside city or town limits? yes no 14. STREET ADDRESS OR RT. NO. OF RESIDENCE ZIP CODE

PERSONAL DATA OF DECEDENT

15. NAME OF DECEDENT'S FATHER 16. MAIDEN NAME OF DECEDENT'S MOTHER

17. RACE OF DECEDENT 18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. no yes 19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)

20. CITIZEN OF WHAT COUNTRY 21. BIRTHPLACE (state or country) 22. NEVER MARRIED DIVORCED MARRIED WIDOWED 23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (If divorced leave blank)

24. SOCIAL SECURITY NUMBER 25. USUAL OR LAST OCCUPATION 26. KIND OF BUSINESS OR INDUSTRY 27. INFORMANT - OR SOURCE OF INFORMATION

MEDICAL CERTIFICATION

CAUSE OF DEATH

TO MEDICAL EXAMINER:

Complete and sign medical certification (item 28) and give all 3 copies to funeral director as soon as (possible after inquiry)

NOTE: If "Pending" must be indicated, notify registrar (of final disposition as soon as possible)

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) DUE TO (OR AS A CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (b) DUE TO (OR AS A CONSEQUENCE OF)

(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28a. AUTOPSY? AUTHORIZED BY: yes no

29. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes no unknown 29c. IF EXTERNAL CAUSE, IT WAS PREGNANT or CONTRIBUTING TO CAUSE OF DEATH 29d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

29e. TIME OF INJURY (mo.) (day) (year) AM PM 29f. INJURY OCCURRED while at work not while at work 29g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 29h. (city or town) (county) (state)

29i. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted as of about (AM) (PM) from

NATURAL CAUSES ACCIDENT SUICIDE HOMICIDE UNDETERMINED PENDING

DATE SIGNED

ACTUAL SIGNATURE

NAME OF MEDICAL EXAMINER (Type or Print) ADDRESS OF MEDICAL EXAMINER

FUNERAL DIRECTOR

29. BURIAL REMOVAL CREMATION 30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state)

31. (Signature of funeral director or person legally living this certificate) NAME OF FUNERAL HOME AND ADDRESS

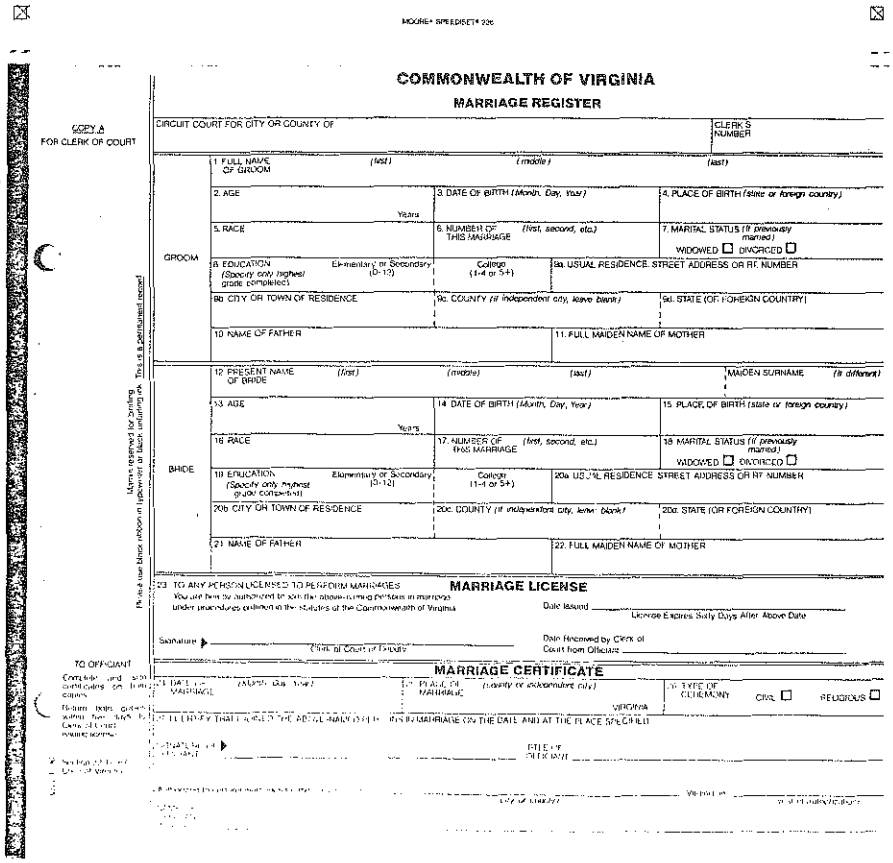
REGISTRAR

32. (signature of registrar) DATE RECORD FILED

RESERVED FOR REGISTRAR'S USE

MARGIN RESERVED FOR BINDING

IMPORTANT: Use black inking in typewriter or print legibly with ball point pen having black writing ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.



COMMONWEALTH OF VIRGINIA

MARRIAGE REGISTER

COPY A FOR CLERK OR COURT

CIRCUIT COURT FOR CITY OR COUNTY OF — CLERK'S NUMBER

GROOM

1 FULL NAME OF GROOM (first) (middle) (last)

2. AGE Years — 3. DATE OF BIRTH (Month, Day, Year) — 4. PLACE OF BIRTH (state or foreign country)

5. RACE — 6. NUMBER OF THIS MARRIAGE (first, second, etc.) — 7. MARITAL STATUS (If previously married) WIDOWED ☐ DIVORCED ☐

8. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) — College (1-4 or 5+) — 8a. USUAL RESIDENCE STREET ADDRESS OR RF NUMBER

8b CITY OR TOWN OF RESIDENCE — 8c. COUNTY (If independent city, leave blank) — 8d. STATE (OR FOREIGN COUNTRY)

10 NAME OF FATHER — 11. FULL MAIDEN NAME OF MOTHER

BRIDE

12 PRESENT NAME OF BRIDE (first) (middle) (last) — MAIDEN SURNAME (If different)

13 AGE Years — 14 DATE OF BIRTH (Month, Day, Year) — 15. PLACE OF BIRTH (state or foreign country)

16 RACE — 17. NUMBER OF THIS MARRIAGE (first, second, etc.) — 18 MARITAL STATUS (If previously married) WIDOWED ☐ DIVORCED ☐

19 EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) — College (1-4 or 5+) — 20a USUAL RESIDENCE STREET ADDRESS OR RF NUMBER

20b CITY OR TOWN OF RESIDENCE — 20c. COUNTY (If independent city, leave blank) — 20d. STATE (OR FOREIGN COUNTRY)

21 NAME OF FATHER — 22. FULL MAIDEN NAME OF MOTHER

This is a permanent record

Ink is required for scanning. Please use black ink on light colored paper.

MARRIAGE LICENSE

23 TO ANY PERSON LICENSED TO PERFORM MARRIAGES

You are hereby authorized to solemnize the above-named persons in marriage under procedures outlined in the Statutes of the Commonwealth of Virginia

Date Issued _____ License Expires Sixty Days After Above Date

Signature ▶ _____ Clerk of Court or Deputy

Date Received by Clerk of Court from Officiant _____

TO OFFICIANT

MARRIAGE CERTIFICATE

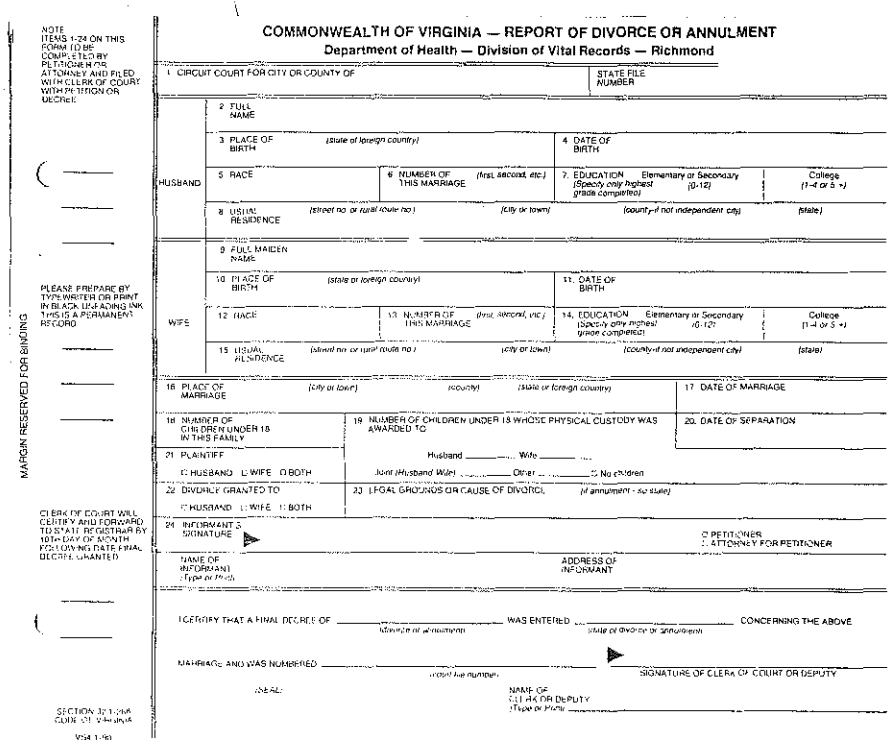
24 DATE OF MARRIAGE (Month, Day, Year) — 25 PLACE OF MARRIAGE (county or incorporated city) — 26 TYPE OF CEREMONY CIVIL ☐ RELIGIOUS ☐

VIRGINIA

I CERTIFY THAT I HAVE THIS DAY SOLEMNIZED THE MARRIAGE OF THE PERSONS NAMED ABOVE IN THIS MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED

SIGNATURE OF OFFICIANT — TITLE OF OFFICIANT

CITY OR COUNTY — WITNESS



NOTE ITEMS 1-24 ON THIS FORM TO BE COMPLETED BY PETITIONER OR ATTORNEY AND FILED WITH CLERK OF COURT WITH PETITION OR DECREE

PLEASE PREPARE BY TYPEWRITER OR PRINT IN BLACK INK AS THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

CLERK OF COURT WILL CERTIFY AND FORWARD TO STATE REGISTRAR BY 10TH DAY OF MONTH FOLLOWING DATE FINAL DECREE GRANTED

SECTION 32.1-264 CODE OF VIRGINIA

VSH 1-90

COMMONWEALTH OF VIRGINIA — REPORT OF DIVORCE OR ANNULMENT

Department of Health — Division of Vital Records — Richmond

1 CIRCUIT COURT FOR CITY OR COUNTY OF — STATE FILE NUMBER

HUSBAND

2 FULL NAME

3 PLACE OF BIRTH (state or foreign country) — 4 DATE OF BIRTH

5 RACE — 6 NUMBER OF THIS MARRIAGE (first, second, etc.) — 7. EDUCATION Elementary or Secondary (Specify only highest grade completed) (0-12) — College (1-4 or 5+)

8 USUAL RESIDENCE (street no. or rural route no.) (city or town) (county if not independent city) (state)

WIFE

9 FULL MAIDEN NAME

10 PLACE OF BIRTH (state or foreign country) — 11. DATE OF BIRTH

12 RACE — 13 NUMBER OF THIS MARRIAGE (first, second, etc.) — 14. EDUCATION Elementary or Secondary (Specify only highest grade completed) (0-12) — College (1-4 or 5+)

15 USUAL RESIDENCE (street no. or rural route no.) (city or town) (county if not independent city) (state)

16 PLACE OF MARRIAGE (City or town) (county) (state or foreign country) — 17 DATE OF MARRIAGE

18 NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY — 19 NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO — 20. DATE OF SEPARATION

21 PLAINTIFF — Husband _____ Wife _____

C HUSBAND C WIFE C BOTH — Joint (Husband Wife) _____ Other _____ No children

22 DIVORCE GRANTED TO — 23 LEGAL GROUNDS OR CAUSE OF DIVORCE (If annulment - so state)

C HUSBAND C WIFE C BOTH

24 INFORMANT'S SIGNATURE ▶ — C PETITIONER C ATTORNEY FOR PETITIONER

NAME OF INFORMANT (Type or Print) — ADDRESS OF INFORMANT

I CERTIFY THAT A FINAL DECREE OF _____ (divorce or annulment) WAS ENTERED _____ (date of divorce or annulment) CONCERNING THE ABOVE MARRIAGE AND WAS NUMBERED _____ (court file number)

SIGNATURE OF CLERK OF COURT OR DEPUTY

CLERK

NAME OF CLERK OR DEPUTY (Type or Print)

VS 5 1/90

COMMONWEALTH OF VIRGINIA

REPORT OF SPONTANEOUS FETAL DEATH

DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS

RICHMOND

REGISTRATION AREA NUMBER | REPORT NUMBER | STATE FILE NUMBER

PLACE OF FETAL DEATH

1. NAME OF HOSPITAL OR FACILITY OF OCCURRENCE
2. COUNTY OF OCCURRENCE (If independent city, leave blank)
3. CITY OR TOWN OF OCCURRENCE — inside city or town limits? ☐ yes ☐ no
4. STREET ADDRESS OR RT. NO. OF PLACE OF OCCURRENCE

USUAL RESIDENCE OF PATIENT (MOTHER)

5. STATE (OR FOREIGN COUNTRY) OF RESIDENCE
6. COUNTY OF RESIDENCE (If independent city, leave blank)
7. CITY OR TOWN OF RESIDENCE — inside city or town limits? ☐ yes ☐ no
8. STREET ADDRESS OR RT. NO. OF RESIDENCE — ZIP CODE

INFORMATION ON PATIENT (MOTHER)

9. PRESENT NAME (last) (first) (middle) — MAIDEN SURNAME (if different)
10. RACE
11. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. ☐ no ☐ yes
12. AGE — years
13. IS PATIENT MARRIED TO FATHER? ☐ yes ☐ no
14. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) _____
15. SOCIAL SECURITY NUMBER
16. MEDICAL RECORD NUMBER

INFORMATION ON PREGNANCY

17. DATE OF DELIVERY (Month, Day, Year)
18. THIS DELIVERY ☐ single ☐ twin ☐ triplet
19. IF TWIN OR TRIPLET, BORN ☐ 1st ☐ 2nd ☐ 3rd
20. SEX OF FETUS ☐ male ☐ female ☐ unknown
21. MONTH IN WHICH PRENATAL CARE BEGAN ☐ NONE ☐ 1ST ☐ 2ND ☐ 3RD ☐ 4TH ☐ 5TH ☐ 6TH ☐ 7TH ☐ 8TH ☐ 9TH
22. PRENATAL VISITS Total number (If none, so state)
23. SOURCE PRENATAL CARE (check all that apply) ☐ Pvt. Phys ☐ Hlth Dept ☐ Other
24. WEIGHT OF FETUS — grams
25. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)
26. PHYSICIAN'S ESTIMATE OF GESTATION (weeks)

FOR FETAL DEATHS 12 WEEKS AND UNDER SHADED ITEMS NEED NOT BE COMPLETED

27. PREGNANCY HISTORY (Complete each section)

a. LIVE BIRTHS — Now Living Number _____ ☐ None — Now Dead Number _____ ☐ None — DATE OF LAST LIVE BIRTH (Month, Year) _____

b. OTHER TERMINATIONS (Spontaneous and induced at any time after conception) (Do not include this fetus) — Number _____ ☐ None — DATE OF LAST OTHER TERMINATION (Month, Year) _____

28. MEDICAL HISTORY FOR THIS PREGNANCY (Check all that apply)

- Anemia (Hct. < 30/Hgb. < 10) 01
- Cardiac disease 02
- Acute or chronic lung disease 03
- Diabetes 04
- Genital herpes 05
- Hydramnios/Oligohydramnios 06
- Hemoglobinopathy 07
- Hypertension, chronic 08
- Hypertension, pregnancy-associated 09
- Eclampsia 10
- Incompetent cervix 11
- Previous infant 4000+ grams 12
- Previous preterm or small-for-gestational-age infant 13
- Renal disease 14
- Rh sensitization 15
- Uterine bleeding 16
- Maternal infections (Specify) 17
- None 00
- Other (Specify) 18

29. OTHER HISTORY FOR THIS PREGNANCY (Complete all items)

- Tobacco use during pregnancy ☐ yes ☐ no
- Average number cigarettes per day
- Alcohol use during pregnancy ☐ yes ☐ no
- Average number of drinks per week
- Weight gained during pregnancy ____ lbs.

30. OBSTETRIC PROCEDURES (Check all that apply)

- Amniocentesis 01
- Electronic fetal monitoring 02
- Induction of labor 03
- Stimulation of labor 04
- Tocolytes 05
- Ultrasound 06
- None 00
- Other (Specify) 07

31. EVENTS OF LABOR AND/OR DELIVERY (Check all that apply)

- Febrile (> 100°F or 38° C) 01
- Meconium, moderate/heavy 02
- Premature rupture of membranes (> 12 hours) 03
- Abruptio placenta 04
- Placenta previa 05
- Other excessive bleeding 06
- Seizures during labor 07
- Precipitous labor (< 3 hours) 08
- Prolonged labor (> 20 hours) 09
- Dysfunctional labor 10
- Breech/Malpresentation 11
- Cephalopelvic disproportion 12
- Cord prolapse 13
- Anesthetic complications 14
- Fetal distress 15
- None 00
- Other (Specify) 16

32. METHOD OF DELIVERY (Check all that apply)

- Vaginal 01
- Vaginal birth after previous C-section 02
- Primary C-section 03
- Repeat C-section 04
- Forceps 05
- Vacuum 06
- Hysterotomy/Hysterectomy 07
- Other (Specify) 08

33. CONGENITAL ANOMALIES OF FETUS (Check all that apply)

- Anencephalus 01
- Spina bifida/Meningocele 02
- Hydrocephalus 03
- Microcephalus 04
- Other central nervous system anomalies (Specify) 05
- Heart malformations 06
- Other circulatory/respiratory anomalies (Specify) 07
- Rectal atresia/stenosis 08
- Tracheo-esophageal fistula/Esophageal atresia 09
- Omphalocele/Gastroschisis 10
- Other gastrointestinal anomalies (Specify) 11
- Malformed genitalia 12
- Renal agenesis 13
- Other urogenital anomalies (Specify) 14
- Cleft lip/palate 15
- Polydactyly/Syndactyly/Adactyly 16
- Club foot 17
- Diaphragmatic hernia 18
- Other musculoskeletal/integumental anomalies (Specify) 19
- Down's syndrome 20
- Other chromosomal anomalies (Specify) 21
- None 00
- Other (Specify) 22

TO PHYSICIAN OR M.E. EXAMINER

Complete and sign medical certification and give to hospital or to funeral director NOTE: If home delivery and no funeral director, you are responsible for completing full report and filing record with registrar. Please complete as soon as possible after delivery or inquiry

MEDICAL CERTIFICATION

34. CAUSE OF FETAL DEATH

Enter only one cause per line for a, b, and c.

PART I. Fetal or maternal condition directly causing fetal death
- a. IMMEDIATE CAUSE — Specify Fetal or Maternal
- DUE TO (OR AS A CONSEQUENCE OF:)
- b. — Specify Fetal or Maternal
- DUE TO (OR AS A CONSEQUENCE OF:)
- c. — Specify Fetal or Maternal

Fetal and/or maternal conditions, if any, giving rise to the immediate cause stating the underlying cause last

PART II. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I

35. WHEN DID FETUS DIE? ☐ before labor ☐ during labor or delivery ☐ unknown

36. I CERTIFY THAT THIS DELIVERY OCCURRED AND THE FETUS WAS BORN DEAD FROM THE CAUSE STATED ABOVE — Address—(city or county) — (date signed)

ACTUAL SIGNATURE ▶ ☐ M.D. ATTENDANT ☐ M.D. MEDICAL EXAMINER

DISPOSAL

37. ☐ burial ☐ incineration ☐ other — place of burial, incineration, etc. — (city) — (state) — DISPOSAL WAS: in hospital ☐ at home ☐ in cemetery — name of cemetery

HOSPITAL OR FUNERAL DIRECTOR

38. Signature of funeral director or hospital representative in that priority — if no funeral director, and not in hospital, leave blank. ▶ ADDRESS

REGISTRAR

39. REGISTRAR'S SIGNATURE ▶ DATE RECORD FILED

* * * * * * * *

NOTICE: Due to its length, the Regulations Governing Emergency Medical Services filed by the Department of Health are 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. The full text of the regulation is available for public inspection at the office of the Registrar of Regulations and at the Department of Health.

Title of Regulation: **VR 355-32-01. Regulations Governing Emergency Medical Services.**

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

Effective Date: July 1, 1990.

Summary:

These regulations specify: (i) minimum standards for emergency medical services agencies, vehicles, and (ii) personnel and procedures for licensure, certification, and enforcement of the regulations. The regulations incorporate by reference "Procedures and Guidelines for Basic Life Support Training Programs" and "Procedures and Guidelines for Emergency Medical Services Agency and Vehicle Licensure." Amendments to the regulations include (i) a requirement for emergency medical services agencies providing basic life support services to have an operational medical director, (ii) a requirement for EMS vehicles to be supplied with necessary infection control items as recommended by the Centers for Disease Control, (iii) requirements for fixed wing aircraft used for emergency medical transportation and personnel requirements for staffing this unit, (iv) standards of conduct for all categories of emergency medical services personnel, (v) a requirement for operators of Class B, C, D, and E Vehicles to have certification as Emergency Vehicle Operators, (vi) a requirement that the attendant-in-charge on an emergency vehicle be a minimum of 18 years of age, and (vii) as directed by the 1989 Legislative Session, extends the recertification period for First Responder and Emergency Medical Technician from three years to four years. This last change became effective July 1, 1989. Other changes to the main body of the regulations are primarily for clarification and technical correction.

The "Procedures and Guidelines for Basic Life Support Training Programs" have been rewritten to combine three previous documents and to incorporate National Standard Curricula for each of the training levels. This document includes administrative guidelines for these programs and specific course requirements for the First Responder, First Responder Bridge, Emergency Medical Technician (EMT) and EMT Instructor. Additions include (i) a mechanism for "legal recognition" to aid in the certification of previously trained persons coming to Virginia from a state with which Virginia does not have a formal reciprocity agreement, (ii) a provision for "reentry" of individuals whose certification as a First Responder or EMT in Virginia has expired, and (ii) a First Responder Bridge program to facilitate advancement of a First Responser to the full Emergency Medical Technician level.

The "Procedures and Guidelines for Emergency Medical Services Agency and Vehicle Licensure" is a new document which specifies in detail the agency application process and the vehicle inspection process and includes all applicable forms for agency and vehicle inspection.

These regulations and attachments to the regulations are based on recommendations of the State Emergency Medical Services Advisory Board and its various committees as well as recommendations of the Virginia Association of Volunteer Rescue Squads and other interested entities.

Following is a brief summary of changes made to the Proposed Rules and Regulations Governing Emergency Medical Services, based on comments received through the public hearing process and through the Department of Planning and Budget and the Governor's Office:

The definition for "Advanced Life Support" was clarified and a definition was added for "Emergency Vehicle Operator's Course."

As recommended by the Board of Health at its May 22, 1989, meeting, a requirement has been added for an Operational Medical Director (OMD) for all Basic Life Support (BLS) EMS Agencies, such requirement to be in effect three years after the effective date of the regulations (July 1, 1993). This section outlines the qualifications for and responsibilities of this Operational Medical Director.

The requirement for radio telemetry on an Advanced Life Support (ALS) Immediate Response Vehicle has been deleted.

The circumstances under which a Class B, Basic Life Support Vehicle, may be used has been clarified. This vehicle may be staffed at the Shock Trauma Technician level and the full range of shock trauma skills performed; however, this vehicle may not be used to provide the broader range of advanced life support skills employed by the Cardiac Technician and Paramedic, except in cases of interfacility transport.

The requirement for the Class C, Advanced Life Support Vehicle, to be equipped with radio telemetry has been deleted; however, there must be radio voice communications capability and availability of

electronically recorded cardiac rhythm, and the agency's medical director must agree to their operation without telemetry.

A First Responder will be allowed to function as the Attendant-in-charge on a Class A, Basic Life Support Immediate Response Vehicle. Currently, the Attendant-in-charge must be at least an Emergency Medical Technician-Basic.

Other changes are primarily for clarification or technical correction.

Also included with these regulations are two documents which are part of the regulations by reference: "The Procedures and Guidelines for EMS Agency and Vehicle Licensure" and "The Procedures and Guidelines for Basic Life Support Training Programs." Any changes to these two documents and forms have been for clarification, technical amendment, and change to make the forms consistent with the amended regulations.

* * * * * * * *

Title of Regulation: **VR 355-32-02. Regulation Governing Financial Assistance for Emergency Medical Services.**

Statutory Authority: §§ 32.1-12 and 32.1-112 through 32.1-116 of the Code of Virginia.

Effective Date: July 1, 1990.

Summary:

This regulation governs a matching grant program referred to as the Rescue Squad Assistance Fund. This regulation specifies the grant process, eligibility for applying, criteria used for review, and responsibilities of the grantee. Amendments to the regulation include (i) a requirement to stagger the terms of the Financial Assistance Review Committee members, (ii) a requirement that all programs, services, and equipment funded by the Virginia Rescue Squad Assistance Fund Act comply with all plans, policies, procedures, and guidelines adopted by the State EMS Advisory Board, (iii) a requirement that applications must be received in the Division of EMS office no later than 5 p.m. on the date of the deadline, (iv) a requirement that allows the Financial Assistance Review Committee to reserve funds not to exceed 10% of the total funds available for any one grant cycle not to accumulate in excess of $100,000 for emergency purposes, (v) a requirement that expands compliance with the regulation to include all procedures, plans, and policies adopted by the State EMS Advisory Board, (vi) expands ownership of equipment awarded through this regulation to include the local jurisdiction in which the EMS agency is located, and (vii) officially incorporates the Division of EMS Program Representatives and Communications Engineer as reviewers of the Rescue Squad Assistance Fund applications.

The amendments to the regulation are based on recommendations of the State EMS Advisory Board, Regional EMS Councils, and the Financial Assistance Review Committee and other interested entities.

A requirement has been added for any applicant agency to provide evidence of an ongoing quality assurance program and evidence of financial planning, as specified by the Financial Assistance Review Committee. This requirement would not be effective until three years after the effective date of the regulations.

Municipal Emergency Medical Services Agencies will be required to submit somewhat different information on their Financial Statement, as a more accurate reflection of financial status.

The application form for the Rescue Squad Assistance Fund has been modified to be consistent with the revised regulations and to incorporate suggestions received during the public hearings.

VR 355-32-02. Regulation Governing Financial Assistance for Emergency Medical Services.

~~Section 2.00~~

PART I.
DEFINITIONS.

~~2.01~~ *§ 1.1.* Definitions.

The following words and terms when used in ~~these regulations~~ *this regulation* shall have the following meaning unless the context clearly indicates otherwise.

~~2.01.01~~ *"Board"* means the State Board of Health.

~~2.01.02~~ *"Commissioner"* means the State Health Commissioner.

~~2.01.03~~ ~~Council~~ *"EMS Advisory Board"* means the Emergency Medical Services Advisory ~~Council~~ *Board* as appointed by the Governor.

"Division" means the Division of Emergency Medical Services (EMS), Virginia Department of Health.

~~2.01.04 Emergency Medical Services (EMS) - The services utilized in responding to the perceived individual needs for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.~~ *"Emergency Medical Services (EMS)" means the services utilized in responding to the perceived individual needs for immediate medical care in order to prevent loss of life, aggravation of physiological or psychological illness or injury including any or all of the*

services which could be described as first response, basic life support, advanced life support, specialized life support, patient transportation, medical control, and rescue.

~~2.01.05 Emergency Medical Services Agency (EMS) agency - Any person as defined herein, engaged in the business, service, or regular activity, whether for profit or not of providing, coordinating or planning emergency medical services.~~ *"Emergency medical services agency (EMS agency)" means any person, firm, corporation, or organization engaged in the business, service, or regular activity of providing emergency medical care to persons who are sick, injured, wounded, or otherwise incapacitated or helpless.*

~~2.01.06 Emergency Medical Services Vehicle (EMS) Vehicle - Any privately or publicly owned vehicle or craft that is specially designed, constructed, or modified and equipped and is intended to be used for and is maintained or operated to provide emergency medical services.~~ *"Emergency medical services vehicle (EMS vehicle)" means any privately or publicly owned vehicle or craft that is specially designed, constructed, or modified and equipped and is intended to be used for and is maintained or operated to provide emergency medical services, including any vehicle which could be described as an ambulance.*

~~2.01.07~~ *"Fund"* means the Virginia Rescue Squads Assistance Fund.

~~2.01.08~~ *"Nonprofit"* means without the intention of financial gain, advantage, or benefit.

~~Section 1.00~~

PART II.
GENERAL INFORMATION.

~~1.01~~ *§ 2.1.* Authority for regulations.

~~Chapter 16.1, Article 2~~ *Chapter 4 of Article 3 (§ 32.1-112 et seq.)* of Title ~~32~~ *32.1* of the Code of Virginia ~~(1950), as amended~~ , known as the Virginia Rescue Squads Assistance ~~Act~~ *Fund,* vests authority for ~~the~~ administration of the ~~Act~~ *fund* in the State Board of Health. The law specifically requires that the board administer the ~~Act~~ *fund* in accordance with regulations promulgated for that purpose.

~~1.02~~ *§ 2.2.* Purpose of ~~regulations.~~ *regulation.*

The State Board of Health has promulgated ~~these regulations~~ *this regulation* in order to ensure a fair and equitable means of administration and distribution of the Virginia Rescue Squads Assistance Fund among the rescue squads and other nonprofit emergency medical services agencies ~~and for the training of the personnel of such squads and agencies~~ .

~~1.03~~ *§ 2.3.* Administration of ~~regulations.~~ *regulation.*

~~These regulations~~ *This regulation* shall be administered by the following:

~~1.03.01~~ *1.* State Board of Health. The Board of Health shall have the responsibility to promulgate, amend, and repeal, as appropriate, regulations for the administration of the fund;

1~~.03.02~~ *2.* State Health Commissioner. The Commissioner, as executive officer of the board, shall administer ~~these regulations~~ *this regulation* and disburse the funds from the Virginia Rescue Squads Assistance Fund;

~~1.03.03~~ *3.* Emergency Medical Services Advisory ~~Council~~ *Board* . ~~The EMS Advisory Council shall have the responsibility to review applications and recommend priorities for the award of funds within the scope of the criteria established by these regulations. The Council may, by majority vote, delegate its responsibilities to an Emergency Medical Services Financial Assistance Review Committee.~~ *The EMS Advisory Board shall have the responsibility to review applications and recommend priorities for the award of funds within the scope of the criteria established by the regulations. The EMS Advisory Board shall delegate its responsibility to a Financial Assistance Review Committee.*

[~~D.~~ *4.*] *Financial Assistance Review Committee.*

The EMS Advisory Board shall by majority vote elect six members of the EMS Board to serve on a Financial Assistance Review Committee. Each member shall be elected for a two-year term, except that when members are elected in 1990, three members shall be elected for a two-year term and three members shall be elected for a three-year term. Members may serve more than a two-year term.

Any vacancy shall be filled by an election and for the unexpired term. The committee shall represent multiple EMS components. The committee shall elect a chairman by majority vote from among its members.

§ 2.4. Quorum.

A quorum for meeting of the Financial Assistance Review Committee shall consist of not less than four members.

~~1.04~~ *§ 2.5.* Application of ~~regulations~~ *regulation* .

~~These regulations~~ *This regulation* shall have general application throughout *the* Commonwealth.

~~1.05~~ *§ 2.6.* Effective date of ~~regulations~~ *regulation* .

~~These regulations~~ *This regulation* shall become effective ~~January 1, 1979~~ [*July 1, 1990*].

~~1.07 Severability~~

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

~~Section 3.00~~

PART III.
REQUIREMENTS AND CONDITIONS.

~~3.01~~ *§ 3.1.* Award of funds.

The following requirements shall apply to the award of funds:

~~3.01.01~~ *1.* Eligibility. Any nonprofit emergency medical services agency within the Commonwealth of Virginia may apply for funds.

~~3.01.02~~ *2.* Criteria. Award of funds shall be based upon the following criteria:

a. Establishment of a new EMS agency, program, or service where needed to improve emergency medical services offered in an area;

b. Expansion or improvement of an existing EMS agency, program or service to meet state or federal standards or requirements *or other needs for service or programs* ;

c. Replacement of equipment which is unserviceable or procurement of new equipment ~~provided that in the award of Funds for the purchase of EMS vehicles preference shall be given to those vehicles which meet or exceed the current state or federal standards for the type of vehicle;~~ . *EMS vehicles purchased with Virginia Rescue Squad Assistance Funds shall meet or exceed the current state or federal standards for the type of vehicle purchased;*

d. Establishment, expansion or improvement of programs of EMS training;

e. ~~Hardship cases as approved by the Commissioner~~ *All programs, services, and equipment funded by the Virginia Rescue Squad Assistance Fund shall comply with all plans, policies, procedures and guidelines adopted by the State EMS Advisory Board* ;

f. Those applicants ~~having a positive history of~~ *which are licensed EMS agencies must be in compliance with the* Regulations of the Board of Health Governing ~~Ambulance Services~~ *Emergency Medical Services and the Health Codes of Virginia* as they may apply[~~.~~ *;*]

[*g. Applicants shall provide evidence of a Quality Assurance program as specified by the Financial Assistance Review Committee. Applicants shall provide evidence of Financial Planning, to include but not be limited to: equipment replacement plans, budgeting plans, fund-raising plans, etc., as specified by the Financial Assistance Review Committee.*

The requirements for a Quality Assurance Program and evidence of Financial Planning shall be effective three years from the date that these regulations become effective.]

~~3.01.03~~ *3.* Grant period. The grant period shall be for a period of 12 months from the date of the award.

a. There shall be two review cycles per year.

b. Deadlines for submission of applications shall be September 15 and March 15 of each year. Applications must be received in the Division of EMS office by 5 p.m. on the date of the deadline. In the event the deadline falls on a Saturday, Sunday, state or federal holiday, the application must be received by 5 p.m. in the Division of EMS office the next business day.

~~b.~~ *c.* Dates of award shall be January 1 and July 1 of each year.

~~c.~~ *d.* All other appropriate dates in the award process shall be as established by the ~~Commissioner~~ *division* .

~~3.02~~ *§ 3.2.* Reserved funds.

~~The Commissioner shall have the right to reserve a portion of the Fund for training purposes and the administration of the Virginia Rescue Squads Assistance Act. Proposals developed for use of the reserved training funds shall be evaluated by the Council along with all other applications.~~ *The Financial Assistance Review Committee may reserve a portion of the fund for emergency purposes. The funds reserved shall not exceed 10% of the total funds available for any one cycle, and shall not accumulate in excess of $100,000.*

Funds in the reserve may be used for any man-made disaster or natural disaster so long as the requirements set forth in § 3.2 of this regulation are met. Applications shall be made to the division.

The Financial Assistance Review Committee shall have discretion in making a recommendation to the commissioner for an award.

The Financial Assistance Review Committee shall make recommendation to the commissioner within 30 days after receipt of applications and the commissioner shall make

or reject an award within 10 days after receiving a recommendation from the Financial Assistance Review Committee.

~~3.03~~ *§ 3.3.* Amount of award.

The amount of award granted an applicant shall not exceed 50% of the cost of the project except in documented and approved cases of hardship ~~in which case the amount shall not exceed eighty percent (80%)~~ *and awards granted under § 3.2 of this regulation* .

~~3.03.01~~ *A.* Basis.

The amount of award shall be based upon the amount ~~obligated under~~ *requested for* the project.

~~3.03.02~~ *B.* Determination by the ~~Council~~ *Financial Assistance Review Committee* .

The ~~Council~~ *Financial Assistance Review Committee* shall recommend the percentage of award based upon its determination of reasonable cost for the project.

~~3.03.03~~ *C.* Hardship cases.

Additional funding ~~to a maximum of thirty percent (30%)~~ shall be reserved for those unique situations where the applicant is able to demonstrate the lack of any reasonable capability to generate a 50% match. *The additional funding above a 50% match will be determined by the Financial Assistance Review Committee.*

~~3.03.04~~ *D.* Hardship criteria.

~~Hardship cases shall require the approval of the Commissioner.~~ It shall be the responsibility of the applicant to provide adequate data to substantiate any claim for hardship status *in accordance with criteria and guidelines promulgated by the Financial Assistance Review Committee for that purpose* . ~~Criteria the Commissioner shall consider as supplied where possible by the planning district commission, shall include but not be limited to the following:~~

~~a. Population density;~~

~~b. Service area;~~

~~c. Per capita income;~~

~~d. Unique service need;~~

~~e. Previous funding from any source;~~

~~f. Local economic conditions prohibiting normal funding;~~

~~g. Impact of the lack of such funding on EMS in the area.~~

~~3.04~~ *§ 3.4.* Use of funds.

Funds shall be used only for the items, service, or ~~purposes~~ *programs* for which they were awarded ~~by the Commissioner~~ .

~~3.04.01~~ *A.* Agreement.

The applicant or grantee shall be required to sign an agreement that any funds disbursed shall be properly used and accounted for at all times. *The required agreement form attached as Appendix A shall be made a part of this regulation.*

~~3.04.02~~ *B.* Period of use.

Funds shall not be used for expenditures made prior to the date of the award nor for obligations incurred after the conclusion date for the grant period.

~~3.04.03~~ *C.* Prohibited use.

No funds shall be approved or used for capital outlay for any construction projects or for daily operations costs, i.e., gasoline, oil, tires, insurance, etc.

~~3.04.04~~ *D.* Improper expenditures.

Should any audit reveal expenditures not permitted by the conditions of the award the grantee shall be held responsible for repayment.

~~3.05~~ *§ 3.5.* Responsibilities of the grantee.

~~3.05.01~~ *A.* Nondiscrimination.

The grantee shall not discriminate in the provision of its services or in the conduct of its business or affairs on the basis of race, color, creed, religion, sex, or national origin.

~~3.05.02~~ *B.* Compliance with ~~regulations.~~ *regulation.*

The grantee shall comply with ~~these regulations~~ *this regulation* ; ~~and~~ with the regulations of the Board of Health Governing ~~Ambulance Services~~ *Emergency Medical Services; with all plans, policies, procedures and guidelines adopted by the State EMS Advisory Board and with the Health Codes of Virginia as they may apply to this regulation* . The grantee shall be responsible for ensuring that items and services purchased in whole or in part with the use of the state moneys comply with ~~the Regulations of the Board of Health Governing Ambulance Services as they may apply.~~ *this regulation.*

~~3.05.03~~ *C.* Records.

The grantee shall be responsible for the preparation and maintenance of proper accounting records which shall be maintained for a period of not less than five years and which shall be subject to and available for inspection by the commissioner or his agent and for state audit

inspections.

~~3.05.04~~ *D.* Final report.

The grantee shall be required to submit a final report to the ~~Commissioner~~ *Division of EMS* within ~~sixty~~ (60) days of the final disbursement of awarded funds. Final report shall *be on forms furnished by the division and* consist of a financial report for the project and a brief narrative describing the completed project.

~~3.06~~ *§ 3.6.* Ownership.

The following requirements shall apply to the ownership of equipment purchased in whole or in part with the use of state moneys.

~~3.06.01~~ *A.* Title.

Title for all equipment including EMS vehicles shall be in the name of the organization to which the award has been made *or in the name of the local jurisdiction in which the organization is located* .

~~3.06.02~~ *B.* Use and disposal.

Conditions for the use and disposal of equipment shall require prior approval by the commissioner.

~~3.07 EMS Financial Assistance Review Committee - If the Council elects to appoint an EMS Financial Assistance Review Committee, membership of such committee shall consist of not less than (5) nor more than seven (7) members representing the multiple EMS components, each to serve a period of one (1) year, or until a successor is appointed. No person may serve more than two (2) consecutive terms.~~

~~Section 4.00~~

PART IV.
APPLICATION AND AWARD.

~~4.01~~ *§ 4.1.* Application and review.

All applications shall be processed according to the following procedures:

~~4.01.01~~ *1.* Application. The applicant shall file written application for a proposed project with the ~~Commissioner~~ *Division of EMS* on forms as specified by the board prior to the application deadline *as specified in § 3.1 3 b.* [*In lieu of the financial statement that is part of the application form, licensed Municipal EMS Agencies are required to provide a financial statement that will include but not be limited to: (i) three prior year budget reports defining personnel expenses, and new or replacement equipment expenses, (ii) three prior year reports outling percentage of total minicipal expenses allocated to EMS agencies and functions, as specified by the Financial Assistance Review Committee.*]

~~4.01.02~~ *2.* Verification and distribution. The ~~Department~~ *division* may verify any or all information contained in the application and shall screen the application for completeness and compliance with this regulation. Within 10 days from the application deadline the ~~Department~~ *division* shall complete verification and shall send a complete copy of the application to each of the following:

a. The appropriate Regional EMS Council ~~where one exists~~ ;

b. The appropriate Division of EMS program representative;

c. The Division of EMS communications engineer if applicant request is for communications equipment or project; and

~~b.~~ *d.* Any other parties deemed appropriate by the ~~Commissioner~~ *Division of EMS* .

~~4.01.03~~ *3.* Review. The persons and organizations specified in ~~section 4.1.B.~~ *§ 4.1 2* shall review the application and return it to the ~~Commissioner~~ *Division of EMS* with their recommendations, *review criteria and comments* within ~~thirty~~ (30) days of receipt. The failure to return the recommendations within the specified period shall constitute a recommendation of approval.

~~4.01.04~~ *4.* Processing. Within ~~ten~~ (10) days of receipt of the reviewed applications the ~~Commissioner~~ *Division of EMS* shall send completed copies of the applications with all appropriate comments and recommendations to the ~~Council~~ *Financial Assistance Review Committee* .

~~4.01.05~~ *5.* Evaluation. The ~~Council~~ *Financial Assistance Review Committee* shall evaluate all applications based upon the criteria established in ~~section 3.02.02~~ *this regulation and other criteria they deem necessary* . The ~~Council~~ *Financial Assistance Review Committee* shall submit to the ~~Commissioner~~ *Division of EMS* a list ~~in order of priority~~ of those projects which are recommended for award of funds within ~~thirty (30)~~ *45* days of receipt of the applications.

~~4.02~~ *§ 4.2.* Awards.

~~Only~~ The ~~Commissioner~~ *Division of EMS* shall ~~have the authority to award funds~~ *make awards after being authorized by the commissioner to award funds* .

~~4.02.01~~ *A.* Date of award.

Awards shall be made and the applicants notified by the ~~Commissioner~~ *Division of EMS* within ~~twenty~~ (20) days of the date of the award.

~~4.02.02~~ *B.* Conditions of award.

An award shall remain in effect with the following conditions:

~~a.~~ *1.* Awards shall remain in effect for the grant period unless and until revoked or suspended by the ~~Commissioner~~ *Division of EMS* ;

~~b.~~ *2.* Awards shall neither be transferable nor renewable.

~~4.02.03~~ *C.* Disbursement of funds.

Funds may be disbursed to the grantee at any time within the grant period.

~~a.~~ *1.* Agreement to any attached conditions shall be secured prior to any disbursements.

~~b.~~ *2.* Disbursements shall ordinarily be made on a reimbursement basis. Following expenditure or obligation of funds for items or services approved in the award, the project director shall submit a reimbursement voucher to the ~~Commissioner~~ *Division of EMS* . The ~~Commissioner~~ *Division of EMS* shall then disburse the appropriate funds.

~~c.~~ *3.* Funds not obligated by formal contract by the end of the grant period shall revert to the fund unless the grant period is extended.

~~4.03~~ *§ 4.3.* Modification of an award.

Any changes in the project, including any changes in the approved items or services, shall be permitted only by modification of the award.

~~4.03.01~~ *A.* Request.

The grantee shall request in writing the modifications desired and the reasons and circumstances necessitating such a request *to the division* .

~~4.03.02~~ *B.* Approval.

~~Only~~ The ~~Commissioner~~ *Division of EMS* may modify an award *after the commissioner has made the award* .

~~a.1.~~ *C.* The ~~Commmissioner~~ *Division of EMS* may take any appropriate action ~~he deems advisable~~ which may include but shall not be limited to the following:

1. Request full or partial review and recommendation *from the Financial Assistance Review Committee* on the requested modification;

2. Approval;

3. Refusal.

~~b.~~ *D.* The ~~Commissioner~~ *Division of EMS* shall render ~~his~~ a decision within ~~thrity~~ (30) days of receipt of the request unless ~~he seeks~~ the full review and recommendations of the ~~Council~~ *Financial Assistance Review Committee is requested* , in which case ~~he~~ *the Division of EMS* shall respond within ~~sixty~~ (60) days of receipt of the request.

~~4.04~~ *§ 4.4.* Extension of grant period.

Any extension of the period shall require approval by the ~~Commissioner~~ *Division of EMS* .

~~4.04.01~~ *A.* Request.

The grantee shall request in writing the extension desired and the reasons and circumstances necessitating such a request.

~~4.04.02~~ *B.* Approval.

The ~~Commissioner~~ *Division of EMS* shall render a decision within ~~thirty~~ (30) days of receipt of the request.

~~4.054.5~~ *§ 4.5.* Suspension of an award.

The ~~Commissioner~~ *Division of EMS* may suspend an award and all disbursements of funds attached thereto without a hearing pending an investigation and revocation procedures.

~~4.05.01~~ *A.* Cause.

There shall exist reasonable cause for suspension prior to such action by the ~~Commissioner~~ *Division of EMS* . Such cause shall include:

~~a.~~ *1.* Failure to comply with ~~these regulations~~ *this regulation* ;

~~b.~~ *2.* Failure to comply with the Regulations of the Board of Health Governing ~~Ambulance Services~~ *Emergency Medical Services* as they may apply;

3. Failure to comply with any plans, policies, procedures and guidelines adopted by the State EMS Advisory Board and the Health Codes of Virginia as they may apply;

~~c.~~ *4.* Violation of the terms of any conditions or agreement attached to an award;

~~d.~~ *5.* A reasonable belief by the ~~Commissioner~~ *Division of EMS* that any such violations might otherwise continue unabated.

~~4.05.02~~ *B.* Notification.

The ~~Commissioner~~ *Division of EMS* shall notify the grantee of the suspension by certified mail to his last known address.

~~4.05.03~~ *C.* Period of effect.

A suspension shall take effect immediately upon receipt of notification unless otherwise specified. A suspension shall remain in effect until reinstated or revoked by the ~~Commissioner~~ *division* .

~~4.06~~ *§ 4.6.* Revocation of an award.

The ~~Commissioner~~ *Division of EMS* may revoke an award and all disbursements of funds attached thereto after a hearing or waiver thereof.

~~4.06.01~~ *A.* Cause.

There shall exist reasonable cause for revocation prior to such action by the ~~Commissioner~~ *Division of EMS* . Such cause shall include : *any condition as listed in § 4.5 A of this regulation.*

~~a. Failure to comply with these regulations.~~

~~b. Failure to comply with the regulations of the Board of Health Governing Ambulance Services as they may apply;~~

~~c. Violation of the terms of any conditions or agreement attached to an award.~~

~~4.06.02~~ *B.* Notification.

The ~~Commissioner~~ *Division of EMS* shall notify the grantee of the revocation by certified mail to his last known address.

~~4.06.03~~ *C.* Period of effect.

A revocation shall take effect immediately upon receipt of notification unless otherwise specified. A revocation shall be permanent unless and until overturned on appeal.

* * *

~~AGREEMENT~~

Appendix A

AGREEMENT BETWEEN THE DIVISION OF EMERGENCY MEDICAL SERVICES AND

.....

(Agency Name)

As a grantee under the terms of the Virginia Rescue Squads Assistance Act *....(Agency Name).....* does hereby agree to abide by the following requirements and conditions.

1. Awards shall not be transferable.

2. Any funds disbursed pursuant to an award be properly used and accounted for at all times. Funds shall be used only for the items, services or purposes for which they are awarded ~~by the Commissioner~~ .

3. Funds shall not be used for expenditures made prior to the date of the award nor for obligations incurred after the conclusion date for the grant period.

4. No funds shall be approved or used for capital outlay for any construction projects or for daily operations costs, i.e., gasoline, oil, tires, insurance, etc.

5. Should any audit reveal expenditures not permitted by the conditions of the award the grantee shall be held responsible for repayment.

6. Funds not obligated by formal contract by the end of the grant period shall revert to the Virginia Rescue Squads Assistance Fund unless the grant period is extended.

7. Title for any equipment purchased in whole or in part with the use of state moneys shall be in the name of the organization to which the award has been made [or in the name of the local jurisdiction in which the organization is located].

~~8. The equipment purchased in whole or in part with the use of state monies shall be used for emergency purposes at least ..... percent of the time.~~

~~9.~~ *8.* The equipment purchased in whole or in part with the use of state moneys shall be used by the grantee and shall remain for use within the project area of the grant.

~~10.~~ *9.* Sale, trade, transfer, or disposal, within *three* years ~~of purchase, or~~ *of* items purchased in whole or in part with the use of state moneys shall require prior approval by the ~~Commissioner~~ *Division* .

~~11.~~ *10.* ~~No~~ *Any* conditions for use ~~and disposal of equipment~~ *of project funds* shall be attached.

~~12.~~ *11.* The grantee shall not discriminate in the provision of its services or in the conduct of its business or affairs on the basis of race, color, creed, religion, sex, or national origin.

~~13.~~ *12.* The grantee shall comply with the Regulations of the Board of Health Governing Financial Assistance for Emergency Medical Services; ~~and~~ the Regulations of the Board of Health Governing ~~Ambulance~~ *Emergency Medical* Services, as they apply ~~: The grantee shall be responsible for ensuring that items and services purchased in whole or in part with the use of state monies comply with the Regulations of the Board of Health Governing Ambulance Services.~~ *; all plans, policies, procedures and guidelines adopted by the State EMS Advisory Board as they may apply; and the Health Codes of Virginia as they may apply.*

~~14.~~ *13.* The grantee shall be responsible for the preparation and maintenance of proper accounting records which shall be maintained for a period of not less than five years and which shall be subject to and available for inspection by the Commissioner or his agent and for state audit inspections.

~~15.~~ *14.* The grantee shall be required to submit a final report to the ~~Commissioner~~ *Division* within 60 days of the final disbursement of awarded funds.

.....
(Name of Grantee)

.....
(Name of Authorized Agent)

.....
(Title of Authorized Agent)

.....
(Signature of Authorized Agent)

.....
(Date)

Federal Identification Number .....

APPLICATION FOR EMS FINANCIAL ASSISTANCE GRANT

Check Only One
___ RSAF General Fund
___ RSAF Special Project
___ RSAF ALS Equipment

VIRGINIA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
1538 EAST PARHAM ROAD
RICHMOND, VIRGINIA 23228

GRANT PERIOD:

APPLICATION NUMBER:_____

PART I (to be completed by requesting agency)		
AGENCY NAME		AGENCY NUMBER
ADDRESS		CITY : COUNTY : ZIP CODE:
FEDERAL TAX IDENTIFICATION NUMBER		
CERTIFICATION The undersigned agrees to comply with the Rules and Regulations Governing Financial Assistance for Emergency Medical Services		
AUTHORIZED AGENT	TITLE	TELEPHONE (daytime) ( ) _ _ _ - _ _ _ _
SIGNATURE		DATE

PART 2 (to be completed by the Division of EMS)	
COORDINATOR	DATE RECEIVED
REGIONAL EMS COUNCIL _____	
DIVISION OF EMS PROGRAM REPRESENTATIVE _____	
COMMUNICATIONS ENGINEER _____	
OTHER _____ APPROVED FUNDS _____	
COMMENTS	

(804) 371-3500 1-800-523-6019 (Va.Only)

EMS FINANCIAL ASSISTANCE DATA SHEET

Agency Name: _____

Prepared By: _____ Title:_____

Signature: _____ Date: _____

I. Personnel Data

	Currently Certified	In Training
First Responder		
EMT-Basic		
Shock Trauma		
Cardiac EMT		
Paramedic EMT		
Other		
TOTAL PERSONNEL		

II. OPERATIONAL DATA

(a) Current population of Service Area: _____

(a) Total Calls for January 1 - December 1, 19___ : _____
BLS Calls:_____ ALS Calls:_____
Number of calls from total handled outside your service area:_____

(b) Average Call Time: _____(average call time is defined as from time call is received until the time the unit arrives back at headquarters)

(c) What is your distance in miles to the nearest 24 hour emergency department? _____

(d) This Agency is dispatched by:
_____ emergency control center
_____ police department
_____ sheriff's department
_____ other. Explain:_____

III. VEHICLE DATA (vehicles currently in operation only)

	TYPE (van, modular, 4WD, etc.)			VHF Lowband		VHF Highband		UHF
	Type	Year	Mileage	FQ.	Paging	FQ.	Paging	FQ.
1.								
2.								
3.								
4.								
5.								

FINANCIAL STATEMENT

For Fiscal Year Ending _____ 19____
(Must be most recently completed Fiscal Year prior to Application)

ASSETS		LIABILITIES	
Cash on hand and in bank	_____	Notes or Mortgages Owed	_____
Investment(market value) Trust Funds	_____	Open Acounts Owed	_____
Real Estate(building & land) (market value)	_____	Other Indebtedness Explain _____	_____
Equipment,Vehicles,etc. (market value)	_____		
Other Assets, Property or investment (market value)	_____	Other Obligations Explain _____	_____
TOTAL ASSETS	$_____	TOTAL LIABILITIES	$_____
		NET WORTH	$_____
RECEIPTS		**EXPENDITURES**	
Local Government Support	_____	Operating	_____
Grants:Explain: _____		Capital:Explain: _____	
Donations	_____	Other:Explain: _____	
Investment Income	_____		
Other	_____	EXCESS REVENUE OVER EXPENDITURES	$_____
TOTAL RECEIPTS	$ _____		

CERTIFICATION AND SIGNATURE

The undersigned has made the preceding statement of the agency's financial condition as of the above date, and certifies to the Division of Emergency Medical Services that the information in this financial statement is true and accurate and correctly reflects the financial condition of the undersigned organization.

SIGNATURE _____ TITLE _____

AGENCY OR ORGANIZATION _____ DATE _____

BUDGET

EQUIPMENT REQUESTED	STATE FUNDS REQUESTED $	LOCAL MATCH $
_____		
_____		
_____		
_____		
TRAINING AND SUPPLIES REQUESTED		
_____		
_____		
_____		
OTHER		
_____		
_____		
TOTAL FUNDS REQUESTED	$ _____	$ _____

DESCRIPTION OF PROJECT

Completely describe your agency/organization's request for EMS Financial Assistance. Describe the purpose and scope of the request and the problems encountered by your agency/organization (use plain blank paper and provide attachments as needed)

Is the request for new equipment __ or replacement equipment __

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

REGISTRAR'S NOTICE: The following regulations filed by the Department of Labor and Industry are excluded from Article 2 of the Administrative Process Act in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, which excludes regulations that are necessary to meet the requirements of federal law or regulations, provided such regulations do not differ materially from those required by federal law or regulation. The Department of Labor and Industry will receive, consider, and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulations: **VR 425-02-09. Asbestos Standard for General Industry (1910.1001).**
VR 425-02-10. Asbestos Standard for Construction Industry (1926.58).

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

Effective Date: June 22, 1990.

Summary:

The amendment expands the standard's ban on workplace smoking and adds training requirements covering the availability of smoking control programs, adds a requirement that employers assure that employees working in or contiguous to regulated areas comprehend warning signs, and requires that training programs specifically instruct employees about the content and presence of signs and labels (55 Fed. Reg. 3724.)

As a result of a court challenge to the original Asbestos Standards for General Industry and the Construction Industry in the case of Building and Construction Trades Department v. Brock, 838 F. 2d 1258 (D.D. Cir. 1988), federal OSHA was ordered by the court to review, among other things, the following issues:

1. The possibility of further regulations governing employee smoking controls;

2. The effectiveness levels of various respirators and OSHA's policy of requiring respirators to protect workers at only the PEL level; and

3. The possibility of bi-lingual warnings and labels for employers with a significant number of non-English-speaking employees. (55 Fed. Reg. 3725.)

This amendment adopts changes addressing issues 1 and 3 above. Federal OSHA determined that no further regulatory action was necessary to address issue 2 above.

The actions taken by federal OSHA are as follows:

1. Workplace smoking.

First, OSHA is adding a provision which will prohibit smoking in all work areas where there is "occupational exposure to asbestos" because of activities in such areas (29 CFR 1910.1001(i)(4), 1926.58(i)(3)). This is an expansion of the present smoking ban, which, as in most OSHA health standards, is confined to regulated areas where exposures are elevated.

"Occupational exposure," as discussed in the preambles to the 1986 asbestos standards, means asbestos exposure which has its source in the workplace. Thus, employees who work in areas where asbestos abatement and renovation activity are ongoing may be occupationally exposed even though they do not disturb or handle asbestos.

Feasibility of a workplace smoking ban is apparent from the record. Employers now are required to enforce a ban on smoking in regulated areas; expanding that ban to all areas where there is occupational exposure to asbestos raises no cost issue.

OSHA is also requiring that employers augment their training programs to offer smoking cessation self-help material, such as NIH Publication No. 89-1647, and that physicians certify that they have informed employees of the health risks of smoking and asbestos exposure during required medical examinations.

OSHA is providing, in nonmandatory appendices, names, addresses and brief descriptions of public health organizations which provide smoking cessation programs and materials to assist employers in complying with this requirement (§ 1910.1001, appendix I; § 1926.58, appendix J). Although the regulatory text specifically identifies NIH material as appropriate to meet the requirement for employer distribution of self-help smoking cessation material, alternative program material provided by other public health or private organizations may be substituted." (55 Fed. Reg. 3726.)

2. Traning.

"After reconsideration of the rulemaking record, the Agency is adding a new element to its training program specifically covering the content and placement of warning labels and signs, and a new requirement that the employer assure that employees comprehend warning signs required in regulated areas. Such understanding may be obtained by utilizing English, if workers are trained accordingly, or by other means, such as utilizing

universal symbols, graphics, or foreign languages. However, OSHA is not requiring similar assurances for warning labels."

Since this amendment was adopted without public comment in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, the Department of Labor and Industry will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Note on Incorporation by Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Asbestos Standard for General Industry (1910.1001), and the Astestos Standard for Construction Industry (1926.58) are declared documents generally available to the public and appropriate for incorporation by reference. For this reason, the standards will not be printed in The Virginia Register of Regulations. Copies of the standards are available for inspection at the Department of Labor and Industry, 205 North Fourth Street, Richmond, Virginia, and in the Office of the Registrar of Regulations, Room 292, General Assembly Building, Capitol Square, Richmond, Virginia.

VR 425-02-09. Asbestos Standard for General Industry (1910.1001).
VR 425-02-10. Asbestos Standard for Construction Industry (1926.58).

On April 3, 1990, the Virginia Safety and Health Codes Board adopted a substantially identical version of federal OSHA's amendment to the Asbestos Standard for General Industry and Construction Industry, 29 CFR 1910.1001 and 1926.58, as published in the Federal Register, Vol. 54, No. 243, pp. 52027-52028, Wednesday, December 20, 1989. The amendments as adopted are not set out.

COMMONWEALTH of VIRGINIA

JOAN W. SMITH
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 3-AG
RICHMOND, VIRGINIA 23208
(804) 786-3591

May 7, 1990

Louis J. Cernak, Jr., Chairman
Virginia Safety and Health Codes Board
Department of Labor and Industry
205 North Fourth Street
Richmond, Virginia 23241

Attention: Ms. Margaret T. Gravett, Administrative Staff Specialist

Re: VR 425-02-09. Asbestos Standard for General Industry.

Re: VR 425-02-10. Asbestos Standard for the Construction Industry.

This will acknowledge receipt of the above-referenced regulations from the Department of Labor and Industry.

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

Sincerely,

Joan W. Smith
Registrar of Regulations

JWS:sll

* * * * * * * *

Safety and Health Codes Board

Title of Regulation: **VR 425-02-25. Virginia Occupational Safety and Health Standards for the Construction Industry - Virginia Recordkeeping Requirements for Test, Inspections and Maintenance Checks: Recordkeeping Requirements (1926.550(b)(2), 1926.552(c)(15), and 1926.903(3)).**

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

Effective Date: June 22, 1990.

Summary:

"The final rule eliminates certain requirements under which an employer must prepare and maintain written records. The revised provisions require, instead, that the employer simply prepare a certification record at the time the required work (inspection or test) is done, which includes the date the inspection or test was performed; the signature of the person who performed the work; and the identity of the equipment or machinery that was inspected or tested." (52 Fed. Reg. 36378).

1. Amendment to 1926.550(b)(2) - Crawler, locomotive and truck cranes:

"The existing rule requires compliance with the provisions of ANSI B30.5-1968, Safety Code for Crawler, Locomotive and Truck Cranes. Section 5-2.1.5 of ANSI B30.5-1968 requires that written, dated, and signed inspection reports and records be prepared monthly on critical items such as brakes, crane hooks and ropes." (52 Fed. Reg. 36380).

2. Amendment to 1926.552(c)(15) - Material Hoists, personnel hoists and elevators:

"The existing standard requires the employer to inspect and test all hoist functions and safety devices at least every three months following assembly and erection. A similar inspection and test is required following major alterations of an existing installation. The existing standard further requires that records be maintained. However, the existing standard does not state what information should be kept on the record." (52 Fed. Reg. 36381).

The amendment only requires a certification record as summarized above; however, the existing testing and inspection requirements are retained and employers are still required to correct any defects in hoist functions or safety devices found at the time of inspection.

3. Amendment to 1926.903(e) - Underground transportation of explosives:

"The existing standard requires employers to conduct a weekly check of the electrical systems of trucks used to transport explosives underground to detect failure which may constitute electrical hazards. The standard further provides that a written record of the inspection must be kept, but does not state what information this written record must contain." (52 Fed. Reg. 36381).

The amendment only requires a certification record as summarized above; however, the existing weekly inspection requirements are retained.

On September 28, 1987, federal OSHA published (52 Fed. Reg. 36378) amendments revising the recordkeeping requirements for maintaining Construction Industry test and inspection records; 29 CFR 1926.550(b)(2); 29 CFR 1926.552(c)(15) and 29 CFR 1926.903(e).

The amendment was first considered by the Virginia Safety and Health Codes Board at their meeting on September 18, 1987. The board voted to reject the amendment. Federal OSHA was notified of the board's action and they replied that, to maintain an "as effective as" standard, Virginia would have to develop guidelines specifying what information had to be recorded and maintained. A work group was formed at the board's direction to review the amendment and to develop recommended changes.

The work group met on October 24, 1988, and determined that the only change that needed to be made concerned the records requirements for cranes. The group recommended that crane records document the specific items listed in the ANSI sections referenced above. The board considered the work group's recommendation at the boards' November 15, 1989, meeting and decided to seek the advice of the Attorney General's Office.

After conferring with counsel on April 3, 1990, the board decided to adopt an amendment identical to the federal OSHA amendment and directed the Commissioner to develop a standardized record form and procedures designed to be used by employers to comply with the amendment.

Since this amendment was adopted without public comment in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, the Department of Labor and Industry will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Note on Incorporation by Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Virginia Recordkeeping Requirements for Test, Inspections and Maintenance Checks: Recordkeeping Requirements (1926.550(b)(2), 1926.552(c)(15) and 1926.903(3)) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason, the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 205 North Fourth Street, Richmond, Virginia, and in the Office of the Registrar of Regulations, Room 292, General Assembly Building, Capitol Square, Richmond, Virginia.

VR 425-02-25. Virginia Occupational Safety and Health Standards for the Construction Industry - Virginia Recordkeeping Requirements for Test, Inspections and Maintenance Checks: Recordkeeping Requirements (1926.550(b)(2), 1926.552(c)(15) and 1926.902(3).

On April 3, 1990, the Virginia Safety and Health Codes Board adopted a substantially identical version of federal OSHA's amendment concerning revision of Construction Industry Test and Inspection Records, as published in the Federal Register, Vol. 52, No. 187, p. 36382, Monday, September 28, 1989. The amendments as adopted are not set out.

COMMONWEALTH of VIRGINIA

JOAN W. SMITH
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 3AG
RICHMOND, VIRGINIA 23208
(804) 786-3591

May 7, 1990

Louis J. Cernak, Jr., Chairman
Virginia Safety and Health Codes Board
Department of Labor and Industry
205 North Fourth Street
Richmond, Virginia 23241

Attention: Ms. Margaret T. Gravett, Administrative Staff Specialist

Re: VR 425-02-25. Virginia Recordkeeping Requirements for Test Inspections and Maintenance Checks: Recordkeeping Requirements.

This will acknowledge receipt of the above-referenced regulations from the Department of Labor and Industry.

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

Sincerely,

Joan W. Smith
Registrar of Regulations

JWS:sll

* * * * * * * *

Safety and Health Codes Board

Title of Regulation: **VR 425-02-36. Air Contaminents Standard (1910.1000).**

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

Effective Date: June 22, 1990.

Summary:

On November 15, 1989, federal OSHA published its amendment concerning the Air Contaminant's Standard, Permissible Exposure Limits (PEL), Technical Corrections, which makes minor technical corrections to the final standard concerning the exposure limit for iron oxide.

*"There are a number of errors in the printing of the exposure limit for iron oxide throughout both the proposal and final Federal Register documents. The preexisting limit in 29 CFR 1910.1000, Table Z-1 (1988 ed.) is "Iron oxide fume ***10mg/m^3." OSHA proposed to lower that limit to "5 mg/m^3" for iron oxide dust and fume, measured as total particulate (Fe)."*

*OSHA's final decision for iron oxide was to retain the former limit (29 CFR 1910.1000, Table Z-1(1988) of "Iron oxide fume*** 10 mg/m^3." OSHA found "it appropriate to retain the Agency's former PEL for iron oxide***" (54 FR 2514, January 19, 1989). OSHA is correcting Table Z-4 accordingly in this correction document. "There is no benefit to clarity to formally correct the other places the limit was not stated accurately." (54 Fed. Reg. 47513)*

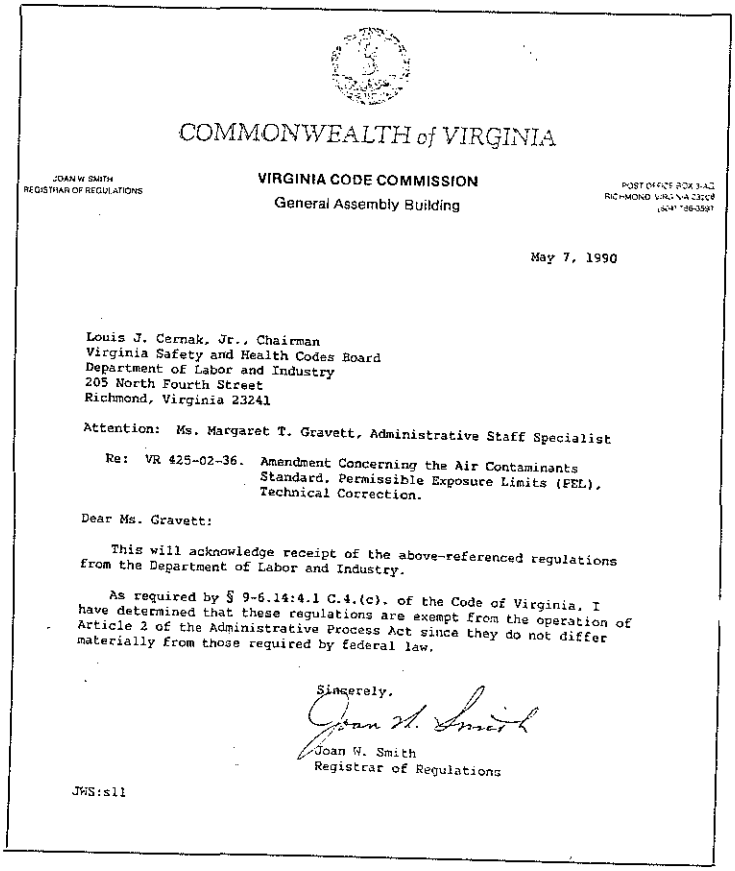
Since this amendment was adopted without public comment in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, the Department of Labor and Industry will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Note on Incorporation by Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Air Contaminants Standard (1910.1000) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason, the entire document will not be printed in The Virginia Register of Regulations. Copies of this document are available for inspection at the Department of Labor and Industry, 205 North Fourth Street, Richmond, Virginia, and in the Office of the Registrar of Regulations, Room 292, General Assembly Building, Capitol Square, Richmond, Virginia.

VR 425-02-36. Air Contaminants Standard (1910.1000).

On April 3, 1990, the Virginia Safety and Health Codes Board adopted a substantially identical version of federal OSHA's amendment concerning the Air Contaminant's Standard, Permissible Exposure Limits (PEL), Technical Corrections, as codified in 29 CFR 1910.1000, Table Z-1-A as published in the Federal Register, Vol. 54, No. 219, p. 47513, Wednesday, November 15, 1989. The amendment as adopted is not set out.



COMMONWEALTH of VIRGINIA

JOAN W. SMITH
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 3-AG
RICHMOND, VIRGINIA 23208
(804) 786-3591

May 7, 1990

Louis J. Cernak, Jr., Chairman
Virginia Safety and Health Codes Board
Department of Labor and Industry
205 North Fourth Street
Richmond, Virginia 23241

Attention: Ms. Margaret T. Gravett, Administrative Staff Specialist

Re: VR 425-02-36. Amendment Concerning the Air Contaminants Standard, Permissible Exposure Limits (PEL), Technical Correction.

Dear Ms. Gravett:

This will acknowledge receipt of the above-referenced regulations from the Department of Labor and Industry.

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

Sincerely,

Joan W. Smith
Registrar of Regulations

JWS:sll

* * * * * * * *

Safety and Health Codes Board

Title of Regulation: **VR 425-02-57. Virginia Occupational Safety and Health Standards for the Construction Industry - Concrete and Masonry Construction Standards (1926.704(b)).**

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

Effective Date: June 22, 1990.

Summary:

Section 1926.704(b) of the final standard contained the word "should" instead of the word "shall." The amendment corrects this technical error by changing the word "should" to "shall."

On October 5, 1989, federal OSHA published its amendment concerning the Concrete and Masonry Construction Standards which makes a technical correction to the final standard.

Since this amendment was adopted without public comment in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, the Department of Labor and Industry will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Note on Incorporation by Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Concrete and Masonry Construction Standard (1926.704(b)) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason, the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 205 North Fourth Street, Richmond, Virginia, and in the Office of the Registrar of Regulations, Room 292, General Assembly Building, Capitol Square, Richmond, Virginia.

VR 425-02-57. Virginia Occupational Safety and Health Standards for the Construction Industry - Concrete and Masonry Construction Standards (1926.704(b)).

On April 3, 1990, the Virginia Safety and Health Codes Board adopted a substantially identical version of federal OSHA's amendment concerning the Concrete and Masonry Construction Standards, 29 CFR 1926.704(b) as published in the Federal Register, Vol. 54, No. 192, p. 41088, Thursday, October 5, 1989. The amendment as adopted is not set out.

COMMONWEALTH of VIRGINIA

JOAN W. SMITH
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 3571
RICHMOND, VIRGINIA 23235
(804) 786-3591

May 7, 1990

Louis J. Carnak, Jr., Chairman
Virginia Safety and Health Codes Board
Department of Labor and Industry
205 North Fourth Street
Richmond, Virginia 23241

Attention: Ms. Margaret T. Gravett, Administrative Staff Specialist

Re: VR 425-02-57. Amendment Concerning Concrete and Masonry Construction Standards.

Dear Ms. Gravett:

This will acknowledge receipt of the above-referenced regulations from the Department of Labor and Industry.

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

Sincerely,

Joan W. Smith
Registrar of Regulations

JWS:sll

* * * * * * * *

Safety aand Health Codes Board

Title of Regulation: **VR 425-02-66. Virginia Occupational Safety and Health Standards - Lead Standard (1910.1025).**

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

Effective Date: June 22, 1990.

Summary:

The amendment establishes an engineering control level of 50 ug/m³ for large nonferrous foundries and 75 ug/m³ for small nonferrous foundries (fewer than 20 employees). The start-up date is 5 years from the date that the D.C. Circuit Court of Appeals lifts the stay on implementation of paragraph (e)(1) for the industry.

This amendment and accompanying Federal Register preamble "sets forth OSHA's determinations with regard to the economic feasibility of meeting a permissible exposure limit (PEL) between 50 and 200 micrograms of lead per cubic meter (ug/m³) of air through engineering and practice controls in nonferrous foundries. This determination is made in response to an order of the U.S. Court of Appeals for the District of Columbia Circuit, which remanded the record to OSHA for reconsideration of the question of economic feasibility for this industry sector."

"Based upon the record, OSHA determined on July 11, 1989 (54 FR 29142 et seq.) that an engineering control level of 50 ug/m³ was technologically feasible for facilities in nine industry sectors, but that this engineering control level was not economically feasible for the nonferrous foundry sector. The basis for OSHA's determination of economic infeasibility for nonferrous foundries was that the costs of achieving compliance with an engineering control level of 50 ug/m³ would contribute to the closing of more than one-half of the small nonferrous foundries in this country. The department of these small foundries would have a particularly severe impact on this sector because small foundries constitute 60% of all nonferrous foundries."

"Further, OSHA noted that, although achieving the PEL of 50 ug/m³ through engineering and work practice controls alone was overly burdensome for small nonferrous foundries, the Agency had not determined whether an engineering control level above 50 ug/m³ but below 200 ug/m³ (the prevailing engineering control level for this sector) for small foundries would be economically achievable (54 FR 29142). The notice published today sets forth OSHA's determination that, at an engineering control level of 50 ug/m³ for large foundries (20 or more employees) and 75 ug/m³ for small foundries (fewer than 20 employees), OSHA's standard for occupational exposure to airborne lead is economically feasible for nonferrous foundries." (55 Fed. Reg. 3146)

Since this amendment was adopted without public comment in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, the Department of Labor and Industry will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Note on Incorporation by Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Lead Standard (1910.1025) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason, the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 205 North Fourth Street, Richmond, Virginia, and in the Office of the Registrar of Regulations, Room 292, General Assembly Building, Capitol Square, Richmond, Virginia.

VR 425-02-66. Virginia Occupational Safety and Health Standards - Lead Standard (1910.1025).

On April 3, 1990, the Virginia Safety and Health Codes Board adopted a substantially identical version of federal OSHA's amendment to the Lead Standard, 29 CFR 1910.1025, as published in the Federal Register, Vol. 55, No. 20, pp. 3166-3167, Tuesday, January 30, 1990. The amendments as adopted are not set out.

COMMONWEALTH of VIRGINIA

JOAN W. SMITH
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 3-AG
RICHMOND, VIRGINIA 23208
(804) 786-3591

May 7, 1990

Louis J. Cernak, Jr., Chairman
Virginia Safety and Health Codes Board
Department of Labor and Industry
205 North Fourth Street
Richmond, Virginia 23241

Attention: Ms. Margaret T. Gravett, Administrative Staff Specialist

Re: VR 425-02-66. Amendment to the Lead Standard.

Dear Ms. Gravett:

This will acknowledge receipt of the above-referenced regulations from the Department of Labor and Industry.

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

Sincerely,

Joan W. Smith
Registrar of Regulations

JWS:sll

* * * * * * * *

Safety and Health Codes Board

Title of Regulation: **VR 425-02-73. Virginia Occupational Safety and Health Standards for General Industry - Standard Concerning Hazardous Chemicals in Laboratories (1910.1450).**

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

Effective Date: June 22, 1990.

Summary:

"Among other requirements, the final standard provides for employee training and information, medical consultation and examinations, hazard identification, respirator use and recordkeeping. To the extent possible, the standard allows a large measure of flexibility in compliance methods.

The final standard applies to all laboratories that use hazardous chemicals in accordance with the definition of laboratory use and laboratory scale provided in the standard. Generally, where this standard applies it supersedes the provisions of all other standards in 29 CFR part 1910, subpart Z, except in specific instances identified by this standard. For laboratories covered by this standard, the obligation to maintain employee exposures at or below the permissible exposure limits (PELs) specified in 29 CFR, part 1910, subpart Z is retained. However, the manner in which this obligation is achieved will be determined by each employer through the formulation and implementation of a Chemical Hygiene Plan (CHP). The CHP must include the necessary work practices, procedures and policies to ensure that employees are protected from all potentially hazardous chemicals in use in their work area." (55 Fed. Reg. 3300).

On January 31, 1990, federal OSHA published its Standard Concerning Hazardous Chemicals in Laboratories which requires laboratories to maintain employee exposures at or below the PEL's specified in 1910.1000 through the implementation of a Chemical Hygiene Plan, employee training and information, medical consultation and examinations, hazard identification, respirator use and recordkeeping.

"Since the early eighties, OSHA has been involved in efforts directed toward formulating a special regulatory approach to control occupational exposures to hazardous chemicals in laboratories.

Prior to the promulgation of this final rule, laboratories were subject to all provisions of OSHA's General Industry Standards codified in 29 CFR part 1910, subpart Z. However, interested parties involved in laboratory operations have for some time opposed this arrangement. Through their participation in rulemaking proceedings for certain OSHA health standards, various interest groups have indicated that the Agency's approach to standards development did not result in standards that were relevant to laboratories and were not focused on typical exposure conditions in laboratories. As a result they argued that laboratories were required to comply with provisions that were more appropriately designed for industrial workplaces.

Objections regarding the inappropriateness of applying OSHA's health standards to laboratory operations began to surface in 1973, when OSHA began rulemaking for 14 specified carcinogens (29 CFR 1910.1003-1910.1004, 1910.1006-1910.1016; one standard was subsequently vacated). The preamble to the standard regulating those substances noted the following objections from parties representing laboratories interests: Laboratories use very small amounts of the substances; laboratory work is done by, or under the direct supervision of, highly trained personnel; and in the absence of an exemption or other special consideration, the standard would obstruct important research, including cancer research (39 FR 3756, 3759, January 29, 1974).

Similar objections were raised by laboratories in response to OSHA's Cancer Policy (45 FR 5001, 5202, January 22, 1980). Again, OSHA considered the concerns expressed by the laboratory community. While laboratories were included under the scope of the Cancer Policy, OSHA reserved the right to revisit the issue and, if warranted, to waive or modify procedures related to laboratories regarding a specific potential occupational carcinogen. (See 45 FR at 5202).

Concerns regarding the impact of the Cancer Policy on laboratory operations prompted the formation of informal groups of laboratory experts to study the problem further. OSHA met with members of one such group, representing a cross section of various types of laboratory disciplines in government, industry and academia. OSHA also met with members of professional organizations representing clinical laboratories. Input received from these groups was carefully considered. As a result, OSHA decided that further investigation into the problems related to occupational exposure to toxic and hazardous substances in laboratories was warranted." (55 Fed. Reg. 3302)

Since this amendment was adopted without public comment in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, the Department of Labor and Industry will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Note on Incorporation by Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Standard Concerning

Hazardous Chemicals in Laboratories (1910.1450) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason, the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 205 North Fourth Street, Richmond, Virginia, and in the Office of the Registrar of Regulations, Room 292, General Assembly Building, Capitol Square, Richmond, Virginia.

VR 425-02-73. Virginia Occupational Safety and Health Standards for General Industry - Standard Concerning Hazardous Chemicals in Laboratories (1910.1450).

When the regulation as set forth in this standard is applied to the Commissioner of the Department of Labor and Industry or the Virginia employers, the term "OSHA" shall be considered to read as "VOSH" and the term "Assistant Secretary of Labor for Occupational Safety and Health" shall be considered to read as "Commissioner of Labor and Industry."

On April 3, 1990, the Virginia Safety and Health Codes Board adopted a substantially identical version of federal OSHA's Standard Concerning Hazardous Chemicals in Laboratories, 29 CFR 1910.1450, as published in the Federal Register, Vol. 55, No. 21, pp. 3327-3335, Wednesday, January 31, 1990. The standard as adopted is not set out.

COMMONWEALTH of VIRGINIA

JOAN W. SMITH
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 3AS
RICHMOND, VIRGINIA 23208
(804) 786-3591

May 7, 1990

Louis J. Cernak, Jr., Chairman
Virginia Safety and Health Codes Board
Department of Labor and Industry
205 North Fourth Street
Richmond, Virginia 23241

Attention: Ms. Margaret T. Gravett, Administrative Staff Specialist

Re: VR 425-02-73. Standard Concerning Hazardous Chemicals in Laboratories.

Dear Ms. Gravett:

This will acknowledge receipt of the above-referenced regulations from the Department of Labor and Industry.

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

Sincerely,

Joan W. Smith
Registrar of Regulations

JWS:sll

MARINE RESOURCES COMMISSION

NOTE: The Marine Resources Commission is exempted from the Administrative Process Act (§ 9-6.14:1 of the Code of Virginia); however, it is required by § 9-6.14:22 B to publish all final regulations.

Title of Regulation: **VR 450-01-0034. Pertaining to the Taking of Striped Bass.**

Statutory Authority: § 28.1-23 of the Code of Virginia.

Effective Date: June 1, 1990.

Preamble:

This regulation establishes a moratorium and other restrictions on the closed season, minimum size limits, creel limits, and gear other restrictions for on the taking or possession of striped bass in Virginia. The purpose of this regulation is to provide sufficient protection for the Chesapeake Bay stocks of striped bass to ensure that 95% of the females of the 1982 and subsequent year classes have an opportunity to reproduce at least once. These changes comply with the recommendations of the Interstate Fishery Management Plan for Striped Bass.

VR 450-01-0034. Pertaining to the Taking of Stiped Bass.

§ 1. Authority, prior regulations, effective date.

A. This regulation is promulgated pursuant to the authority contained in §§ 28.1-23 and 28.1-50 of the Code of Virginia.

B. This regulation amends previous regulation VR 450-01-0034, which was promulgated and made effective on ~~January 1, 1989~~ *June 1, 1989* .

C. The effective date of this regulation is June 1, ~~1989~~ *1990* .

§ 2. Purpose.

The purpose of this regulation is to provide for the immediate protection of Virginia's striped bass stocks and to prevent the harvest of female striped bass of 1982 year class and subsequent year classes.

The provisions pertaining to aquaculture serve to prevent escapement of cultured hybrid striped bass into the natural environment and to minimize the impact of cultured fish in the market place on the enforcement of other provisions in this regulation.

§ 3. Definitions.

A. Striped bass - any fish of the species Morone saxatilis including any hybrid striped bass.

B. Spawning rivers - the James, Pamunkey, Mattaponi and Rappahannock Rivers including all their tributaries.

C. Spawning reaches - sections within the spawning rivers as follows:

1. James River: From a line connecting Dancing Point and New Sunken Meadow Creek upstream to a line connecting City Point and Packs Point;

2. Pamunkey River: From the Route 33 bridge at West Point upstream to a line connecting Liberty Hall and the opposite shore;

3. Mattaponi River: From the Route 33 bridge at West Point upstream to the Route 360 bridge at Aylett;

4. Rappahannock River: From the Route 360 bridge at Tappahannock upstream to the Route 3 bridge at Fredericksburg.

§ 4. Closed areas, seasons, and gear limitations.

A. During the period June 1, ~~1989, to May 31~~ *1990, to November 4* , 1990, inclusive, a person may not take, catch, possess, transport, process, sell or offer for sale any striped bass.

B. During the period April 1 to May 31, inclusive, a person may not set or fish any anchored or staked gill net within the spawning reaches. Drift (float) gill nets may be set or fished within the spawning reaches during the closed season, but the fishermen must remain with such net while that net is in the fishing position.

§ 5. Aquaculture of striped bass and hybrid striped bass.

A. Permit required.

It shall be unlawful for any person, firm, or corporation to operate an aquaculture facility without first obtaining a permit from the Marine Resources Commission. Such permit shall authorize the purchase, possession, sale, and transportation of striped bass or hybrid striped bass in accordance with the other rules contained in this section.

B. Application for and term of permit.

The application for a striped bass aquaculture facility shall state the name and address of the applicant, the type and location of the facility, type of water supply, location of nearest tidal waters or tributaries to tidal water, and an estimate of production capacity. All aquaculture permits shall expire on December 31 of the year of issue and are not transferable. Permits shall be automatically renewed by the Marine Resources Commission provided no structural changes in the facility have been made, the facility has been adequately maintained, and the permittee has complied with all of the provisions of this regulation.

C. Display of permit.

1. The original of each permit shall be maintained and prominently displayed at the aquaculture facility described therein.

2. A copy of such permit may be used as evidence of authorization to transport striped bass or hybrid striped bass to sell the fish away from the permitted facility under the conditions imposed in paragraph G in this section.

D. Water supply; outfall; prevention of entry and escapement.

1. A striped bass or hybrid striped bass aquaculture facility may consist of one or more ponds, artificial impoundments, closed recirculating systems or a combination of the above.

2. No pond or impoundment used for striped bass or hybrid striped bass aquaculture may be constructed or situated on a natural water course that originates beyond the boundaries of private land upon which the pond or impoundment is located.

3. There shall be no direct and unscreened discharge from any facility to any natural watercourse. Except as provided in subdivision 4 below, outfall from any pond or impoundment shall be processed according to one of the following systems:

a. The outfall shall pass over a dry ground percolation system in which ground absorption of the water is sufficient to prevent the formation of a watercourse which is capable of reaching any natural watercourse. The outfall shall pass through a screened filter box prior to entering the percolation area.

b. The outfall shall pass through a chlorination process and retention pond for dechlorination. The outfall shall pass through a filter box prior to entering the chlorination system. Such facilities must also comply with regulations of the State Water Control Board.

4. If the outfall from an aquaculture facility may not conform to the systems described in subdivision 3 a or subdivision 3 b, above, then all of the following conditions shall be required:

a. The aquaculture of striped bass or hybrid striped bass shall be restricted to the use of cage culture. Such cages shall be constructed of a vinyl coated wire or high density polyethylene mesh material sufficient in size to retain the fish and all cages must be securely anchored to prevent capsizing. Covers shall be required on all cages.

b. The outfall from the pond or impoundment shall pass through a screened filter box. Such filter box shall be constructed of a mesh material sufficient in

size to retain the fish and shall be maintained free of debris and in workable condition at all times; and

c. The outfall from the screened filter box shall pass into a containment basin lined and filled with quarry rock or other suitable material to prevent the escapement of the fish from the basin.

5. Those facilities utilizing embankment ponds shall maintain sufficient freeboard above the spillway to prevent overflow.

E. Acquisition of fish, fingerlings, fry, and eggs.

Striped bass or hybrid striped bass fingerlings, fry, or eggs, may be obtained only from state permitted fish dealers and must be certified by the seller as striped bass or hybrid striped bass having a disease free status. Each purchase or acquisition, of striped bass or hybrid striped bass must be accompanied by a receipt or other written evidence showing the date, source, species, quantity of the acquisition and its destination. Such receipt must be in the possession of the permittee prior to transportation of such fish, fingerlings, fry, or eggs to the permitted facility. All such receipts shall be retained as part of the permittee's records. The harvesting of striped bass from the tidal waters of Virginia for the purpose of artificially spawning in a permitted aquaculture facility shall comply with all of the provisions of this regulation and state law including minimum size limits, maximum size limits, and closed harvesting seasons and areas.

F. Inspection of facilities.

1. Inspection. Agents of the Marine Resources Commission and the Department of Game and Inland Fisheries are authorized to make periodic inspection of the facilities and the stock of each operation permitted under this section. Every person engaged in the business of striped bass aquaculture shall permit such inspection at any reasonable time.

2. Diseased fish. No person permitted under this section shall maintain in the permitted facility any fish which shows evidence of any contagious disease listed in the then current list by the United States Fish and Wildlife Services as "certifiable diseases" except for the period required for application of standard treatment procedures or for approved disposition.

3. Disposition. No person permitted under this section shall sell or otherwise transfer possession of any striped bass or hybrid striped bass which shows evidence of a "certifiable disease" to any person, except that such transfer may be made to a fish pathologist for examination and diagnosis.

G. Sale of fish.

All striped bass or hybrid striped bass except fingerlings, fry, and eggs, which are the product of an aquaculture facility permitted under this section shall be packaged with a printed label bearing the name, address, and permit number of the aquaculture facility. When so packaged and labelled such fish may be transported and sold at retail or at wholesale for commercial distribution through normal channels of trade until reaching the ultimate consumer. Every such sale must be accompanied by a receipt showing the date of sale, the name, address and permit number of the aquaculture facility, the numbers and species of fish sold, and the name of the purchaser. Each subsequent resale must be accompanied by a receipt clearly identifying the seller by name and address, showing the number and species of the fish sold, the date sold, the permit number of the aquaculture facility and, if the sale is to other than the ultimate consumer, the name and address of the purchaser. The purchaser in possession of such fish must exhibit the receipt on demand of any law-enforcement officer. A duplicate copy of each such receipt must be retained for one year by the seller as part of the records of each transaction.

H. Records.

Each permitted aquaculture facility operator shall maintain a chronological file of the receipts or copies thereof showing the dates and sources of acquisitions of striped bass or hybrid striped bass and quantities thereof, and a chronological file of copies of the receipts of his sales required under paragraph G of this section. Such records shall be segregated as to each permit year, shall be made available for inspection by any authorized agent of the Marine Resources Commission or Department of Game and Inland Fisheries, and shall be retained for at least one year following the close of the permit year to which they pertain.

I. Revocation and nonrenewal of permit.

In addition to the penalties prescribed by law, any violation of § 5 shall be grounds for revocation or suspension of the permit for the aquaculture facility for the balance of the permit year. No person whose permit has been revoked shall be eligible to apply for an aquaculture facility permit for a period of two years after the date of such revocation.

J. Importation of striped bass for the consumer market.

Striped bass or hybrid striped bass which are the product of an approved and state permitted aquaculture facility in another state may be imported into Virginia for the consumer market. Such fish shall be packaged and labelled in accordance with the provisions contained in paragraph G of this section. Any sale of such fish also shall be accompanied by receipts as described in paragraph G of this section.

K. Release of live fish.

Under no circumstance shall striped bass or hybrid striped bass which are the product of a commercial aquaculture facility located within or outside the Commonwealth of Virginia be placed into the waters of the Commonwealth without first having notified the commission and having received written permission from the commissioner.

§ 6. Penalty.

As set forth in § 28.1-23 of the Code of Virginia, any person, firm, or corporation violating any provision of this regulation shall be guilty of a Class 1 misdemeanor.

/s/ William A. Pruitt, Commissioner

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Title of Regulation: **VR 450-01-0057. Pertaining to the Marking and Minimum Mesh Size of Gill Nets.**

Statutory Authority: § 28.1-23 of the Code of Virginia.

Effective Date: May 1, 1990.

Preamble:

This regulation is designed to minimize gear conflicts between gill net fishermen in the placement of nets, and conflicts with recreational boaters caused by poor visibility of gill nets. This regulation establishes marking requirements for gill nets to increase their visibility and identification. This regulation also establishes a minimum mesh size for gill nets to aid in the conservation of fish stocks.

VR 450-01-0057. Pertaining the the Marking and Minimum Mesh Size of Gill Nets.

§ 1. Authority, prior regulations, effective date.

A. This regulation is promulgated pursuant to the authority contained in § 28.1-23 of the Code of Virginia.

B. VR 450-01-0028, "Pertaining to the Taking of Finfish by Gill Nets," establishes that gill nets shall be set in a straight line. Section 28.1-74 of the Code of Virginia establishes that gill nets be marked by a buoy or stake on the offshore end that displays the license tag.

C. The effective date of this regulation is May 1, 1990.

§ 2. Purpose.

The purpose of this regulation is to minimize gear conflicts between gill net fishermen and conflicts with recreational boaters caused by poor visibility of gill nets, and to conserve stocks of fish by establishing a minimum mesh size for gill nets.

§ 3. Marking procedures.

Except as provided in § 4 of this regulation, it shall be unlawful for any person, firm, or corporation to place, set or fish any gill net, except licensed fixed fishing devices, that is not marked in the following manner:

1. One end of each gill net shall be marked by a flag of square dimensions, which shall measure at least 144 square inches.

2. The end of each gill net opposite the square flag marker, shall be marked by either a triangular flag of at least 144 square inches or a floating ball of at least 50 inches circumference.

3. Each flag described in subdivisions 1 and 2 of this section shall be supported on a staff sufficient to maintain the bottom of the flag at least three feet above the surface of the water.

4. The end-marker flags on the same net, or flag and floating ball on the same net shall be of identical color.

5. An easily visible number or symbol shall be attached to end-marker flags and floating balls, and the same number or symbol shall be used for both ends of the same net.

6. Each fisherman shall not use the same number or symbol for identification on more than one of the gill nets licensed by that fisherman.

7. All flag staffs shall be marked with two stripes of two-inch wide reflective material that shall be visible from all sides; all end-marker floating balls shall be marked on three sides with patches of approximately 2-inch by 2-inch reflective material that shall be visible from all sides above the water line.

§ 4. Upriver white perch fishery exemption.

During the period December 1 to the last day of February, inclusive, it shall be unlawful for any person, firm, or corporation to place, set or fish any gill net, used for the taking of white perch, in the areas defined below, and that is not marked in the following manner:

1. Both ends of each gill net shall be marked by a floating buoy of at least 3-1/2 inches in diameter.

2. Both end-marker buoys shall be of blaze-orange color.

3. Areas defined.

a. James River. Upstream from a line connecting College Creek and Hog Point.

b. York River. Upstream from a line connecting the southern most point of the northern headland of Poropotank Bay and Croaker Landing.

c. Rappahannock River. Upstream from a line connecting Greenvale Creek and Weeks Creek.

§ 5. Minimum mesh size.

A. It shall be unlawful for any person, firm, or corporation to place, set or fish any gill net with a stretched mesh of less than 2-7/8 inches, except as provided in subsection C below. After January 1, 1992, it shall be unlawful for any person, firm, or corporation to place, set or fish any gill net with a stretched mesh of less than three inches, except as provided in subsection C below.

B. Mesh measurement is defined as the inside stretched distance between two knots on opposite sides of the same mesh.

C. As provided in § 28.1-51 of the Code of Virginia, mullet nets may consist of a stretched mesh no less than two inches stretched measure. Any person utilizing a mullet net may not take or possess quantities of species other than mullet which comprise more than 15% of their total daily catch, in pounds.

§ 6. Enforcement provisions.

In the enforcement of this regulation the Marine Patrol Officer shall consider the following:

1. If only one end of a gill net is found to be marked as required by this regulation, then a warning shall be issued by a Marine Patrol Officer, and the net owner shall have 24 hours to mark said net as provided in this regulation.

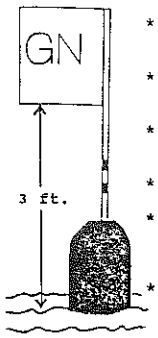
2. If both ends of a gill net are found in violation, a Marine Patrol Officer shall confiscate said net immediately.

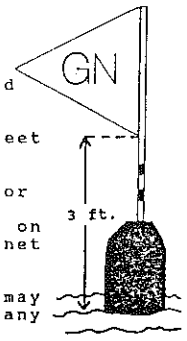
§ 7. Penalties.

As set forth in § 28.1-23 of the Code of Virginia, any person, firm or corporation violating any provision of this regulation shall be guilty of a Class 1 misdemeanor.

GILL NET MARKING REQUIREMENTS

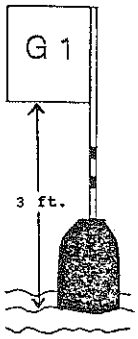
OPTION 1

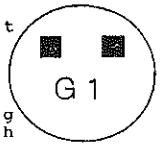




* A square flag must mark one end of net (minimum size is 144 square inches)
* A triangular flag must mark opposite end (minimum size is 144 square inches)
* Bottom of flags must be maintained 3 feet above water
* Both flags marking net must be same color
* An easily visible number or symbol on flags must match for both ends of each net for identification
* The identification number or symbol may not be used on more than one net by any one fisherman
* Flag staffs must be marked with at least two stripes of 2 inch wide reflective material, and be visible from all sides.

OPTION 2





* A square flag must mark one end of net (minimum size is 144 square inches)
* A floating ball must mark opposite end (minimum size is 50 inches circumference)
* Bottom of flag must be maintained 3 feet above water
* Flag and ball on net must be same color
* An easily visible number or symbol on flag and ball must match for both ends of each net for identification
* The identification number or symbol may not be used on more than one net by any one fisherman
* Flag staffs must be marked with at least two stripes of 2 inch wide reflective material, and be visible from all sides. Floating balls must be marked on three sides with patches of reflective material (2" X 2") and be visible above the water.

UPRIVER WHITE PERCH FISHERY EXEMPTION

* Both ends must be marked by a floating buoy (at least 3-1/2 inches diameter), which must be blaze-orange in color.
* Applies only from December 1 to the last day in February in areas of the James, York, and Rappahannock Rivers.

WARNING - EFFECTIVE MAY 1, 1990

* If only one end of a gill net is found to be marked as required, then a warning shall be issued by a Marine Patrol Officer, and the net owner will have 24 hours to mark the net correctly.
* If both ends of a gill net are found in violation, a Marine Patrol Officer shall confiscate the net immediately.

FOR FURTHER INFORMATION CONTACT:

VIRGINIA MARINE RESOURCES COMMISSION
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NEWPORT NEWS, VA 23607
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DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Title of Regulation: **VR 460-02-3.1100. Amount, Duration and Scope of Services (Prosthetics Services and Dental Services).**

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

Effective Date: July 1, 1990.

Summary:

The 1989 General Assembly directed the department, through the appropriations act, to provide coverage for limited prosthetics services and to expand dental services through the Early and Periodic Screening, Diagnosis and Treatment program. DMAS is currently providing these services under the authority of emergency regulations. This final regulation, which does not vary substantially from the proposed regulation, contains the additional coverage of dental sealants.

This dental sealants coverage was specifically mandated in federal requirements arising from the Congressional mandates in the Omnibus Budget Reconciliation Act of 1989.

VR 460-02-3.1100. Amount, Duration and Scope of Services (Prosthetics Services and Dental Services).

General.

The provision of the following services cannot be reimbursed except when they are ordered or prescribed, and directed or performed within the scope of the license of a practitioner of the healing arts: laboratory and x-ray services, family planning services, and home health services. Physical therapy services will be reimbursed only when prescribed by a physician.

§ 1. Inpatient hospital services other than those provided in an institution for mental diseases.

A. Medicaid inpatient hospital admissions (lengths-of-stay) are limited to the 75th percentile of PAS (Professional Activity Study of the Commission on Professional and Hospital Activities) diagnostic/procedure limits. For admissions under 15 days that exceed the 75th percentile, the hospital must attach medical justification records to the billing invoice to be considered for additional coverage when medically justified. For all admissions that exceed 14 days up to a maximum of 21 days, the hospital must attach medical justification records to the billing invoice. (See the exception to subsection F of this section.)

B. Medicaid does not pay the medicare (Title XVIII) coinsurance for hospital care after 21 days regardless of the length-of-stay covered by the other insurance. (See exception to subsection F of this section.)

C. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment to health or life of the mother if the fetus were carried to term.

D. Reimbursement for covered hospital days is limited to one day prior to surgery, unless medically justified. Hospital claims with an admission date more than one day prior to the first surgical date will pend for review by medical staff to determine appropriate medical justification. The hospital must write on or attach the justification to the billing invoice for consideration of reimbursement for additional preoperative days. Medically justified situations are those where appropriate medical care cannot be obtained except in an acute hospital setting thereby warranting hospital admission. Medically unjustified days in such admissions will be denied.

E. Reimbursement will not be provided for weekend (Friday/Saturday) admissions, unless medically justified. Hospital claims with admission dates on Friday or Saturday will be pended for review by medical staff to determine appropriate medical justification for these days. The hospital must write on or attach the justification to the billing invoice for consideration of reimbursement coverage for these days. Medically justified situations are those where appropriate medical care cannot be obtained except in an acute hospital setting thereby warranting hospital admission. Medically unjustified days in such admission will be denied.

F. Coverage of inpatient hospitalization will be limited to a total of 21 days for all admissions within a fixed period, which would begin with the first day inpatient hospital services are furnished to an eligible recipient and end 60 days from the day of the first admission. There may be multiple admissions during this 60-day period; however, when total days exceed 21, all subsequent claims will be reviewed. Claims which exceed 21 days within 60 days with a different diagnosis and medical justification will be paid. Any claim which has the same or similar diagnosis will be denied.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination. Medical documentation justifying admission and the continued length of stay must be attached to or written on the invoice for review by medical staff to determine medical necessity. Medically unjustified days in such admissions will be denied.

G. Reimbursement will not be provided for inpatient hospitalization for any selected elective surgical procedures that require a second surgical opinion unless a properly

executed second surgical opinion form has been obtained from the physician and submitted with the hospital invoice for payment, or is a justified emergency or exemption. The requirements for second surgical opinion do not apply to recipients in the retroactive eligibility period.

H. Reimbursement will not be provided for inpatient hospitalization for those surgical and diagnostic procedures listed on the mandatory outpatient surgery list unless the inpatient stay is medically justified or meets one of the exceptions. The requirements for mandatory outpatient surgery do not apply to recipients in the retroactive eligibility period.

I. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Coverage of transplant services for all eligible persons is limited to transplants for kidneys and corneas. Kidney transplants require preauthorization. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. The amount of reimbursement for covered kidney transplant services is negotiable with the providers on an individual case basis. Reimbursement for covered cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in Attachment 3.1 E.

J. The department may waive portions or all of the utilization review documentation requirements of subsections A, D, E, G, or H in writing for specific hospitals from time to time as part of its ongoing hospital utilization review peformance evaluation.

§ 2. Outpatient hospital and rural health clinic services.

2a. Outpatient hospital services.

1. Outpatient hospital services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that:

a. Are furnished to outpatients;

b. Except in the case of nurse-midwife services, as specified in § 440.165, are furnished by or under the direction of a physician or dentist; and

c. Are furnished by an institution that:

(1) Is licensed or formally approved as a hospital by an officially designated authority for state standard-setting; and

(2) Except in the case of medical supervision of nurse-midwife services, as specified in § 440.165, meets the requirements for participation in Medicare.

2. Reimbursement for induced abortions is provided in only those cases in which there would be substantial endangerment of health or life to the mother if the fetus were carried to term.

3. Reimbursement will not be provided for outpatient hospital services for any selected elective surgical procedures that require a second surgical opinion unless a properly executed second surgical opinion form has been obtained from the physician and submitted with the invoice for payment, or is a justified emergency or exemption.

2b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

No limitations on this service.

§ 3. Other laboratory and x-ray services.

Service must be ordered or prescribed and directed or performed within the scope of a license of the practitioner of the healing arts.

§ 4. Skilled nursing facility services, EPSDT and family planning.

4a. Skilled nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Service must be ordered or prescribed and directed or performed within the scope of a license of the practitioner of the healing arts.

4b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

1. Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities, and the accompanying attendant physician care, in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination.

2. Routine physicals and immunizations (except as provided through EPSDT) are not covered except that well-child examinations in a private physician's office are covered for foster children of the local social services departments on specific referral from those departments.

3. Orthoptics services shall only be reimbursed if medically necessary to correct a visual defect identified by an EPSDT examination or evaluation. The department shall place appropriate utilization controls upon this service.

4c. Family planning services and supplies for individuals of child-bearing age.

Service must be ordered or prescribed and directed or performed within the scope of the license of a practitioner of the healing arts.

§ 5. Physician's services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

A. Elective surgery as defined by the Program is surgery that is not medically necessary to restore or materially improve a body function.

B. Cosmetic surgical procedures are not covered unless performed for physiological reasons and require Program prior approval.

C. Routine physicals and immunizations are not covered except when the services are provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and when a well-child examination is performed in a private physician's office for a foster child of the local social services department on specific referral from those departments.

D. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension (subject to the approval of the Psychiatric Review Board) of 26 sessions during the first year of treatment. The availability is further restricted to no more than 26 sessions each succeeding year when approved by the Psychiatric Review Board. Psychiatric services are further restricted to no more than three sessions in any given seven-day period. These limitations also apply to psychotherapy sessions by clinical psychologists licensed by the State Board of Medicine.

E. Any procedure considered experimental is not covered.

F. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health or life to the mother if the fetus were carried to term.

G. Physician visits to inpatient hospital patients are limited to a maximum of 21 days per admission within 60 days for the same or similar diagnoses and is further restricted to medically necessary inpatient hospital days as determined by the Program.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination. Payments for physician visits for inpatient days determined to be medically unjustified will be adjusted.

H. Psychological testing and psychotherapy by clinical psychologists licensed by the State Board of Medicine are covered.

I. Reimbursement will not be provided for physician services for those selected elective surgical procedures requiring a second surgical opinion unless a properly executed second surgical opinion form has been submitted with the invoice for payment, or is a justified emergency or exemption. The requirements for second surgical opinion do not apply to recipients in a retroactive eligibility period.

J. Reimbursement will not be provided for physician services performed in the inpatient setting for those surgical or diagnostic procedures listed on the mandatory outpatient surgery list unless the service is medically justified or meets one of the exceptions. The requirements of mandatory outpatient surgery do not apply to recipients in a retroactive eligibility period.

K. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Coverage of transplant services for all eligible persons is limited to transplants for kidneys and corneas. Kidney transplants require preauthorization. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. The amount of reimbursement for covered kidney transplant services is negotiable with the providers on an individual case basis. Reimbursement for covered cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in Attachment 3.1 E.

§ 6. Medical care by other licensed practitioners within the scope of their practice as defined by state law.

A. Podiatrists' services.

1. Covered podiatry services are defined as reasonable and necessary diagnostic, medical, or surgical treatment of disease, injury, or defects of the human foot. These services must be within the scope of the license of the podiatrists' profession and defined by state law.

2. The following services are not covered: preventive health care, including routine foot care; treatment of structural misalignment not requiring surgery; cutting or removal of corns, warts, or calluses; experimental procedures; acupuncture.

3. The Program may place appropriate limits on a service based on medical necessity or for utilization

control, or both.

B. Optometric services.

1. Diagnostic examination and optometric treatment procedures and services by ophthamologists, optometrists, and opticians, as allowed by the Code of Virginia and by regulations of the Boards of Medicine and Optometry, are covered for all recipients. Routine refractions are limited to once in 24 months except as may be authorized by the agency.

C. Chiropractors' services.

Not provided.

D. Other practitioners' services.

1. Clinical psychologists' services.

a. These limitations apply to psychotherapy sessions by clinical psychologists licensed by the State Board of Medicine. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension of 26 sessions during the first year of treatment. The availability is further restricted to no more than 26 sessions each succeeding year when approved by the Psychiatric Review Board. Psychiatric services are further restricted to no more than three sessions in any given seven-day period.

b. Psychological testing and psychotherapy by clinical psychologists licensed by the State Board of Medicine are covered.

§ 7. Home health services.

A. Service must be ordered or prescribed and directed or performed within the scope of a license of a practitioner of the healing arts.

B. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

C. Home health aide services provided by a home health agency.

Home health aides must function under the supervision of a professional nurse.

D. Medical supplies, equipment, and appliances suitable for use in the home.

1. All medical supplies, equipment, and appliances are available to patients of the home health agency.

2. Medical supplies, equipment, and appliances for all others are limited to home renal dialysis equipment and supplies, and respiratory equipment and oxygen, and ostomy supplies, as preauthorized by the local health department.

E. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Service covered only as part of a physician's plan of care.

§ 8. Private duty nursing services.

Not provided.

§ 9. Clinic services.

A. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health or life to the mother if the fetus was carried to term.

B. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that:

1. Are provided to outpatients;

2. Are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients; and

3. Except in the case of nurse-midwife services, as specified in 42 CFR § 440.165, are furnished by or under the direction of a physician or dentist.

§ 10. Dental services.

A. Dental services are limited to recipients under 21 years of age in fulfillment of the treatment requirements under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and defined as routine diagnostic, preventive, or restorative procedures necessary for oral health provided by or under the direct supervision of a dentist in accordance with the State Dental Practice Act.

B. Initial, periodic, and emergency examinations; required radiography necessary to develop a treatment plan; patient education; dental prophylaxis; fluoride treatments; [*dental sealants;*] routine amalgam and composite restorations; crown recementation; pulpotomies; emergency endodontics for temporary relief of pain; pulp capping; sedative fillings; therapeutic apical closure; topical palliative treatment for dental pain; removal of foreign body; simple extractions; root recovery; incision and drainage of abscess; surgical exposure of the tooth to aid eruption; sequestrectomy for osteomyelitis; and oral antral fistula closure are dental services covered without preauthorization by the state agency.

C. All covered dental services not referenced above

require preauthorization by the state agency. *The following services are also covered through preauthorization: medically necessary full banded orthodontics,* [*for handicapping malocclusions, minor*] *tooth guidance* [*or repositioning*] *appliances, complete and partial dentures, surgical preparation (alveoloplasty) for prosthetics, single permanent crowns, and bridges.* The following ~~services are~~ *service is* not covered: ~~full banded orthodontics; permanent crowns and all bridges; removable complete and partial dentures;~~ routine bases under restorations ; ~~and inhalation analgesia~~ .

D. The state agency may place appropriate limits on a service based on ~~dental~~ *medical* necessity, for utilization control, or both. Examples of service limitations are: examinations, prophylaxis, fluoride treatment (once/six months); space maintenance appliances; bitewing x-ray – two films (once/12 months); routine amalgam and composite restorations (once/three years); *dentures (once per 5 years);* ~~and~~ extractions, *orthodontics, tooth guidance appliances, permanent crowns, and bridges,* endodontics, patient education [*and sealants*] (once).

E. Limited oral surgery procedures, as defined and covered under Title XVIII (Medicare), are covered for all recipients, and also require preauthorization by the state agency.

§ 11. Physical therapy and related services.

11a. Physical therapy.

Services for individuals requiring physical therapy are provided only as an element of hospital inpatient or outpatient service, skilled nursing home service, home health service, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

11b. Occupational therapy.

Services for individuals requiring occupational therapy are provided only as an element of hospital inpatient or outpatient service, skilled nursing home service, home health service, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

11c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist; see General section and subsections 11a and 11b of this section.)

These services are provided by or under the supervision of a speech pathologist or an audiologist only as an element of hospital inpatient or outpatient service, skilled nursing home service, home health service, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

§ 12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12a. Prescribed drugs.

1. Nonlegend drugs, except insulin, syringes, needles, diabetic test strips for clients under 21 years of age, and family planning supplies are not covered by Medicaid. This limitation does not apply to Medicaid recipients who are in skilled and intermediate care facilities.

2. Legend drugs, with the exception of anorexiant drugs prescribed for weight loss and transdermal drug delivery systems, are covered. Coverage of anorexiants for other than weight loss requires preauthorization.

3. The Program will not provide reimbursement for drugs determined by the Food and Drug Administration (FDA) to lack substantial evidence of effectiveness.

4. Notwithstanding the provisions of § 32.1-87 of the Code of Virginia, prescriptions for Medicaid recipients for specific multiple source drugs shall be filled with generic drug products listed in the Virginia Voluntary Formulary unless the physician or other practitioners so licensed and certified to prescribe drugs certifies in his own handwriting "brand necessary" for the prescription to be dispensed as written.

5. New drugs, except for Treatment Investigational New Drugs (Treatment IND), are not covered until approved by the board, unless a physician obtains prior approval. The new drugs listed in Supplement 1 to the New Drug Review Program regulations (VR 460-05-2000.1000) are not covered.

12b. Dentures.

Provided only as a result of EPSDT and subject to medical necessity and preauthorization requirements specified under Dental Services.

12c. Prosthetic devices.

A. ~~Not provided.~~ *Prosthetics services shall mean the replacement of missing arms and legs. Nothing in this regulation shall be construed to refer to orthotic services or devices.*

B. Prosthetic devices (artificial arms and legs, and their necessary supportive attachments) are provided when prescribed by a physician or other licensed practitioner of the healing arts within the scope of their professional licenses as defined by state law. This service, when provided by an authorized vendor, must be medically necessary, and preauthorized for the minimum applicable component necessary for the activities of daily living.

12d. Eyeglasses.

Eyeglasses shall be reimbursed for all recipients younger than 21 years of age according to medical necessity when provided by practitioners as licensed under the Code of Virginia.

§ 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

13a. Diagnostic services.

Not provided.

13b. Screening services.

Not provided.

13c. Preventive services.

Not provided.

13d. Rehabilitative services.

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

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

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

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

§ 14. Services for individuals age 65 or older in institutions for mental diseases.

14a. Inpatient hospital services.

Provided, no limitations.

14b. Skilled nursing facility services.

Provided, no limitations.

14c. Intermediate care facility.

Provided, no limitations.

§ 15. Intermediate care services and intermediate care services for institutions for mental disease and mental retardation.

15a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with § 1902 (a)(31)(A) of the Act, to be in need of such care.

Provided, no limitations.

15b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided, no limitations.

§ 16. Inpatient psychiatric facility services for individuals under 22 years of age.

Not provided.

§ 17. Nurse-midwife services.

Covered services for the nurse midwife are defined as those services allowed under the licensure requirements of the state statute and as specified in the Code of Federal Regulations, i.e., maternity cycle.

§ 18. Hospice care (in accordance with § 1905 (o) of the Act).

Not provided.

§ 19. Extended services to pregnant women.

19a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

The same limitations on all covered services apply to this group as to all other recipient groups.

19b. Services for any other medical conditions that may complicate pregnancy.

The same limitations on all covered services apply to this group as to all other recipient groups.

§ 20. Any other medical care and any other type of

remedial care recognized under state law, specified by the Secretary of Health and Human Services.

20a. Transportation.

Nonemergency transportation is administered by local health department jurisdictions in accordance with reimbursement procedures established by the Program.

20b. Services of Christian Science nurses.

Not provided.

20c. Care and services provided in Christian Science sanitoria.

Provided, no limitations.

20d. Skilled nursing facility services for patients under 21 years of age.

Provided, no limitations.

20e. Emergency hospital services.

Provided, no limitations.

20f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Not provided.

VIRGINIA MEDICAL ASSISTANCE PROGRAM
PROSTHETIC DEVICE PREAUTHORIZATION REQUEST FORM

1. DATE ______
2. PATIENT'S NAME ______
3. PATIENT'S MEDICAID NUMBER ______
4. PATIENT'S MEDICARE NUMBER ______
5. NAME OF PRESCRIBING PHYSICIAN ______
6. DOCTOR ______ PRESCRIPTION INCLUDES THESE ITEMS:

HCPCS CODE(S) DESCRIPTION

a. ______
b. ______
c. ______
d. ______
e. ______
f. ______
g. ______
h. ______

7. DIAGNOSIS ______
8. FUNCTIONAL LIMITATIONS ______
9. DEVICE ACCEPTANCE ______
10. PSYCHOLOGICAL/THERAPEUTIC VALUE ______
11. EMPLOYMENT POSSIBILITY ______
12. PROSTHETIC DEVICE HISTORY ______

PROVIDERS STATEMENT

This is to certify that the foregoing information is true, accurate, and complete. I understand that payment and satisfaction of this request will be from federal and state funds, and that any false statements or documents or concealment of a material fact, may be prosecuted under applicable federal and state laws.

13. SUBMITTED BY ______
14. PROVIDER NUMBER ______
PROVIDER ADDRESS ______

15. SIGNATURE OF PROVIDER/AGENT ______
16. DATE ______ 17. TELEPHONE (___) ______

FOR OFFICE USE ONLY

APPROVED ______
DENIED ______
PENDING ______
COMMENTS:

REVIEWER SIGNATURE ______ DATE ______

DATA GRAPHICS, INC

DENTAL PREAUTHORIZATION REQUEST

VIRGINIA

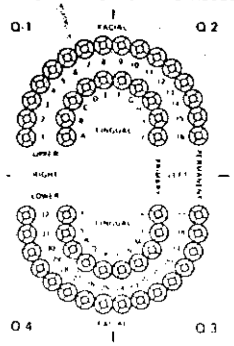
MEDICAL ASSISTANCE PROGRAM

1 791 TRANSMISSION CODE	2 PROVIDER I.D. NO.	3 RECIPIENT I.D. NO. (12)	4 RECIPIENT'S LAST NAME	FIRST NAME
5 IS TREATMENT DUE TO ACCIDENT? ☐ YES	6 PATIENT ACCOUNT NO.			

	7 DATE OF REQUEST MO (2)	DAY (2)	YEAR (2)	8 AUTHORIZATION NUMBER	9 TOOTH CODE	10 SURFACE	11 QUADRANTS	12 PROCEDURE CODE	13 NO. OF PROCEDURES	14 DO NOT USE FOR AUTHORIZATION OF SERVICE ONLY
1						M O D F L	1 2 3 4			
2						M O D F L	1 2 3 4			
3						M O D F L	1 2 3 4			
4						M O D F L	1 2 3 4			
5						M O D F L	1 2 3 4			

CRITERIA

1. AGE OF PATIENT ______
2. ORAL HYGIENE HABITS OF PATIENT ______
3. WILL PATIENT KEEP HIS/HER MOUTH CLEAN AFTER TREATMENT? ______
4. PERTINENT PRESENT OR PAST DENTAL HISTORY ______
5. PATIENT'S ACCEPTANCE OF TREATMENT ______
6. CHANCES FOR JOB PLACEMENT ______
7. WILL TREATMENT PSYCHOLOGICALLY BENEFIT THE PATIENT? ______
8. ARE SUPPORTING TISSUES AND ABUTMENT TEETH SOUND? ______



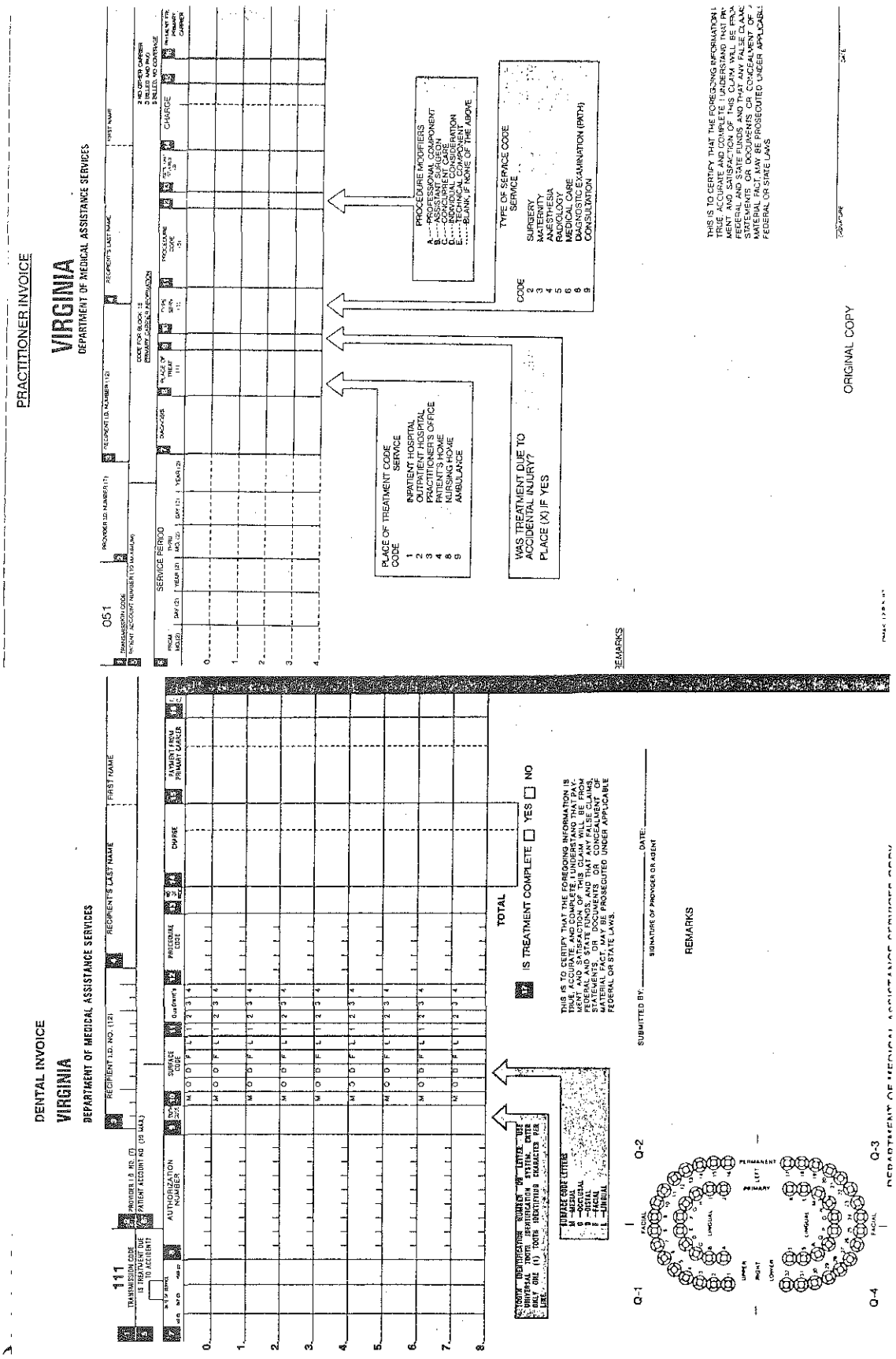
SUPPORTING DOCUMENTS ATTACHED

☐ X RAY(S) ENCLOSED FOR REQUEST EVALUATION (SPECIFY TYPE)

☐ WRITTEN INFORMATION IF NEEDED TO SUPPORT PREAUTHORIZATION REQUEST ATTACH LETTER IF NEEDED

THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS.

SUBMITTED BY ______ DATE ______
SIGNATURE OF PROVIDER OR AGENT


PRACTITIONER INVOICE
VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
051
SERVICE PERIOD
PLACE OF TREATMENT CODE
SERVICE
1 INPATIENT HOSPITAL
2 OUTPATIENT HOSPITAL
3 PRACTITIONER'S OFFICE
4 PATIENT'S HOME
8 NURSING HOME
9 AMBULANCE
WAS TREATMENT DUE TO ACCIDENTAL INJURY? PLACE (X) IF YES
PROCEDURE MODIFIERS
A PROFESSIONAL COMPONENT
B ASSISTANT SURGEON
C CONSULTANT CARE
D DIAGNOSTIC CONSULTATION
E TECHNICAL COMPONENT
BLANK, IF NONE OF THE ABOVE
TYPE OF SERVICE CODE
SERVICE
CODE
0 SURGERY
3 MATERNITY
4 ANESTHESIA
5 RADIOLOGY
6 MEDICAL CARE
8 DIAGNOSTIC EXAMINATION (PATH)
9 CONSULTATION
REMARKS
THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS
ORIGINAL COPY
DENTAL INVOICE
VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
111
TOTAL
IS TREATMENT COMPLETE ☐ YES ☐ NO
REMARKS
SUBMITTED BY: SIGNATURE OF PROVIDER OR AGENT DATE:
THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS.
Q-1
Q-2
Q-3
Q-4
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES COPY

* * * * * * * *

NOTICE: This regulation is excluded from Article 2 of the Administrative Process Act in accordance with (i) § 9-6.14:4.1 C 3 of the Code of Virginia, which excludes regulations that consist only of changes in style or form or corrections of technical errors and (ii) § 9-6.14:4.1 C 4(a) of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law where no agency discretion is involved. The Department of Medical Assistance Services will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

* * *

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. The full text of the regulation is available for 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 (Interest Rate Upper Limit, Nursing Home Financing).**

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

Effective Date: July 1, 1990.

Summary:

This amendment reflects a change in the basis used to determine the interest rate upper limit. This change affects the method and standards used for establishing payment rates for long term care (Supplement to Attachment 4.19D).

To ensure that reimbursement for capital expenditure financing was reasonable and prudent, DMAS instituted an upper limit on interest rates for external borrowings by nursing homes. Currently, the upper limit is one percentage point over the average weekly Baa rates (based on Craigie's Baa rating of municipal bonds). The average is computed by using the published rates from the week during which the commitment for financing takes place.

Basing the upper limit on the rate of municipal bond interest reflected the nursing home industry's use of tax-exempt loans coupled with Housing and Urban Development 232 Nursing Home insurance. However, when the 1986 Tax Reform Act eliminated proprietary providers' use of tax-exempt financing from a local Industrial Development Authority, those providers had to go to the commercial market for financing. At the request of nursing home providers, DMAS proposed to the General Assembly (and it so enacted) that the basis of the upper limit be changed to reflect more appropriately the interest rates on actively traded issues.

This amendment, effective July 1, 1990, would change the basis for calculating the upper limit to the average of the rates for the 10-year and 30-year U. S. Treasury notes and bonds in effect on the day the commitment for financing takes place, plus two percentage points. The two percentage point factor reflects the interest rate difference between these governmental issues (used as a base) and commercial issues.

The new limit will apply only to debt financing which is not exempt from federal income tax and will be available only to those long term care facilities which have demonstrated to DMAS that they failed, in a good faith effort, to obtain any available debt financing which is exempt from federal income tax. The current "Baa plus 1" limit will continue to apply to any debt financing which is exempt from federal income tax.

The new limit will also apply, effective July 1, 1990, to construction financing committed to or permanent financing closed after December 31, 1986, but before July 1, 1990, which is not exempt from federal income tax. The limit will be determined as of July 1, 1990, and will apply to allowable interest expenses for the term of the financing remaining on or after July 1, 1990.

The interest rate upper limit is computed based on the date on which commitment for construction financing or closing for permanent financing takes place, and applies to the entire term of the loan. The methods and standards of payment for long-term care services disallow any interest cost increases due to refinancing a mortgage debt. The only exception occurs when expansion or renovation is required by the mortgage holder. Debt refinanced before the end of the term, and debt with end-of-term balloon payments, do not meet this exception criteria and, therefore, will have the interest cost reimbursement limited to the initial computation, despite the increase in interest cost.

The amendment also expresses the add-on factor in terms of percentage points, and thus clarifies that the interest rate upper limit is computed by adding a specified number of percentage points to the base.

* * * * * * * *

Title of Regulation: **VR 460-05-1000.0000. State/Local Hospitalization Program.**

Statutory Authority: §§ 32.1-344 and 32.1-346 of the Code of Virginia.

Effective Date: July 1, 1990.

Summary:

This final regulation establishes the Department of Medical Assistance Services' authority to administer the State/Local Hospitalization Program, and establishes uniform eligibility criteria for clients, uniform covered services, and uniform provider reimbursement.

VR 460-05-1000.0000. State/Local Hospitalization Program.

PART I.
DEFINITIONS.

§ 1.1. Definitions.

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

"Allocation process" means the process described in § 32.1-345 B of the Code of Virginia, which is used annually to allocate funds appropriated by the General Assembly for this program to counties and cities of the Commonwealth.

"Board of Medical Assistance Services or BMAS" means that board established by the Virginia Code § 32.1-324 et seq.

"Bona fide resident" means an individual who has been determined by the local department of social services to be residing in the city or county where making application at the time of or immediately prior to medical treatment with the intent of remaining permanently in that locality and who did not establish residency for the purposes of obtaining benefits.

"Code" means the Code of Virginia.

"Covered ambulatory surgical center services" means those services as provided by any distinct licensed and certified entity, established by 42 CFR 416.2, that operate exclusively for the purpose of providing surgical services to patients not requiring hospitalization, do not exceed in amount, duration, and scope those available to recipients of medical assistance services as provided in the State Plan for Medical Assistance established by Chapter 10 (§ 32.1-323 et seq.) of Title 32.1 of the Code and that are rendered by providers who have signed agreements to participate in the SLH program and who are enrolled providers in the MAP.

"Covered inpatient services" means inpatient services that do not exceed in amount, duration, and scope those available to recipients of medical assistance services as provided in the State Plan for Medical Assistance established by Chapter 10 (§ 32.1-323 et seq.) of Title 32.1 of the Code and that are rendered by providers who have signed agreements to participate in the SLH program and who are enrolled providers in the MAP.

"Covered local public health services" means services provided by local health departments that do not exceed in amount, duration and scope those available to recipients of medical assistance services as provided in the State Plan for Medical Assistance established by Chapter 10 of Title 32.1 of the Code and that are rendered by providers who have signed agreements to participate in the SLH program and who are enrolled providers in the MAP.

"Covered outpatient services" means outpatient services, as performed in an outpatient hospital setting, that do not exceed in amount, duration and scope those available to recipients of medical assistance services as provided in the State Plan for Medical Assistance established by Chapter 10 of Title 32.1 of the Code and that are rendered by providers who have signed agreements to participate in the SLH program and who are enrolled providers in the MAP.

"Current population" means the most recent population of a city or county as shown by the last preceding United States census or as estimated by the Center for Public Service of the University of Virginia, whichever is more current.

"Claim" means a request for payment for services rendered.

"Department or DMAS" means the Department of Medical Assistance Services established by § 32.1-323 of the Code.

"Director" means the Director of the Department of Medical Assistance Services established by § 32.1-323 of the Code.

"Enrolled provider or providers" means inpatient/outpatient hospitals, free-standing ambulatory surgical centers and local public health departments which have signed agreements to participate in the SLH Program and are enrolled providers in the MAP.

"Indigent person" means a person, established by the Code ! 32.1-343, who is a bona fide resident of the county or city, whether gainfully employed or not and who, either by himself or by those upon whom he is dependent, is unable to pay for required hospitalization or treatment. Residence shall not be established for the purpose of obtaining the benefits of this program. Aliens illegally living in the United States and migrant workers shall not be considered bona fide residents of the county or city for purposes of the SLH Program.

"Locality" means any city or county which is required by law to participate in the SLH Program.

"MAP or Medicaid" means the Medical Assistance Program as administered by the Department of Medical Assistance Services.

"Medical emergency" means that a delay in obtaining treatment may cause death or serious impairment of the health of the patient. See 42 CFR 440.170(e).

"Net countable income" means the value of income [~~*as calculated by the methodology described in the Medicaid Eligibility Manual of the Virginia Department of Social Services used to determine eligibility for the SLH Program*~~ *using the current budget methodology of the Virginia Aid to Dependent Children Program*].

"Net countable resources" means the countable value of an applicant's resources [~~*as determined by the the methodology described in the Medicaid Eligibility Manual of the Virginia Department of Social Services used to determine eligibility for the SLH Program*~~ *using the current budget methodology of the Virginia Aid to Dependent Children Program*].

"SLH Program" means the State/Local Hospitalization Program.

"State Plan" means the State Plan for Medical Assistance for the Commonwealth.

PART II.
SLH PROGRAM ESTABLISHED.

§ 2.1. The State/Local Hospitalization Program is hereby established, within the Department of Medical Assistance Services (DMAS), for indigent persons. The Director of the Department shall administer this program and expend state and local funds in accordance with the provisions of Chapter 10 (§ 32.1-323 et seq.) of Title 32.1 of the Code.

PART III.
SERVICES COVERED.

§ 3.1. Amount, duration, and scope of services covered.

The amount, duration, and scope of services covered by the SLH Program shall be equal to the amount, duration, and scope of the same services covered by the MAP established by the State Plan. SLH services shall be limited to inpatient and outpatient hospital services; services rendered in free-standing ambulatory surgical centers and local public health departments.

§ 3.2. Changes in amount, duration, and scope of services covered.

Changes in the amount, duration, and scope of services covered by the MAP shall, unless modified by the BMAS, automatically change the amount, duration, and scope of services covered by the SLH Program.

§ 3.3. Inpatient hospital reimbursement rate.

The daily inpatient hospital reimbursement rate shall be the same as that per diem rate established and in effect on June 30 of each year by DMAS for the specific hospital established by § 32.1-346 B 2 of the Code. Inpatient hospital reimbursement rates for SLH services are not subject to readjustment through the year-end cost reporting process.

§ 3.4. Local health department and outpatient hospital clinics reimbursement.

Reimbursement to local health departments and outpatient hospital clinics shall be an all inclusive fee per visit and at the rate established by § 32.1-346 B 1 of the Code. Outpatient hospital clinics reimbursement rates shall not be subject to readjustment through the year-end cost reporting process.

§ 3.5. Emergency services reimbursement.

Reimbursement for hospital emergency room services shall be an all inclusive fee per visit and shall be reimbursed at the rate established by § 32.1-346 B 4 of the Code. Emergency room services reimbursement rates are not subject to readjustment through the year-end cost reporting process.

PART IV.
ELIGIBILITY.

§ 4.1. Eligibility criteria.

An individual is eligible to receive SLH Program services if he:

1. Has filed an application with the locality where he resides within 30 days of discharge, in the case of inpatient services, or within 30 days of the date of service, in the case of outpatient services;

2. Is a bona fide resident of the locality to which he has applied;

3. Has a net countable income, using the current budget methodology of the Virginia Aid to Dependent Children Program, equal to or less than 100% of the federal poverty income guidelines as published for the then current year in the United States Code of Federal Regulations (CFR), except that localities which in fiscal year 1989 used a higher income level may continue to use the 1989 income level in subsequent years; and

4. Has net countable resources, using the current budget methodology of the Virginia Aid to Dependent Children Program, equal to or less than the then current resource standards of the federal Supplemental Security Income Program (SSI).

§ 4.2. Length of effective period of application.

An eligibility decision favorable to the applicant shall remain in effect for a period of [~~*90*~~ *180*] *days. If the recipient requires further medical treatment during the*

eligibility period, no new application is required. If the eligibility period has expired a new application shall be required.

§ 4.3. Persons eligible for Title XIX services.

Persons who have been determined eligible for services as defined by and contained in the Social Security Act Title XIX shall not be eligible for SLH Program benefits established by § 32.1-346 B 3 of the Code.

§ 4.4. SLH payments applicable to Medicaid spend-downs.

Payments for services covered in the SLH Program may be accumulated by recipients to meet the spend-down requirements of the MAP.

[*§ 4.5. Appeal.*

An applicant for SLH may appeal an appealable adverse determination regarding eligibility for services or liability for excess payments as defined in § 32.1-349 of the Code. SLH appeals will follow the procedures established by Medicaid for client appeals. Exhaustion of appropriated funds in a given locality for payment of SLH services is not an appealable issue.

PART V.
ALLOCATION OF REMAINING STATE FUNDS.

§ 5.1. State funds remaining at the end of the fiscal year.

State funds remaining at the end of the fiscal year shall be used as an offset to the calculated local share for the following year. The funds shall be allocated among localities in accordance with a procedure established by DMAS to ensure that state funds remaining at the end of the fiscal year are used first to offset increases in calculated local shares, then to offset calculated local share for all localities.]

PART [~~*V*~~ *VI*].
LIABILITY FOR EXCESS PAYMENTS.

[~~*§ 5.1.*~~ *§ 6.1.*] *Determination of liability for excess payments.*

The department shall be empowered to recover excess SLH payments. Such disputes shall be heard in accordance with the Administrative Process Act. Potential fraud cases shall be referred to the appropriate law-enforcement agency.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

STATE AND LOCAL HOSPITALIZATION CLIENT NOTIFICATION

Dear _____ _____ _____:
First MI Last
Address: _____
_____
_____
City State Zip

Your application for State and Local Hospitalization (SLH) was:

___ Approved.

___ Denied. Reason: _____

___ Action was not taken on your application for SLH within 30 days after application was made. Reason _____

You will be notified of the action on your application at a future date.

FOR ADDITIONAL INFORMATION ABOUT YOUR RIGHTS UNDER THE STATE AND LOCAL HOSPITALIZATION PROGRAM, TURN THIS FORM OVER AND READ THE INFORMATION ON THE BACK OF THIS PAGE.

_____ _____
Eligibility Worker Signature Date

FOR LOCAL AGENCY USE ONLY

ID Number: _____ City/County: _____ Case Work: _____ SSN: _____

Race: _____ Sex: _____ Birth: _____

COVERAGE DATES

BEGIN	END	PD	CANCEL RSN/DT

APPLICATION DATE: _____

MEDICAL RESOURCES: Type	Insur.	Policy Number	Begin Date	End Date

Treatment Needed: (check applicable services)

___ Inpatient Hospital, Name: _____ No. of days: ____

___ Outpatient Hospital, Name: _____ No. of visits: ____

___ Ambulatory Surgical Services, Name: _____ No. of visits: ____

___ Public Health Clinic, Name: _____ No. of visits: ____

032-03-811

PRACTITIONER INVOICE

VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

RECIPIENT'S LAST NAME | FIRST NAME

ADJUSTMENT: 052 ☐ VOID: 054 ☐ | PROVIDER I.D. NUMBER (7) | RECIPIENT I.D. NUMBER (12) | REFERENCE NUMBER (9) | REASON | INPUT CODE

PATIENT ACCOUNT NO. (20 MAXIMUM) | CODE FOR BLOCK 15 PRIMARY CARRIER INFORMATION | 2 NO OTHER CARRIER 3 BILLED AND PAID 5 BILLED NO COVERAGE

SERVICE PERIOD FROM MO. (2)	DAY (2)	YEAR (2)	THRU MO. (2)	DAY (2)	YEAR (2)	DIAGNOSIS	PLACE OF TREAT (2)	TYPE SERV (1)	PROCEDURE CODE (5)	UNITS/HOSP STUDIES (2)	CHARGE	EMG	PAYMENT FROM THIS CARRIER
0													

THIS FORM IS FOR CHANGING OR VOIDING A PAID ITEM. THE CORRECT REFERENCE NUMBER AS SHOWN ON THE REMITTANCE VOUCHER IS ALWAYS REQUIRED.

REMARKS:

_____ DATE OF REMITTANCE VOUCHER CLAIM WAS APPROVED

REASONS FOR ADJUSTMENT:

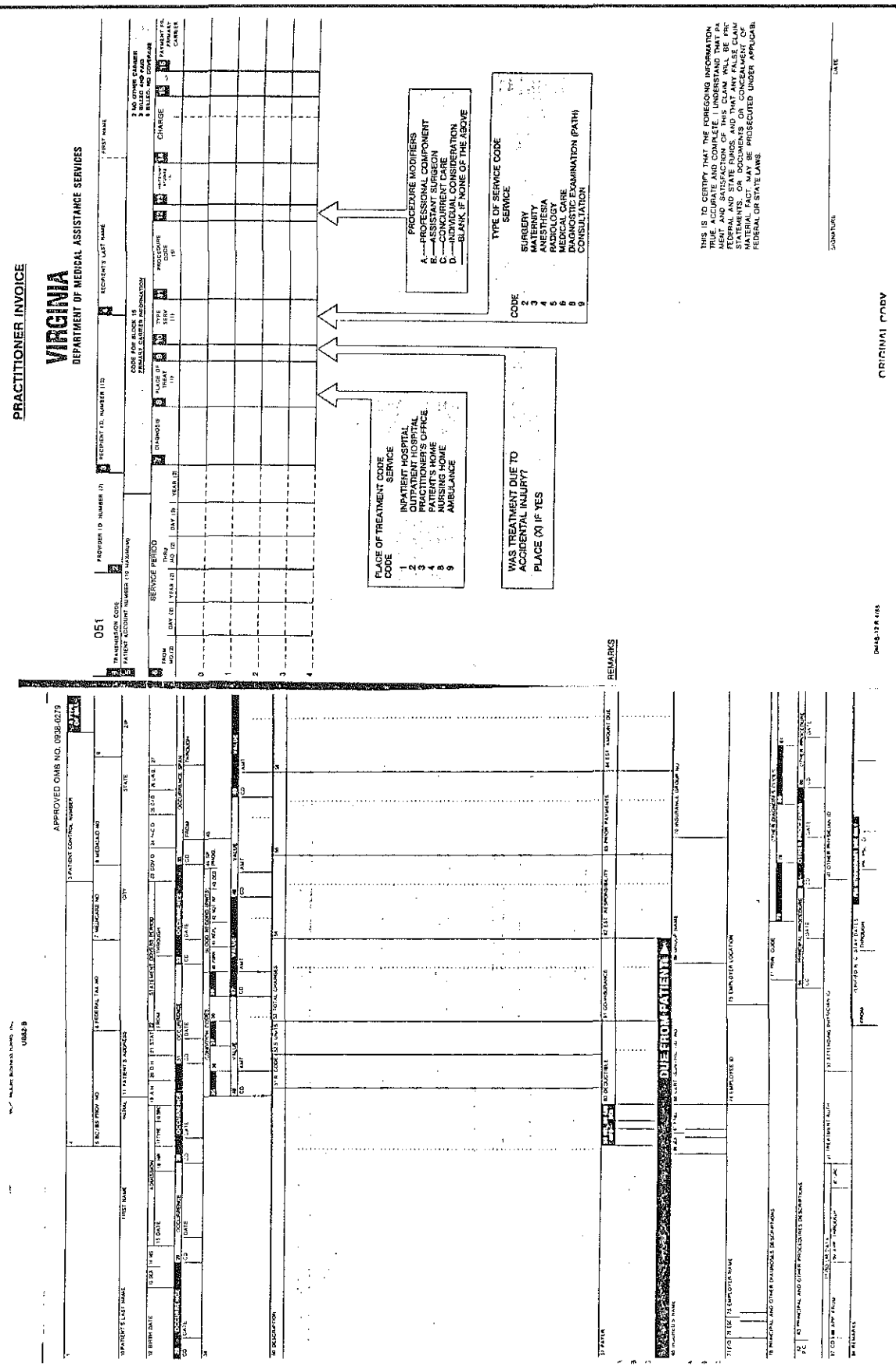
_____ CORRECTING DATES OF SERVICE
_____ CORRECTING PROCEDURE CODE
_____ CORRECTING VISITS/UNIT/STUDIES
_____ CORRECTING CHARGE
_____ PRIMARY CARRIER PAID PART
_____ IC-RECONSIDERATION OF ALLOWANCE FOR PROCEDURE REQUESTED, SUPPORTING DOCUMENTS ATTACHED
_____ OTHER: _____

ADJUSTMENT

REASONS FOR VOID:

_____ USED INCORRECT RECIPIENT I.D. NUMBER
_____ DUPLICATE PAYMENT
_____ OTHER: _____

THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS.


PRACTITIONER INVOICE
VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
APPROVED OMB NO. 0938-0279
051
PLACE OF TREATMENT CODE
SERVICE
1 INPATIENT HOSPITAL
2 OUTPATIENT HOSPITAL
3 PRACTITIONER'S OFFICE
4 PATIENT'S HOME
5 NURSING HOME
9 AMBULANCE
WAS TREATMENT DUE TO ACCIDENTAL INJURY?
PLACE (X) IF YES
PROCEDURE MODIFIERS
A—PROFESSIONAL COMPONENT
B—ASSISTANT SURGEON
C—CONCURRENT CARE
D—INDIVIDUAL CONSIDERATION
BLANK, IF NONE OF THE ABOVE
TYPE OF SERVICE CODE
SERVICE
CODE
2 SURGERY
3 MATERNITY
4 ANESTHESIA
5 RADIOLOGY
6 MEDICAL CARE
8 DIAGNOSTIC EXAMINATION (PATH)
9 CONSULTATION
REMARKS
DUE FROM PATIENT
ORIGINAL COPY

COMMONWEALTH of VIRGINIA

BRUCE U. KOZLOWSKI
DIRECTOR

PATRICIA C. WATT
DEPUTY DIRECTOR - ADMINISTRATION

JOSEPH M. TEEFEY
DEPUTY DIRECTOR - OPERATIONS

Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/225-4512 (Fax)
800/343-0634 (TDD)

S L H

DATE: _____

TO: _____ Reference #: _____

The Virginia Medical Assistance Program cannot process the enclosed SLH invoice (s) because of the following reason (s):

_____ Documentation not attached to the invoice. Resubmit with OP notes, progress notes, sterilization/hysterectomy form, etc.

_____ Client had Medicaid coverage on date of service - Bill Medicaid

_____ Bill each outpatient department service on a separate UB-82 invoice. Use code 510.

_____ Bill each emergency room service on a separate UB-82 invoice. Use code 450.

_____ Failure to use revenue code 790 with allowable M-codes in locator 84 (See chapter IV, page 19).

_____ Invalid/Missing data in locator 76.

_____ Other _____

0450

TO:

RUN DATE:
RUN TIME:

PAGE NUM:

THE INFORMATION BELOW REFLECTS PAYMENTS MADE ON BEHALF OF CLIENTS FROM YOUR LOCALITY FROM THE STATE/LOCAL HOSPITALIZATION (SLH) PROGRAM FOR THE MONTH OF . IT ALSO REFLECTS THE ENDING AVAILABLE STATE AND LOCAL SLH FUNDING BALANCES.

ACTIVITY:

CLIENT NAME	CLIENT ID#	DATE OF ADMISSION	PROVIDER NAME	SLH PAYMENTS STATE PAYMENT	LOCAL PAYMENT	TOTAL PAYMENT

DATE

STATE AND LOCAL HOSPITALIZATION (SLH) PROGRAM

CITY/COUNTY ADMINISTRATOR NOTIFICATION

TO:

FOR THE MONTH OF _____, __$_____ WAS PAID TO PROVIDERS FOR SERVICES RENDERED TO CLIENTS FROM YOUR LOCALITY WHO WERE ELIGIBLE FOR THE STATE/LOCAL HOSPITALIZATION (SLH) PROGRAM. OF THIS AMOUNT, $_____ WAS PAID FROM STATE FUNDS, AND $_____ WAS PAID FROM YOUR LOCALITY CONTRIBUTION. AS OF _____, YOUR LOCALITY HAS $_____REMAINING IN THE SLH FUND, OF WHICH $_____ ARE STATE FUNDS AND $_____ARE LOCAL FUNDS.

IF YOU HAVE ANY QUESTIONS REGARDING THE SLH PROGRAM, PLEASE CALL 1-800-371-8422.

0455

COMMONWEALTH of VIRGINIA

BRUCE U. KOZLOWSKI
DIRECTOR

PATRICIA C. WATT
DEPUTY DIRECTOR - ADMINISTRATION

JOSEPH M. TEEFEY
DEPUTY DIRECTOR - OPERATIONS

Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/225-4512 (Fax)
800/343-0634 (TDD)

Date:

SLH

Claim Reference No.:
Recipient's Name :
Recipient's ID # :
Patient's Account #:
Admission Date :
Discharge Date :
Total Days :

Dear Supervisor:

The invoice and case summary for the above patient has been reviewed by this Division, and the invoice has been rejected. Consideration was given to the medical necessity and the medical justification for the ____days length of stay in your hospital.

It is the opinion of the SLH UR Analyst and Medical Consultants, based on the submitted medical documentation, that this patient did not require inpatient hospital care after _____. Hospitalization was excessive to the extent of ___ days.*

Please submit a new invoice for the ___ approved days, _____through _____, plus the charges appropriate for these days. Please note on the invoice that this is a resubmission for approved days. Attach a copy of this letter to the invoice so we may document our records and validate your invoice for payment.

If you plan to request a reconsideration for the denied days, send the request with additional supporting documentation to Director, Hospital Utilization Review Unit, SLH, 600 East Broad St., Suite 1300, Richmond, VA 23219. These requests must be received by this office within twenty one (21) days of the date of this letter. The patient may not be billed due to denial of payment for this claim.

We regret the necessity for this decision, and we appreciate your cooperation in the resolution of this claim.

Sincerely,

(Mrs.) Carolyn M. Gill, RN, Supervisor
Hospital Utilization Review

CMG/ses
*See enclosed invoice copy.

BRUCE U. KOZLOWSKI
DIRECTOR

PATRICIA C. WATT
DEPUTY DIRECTOR -
ADMINISTRATION

JOSEPH M. TEEFEY
DEPUTY DIRECTOR -
OPERATIONS

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/225-4512 (Fax)
800/343-0634 (TDD)

SLH CLAIM

DATE

Recipient's Name:
Recipient's ID # :
Patient's Acct. #:
Admission Date :

Additional information is needed to resolve a SLH pended claim for the above recipient. Please return by _____. Send items checked (X) to.:

Director, Hospital Utilization Review Unit (SLH)
Department of Medical Assistance Services
Suite 1300, 600 East Broad Street
Richmond, VA 23219.

_____ DISCHARGE SUMMARY
_____ HISTORY AND PHYSICAL
_____ NURSE'S PROGRESS NOTES
_____ LAB REPORTS/PATHOLOGY
_____ EMERGENCY ROOM REPORT
_____ STERILIZATION FORM
_____ HYSTERECTOMY FORM
_____ ABORTION FORM
_____ MEDICATION SHEETS
_____ GRAPHIC SHEETS
_____ PHYS. ORDERS
_____ PHYS. PROGRESS NOTES
_____ OPERATIVE SUMMARY

0288/0377

BRUCE U. KOZLOWSKI
DIRECTOR

PATRICIA C. WATT
DEPUTY DIRECTOR -
ADMINISTRATION

JOSEPH M. TEEFEY
DEPUTY DIRECTOR -
OPERATIONS

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/225-4512 (Fax)
800/343-0634 (TDD)

SLH CLAIM

DATE

Attention: Claims Processing Unit

Dear Sir:

The attached claim(s) are being returned to you. This recipient has other resources. Please bill these resources before resubmitting these claim(s).

We regret the inconvenience of this decision, and we appreciate your cooperation in the resolution of these claim(s).

Sincerely,

(Mrs.) Carolyn M. Gill, RN
Supervisor
Hospital Utilization Review

CMG/ses

Attachment:
Invoice

Recipient Name:
Recipient I.D.#:
Admission Date:
Other Resource:

0282

Commonwealth of Virginia
Department of Social Services
Supplement E
State-Local Hospitalization

(To be completed by the patient or the patient's parents if patient is a minor).

1. Give full name of individual that was or will be hospitalized:

_____

2. Complete the following information about each hospital stay:

Name of hospital: _____	Name of hospital: _____
Date admitted: _____	Date admitted: _____
Date discharged: _____	Date discharged: _____
Diagnosis: _____	Diagnosis: _____

Name and address of attending physician: _____

_____

3. Check any of the following services for which you have recently applied or intend to apply: _____ Medicaid; _____ SSI; _____ Vocational Rehabilitation; _____ Maternal and Child Health Care; _____ Aid to Dependent Children

Date of application: _____

4. If you were hospitalized as the result of an accident, you must answer the following questions:

(a) Describe the type of accident, including where and how it occurred:

_____
_____
_____
_____
_____

(b) Who was at fault? _____
Name

_____
Address

(c) What insurance companies are involved in settling a claim? _____

Name:	Address:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(d) Is a liability suit planned or in progress? _____ Yes _____ No

If so, provide the name and address of the attorney that is or will be representing you. _____
Name

_____
Address

_____

I wish to apply for services under the State and Local Hospitalization Program. I certify that all information is true and complete to the best of my knowledge.

Signed: _____

Date: _____

032-03-160E

DEPARTMENT OF MOTOR VEHICLES

REGISTRAR'S NOTICE: This regulation is excluded from Article 2 of the Administrative Process Act in accordance with § 9-6.14:4.1 C 4(a) of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law where no agency discretion is involved. The Department of Motor Vehicles will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: **VR 485-10-9001. Commercial Driver Training Schools Regulations.**

Statutory Authority: § 46.2-1703 of the Code of Virginia.

Effective Date: July 1, 1990.

Summary:

These regulation are necessitated because of action by the 1990 session of the General Assembly. House Bill 989, Chapter 466, transfers the responsibility of promulgating regulations and administering commercial driver training schools from the Department of Commerce to the Department of Motor Vehicles, effective July 1, 1990. These regulations are corrective in nature and take the current Department of Commerce regulations and make them specific to the Department of Motor Vehicles.

VR 485-10-9001. Commercial Driver Training Schools Regulations.

PART I.
GENERAL.

§ 1.1. Fees. ~~All fees are nonrefundable.~~

~~1.1.1.~~ *A.* The *initial* license fee for a school shall be $70.

~~1.1.2.~~ *B.* The *initial* license fee for a school instructor shall be $30.

C. All fees are nonrefundable.

§ 1.2. License renewal required.

~~1.2.1.~~ *A.* Licenses shall expire on December 31 of each even-numbered year. The Department of ~~Commerce~~ *Motor Vehicles* will mail a renewal notice to the licensee outlining the procedures for renewal. Failure to receive this notice shall not relieve the licensee of the obligation to renew.

~~1.2.2.~~ *B.* Each licensed school applying for renewal shall return the renewal notice and fee of $140 to the Department of ~~Commerce~~ *Motor Vehicles* prior to the expiration date shown on the license. Each licensed instructor shall return the renewal notice and a fee of $60 to the Department of ~~Commerce~~ *Motor Vehicles* prior to the expiration date shown on the license. If the licensee fails to receive the renewal notice, a copy of the license may be submitted with the required fee *to the Department of Motor Vehicles, 2300 West Broad Street, P.O. Box 27412, Richmond, Virginia 23269.*

~~1.2.3.~~ *C.* If a school fails to renew the school license within 30 days following the expiration date, a penalty of $140 shall be required, in addition to the renewal fee. If an instructor fails to renew the license within 30 days following the expiration date, a penalty fee of $60 shall be required, in addition to the renewal fee.

~~1.2.4.~~ *D.* A school ~~and/~~ or instructor failing to renew within six months of the expiration date on the license must apply for reinstatement by submitting a reinstatement form and the renewal fee and penalty fee required in ~~Section 1.2.3.~~ *subsection C of § 1.2 of these regulations.*

~~1.2.5.~~ *E.* Upon receipt of the reinstatement application, fee, and statement, the ~~Board~~ *Department of Motor Vehicles* may grant reinstatement of the certificate or require requalification before granting the reinstatement.

PART II.
ENTRY REQUIREMENTS.

§ 2.1. License required.

~~2.1.1.~~ *A.* Schools seeking a license ~~must~~ *shall* ~~2.1.1.1.~~ file with the ~~Board~~ *Department of Motor Vehicles* evidence of insurance on all of its vehicles with a company licensed to do business in the ~~State~~ *Commonwealth* of Virginia, in the minimum amounts as required by ~~Virginia Code Section 46.1-504 as amended~~ *§ 46.2-472 of the Code of Virginia* . The policy shall include uninsured motorist coverage.

The school shall furnish evidence to the ~~Board~~ *Department of Motor Vehicles* , prior to December 31 of each year, of insurance coverage in the form of a certificate from the insurance carrier. The certificate shall stipulate that the ~~Board~~ *Department of Motor Vehicles* shall be notified 10 days before the policy expires or if the policy is cancelled or not maintained in full force.

~~2.1.2.~~ *B.* Instructors seeking a license must:

~~2.1.2.1.~~ *1.* Have at least five years of driving experience.

~~2.1.2.2.~~ *2.* ~~Must~~ Hold a valid Commonwealth of Virginia Motor Vehicle operator's license.

~~2.1.2.3.~~ *3.* Have a satisfactory driving record, verified by the ~~Division~~ *Department* of Motor Vehicles of the Commonwealth of Virginia, by the DMV record not exceeding six demerit points at the time of application. ~~Copy of DMV record must be supplied to the Board prior to December 31 of each year.~~

PART III.
STANDARDS OF PRACTICE.

§ 3.1. Place of business.

Each commercial driver training school licensed by the ~~Board~~ *Department of Motor Vehicles* shall maintain an established place of business.

§ 3.2. Surety bond.

All out-of-state schools soliciting business or providing training in Virginia ~~must~~ *shall* file with the ~~Board~~ *Department of Motor Vehicles* proof of a surety bond in the sum of $5,000 for the commercial driving training school, payable to the Commonwealth of Virginia, issued by a corporation licensed to transact surety business in the Commonwealth.

§ 3.3. Nature of business records to be maintained.

The following records ~~must~~ *shall* be maintained by each licensed school:

~~3.3.1.~~ *1.* A list of each student showing address and telephone number, the dates of instruction, fees paid, and the name of the instructor providing the instruction; ~~and~~

~~3.3.2.~~ *2.* Copies of all insurance policies ~~.~~ *; and*

~~3.3.3.~~ *3.* The current schedule of fees and charges prominently posted at the office of the school

§ 3.4. Availability of records for ~~Board~~ *Department of Motor Vehicles* inspection.

Records ~~must~~ *shall* be kept at the established place of business for a period of three years and shall be open and available for inspection by the ~~Board~~ *Department of Motor Vehicles'* representatives during normal business hours.

§ 3.5. Equipment.

Every school shall provide all necessary equipment to give instructions for driving motor vehicles, including motor vehicles in a safe mechanical condition.

~~3.5.1.~~ *A.* Each vehicle shall have dual controls consisting of dual brakes, dual inside rear view mirror, dual clutch (with standard transmission), and right and left hand outside mirrors.

~~3.5.2.~~ *B.* All passenger vehicles ~~must~~ *shall* be marked by a roof top sign in bold letters not less than 2-1/2 inches in height, clearly visible 100 feet from both front and rear, stating "Student Driver," "Learner," "New Driver" or words of a similar nature, and the name of the school must be shown on the outside of the vehicle.

§ 3.6. Advertising, guarantees, soliciting business, name.

~~3.6.1.~~ *A.* A school shall not use any name other than that shown on its license.

~~3.6.2.~~ *B.* A properly licensed school shall use only the words "Licensed by the ~~Board~~ ~~for~~ ~~Commercial~~ ~~Driver~~ ~~Training~~ ~~Schools~~ *Department of Motor Vehicles* of the Commonwealth of Virginia."

~~3.6.3.~~ *C.* No school or instructor shall assert or imply that it will guarantee that any student will pass the state license examination, or that the student can secure a license, or that the student will be guaranteed employment upon completion of any course of instruction.

§ 3.7. Discipline.

The ~~Board~~ *Department of Motor Vehicles* may refuse to license a school, refuse to renew, revoke, or suspend a license and ~~/or~~ *may* fine any licensee for any of the following:

~~3.7.1.~~ *1.* Willfully violating any provisions of Chapters 1, 2, and 3 of Title 54.1 and Chapter 10 ~~,~~ *of* Title 54.1 ~~,~~ *of the* Code of Virginia, ~~amended~~ or any regulations of the ~~Board~~ *Department of Motor Vehicles* .

~~3.7.2.~~ *2.* Giving to prospective students false, misleading, or fraudulent information relating to the school.

~~3.7.3.~~ *3.* Failure to maintain driver education equipment in a safe condition.

~~3.7.4.~~ *4.* Employing or otherwise engaging an instructor not licensed by the ~~Board~~ *Department of Motor Vehicles* .

~~3.7.5.~~ *5.* Providing instruction in the operation of a type of vehicle which the instructor is not licensed to operate.

~~3.7.6.~~ *6.* Permitting more than one student 18 years of age or older in a motor vehicle under his control while teaching driver education, except when the licensee is training driving instructors.

~~3.7.7.~~ *7.* Failure to provide instruction within a reasonable period following enrollment in a driver education course.

~~3.7.8.~~ *8.* Violating safety regulations or the laws of the Commonwealth, including without limitation those of the Virginia Department of Education, and the Virginia ~~Division~~ *Department* of Motor Vehicles.

BOARD OF NURSING

Title of Regulation: **VR 495-01-01. Board of Nursing**

Regulations.

Statutory Authority: §§ 54.1-2400 and 54.1-3005 of the Code of Virginia.

Effective Date: June 20, 1990.

Summary:

The new and amended Board of Nursing Regulations state the criteria for the establishment of and continuing approval of nursing and nurse aide education programs; requirements for licensure, certification and registration of registered nurses, licensed practical nurse aides; and practice requirements, disciplinary provisions and fees applicable to licensees and registrants under the jurisdiction of the board. The regulations are the result of the biennial review of the existing regulations as required by law and by the Public Participation Guidelines found at § 1.4 of the regulations. The proposed Part V of the regulations are to replace emergency regulations that became effective on May 11, 1989.

Amendments resulting from the review of comments are found in the following sections of the Board of Nursing Regulations:

§ 2.2 C 1 e, f and g.
§ 2.2 C 2 b.
§ 2.2 F 4 e.
§ 2.2. F 5 f.
§ 3.2. A.
§ 5.4 D 2 e(7).

The remaining new and amended regulations in Parts I, II, III and V were adopted as proposed. All relevant documents are available for inspection in the office of the Board of Nursing, 1601 Rolling Hills Drive, Richmond, Virginia 23229. Telephone (804) 662-9909.

VR 495-01-01. Board of Nursing Regulations.

PART I.
GENERAL PROVISIONS.

§ 1.1. Definitions.

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

"Approval" ~~, as used in these regulations, is synonymous with accreditation and~~ means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by the State Board of Education, State Council of Higher Education or an Act of the General Assembly.

"Baccalaureate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate degree with a major in nursing, provided that the institution is authorized to confer such degree by the State Board of Education, the State Council of Higher Education or an Act of the General Assembly.

"Board" means the State Board of Nursing.

"Clinical nurse specialist" means a licensed registered nurse who holds:

1. A master's degree from a board approved program which prepares the nurse to provide advanced clinical nursing services; and

2. Specialty certification from a national certifying organization acceptable to the board or registration with the board pursuant to § 3.10 A 5 of these regulations.

"Conditional approval" means a time-limited status which results when an approved nursing education program has failed to maintain requirements as set forth in § 2.2 of these regulations.

"Cooperating agency" means an agency or institution that enters into a written agreement to provide learning experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma or certificate.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure, offered by a Virginia school, that leads to a diploma or certificate in practical nursing, provided the school is authorized by the appropriate governmental agency.

"Program director" means a registered nurse who has been designated by the controlling authority to administer the nursing education program.

"Provisional approval" means the initial status granted to a nursing education program which shall continue until the first class has graduated and the board has taken final action on the application for approval.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved.

§ 1.2. Delegation of authority.

A. The executive director of the board shall issue a certificate of registration to each person who meets the requirements for initial licensure under §§ 54.1-3017, 54.1-3018, 54.1-3020 and 54.1-3021 of the Code of Virginia. Such certificates of registration shall bear the signature of the president of the board, the executive director and the director of the Department of Health Regulatory Boards.

B. The executive director shall issue license to each applicant who qualifies for such license under § 54.1-3011 of the Code of Virginia. Such licenses shall bear the name of the executive director.

C. The executive director shall be delegated the authority to execute all notices, orders and official documents of the board unless the board directs otherwise.

§ 1.3. Fees.

Fees required in connection with the licensing of applicants by the board are:

1. Application for R.N. Licensure $45
2. Application for L.P.N. Licensure $35
3. Biennial Licensure Renewal $28
4. Reinstatement Lapsed License $50
5. Duplicate License $10
6. Verification of License $10
7. Transcript of Examination Scores $5
8. Transcript of Applicant/Licensee Records $10
9. Returned Check Charge $15
10. Application for C.N.S. registration $50
11. Biennial renewal of C.N.S. registration $30
12. Reinstatement of lapsed C.N.S. registration $25
13. Verification of C.N.S. registration $25

§ 1.4. Public participation guidelines.

A. Mailing list.

The Virginia State Board of Nursing (board) will maintain a list of persons and organizations who will be mailed the following documents as they become available:

1. "Notice of intent" to promulgate regulations.

2. "Notice of public hearing" or "informational proceeding," the subject of which is proposed or existing regulation.

3. Final regulation adopted.

Any person wishing to be placed on the mailing list may do so by writing the board. In addition, the board, at its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all above-listed information. Individuals and organizations will be periodically requested to indicate their desire to continue to receive documents or be deleted from the list. Where mail is returned as undeliverable, individuals and organizations will be deleted from the list.

B. Notice of intent.

At least 30 days prior to publication of the notice to conduct an informational proceeding as required by § 9-6.14:1 of the Code of Virginia, the board will publish a "notice of intent." This notice will contain a brief and concise statement of the possible regulation or the problem the regulation would address and invite any person to provide written comment on the subject matter. Such notice shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

C. Public comment period.

At least once each biennium, the board will conduct an informational proceeding, which may take the form of a public hearing, to receive public comment on existing regulations. The purpose of the proceeding will be to solicit public comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance. Notice of such proceeding will be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations. Such proceedings may be held separately or in conjunction with other informational proceedings.

D. Petitions to the board.

Any person may petition the board to adopt, amend, or

delete any regulation. Any petition received shall appear on the next agenda of the board. The board shall have sole authority to dispose of the petition.

E. Publication in the Virginia Register of Regulations.

At any meeting of the board or any subcommittee or advisory committee, where the formulation or adoption of regulation occurs, the subject matter shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

F. Advisory committee.

The board, in cooperation with the Council on Health Regulatory Boards, may appoint advisory committees as they deem necessary to provide for adequate citizen participation in the formation, promulgation, adoption, and review of regulations.

PART II.
NURSING EDUCATION PROGRAMS.

§ 2.1. Establishing a nursing education program.

Phase I.

A. An institution wishing to establish a nursing education program shall:

1. Submit to the board, at least 15 months in advance of expected opening date, a statement of intent to establish a nursing education program;

2. Submit to the board, along with the statement of intent, a feasibility study to include the following information:

a. Studies documenting the need for the program;

b. Purpose and type of program;

c. Availability of qualified faculty;

d. Budgeted faculty positions;

e. Availability of clinical facilities for the program;

f. Availability of academic facilities for the program;

g. Evidence of financial resources for the planning, implementation and continuation of the program;

h. Anticipated student population;

i. Tentative time schedule for planning and initiating the program; and

j. Current catalog, if applicable.

3. Respond to the board's request for additional information.

B. A site visit shall be conducted by a representative of the board.

C. The board, after review and consideration, shall either approve or disapprove Phase I.

1. If Phase I is approved, the institution may apply for provisional approval of the nursing education program as set forth in these regulations.

2. If Phase I is disapproved, the institution may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)

Phase II.

D. The application for provisional approval shall be complete when the following conditions are met:

1. A program director has been appointed and there are sufficient faculty to initiate the program (§ 2.2.C of these regulations);

2. A tentative written curriculum plan developed in accordance with § 2.2.F of these regulations has been submitted; and

E. The board, after review and consideration, shall either grant or deny provisional approval.

1. If provisional approval is granted :

a. The admission of students is authorized; and

b. The program director shall submit quarterly progress reports to the board which shall include evidence of progress toward application for approval and other information as required by the board.

2. If provisional approval is denied, the institution may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)

F. Following graduation of the first class, the institution shall apply for approval of the nursing education program.

Phase III.

G. The application for approval shall be complete when a self-evaluation report of compliance with § 2.2 of these regulations has been submitted and a survey visit has been made by a representative of the board.

H. The board will review and consider the self-evaluation and the survey reports at the next regularly scheduled meeting.

I. The board shall either grant or deny approval. If denied, the institution may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)

§ 2.2. Requirements for approval.

A. Organization and administration.

1. The institution shall be authorized to conduct a nursing education program by charter or articles of incorporation of the controlling institution; by resolution of its board of control; or by the institution's own charter or articles of incorporation.

2. Universities, colleges, community or junior colleges, proprietary schools and public schools offering nursing education programs shall be accredited by the appropriate state agencies and the Southern Association of Colleges and Schools.

3. Hospitals conducting a nursing education program shall be accredited by the Joint Commission on Accreditation of ~~Hospitals~~ *Healthcare Organizations* .

4. Any agency or institution that is utilized by a nursing education program shall be one that is authorized to conduct business in the Commonwealth of Virginia, or in the state in which the agency or institution is located.

5. The authority and responsibility for the operation of the nursing education program shall be vested in a program director who is duly licensed to practice professional nursing in Virginia and who is responsible to the controlling board, either directly or through appropriate administrative channels.

6. A written organizational plan shall indicate the lines of authority and communication of the nursing education program to the controlling body; to other departments within the controlling institution; to the cooperating agencies; and to the advisory committee, if one exists.

7. Funds shall be allocated by the controlling agency to carry out the stated purposes of the program. The program director of the nursing education program shall be responsible for the budget recommendations and administration, consistent with the established policies of the controlling agency.

B. Philosophy and objectives.

~~Clearly~~ Written statements of philosophy and objectives shall be:

1. Formulated and accepted by the faculty;

2. Directed toward achieving realistic goals;

3. Directed toward the meaning of education, nursing and the learning process;

4. Descriptive of the practitioner to be prepared; and

5. The basis for planning, implementing and evaluating the total program.

C. Faculty.

1. Qualifications.

a. Every member of a nursing faculty, including the program director, shall hold a current license to practice as a registered nurse in Virginia.

b. Every member of a nursing faculty responsible for teaching students in a cooperating agency located outside the jurisdictional limits of Virginia ~~should hold a current license to practice nursing in~~ *shall meet the licensure requirements of* that jurisdiction ~~as well~~ .

c. The program director and each member of the nursing faculty shall maintain professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects and professional writing.

d. For baccalaureate degree programs:

(1) The program director shall hold a doctoral degree.

(2) Every member of the nursing faculty shall hold a graduate degree. Faculty members without a graduate degree with a major in nursing shall have a baccaluareate degree with a major in nursing.

(3) At least one faculty member in each clinical area shall have master's preparation in specialty.

e. For associate degree and diploma programs:

(1) The program director shall hold a graduate degree, preferably with a major in nursing.

(2) [The majority of the members ~~*Every member*~~] of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.

[(3) Other members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.]

f. For practical nursing programs.

(1) The program director shall hold a baccalaureate degree, preferably with a major in nursing.

(2) [The majority of the members ~~*Every member*~~] of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

[~~*g. Subdivisions c(2) and f(2) above shall not apply to those individuals who hold nursing faculty positions in a board approved nursing education program on the effective date of these regulations.*~~]

[~~h.~~ *g.*] Exceptions to provisions of subparagraphs d, e, and f of this subsection shall be by board approval.

(1) Initial request for exception.

(a) The program director shall submit a request for initial exception in writing for considerations at a regular board meeting prior to the term during which the nursing faculty member is scheduled to teach.

(b) A description of teaching assignment, a curriculum vitae and a statement of intent, from the prospective faculty member, to pursue the required degree shall accompany each request.

(2) Request for continuing exception.

(a) Continuing exception will be based on the progress of the nursing faculty member toward meeting the degree required by these regulations during each year for which the exception is requested.

(b) The program director shall submit the request for continuing exception in writing for consideration at a regular board meeting prior to the next term during which the nursing faculty member is scheduled to teach.

(c) A list of courses required for the degree being pursued and college transcripts showing successful completion of a minimum of two of the courses during the past academic year shall accompany each request.

(3) [*The executive director of the board shall be authorized to make the*] *initial decision on requests for* [~~*exception shall be delegated to the executive director of the board*~~ *exceptions*]. Any appeal of that decision shall be in accordance with the provisions of the Administrative Process Act (§ 9-6.14:1 et seq.).

2. Number.

a. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and such number shall be reasonably proportionate to:

(1) Number of students enrolled;

(2) Frequency of admissions;

(3) Education and experience of faculty members;

(4) Number and location of clinical facilities; and

(5) Total responsibilities of the faculty.

b. When students are giving direct care to patients,[~~the faculty member shall be on site and~~] the ~~maximum~~ ratio of students to faculty in clinical areas shall ~~be~~ *not exceed* 10 students to one faculty member.

3. Conditions of employment.

a. Qualifications and responsibilities for faculty positions shall be defined in writing.

b. Faculty assignments shall allow time for class and laboratory preparation; teaching; program revision; improvement of teaching methods; academic advisement and counseling of students; participation in faculty organizations and committees; attendance at professional meetings; and participation in continuing education activities.

4. Functions.

The principal functions of the faculty shall be to:

a. Develop, implement and evaluate the philosophy and objectives of the nursing education program;

b. Participate in designing, implementing, teaching, and evaluating and revising the curriculum;

c. Develop and evaluate student admission, progression, retention and graduation policies within the framework of the controlling institution;

d. Participate in academic advisement and counseling of students; and

e. Provide opportunities for student *and graduate* evaluation of curriculum and teaching and program effectiveness.

5. Organization.

a. The nursing faculty shall hold regular meetings for the purpose of developing, implementing and evaluating the nursing education program. Written rules shall govern the conduct of meetings.

b. All members of the faculty shall participate in the regular faculty meetings.

c. Committees shall be established to implement the

functions of the faculty.

d. Minutes of faculty and committee meetings, including actions taken, shall be recorded and available for reference.

e. There shall be provision for student participation.

D. Students.

1. Admission, promotion and graduation.

a. Requirements for admission to the nursing education program shall not be less than the statutory requirements that will permit the graduate to be admitted to the appropriate licensing examination.

(EXPLANATORY NOTE: Reference subdivision 1 of subsection A of § 54.1-3017 of the Code of Virginia: The equivalent of a four-year high school course of study is considered to be:

(1) A General Educational Development (GED) certificate for high school equivalence; or

(2) Satisfactory completion of the college courses required by the nursing education program.)

b. Students shall be selected on the basis of established criteria and without regard to age, race, creed, sex or national origin.

c. Requirements for admission, readmission, advanced standing, progression, retention, dismissal and graduation shall be available to the students in written form.

E. Records.

1. School records.

A system of records shall be maintained and be made available to the board representative and shall include:

a. Data relating to accreditation by any agency or body,

b. Course outlines,

c. Minutes of faculty and committee meetings,

d. Reports of standardized tests,

e. Survey reports.

2. Student records.

a. A file shall be maintained for each student. Each file shall be available to the board representative and shall include:

(1) The student's application,

(2) High school transcript or copy of high school equivalence certificate,

(3) Current record of achievement.

b. A final transcript shall be retained in the permanent file of the institution.

c. Provision shall be made for the protection of student and graduate records against loss, destruction and unauthorized use.

3. School bulletin or catalogue.

Current information about the nursing education program shall be published periodically and distributed to students, applicants for admission and the board. Such information shall include:

a. Description of the program.

b. Philosophy and objectives of the controlling institution and of the nursing program.

c. Admission and graduation requirements.

d. Fees.

e. Expenses.

f. Financial aid.

g. Tuition refund policy.

h. Education facilities.

i. Living accommodations.

j. Student activities and services.

k. Curriculum plan.

l. Course descriptions.

m. Faculty-staff roster.

n. School calender.

F. Curriculum.

1. Curriculum shall reflect the philosophy and objectives of the nursing education program, and shall be consistent with the law governing the practice of nursing.

2. The ratio between nursing and nonnursing credit shall be based on a rationale to ensure sufficient preparation for the safe and effective practice of nursing.

3. Learning experiences shall be selected to fulfill curriculum objectives.

4. Nursing education programs preparing for practical nursing licensure shall include:

a. Principles and practice in nursing encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle;

b. Basic concepts of the nursing process;

c. Basic concepts of anatomy, physiology, chemistry, physics and microbiology;

d. Basic concepts of communication, growth and development, interpersonal relations, patient education and cultural diversity;

e. Ethics, nursing history and trends, vocational and legal aspects of nursing , *including* [~~*the Virginia nurse practice act and*~~] *regulations* [;] and [*sections of the Code of Virginia related to nursing; and*]

f. Basic concepts of pharmacology, nutrition and diet therapy.

5. Nursing education programs preparing for registered nurse licensure shall include:

a. Theory and practice in nursing, encompassing the attainment and maintenance of physical and mental health and the prevention of illness throughout the life cycle for individuals, groups and communities;

b. Concepts of the nursing process;

c. Concepts of anatomy, physiology, chemistry, microbiology and physics;

d. Sociology, psychology, communications, growth and development, interpersonal relations, group dynamics, cultural diversity and humanities;

e. Concepts of pharmacology, nutrition and diet therapy, and pathophysiology;

f. Concepts of ethics, nursing history and trends, and the professional and legal aspects of nursing , *including* [~~*the Virginia nurse practice act and*~~] *regulations* [;] and [*sections of the Code of Virginia related to nursing; and*]

g. Concepts of leadership, management and patient education.

G. Resources, facilities and services.

1. Periodic evaluations of resources, facilities and services shall be conducted by the administration, faculty , students and graduates of the nursing education program .

2. Secretarial and other support services shall be provided.

3. Classrooms, conference rooms, laboratories , clinical facilities and offices shall be available to meet the objectives of the nursing education program and the needs of the students, faculty, administration and staff.

4. The library shall have holdings that are current, pertinent and accessible to students and faculty, and sufficient in number to meet the needs of the students and faculty.

5. Written agreements with cooperating agencies shall be developed, maintained and periodically reviewed. The agreement shall:

a. Ensure full control of student education by the faculty of the nursing education program, including the selection and supervision of learning experiences.

b. Provide that an instructor shall be present on the clinical unit(s) to which students are assigned for direct patient care.

c. Provide for cooperative planning with designated agency personnel.

6. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives.

7. Cooperating agencies shall be approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

H. Program changes requiring board of nursing approval.

The following proposed changes require board approval prior to their implementation:

1. Proposed changes in the nursing education program's philosophy and objectives that result in program revision.

2. Proposed changes in the curriculum that result in alteration of the length of the nursing education program.

3. Proposed additions, deletions or major revisions of courses.

I. Procedure for approval of program change.

1. When a program change is contemplated, the

program director shall inform the board or board representative.

2. When a program change is requested, a plan shall be submitted to the board including:

a. Proposed change,

b. Rationale for the change,

c. Relationship of the proposed change to the present program.

3. Twelve copies of these materials shall be submitted to the board at least three weeks prior to the board meeting at which the request will be considered.

§ 2.3. Procedure for maintaining approval.

A. The program director of each nursing education program shall submit an annual report to the board.

B. Each nursing education program shall be reevaluated at least every eight years and shall require:

1. A comprehensive self-evaluation report based on § 2.2 of these regulations, and

2. A survey visit by a representative(s) of the board on dates mutually acceptable to the institution and the board.

C. The self-evaluation and survey visit reports shall be presented to the board for consideration and action at a regularly scheduled board meeting. The reports and the action taken by the board shall be sent to the appropriate administrative officers of the institution. In addition, a copy shall be forwarded to the executive officer of the state agency or agencies having program approval authority or coordinating responsibilities for the governing institutions.

D. Interim visits shall be made to the institution by board representatives at any time within the eight-year period either by request or as deemed necessary by the board.

E. A nursing education program shall continue to be approved provided the requirements set forth in § 2.2 of these regulations are attained and maintained.

F. If the board determines that a nursing education program is not maintaining the requirements of § 2.2 of these regulations, the program shall be placed on conditional approval and the governing institution shall be given a reasonable period of time to correct the identified deficiencies. The institution may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)

G. If the governing institution fails to correct the identified deficiencies within the time specified by the board, the board shall withdraw the approval following a hearing held pursuant to the provisions of the Administrative Process Act. (§ 9-6.14:1 et seq.) Sections 2.4. B and C of these regulations shall apply to any nursing education program whose approval has been withdrawn.

§ 2.4. Closing of an approved nursing education program.

A. Voluntary closing.

When the governing institution anticipates the closing of a nursing education program, it shall notify the board in writing, stating the reason, plan and date of intended closing. The governing institution shall choose one of the following closing procedures:

1. The program shall continue until the last class enrolled is graduated.

a. The program shall continue to meet the standards for approval until all of the enrolled students have graduated.

b. The date of closure is the date on the degree, diploma or certificate of the last graduate.

c. The governing institution shall notify the board of the closing date.

2. The program shall close after the governing institution has assisted in the transfer of students to other approved programs.

a. The program shall continue to meet the standards required for approval until all students are transferred.

b. A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.

c. The date on which the last student was transferred shall be the closing date of the program.

B. Closing as a result of denial or withdrawal or approval.

When the board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:

1. The program shall close after the institution has made a reasonable effort to assist in the transfer of students to other approved programs. A time frame for the transfer process shall be established by the board.

2. A list of the names of students who have transferred to approved programs and the date on

which the last student was transferred shall be submitted to the board by the governing institution.

3. The date on which the last student was transferred shall be the closing date of the program.

C. Custody of records.

Provision shall be made for custody of records as follows:

1. If the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The institution shall inform the board of the arrangements made to safeguard the records.

2. If the governing institution ceases to exist, the academic transcript of each student and graduate shall be transferred by the institution to the board for safekeeping.

§ 2.5. Clinical nurse specialist education program.

An approved program shall be offered by:

1. A nationally accredited school of nursing within a college or university that offers a master's degree in nursing designed to prepare a registered nurse for advanced practice in a clinical specialty in nursing; or

2. A college or university that offers a master's degree consistent with the requirements of a national certifying organization as defined in § 1.1 of these regulations.

PART III.
LICENSURE AND PRACTICE.

§ 3.1. Licensure by examination.

A. The board shall administer examinations for registered nurse licensure and examinations for practical nurse licensure no less than twice a year.

B. The minimum passing score on the examination for registered nurse licensure shall be determined by the board.

C. If a candidate does not take the examination when scheduled, the application shall be retained on file as required for audit *and the candidate must file a new application and fee to be rescheduled* .

D. Any applicant suspected of giving or receiving unauthorized assistance during the writing of the examination shall be noticed for a hearing before the board to determine whether the license shall be issued.

E. The board shall not release examination ~~scores~~ *results of a candidate* to any individual or agency without written authorization from the applicant or licensee.

F. An applicant for the licensing examination shall:

1. File the required application and fee no less than 60 days prior to the scheduled date of the examination.

2. Arrange for the board to receive the final certified transcript from the nursing education program at least 15 days prior to the examination date or as soon thereafter as possible. The transcript must be received prior to the reporting of the examination results to candidates.

G. Fifteen days prior to an examination date, all program directors shall submit a list of the names of those students who have completed or are expected to complete the requirements for graduation since the last examination . Any change in the status of a candidate within the above specified 15-day period shall be reported to the board immediately.

H. Practice of nursing pending receipt of examination results.

1. Graduates of approved nursing education programs may practice nursing in Virginia pending the results of the first licensing examination given by a board of nursing following their graduation, provided they have filed an application for licensure in Virginia. Candidates taking the examination in Virginia shall file the application for licensure by examination. Candidates taking the examination in other jurisdictions shall file the application for licensure by endorsement.

2. Candidates who practice nursing as provided in § 3.1 I 1 of these regulations shall use the designation "R.N. Applicant" or "L.P.N. Applicant" when signing official records.

3. The designations "R.N. Applicant" and "L.P.N. Applicant" shall not be used by applicants who do not take or who have failed the first examination for which they are eligible.

I. Applicants who fail the examination.

1. An applicant who fails the licensing examination shall not be licensed or be authorized to practice nursing in Virginia.

2. An applicant for reexamination shall file the required application and fee no less than 60 days prior to the scheduled date of the examination.

3. Applicants who have failed the licensing examination in another U.S. jurisdiction and who meet the qualifications for licensure in this jurisdiction may apply for licensure by examination in Virginia. Such

applicants shall submit the required application and fee. Such applicants shall not, however, be permitted to practice nursing in Virginia until the requisite license has been issued.

§ 3.2. Licensure by endorsement.

A. A graduate of an approved nursing education program who has been licensed by examination in another U.S. jurisdiction and whose license is in good standing , *or is eligible for reinstatement, if lapsed,* shall be eligible for licensure by endorsement in Virginia, provided the [~~qualifications for licensure were equivalent to those in effect in Virginia at the time the applicant was initially licensed~~ *applicant satisfies the requirements for registered nurse or practical nurse licensure*].

B. An applicant for licensure by endorsement shall submit the required application and fee and submit the required form to the appropriate credentialing agency in the state of original licensure for verification of licensure. Applicants will be notified by the board after 30 days, if the completed verification form has not been received.

C. If the application is not completed within one year of the initial filing date, the application shall be retained on file by the board as required for audit.

§ 3.3. Licensure of applicants from other countries.

A. Applicants whose basic nursing education was received in, and who are duly licensed under the laws of another country, shall be scheduled to take the licensing examination provided they meet the statutory qualifications for licensure. Verification of qualification shall be based on documents submitted as required in § 3.3 B and C of these regulations.

B. Such applicants for registered nurse licensure shall:

1. Submit evidence of a passing score on the Commission on Graduates of Foreign Nursing Schools Qualifying Examination; and

2. Submit the required application and fee for licensure by examination.

C. Such applicants for practical nurse licensure shall:

1. Request a transcript from the nursing education program to be submitted directly to the board office;

2. Provide evidence of secondary education to meet the statutory requirements;

3. Request that the credentialing agency, in the country where licensed, submit the verification of licensure; and

4. Submit the required application and fee for licensure by examination.

§ 3.4. Renewal of licenses.

A. Licensees born in even-numbered years shall renew their licenses by the last day of the birth month in even-numbered years. Licensees born in odd-numbered years shall renew their licenses by the last day of the birth month in odd-numbered years.

B. No less than 30 days prior to the last day of the licensee's birth month, an application for renewal of license shall be mailed by the board to the last known address of each licensee, who is currently licensed.

C. The licensee shall complete the application and return it with the required fee.

D. Failure to receive the application for renewal shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

E. The license shall automatically lapse if the licensee fails to renew by the last day of the birth month.

F. Any person practicing nursing during the time a license has lapsed shall be considered an illegal practitioner and shall be subject to prosecution under the provisions of § 54.1-3008 of the Code of Virginia.

§ 3.5. Reinstatement of lapsed licenses.

A. A nurse whose license has lapsed shall file a reinstatement application and pay the current renewal fee and the reinstatement fee.

B. The board may request evidence that the nurse is prepared to resume practice in a competent manner.

§ 3.6. Replacement of lost license.

A. The licensee shall report in writing the loss of the original certificate of registration or the current license.

B. A duplicate license for the current renewal period shall be issued by the board upon receipt of the required form and fee.

§ 3.7. Evidence of change of name.

A licensee who has changed his name shall submit as legal proof to the board a copy of the marriage certificate or court order evidencing the change. A duplicate license shall be issued by the board upon receipt of such evidence and the required fee.

§ 3.8. Requirements for current mailing address.

A. All notices, required by law and by these regulations to be mailed by the board to any licensee, shall be validly given when mailed to the latest address on file with the board.

B. Each licensee shall maintain a record of his current mailing address with the board.

C. Any change of address by a licensee shall be submitted in writing to the board within 30 days of such change.

§ 3.9. Licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a registered nurse or a licensed dentist within the context of § 54.1-3408 of the Code of Virginia.

§ 3.10. Clinical nurse specialist registration.

A. Initial registration.

An applicant for initial registration as a clinical nurse specialist shall:

1. Be currently licensed as a registered nurse in Virginia;

2. Submit evidence of graduation from an approved program as defined in § 2.5 of these regulations;

3. Submit evidence of current specialty certification from a national certifying organization as defined in § 1.1 of these regulations; and

4. Submit the required application and fee.

5. EXCEPTION: An individual who has practiced as a clinical nurse specialist in Virginia within the 12 months immediately preceding the effective date of these regulations shall:

a. Be currently licensed as a registered nurse in Virginia;

b. File the required application and fee within 120 days of the effective date of these regulations;

c. Submit evidence of a master's degree acceptable to the board; and

d. Submit evidence of employment as a clinical nurse specialist in Virginia within the 12 months immediately preceding the effective date of these regulations.

B. Renewal of registration.

1. Registration as a clinical nurse specialist shall be renewed biennially at the same time the registered nurse license is renewed.

2. The clinical nurse specialist shall complete the renewal application and return it with the required fee and evidence of current specialty certification unless registered in accordance with § 3.10 A 5 of these regulations.

3. Registration as a clinical nurse specialist shall lapse if the registered nurse license is not renewed and may be reinstated as follows:

a. Reinstatement of R.N. license;

b. Payment of reinstatement and current renewal fees; and

c. Submission of evidence of continued specialty certification unless registered in accordance with § 3.10 A 5 of these regulations.

§ 3.11. Clinical nurse specialist practice.

A. The practice of clinical nurse specialists shall be consistent with the

1. Education required in § 2.5. of these regulations, and

2. Experience required for specialist certification.

B. The clinical nurse specialist shall provide those advanced nursing services that are consistent with the standards of specialist practice as established by a national certifying organization for the designated specialty and in accordance with the provisions of Title 54.1 of the Code of Virginia.

C. Advanced practice as a clinical nurse specialist shall include but shall not be limited to performance as an expert clinician to:

1. Provide direct care and counsel to individuals and groups;

2. Plan, evaluate and direct care given by others; and

3. Improve care by consultation, collaboration, teaching and the conduct of research.

PART IV.
DISCIPLINARY PROVISIONS.

§ 4.1. The board has the authority to deny, revoke or suspend a license issued, or to otherwise discipline a licensee upon proof that the licensee has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

A. Fraud or deceit shall mean, but shall not be limited to:

1. Filing false credentials;

2. Falsely representing facts on an application for initial license, reinstatement or renewal of a license; or

3. Giving or receiving assistance in writing the licensing examination.

B. Unprofessional conduct shall mean, but shall not be limited to:

1. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 of Title 54.1, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;

2. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;

3. Obtaining supplies, equipment or drugs for personal or other unauthorized use;

4. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;

5. Falsifying or otherwise altering patient or employer records;

6. Abusing, neglecting or abandoning patients or clients; or

7. Practice of a clinical nurse specialist beyond that defined in § 3.11. of these regulations.

8. Holding self out as or performing acts constituting the practice of a clinical nurse specialist unless so registered by the Board.

§ 4.2. Any sanction imposed on the registered nurse license of a clinical nurse specialist shall have the same effect on the clinical nurse specialist registration.

PART V.
CERTIFIED NURSE AIDES.

§ 5.1. Definitions.

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

"Nurse aide education program" means a program designed to prepare nurse aides for certification.

"Nursing facility" means a licensed nursing home or a Medicare or Medicaid certified skilled or intermediate care facility or unit.

"Primary instructor" means a registered nurse who is responsible for teaching and evaluating the students enrolled in a nurse aide education program.

"Program coordinator" menas a registered nurse who is administratively responsible and accountable for a nurse aide education program.

"Program provider" means an entity which conducts a nurse aide education program.

§ 5.2. Delegation of authority.

The executive director of the board shall issue a certificate as a certified nurse aide to each applicant who qualifies for such a certificate under §§ 54.1-3025, 54.1-3026 and 54.1-3028 of the Code of Virginia.

§ 5.3. Fees.

1. Application for nurse aide certification $15

2. Biennial certificate renewal $15

3. Duplicate license fee $10

4. Return check charge $15

§ 5.4. Nurse aide education programs.

A. Establishing a nurse aide education program.

1. A program provider wishing to establish a nurse aide education program shall submit an application to the board at least 90 days in advance of the expected opening date.

2. The application shall provide evidence of the ability of the institution to comply with § 5.4 B of these regulations.

3. The application shall be considered at a meeting of the board. The board shall, after review and consideration, either grant or deny approval.

4. If approval is denied the program provider may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)

B. Maintaining an approved nurse aide education program.

To maintain approval, the nurse aide education program shall demonstrate evidence of compliance with the following essential elements:

1. Curriculum content and length as set forth in §§ 5.4 D and 5.4 G of these regulations.

2. Maintenance of qualified instructional personnel as set forth in § 5.4 C of these regulations.

3. Classroom facilities that meet requirements set forth in § 5.4 H of these regulations.

4. Maintenance of records as set forth in § 5.4 E of

these regulations.

5. Skills training experience in a nursing facility which was not terminated from the Medicare or Medicaid programs during the past two years.

C. Instructional personnel.

1. Program coordinator/primary instructor.

a. Nursing facility based programs.

*(1) The program coordinator in a nursing facility based program may be the director of nursing services. The director of nursing may assume the administrative responsibility and accountability for the nurse aide education program.**

(2) The primary instructor shall hold a current Virginia license as a registered nurse and shall have at least one year of experience, within the preceding five years, in a nursing facility.

b. Programs other than those based in nursing facilities.

The program coordinator/primary instructor, who does the actual teaching of the students, shall hold a current Virginia license as a registered nurse and shall have two years of experience, within the preceding five years, in caring for the elderly or chronically ill of any age. Such experience may include, but not be limited to, employment in a nurse aide education program or employment in or supervision of nursing students in a nursing facility or unit, geriatrics department, chronic care hospital, home care or other long-term care setting. Experience should include varied responsibilities, such as direct resident care, supervision and education.

c. Prior to being assigned to teach the nurse aide education program, the program coordinator/primary instructor shall demonstrate competence to teach adults by one of the following:

(1) Complete satisfactorily a "train-the-trainer" program approved by the board; or

(2) Complete satisfactorily a credit or noncredit course or courses approved by the board, the content of which must include:

(a) Basic principles of adult learning;

(b) Teaching methods and tools for adult learners; and

(c) Evaluation strategies and measurement tools for assessing the learning outcomes; or

(3) Provide evidence acceptable to the board of experience in teaching adult learners within the preceding five years.

2. Each of the other instructional personnel responsible for clinical instruction shall hold a current Virginia license as a registered nurse and have had at least two years of direct patient care experience as a registered nurse.

3. The program may utilize resource personnel to meet the planned program objectives for specific topics.

4. When students are giving direct care to clients in clinical areas, instructional personnel must be on site and the ratio of students to each instructor shall not exceed ten students to one instructor.

D. Curriculum.

1. The objective of the nurse aide education program shall be to prepare a nurse aide to provide quality services to clients under the supervision of licensed personnel. The graduate of the nurse aide education program shall be prepared to:

a. Communicate and interact competency on a one-to-one basis with the clients;

b. Demonstrate sensitivity to clients' emotional, social, and mental health needs through skillful directed interactions;

c. Assist clients in attaining and maintaining functional independence;

d. Exhibit behavior in support and promotion of clients' rights; and

e. Demonstrate skills in observation and documentation needed to participate in the assessment of clients' health, physical condition and well-being.

2. Content.

The curriculum shall include, but shall not be limited to, classroom and clinical instruction in the following:

a. Initial core curriculum (minimum 16 hours). The classroom instruction prior to the direct involvement of a student with a nursing facility client must include, at a minimum, the topics listed below:

(1) Communication and interpersonal skills,

(2) Infection control,

(3) Safety and emergency procedures,

(4) Promoting client independence, and

(5) Respecting clients' rights.

b. Basic skills.

(1) Recognizing abnormal signs and symptoms of common diseases and conditions (e.g., shortness of breath, rapid respirations, fever, coughs, chills, pains in chest, blue color to lips, pain in abdomen, nausea, vomiting, drowsiness, sweating, excessive thirst, pus, blood or sediment in urine, difficulty urinating, urinating in frequent small amounts, pain or burning on urination, urine with dark color or strong odor) which indicate that the licensed nurse should be notified.

(2) Measuring and recording routine vital signs.

(3) Measuring and recording height and weight.

(4) Caring for the clients' environment.

(5) Measuring and recording fluid and food intake and output.

(6) Performing basic emergency measures.

(7) Caring for client when death is imminent.

c. Personal care skills.

(1) Bathing and oral hygiene.

(2) Grooming.

(3) Dressing.

(4) Toileting.

(5) Assisting with eating and hydration including proper feeding techniques.

(6) Caring for skin.

d. Individual client's needs including mental health and social service needs and care of cognitively impaired clients.

(1) Identifying the psychosocial characteristics of the populations who reside in nursing homes.

(2) Modifying behavior in response to behavior of clients.

(3) Identifying developmental tasks associated with the aging process.

(4) Providing training in and the opportunity for self care according to clients' capabilities.

(5) Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.

(6) Demonstrating skills supporting age-appropriate behavior by allowing the client to make personal choices, providing and reinforcing other behavior consistent with clients' dignity.

(7) Utilizing client's family or concerned others as a source of emotional support.

e. Skills for basic restorative services.

(1) Using assistive devices in ambulation, eating and dressing.

(2) Maintaining range of motion.

(3) Turning and positioning, both in bed and chair.

(4) Transferring.

(5) Bowel and bladder training.

(6) Caring for and using prosthetic devices.

[~~*(7) Positioning of therapeutic devices.*~~]

f. Clients' rights.

(1) Providing privacy and maintaining confidentiality.

(2) Promoting the client's right to make personal choices to accommodate individual needs.

(3) Giving assistance in resolving grievances.

(4) Providing assistance necessary to participate in client and family groups and other activities.

(5) Maintaining care and security of the client's personal possessions.

(6) Providing care that maintains the client free from abuse, mistreatment or neglect and reporting improper care to appropriate persons.

(7) Maintaining the client's environment and care to minimize the need for physical and chemical restraints.

3. Unit objectives.

a. Objectives for each unit of instruction shall be stated in behavioral terms including measurable performance criteria.

b. Objectives shall be reviewed with the students at

the beginning of each unit.

E. Records.

1. Each nurse aide education program shall develop an individual performance record of major duties and skills taught. This record will consist of, at a minimum, a listing of the duties and skills expected to be learned in the program, space to record when the nurse aide student performs this duty or skill, spaces to note satisfactory or unsatisfactory performance, the date of performance, and the instructor supervising the performance. At the completion of the nurse aide education program, the nurse aide and his employer must receive a copy of this record.

2. A record of the reports of graduates' performance on the approved competency evaluation program shall be maintained.

3. A record that documents the disposition of complaints against the program shall be maintained.

F. Student identification.

The nurse aide students shall wear identification that is clearly recognizable to clients, visitors and staff.

G. Length of program.

1. The program shall be at least 80 hours in length.

2. The program shall provide for at least 16 hours of instruction prior to direct involvement of a student with a nursing facility client.

3. Skills training in clinical settings shall be at least 40 hours. Five of the clinical hours may be in a setting other than a nursing home.

4. Employment orientation to facilities used in the education program must not be included in the 80 hours allotted for the program.

H. Classroom facilities.

The nurse aide education program shall provide facilities that meet federal and state requirements including

1. Comfortable temperatures.

2. Clean and safe conditions.

3. Adequate lighting.

4. Adequate space to accommodate all students.

5. All equipment needed, including audio-visual equipment and that needed for simulating resident care.

I. Program review.

1. Each nurse aide education program shall be reviewed on site by an agent of the board at least every two years following initial review.

2. The report of the site visit shall be presented to the board for consideration and action. The report and the action taken by the board shall be sent to the appropriate administrative officer of the program.

3. The program coordinator shall prepare and submit a program evaluation report on a form provided by the board in the intervening year that an on site review is not conducted.

4. A nurse aide education program shall continue to be approved provided the requirements set forth in subsections B through H of § 5.4 of these regulations are maintained.

5. If the board determines that a nurse aide education program is not maintaining the requirements of § 5.4 B-H of these regulations, the program shall be placed on conditional approval and be given a reasonable period of time to correct the identified deficiencies. The program provider may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)

6. If the program fails to correct the identified deficiencies within the time specified by the board, the board shall withdraw the approval following a hearing held pursuant to the provisions of the Administrative Process Act. (§ 9-6.14:1 et seq.)

J. Curriculum changes.

Changes in curriculum must be approved by the board prior to implementation and shall be submitted for approval at the time of a report of a site visit or the report submitted by the program coordinator in the intervening years.

K. Closing of a nurse education program.

When a nurse aide education program closes, the program provider shall:

1. Notify the board of the date of closing.

2. Submit to the board a list of all graduates with the date of graduation of each.

§ 5.5. Nurse aide competency evaluation.

A. The board may contract with a test service for the development and administration of a competency evaluation.

B. All individuals completing a nurse aide education program in Virginia shall successfully complete the competency evaluation required by the board prior to making application for certification and to using the title Certified Nurse Aide.

C. The board shall determine the minimum passing score on the competency evaluation.

§ 5.6. Nurse aide registry.

A. Initial certification by examination.

1. To be placed on the registry and certified, the nurse aide must:

a. Satisfactorily complete a nurse aide education program approved by the board; or

b. Be enrolled in a nursing education program preparing for registered nurse or practical nurse licensure, have completed at least one nursing course which includes clinical experience involving client care; or

c. Have completed a nursing education program preparing for registered nurse licensure or practical nurse licensure; and

d. Pass the competency evaluation required by the board; and

e. Submit the required application and fee to the board.

2. Initial certification by endorsement.

a. A graduate of a state approved nurse aide education program who has satisfactorily completed a competency evaluation program and been registered in another state may apply for certification in Virginia by endorsement.

b. An applicant for certification by endorsement shall submit the required application and fee and submit the required verification form to the credentialing agency in the state where registered, certified or licensed within the last two years.

3. Initial certification shall be for two years.

B. Renewal of certification.

1. No less than 30 days prior to the expiration date of the current certification, an application for renewal shall be mailed by the board to the last known address of each currently registered certified nurse aide.

2. The certified nurse aide shall return the completed application with the required fee and verification of performance of nursing-related activities for compensation within the preceding two years.

3. Failure to recieve the application for renewal shall not relieve the certificate holder of the responsibility for renewing the certification by the expiration date.

4. A certified nurse aide who has not performed nursing-related activities for compensation during the two years preceding the expiration date of the certification shall repeat an approved nurse aide education program and the nurse aide competency evaluation prior to applying for recertification.

C. Reinstatement of lapsed certification.

An individual whose certification has lapsed shall file the required application and renewal fee and [:]

1. Verification of performance of nursing-related activities for compensation within the preceding two years; or

2. When nursing activities have not been performed during the preceding two years, evidence of having repeated an approved nurse aide education program and the nurse aide competency evaluation.

D. Evidence of change of name.

A certificate holder who has changed his name shall submit as legal proof to the board a copy of the marriage certificate or court order authorizing the change. A duplicate certificate shall be issued by the board upon receipt of such evidence and the required fee.

E. Requirements for current mailing address.

1. All notices required by law and by these regulations to be mailed by the board to any certificate holder shall be validly given when mailed to the latest address on file with the board.

2. Each certificate holder shall maintain a record of his current mailing address with the board.

3. Any change of address by a certificate holder shall be submitted in writing to the board within 30 days of such change.

§ 5.7. The board has the authority to deny, revoke or suspend a certificate issued, or to otherwise discipline a certificate holder upon proof that he has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit shall mean, but shall not be limited to:

a. Filing false credentials;

b. Falsely representing facts on an application for initial certification, reinstatement or renewal of a certificate; or

c. Giving or receiving assistance in taking the competency evaluation.

2. Unprofessional conduct shall mean, but shall not be limited to:

a. Performing acts beyond those authorized for practice as a nurse aide as defined in Chapter 30 of Title 54.1;

b. Assuming duties and responsibilities within the practice of a nurse aide without adequate training or when competency has not been maintained;

c. Obtaining supplies, equipment or drugs for personal or other unauthorized use;

d. Falsifying or otherwise altering client or employer records;

e. Abusing, neglecting or abandoning clients; or

f. Having been denied a license or having had a license issued by the board revoked or suspended.

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** Implementing instructions, dated April 1989, from the Health Care Financing Administration, of the U.S. Department of Health and Human Services, state that, "When the program coordinator is the director of nursing, qualified assistance must be available so that the nursing service responsibilities of the director of nursing are covered."*

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BOARD OF CORRECTIONS

Title of Regulation: **VR 230-30-008. Regulations for State Reimbursement of Local Correctional Facility Construction Costs.**

Statutory Authority: §§ 53.1-80 through 53.1-82 of the Code of Virginia.

Effective Dates: May 1, 1990 through April 30, 1991.

Preamble:

The 1989 amendments to §§ 53.1-80 through 53.1-82 of the Code of Virginia provide that the Board of Corrections shall promulgate regulations for reimbursing localities for construction, enlargement, or renovation of local or regional jail facilities. Such regulations provide certain criteria for assessing need and establishing priorities, and serve as guidelines in evaluating requests for reimbursement and to ensure fair and equitable distribution of State funds provided for such purpose. These regulations will be used by the Department of Corrections in preparing requests for appropriations.

The Department of Corrections has submitted evidence of significant overcrowding of Virginia's local jails and state institutions. These conditions and ways to reduce overcrowding are also the subject of the final report of the Commission on Prison and Jail Overcrowding dated December 11, 1989. The Board hereby finds that reimbursement for local and regional jail construction, enlargement or renovation is an important part of addressing such overcrowding conditions, that compliance with the Administrative Process Act in the adoption of these regulations will produce significant delays and jeopardize ongoing jail facilities construction, and that therefore, an emergency exists. Accordingly, the Board of Corrections hereby promulgates this regulation, subject to the approval of the Governor, on an emergency basis in accordance with § 9-6.14:4.1 C.5. of the Code of Virginia.

This regulation shall remain in effect from May 1, 1990 until April 30, 1991, or until the earlier effective date of such similar regulation developed under Article 2 of the Administrative Process Act and the Board's own public participation guidelines.

The Board of Corrections will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

VR 230-30-008. Regulations for State Reimbursement of Local Correctional Facility Construction Costs.

PART I.
INTRODUCTION.

§ 1.1. Definitions.

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

"Board" means the Virginia Board of Corrections.

"Board standards" means Guide for Minimum Standards in Design and Construction of Jail Facilities, and Minimum Standards for Local Jails and Lockups.

"Department" means the Virginia Department of Corrections.

"Enlargement/Expansion" means to expand the current local correctional facility by the construction of additional area(s) as may be determined by need or as required by law or regulation.

"Local correctional facility" means any jail, jail farm, or other place used for the detention or incarceration of adult offenders, excluding a lock-up, which is owned, maintained, or operated by any political subdivision or combination of political subdivisions of the Commonwealth.

"Needs assessment" means an evaluation of trends and factors at the local or regional level which may affect current and future local or regional correctional facility needs, and the assessment of local or regional correctional facilities available to meet such needs which is used as the basis for a locality's request for reimbursement of local correctional facility construction costs.

"New construction" means to erect a local correctional facility, to replace an outdated local correctional facility, or to establish a local correctional facility as may be determined by need or required by law or regulation.

"Operating capacity" means operating capacity as established by the Department of Corrections and as reported on the Population Survey of Local Correctional Facilities (Tuesday Report).

"Procedures" means Procedures for Receiving State Reimbursement for Local Correctional Facility Construction, Enlargement or Renovation.

"Renovation" means the alteration or other modification of an existing local correctional facility or piece of stationary equipment for the purpose of modernizing or changing the use or capability of such local correctional facility or stationary equipment as may be determined by need or required by law or regulation. Renovation does not include work on or replacement of a local correctional facility or stationary equipment which may be generally associated with normal wear and tear and included in routine maintenance. Renovation renders the facility, item, or area superior to the original.

"Replacement" means the construction of a local correctional facility in place of a like local correctional facility or the purchasing of stationary equipment to

replace stationary equipment which has been so damaged or outlived its useful life that it cannot be economically renovated or repaired.

"Reviewing authority" means a department, division or agency delegated by the Governor to act in his behalf in reviewing projects for reimbursement approval.

"Routine maintenance" means the normal and usual type of repair or replacement necessary as the result of periodic maintenance inspections or normal wear and tear of a local correctional facility or equipment.

"Stationary equipment" means built-up equipment or fixtures normally included in a structure at the time of construction.

PART II.
AUTHORITY AND PURPOSE.

§ 2.1. Legal Basis.

The State Board of Corrections is charged with the responsibility for approving all requests from localities for financial assistance relative to construction, enlargement, or renovation of a local correctional facility. These regulations have been promulgated by the Board for the purpose of carrying out the provisions of Sections 53.1-80 through 53.1-82 of the Code of Virginia in order to:

1. Include criteria which may be used to assess need and establish priorities;

2. Serve as guidelines in evaluating requests for such reimbursement; and

3. Ensure the fair and equitable distribution of state funds provided for such purpose.

Section 53.1-83 of the Code of Virginia sets the limitations of money that the Commonwealth can reimburse localities for construction, enlargement or renovation of jails.

These requirements supersede the "Guide for Minimum Requirements to Obtain State Board of Corrections' Approval for Financial Assistance and Method for Receiving Reimbursement," approved by the Board of Corrections on October 13, 1983.

PART III.
APPROVAL PROCEDURES.

§ 3.1. Requirements for Board of Corrections Approval.

A. Each locality wishing to apply for reimbursement of local correctional facility construction, enlargement or renovation costs shall submit to the Board of Corrections:

1. A Needs Assessment completed in accordance with "Procedures for Receiving State Reimbursement for Local Correctional Facility Construction, Enlargement or Renovation";

2. A Resolution from the locality(s) requesting approval of reimbursement which includes an estimate of the amount being requested;

3. In the case of regional facilities, a copy of the agreement between the localities to operate the facility; and

4. A Planning Study completed in accordance with "Procedures for Receiving State Reimbursement for Local Correctional Facility Construction, Enlargement or Renovation."

B. These documents shall be submitted in accordance with the Procedures, to the Department of Corrections for presentation to the Board, and the Board will evaluate the need for the project and the cost and operational cost-efficiency of the facility. Based upon submission of the documents the Board may recommend to the Governor that funds for state reimbursement to the locality be included in the budget.

C. Localities wishing to be considered for funding shall submit requests for reimbursement by June 1 for submission to the next General Assembly session. Submission by June 1 will allow time for Board review and approval for inclusion in the Department's budget request to the Governor. Incomplete submissions or submissions received after that date will not be included in that request. Appropriations are subject to the Governor's recommendation and legislative approval.

§ 3.2. Preliminary Review of Needs Assessment.

Localities wishing a preliminary review at the needs assessment stage may submit only the Needs Assessment to the Department of Corrections for referral to the Board. Upon review of the needs assessment, the Board will notify the locality whether or not it appears to the Board that they are ready to proceed with the planning study stage.

§ 3.3. Basis for Board of Corrections Approval.

A. Security Staffing Levels.

When reviewing requests for reimbursement, the Board shall take into consideration the cost efficiency of the interior design of the facility with special concern for the number of security staff required to operate the facility. Facility design must achieve satisfactory levels of supervision and security given the staffing levels specified. Inefficient designs requiring excessive staffing levels may not be approved for reimbursement. The Department of Corrections standard for minimum staffing efficiency is a ratio of one security staff member to three inmates. Any proposed facility which will require a less efficient staffing ratio must be justified in order to be considered for

reimbursement.

B. Cost of Construction.

Economy of construction shall be determined based on the use of adjusted median cost of local jails as described in the procedures. Projects which exceed these costs without valid justification may not be funded or may be funded based on the adjusted median cost rather than actual construction costs.

C. Phased Projects.

When localities wish to meet the requirements outlined in the Needs Assessment in phases, the Board may approve reimbursement based on the total estimated cost of the project as if it were to be completed as a single endeavor; however, reimbursement will be in amounts proportional to the phases of construction.

D. Regional Projects.

The Board will ordinarily give preference to requests for reimbursement for regional jail facilities over similar requests for local jail facilities.

E. Priorities.

The following criteria listed in order of importance shall serve as a guide for determining the level of priority given to requests for reimbursement:

1. Unsafe physical plant which fails to meet life, health, safety standards; or court-ordered renovation, expansion or new construction;

2. Replacement or renovation of existing bedspace lost due to fire, earthquake or other disaster;

3. Existing local correctional facility is experiencing a sustained pattern of overcrowding (generally, operational capacity plus an additional 25%) and such overcrowding is expected to continue based on inmate population forecasts;

4. Locality with no present local correctional facility;

5. Addition to or renovation of inadequate support facilities;

6. Phased projects;

7. Cost overruns; and

8. Localities having received reimbursement within the last five years for beds of non-secure construction anticipated to have a limited lifespan. These localities may not receive approval for replacement of those beds with another secure or non-secure facility.

§ 3.4. Requirements for Governor's Approval of Disbursement of Funds.

A. The Board of Corrections shall submit to the Governor or his designee such information as the Governor may require with respect to a request for approval of reimbursements pursuant to these regulations, and shall provide the Governor or his designee with its recommendation and the rationale therefor. No such reimbursement shall be had unless the plans and specifications, including the need for additional personnel, shall have been submitted to, and has been approved by the Governor or his designee. The Governor or his designee shall base his approval in part on the expected operating cost-efficiency of the interior design of the facility.

B. The steps of the reimbursement process are as follows:

1. Review and approval of preliminary construction documents (architectural and engineering plans, and specifications) and a construction cost estimate;

2. Review and approval of final construction documents and a revised construction cost estimate;

3. Monitoring of the construction process and acceptance of the completed project based on final inspection;

4. Submission of and verification of all required close-out documentation; and

5. Authorization by the Governor or his designee for payment of the reimbursement amount.

B. If the final amount of reimbursement requested is higher than the reimbursement amount initially approved, the higher amount must be justified by the locality and resubmitted to the Board and the Governor or his designee for special approval. Cost increases in excess of ten percent (10%) may not be approved.

C. If during the project development stage any substantive change in the scope of the project, any increase in the estimated cost of construction, or any change in the security staff requirements occurs, the review process will be suspended until the project is resubmitted to the Board for further review for possible change in the status of approval.

D. Failure to comply with these regulations will delay the review process and recommendation for disbursement of funds, and may result in the denial of reimbursement.

These regulations are full, true, and correctly dated. Approved and adopted by the Board of Corrections on February 7, 1990.

/s/ Peter G. Decker, Jr., Chairman
Board of Corrections

Approved:
/s/ Robert L. Suthard, Secretary
Department of Transportation and Public Safety
Date: April 5, 1990

Approved:
/s/ Lawrence Douglas Wilder
Governor
Commonwealth of Virginia
Date: April 27, 1990

Filed:
/s/ Joan Smith
Registrar of Regulations
Date: May 1, 1990

STATE CORPORATION COMMISSION

AT RICHMOND, MAY 1, 1990

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

CASE NO. PUE900033

Ex Parte: In the matter of adopting
Rules Governing the Certification of
Notification Centers Pursuant to
§ 56-265.16:1 of the Code of Virginia.

ORDER ESTABLISHING RULEMAKING, DIRECTING PUBLIC NOTICE, AND INVITING COMMENTS

In its 1989 Session, the Virginia General Assembly amended the Underground Utility Damage Prevention Act, Chapter 10.3 of Title 56 of the Code of Virginia (the Act). Among other items, the amendments included a new Section 56-265.16:1 to be effective July 1, 1990. That Section grants the Virginia State Corporation Commission (the Commission) the authority to grant, amend, or revoke certificates for notification centers under regulations which it may adopt.

Pursuant to that statute, the Commission has drafted a set of proposed rules governing the certification of notification centers. A copy of the proposed Rules is attached hereto as Attachment A. The Commission is of the opinion that interested persons should be invited to comment on the proposed Rules and, if they desire, request a hearing before the Commission enters a final order adopting the Rules. Accordingly,

IT IS THEREFORE ORDERED:

(1) That this rulemaking proceeding be docketed and given Case No. PUE900033, and that the Commission's Divisions of Energy Regulation and Communications forthwith cause the following notice to be published once in newspapers having general circulation throughout the Commonwealth, as display advertising, not classified advertising:

NOTICE OF PROPOSED RULEMAKING TO ADOPT RULES GOVERNING THE CERTIFICATION OF NOTIFICATION CENTERS TO PREVENT THE SEVERING OR DISRUPTION OF UTILITY SERVICES BY EXCAVATORS

The 1989 Session of the Virginia General Assembly amended Chapter 10.3 of the Underground Utility Damage Prevention Act, Chapter 10.3 of Title 56 of the Code of Virginia. Section 56-265.16:1 authorizes the Virginia State Corporation Commission (the Commission) to certify notification centers within the Commonwealth. Such centers receive calls from contractors or individuals who need to dig near underground utility facilities. In turn, the notification center notifies the various utilities who may have pipes, conduit, cable or other facilities buried near the proposed site of the digging. It then becomes the responsibility of the utility to mark the location of its facilities so that the person engaged in digging can avoid disruption of the utilities' facilities and services.

Pursuant to Paragraph B of that section, the Commission has drafted a set of rules that would govern the granting, amending, or revocation of certificates for notification centers. The Commission invites anyone interested in these rules to comment upon them in writing or request a hearing. A copy of the proposed Rules may be examined or ordered from the Commission's Document Control Center, Floor B1, Jefferson Building, Bank and Governor Streets, Richmond, Virginia, open Monday through Friday, 8:00 a.m. to 5:00 p.m., or may be examined during regular business hours at the business offices of the telephone companies, gas companies, and electric companies regulated by the Commission.

Interested persons should submit written comments on the proposed changes on or before June 15, 1990, by filing an original and fifteen (15) copies with George W. Bryant, Jr., Clerk, c/o Document Control Center, Virginia State Corporation Commission, P.O. Box 2118, Richmond, Virginia 23216, making reference to Case No. PUE900033. Anyone desiring a hearing concerning the proposed Rules must file an original and fifteen (15) copies of a request for hearing with Mr. Bryant at the address specified above, no later than June 15, 1990 and referring to the same case number. In the absence of a request for hearing, the Commission may enter a final order adopting the proposed Rules or modifications after considering the written comments received.

VIRGINIA STATE CORPORATION COMMISSION

(2) That any interested person may file written comments concerning the proposed Rules and may request a hearing thereon, provided the original and fifteen (15) copies of the comments and requests for hearing are filed no later than June 15, 1990 with George W. Bryant, Jr. Clerk, State Corporation Commission c/o of Document Control Center, P.O. Box 2118, Richmond, Virginia 23216. All communications should refer to Case No. PUE900033. In the absence of a request for hearing, the Commission may enter a final order adopting the proposed Rules or modifications of them after considering the written comments that are received.

(3) That each telephone company, gas company, and electric company subject to the Commission's jurisdiction shall forthwith make available for public inspection during normal business hours at the business offices where bills may be paid, a copy of the proposed Rules as set forth in Attachment A to this order; and

(4) That on or before June 15, 1990, the Divisions of Energy Regulation and Communication provide proof of publication as required herein.

ATTESTED COPIES hereof shall be sent by the Clerk of the Commission to Virginia's local exchange companies as shown on the service list attached hereto as Attachment B; the inter-exchange carriers certificated in Virginia as shown on the service list attached hereto as Attachment C; the electric companies and electric cooperatives certificated in Virginia as shown on the service list attached hereto as Attachment D; the natural gas local distribution companies certificated in Virginia as shown on the service list attached hereto as Attachment E; the water and sewer utilities certificated in Virginia as shown on the service list attached hereto as Attachment F; Mr. Mark C. Christie, Executive Director, Virginia Underground Utility Protection Service, Inc., P.O. Box 23041, Richmond, Virginia 23223; Mr. James L. Holzer, Miss Utility Center, 14504 Greenview Drive, Suite 300, Laurel, Maryland, 20708; Mr. Robert B. Woodward, C.A.E., Executive Director, Heavy Construction Contractors Association, P.O. Box 505, Merrifield, Virginia 22116; Mr. Edmund Panzer, Director of Public Works, City of Hampton, 22 Lincoln Street, Hampton, Virginia 23669; Mr. Peter Easter, Easter Associates Inc., 620 Stagecoach Road, Charlottesville, Virginia 22901; Mr. Phil Thompson, General Manager, Miss Utility of Virginia, P.O. Box 6894, Richmond, Virginia 23230; Mr. Christopher E. French, President, Shenandoah Telephone Company, P.O. Box 459, Edinberg, Virginia 22824; Richard D. Gary, Esquire, Hunton & Williams, P.O. Box 1535, Richmond, Virginia 23212; Mr. Gerry Buracker, J. G. Miller, Inc., P.O. Box 22018, Chantilly, Virginia 22022; the Division of Consumer Counsel, Office of the Attorney General, 101 North 8th Street, 6th Floor, Richmond, Virginia 23219; the Commission's Office of General Counsel; and to the Commission's Divisions of Energy Regulation and Communications.

RULES GOVERNING CERTIFICATION OF NOTIFICATION CENTERS

PURPOSE

The purpose of these Rules is to facilitate the filing of applications by those desiring to serve as a notification center pursuant to § 56-265.16:1 of the Code of Virginia as amended by House Bill No. 720 of the 1989 Session of the General Assembly, to be effective July 1, 1990.

Rule 1

An original and fifteen (15) copies of an application for certification shall be filed with the Clerk of the State Corporation Commission, c/o Document Control Center, P.O. Box 2118 Richmond, Virginia 23216 and shall contain all the information and exhibits required herein.

Rule 2

Notice of the application shall be given to the general public and to governmental officials as required by the Commission in its initial order docketing the case for consideration.

Rule 3

Applicant shall submit information which identifies the applicant including (a) its name, address and telephone number (b) its corporate ownership (c) the name, address and telephone number of its corporate parent or parents, if any, (d) a list of its officers and directors, or if the applicant is not a corporation, a list of its principals and their directors if said principals are corporations, and (e) the names, addresses and telephone numbers of its legal counsel.

Rule 4

Each application shall be accompanied by maps depicting the areas of the Commonwealth in which the applicant proposes to act as a notification center. These maps and certificates for notification centers, when granted, will be retained on file in the Commission's Division of Energy Regulation.

Rule 5

Each application shall demonstrate that the applicant fully qualifies as a notification center. A notification center is one that,

(a) may be contacted by means of a toll-free telephone call from any point within the Commonwealth; sought by the application;

(b) is open to participation by any operator of under-ground facilities within the service area sought as set out in § 56-265.15 of the Code of Virginia;

(c) is capable of making the filings required by § 56-265.16:1C of the Code of Virginia;

(d) is capable of providing emergency service 365 days a year, 24 hours per day and capable of providing regular service, Monday through Friday, 7:00 a.m. through 5:00 p.m., excluding designated holidays;

(e) shall maintain such telecommunications equipment necessary to insure a minimum level of response acceptable to the participating operators and to users of the service;

(f) has the capability to transmit, within one hour of receipt, notices of proposed excavation to member operators by teletype, telecopy, personal computer, or telephone;

(g) is capable of maintaining equipment adequate to voice record all incoming calls and retain such records for a minimum of six years and is capable of recording all transmissions of proposed excavation to

member operators and retaining those records for a minimum of six years; and

(h) shall maintain an adequate level of liability insurance coverage.

Rule 6

Only one notification center will be granted a certificate for a given geographic area.

Rule 7

No certificated notification center shall abandon or discontinue service or any part thereof except with the approval of the Commission and upon such terms and conditions as the Commission may prescribe.

Rule 8

Excessive complaints against a certificated notification center or violations of these Rules shall be grounds for suspension or revocation of the notification center's certificate. In all proceedings pursuant to this Rule, the Commission shall give notice to the notification center of the allegations against it and shall provide the center with an opportunity to be heard concerning those allegations prior to the suspension or revocation of the center's certificate.

Rule 9

The Commission may conduct hearings as necessary to grant, amend, suspend, or revoke certificates and as necessary to enforce these Rules or the provisions of Chapter 10.3 of Title 56 of the Code.

EMERGENCY REGULATIONS

STATE LOTTERY DEPARTMENT (STATE LOTTERY BOARD)

Title of Regulation: **VR 447-02-2. On-Line Game Regulations.**

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Effective Dates: March 24, 1990, through March 23, 1991.

REQUEST: The Governor's approval is hereby requested to adopt, on an emergency basis, § 1.6 of the On-Line Game Regulations affecting ticket cancellation.

PREAMBLE: At the start of on-line games in May, 1989, lottery retailers could use either of two methods to cancel a lottery ticket. Retailers could insert the ticket into the optical mark reader (OMR) of the lottery terminal, at which time the ticket would be read, branded as "cancelled" and logged to the main file. If the ticket was unreadable by the OMR, the retailer could key in the ticket validation number via the terminal keyboard. In either case, the ticket could be cancelled.

Because of concern by some lottery officials that retailers could abuse the cancellation feature, a decision was made to remove the option of cancellation by terminal keyboard and permit ticket cancellation by OMR only.

Numerous problems may occur with a ticket after it is produced; it may become smeared or torn, rendering it unreadable by the terminal reader. By permitting OMR ticket cancellation only, the players and retailers are experiencing unnecessary difficulty in attempts to cancel unwanted tickets. In some instances, unreadable tickets cannot be cancelled at all, which results in needless player and retailer frustration.

With nearly a year of on-line game experience upon which to base a decision, the department finds that providing the original two methods of ticket cancellation will greatly enhance the convenience of on-line game players and retailers. Because the department has the ability to monitor all ticket cancellations, there will be no appreciable decrease in security and the system will not be compromised.

This regulation was revised last year to remove the requirement that ticket cancellation take place within ten minutes of its sale.

RECOMMENDATION: The State Lottery Department recommends approval of its request to adopt, on an emergency basis, § 1.6 of the On-Line Game Regulations to amend the procedures for cancellation of on-line lottery tickets. As provided in the Code of Virginia, § 9-6.14:4.1, subsection C, paragraph 5, the department shall receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

VR 447-02-2. On-Line Game Regulations.

§ 1.6. Ticket cancellation.

A ticket may be cancelled and a refund of the purchase price obtained at the request of the bearer of the ticket under the following conditions:

1. To be accepted for cancellation, the ticket must be presented to the lottery retailer location at which the ticket was sold.

2. Cancellation may only be effected by ~~inserting~~ *the following two procedures:*

a. Inserting the ticket into the lottery terminal, whereupon the terminal must read the information from the ticket ; *and* cancel the transaction ~~and brand the ticket with a mark or words indicating that the ticket is cancelled and void~~ .

b. After first determining that the preceding procedure cannot be utilized successfully to cancel the ticket, the terminal operator may cancel the ticket by manually entering the ticket validation number into the terminal via the keyboard.

Any ticket which cannot be cancelled by ~~this procedure~~ *either of these procedures* remains valid for the drawing for which purchased, and is to be returned to the person who presented the ticket for cancellation and no refund will be available. Any ticket which is mutilated, damaged or has been rendered unreadable, and cannot be inserted into or read by the lottery terminal *or whose validation number cannot be read and keyed into the terminal* , cannot be cancelled by any other means.

3. The cancelled ticket must be surrendered by the bearer to the retailer who must deliver the cancelled ticket to the lottery sales representative serving that location. Cancelled tickets will be returned to the department.

4. The lottery's internal auditor will audit cancelled tickets on a sample basis.

/s/ Kenneth W. Thorson
Director, State Lottery Department
Date: March 14, 1990

/s/ Lawrence Douglas Wilder
Governor, Commonwealth of Virginia
Date: March 19, 1990

/s/ Joan W. Smith
Registrar of Regulations
Date: March 24, 1990

PROPOSED REGULATIONS

STATE LOTTERY DEPARTMENT (STATE LOTTERY BOARD)

Title of Regulation: **VR 447-02-1. Instant Game Regulations.**

Statutory Authority: § 58.1-4007 of the Code of Virginia.

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

Summary:

The State Lottery Department proposes to amend two sections of the Instant Game Regulations in order to allow lottery retailers to return instant lottery tickets for credit prior to the announced end of the game and to clarify when a claim form is required to redeem prizes.

These amended regulations will replace the regulation currently in force.

VR 447-02-1. Instant Game Regulations.

PART I.
LICENSING OF RETAILERS FOR INSTANT GAMES.

§ 1.1. Licensing.

Generally.

The director may license as lottery retailers for instant games persons who will best serve the public convenience and promote the sale of tickets and who meet the eligibility criteria and standards for licensing.

For purposes of this part on licensing, "person" means an individual, association, partnership, corporation, club, trust, estate, society, company, joint stock company, receiver, trustee, assignee, referee, or any other person acting in a fiduciary or representative capacity, whether appointed by a court or otherwise, and any combination of individuals. "Person" also means all departments, commissions, agencies and instrumentalities of the Commonwealth, including its counties, cities, and towns.

§ 1.2. Eligibility.

A. Eighteen years of age and bondable.

Any person who is 18 years of age or older and who is bondable may submit an application for licensure, except no person may submit an application for licensure:

1. Who will be engaged solely in the business of selling lottery tickets; or

2. Who is a board member, officer or employee of the State Lottery Department or who resides in the same household as a board member, officer or employee of the department; or

3. Who is a vendor of lottery tickets or material or data processing services, or whose business is owned by, controlled by, or affiliated with a vendor of lottery tickets or materials or data processing services.

B. Application not an entitlement to license.

The submission of an application for licensure does not in any way entitle any person to receive a license to act as a lottery retailer.

§ 1.3. Application procedure.

Filing of forms with the department.

Any eligible person shall first file an application with the department on forms supplied for that purpose, along with the required fees as specified elsewhere in these regulations. The applicant shall complete all information on the application forms in order to be considered for licensing. The forms to be submitted include:

1. Retailer License Application;

2. Personal Data Form(s); and

3. Preliminary Marketing Evaluation Form.

State Lottery Law makes falsification, concealment or misrepresentation of a material fact, or making a false, fictitious or fraudulent statement or representation in an application for a license a misdemeanor.

§ 1.4. General standards for licensing.

A. Selection factors for licensing.

The director may license those persons who, in his opinion, will best serve the public interest and public trust in the lottery and promote the sale of lottery tickets. The director will consider the following factors before issuing or renewing a license:

1. The financial responsibility and security of the applicant, to include:

a. A credit and criminal background investigation;

b. Outstanding state tax liability;

c. Required business licenses, tax and business permits;

d. Physical security at the place of business, including insurance coverage.

2. The accessibility of his place of business to the public, to include:

a. The hours of operation;

b. The availability of parking and transit routes, where applicable;

c. The location in relation to major employers, schools, or retail centers;

d. The population level and rate of growth in the market area;

e. The traffic density, including levels of congestion in the market area.

3. The sufficiency of existing lottery retailers to serve the public convenience, to include:

a. The number of and proximity to other lottery retailers in the market area;

b. The expected sales volume and profitability of potentially competing lottery retailers;

c. The adequacy of coverage of all regions of the Commonwealth with lottery retailers.

4. The volume of expected lottery ticket sales, to include:

a. Type and volume of the products and services sold by the retailer;

b. Dollar sales volume of business;

c. Sales history of business and market area;

d. Volume of customer traffic in place of business.

B. Additional factors for selection.

The director may develop and, by administrative order, publish additional criteria which, in his judgment, are necessary to serve the public interest and public trust in the lottery.

§ 1.5. Bonding of lottery retailers.

A. Approved retailer to secure bond.

A lottery retailer approved for licensing shall obtain a surety bond from a surety company entitled to do business in Virginia. The purpose of the surety bond is to protect the Commonwealth from a potential loss in the event the retailer fails to perform his responsibilities.

1. Unless otherwise provided under subsection C of this section, the surety bond shall be in the amount and penalty of $5,000 and shall be payable to the State Lottery Department and conditioned upon the faithful performance of the lottery retailer's duties.

2. Within 15 calendar days of receipt of the "License Approval Notice," the lottery retailer shall return the properly executed "Bonding Requirement" portion of the "License Approval Notice" to the State Lottery Department to be filed with his record.

B. Continuation of surety bond on renewal of license.

A lottery retailer applying for renewal of a license shall:

1. Obtain a letter or certificate from the surety company to verify that the surety bond is being continued for the license renewal period; and

2. Submit the surety company's letter or certificate with the required license renewal fee to the State Lottery Department.

C. Sliding scale for surety bond amounts.

The department may establish a sliding scale for surety bonding requirements based on the average volume of lottery ticket sales by a retailer to ensure that the Commonwealth's interest in tickets to be sold by a licensed lottery retailer is adequately safeguarded.

D. Effective date for sliding scale.

The sliding scale for surety bonding requirements will become effective when the director determines that sufficient data on lottery retailer ticket sales volume activity are available. Any changes in a retailer's surety bonding requirements that result from instituting the sliding scale will become effective only at the time of the retailer's next renewal action.

§ 1.6. Lottery bank accounts and EFT authorization.

A. Approved retailer to establish lottery bank account.

A lottery retailer approved for licensing shall establish a separate bank account to be used exclusively for lottery business in a bank participating in the Automatic Clearing House (ACH) system.

B. Retailer's use of lottery account.

The lottery account will be used by the retailer to make funds available to permit withdrawals and deposits initiated by the department through the electronic funds transfer (EFT) process to settle a retailer's account for funds owed or due from the purchase of tickets and the payment of prizes. All retailers shall make payments to the department through the electronic funds transfer (EFT) process unless the director designates another form of payment and settlement under terms and conditions he deems appropriate.

C. Retailer responsible for bank charges.

The retailer shall be responsible for payment of any fees or service charges assessed by the bank for maintaining the required account.

D. Retailer to authorize electronic funds transfer.

Within 15 calendar days of receipt of the "License Approval Notice," the lottery retailer shall return the properly executed "Electronic Funds Transfer Authorization" portion of the "License Approval Notice" to the department to record establishment of his account.

E. Change in retailer's bank account.

If a retailer finds it necessary to change his bank account from one bank to another, he must submit a newly executed "Electronic Funds Transfer Authorization" form for the new bank account. The retailer may not discontinue use of his previously approved bank account until he receives notice from the department that the new account is approved for use.

F. Director to establish EFT account settlement schedule.

The director will establish a schedule for processing the EFT transactions against retailers' lottery bank accounts and issue instructions to retailers on how settlement of accounts will be made.

§ 1.7. License term and renewal.

A. License term.

A general license for an approved lottery retailer shall be issued for a one-year period.

B. License renewal.

A general license shall be renewed annually at least 30 days before its expiration date and shall be accompanied by the appropriate fee(s) as specified elsewhere in these regulations. The director may implement a staggered, monthly basis for annual license renewals and allow for the proration of annual license fees to credit licensees for the time remaining on their current license when the staggered renewal requirement is imposed. This section shall not be deemed to allow for a refund of license fees when a license is terminated, revoked or suspended for any other reason.

C. Temporary license.

No temporary licenses shall be issued after November 30, 1988.

1. All temporary licenses expire not later than December 1, 1988.

2. Upon expiration of a temporary license, the applicant shall stop the sale of tickets and surrender to a department representative his temporary license and department property and make settlement of his lottery account.

D. Amended license term.

An amended license issued under the requirements of § 1.9 C shall be valid for the remainder of the period of the license it replaces.

E. Special license.

The director may issue special licenses to persons for specific events and activities. Special licenses shall be for a limited duration and under terms and conditions that he determines appropriate to serve the public interest.

§ 1.8. License fees.

A. License application fee.

The fee for a license application for a lottery retailer general license to sell instant game tickets shall be $25. The general license fee to sell instant game tickets shall be paid for each location to be licensed. This fee is nonrefundable.

B. License renewal fee.

The annual fee for renewal of a lottery retailer general license to sell instant game tickets shall be an amount fixed by the board at its November meeting for all renewals occurring in the next calendar year. The renewal fee shall be designed to recover all or a portion of the annual costs of the department in providing services to the retailer. The renewal fee shall be paid for each location for which a license is renewed. This fee is nonrefundable. The renewal fee shall be submitted at least 30 days before a retailer's general license expires.

C. Amended license application fee.

The fee for processing an amended license application for a lottery retailer general license shall be an amount as approved by the board at its November meeting for all amendments occurring in the next calendar year. The amended license fee shall be paid for each location affected. This fee is nonrefundable. An amended license application shall be submitted in cases where a business change occurs as specified in § 1.9 B.

§ 1.9. Transfer of license prohibited; invalidation of license.

A. License not transferrable.

A license issued by the director authorizes a specified person to act as a lottery retailer at a specified location as set out in the license. The license is not transferrable

to any other person or location.

B. License invalidated.

A license shall become invalid for any of the following reasons:

1. Change in business location;

2. Change in business structure (e.g., from a partnership to a sole proprietorship);

3. Change in the business owners listed in the original application form for which submission of a Personal Data Form is required under the license application procedure.

C. Amended application required.

A licensed lottery retailer who anticipates a change as listed in subsection B shall notify the department of the anticipated change at least 15 calendar days before it takes place and submit an amended application. The director shall review the changed factors in the same manner that would be required for a review of an original application.

§ 1.10. Display of license.

License displayed in general view.

Every licensed lottery retailer shall conspicuously display his lottery license in an area visible to the general public where lottery tickets are sold.

§ 1.11. Denial, suspension, revocation or nonrenewal of license.

A. Grounds for refusal to license.

The director may refuse to issue a license to a person if the person has been:

1. Convicted of a felony;

2. Convicted of a crime involving moral turpitude;

3. Convicted of any fraud or misrepresentation in any connection;

4. Convicted of bookmaking or other forms of illegal gambling.

B. Grounds for refusal to license partnership or corporation.

The director may refuse to issue a license to any partnership or corporation if he finds that any general or limited partner or officer or director of the partnership or corporation has been convicted of any of the offenses cited in subsection A.

C. Grounds for suspension, revocation or refusal to renew license.

After notice and a hearing, the director may suspend, revoke, or refuse to renew a license for any of the following reasons:

1. Failure to properly account for lottery tickets received, for prizes claimed and paid or for the proceeds of the sale of lottery tickets;

2. Failure to file or maintain the required bond or the required lottery bank account;

3. Failure to comply with applicable laws, instructions, terms and conditions of the license, or rules and regulations of the department concerning the licensed activity, especially with regard to the prompt payment of claims;

4. Conviction, following the approval of the license, of any of the offenses cited in subsection A;

5. Failure to file any return or report or to keep records or to pay any fees or other charges as required by the state lottery law or the rules and regulations of the department;

6. Commission of any act of fraud, deceit, misrepresentation, or conduct prejudicial to public confidence in the state lottery;

7. Failure to maintain lottery ticket sales at a level sufficient to meet the department's administrative costs for servicing the retailer, provided that the public convenience is adequately served by other retailers;

8. Failure to notify the department of a material change, after the license is issued, of any matter required to be considered by the director in the licensing application process;

9. Failure to comply with lottery game rules;

10. Failure to meet minimum point of sale standards.

D. Notice of intent to suspend, revoke or deny renewal of license.

Before taking action under subsection C, the director will notify the retailer in writing of his intent to suspend, revoke or deny renewal of the license. The notification will include the reason or reasons for the proposed action and will provide the retailer with the procedures for requesting a hearing before the board. Such notice shall be given to the retailer at least 14 calendar days prior to the effective date of suspension, revocation or denial.

E. Temporary suspension without notice.

If the director deems it necessary in order to serve the

public interest and maintain public trust in the lottery, he may temporarily suspend a license without first notifying the retailer. Such suspension will be in effect until any prosecution, hearing or investigation into possible violations is concluded.

F. Surrender of license and lottery property upon revocation or suspension.

A retailer shall surrender his license to the director by the date specified in the notice of revocation or suspension. The retailer shall also surrender the lottery property in his possession and give a final lottery accounting of his lottery activities by the date specified by the director.

§ 1.12. Responsibility of lottery retailers.

Each retailer shall comply with all applicable state and federal laws, rules and regulations of the department, license terms and conditions, specific rules for all applicable lottery games, and directives and instructions which may be issued by the director.

§ 1.13. Display of material.

A. Material in general view.

Lottery retailers shall display lottery point-of-sale material provided by the director in a manner which is readily seen by and available to the public.

B. Prior approval for retailer-sponsored material.

A lottery retailer may use or display his own promotional and point-of-sale material, provided it has been submitted to and approved for use by the department in accordance with instructions issued by the director.

C. Removal of unapproved material.

The director may require removal of any retailer's lottery material that has not been approved for use by the department.

§ 1.14. Inspection of premises.

Access to premises by department.

Each lottery retailer shall provide access during normal business hours or at such other times as may be required by the director or state lottery representatives to enter the premises of the licensed retailer. The premises include the licensed location where lottery tickets are sold or any other location under the control of the licensed retailer where the director may have good cause to believe lottery materials or tickets are stored or kept in order to inspect the lottery materials or tickets and the licensed premises.

§ 1.15. Examination of records; seizure of records.

A. Inspection, auditing or copying of records.

Each lottery retailer shall make all books and records pertaining to his lottery activities available for inspection, auditing or copying as required by the director between the hours of 8 a.m. and 5 p.m., Mondays through Fridays and during the normal business hours of the licensed retailer.

B. Records subject to seizure.

All books and records pertaining to the licensed retailer's lottery activities may be seized with good cause by the director without prior notice.

§ 1.16. Audit of records.

The director may require a lottery retailer to submit to the department an audit report conducted by an independent certified public accountant on the licensed retailer's lottery activities. The retailer shall be responsible for the cost of only the first such audit in any one license term.

§ 1.17. Reporting requirements and settlement procedures.

Instructions for purchasing tickets, reporting transactions and settling accounts.

Before a retailer may begin lottery sales, the director will issue to him instructions and report forms that specify the procedures for (i) ordering tickets; (ii) paying for tickets purchased; (iii) reporting receipts, transactions and disbursements pertaining to lottery ticket sales; and (iv) settling the retailer's account with the department.

§ 1.18. Deposit of lottery receipts; interest and penalty for late payment; dishonored EFT transfers or checks.

A. Forms of payment for tickets; deposit of lottery receipts.

Each lottery retailer shall purchase the tickets distributed to him. The moneys for payment of these tickets shall be deposited to the credit of the State Lottery Fund by the department. The retailer shall make payments to the department by Electronic Funds Transfers (EFT); however, the director reserves the right to specify one or more of the following alternative forms of payment under such conditions as he deems appropriate:

1. Cash;

2. Cashier's check;

3. Certified check;

4. Money order; or

5. Business check.

B. Payment due date.

Payments shall be due as specified by the director in the instructions to retailers regarding the purchasing and payment of tickets and the settlement of accounts.

C. Penalty and interest charge for late payment.

Any retailer who fails to make payment when payment is due will be assessed an interest charge on the moneys due plus a $25 penalty. The interest charge will be equal to the "Underpayment Rate" established pursuant to § 6621(a)(2) of the Internal Revenue Code of 1954, as amended. The interest charge will be calculated beginning the date following the retailer's due date for payment through the day preceding receipt of the late payment by the department for deposit.

D. Service charge for dishonored EFT transfer or bad check.

The director will assess a service charge of $25 against any retailer whose payment through electronic funds transfer (EFT) or by check is dishonored.

E. Service charge for debts referred for collection.

If the department refers a debt of any retailer to the Attorney General, the Department of Taxation or any other central collection unit of the Commonwealth, the retailer owing the debt shall be liable for an additional service charge which shall be in the amount of the administrative costs associated with the collection of the debt that are incurred by the department and the agencies to which the debt is referred.

§ 1.19. Training of retailers and their employees.

Retailer training.

Each retailer or his designated representative or representatives is required to participate in training given by the department in the operation of each game. The director may consider nonparticipation as grounds for suspending or revoking the retailer's license.

§ 1.20. License termination by retailer.

Voluntary termination of license.

The licensed retailer may voluntarily terminate his license with the department by first notifying the department in writing at least 15 calendar days before the proposed termination date. The department will then notify the retailer of the date by which settlement of the retailer's account will take place. The retailer shall maintain his bond and the required accounts and records until settlement is completed and all lottery property belonging to the department has been surrendered.

PART II.

INSTANT GAMES.

§ 2.1. Development of instant games.

The director shall select, operate, and contract for the operation of instant games which meet the general criteria set forth in these regulations. The board shall determine the specific details of each instant game after consultation with the director. These details include, but are not limited to:

1. Prize amounts and prize structure,

2. Types of noncash prizes, if any, and

3. The amount and type of any jackpot or grand prize which may be awarded.

§ 2.2. Prize structure.

The prize structure for any instant game shall be designed to return to winners approximately 50% of gross sales.

A. The specific prize structure for each instant game shall be approved in advance by the board.

B. Prizes may be cash or noncash awards, including instant game tickets.

§ 2.3. Ticket price.

A. The sale price of a lottery ticket for each game will be determined by the board and will be between $.25 and $15. Lottery retailers may not discount the sale price of instant game tickets or offer free tickets as a promotion with the sale of instant tickets. This section shall not prevent a retailer from providing free instant tickets with the purchase of other goods or services customarily offered for sale at the retailer's place of business; provided, however, that such promotion shall not be for the primary purpose of inducing persons to participate in the lottery.

B. This section shall not apply to the redemption of a winning instant ticket the prize for which is another free ticket.

§ 2.4. Sales, gift of tickets to minors prohibited.

An instant game ticket shall not be sold to, purchased by, or given as a gift to any individual under 18 years old.

§ 2.5. Odds of winning.

The director shall publicize the overall odds of winning a prize in each instant game. The odds may be printed on the ticket or contained in informational materials, or both.

§ 2.6. End of game.

Each instant game will end when all tickets have been sold or on a date announced in advance by the director. The director may suspend or terminate an instant game without advance notice if he finds that this action will serve and protect the public interest.

§ 2.7. Sale of tickets from expired games prohibited.

No instant game tickets shall be sold after that game ends.

§ 2.8. Licensed retailers' compensation.

A. Licensed retailers shall receive 5.0% compensation on all instant game tickets purchased from the department for resale by the retailer.

B. The director may award cash bonuses or other incentives to retailers. The board shall approve any bonus or incentive system. The director will publicize any such system in rules of the game(s) to which it applies.

§ 2.9. Price for ticket packs.

For each pack, retailers shall pay the retail value, less the 5.0% retailer discount and less the value of the low-tier winning tickets in the pack. For example, for a pack of tickets with a retail value of $500, and guaranteed low end prize structure of $165, the retailer would pay $310: $500 (the pack value) minus $165 for low-tier winners, less the retailer's $25 discount.

§ 2.10. Purchase of instant tickets.

A. Retailers shall purchase books of tickets directly from the department or through designated depositories.

B. Retailers shall pay for tickets via an electronic funds transfer (EFT) initiated by the department.

1. The department will initiate the EFT after tickets are delivered to the retailer. The schedule will be determined by the director.

2. If, for any reason, an electronic funds transfer is refused, the retailer shall be assessed service charge, interest and penalty charges as provided for in these regulations.

3. The director may approve another form of payment for designated retailers under conditions to be determined by the director.

4. If the director permits payment by check and if payment on any check is denied, the retailer shall be assessed service charge, interest and penalty charges as provided for in these regulations.

C. Once tickets are accepted by a retailer, the department will not replace mutilated or damaged tickets, unless specifically authorized by the director.

D. Ticket sales to retailers are final.

1. The Department will not accept returned tickets except as provided for elsewhere in these regulations or with the director's advance approval.

2. The retailer is responsible for lost, stolen or destroyed tickets unless otherwise approved by the director.

§ 2.11. Retailers' conduct.

A. Retailers shall sell instant tickets at the price fixed by regulation, unless the board allows reduced prices or ticket give-aways.

B. All ticket sales shall be for cash, check, cashier's check, traveler's check or money order at the discretion of and in accordance with the licensed retailer's policy for accepting payment by such means. A ticket shall not be purchased with credit cards, food stamps or food coupons.

C. All ticket sales shall be final. Retailers shall not accept ticket returns except as allowed by department regulations or policies or with the department's specific approval.

D. Tickets shall be sold during all normal business hours unless the director approves otherwise.

E. Tickets shall be sold only at the location listed on each retailer's license from the department.

F. Retailers shall not sell instant tickets after the announced end of an instant game.

G. Retailers shall not break apart ticket packs to sell instant tickets except to sell tickets from the same pack at separate selling stations within the same business establishment.

H. Retailers shall not exchange ticket books or tickets with one another or sell ticket books or tickets to one another.

I. On the back of each instant ticket sold by a retailer, the retailer shall print or stamp the retailer's name, address and retailer number. This shall be done in a manner that does not conceal any of the preprinted material.

J. No retailer or his employee or agent shall try to determine the numbers or symbols appearing under the removable latex coverings or otherwise attempt to identify unsold winning tickets. However, this shall not prevent the removal of the covering over the validation code or validation number after the ticket is sold and a prize is claimed.

K. Unsupervised retailer employees who sell or otherwise vend lottery tickets must be at least 18 years of

age. Employees not yet 18 but at least 16 years of age may sell or vend lottery tickets so long as they are supervised by a person 18 years of age or older.

§ 2.12. Returns of unsold tickets.

A. ~~After the date announced by the director as the end of an instant game, each retailer may return all unbroken ticket books and one partly-sold book per cash register on the retailer's premises~~ *Each retailer may return for credit full, unbroken ticket packs to the department at any time before the announced end of the game and before the return of any partial packs .*

B. ~~Retailers shall return unsold tickets to the department or to the depository which services the retailer for the department within 21 calendar days after the end of each instant game or after any final prize drawing.~~ *After the twelfth week of any instant game, each retailer may return broken partial packs of tickets to the department for credit. Partial pack returns are limited to one pack return per register where tickets have been sold for that game. At the same time partial packs are returned, the retailer must return all eligible partial packs and all full packs for that game remaining in his inventory. No additional partial packs or full packs will be accepted from the retailer by the department for credit after partial packs have been returned.*

C. ~~The department will show the value of each retailer's unsold tickets in the department's accounting records. However, no funds will be returned to the retailer until after the settlement procedures are completed.~~ *All tickets in the possession of a retailer remaining unsold at the announced end of the game, the return of which are not prohibited by § 2.21 B, whether partial pack or full pack, must be returned to the department not later than 21 calendar days after the announced end of each instant game or any final prize drawing or no credit will be allowed to the retailer for tickets remaining unsold by that retailer.*

§ 2.13. Reserved

§ 2.14. Reserved

§ 2.15. Reserved

PART III.
PAYMENT OF PRIZES FOR INSTANT GAMES.

§ 3.1. Prize winning tickets.

Prize-winning instant tickets are those that have been validated and determined in accordance with the rules of the department to be official prize winners. Consistent with these regulations, criteria and specific rules for winning prizes shall be published and posted by the director for each instant game and made available for all players. Final validation and determination of prize winning tickets remains with the department.

§ 3.2. Unclaimed prizes.

All instant game winning tickets shall be received for payment as prescribed in these regulations within 180 days after the announced end of the game or of the event which caused the ticket to be a winning entry, whichever is later. In the event that the 180th day falls on a Saturday, Sunday or legal holiday, a claimant may redeem his prize-winning ticket on the next business day. Tickets which have been mailed in an envelope bearing a postmark on or before the 180th day will be deemed to have been received on time.

A. Any non-low-tier instant game prize which has been won as a result of a drawing but which is not claimed within 180 days after the instant game drawing shall revert to the State Literary Fund.

B. Any non-low-tier instant game prize which has been won other than by drawing, but which is not claimed within 180 days after the announced end of the instant game shall revert to the State Literary Fund.

C. Any instant game low-tier prize-winning ticket which has been purchased but which is not claimed within 180 days after the announced end of the instant game shall revert as a bonus compensation to the account of the retailer which sold the instant game low-tier prize-winning ticket.

§ 3.3. Using winners' names.

The department shall have the right to use the names of prize winners. Photographs of prize winners may be used with the written permission of the winners. No additional consideration shall be paid by the department for this purpose.

§ 3.4. No prize paid to people under 18.

No prize shall be claimed by or paid to any individual under 18 years of age.

§ 3.5. Where prizes claimed.

Winners may claim instant game prizes from the retailer from whom the ticket was purchased or the department in the manner specified in these regulations.

§ 3.6. Validating winning tickets.

Winning tickets shall be validated by the retailer or the department as set out in these regulations or in any other manner which the director may determine.

§ 3.7. How prize claim entered.

A prize claim shall be entered in the name of an individual person or legal entity. If the prize claimed is $600 or greater, the person or entity also shall furnish a tax identification number.

A. An individual shall provide his social security number if a claim form is required by these regulations.

B. A claim may be entered in the name of an organization only if the organization is a legal entity and possesses a federal employer's identification number (FEIN) issued by the Internal Revenue Service.

1. If the department, a retailer or these regulations require that a claim form be filed, the FEIN shall be shown on the claim form.

2. A group, family unit, club or other organization which is not a legal entity or which does not possess a FEIN may file Internal Revenue Service (IRS) Form 5754, "Statement by Person(s) Receiving Gambling Winnings," with the department. This form designates to whom winnings are to be paid and the person(s) to whom winnings are taxable.

3. A group, family unit, club or other organization which is not a legal entity or which does not possess a FEIN and which does not file IRS Form 5754 with the department shall designate one individual in whose name the claim shall be entered and that person's social security number shall be furnished.

§ 3.8. Right to prize not assignable.

No right of any person to a prize shall be assignable, except that:

1. The director may pay any prize to the estate of a deceased prize winner, and

2. The prize to which a winner is entitled may be paid to another person pursuant to an appropriate judicial order.

§ 3.9. No accelerated payments.

The director shall not accelerate payment of a prize for any reason.

§ 3.10. Liability ends with prize payment.

All liability of the Commonwealth, its officials, officers and employees, and of the department, the director and employees of the department, terminates upon payment of a lottery prize.

§ 3.11. Delay of payment allowed.

The director or the board may refrain from making payment of the prize pending a final determination by the director under any of the following circumstances:

1. If a dispute occurs or it appears that a dispute may occur relative to any prize;

2. If there is any question regarding the identity of the claimant;

3. If there is any question regarding the validity of any ticket presented for payment; or

4. If the claim is subject to any set off for delinquent debts owed to any agency eligible to participate in the Set-Off Debt Collection Act.

No liability for interest for such delay shall accrue to the benefit of the claimant pending payment of the claim.

§ 3.12. When periodic prize payment may be delayed.

The director may, at any time, delay any payment in order to review a change in circumstance relative to the prize awarded, the payee, the claim, or any other matter that has been brought to the department's attention. All delayed payments shall be brought up to date immediately upon the director's confirmation. Delayed payments shall continue to be paid according to the original payment schedule after the director's decision is given.

§ 3.13. Ticket is bearer instrument.

A ticket that has been legally issued by a lottery retailer is a bearer instrument until the ticket has been signed. The person who signs the ticket is considered the bearer of the ticket.

§ 3.14. Payment made to bearer.

Payment of any prize will be made to the bearer of the validated winning ticket for that prize upon presentation of proper identification and the submission of a prize claim form if one is required, unless otherwise delayed in accordance with these regulations.

§ 3.15. Marking tickets prohibited; exceptions.

Marking of tickets in any way is prohibited except by a player to claim a prize or by the department or a retailer to identify or to void the ticket.

§ 3.16. Penalty for counterfeit or altered ticket.

Forging, altering or fraudulently making any lottery ticket or knowingly presenting a forged, counterfeit or altered ticket for prize payment or transferring such a ticket to another person to be presented for prize payment is a Class 6 felony in accordance with the state lottery law.

§ 3.17. Lost, stolen, destroyed tickets.

The department is not liable for lost, stolen or destroyed tickets.

§ 3.18. Erroneous or mutilated ticket.

The department is not liable for erroneous or mutilated

tickets. The director, at his option, may replace an erroneous or mutilated ticket with an unplayed ticket for the same or a later instant game.

§ 3.19. Retailer to pay low-tier prizes.

Low-tier prizes (those of $25 or less in cash or free instant game tickets) shall be paid by the retailer who sold the winning ticket, or by the department at the option of the ticket holder, or by the department when the ticket cannot be validated by the retailer.

§ 3.20. Retailers' prize payment procedures.

Procedures for prize payments by retailers are as follows:

1. Retailers may pay cash prizes in cash, by certified check, cashier's check, business check, or money order, or by any combination of these methods.

2. If payment of a prize by a check presented to a claimant by a retailer is denied for any reason, the retailer is subject to the same service charge interest and penalty payments that would apply if the check were made payable to the department. A claimant whose prize check is denied shall notify the department to obtain the prize.

3. Retailers shall pay claims for low-tier prizes during all normal business hours.

4. Prize claims shall be paid only at the location specified on the license.

5. The department will reimburse a retailer for prizes of between $26 and $599 paid up to 180 days after an instant game ends.

§ 3.21. Retailer to validate winning ticket.

Before paying a prize claim, the retailer shall validate the winning ticket. The retailer shall follow validation procedures listed in these regulations or obtained from the department.

§ 3.22. When retailer cannot validate ticket.

If, for any reason, a retailer is unable to validate a prize-winning ticket, the retailer shall provide the ticket holder with a department claim form and instruct the ticket holder on how to file a claim with the department.

§ 3.23. No reimbursement for retailer errors.

The department shall not reimburse retailers for prize claims paid in error.

§ 3.24. Retailer to void winning ticket.

After a winning ticket is validated and signed by the ticket holder, the retailer shall physically void the ticket to prevent it from being redeemed more than once. The manner of voiding the ticket will be prescribed by the director.

§ 3.25. Prizes of less than $600.

A retailer may elect to pay instant prizes between $26 and $599 won on tickets validated and determined by the department to be official prize winners, regardless of where the tickets were sold. If the retailer elects to pay prizes of up to $599, the following terms and conditions apply:

1. The retailer shall execute an agreement with the department to pay higher prize limits.

2. The retailer shall pay all prizes agreed to up to $599 or less on validated tickets presented to that retailer.

3. The retailer shall display special informational material provided by or approved by the department informing the public of the exceptional prize payments available from that retailer.

4. Nothing in this section shall be construed to prevent the department from accepting an agreement from a retailer to pay prize amounts $26 more but less than $599.

§ 3.26. Additional validation requirements.

Before paying any prize between $26 and $599, the retailer shall:

1. Reserved

2. Inspect the ticket to assure that it conforms to each validation criterion listed in these regulations and to any additional criteria the director may specify;

3. Report to the department the ticket number, validation code and validation number of the ticket; and

4. Obtain an authorization number for prize payment from the department.

§ 3.27. When prize shall be claimed from the department.

The department will pay prizes in any of the following circumstances:

1. If a retailer cannot validate a claim which the retailer otherwise would pay, the ticket holder shall send or present to the department a completed claim form and the signed ticket.

2. If a ticket holder is unable to return to the retailer from which the ticket was purchased, a completed

claim form and the signed ticket may be presented or mailed to the department.

3. If the prize amount is over the limit paid by the retailer from which the ticket was purchased, a completed claim form and the signed ticket shall be presented or mailed to the department.

§ 3.28. Prizes of $25,000 or less.

Prizes of $25,000 or less may be claimed from any of the department's regional offices. Regional offices will pay prizes by check after tickets are validated and after any other applicable requirements contained in these regulations are met.

§ 3.29. Prizes of more than $25,000.

Prizes of more than $25,000 and noncash prizes other than free lottery tickets may be claimed from the department's central office in Richmond. The central office will pay prizes by check, after tickets are validated and after any other applicable requirements contained in these regulations are met.

§ 3.30. When claims form required.

A claims form for a winning ticket may be obtained from any department office or any lottery sales retailer.

A. Claims forms shall be required to claim any prize from the department's central ~~and regional offices~~ *office* .

B. ~~Reserved~~ *Claims forms shall be required to claim any prize of $600 or more from the department's regional offices* .

C. Reserved.

D. The director may, at his discretion, require claims forms to be filed to claim prizes.

§ 3.31. Department action on claims for prizes submitted to department.

The department shall validate the winning ticket claim according to procedures contained in these regulations.

A. If the claim is not valid, the department will notify the ticket holder promptly.

B. If the claim is mailed to the department and the department validates the claim, a check for the prize amount will be mailed to the winner.

C. If an individual presents a claim to the department in person and the department validates the claim, a check for the prize amount will be presented to the bearer.

§ 3.32. Withholding, notification of prize payments.

A. When paying any prize of $600 or more, the department shall:

1. File the appropriate income reporting form(s) with the state Department of Taxation and the federal Internal Revenue Service; and

2. Withhold any moneys due for delinquent debts listed with the Department of Taxation's set-off debt collection program.

B. When paying any prize of more than $5,000, the department shall provide for the withholding of the applicable amount of state and federal income tax of persons claiming a prize for the winning ticket.

§ 3.33. Grand prize event.

If an instant game includes a grand prize or jackpot event, the following general criteria shall be used:

1. Entrants in the event shall be selected from tickets which meet the criteria stated in specific game rules set by the director.

2. Participation in the drawing(s) shall be limited to those tickets which are actually received and validated by the department on or before the date announced by the director.

3. If, after the event is held, the director determines that a ticket should have been entered into the event, the director may place that ticket into a grand prize drawing for the next equivalent instant game. That action is the extent of the department's liability.

4. The director shall determine the date(s), time(s) and procedures for selecting grand prize winner(s) for each instant game. The proceedings for selection of the winners shall be open to members of the news media and to either the general public or entrants or both.

§ 3.34. Director may postpone drawing.

The director may postpone any drawing to a certain time and publicize the postponement if he finds that the postponement will serve and protect the public interest.

§ 3.35. Valid ticket described.

To be valid, a Virginia lottery game ticket shall meet all of the validation requirements listed here:

1. The ticket shall have been issued by the department in an authorized manner.

2. The ticket shall not be altered, unreadable, reconstructed, or tampered with in any way.

3. The ticket shall not be counterfeit in whole or in

part.

4. The ticket shall not have been stolen or appear on any list of void or omitted tickets on file with the department.

5. The ticket shall be complete and not blank or partly blank, miscut, misregistered, defective, or printed or produced in error.

6. The ticket shall have exactly one play symbol and exactly one caption under each of the rub-off spots, exactly one ticket number, exactly one validation code, and exactly one validation number. These items shall be present in their entirety, legible, right side up, and not reversed in any manner.

7. The validation number of an apparent winning ticket shall appear on the department's official list of validation numbers of winning tickets provided by the vendor of the instant tickets. A ticket with that validation number shall not have previously been paid.

8. The ticket shall pass all additional confidential validation requirements set by the department.

§ 3.36. Invalid ticket.

An instant ticket which does not pass all the validation requirements listed in these regulations and any validation requirements contained in the rules for its instant game is invalid. An invalid ticket is not eligible for any prize.

§ 3.37. Replacement of ticket.

The director may replace an invalid ticket with an unplayed ticket from the same or another instant game. If a defective ticket is purchased, the department's only liability or responsibility shall be to replace the defective ticket with an unplayed ticket from the same or another instant game or to refund the purchase price, at the department's option.

§ 3.38. When ticket is partially mutilated or not intact.

If an instant ticket is partially mutilated or if the ticket is not intact but can still be validated by other validation tests, the director may pay the prize for that ticket.

§ 3.39. Director's decision final.

All decisions of the director regarding ticket validation shall be final.

§ 3.40. When prize payable over time.

Unless the rules for any specific instant game provide otherwise, any cash prize of $500,000 or more will be paid in multiple payments over time. The schedule of payments shall be designed to pay the winner equal dollar amounts each year until the total payments equal the prize amount.

§ 3.41. Rounding total prize payment.

When a prize or share is to be paid over time, except for the first payment, the director may round the actual amount of the prize or share to the nearest $1,000 to facilitate purchase of an appropriate funding mechanism.

§ 3.42. When prize payable for "life."

If a prize is advertised as payable for the life of the winner, only an individual may claim the prize. If a claim is filed on behalf of a group, company, corporation or any other type of organization, the life of the claim shall be 20 years.

RETAILER LICENSE APPLICATION

Virginia Lottery
P.O. Box 4689
Richmond, Virginia 23220

Processing Fee: $25.00 (non-refundable)
Make check payable to: Virginia Lottery

DO NOT WRITE IN THIS BLOCK

Date Received: Control #
Security: License #
Final Action: Final Action Date:

NOTE: Please print or type. Read Applicant Instructions before completing application. Attach additional sheets if necessary for any questions.

TYPE OF APPLICATION

1. INDICATE TYPE OF APPLICATION: ☐ Single Location ☐ Multiple Locations

List main company address below, and attach a retail location form for each retail location that will be selling tickets.

a. Business Name: _____ Phone Number: ( ) _____
b. Street Address: _____ City/County: _____ State: _____ Zip: _____
c. Mailing Address: _____ City/Town: _____ State: _____ Zip: _____

BUSINESS/ORGANIZATION INFORMATION

2. INDICATE TYPE OF BUSINESS/ORGANIZATION.

a. ☐ Sole Proprietorship ☐ Partnership or Joint Venture ☐ Trust
☐ Corporation or Subsidiary ☐ Association, Fraternal or Civic (including Non-Profit) ☐ Governmental

List below the names of individuals for your type of business as defined in the instruction booklet.

b.

Name (Last name first)	Name (Last name first)	Name (Last name first)
1.	2.	3.
4.	5.	6.

c. FOR EACH NAME LISTED ABOVE ATTACH A PERSONAL DATA FORM. If there are more names than the spaces above, please list them on a separate sheet and also attach a Personal Data Form for each of them.

3. HAS BUSINESS/ORGANIZATION EVER BEEN CONVICTED OF A GAMBLING RELATED OFFENSE OR OTHER CRIME? ☐ Yes ☐ No If yes, please provide details on a separate sheet.

4. ATTACH LIST OF OTHER CURRENT STATE OR LOCAL BUSINESS LICENSES HELD. Include License Number.

5. HAS BUSINESS OPERATED UNDER A DIFFERENT NAME? ☐ Yes ☐ No If yes, provide details on separate sheet.

FINANCIAL INFORMATION

6. (List 1 or primary business bank)

Bank Name | Account # (If more than one account, attach list of all account numbers.)
Bank Address

7. ARE YOU CURRENTLY BONDED? ☐ Yes ☐ No If yes, list bond company, type & limits on separate sheet.

8. FEDERAL EMPLOYER I.D. # _____ VIRGINIA TAX I.D. # _____

9. ARE ALL STATE TAXES CURRENT? ☐ Yes ☐ No

10. DISCLOSURE STATEMENT (Read Carefully.)

I, the undersigned do hereby certify that I have not knowingly made a false statement of material fact on this application and that I have read and understand the License Terms and Conditions enclosed with this Retailer License Application. If the Lottery issues a license pursuant to this application, the State Lottery Department and I will be bound by all the requirements contained in the License Terms and Conditions. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any lottery license I authorize the Virginia State Lottery Department and/or the Department of State Police to investigate any or all matters set forth in this Retailer License Application pursuant to §58.1-4009 of the State Lottery Law including but not limited to financial records, financial sources, state tax records and criminal history. I understand that further information may be requested of me in regard to this investigation. I waive any rights or causes of action, based on disclosure of otherwise confidential information, that I may have against the Virginia State Lottery, the Virginia State Police, and/or any other individual or agency disclosing or releasing such information to the Virginia State Lottery or the Virginia State Police.

APPLICANT/AUTHORIZED AGENT OF BUSINESS/ORGANIZATION

_____ TYPE OR PRINT NAME _____ TITLE

_____ SIGNATURE _____ DATE

ROUTING INSTRUCTIONS: White Copy - Agency Yellow Copy - Security Pink Copy - Marketing Gold Copy - Applicant

PERSONAL DATA FORM

Virginia Lottery
P.O. Box 4689
Richmond, Virginia 23220

Note: Submit Personal Data Form for each individual listed in Question 2b of the Retailer License Application.

DO NOT WRITE IN THIS BLOCK

Date Received: Control #
Security Recommendation: License #
Accept ☐ Not Accept ☐ Date:
By:

NOTE: Please print or type. Read Applicant Instructions before completing Personal Data Form. Attach additional sheets if needed.

1. a. Business Name: _____ (As listed on retailer license application) Phone ( ) _____
b. Street Address: _____ City/County _____ State _____ Zip _____
c. Mailing Address: _____ City/Town _____ State _____ Zip _____

2. YOUR NAME

Last Name	First	Middle	Sex	Race	DATE OF BIRTH Month	Day	Year
					-	-	

Place of Birth - County or City	Place of Birth - State or Country	Social Security Number

3. a. Current Street Address: _____ City/County _____ State _____ Zip _____
Home Phone ( ) _____
b. Have you been a permanent Virginia resident for the past year? ☐ Yes ☐ No
If no, attach a list of other states in which you have resided.

4. YOUR RELATIONSHIP TO BUSINESS ☐ Owner ☐ Principal ☐ Officer/Board Member
☐ Partner ☐ Stockholder (10% or more) ☐ Other _____

5. List two credit references: 1. _____ 2. _____

6. Current Bank _____ Account # _____ (If more than one account, attach list of all account numbers)
Bank Address _____ City/Town _____ State _____ Zip _____

7. *If any of the following questions are answered yes, please attach a separate sheet with complete details.*
a. Have you ever been convicted of a felony, illegal gambling, fraud or had any business license revoked or suspended in Virginia or any other state? ☐ Yes ☐ No b. Ever filed for bankruptcy? ☐ Yes ☐ No

8. DISCLOSURE STATEMENT (Read Carefully.)

I, the undersigned do hereby certify that I have not knowingly made a false statement of material fact on this application and that I have read and understand the License Terms and Conditions enclosed with this Retailer License Application. If the Lottery issues a license pursuant to this application, the State Lottery Department and I will be bound by all the requirements contained in the License Terms and Conditions. I understand that untruthful or misleading answers are cause for denial of the application and/or termination of any lottery license I authorize the Virginia State Lottery Department and/or the Department of State Police to investigate any or all matters set forth in this Retailer License Application pursuant to §58.1-4009 of the State Lottery Law including but not limited to financial records, financial sources, state tax records and criminal history. I understand that further information may be requested of me in regard to this investigation. I waive any rights or causes of action, based upon disclosure of otherwise confidential information, that I may have against the Virginia State Lottery, the Virginia State Police and/or any other individual or agency disclosing or releasing such information to the Virginia State Lottery or the Virginia State Police.

_____ TYPE OR PRINT NAME _____ TITLE

_____ SIGNATURE _____ DATE

NOTARY PUBLIC

State of _____ County/City of _____;

To wit, this day _____ (signature of person named in record) _____, personally appeared before me in the County/City aforesaid, and under oath authorized the Virginia State Police to search the files of the Central Criminal Records Exchange for any criminal history record and report the results of such search to the Virginia State Lottery Department.

Subscribed and sworn to before me this _____ day of _____, 19____

My commission expires _____, 19____ _____ Notary Public

NOTE: This form may be copied.

RETAILER LOCATION FORM

Virginia Lottery
P.O. Box 4689
Richmond, Virginia 23220

Please include this form when returning the Retailer License Application.

DO NOT WRITE IN THIS BLOCK

Date Received: Control #

License #

Preliminary Evaluation: Final Action Date:

NOTE: This form must be filled out for each location selling Lottery Tickets.

STORE INFORMATION

Store Name: _____ Business Name (If Different): _____

Street Address: _____ City/County: _____ State: _____ Zip: _____

Owner or Authorized Agent: _____

Is the proprietor on premises daily? ☐ Yes ☐ No Business Telephone: ( ) _____

How long has business been in operation at this location? Years _____ Months _____

Number of cash registers _____ Average weekly in-store customer count _____

Average weekly cash register receipts $ _____

AUTHORIZED CONTACT PERSON(S)

Please list contact persons at this location authorized to receive and sign for Lottery Tickets starting with primary contact person then alternates. Please type or print.

PRIMARY _____ ALTERNATE _____

ALTERNATE _____ ALTERNATE _____

ALTERNATE _____ ALTERNATE _____

TYPE OF BUSINESS

☐ Grocery/Supermarket ☐ Convenience ☐ Restaurant ☐ Specialty/Non-Grocery
☐ Drug/Variety ☐ Auto/Gas Service ☐ Bar/Tavern ☐ Other (Specify) _____

BUSINESS HOURS

Day of Week	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Opening Time							
Closing Time							

Total Weekly Hours _____

STREET MAP

N ↑

Indicate Retailer Location.
Draw & Identify Closest Intersection.

You May Include Additional Comments Below To Support Your Selection as a Lottery Retailer.

_____

_____

_____

_____

_____

_____

_____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

DATE _____

Retailer Name (As Shown on Bank Account)	Retailer Lottery I.D.

I (we) hereby authorize the VIRGINIA STATE LOTTERY DEPARTMENT, hereinafter called LOTTERY, to initiate debit and credit entries to my (our) ☐ Checking account or ☐ Savings account indicated below. It is agreed that these withdrawals, deposits, and adjustments may be made by the Electronic Fund Transfer System —EFT) under the rules of the Virginia State Lottery and the National and Local Automated Clearing House (ACH) Associations.

Depository Name		
Branch		
Address		
City	State	Zip
Bank Account Number		

Please staple to the original form a Check marked in ink "VOID" (Checking account) or a Deposit Slip (Savings account) from your financial institution and account.

This authority is to remain in full force and effect until LOTTERY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LOTTERY and DEPOSITORY a reasonable time to act on it.

Retailer Address		
City	State	Zip
EFT Authorization Name	Signature	
EFT Authorization Name	Signature	

FOR ~~LOTTERY~~ BANK USE ONLY

TRANSIT ROUTING NUMBER ACCOUNT NUMBER INFORMATION

TRANSIT ABA

A-1 WHITE: "LOTTERY COPY" YELLOW: "BANK COPY" PINK: "RETAILER COPY"

VIRGINIA LOTTERY

LICENSED RETAILER

BUSINESS ADDRESS

EXPIRES

RETAILER NO.

BY AUTHORITY OF
THE STATE LOTTERY LAW OF 1987, AS AMENDED,
THE ABOVE-NAMED RETAILER IS DULY AUTHORIZED AS
INDICATED TO SELL LOTTERY TICKETS IN VIRGINIA.

INSTANT GAME TICKETS ONLY

THIS CERTIFICATE MUST
BE PROMINENTLY DISPLAYED
AT ALL TIMES

KENNETH W. THORSON
DIRECTOR, VIRGINIA LOTTERY

NON-TRANSFERABLE

REV 8/88

VIRGINIA LOTTERY
P.O. BOX 4689
RICHMOND, VIRGINIA 23220

SHIPPER NO.

PACKAGE ID

INVOICE

PAGE

INVOICE NUMBER

VER TO:

CHAIN NO. | RETAILER NO. | INVOICE DATE

LSR # | LOTTERY SALES REP NAME

DAY | STOP # | LOCATION CONTACT

VERED BY (SIGNATURE) | DATE | RECEIVED BY (SIGNATURE) | ATE

E—LOTTERY HEADQUARTERS YELLOW—REGIONAL OFFICE GOLDENROD—CHAIN HQ. PINK—LOTTERY RETAILER

VIRGINIA LOTTERY | EXPIRES | AUTHORIZED RETAILER

BUSINESS NAME

RETAILER NO.

KENNETH W. THORSON
DIRECTOR, VIRGINIA LOTTERY

REV 7/88 NON-TRANSFERABLE

MUST BE PRESENTED WHEN ACCEPTING TICKETS

1. DO NOT DESTROY CERTIFICATE OR IDENTIFICATION CARD.
2. Carefully detach along perforated lines.
3. Display certificate in a PROMINENT PLACE in your business location.
4. Identification card MUST be presented when purchasing or accepting tickets.
5. If retailer authorization is suspended, revoked or voluntarily discontinued, return certificate identification card, and stamp to the Lottery.

P.O. Box 4689
Richmond, Virginia 23220
(804) 367-9130 ext. 37

VIRGINIA LOTTERY STATEMENT

REFERENCE	DATE	GAME	DESCRIPTION	AMOUNT	

Virginia Lottery Department

Agreement to Pay Mid-Tier Prizes

This agreement is entered into between _____ and the Virginia Lottery Department.
retailer

Payment of Mid-Tier Prizes is a retailer benefit. It provides extraordinary customer service, generates new customer visits and promotes customer loyalty.

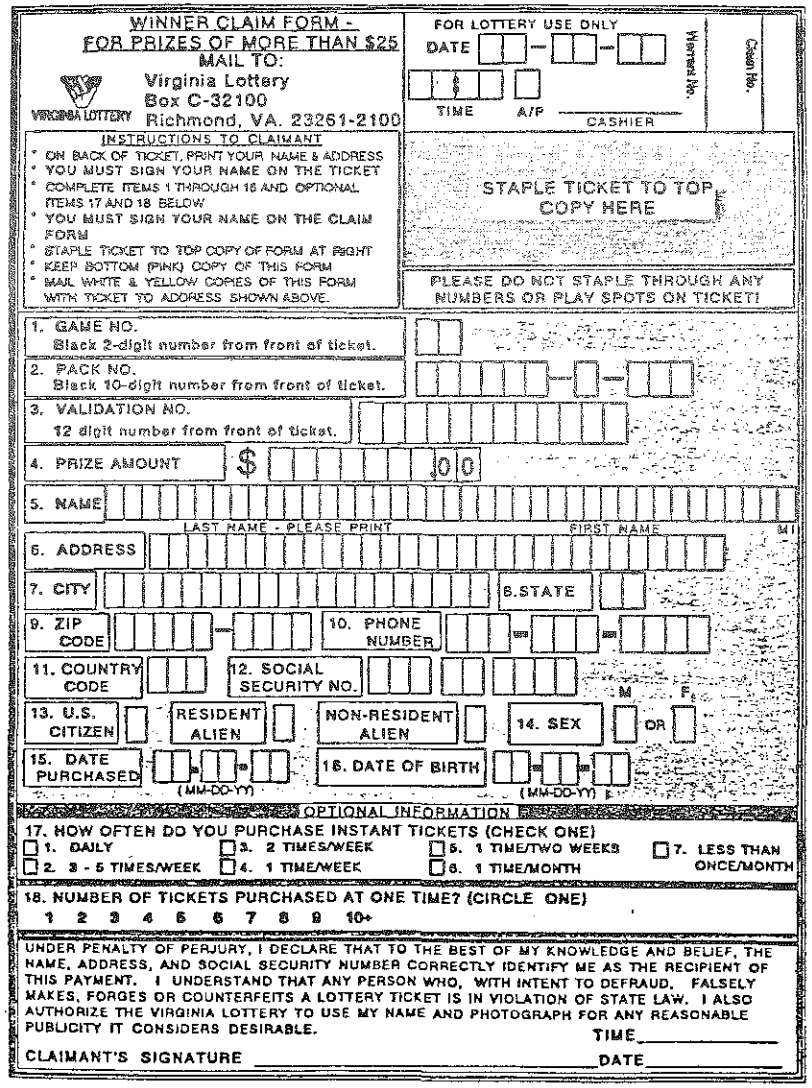
Retailer agrees to pay all instant lottery validated winning tickets of $100.00 or less. The retailer agrees to pay prizes of up to the specified limit during the hours of 8:00 a.m. to 8:00 p.m., or as otherwise specified by the Lottery Director.

In consideration of this agreement by retailer, the Virginia Lottery agrees to supply special display materials, at no charge, to participating retailers paying Mid-Tier Prizes. Those materials will identify your location as a special lottery payment center and retailer's signature on this agreement requires retailer to display the materials provided in retailer's store.

This agreement shall remain in effect, unless terminated in writing by the retailer or the Virginia Lottery Department.

Retailer	Virginia Lottery Department
_____ Name	_____ Name
_____ Title	_____ Title
_____ Date	_____ Date

Note: Both copies must be signed by retailer and Lottery representative
White copy for retailer
Canary copy for agency



WINNER CLAIM FORM -
FOR PRIZES OF MORE THAN $25
MAIL TO:
Virginia Lottery
Box C-32100
Richmond, VA. 23261-2100

FOR LOTTERY USE ONLY
DATE
TIME A/P CASHIER
Warrant No.
Claim No.

INSTRUCTIONS TO CLAIMANT
* ON BACK OF TICKET, PRINT YOUR NAME & ADDRESS
* YOU MUST SIGN YOUR NAME ON THE TICKET
* COMPLETE ITEMS 1 THROUGH 16 AND OPTIONAL ITEMS 17 AND 18 BELOW
* YOU MUST SIGN YOUR NAME ON THE CLAIM FORM
* STAPLE TICKET TO TOP COPY OF FORM AT RIGHT
* KEEP BOTTOM (PINK) COPY OF THIS FORM
* MAIL WHITE & YELLOW COPIES OF THIS FORM WITH TICKET TO ADDRESS SHOWN ABOVE.

STAPLE TICKET TO TOP COPY HERE

PLEASE DO NOT STAPLE THROUGH ANY NUMBERS OR PLAY SPOTS ON TICKET!

1. GAME NO. Black 2-digit number from front of ticket.
2. PACK NO. Black 10-digit number from front of ticket.
3. VALIDATION NO. 12 digit number from front of ticket.
4. PRIZE AMOUNT $ .00
5. NAME — LAST NAME - PLEASE PRINT — FIRST NAME — M.I.
6. ADDRESS
7. CITY — 8. STATE
9. ZIP CODE — 10. PHONE NUMBER
11. COUNTRY CODE — 12. SOCIAL SECURITY NO. — M F
13. U.S. CITIZEN — RESIDENT ALIEN — NON-RESIDENT ALIEN — 14. SEX — OR
15. DATE PURCHASED (MM-DD-YY) — 16. DATE OF BIRTH (MM-DD-YY)

OPTIONAL INFORMATION

17. HOW OFTEN DO YOU PURCHASE INSTANT TICKETS (CHECK ONE)
☐ 1. DAILY ☐ 2. 3 - 5 TIMES/WEEK ☐ 3. 2 TIMES/WEEK ☐ 4. 1 TIME/WEEK ☐ 5. 1 TIME/TWO WEEKS ☐ 6. 1 TIME/MONTH ☐ 7. LESS THAN ONCE/MONTH

18. NUMBER OF TICKETS PURCHASED AT ONE TIME? (CIRCLE ONE)
1 2 3 4 5 6 7 8 9 10+

UNDER PENALTY OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE NAME, ADDRESS, AND SOCIAL SECURITY NUMBER CORRECTLY IDENTIFY ME AS THE RECIPIENT OF THIS PAYMENT. I UNDERSTAND THAT ANY PERSON WHO, WITH INTENT TO DEFRAUD, FALSELY MAKES, FORGES OR COUNTERFEITS A LOTTERY TICKET IS IN VIOLATION OF STATE LAW. I ALSO AUTHORIZE THE VIRGINIA LOTTERY TO USE MY NAME AND PHOTOGRAPH FOR ANY REASONABLE PUBLICITY IT CONSIDERS DESIRABLE.

TIME _____

CLAIMANT'S SIGNATURE _____ DATE _____

VIRGINIA LOTTERY

RETAILER GUIDELINES FOR USING ADVERTISING APPROVAL FORM

Retailers who want to advertise that they sell lottery tickets need to be aware of certain advertising restrictions. The lottery law contains a provision that limits the lottery advertising to "...reasonably informing the public concerning..." at least one of the following:

1. type(s) of lotteries to be conducted;
2. price of tickets or shares in the lottery;
3. number and size of prizes and the odds of winning prizes;
4. way in which winning tickets or shares are selected;
5. way in which prizes are paid to winners;
6. frequency of drawings;
7. type(s) of locations at which tickets or shares may be sold; and
8. disposition of lottery revenues to the General Fund.

Retailers may list the names of winners, and the amount they won, in lottery advertising. (Provided, of course, that those winners have given permission to release their names.) This listing of winners is entirely voluntary, for the retailer as well as for the winners themselves.

The law further states that "...no funds shall be expended for the primary purpose of inducing persons to participate in the lottery."

All print ads (newspapers, magazines, free shoppers, flyers, etc.), all radio and television commercials, and all signs (interior and exterior) must be approved by the Virginia Lottery BEFORE they appear. Each ad or commercial within a continuing series must have separate approval. (IMPORTANT: All advertising materials you receive from the Virginia Lottery or your Lottery Sales Representative have been approved and may be used immediately. If your vendors--TV, radio, newspapers, printers, etc.--need written proof of ad approval, you need a form. Otherwise, completion of a form is at the discretion of the Lottery Sales Representative or Corporate Account Representative. For obvious cases, verbal approvals are acceptable and would require no form.

Lottery Sales Representatives and Corporate Account Representatives are responsible for the review of all retailer advertising. After each review, they must fill out a retailer advertising approval form in this manner:

1. Indicate the business name, address, retailer identification number, and primary retailer contact.

2. Write a brief description of the advertising, including all words used. Attach a copy if one is available.

3. Indicate whether or not the advertising should be approved by checking "yes" or "no" or "not sure."

VIRGINIA LOTTERY

RETAILER ADVERTISING APPROVAL FORM

Please read the guidelines for advertising approval before completing this form. Retailer lottery advertising is subject to the restrictions of the Lottery Law, specifically, "...no funds shall be expended for the primary purpose of inducing persons to participate in the lottery."

Business Name _____ Retailer I.D.# _____

Address _____ Retailer Contact _____

City, State,Zip _____

Description of Advertising (attach copy of ad if possible)

__Point of Sale
(write all words here) _____
_____
_____

__Interior sign
__counter card
__window sign
__door sign
__other (describe)

__Newspaper ad
Date(s) ad will appear _____
Headline _____
Words used _____
_____

__Radio/Television ad
Date(s) ad will appear _____
Tagline _____
Words used _____
_____

__Other
Please describe (include dates of usage and exact wording) _____
_____
_____

Advertising approved __Yes __No __Not sure

If not approved or if not sure, indicate reason. _____
_____
_____
_____

Lottery employee signature _____ Date _____

Retailer contact signature _____ Date _____

White copy to retailer, yellow copy to LSR/CAR, pink copy to Lottery

SLD-0022 (1/89)

VIRGINIA LOTTERY

STOLEN TICKET REPORT

DATE OF REPORT:	INVESTIGATOR TAKING REPORT:
RETAILER NAME & ADDRESS (if applicable):	RETAILER NUMBER:

STOLEN PACK NUMBER(S)			STOLEN TICKET NUMBERS			
GM.	PACK	CK.	FROM	TO	FROM	TO

LOCATION OF THEFT:	DATE/THEFT:	☐ STOLEN OR ☐ LOST FROM: ☐MAIN WHSE ☐L.S.R. ☐REGN. WHSE ☐RETAILER
REPORTING PERSON'S NAME:	ADDRESS:	PHONE. ( )
DETAILS OF THEFT:		
THEFT REPORTED TO LOCAL AUTHORITIES? ☐YES ☐NO SPECIFY		
INVESTIGATOR'S SIGNATURE:	DATE & TIME ENTERED ON COMPUTER. ___/___/___ ___:___ AM PM	

766.000 REV. 1/89

SHAW _____
GOODMAN _____
WALSH _____

WHITE - FILE
YELLOW - P/A
PINK - CSSE
GOLDENROD - INVESTIGATOR

* * * * * * * *

Title of Regulation: **VR 447-02-2. On-Line Game Regulations.**

Stautory Authority: § 58.1-4007 of the Code of Virginia.

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

Summary:

The State Lottery Department proposes to amend two sections of the On-Line Game Regulations to allow lottery retailers two methods to cancel a lottery ticket and to clarify when a claim form is required to redeem prizes.

VR 447-02-2. On-Line Game Regulations.

PART I.
ON-LINE GAMES.

§ 1.1. Development of on-line games.

The director shall select, operate, and contract for the operation of on-line games which meet the general criteria set forth in these regulations. The board shall determine the specific details of each on-line lottery game after consultation with the director. These details include, but are not limited to:

1. The type or types of on-line lottery games;

2. Individual prize amounts and overall prize structure;

3. Types of noncash prizes, if any;

4. The amount and type of any jackpot or grand prize which may be awarded and how awarded; and

5. Chances of winning.

§ 1.2. General definitions for on-line games.

"Auto-picks" means computer generated numbers or items. The director may select a different name to identify this feature for marketing purposes.

"Breakage" means the fraction of a dollar not paid out due to rounding down and shall be used exclusively to fund prizes.

"Cancelled ticket" means a ticket that has been placed into the terminal, whereupon the terminal must read the information from the ticket, cancel the transaction and brand the ticket with a mark or words indicating that the ticket is cancelled and void.

"Certified drawing" means a drawing in which a lottery official and an independent certified public accountant attest that the drawing equipment functioned properly and that a random selection of a winning combination has occurred.

"Drawing" means a procedure by which the lottery randomly selects numbers or items in accordance with the specific game rules for those games requiring random selection of number(s) or item(s).

"Duplicate ticket" means a ticket produced by any means other than by an on-line terminal with intent to imitate the original ticket.

"On-line game" means a lottery game, the play of which is dependent upon the use of an on-line terminal in direct communication with an on-line game main frame operated by or at the direction of the department.

"On-line lottery retailer" means a licensed lottery retailer who has entered an agreement with the department to sell on-line tickets.

"On-line system" means the department's on-line computer system consisting of on-line terminals, central processing equipment, and a communication network.

"On-line terminal" means computer hardware through which a combination of numbers or items is selected or generated and through which on-line tickets are generated and claims may be validated.

"On-line ticket" means a computer-generated ticket issued by an on-line lottery retailer to a player as a receipt for the number, numbers, or items or combination of number or items the player has selected.

"Play" means a wager on a single set of selected numbers.

"Player-selected item" means a number or item or group of numbers or items selected by a player in connection with an on-line game. Player-selected items include selections of items randomly generated by the computer on-line system. Such computer-generated numbers or items are also known as "auto-picks" or "quick picks."

"Quick pick" means the same as "auto pick."

"Retailer," as used in these on-line game regulations, means a licensed on-line lottery retailer, unless the context clearly requires otherwise.

"Roll stock" means the paper roll placed into the lottery retailer terminals from which a unique lottery ticket is generated by the computer, displaying the player selected item(s) or number(s).

"Share" means a percentage of ownership in a winning ticket.

"Validation" means the process of determining whether an on-line ticket presented for payment is a winning ticket.

"Validation number" means a unique number assigned by the on-line central computer and printed on the front of each on-line ticket which is used for validation.

"Winning combination" means two or more items or numbers selected by a drawing.

§ 1.3. Prize structure.

The prize structure for any on-line game shall be designed to return to winners approximately 50% of gross sales.

A. The specific prize structure for each type of on-line game shall be determined in advance by the board.

B. From time to time, the board may determine temporary adjustments to the prize structure to account for breakage or other fluctuations in the anticipated redemption of prizes.

§ 1.4. Drawing and selling times.

A. Drawings shall be conducted at times and places designated by the director and publicly announced by the department.

B. On-line tickets may be purchased up to a time prior to the drawing as specified in the on-line drawing rules. That time will be designated by the director.

§ 1.5. Ticket price.

A. The sale price of a lottery ticket for each game will be determined by the board and will be between $.50 and $15. These limits shall not operate to prevent the sale of more than one lottery play on a single ticket. Lottery retailers may not discount the sale price of on-line game tickets or provide free lottery tickets as a promotion with the sale of on-line tickets. This section shall not prevent a licensed retailer from providing free on-line tickets with the purchase of other goods or services customarily offered for sale at the retailer's place of business; provided, however, that such promotion shall not be for the primary purpose of inducing persons to participate in the lottery. (see § 1.9)

§ 1.6. Ticket cancellation.

A ticket may be cancelled and a refund of the purchase price obtained at the request of the bearer of the ticket under the following conditions:

1. To be accepted for cancellation, the ticket must be presented to the lottery retailer location at which the ticket was sold.

2. Cancellation may only be effected by *the following two procedures:*

a. Inserting the ticket into the lottery terminal, whereupon the terminal must read the information from the ticket ; *and* cancel the transaction ~~and brand the ticket with a mark or words indicating that the ticket is cancelled and void.~~

b. After first determining that the preceding procedure cannot be utilized successfully to cancel the ticket, the terminal operator may cancel the ticket by manually entering the ticket validation number into the terminal via the keyboard.

Any ticket which cannot be cancelled by ~~this procedure~~ *either of these procedures* remains valid for the drawing for which purchased, and is to be returned to the person who presented the ticket for cancellation and no refund will be available. Any ticket which is mutilated, damaged or has been rendered unreadable, and cannot be inserted into or read by the lottery terminal *or whose validation number cannot be read and keyed into the terminal* , cannot be cancelled by any other means.

3. The cancelled ticket must be surrendered by the bearer to the retailer who must deliver the cancelled ticket to the lottery sales representative serving that location. Cancelled tickets will be returned to the department.

4. The lottery's internal auditor will audit cancelled tickets on a sample basis.

§ 1.7. Chances of winning.

The director shall publicize the overall chances of winning a prize in each on-line game. The chances may be printed in informational materials.

§ 1.8. Licensed retailers' compensation.

A. Licensed retailers shall receive 5.0% compensation on all net sales from on-line games. "Net sales" are gross sales less cancels.

B. The board shall approve any bonus or incentive system for payment to retailers. The director will publicize any such system in the rules of the game(s) to which it applies. The director may then award such cash bonuses or other incentives to retailers.

§ 1.9. Retailers' conduct.

A. Retailers shall sell on-line tickets at the price fixed by the board, unless the board allows reduced prices or ticket give-aways.

B. All ticket sales shall be for cash, check, cashier's check, traveler's check or money order at the discretion

of and in accordance with the licensed retailer's policy for accepting payment by such means. A ticket shall not be purchased with credit cards, food stamps or food coupons.

C. All ticket sales shall be final. Retailers shall not accept ticket returns except as allowed by department regulations or policies, or with the department's specific approval.

D. Tickets shall be sold during all normal business hours of the lottery retailer when the on-line terminal is available unless the director approves otherwise.

E. Tickets shall be sold only at the location listed on each retailer's license from the department.

F. On-line retailers must offer for sale all lottery products offered by the department.

G. An on-line game ticket shall not be sold to, purchased by, or given as a gift to any individual under 18 years of age.

H. On-line retailers shall furnish players with proper claim forms provided by the department.

I. On-line retailers shall post winning numbers prominently.

J. On-line retailers and employees who will operate on-line equipment shall attend training provided by the department and allow only trained personnel to operate terminals.

K. Unsupervised retailer employees who sell or otherwise vend lottery tickets must be at least 18 years of age. Employees not yet 18 but at least 16 years of age may sell or vend lottery tickets so long as they are supervised by a person 18 years of age or older.

§ 1.10. End of game; suspension.

The director may suspend or terminate an on-line game without advance notice if he finds that this action will serve and protect the public interest.

PART II.
LICENSING OF RETAILERS FOR ON-LINE GAMES.

§ 2.1. Licensing.

A. Generally.

The director may license persons as lottery retailers for on-line games who will best serve the public convenience and promote the sale of tickets and who meet the eligibility criteria and standards for licensing.

B. For purposes of this part on licensing, "person" means an individual, association, partnership, corporation, club, trust, estate, society, company, joint stock company, receiver, trustee, assignee, referee, or any other person acting in a fiduciary or representative capacity, whether appointed by a court or otherwise, and any combination of individuals. "Person" also means all departments, commissions, agencies and instrumentalities of the Commonwealth, including its counties, cities, and towns.

§ 2.2. Eligibility.

A. Eighteen years of age and bondable.

Any person who is 18 years of age or older and who is bondable may be considered for licensure, except no person may be considered for licensure:

1. Who will be engaged solely in the business of selling lottery tickets; or

2. Who is a board member, officer or employee of the State Lottery Department or who resides in the same household as board member, officer or employee of the department; or

3. Who is a vendor to the department of instant or on-line lottery tickets or goods or data processing services, whose tickets, goods or services are provided directly to the lottery department, or whose business is owned by, controlled by, or affiliated with a vendor of instant or on-line lottery tickets or goods or data processing services whose tickets, goods or services are provided directly to the lottery department.

B. Form submission.

The submission of forms or data for licensure does not in any way entitle any person to receive a license to act as an on-line lottery retailer.

§ 2.3. General standards for licensing.

A. Selection factors for licensing.

The director may license those persons who, in his opinion, will best serve the public interest and public trust in the lottery and promote the sale of lottery tickets. The director will consider the following factors before issuing or renewing a license:

1. The financial responsibility and integrity of the retailer, to include:

a. A credit and criminal record history search or when deemed necessary a full investigation of the retailer;

b. A check for outstanding delinquent state tax liability;

c. A check for required business licenses, tax and business permits; and

d. An evaluation of physical security at the place of business, including insurance coverage.

2. The accessibility of his place of business to public, to include:

a. The hours of operation compared to the on-line system selling hours;

b. The availability of parking including ease of ingress and egress to parking;

c. Public transportation stops and passenger traffic volume;

d. The vehicle traffic density, including levels of congestion in the market area;

e. Customer transaction count within the place of business;

f. Other factors indicating high public accessibility and public convenience when compared with other retailers; and

g. Adequate space and physical layout to sell a high volume of lottery tickets efficiently.

3. The sufficiency of existing lottery retailers to serve the public convenience, to include:

a. The number of and proximity to other lottery retailers in the market area;

b. The expected impact on sales volume of potentially competing lottery retailers;

c. The adequacy of coverage of all regions of the Commonwealth with lottery retailers; and

d. The population to terminal ratio, compared to other geographical market areas.

4. The volume of expected lottery ticket sales, to include:

a. Type and volume of the products and services sold by the retailer;

b. Dollar sales volume of the business;

c. Sales history of the market area;

d. Sales history for instant tickets, if already licensed as an instant retailer;

e. Volume of customer traffic in place of business; and

f. Market area potential, compared to other market areas.

5. The ability to offer high levels of customer service to on-line lottery players, including:

a. A history demonstrating successful use of lottery product related promotions;

b. Volume and quality of point of sale display;

c. A history of compliance with lottery directives;

d. Ability to display jackpot prize amounts to pedestrians and vehicles passing by;

e. A favorable image consistent with lottery standards;

f. Ability to pay prizes less than $600 during maximum selling hours, compared to other area retailers;

g. Commitment to authorize employee participation in all required on-line lottery training; and

h. Commitment and opportunity to post jackpot levels near the point of sale.

B. Additional factors for selection.

The director may develop and, by director's order, publish additional criteria which, in the director's judgment, are necessary to serve the public interest and public trust in the lottery.

C. Filing of forms with the department.

After notification of selection as an on-line lottery retailer, the retailer shall file required forms with the department. The retailer must submit all information required to be considered for licensing. Failure to submit required forms and information within the times specified in these regulations may result in the loss of the opportunity to become or remain a licensed on-line retailer. The forms to be submitted shall include:

1. Signed retailer agreement;

2. Signed EFT Authorization form with a voided check or deposit slip from the specified account; and

3. Executed bond requirement.

§ 2.4. Bonding of lottery retailers.

A. Approved retailer to secure bond.

A lottery retailer approved for licensing shall obtain a surety bond in the amount of $10,000 from a surety company entitled to do business in Virginia. If the retailer is already bonded for instant games, a second bond will not be required. However, the amount of the original bond must be increased to $10,000. The purpose of the surety

bond is to protect the Commonwealth from a potential loss in the event the retailer fails to perform his responsibilities.

1. Unless otherwise provided under subsection C of this section, the surety bond shall be in the amount and penalty of $10,000 and shall be payable to the State Lottery Department and conditioned upon the faithful performance of the lottery retailer's duties.

2. Within 15 calendar days of receipt of the "On-Line License Approval Notice," the lottery retailer shall return the properly executed "Bonding Requirement" portion of the "On-Line License Approval Notice" to the State Lottery Department to be filed with his record.

B. Continuation of surety bond on renewal of license.

A lottery retailer applying for renewal of a license shall:

1. Obtain a letter or certificate from the surety company to verify that the surety bond is being continued for the license renewal period; and

2. Submit the surety company's letter or certificate with the required license renewal fee to the State Lottery Department.

C. Sliding scale for surety bond amounts.

The department may establish a sliding scale for surety bonding requirements based on the average volume of lottery ticket sales by a retailer to ensure that the Commonwealth's interest in tickets to be sold by a licensed lottery retailer is adequately safeguarded. Such sliding scale may require a surety bond amount either greater or lesser than the amount fixed by subsection A of this section.

D. Effective date for sliding scale.

The sliding scale for surety bonding requirements will become effective when the director determines that sufficient data on lottery retailer ticket sales volume activity are available. Any changes in a retailer's surety bonding requirements that result from instituting the sliding scale will become effective only at the time of the retailer's next renewal action.

§ 2.5. Lottery bank accounts and EFT authorization.

A. Approved retailer to establish lottery bank account.

A lottery retailer approved for licensing shall establish a separate bank account to be used exclusively for lottery business in a bank participating in the automatic clearing house (ACH) system. A single bank account may be used for both on-line and instant lottery business.

B. Retailer's use of lottery account.

The lottery account will be used by the retailer to make funds available to permit withdrawals and deposits initiated by the department through the electronic funds transfer (EFT) process to settle a retailer's account for funds owed by or due to the retailer from the sale of tickets and the payment of prizes. All retailers shall make payments to the department through the electronic funds transfer (EFT) process unless the director designates another form of payment and settlement under terms and conditions he deems appropriate.

C. Retailer responsible for bank charges.

The retailer shall be responsible for payment of any fees or service charges assessed by the bank for maintaining the required account.

D. Retailer to authorize electronic funds transfer.

Within 15 calendar days of receipt of the "On-Line License Approval Notice," the lottery retailer shall return the properly executed "On-Line Electronic Funds Transfer Authorization" portion of the "License Approval Notice" to the department recording the establishment of his account.

E. Change in retailer's bank account.

If a retailer finds it necessary to change his bank account from one bank account to another, he must submit a newly executed "Electronic Funds Transfer Authorization" form for the new bank account. The retailer may not discontinue use of his previously approved bank account until he receives notice from the department that the new account is approved for use.

F. Director to establish EFT account settlement schedule.

The director will establish a schedule for processing the EFT transactions against retailers' lottery bank accounts and issue instructions to retailers on how settlement of accounts will be made.

§ 2.6. Deposit of lottery receipts; interest and penalty for late payment; dishonored EFT transfers or checks.

A. Payment due date.

Payments shall be due as specified by the director in the instructions to retailers regarding the settlement of accounts.

B. Penalty and interest charge for late payment.

Any retailer who fails to make payment when payment is due will have his on-line terminal disconnected. The retailer will not be reconnected until payment is made by cashiers check, certified check or wire transfer. Additionally, interest will be charged on the moneys due plus a $25 penalty. The interest charge will be equal to the "Underpayment Rate" established pursuant to §

6621(a)(2) of the Internal Revenue Code of 1954, as amended. The interest charge will be calculated beginning the date following the retailer's due date for payment through the day preceding receipt of the late payment by the department for deposit.

C. Service charge for dishonored EFT transfer or bad check.

In addition to the penalty authorized by subsection B of this section, the director will assess a service charge of $25 against any retailer whose payment through electronic funds transfer (EFT) or by check is dishonored.

D. Service charge for debts referred for collection.

If the department refers a debt of any retailer to the Attorney General, the Department of Taxation or any other central collection unit of the Commonwealth, the retailer owing the debt shall be liable for an additional service charge which shall be in the amount of the administrative costs associated with the collection of the debt incurred by the department and the agencies to which the debt is referred.

§ 2.7. License term and renewal.

A. License term.

A general on-line license for an approved lottery retailer shall be issued for a one-year period. A general on-line license requires the retailer to sell both on-line and instant lottery tickets.

B. License renewal.

A general on-line license shall be renewed annually at least 30 days prior to its expiration date and shall be accompanied by the appropriate fee(s) as specified elsewhere in these regulations. The director may implement a staggered, monthly basis for annual license renewals and allow for the proration of annual license fees to credit licensees for the time remaining on their current license when the staggered renewal requirement is imposed. This section shall not be deemed to allow for a refund of license fees when a license is terminated, revoked or suspended for any other reason.

C. Amended license term.

An amended license shall be valid for the remainder of the period of the license it replaces.

D. Special license.

The director may issue special licenses. Special licenses shall be for a limited duration and under terms and conditions that he determines appropriate to serve the public interest.

§ 2.8. License fees.

A. License fee.

The fee for a lottery retailer general license to sell on-line game tickets shall be $25. The general license fee to sell on-line game tickets shall be paid for each location to be licensed. This fee is nonrefundable.

B. License renewal fee.

The annual fee for renewal of a lottery retailer general license to sell on-line game tickets shall be an amount determined by the board at its November meeting or as soon thereafter as practicable for all renewals occurring in the next calendar year. The renewal fee shall be designed to recover all or a portion of the annual costs of the department in providing services to the retailer. The renewal fee shall be paid for each location for which a license is renewed. This fee is nonrefundable. The renewal fee shall be submitted at least 30 days prior to the expiration of a retailer's general license.

C. Amended license fee.

The fee for processing an amended license for a lottery retailer general license shall be an amount as determined by the board at its November meeting or as soon thereafter as practicable for all amendments occurring in the next calendar year. The amended license fee shall be paid for each location affected. This fee is nonrefundable. An amended license shall be submitted in cases where a business change has occurred.

§ 2.9. Fees for operational costs.

A. Installation fee.

The fee for initial terminal telecommunications installation for the on-line terminal shall be $275. This fee may be subject to change based upon an annual cost review by the department.

1. If the retailer has purchased a business where a terminal is presently installed or telecommunication service is available, a fee of $25 per year shall be charged upon issuance of a new license.

2. No installation fee will be charged if interruption of service to the terminal has not occurred.

B. Weekly on-line telecommunications line charge.

Each retailer shall be assessed a weekly charge of $15 per week. This fee may be subject to change based upon an annual cost review by the department.

§ 2.10. Transfer of license prohibited; invalidation of license.

A. License not transferrable.

A license issued by the director authorizes a specified

person to act as a lottery retailer at a specified location as set out in the license. The license is not transferrable to any other person or location.

B. License invalidated.

A license shall become invalid in the event of any of the following circumstances:

1. Change in business location;

2. Change in business structure (e.g., from a partnership to a sole proprietorship);

3. Change in the business owners listed on the original personal data forms for which submission of a personal data form is required under the license procedure.

C. Amended personal data form required.

A licensed lottery retailer who anticipates any change listed in subsection B must notify the department of the anticipated change at least 30 calendar days before it takes place and submit an amended personal data form. The director shall review the changed factors in the same manner that would be required for a review of an original personal data form.

§ 2.11. Denial, suspension, revocation or nonrenewal of license.

A. Grounds for refusal to license.

The director may refuse to issue a license to a person if the person has been:

1. Convicted of a felony;

2. Convicted of a crime involving moral turpitude;

3. Convicted of any fraud or misrepresentation in any connection;

4. Convicted of bookmaking or other forms of illegal gambling;

5. Convicted of knowingly and willfully falsifying, or misrepresenting, or concealing a material fact or makes a false, fictitious, or fraudulent statement or misrepresentation;

6. Determined not to meet the eligibility criteria or general standards for licensing.

B. Grounds for refusal to license partnership or corporation.

In addition to refusing a license to a partnership or corporation under subsection A of this section, the director may also refuse to issue a license to any partnership or corporation if he finds that any general or limited partner or officer or director of the partnership or corporation has been convicted of any of the offenses cited in subsection A of this section.

C. Appeals of refusal to license.

Any person refused a license under subsection A or B may appeal the director's decision in the manner provided by VR 447-01-02, Part III, Article 2, § 3.4.

D. Grounds for suspension, revocation or refusal to renew license.

After notice and a hearing, the director may suspend, revoke, or refuse to renew a license for any of the following reasons:

1. Failure to properly account for on-line terminal ticket roll stock, for cancelled ticket, for prizes claimed and paid, or for the proceeds of the sale of lottery tickets;

2. Failure to file or maintain the required bond or the required lottery bank account;

3. Failure to comply with applicable laws, instructions, terms or conditions of the license, or rules and regulations of the department concerning the licensed activity, especially with regard to the prompt payment of claims;

4. Conviction, following the approval of the license, of any of the offenses cited in subsection A;

5. Failure to file any return or report or to keep records or to pay any fees or other charges as required by the state lottery law or the rules or regulations of the department or board;

6. Commission of any act of fraud, deceit, misrepresentation, or conduct prejudicial to public confidence in the state lottery;

7. Failure to maintain lottery ticket sales at a level sufficient to meet the department's administrative costs for servicing the retailer, provided that the public convenience is adequately served by other retailers. This failure may be determined by comparison of the retailer's sales to a sales quota established by the director;

8. Failure to notify the department of a material change, after the license is issued, of any matter required to be considered by the director in the licensing process;

9. Failure to comply with lottery game rules; and

10. Failure to meet minimum point of sale standards.

E. Notice of intent to suspend, revoke or deny renewal of license.

Before taking action under subsection C, the director will notify the retailer in writing of his intent to suspend, revoke or deny renewal of the license. The notification will include the reason or reasons for the proposed action and will provide the retailer with the procedures for requesting a hearing before the board. Such notice shall be given to the retailer at least 14 calendar days prior to the effective date of suspension, revocation or denial.

F. Temporary suspension without notice.

If the director deems it necessary in order to serve the public interest and maintain public trust in the lottery, he may temporarily suspend a license without first notifying the retailer. Such suspension will be in effect until any prosecution, hearing or investigation into possible violations is concluded.

G. Surrender of license and lottery property upon revocation or suspension.

A retailer shall surrender his license to the director by the date specified in the notice of revocation or suspension. The retailer shall also surrender the lottery property in his possession and give a final accounting of his lottery activities by the date specified by the director.

§ 2.12. Responsibility of lottery retailers.

Each retailer shall comply with all applicable state and federal laws, rules and regulations of the department, license terms and conditions, specific rules for all applicable lottery games, and directives and instructions which may be issued by the director.

§ 2.13. Display of license.

License displayed in general view. Every licensed lottery retailer shall conspicuously display his lottery license in an area visible to the general public where lottery tickets are sold.

§ 2.14. Display of material.

A. Material in general view.

Lottery retailers shall display lottery point-of-sale material provided by the director in a manner which is readily seen by and available to the public.

B. Prior approval for retailer-sponsored material.

A lottery retailer may use or display his own promotional and point-of-sale material, provided it has been submitted to and approved for use by the department in accordance with instructions issued by the director.

C. Removal of unapproved material.

The director may require removal of any licensed retailer's lottery promotional material that has not been approved for use by the department.

§ 2.15. Inspection of premises.

Access to premises by department. Each lottery retailer shall provide access during normal business hours or at such other times as may be required by the director or state lottery representatives to enter the premises of the licensed retailer. The premises include the licensed location where lottery tickets are sold or any other location under the control of the licensed retailer where the director may have good cause to believe lottery materials or tickets are stored or kept in order to inspect the lottery materials or tickets and the licensed premises. -

§ 2.16. Examination of records; seizure of records.

A. Inspection, auditing or copying of records.

Each lottery retailer shall make all books and records pertaining to his lottery activities available for inspection, auditing or copying as required by the director between the hours of 8 a.m. and 5 p.m., Mondays through Fridays and during the normal business hours of the licensed retailer.

B. Records subject to seizure.

All books and records pertaining to the licensed retailer's lottery activities may be seized with good cause by the director without prior notice.

§ 2.17. Audit of records.

The director may require a lottery retailer to submit to the department an audit report conducted by an independent certified public accountant on the licensed retailer's lottery activities. The retailer shall be responsible for the cost of only the first such audit in any one license term.

§ 2.18. Reporting requirements and settlement procedures.

Instructions for ordering on-line terminal ticket roll stock, reporting transactions and settling accounts. Before a retailer may begin lottery sales, the director will issue to him instructions and report forms that specify the procedures for (i) ordering on-line terminal ticket roll stock; (ii) reporting receipts, transactions and disbursements pertaining to on-line lottery ticket sales; and (iii) settling the retailer's account with the department.

§ 2.19. Training of retailers and their employees.

Retailer training. Each retailer or anyone that operates an on-line terminal at the retailer's location will be required to participate in training given by the department for the operation of each game. The director may consider nonparticipation in the training as grounds for

suspending or revoking the retailer's license.

§ 2.20. License termination by retailer.

Voluntary termination of license. The licensed retailer may voluntarily terminate his license with the department by first notifying the department in writing at least 30 calendar days before the proposed termination date. The department will then notify the retailer of the date by which settlement of the retailer's account will take place. The retailer shall maintain his bond and the required accounts and records until settlement is completed and all lottery property belonging to the department has been surrendered.

PART III.
ON-LINE TICKET VALIDATION REQUIREMENTS.

§ 3.1. Validation requirements.

To be valid, a Virginia lottery on-line game ticket shall meet all of the validation requirements listed here:

1. The original ticket must be presented for validation.

2. The ticket validation number shall be presented in its entirety and shall correspond using the computer validation file to the selected numbers printed on the ticket.

3. The ticket shall not be mutilated, altered, or tampered with in any manner. (see § 3.4)

4. The ticket shall not be counterfeited, forged, fraudulently made or a duplicate of another winning ticket.

5. The ticket shall have been issued by the department through a licensed on-line lottery retailer in an authorized manner.

6. The ticket shall not have been cancelled.

7. The ticket shall be validated in accordance with procedures for claiming and paying prizes. (see §§ 3.10 and 3.12)

8. The ticket data shall have been recorded in the central computer system before the drawing, and the ticket data shall match this computer record in every respect.

9. The player-selected items, the validation data, and the drawing date of an apparent winning ticket must appear on the official file of winning tickets and a ticket with that exact data must not have been previously paid.

10. The ticket may not be misregistered or defectively printed to an extent that it cannot be processed by the department.

11. The ticket shall pass any validation requirement contained in the rules published and posted by the director for the on-line game for which the ticket was issued.

12. The ticket shall pass all other confidential security checks of the department.

§ 3.2. Invalid ticket.

An on-line ticket which does not pass all the validation requirements listed in these regulations and any validation requirements contained in the rules for its on-line game is invalid. An invalid ticket is not eligible for any prize.

§ 3.3. Replacement of ticket.

The director may refund the purchase price of an invalid ticket. If a defective ticket is purchased, the department's only liability or responsibility shall be to refund the purchase price of the defective ticket.

§ 3.4. When ticket cannot be validated through normal procedures.

If an on-line ticket is partially mutilated or if the ticket cannot be validated through normal procedure but can still be validated by other validation tests, the director may pay the prize for that ticket.

§ 3.5. Director's decision final.

All decisions of the director regarding ticket validation shall be final.

§ 3.6. Prize winning tickets.

Prize winning on-line tickets are those that have been validated in accordance with these regulations and the rules of the department and determined to be official prize winners. Criteria and specific rules for winning prizes shall be published for each on-line game and available for all players. Final validation and determination of prize winning tickets remain with the department.

§ 3.7. Unclaimed prizes.

A. All claims for on-line game winning tickets must be postmarked or received for payment as prescribed in these regulations within 180 days after the date of the drawing for which the ticket was purchased. [In the event that the 180th day falls on a Saturday, Sunday or legal holiday, a claimant may redeem his prize-winning ticket on the next business day.]

B. Any on-line lottery prize which remains unclaimed after 180 days following the drawing which determined the prize shall revert to the State Literary Fund.

§ 3.8. Using winners' names.

The department shall have the right to use the names of prize winners and the city, town or county in which they live. Photographs of prize winners may be used with the written permission of the winners. No additional consideration shall be paid by the department for this purpose.

§ 3.9. No prize paid to people under 18.

No prize shall be claimed by or paid to any individual under 18 years of age.

§ 3.10. Where prizes claimed.

Winners may claim on-line game prizes from any licensed on-line retailer or the department in the manner specified in these regulations. Licensed on-line retailers are authorized and required to make payment of all validated prizes of less than $600.

§ 3.11. Validating winning tickets.

Winning tickets shall be validated by the retailer or the department as set out in these regulations and in any other manner which the director may prescribe in the specific rules for each type of on-line game.

§ 3.12. How prize claim entered.

A prize claim shall be entered in the name of an individual person or legal entity. If the prize claimed is $600 or greater, the person or entity also shall furnish a tax identification number.

A. An individual shall provide his social security number if a claim form is required by these regulations. A nonresident alien shall furnish their Immigration and Naturalization Service Number. This I.N.S. number begins with an A and is followed by numerical data.

B. A claim may be entered in the name of an organization only if the organization is a legal entity and possesses a federal employer's identification number (FEIN) issued by the Internal Revenue Service. If the department or these regulations require that a claim form be filed, the FEIN must be shown on the claim form.

C. A group, family unit, club or other organization which is not a legal entity or which does not possess a FEIN may file Internal Revenue Service (IRS) Form 5754, "Statement by Person(s) Receiving Gambling Winnings," with the department. This form designates to whom winnings are to be paid and the person(s) to whom winnings are taxable.

D. A group, family unit, club or other organization which is not a legal entity or which does not possess a FEIN and which does not file IRS Form 5754 with the department shall designate one individual in whose name the claim shall be entered and that person's social security number shall be furnished.

§ 3.13. Right to prize not assignable.

No right of any person to a prize shall be assignable, except that:

1. The director may pay any prize to the estate of a deceased prize winner, and

2. The prize to which a winner is entitled may be paid to another person pursuant to an appropriate judicial order.

§ 3.14. No accelerated payments.

The director shall not accelerate payment of a prize for any reason.

§ 3.15. Liability ends with prize payment.

All liability of the Commonwealth, its officials, officers and employees, and of the department, the board, the director and employees of the department, terminates upon final payment of a lottery prize.

§ 3.16. Delay of payment allowed.

The director may refrain from making payment of the prize pending a final determination by the director, under any of the following circumstances:

1. If a dispute occurs or it appears that a dispute may occur relative to any prize;

2. If there is any question regarding the identity of the claimant;

3. If there is any question regarding the validity of any ticket presented for payment; or

4. If the claim is subject to any set-off for delinquent debts owed to any agency eligible to participate in the Set-Off Debt Collection Act, when the agency has registered such debt with the Virginia Department of Taxation and timely notice of the debt has been furnished by the Virginia Department of Taxation to the State Lottery Department. No liability for interest for such delay shall accrue to the benefit of the claimant pending payment of the claim.

§ 3.17. When installment prize payment may be delayed.

The director may, at any time, delay any installment in order to review a change in circumstance relative to the prize awarded, the payee, the claim, or any other matter that has been brought to the department's attention. All delayed installments shall be brought up to date immediately upon the director's confirmation. Delayed installments shall continue to be paid according to the original payment schedule after the director's decision is given.

§ 3.18. Ticket is bearer instrument.

A ticket that has been legally issued by a licensed lottery retailer is a bearer instrument until the ticket has been signed. The person who signs the ticket is considered the bearer of the ticket.

§ 3.19. Payment made to bearer.

Payment of any prize will be made to the bearer of the validated winning ticket for that prize upon submission of a prize claim form, if one is required, unless otherwise delayed in accordance with these regulations. If a validated winning ticket has been signed, the bearer may be required to present proper identification.

§ 3.20. Marking tickets prohibited; exceptions.

Marking of tickets in any way is prohibited except by a player to claim a prize or by the department or a retailer to identify or to void the ticket.

§ 3.21. Penalty for counterfeit, forged or altered ticket.

Forging, altering or fraudulently making any lottery ticket or knowingly presenting a counterfeit, forged or altered ticket for prize payment or transferring such a ticket to another person to be presented for prize payment is a Class 6 felony in accordance with the state lottery law.

§ 3.22. Lost, stolen, destroyed tickets.

The department is not liable for lost, stolen or destroyed tickets.

§ 3.23. Retailer to pay all prizes less than $600.

Prizes less than $600 shall be paid by any licensed on-line retailer, or by the department at the option of the ticket holder, or by the department when the ticket cannot be validated by the retailer.

§ 3.24. Retailers' prize payment procedures.

Procedures for prize payments by retailers are as follows:

1. Retailers may pay prizes in cash, by certified check, cashier's check, business check, or money order, or by any combination of these methods.

2. If a check for payment of a prize by a retailer to a claimant is denied for any reason, the retailer is subject to the same service charge for referring a debt to the department for collection and penalty payments that would apply if the check were made payable to the department. A claimant whose prize check is denied shall notify the department to obtain the prize.

3. Retailers shall pay claims for all prizes under $600 during all normal business hours of the lottery retailer when the on-line terminal is operational and the ticket claim can be validated.

4. Prize claims shall be payable only at the location specified on the license.

5. The department will reimburse a retailer for prizes paid up to 180 days after the drawing date.

§ 3.25. When retailer cannot validate ticket.

If, for any reason, a retailer is unable to validate a prize winning ticket, the retailer shall provide the ticket holder with a department claim form and instruct the ticket holder on how to file a claim with the department.

§ 3.26. No reimbursement for retailer errors.

The department shall not reimburse retailers for prize claims a retailer has paid in error.

§ 3.27. Retailer to void winning ticket.

After a winning ticket is validated and signed by the ticket holder, the retailer shall physically void the ticket to prevent it from being redeemed more than once. The manner of voiding the ticket will be prescribed by the director.

§ 3.28. Prizes of less than $600.

A retailer shall pay on-line prizes of less than $600 won on tickets validated and determined by the department to be official prize winners, regardless of where the tickets were sold. The retailer shall display special informational material provided by or approved by the department informing the public that the retailer pays all prizes of less than $600.

§ 3.29. When prize shall be claimed from the department.

The department will process claims for payment of prizes in any of the following circumstances:

1. If a retailer cannot validate a claim which the retailer otherwise would pay, the ticket holder shall send or present the ticket to the department for validation with a completed claim form.

2. If a ticket holder is unable to return to any on-line retailer, a completed claim form and the ticket may be presented or mailed to the department for validation.

3. If the prize amount is $600 or more, a completed claim form with the ticket shall be presented or mailed to the department for validation.

§ 3.30. Prizes of $25,000 or less.

Prizes of $25,000 or less may be claimed from any of the department's regional offices. Regional offices will pay prizes by check after tickets are validated and after any other applicable requirements contained in these regulations are met.

§ 3.31. Prizes of more than $25,000.

Prizes of more than $25,000 and noncash prizes other than free lottery tickets may be claimed from the department's central office in Richmond. The central office will pay prizes by check, after tickets are validated and after any other applicable requirements contained in these regulations are met.

§ 3.32. Grand prize event.

If an on-line game includes a grand prize or jackpot event, the following general criteria shall be used:

1. Entrants in the event shall be selected from tickets which meet the criteria stated in specific game rules set by the director consistent with § 1.1 of these regulations.

2. Participation in the drawing(s) shall be limited to those tickets which are actually purchased by the entrants on or before the date announced by the director.

3. If, after the event is held, the director determines that a ticket should have been entered into the event, the director may place that ticket into a grand prize drawing for the next equivalent event. That action is the extent of the department's liability.

4. The director shall determine the date(s), time(s) and procedures for selecting grand prize winner(s) for each on-line game. The proceedings for selection of the winners shall be open to members of the news media and to either the general public or entrants or both.

§ 3.33. When prize payable over time.

Unless the rules for any specific on-line game provide otherwise, any cash prize of $500,000 or more will be paid in multiple payments over time. The schedule of payments shall be designed to pay the winner equal dollar amounts over a period of years until the total payments equal the prize amount.

§ 3.34. Rounding total prize payment.

When a prize or share is to be paid over time, except for the first payment, the director may round the actual amount of the prize or share to the nearest $1,000 to facilitate purchase of an appropriate funding mechanism.

§ 3.35. When prize payable for "life."

If a prize is advertised as payable for the life of the winner, only an individual may claim the prize. If a claim is filed on behalf of a group, company, corporation or any other type of organization, the life of the claim shall be 20 years.

§ 3.36. When claims form required.

A claim form for a winning ticket may be obtained from any department office or any licensed lottery retailer. A claim form shall be required to claim any prize from the department's central ~~and regional offices~~ *office. A claim form shall be required to claim any prize of $600 or more from the department's regional offices.*

§ 3.37. Department action on claims for prizes submitted to department.

The department shall validate the winning ticket claim according to procedures contained in these regulations as follows:

1. If the claim is not valid, the department will promptly notify the ticket holder.

2. If the claim is mailed to the department and the department validates the claim, a check for the prize amount will be mailed to the winner.

3. If an individual presents a claim to the department in person and the department validates the claim, a check for the prize amount will be presented to the bearer.

§ 3.38. Withholding, notification of prize payments.

When paying any prize of $600 or more, the department shall:

1. File the appropriate income reporting form(s) with the Virginia Department of Taxation and the Federal Internal Revenue Service;

2. Withhold any moneys due for delinquent debts listed with the Commonwealth's Set-Off Debt Collection Program; and

3. Withhold federal and state taxes from any winnings over $5,000.

§ 3.39. Director may postpone drawing.

The director may postpone any drawing to a certain time and publicize the postponement if he finds that the postponement will serve and protect the public interest.

X-0120 (6/89)

Virginia Lottery
On-Line Ticket Stock Return

Retailer # ______________________________

Retailer Name: ______________________________

Address: ______________________________

Contact Name: ____________________ Phone #: ____________

Amount of tickets returned: ______________________________

Ticket Numbers:
From ____________ Through ____________
From ____________ Through ____________
From ____________ Through ____________
From ____________ Through ____________

Reason for Return: Check one

[ ] Damaged Tickets
[ ] Retailer's Request
[ ] Retailer Inactivated
[ ] Other - Specify ____________

Receipt A:

Retailer Signature: ______________________________

Technician/LSR/Security ______________________________

Date ____________ Time ____________

Receipt B:

Technician/LSR/Security ______________________________

Regional Warehouseman: ______________________________

Date ____________ Time ____________

Receipt C:

Regional Warehouseman: ______________________________

Lottery Courier: ______________________________

Date ____________ Time ____________

Receipt D:

Data Center Security: ____________ Time ____________

X-0121 (6/89) 780.003

Virginia Lottery
On-Line Ticket Stock
Destruction Form

Roll Number	Ticket Numbers From - Thru	Date Destroyed	Destroyed By

X - 0118 (5/89)

REQUEST FOR INACTIVATING RETAILER TERMINAL

TO: Peggy Bodke
Data Center Operations Manager

FROM: Kim Guines
Licensing Coordinator

DATE: _____

Retailer Name _____ Region _____

Retailer Number _____

INACTIVATE RETAILER'S TERMINAL DUE TO THE FOLLOWING:

_____ Non-sufficient funds on EFT sweep

_____ Retailer's request

_____ Other _____

Recommended Date _____ Recommended Time _____

Approved By:

_____ _____

Deputy Director/Director Date

REQUEST FOR RE - ACTIVATING RETAILER TERMINAL

Re-Activate Date _____ Re-Activate Time _____

Approved By:

_____ _____

Deputy Director/Director Date

cc: Cy Coleman
Brent Pennington
Pat Wells
Bobby Vaughan
Dennis Shaw
Jim Nulph
Nora Noon

VIRGINIA LOTTERY

SEAL VERIFICATION CHART
PICK 3/4

DATE: SAT., _____ through SAT., _____, 19_____

BALL SET:

SAT _____ _____ _____ _____ _____ _____ _____ _____ _____

MON _____ _____ _____ _____ _____ _____ _____ _____ _____

TUE _____ _____ _____ _____ _____ _____ _____ _____ _____

WED _____ _____ _____ _____ _____ _____ _____ _____ _____

THU _____ _____ _____ _____ _____ _____ _____ _____ _____

FRI _____ _____ _____ _____ _____ _____ _____ _____ _____

SAT _____ _____ _____ _____ _____ _____ _____ _____ _____

DISTRIBUTION: WHITE - Security CANARY - External Auditor PINK - Internal Auditor GOLDENROD - TV Studio Secure Room

X-0103 (6/89) 804 000 VSL (5-19-

X - 0095 (6/89)

Date _____ 780.003

Virginia Lottery

Ticket Stock Central Distribution Form

Number of Boxes	Box Numbers From - Through	Issued By	Picked Up By	Destination	Rcvd By	Date Rcvd

Distribution:

WHITE - Data Center Security

YELLOW - Regional Warehouseman

PINK - Warehouse Supervisor

GREEN - Return to Security after Delivery

Comments:

_____

_____

_____

602.000

YEAR _____ SECURITY CHECK

MONTH/DATE _____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DAY																															
WAREHOUSE DOORS																															
BLANK CHECKS																															
SIGNATURE PLATE																															
VALIDATION SAFE																															
CONFERENCE ROOM DOOR																															
POSTAGE MACHINE KEYS																															
COMPUTERS																															
TYPEWRITERS																															
COPY MACHINE																															
COFFEE POTS																															

X-0077 (2/89)

VIRGINIA LOTTERY

DRAW VERIFICATION SHEET

Date: ____/____/____ Draw Day: _____

Lottery Drawing Specialist _____

Lottery Security Official _____

VCR Meter Reading: Start _____ Stop _____

Tape VolSer Number: _____

Winning Numbers

Daily Pick 3 ____ ____ ____

Daily Pick 4 ____ ____ ____ ____

Weekly Lotto ____ ____ ____ ____ ____ ____ ____

Culling in Balance: Yes ____ No ____

Daily 3_____ Daily 4_____ Lotto_____

Lotto Prize Information

Actual Jackpot _____

Estimated Jackpot _____

Handle _____

% of Plays Covered _____

Carryover to next Draw _____

Winners fa7004prizes & ga9001payout draw results

Lotto

Match 6 _____

Match 5 _____

Match 4 _____

Match 3 _____

Data Center Operations Supervisor _____

Lead Computer Operator _____

Computer Operator _____

Original - Director of Security
Yellow - Data Center Supervisor
Goldenrod - Computer Systems Security
Pink - Internal Auditor

SLD-0137 (4/89)

Return To:
Virginia Lottery
1610 Ownby Lane
Richmond, VA 23220

ORDER NUMBER

VIRGINIA LOTTERY

VIRGINIA LOTTERY ON-LINE PLAY CENTER AGREEMENT / ORDER FORM

This agreement/order form between the State Lottery Department (Lottery) and the retailer named below provides for the placement of the on-line Play Center in the retailer's business.

RETAILER NAME: (trading as)_____ Phone #: (___)_____

DELIVERY ADDRESS:_____

CITY/STATE/ZIP:_____

LOTTERY REGION NAME: _____ RETAILER NUMBER:_____

PLACE AN "X" BESIDE DESIRED ITEM:

_____PLAY CENTER (TOP & BASE (A/B)) _____PLAY CENTER (TOP ONLY)

_____APPROXIMATE DELIVERY DATE *(PLEASE ALLOW TWO WEEKS FROM ORDER)*

PLAY CENTER PLACEMENT AND USAGE

A Lottery Play Center may be provided at no charge for each on-line retail location. The Lottery reserves the right to approve the Play Center placement. The Play Center may be used only for the display and use of approved Lottery materials. The Play Center remains the property of the Lottery.

The Play Center may be removed at the Lottery's request due to unauthorized use or the retailer no longer sells lottery on-line games.

RETAILER CONTACT	LOTTERY REPRESENTATIVE
Print Name / Date	Print Name / Date
Signature	Signature
Title	Title

WHITE - Central Warehouse GREEN - Retail Promotion Specialist CANARY - Regional Sales Office PINK - Sales Department GOLD - Retailer

804.000 (4/89) SLS-0134 (4/89)

SLD - 0153 (6/89)

Date _____ 780.003

VIRGINIA LOTTERY

TICKET STOCK REGIONAL DISTRIBUTION FORM

Box Number	Ticket Numbers of Missing Tickets	Issued by	Rcvd by	Date Rcvd	Identification Number

Distribution:

WHITE - Regional Security

YELLOW - Regional Warehouseman

PINK - Technician/LSR

Comments: _____

VIRGINIA LOTTERY

WEEKLY SETTLEMENT FORM

TUESDAY SETTLEMENT DATE: ____/____/____

RETAILER NAME _____ RETAILER NUMBER

RETAILER INSTRUCTIONS:

1. On settlement date, obtain 2 copies of your weekly settlement report from your terminal. Staple one report to this form and retain one copy for your records.
2. Enclose this form in your weekly settlement envelope.
3. If you have a billing problem, explain below and check "YES" box for billing problem on outside of weekly settlement envelope. Accounting must review problem to determine if adjustment can be made.

STAPLE WEEKLY SETTLEMENT REPORT HERE

RETAILER'S SIGNATURE _____

DATE _____

EXPLANATION OF BILLING PROBLEM: _____

VIRGINIA LOTTERY

ON-LINE WEEKLY SETTLEMENT ENVELOPE

ITEM 1 [RETAILER'S NUMBER]

ITEM 2 [RETAILER'S SIGNATURE / MONTH / DAY / YEAR]

ITEM 3 RETAILER'S BUSINESS NAME

ITEM 4 RETAILER'S SIGNATURE

DO NOT MAIL
THIS ENVELOPE WILL BE PICKED UP BY YOUR LOTTERY SALES REPRESENTATIVE

PLEASE CHECK ITEMS ENCLOSED

- ITEM 5 ☐ DAILY SIGN-ON SLIPS
- ITEM 6 ☐ CASH TICKETS ENVELOPE
- ITEM 7 ☐ CANCELLED TICKETS ENVELOPE
- ITEM 8 ☐ ON-LINE RETAILER TICKET PROBLEM REPORT
- ITEM 9 ☐ ON-LINE WEEKLY SETTLEMENT REPORT

LOTTERY USE ONLY
LSM'S SIGNATURE
SECTION NUMBER

BILLING PROBLEM?
YES ☐ NO ☐

LE-0127

VIRGINIA LOTTERY

HOT LINE REPORT

VIRGINIA LOTTERY CONTROL NUMBER C - 100253 DATE / /

RETAILER NAME RETAILER NUMBER

TICKET PROBLEM REPORT REFERENCE NUMBER P-

DATE PROBLEM OCCURRED / / TIME PROBLEM OCCURRED HR MIN SEC A.M. P.M.

DATE CALL RECEIVED / / TIME CALL RECEIVED HR MIN SEC A.M. P.M.

VALUE OF TICKETS $ TYPE OF PROBLEM NO PRINT ☐ MISPRINT ☐ OTHER ☐

EXPLANATION/RECOMMENDATION: CREDIT ☐ DEBIT ☐

TICKET INFORMATION

DRAW DATE: (FROM) (THRU) NUMBER OF DRAWS

PICK 3 / PICK 4		LOTTO	
NUMBERS PLAYED		Play A:	- - - - - (-)
☐	EXACT ORDER - - ( )	Play B:	- - - - - (-)
☐	ANY ORDER	Play C:	- - - - - (-)
☐	EXACT/ANY	Play D:	- - - - - (-)
		Play E:	- - - - - (-)

ON-LINE VALIDATION NUMBER (Number at Bottom of Ticket)

****LOTTERY USE ONLY****

ADJUSTMENT: APPROVED ☐ DENIED ☐		INITIALS	DATE
TOTAL ADJUSTMENT APPROVED		CREDIT	DEBIT
LESS COMMISSION		APPROVED BY:	
NET ADJUSTMENT			

EXPLANATION: _____

X-0079 (2/89) ACCOUNTING - white copy HOT LINE - canary copy SECURITY - pink copy

VIRGINIA LOTTERY ON-LINE GAME SURVEY

LSR NO.	RETAILER NUMBER	CITY/CITY CODE #	MAJOR NEWSPAPER	CENSUS TRACT	INTERVIEW DATE

LEGAL BUSINESS NAME: DBA:

PHYSICAL LOCATION ADDRESS: CITY/TOWN: STATE: ZIP:

I WISH TO BE SURVEYED FOR ON-LINE GAMES ☐ YES ☐ NO

TELEPHONE NUMBERS

NAME OF PERSON INTERVIEWED (please print): SIGNATURE: BUSINESS ( ) TERMINAL PHONE # ( )

TITLE: ☐ PROPRIETOR OPERATED ☐ MANAGER OPERATED ☐ CHAIN STORE INTERVIEWED BY:

TYPE OF BUSINESS (NAME/NUMBER FROM BUSINESS CLASSIFICATION CODE):

LENGTH OF TIME AT LOCATION: CURRENT OWNERSHIP: SAME BUSINESS STYLE:

TYPE OF AREA/NEIGHBORHOOD (Check One): ☐ URBAN ☐ SUBURBAN ☐ RURAL ☐ SEASONAL ☐ RESIDENTIAL

BRIEFLY DESCRIBE AREA BELOW:

DEFINE TARGET MARKET PARAMETERS:

DAILY VEHICLE COUNT ON STREET(S): (Obtain from CITY, COUNTY, OR STATE ROAD DEPT.) DEPT: YEAR (Latest Figure): TRANSIT STOPS: LAW ENFORCEMENT AGENCY ☐ CITY ☐ COUNTY

NEARBY MAJOR EMPLOYERS OF CUSTOMERS: NAME: DISTANCE: NUMBER OF EMPLOYEES:

SKETCH MACHINE LOCATION WITHIN SITE:

ANNUAL GROSS SALES $ _____ SOURCE

RESTAURANT: FOOD $ _____ BEVERAGE $ _____

☐ VIDEO RENTALS : _____
☐ CHECK CASHING : _____
☐ PAY PHONES : _____
☐ ATM : _____
☐ SERVICES : _____

(Approximate Percent Volume by Section)

GAS SALES (Gal./Mo.) _____

STORES: TOTAL CUSTOMERS/WEEK _____

			YES	NO
BEVERAGE:	____ %	READER BOARD	☐	☐
FRONT END:	____ %	WILL USE FOR JACKPOT	☐	☐
DAIRY:	____ %	MAKES OWN SIGNAGE	☐	☐
DELI:	____ %			
OTHER GROCERY:	____ %			

POINT OF SALES CONVENIENCE AND VISIBILITY: LOW ☐1 ☐2 ☐3 ☐4 HIGH ☐5

BLD-0130 NOTE: ALL SPACES MUST BE COMPLETED BEFORE FORM CAN BE PROCESSED. PAGE 1

VIRGINIA LOTTERY

TICKET PROBLEM REPORT

REFERENCE NO. P–

INSTRUCTIONS:

1. CALL VIRGINIA LOTTERY HOT-LINE AT 1-800-654-2500 AT THE TIME PROBLEM OCCURS TO OBTAIN A CONTROL NUMBER.
2. COMPLETE THE FORM AND EXPLAIN PROBLEM BELOW. STAPLE THE PROBLEM TICKET(S) TO THE FORM.
3. KEEP PINK AND GOLDENROD FOR YOUR RECORDS. FORWARD THE WHITE AND YELLOW COPIES IN WEEKLY SETTLEMENT ENVELOPE (TO BE PICKED UP BY LOTTERY SALES REPRESENTATIVE).

DATE ___/___/___
RETAILER NO. ☐☐☐☐☐☐

RETAILER _____
ADDRESS _____
CITY _____ STATE ____ ZIP ____
PHONE (___) _____

LOTTERY CONTROL NO.	VALUE OF TICKET(S): $
DATE PROBLEM OCCURRED / /	
TIME PROBLEM OCCURRED __:__:__:__ am hr min sec pm	DO NOT CHANGE AMOUNT DUE ON WEEKLY SETTLEMENT REPORT. ADJUSTMENTS WILL BE MADE BY LOTTERY HEADQUARTERS.

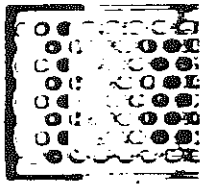
TYPE OF TICKET PROBLEM: No Print ☐ Misprinted ☐ Other ☐

EXPLANATION

STAPLE TICKET HERE

ON-LINE VALIDATION NUMBER
(Number at Bottom of Ticket):

Lottery- white & yellow copies/Retailer-pink copy/Chain Headquarters-goldenrod copy



VIRGINIA LOTTERY

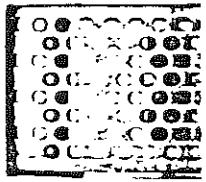
CANCELLED TICKETS ENVELOPE

RETAILER NUMBER

NUMBER OF TICKETS ENCLOSED

RETAIL VALUE OF TICKETS ENCLOSED

TUESDAY SETTLEMENT DATE					
Month		Day		Year	



STAPLE EACH CANCELLED TICKET TO THE CORRESPONDING PLAYER TICKET.

SLD-0124

VIRGINIA LOTTERY

RETAILER AGREEMENT FORM

This agreement between the State Lottery Department ("Department") and the Retailer ("Retailer") named below, in consideration of the $275 non-refundable terminal installation fee paid by the Retailer, entitles the Retailer to an On-Line Retailer License to sell On-Line and Instant lottery tickets at the specified location.

1. RETAILER'S BUSINESS NAME: _____

ADDRESS: _____
Street City Zip Code

Retailer Identification Number: _____

2. Retailer shall comply with all applicable state and federal laws, Department rules and regulations, license terms and conditions, specific rules for all applicable lottery games, and directives and instructions which may be issued by the Department.

It is understood that this does not constitute a lease for on-line equipment but is an arrangement whereby the on-line Retailer, as a license of the Department, maintains sole custody of the equipment during the active term of the license. All equipment, manuals, tapes, cards, computer printouts, ticket stock, and other items furnished to the Retailer for use with on-line and instant games shall at all times remain the sole property of the Department.

4. The Department reserves the right to discontinue operation of an on-line terminal without notice, order its removal from the Retailer's premises, and revoke the Retailer's license in the event that: a) the on-line Retailer fails to comply with any rule established by the Department, or any instruction issued by the Director of the Department; b) the Department suspends or revokes the Retailer's license to sell lottery tickets; or c) the Retailer fails to make payment of a prize or makes payment with a business check which is dishonored.

5. The Retailer agrees to submit the following forms:

a. Signed EFT Authorization form with a voided check or deposit slip from the specified account.

b. Executed bond requirement. (See On-Line Game Regulations-Part II. Section 2.4)

c. Signed Retailer agreement.

6. The Retailer recognizes that this license is a privilege and not a right. The license issued by the Department authorizes the business named above to act as an on-line Retailer at the location specified in the license. The license is not transferrable to any other business, person, or location.

7. The Retailer understands and agrees that, in addition to the provisions of this Agreement, he has read, understands and agrees to abide and be bound by all rules and regulations adopted by the Department.

	Retailer	Lottery
SIGNATURES:	_____	_____
PRINT NAME:	_____	_____
TITLE:	_____	_____
DATE:	_____	_____

WHITE-Department PINK-Region YELLOW-Retailer

SLD-0130 (3/89)

X-0105 8/89

COMMONWEALTH of VIRGINIA
STATE LOTTERY DEPARTMENT

A/R ONLINE ACCOUNTING TRANSACTION FORM

REFERENCE #_____
DATE _____

AGENT NO:	AGENT NAME:	TRANSACTION AMOUNT:

√	TRAN CODE	DESCRIPTION
☐	8	CM – Account Credit
☐	9	DM – Account Charge
☐	11	DM – Cash Transfer
☐	12	DM – Chargeback NSF
☐	13	DM – Interest on NSF
☐	14	DM – Penalty
☐	15	DM – Regional Adjustment

G/L JOURNAL NO: _____

Comments: _____

Approved: _____ Date: _____

Entered: _____ Date: _____

White: Accounting Yellow: Retailer Pink: General Ledger

VIRGINIA LOTTERY

CASH TICKETS ENVELOPE

RETAILER NUMBER

NUMBER OF TICKETS ENCLOSED

PRIZE VALUE OF TICKETS ENCLOSED
•

TUESDAY SETTLEMENT DATE
Month Day Year

EACH CASH TICKET MUST BE STAPLED TO THE CORRESPONDING PLAYER TICKET.

BLD-0125

COMMONWEALTH of VIRGINIA

State Lottery Department

P.O. Box 4689, Richmond, Virginia 23220

(804) 367-9130

Kenneth W. Thorson
Director

VIRGINIA LOTTERY BOARD
H. Stuart Knight
The Honorable William F. Parkerson, Jr.
Henry Thompson Tucker, Jr.
Dr. Cynthia Haldenby Tyson
The Honorable G. William Whitehurst

ON-LINE LICENSE APPROVAL NOTICE

Dear Lottery Retailer:

Congratulations! Your business has been selected as an on-line retailer. Soon after you have signed and returned the enclosed agreement form and completed the requirements set forth below, the Lottery will initiate the steps necessary for installation of an on-line terminal for your location. This letter and the enclosed materials explain what you have to do to complete this process and receive your new license.

As an on-line retailer, you are required to provide $10,000 surety bond coverage for your on-line terminal location(s). This may be done by having your current instant ticket $5,000 bond amended to the $10,000 amount or by securing a new bond.

You must also authorize access to an electronic funds transfer (EFT) bank account to be used exclusively for lottery settlement. You can use your current EFT account that you established for the instant games.

Also enclosed with this notice is a summary of the duties and responsibilities of the lottery and on-line retailers. Please take a few moments to read the enclosed information.

After you have reviewed this information, please do the following:

(1) Complete and return the On-Line Agreement form;
(2) Purchase or amend your bond to show $10,000 coverage and provide the original of the surety bond certificate and the surety company's power of attorney;
(3) Complete and return the on-line electronic funds transfer (EFT) agreement form; and
(4) Return a check payable to the State Lottery Department in the amount of $275.00.

If you have any questions, please contact our licensing service representative at (804) 367-9236.

Sincerely,

Larry J. Gray
Deputy Director

Enclosures

1. THE LOTTERY WILL (at no cost to you):

   a. Provide an on-line terminal for the sale and cancellation of on-line tickets, the validation of winning tickets and the production of management reports.

   b. Arrange for the installation of the telecommunications lines.

   c. Provide advertising for the on-line games.

   d. Provide point-of-sale material, signage and other forms of merchant sale aids.

   e. Provide marketing and advertising assistance to the retailer.

   f. Provide training on the operation of the on-line terminal for the sale, redemption and cancellation of the on-line tickets.

   g. Supply the retailer playslips, ticket stock, weekly settlement envelopes, and all other forms required for on-line games.

   h. Provide mechanical and electrical maintenance and repairs to the on-line terminal.

   i. Provide funds to the retailer, when necessary, if any required payment of on-line prizes exceeds retailer's sales since the last settlement date.

2. THE RETAILER SHALL:

   a. Pay to the Lottery a non-refundable amount of $275 in advance to cover the Lottery's cost for initial installation expenses and will be assessed a weekly charge of $15 for the on-line telecommunication line charges.

   b. Attend such training sessions as the Lottery shall provide to ensure that the retailer and employees are properly trained in the operation of the on-line terminal.

   c. Provide secure storage for the on-line terminal supplies and a secure area for the on-line terminal, cancelled tickets, and tickets on which payments have been paid.

   d. Locate secure cash storage within close proximity to the on-line terminal.

   e. Provide for the sale of all Lottery products.

   f. Exercise due diligence in the operation of the on-line terminal and shall immediately notify the Lottery of any telephone line or on-line terminal malfunction.

   g. Not perform mechanical or electrical maintenance on the on-line terminal, but may replace ribbons and on-line ticket stock and minor machine corrections per the instructions provided by the Lottery.

   h. Conduct the sale, redemption, and cancellation of on-line tickets during all hours and days the retailer's business is open and the on-line system is functioning.

i. Immediately pay each valid winning on-line ticket claim of less than $600.

j. Stamp, mark or otherwise identify all cancelled on-line tickets and winning on-line tickets that have been paid and submit these along with the "cancel" and "pay" tickets to the Lottery as part of the payment process.

k. Provide the proper claim forms and instructions to each bearer of a winning ticket of $600 or more.

l. Post each winning number prominently where tickets are sold as soon as possible following the drawing.

m. Be responsible for the loss of or damages to the on-line terminal equipment which results from the retailer's negligence or intentional acts.

n. Provide a bond in the amount of $10,000 made payable to the State Lottery Department.

o. Establish and maintain a special electronic funds transfer bank account to be used exclusively for lottery business.

3. INSTALLATION:

a. The retailer will provide, prior to installation of the on-line terminal, an electrical duplex-grounded outlet on a separate circuit that remains operational 24 hours a day. The circuit shall be 110 volts AC, 60 Hz nominal and a 20 amp circuit breaker. The outlet shall be located within six feet of the on-line terminal and in an area where the public does not have access.

b. The retailer will locate the on-line terminal within the retailer's premises at a point of sale approved by the Lottery. The retailer shall not move the terminal unless the retailer follows the procedures established by the Director, including reimbursing the Lottery for any telephone charges associated with the change of location if the retailer requests the change.

4. COMPENSATION:

a. In consideration for properly performing its duties and responsibilities, the licensed retailer shall receive 5.0% compensation on all net sales from on-line games. "Net sales" are gross sales less cancels.

THINGS TO DO

ON-LINE RETAILER

Check box When Complete	Task
☐	Sign on-line Retailer agreement form.
☐	Submit $275.00 check for telecommunications installation fee.
☐	Specify bank account number for electronic funds transfer settlement.
☐	Provide lottery with proof of $10,000 bond.
☐	Mark area near terminal counter with stickers for Installers (TELCO and A.C. power).
☐	Prepare counter space for terminal installation.
☐	Attend training as scheduled.

VIRGINIA LOTTERY

SURETY COMPANY BOND # _____

COMMONWEALTH OF VIRGINIA
LOTTERY RETAILER SURETY BOND

KNOW ALL MEN BY THESE PRESENTS: That we, _____ as Principal and _____, incorporated under the laws of the State of _____ and authorized to do business in the Commonwealth of Virginia, as Surety, are held and firmly bound unto the State Lottery Department, Commonwealth of Virginia, as obligee, in the penal sum of Five Thousand and no/100 Dollars ($5,000), lawful money of the United States of America, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrator, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bound Principal has obtained or is about to obtain from the Obligee a license as a Lottery Retailer at the following physical location: _____ and the term of said license shall be for a period of one year effective during the month of the lottery retailer's license approval,

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bound Principal shall make payment of all sums due the Obligee for lottery tickets and proceeds and comply with all statutes, rules, and regulations pertaining to said license, than this obligation shall be null and void, otherwise to remain in full force and effect.

PROVIDED, that this bond shall be effective on _____, 19____, and shall continue in force for one year; unless said bond is continued in force from year to year by the issuance of a continuation certificate executed by the Surety hereon; and

PROVIDED FURTHER, that regardless of the number of years this bond shall continue in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond, and

PROVIDED FURTHER, this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing by certified mail to the Director, State Lottery Department, P. O. Box 4689, Richmond, VA 23220.

Signed and sealed this ____ day of _____, 19____.

_____ (Seal) _____

By: _____ By: _____

SEE REVERSE SIDE FOR ACKNOWLEDGMENT OF SURETY
PLEASE RETURN THIS BOND TO THE LOTTERY

DIRECTOR'S ORDER

STATE LOTTERY DEPARTMENT (STATE LOTTERY BOARD)

DIRECTOR'S ORDER NUMBER FOURTEEN (90)

"THREE TIMES LUCKY"; PROMOTIONAL GAME AND DRAWING RULES

In accordance with the authority granted by § 58.1-4006 A of the Code of Virginia, I hereby promulgate the "Three Times Lucky" promotional contest and drawing rules for the Game 12 kickoff events which will be conducted at various lottery retailer locations throughout the Commonwealth on May 31, 1990. These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of 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 until June 1, 1990, unless otherwise extended by the Director.

/s/ Kenneth W. Thorson, Director
April 26, 1990

GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS

(Required by § 9-6.12:9.1 of the Code of Virginia)

BOARD FOR ACCOUNTANCY

Title of Regulation: **VR 105-01-02. Board for Accountancy Regulations.**

Governor's Comment:

These regulations are intended to establish minimum entry requirements for certification and licensing of a CPA and to establish standards of practice for the profession. Pending public comment, I recommend approval of the regulations.

/s/ Lawrence Douglas Wilder
Governor
Date: April 27, 1990

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

Title of Regulation: **VR 394-01-06. Virginia Statewide Fire Prevention Code/1987.**

Governor's Comment:

Pending review of public comments and in accordance with S.B. 1, S.B. 369, and H.B. 790, which I signed into law during the 1990 General Assembly session, I recommend approval of those provisions of the proposed regulations concerning (1) the installation of fire suppression systems and smoke detectors in all nursing homes and nursing facilities, (2) the installation of smoke detectors in all homes for adults, and (3) reformatting the retrofitting the requirement for existing hotels and motels. Although the other provisions in the proposed regulations are intended to protect the public from fire and safety hazards, I believe that further information is needed in order to adequately assess the costs and benefits to the public. Consequently, I defer approval of the other provisions in the proposed regulations pending review of public comments and the report mandated by SJR 1 (1990).

/s/ Lawrence Douglas Wilder
Governor
Date: April 27, 1990

* * * * * * * *

Title of Regulation: **VR 394-01-21. Virginia Uniform Statewide Building Code, Volume I - New Construction Code/1987.**

Governor's Comment:

Pending review of public comments and in accordance with S.B. 1, S.B. 369, and H.B. 790, which I signed into law during the 1990 General Assembly session, I recommend approval of those provisions of the proposed regulations concerning (1) the installation of fire suppression systems and smoke detectors in all nursing homes and nursing facilities, (2) the installation of smoke detectors in all homes for adults, and (3) reformatting the retrofitting the requirement for existing hotels and motels. Although the other provisions in the proposed regulations are intended to protect the public from fire and safety hazards, I believe that further information is needed in order to adequately assess the costs and benefits to the public. Consequently, I defer approval of the other provisions in the proposed regulations pending review of public comments and the report mandated by SJR 1 (1990).

/s/ Lawrence Douglas Wilder
Governor

Date: April 27, 1990

* * * * * * * *

Title of Regulation: **VR 394-01-22. Virginia Uniform Statewide Building Code, Volume II - Building Maintenance Code/1987.**

Governor's Comment:

Pending review of public comments and in accordance with S.B. 1, S.B. 369, and H.B. 790, which I signed into law during the 1990 General Assembly session, I recommend approval of those provisions of the proposed regulations concerning (1) the installation of fire suppression systems and smoke detectors in all nursing homes and nursing facilities, (2) the installation of smoke detectors in all homes for adults, and (3) reformatting the retrofitting the requirement for existing hotels and motels. Although the other provisions in the proposed regulations are intended to protect the public from fire and safety hazards, I believe that further information is needed in order to adequately assess the costs and benefits to the public. Consequently, I defer approval of the other provisions in the proposed regulations pending review of public comments and the report mandated by SJR 1 (1990).

/s/ Lawrence Douglas Wilder
Governor

April 27, 1990

DEPARTMENT OF PERSONNEL AND TRAINING

Title of Regulation: **VR 525-01-02. Commonwealth of Virginia Health Benefits Program.**

Governor's Comment:

I concur with the substance of these regulations. Final approval is conditioned upon the Department's response to

comments from the Department of Planning and Budget regarding the regulations' clarity and consistency and to any comments received during the public comment period.

/s/ Lawrence Douglas Wilder
Governor
Date: April 27, 1990

Symbol Key †
† Indicates entries since last publication of the Virginia Register

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 125-01-2, VR 125-01-3, VR 125-01-5, VR 125-01-6 and 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

Pursuant to the Public Participation guidelines contained in VR 125-01-1 § 5.1, the board intends to consider proposals to amend the regulations as set forth below and will conduct a public meeting on such proposals as indicated below:

1. **VR 125-01-2 § 1. Advertising; generally; cooperative advertising; federal laws; beverages and cider; exceptions; restrictions.**

a. **Subject of Proposal:** To allow the use of any present or former athlete or athletic team during the sponsorship of a charitable event authorized by the Department of Alcoholic Beverage Control ("ABC").

b. **Entities Affected:** Manufacturers, wholesalers, retailers and charities.

c. **Purpose of Proposal:** To incorporate into the regulation current policy interpretation on the usage of present or former athletes or athletic teams during sponsorship of charitable events.

d. **Issue:** The use of present or former athletes or athletic teams during charitable events sponsored by manufacturers and wholesalers of alcoholic beverages.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69, 4-98.10(w), 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

2. **VR 125-01-2. Advertising; generally; cooperative advertising; federal laws; beverages and cider; exceptions; restrictions.**

a. **Subject of Proposal:** To allow the use of athletic teams and sports leagues in alcoholic beverage advertising.

b. **Entities Affected:** Manufacturers, wholesalers, retailers and consumers.

c. **Purpose of Proposal:** As with all beer advertising, the purpose of and intent is to encourage those who consume the product to choose a particular brand.

d. **Issue:** The use of athletic teams and sports leagues in alcoholic beverage advertising.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69, 4-98.10(w), 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Miller Brewing Company.

3. **VR 125-01-2 § 2. Advertising; interior; retail licensees; show windows.**

a. **Subject of Proposal:** To permit the use of pliable, plastic static stickers which are defined as two dimensional point-of-sale materials, the dimensions of which do not exceed 48 square inches.

b. **Entities Affected:** Manufacturers, wholesalers and retailers.

c. **Purpose of Proposal:** To authorize wholesale licensees to use pliable, plastic static stickers which are currently in wide circulation within the breverage industry and to provide specific size limitations.

d. **Issue:** The usage of plastic static stickers.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-60(i), 4-69, 4-69.2, 4-98.10(w), 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Virginia Beer Wholesalers Association.

4. **VR 125-01-2 § 2. Advertising; interior; retail licensees; show windows.**

a. **Subject of Proposal:** To eliminate the requirement that paper or cardboard point-of-sale materials be furnished to retail licensees as part of a case display; to permit wholesalers to install paper or cardboard point-of-sale materials using any normal

or customary materials (tape, string, etc.) ordinarily used for such purposes; to set more precise size limitations for cut case cards; and not refer to paper and cardborad materials as cut case cards.

b. **Entities Affected:** Manufacturers, wholesalers and retailers.

c. **Purpose of Proposal:** The practical effect of the board's action in 1989 in amending VR 125-01-2 § 2 was to make this regulation the primary one dealing with point-of-sale materials. This proposal is designed to incorporate within § 2 most of the current cut case card regulation, which presently appears as VR 125-01-3 § 8F. Cut case cards are an integral part of the wholesaler's arsenal of point-of-sale materials. Further, the amendments proposed would clarify that other paper and cardboard point-of-sale materials, in addition to cut case cards, would also be permitted within the ambit of the new subsection, which is actually the case now.

d. **Issue:** Under what regulation should the material on cut case cards be placed - VR 125-01-2 § 2 (Advertising) or VR 125-01-3 (Tied House); the elimination of the requirement that point-of-sale materials may only be furnished as part of a case display; allowing installation of point-of-sale materials using normal or customary materials ordinarily used for such purposes; the size and proper name for cut case card materials

e. **Aapplicable Laws:** §§ 4-7(1), 4-11(a), 4-60(i), 4-69, 4-69.2, 4-98.10(w), 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Virginia Beer Wholesalers Association.

5. VR 125-01-2 § 2. Advertising; interior; retail licensees; show windows.

a. **Subject of Proposal:** To permit the display in retail establishments of advertising materials used in connection with government-endorsed civic events.

b. **Entities Affected:** Manufacturers, wholesalers and retailers.

c. **Purpose of Proposal:** Expansion of the types of events eligible for sponsorship.

d. **Issue:** The display in retail establishments of advertising materials used in connection with government-endorsed civic events.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-60(i), 4-69, 4-69.2, 4-98.10(w), 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

6. VR 125-01-2 § 4. Advertising; newspaper, magazines, television, trade publications, etc.

a. **Subject of Proposal:** Restrictions on beer, wine and mixed beverage advertisements in publications directed primarily to students and educational institutions.

b. **Entities Affected:** Manufacturers, wholesalers, retailers, educational institutions, publishers and students.

c. **Purpose of Proposal:** To clarify what types of publications are restricted in their use of beer, wine and mixed beverage advertisments.

d. **Issue:** The restriction of alcoholic beverage advertising in publications directed primarily to students and educational institutions.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69, 4-98.10(w), 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

7. VR 125-01-2 § 5. Advertising; newspapers and magazines; programs; distilled spirts.

a. **Subject of Proposal:** To allow distilled spirts advertising in printed programs relating to government-endorsed civic events.

b. **Entities Affected:** Manufacturers, wholesalers, retailers, publishers and civic organizations.

c. **Purpose of Proposal:** Expansion of the types of events eligible for distilled spirits advertising in printed programs.

d. **Issue:** Allowing distilled spirits advertising in printed programs relating to government-endorsed civic events.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69 and 4-98.14 of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

8. VR 125-01-2 § 6. Advertising; novelties and specialties.

a. **Subject of Proposal:** To increase the wholesale value limit to $5.00 on novelty items to be given away to consumers.

b. **Entities Affected:** Manufacturers and wholesalers.

c. **Purpose of Proposal:** The current limitation ($2.00)

is below national averages and does not reflect price increases due to inflation. A $5.00 limit would permit distribution of items such as caps and T-shirts, which until a few years ago cost less than $2.00, and were being provided to consumers.

d. **Issue:** The increase of wholesale value limits on novelty items to be given away.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69, 4-98.10(w), 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Miller Brewing Company.

9. **VR 125-01-2 § 10. Advertising; sponsorship of public events; restrictions and conditions.**

a. **Subject of Proposal:** To allow sponsorship of government-endorsed civic events by manufacturers of alcoholic beverages; to give government-endorsed civic events which are exempt from federal and state taxes the same privileges that charitable events are allowed; to clarify "college, high school or younger age level" as these terms relate to the prohibition of sponsorship of programs and events.

b. **Entities Affected:** Manufacturers, wholesalers, retailers, educational institutions, publishers and students.

c. **Purpose of Proposal:** Expansion of the types of events eligible for sponsorship; to allow wholesalers to cosponsor government-endorsed civic events which are exempt from taxation; and clarification of terms.

d. **Issues:** Allowing sponsorship of government-endorsed civic events by alcoholic beverage manufacturers and treating government sponsored civic events which are exempt from taxation the same as charitable events.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69 and 4-98.14 of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

10. **VR 125-01-3 § 8. Inducements to retailers; tapping equipment; bottle or can openers; banquet licensees; cut case cards; clip-ons and table tents.**

a. **Subject of Proposal:** To permit distilled spirits clip-ons and table tents.

b. **Entities Affected:** Manufacturers, brokers, importers and wholesalers of distilled spirits, distilled spirits representatives, retail licensees and consumers.

c. **Purpose of Proposal:** This amendment would provide information to the public and licensees on new products and would also provide parity between the manufacturers, bottlers or wholesale representatives of distilled spirits and the manufacturers, bottlers and wholesalers of wine and beer.

d. **Issue:** The allowance of distilled spirits clip-ons and table tents.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69.2, 4-79.1, 4-98.10(w) and 4-98.14 of the Code of Virginia.

f. **Proposed By:** Virginia Distilled Spirits Representatives Association; Associated Distributors (limited distilled spirits table tents only).

11. **VR 125-01-3 § 8. Inducements to retailers; tapping equipment; bottle or can openers; banquet licensees; cut case cards; clip-ons and table tents.**

a. **Subject of Proposal:** To permit plastic cut case cards and structural supports of metal and plastic in case displays.

b. **Entities Affected:** Manufacturers, wholesalers and retailers.

c. **Purpose of Proposal:** Retailers and consumers in Virginia are denied access to the vast majority of manufacturers' promotional opportunities simply because the supporting point-of-sale is laminated with a thin coat of plastic, contains metal supports for stability or is partially constructed of plastic instead of cardboard. Typically, the cost to modify these pieces, which otherwise would be acceptable in Virginia, is prohibited.

d. **Issue:** The type of materials to be used in cut case cards and case displays.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69.2, 4-79.1, 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Miller Brewing Company.

12. **VR 125-01-3 § 8. Inducements to retailers; tapping equipment; bottle or can openers; banquet licensees; cut case cards; clip-ons and table tents.**

a. **Subject of Proposal:** To allow manufacturers and wholesalers to provide neck hangers, posters, static stickers, banners and corrabuff to retailers.

b. **Entities Affected:** Manufacturers, wholesalers and retailers.

c. **Purpose of Proposal:** The current limitation greatly limits the advertising ability of manufacturers to advise consumers of the wide range of products available to them. This is especially important for the introduction of new products.

d. **Issue:** Allowing manufacturers and wholesalers to provide retailers with neck hangers, posters, static stickers, banners and corrabuff.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69.2, 4-79.1, 4-98.14 and 4-103(b) and (c) of the Code of Virginia.

f. **Proposed By:** Miller Brewing Company.

13. **VR 125-01-3 § 8. Inducements to retailers; tapping equipment; bottle or can openers; banquet licensees; cut case cards; clip-ons and table tents.**

a. **Subject of Proposal:** To repeal subsection F which deals with cut case cards.

b. **Entities Affected:** Manufacturers, wholesalers and retailers.

c. **Purpose of Proposal:** To incorporate within VR 125-01-2 § 2 most of the current cut case card regulation which presently appears in VR 125-01-3 § 8F.

d. **Issue:** Under what regulation should the material on cut case cards be placed - VR 125-01-2 (Advertising) or VR 125-01-3 (Tied-House).

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-69.2, 4-79.1 and 4-98.14 of the Code of Virginia.

f. **Proposed By:** Virginia Beer Wholesalers Association, Inc.

14. **VR 125-01-5 § 13. Clubs; applications; qualifications; reciprocal arrangements; changes; financial statements.**

a. **Subject of Proposal:** To permit the use of a club's premises for public affairs under certain circumstances; to require written notification to be given to the board when the club's premises are to be used for such public affairs.

b. **Entities Affected:** Clubs.

c. **Purpose of Proposal:** To ensure that clubs continue operating as private, not public, establishments.

d. **Issue:** The use of a club's premises for public affiars.

e. **Applicable Laws:** §§ 4-2(6), 4-7(1), 4-11(a), 4-25, 4-61.1, 4-98.2, 4-98.14 and 4-118.1 of the Code of Virginia.

f. **Proposed By:** Department of Alocholic Beverage Control.

15. **VR 125-01-5 § 17. Caterer's license.**

a. **Subject of Proposal:** To clarify that a caterer's license identified in § 4-98.2(e) is an off-site one, as distinguished from the caterer's license identified in § 4-98.2(b); to provide that a caterer may exercise the privileges of the license on premises contiguous to the license as long as such premises complies with § 4-98.2(b) of the Code of Virginia in terms of a seating capacity for not less than 250 persons; to remove the sale of beer and wine from the determination of the 45% food to 55% alcoholic beverage ratio.

b. **Entities Affected:** Caterers.

c. **Purpose of Proposal:** To clarify that off-site catering is permitted on premises contiguous to the license as long as the caterer maintains a premises with a seating capacity of not less than 250 persons; to comply with 1990 statutory changes involving §§ 4-98.2 and 4-98.7 of the Code of Virginia.

d. **Issue:** Clarification that off-site catering is permitted on permises contiguous to the license; the amendment ensures that the regulation does not conflict with statutory law.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-98.2, 4-98.7, 4-98.11 and 4-98.18 of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

16. **VR 125-01-5 § 19. Bed and Breakfast's license.**

a. **Subject of Proposal:** To adopt a new regulation implementing § 4-25 A 22 of the Code of Virginia which establishes a specific license for bed and breakfast establishments to serve alcoholic beverages to individuals for whom overnight lodging is provided.

b. **Entities Affected:** Bed and breakfast establishments.

c. **Purpose of Proposal:** To comply with 1990 statutory changes involving §§ 4-2, 4-25, 4-33 and 4-38 of the Code of Virginia.

d. **Issue:** The implementation and interpretation of the bed and breakfast license.

e. **Applicable Laws:** §§ 4-2, 4-7(1), 4-11(a), 4-25, 4-33, 4-38, 4-98.14 and 4-103 of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

17. **VR 125-01-6 § 8. Solicitation of mixed beverage licensees by representatives of manufacturers, etc. of distilled spirits.**

a. **Subject of Proposal:** To allow a distilled spirits

permittee to leave with a mixed beverage licensee one unopened 50 milliliter sample of each brand being promoted by the permittee.

b. **Entities Affected:** Manufacturers, importers, brokers and wholesalers of distilled spirits, retailers and distilled spirits representatives.

c. **Purpose of Proposal:** Those permittees promoting a brand or brands of distilled spirits by providing a sample to a mixed beverage licensee in the afternoon have a distinct advantage over those permittees who are providing a sample to the mixed beverage licensee in the business morning hours. This amendment would allow the mixed beverage licensee to receive the information in the morning and then sample the serving later in the day.

d. **Issue:** Allowing a distilled spirits permittee to leave one unopened 50 milliliter sample of each brand being promoted with the mixed beverage licensee.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-98.14 and 4-98.16 of the Code of Virginia.

f. **Proposed By:** Virginia Distilled Spirits Representatives Association.

18. **VR 125-01-6 § 10. Picking up alcoholic beverages from wholesalers.**

a. **Subject of Proposal:** To establish guidelines involving individuals who purchase alcoholic beverages from retail establishments and pick up those same alocholic beverages from wholesalers' premises.

b. **Entities Affected:** Wholesalers and retailers.

c. **Purpose of Proposal:** To ensure that only authorized eligible purchasers are allowed to pick up alcoholic beverages from wholesalers.

d. **Issue:** The prevention of "dock sales" to unauthorized and ineligible individuals.

e. **Applicable Laws:** §§ 4-7(1), 4-11(a), 4-25, 4-60(h) and (j), 4-103(b) and (c), 4-134 and 4-135 of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

19. **VR 125-01-7 § 17. Farm wineries; percentage of Virginia products; other agricultural products; remote outlets.**

a. **Subject of Proposal:** To allow two remote retail establishments for farm wineries.

b. **Entities Affected:** Farm wineries.

c. **Purpose of Proposal:** To comply with 1990 statutory changes involving § 4-25.1 of the Code of Virginia.

d. **Issue:** The amendment ensures that the regulation does not conflict with statutory law.

e. **Applicable Laws:** §§ 4-2(10a), 4-7(1), 4-11(a) and 4-25.1 of the Code of Virginia.

f. **Proposed By:** Department of Alcoholic Beverage Control.

20. Regulations are adopted by the board pursuant to authority contained in §§ 4-7(1), 4-11(a), 4-98.14, 4-103(b) of the Code of Virginia.

21. The board requests that all persons interested in the above described subject please submit comments in writing by **10:00 a.m. June 21, 1990 to the undersigned, P.O. Box 27491, Richmond, Virginia 23261** or attend the public meeting scheduled below.

22. **The board will hold a public meeting and receive the comments or suggestions of the public on the above subject. The meeting will be in the First Floor Hearing Room at 2901 Hermitage Road, Richmond, Virginia at 10:00 a.m. on June 21, 1990.**

23. **Regarding the proposals as set forth above, all references to existing regulations that may be the subject of amendment or repeal, all references to proposed numbers for new regulations or to applicable laws or regulations are for purposes of information and guidance only, and are not to be considered as the only regulations or laws that may be involved or affected when developing draft language to carry out the purposes of any proposal. This notice is designed, primarily, to set forth the subject matter and objectives of each proposal. In developing draft language, it may be necessary to amend or repeal a number of existing regulations and/or adopt new regulations as may be deemed necessary by the board, and the references set forth above are not intended to be all inclusive.**

24. Contact the undersigned, if you have questions, at the above address or by phone at **(804) 367-0616.**

Statutory Authority: §§ 4-7(l), 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

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 190-05-1. Virginia Asbestos Licensing Regulations.** The purpose of the proposed action is to amend the current regulations to include requirements created by legislative action.

Statutory Authority: § 54.1-501 of the Code of Virginia.

Written comments may be submitted until October 15, 1990.

Contact: Peggy J. Wood, Assistant Director, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, SCATS 367-8595 or toll-free 1-800-552-3106

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: **Regulations of the Board for Contractors.** The purpose of the proposed action is to amend and adopt regulations pertaining to the practice of contracting. These regulations shall be consistent with statutes effective January 1, 1991.

Statutory Authority: § 54.1-1102 of the Code of Virginia.

Written comments may be submitted until July 2, 1990.

Contact: Kelly G. Ragsdale, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8557, SCATS 367-8557, or toll-free 1-800-552-3016

DEPARTMENT FOR THE DEAF AND HARD-OF-HEARING

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department for the Deaf and Hard-of-Hearing intends to consider amending regulations entitled: **VR 245-02-01. Regulations Governing Eligibility Standards and Application Procedures for the Distribution of Telecommunications Equipment.** The purpose of the proposed action is to ensure confidentiality of all information contained in TAP applications and update regulations to include expansion of services.

Statutory Authority: § 63.1-85.4 of the Code of Virginia.

Written comments may be submitted until July 23, 1990.

Contact: Kathy E. Vesley, Deputy Director, 101 N. 14th St., 7th Floor, Richmond, VA 23219-3678, telephone (804) 225-2570/TDD ☎ or toll-free 1-800-552-7917/TDD ☎

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department for the Deaf and Hard-of-Hearing intends to consider amending regulations entitled: **VR 245-03-01. Regulations Governing Interpreter Services for the Hearing Impaired.** The purpose of the proposed action is to (i) include language authorizing the agency to assess a registration fee for Quality Assurance Screening; (ii) include a confidentiality clause; and (iii) amend the appeal procedure.

Statutory Authority: § 63.1-85.4 of the Code of Virginia.

Written comments may be submitted until July 23, 1990.

Contact: Kathy E. Vesley, Deputy Director, 101 N. 14th St., 7th Floor, Richmond, VA 23219-3678, telephone (804) 225-2570/TDD ☎ or toll-free 1-800-552-7917/TDD ☎

BOARD OF DENTISTRY

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Dentistry intends to consider promulgating, amending and repealing regulations entitled: **Board of Dentistry Regulations.** The board proposes the following:

1. To establish entry requirements and fees for dentists and dental hygienists seeking licensure by endorsement.

2. To require successful completion of law exam by applicants for full-time faculty licenses and temporary permits.

3. To assess a fee of $50 per month to any licensee who has practiced on an expired license.

4. Other minor clarifications and nonsubstantive changes.

Statutory Authority: §§ 54.1-2700 through 54.1-2728 of the Code of Virginia.

Written comments may be submitted until August 15, 1990.

Contact: Nancy Taylor Feldman, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9906

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Funeral Directors and Embalmers intends to consider amending regulations entitled: **Regulations on Preneed Funeral Planning.** The purpose of the proposed action is to promulgate regulations for the practice of preneed funeral sales and arrangements by licensees of the Board of Funeral Directors and Embalmers. Committee meetings on the development of the regulations are as follows: 5/23/90 at 4 p.m.; 6/4/90 at 9 a.m.; 6/17/90 in Charlottesville, Va. (tenative); 10/3/90 at 9 a.m.

Statutory Authority: § 54.1-2803 10 of the Code of Virginia.

Written comments may be submitted until September 28, 1990.

Contact: Meredyth P. Partridge, Executive Director of the Board, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9941

BOARD OF HISTORIC RESOURCES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Historic Resources intends to consider promulgating regulations entitled: **Regulations Governing Permits for the Archaeological Excavation of Human Burials.** The purpose of the proposed action is to implement the Virginia Antiquities Act, § 10.1-2305 of the Code of Virginia governing the issuance of permits for the archaeological excavation of unmarked human burials. This permitting process will affect any persons or entities who conduct any type of archaeological field investigation involving the removal of human remains or associated artifacts from any unmarked human burial. It will also affect any such removal involving archaeological investigation as part of a court-approved removal of a cemetery.

Regulatory and legal alternatives and constraints have not been fully investigated, but will be included as part of the regulation development process. Comment on such alternatives and constraints should be mailed to the contact person listed below. Applicable laws and regulations include but are not limited to §§ 10.1-2300 through 10.1-2306, 57-38.1 and 57-39 of the Code of Virginia, copies of which can be obtained from the Department of Historic Resources listed below. Draft regulations should be completed for review by the Board of Historic Resources in August, and for public comment beginning in September 1990. A public meeting to receive reviews and comments, and to answer questions about the proposed action will be held on Thursday, May 17, 1990, at 1 p.m. in Senate Room 4 of the Virginia State Capitol, Richmond, Virginia.

Statutory Authority: § 10.1-2305 of the Code of Virginia.

Written comments may be submitted until June 1, 1990.

Contact: M. Catherine Slusser, State Archaeologist, Department of Historic Resources, 221 Governor St., Richmond, VA 23219, telephone (804) 786-3143

DEPARTMENT OF HEALTH (STATE BOARD OF)

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Health intends to consider promulgating regulations entitled: **Regulations Governing the Virginia Medical Scholarship Program.** The purpose of the proposed regulation is to set forth the criteria for eligibility, circumstances under which awards will be made, and the process for awarding Virginia Medical Scholarships to medical students; the general terms and conditions applicable to the obligation of each recipient of a medical scholarship to practice medicine in a medically underserved area of Virginia, as identified by the board by regulation, or to practice medicine in a designated state facility; and penalties for a recipient's failure to fulfill the practice requirements of the Virginia Medical Scholarship Program. These regulations and the Regulations for Determining Virginia Medically Underserved Areas supersede and replace Definitions of "Practice of Family Medicine" and "Areas of Need" Under State Medical Scholarship Program which were adopted by the Board of Health and became effective December 1, 1979.

Statutory Authority: Chapter 874, 1990 Acts of Assembly (§ 32.1-122.5 of the Code of Virginia).

Written comments may be submitted until May 31, 1990.

Contact: Raymond O. Perry, Director, Office of Planning and Regulatory Services, Virginia Department of Health, 109 Governor St., Room 1010, Richmond, VA 23219, telephone (804) 786-6970

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

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 447-02-2. On-Line Game Regulations.** The purpose of the proposed action is to allow lottery retailers two methods to cancel a lottery ticket and to 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 July 25, 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 465-01-01. Public Participation Guidelines.** The purpose of the proposed action is to amend § 2.2 E, Petition for Rule Making, to address re-petitions for same issues submitted to the board.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until June 7, 1990.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925

† 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 465-02-01. Practice of Medicine, Osteopathy, Podiatry, Chiropractic, Clinical Psychology and Acupuncture.** The purpose of the proposed action is to amend §§ 7.1 A - Examination Licensure Fees, 7.1 B - Fees for Examination in Podiatry, 3.1 - Examination General B to establish requirements for examinations to practice chiropractic and podiatry.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until June 7, 1990.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925

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. Regulations Governing the Practice of Physical Therapy.** The purpose of the proposed action is to amend §§ 3.1 C, 3.2 A 1 and 2, and 3.2 B to address the new licensure examination process.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until June 7, 1990.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925

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 promulgating regulations entitled: **VR 465-09-01. Regulations for Certification of Radiologic Technology Practitioners.** The purpose of the proposed action is to establish requirements for certification and regulation of the radiologic technology practitioner in the Commonwealth of Virginia by the Board of Medicine.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until June 7, 1990.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925

BOARD OF NURSING

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Nursing intends to consider amending regulations entitled: **VR 495-01-1. Board of Nursing Regulations.** The purpose of the proposed action is to amend requirements for instructional personnel by establishing standards for licensed practical nurses who teach nurse aides pursuant to changes in §§ 54.1-3000 and 54.1-3005 enacted during the 1990 Session of the General Assembly.

Statutory Authority: §§ 54.1-2400 and 54.1-3005 of the Code of Virginia.

Written comments may be submitted until June 7, 1990.

Contact: Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9909

PESTICIDE CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Pesticide Control Board intends to consider promulgating regulations entitled: **Regulations Governing the Storage and Disposal of Pesticides and Pesticide Containers.** The purpose of the proposed action is to establish regulations governing procedures for regulating the storage and disposal of pesticides and pesticide containers.

Statutory Authority: § 3.1-249.30 of the Code of Virginia.

Written comments may be submitted until June 10, 1990.

Contact: Marvin A. Lawson, Program Manager, Virginia Department of Agriculture and Consumer Services, Office of Pesticide Management, P.O. Box 1163, Room 401, 1100 Bank St., Richmond, VA 23209, telephone (804) 371-6559

DEPARTMENT OF REHABILITATIVE SERVICES (BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Rehabilitative Services intends to consider promulgating regulations entitled: **State Plan for the State Vocational Rehabilitation Services Program and the State Supported Employment Services Program.** The purpose of the proposed action is to update state activities under the State Vocational Rehabilitation Services Program authorized under Title I of the Rehabilitation Act of 1973, as amended, and the State Supported Employment Services Program authorized under Title VI Part C of the Act covering fiscal year 1991.

Statutory Authority: §§ 51.5-5 and 51.5-14 of the Code of Virginia.

Written comments may be submitted until July 9, 1990.

Contact: Robert J. Johnson, State Plan Coordinator, Department of Rehabilitative Services, 4901 Fitzhugh Ave., P. O. Box 11045, Richmond, VA 23230, telephone (804) 367-6379 or toll-free 1-800-552-5019

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Social Services intends to consider amending regulations entitled: **VR 615-01-32. Aid to Dependent Children (ADC) Program - Deprivation Due to Continued Absence.** The purpose of the proposed action is to revise the continued absence component of the deprivation policy to discontinue the use of a monetary percentage of need in evaluating the provision of maintenance by absent parents. This revision will bring policy into compliance with the permanent injunction enjoining the use of a monetary percentage of need to evaluate the provision of maintenance that was issued by the Western District of Virginia, U.S., District Court.

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

Written comments may be submitted until May 23, 1990, to I. Guy Lusk, Director, Division of Benefit Programs, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229-8699.

Contact: Peggy Friedenberg, Agency Regulatory Coordinator, Bureau of Governmental Affairs, Division of Planning and Program Review, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9217 or SCATS 662-9217

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Social Services intends to consider amending regulations entitled: **VR 615-01-28. Aid to Dependent Children (ADC) Program - Date of Entitlement.** The purpose of the proposed action is to formally adopt emergency regulation VR 615-01-28, "Aid to Dependent Children - Entitlement Date," which requires that when an application is approved in the month of application, the entitlement will begin with the date of authorization.

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

Written comments may be submitted until June 20, 1990, to I. Guy Lusk, Director, Division of Benefit Programs, Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

Contact: Peggy Friedenberg, Agency Regulatory Liaison, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9217

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Social

Services intends to consider promulgating regulations entitled: **Food Stamp Program - Monthly Reporting.** The purpose of the proposed regulation is to define the population of Food Stamp Program recipients who must submit monthly reports of their household circumstances to retain program eligibility.

Statutory Authority: § 63.1-25.2 of the Code of Virginia.

Written comments may be submitted until June 20, 1990, to Burton Richman, 8007 Discovery Drive, Richmond, VA 23229-8699.

Contact: Peggy Friedenberg, Legislative Analyst, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9217

DEPARTMENT OF TAXATION

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-3-302. Definitions - Sales and VR 630-3-414. Sales Factor.** The purpose of the proposed action is to make the regulations consistent with the revised statutory definition of "sales" and set forth the application of the revised definition of "sales" to corporations required to compute the Virginia sales factor.

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

Written comments may be submitted until June 18, 1990.

Contact: Janie E. Bowen, Director, Tax Policy Division, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-8010 or SCATS 367-8010

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-3-442. Corporation Income Tax: Separate, Combined or Consolidated Returns of Affiliated Corporations.** The purpose of the proposed action is to comply with the statutory requirement contained in 1990 HB 159 (Chapter 619) that the Department of Taxation promulgate regulations permitting the filing of a single consolidated corporation income tax return by affiliated groups of corporations that are required to use different apportionment factors.

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

Written comments may be submitted until June 18, 1990.

Contact: Janie E. Bowen, Director, Tax Policy Division, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-8010 or SCATS 367-8010

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 repealing regulations entitled: **VR 680-14-03. Toxics Management Regulation.** The purpose of the proposed action is to consider repealing the Toxics Management Regulation in order to eliminate any confustion and duplication of regulations which may result from the concurrent incorporation of the intent and purpose of the Toxics Management Regulation into the Permit Regulation (VR 680-14-01).

The repeal of this regulation would have no impact on the regulated community nor the environment as the purpose and scope of the regulation are being transferred into the Permit Regulation (VR 680-14-01) through a separate regulatory action. The proposed action is authorized by the statute cited and is governed by the State Water Control Law, the Permit Regulation (VR 680-14-01), Toxics Management Regulation (VR 680-14-03), Water Quality Standards (VR 680-21-01 through 680-21-08), and the Clean Water Act. In accordance with the Agency's Public Participation Guidelines, a public meeting will be held. (See Calendar of Events section for more information).

Statutory Authority: § 62.1-44.15(10) of the Code of Virginia.

Written comments may be submitted until 4 p.m., June 21, 1990.

Contact: Richard Ayers, Office of Water Resources Management, State Water Control Board, P.O. Box 11143, Richmond, VA 23230, telephone (804) 367-6302.

† 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 680-21-08.4. River Basin Section Tables, Water Quality Standards.** The purpose of the proposed action is to amend the section description for the Opequon Creek, Put and Take Trout Waters, § 11, Potomac River Subbasin of the Water Quality Standards. The result of the proposed action is that a portion of § 11 would be reclassified as Mountainous Zone Waters.

The proposed amendment will not impose any costs on any discharger within the area or the agency. In addition, the proposed amendment will ensure that only those waters which will support the putting and taking of trout are classified and regulated as put and take trout waters. The remaining waters would be correctly classified and regulated as mountainous zone waters. The proposed action is authorized by the statute cited and is governed by the State Water Control Law, the State Water Quality Standards (VR 680-21-01 through 680-21-08), the Permit

Regulation (VR 680-14-01), and § 303 of the Clean Water Act.

Statutory Authority: § 62.1-44.15(3a) of the Code of Virginia.

Written comments may be submitted until 4 p.m., June 4, 1990.

Contact: Mary M. Reid, Environmental Program Specialist, State Water Control Board, P.O. Box 11143, Richmond, VA 23230, telephone (804) 367-6699

BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Waterworks and Wastewater Works Operators intends to consider amending regulations entitled: **Board for Waterworks and Wastewater Works Operators.** The purpose of the proposed regulation is to revise §§ 2.4 and 2.5 of the regulations which became effective November 6, 1989. Specifically, the board is developing criteria related to the approval of specialized training, including specialized training program guidelines that providers must meet in seeking approval for specialized courses and programs under § 2.4 C prior to the planned presentation date. The board welcomes comments as to the scope of these guidelines, including, but not limited to, course relevancy, the timing of approval, blanket approval of training programs, continuing education units and the requirements that attendees pass an examination in order to receive credit. Additionally, the board invites comments on §§ 2.4 and 2.5 as to the appropriateness of the minimum experience requirements established by the regulations.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Written comments may be submitted until June 30, 1990

Contact: Mr. 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

DEPARTMENT OF YOUTH SERVICES (BOARD OF)

† Notice of Intended Regulatory Action

Notice is hereby given that the Board of Youth Services intends to consider promulgating regulations entitled: **VR 690-01-001. Public Participation Guidelines.** The purpose of the proposed regulation is to provide consistent, written procedures that will ensure input from interested parties during the development, review, and final stages of the regulatory process.

Statutory Authority: § 66-10 of the Code of Virginia.

Written comments may be submitted until September 14, 1990

Contact: Linda Nablo, Lead Analyst for Youth Services, Virginia Department of Youth Services, P.O. Box 26963, Richmond, VA 23231, telephone (804) 674-3262

GENERAL NOTICES

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

† REGULATORY REVIEW SUMMARY

Amendment to the Plan for Medical Assistance

I. IDENTIFICATION INFORMATION

Title of Final Regulation: Interest Rate Upper Limit: Nursing Home Financing.

Director's Final Approval: May 1, 1990

Effective Date: July 1, 1990

Agency Contact: William R. Blakely, Jr., Dir. Div. of Cost Settlement and Audit, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7931

Regulations Availability: Victoria P. Simmons, Reg. Coord. Dept. of Med. Asst. Serv., 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933

II. SYNOPSIS

Basis and Authority: Section 32.1-324 of the Code of Virginia authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the State Plan for Medical Assistance (the Plan) in lieu of action by the Board of Medical Assistance Services (the Board).

The 1990 General Assembly, in the Appropriations Act (Item 466 E.3), mandated that the Board amend the Plan to provide that the interest rate upper limit for long-term care facility debt financing be based on certain U.S. Treasury securities. Because this action is mandated by the General Assembly, it is exempted by § 9-6.14:4.1 C(4)(a) of the Code of Virginia from the public notice and comment requirements of Article 2 of the Administrative Process Act (APA).

The amendment also includes a nonsubstantive technical change for which the APA provides a similar exemption from the public notice and comment requirements.

Title 42, Part 447, Subpart C of the Code of Federal Regulations sets forth the Department's federal requirements for reimbursing its institutional providers.

Purpose: This regulation amends the Plan to implement 1990 General Assembly action concerning the use of U.S. Treasury securities as a basis for determining the interest rate upper limit for debt financing (which is not exempt from federal income tax) by long-term care facilities.

Summary and Analysis: This amendment reflects a change in the basis used to determine the interest rate upper limit. This change affects the method and standards used for establishing payment rates for long term care (Supplement to Attachment 4.19D).

To ensure that reimbursement for capital expenditure financing was reasonable and prudent, DMAS instituted an upper limit on interest rates for external borrowings by nursing homes. Currently, the upper limit is one percentage point over the average weekly Baa rates (based on Craigie's Baa rating of municipal bonds). The average is computed by using the published rates from the week during which the commitment for financing takes place.

Basing the upper limit on the rate of municipal bond interest reflected the nursing home industry's use of tax-exempt loans coupled with Housing and Urban Development 232 Nursing Home insurance. However, when the 1986 Tax Reform Act eliminated proprietary providers' use of tax-exempt financing from a local Industrial Development Authority, those providers had to go to the commercial market for financing. At the request of nursing home providers, DMAS proposed to the General Assembly (and it so enacted) that the basis of the upper limit be changed to reflect more appropriately the interest rates on actively traded issues.

This amendment, effective July 1, 1990, would change the basis for calculating the upper limit to the average of the rates for the 10-year and 30-year U.S. Treasury notes and bonds in effect on the day the commitment for financing takes place, plus two percentage points. The two percentage point factor reflects the interest rate difference between these govermental issues (used as a base) and commercial issues.

The new limit will apply only to debt financing which is not exempt from federal income tax and will be available only to those long term care facilities which have demonstrated to DMAS that they failed, in a good faith effort, to obtain any available debt financing which is expept from federal income tax. The current "Baa plus 1" limit will continue to apply to any debt financing which is exempt from federal income tax.

The new limit will also apply, effective July 1, 1990, to construction financing committed to or permanent financing closed after December 31, 1986, but before July 1, 1990, which is not exempt from federal income tax. The limit will be determined as of July 1, 1990, and will apply to allowable interest expenses for the term of the financing remaining on or after July 1, 1990.

The interest rate upper limit is computed based on the date on which commitment for construction financing or closing for permanent financing takes place, and applies to the entire term of the loan. The methods and standards of payment for long-term care services disallow any interest cost increases due to refinancing a mortgage debt. The only exception occurs when expansion or renovation is required by the mortgage holder. Debt refinanced before the end of the term, and debt with end-of-term balloon payments, do not meet this exception criteria and, therefore, will have the interest cost reimbursement limited to the initial computation, despite the increase in interest cost.

The amendment also expresses the add-on factor in terms of percentage points, and thus clarifies that the interest rate upper limit is computed by adding a specified number of percentage points to the base.

Impact: In the course of performing annual desk audits and periodic field audits, DMAS will ensure that the new upper limit is applied.

If all borrowings are at the interest rate upper limit, the expected impact for FY 91 and FY 92 will be a total of $984,084 and $1,881,926, respectively. The funds for this amendment were appropriated by the 1990 General Assembly. The impact was calculated as follows:

1. DMAS projected approximately 926 additional skilled nursing facility (SNF) beds for FY 91 and 1,593 for FY 92; and approximately 995 additional intermediate care facility (ICF) beds for FY 91 and 1,909 for FY 92.

2. The fiscal impact was calculated separately for SNFs and ICFs, and added together to arrive at the estimates for FY 91 and FY 92.

3. The amount of financed construction costs was divided by the number of additional beds that the financing would build, and increased by an inflation factor of 1.0357 for each of FY 90, 91 and 92.

4. For FY 91 and 92, the appropriate product was multiplied by the percentage of Medicaid utilization (44.52% for SNF and 71.8% for ICF), and by the 2.0 percentage point differential between the existing and proposed upper limit. The product was then multiplied by the number of new beds for the appropriate level of care and year of the 90-92 Biennium.

Forms: No new forms are required to implement this final

regulation.

Evaluation: DMAS, in cooperation with the Health Care Financing Administration, routinely monitors the implementation of provider reimbursement issues to assure accurate and appropriate reimbursement.

III. STATEMENT OF AGENCY FINAL ACTION

I hereby approve the foregoing Regulatory Review Summary and adopt the action stated therein. Because this final regulation is exempt from the public notice and comment requirements of the APA, DMAS will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

/s/ Bruce U. Kozlowski, Director
Date: May 1, 1990

NOTICES TO STATE AGENCIES

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

All agencies are required to use the appropriate forms when furnishing material and dates for publication in the Virginia Register of Regulations. The forms are supplied by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

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

STATE WATER CONTROL BOARD

Title of Regulation: **VR 680-13-03. Petroleum Underground Storage Tank Financial Requirements.**

Publication: 6:14 VA.R. 2150-2176 April 9, 1990

Correction to the Final Regulation:

Page 2155, § 6 C 1, the bracketed phrase on lines 4-6 should be stricken.

Page 2159, § 14 A 2, the last sentence which begins with "Termination" is repeated and should be deleted.

Page 2162, § 21 A 4 b, the phrase "owner or operator" on line 3 should be stricken and the word "person" added.

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

† **June 4, 1990 - 10 a.m.** – Open Meeting
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A meeting to review and adopt revised regulations.

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

† **June 28, 1990 - 10 a.m.** – Open Meeting
Virginia Department for the Aging, 700 East Franklin Street, 10th Floor Conference Room, Richmond, Virginia. ♿

Business will include a report on recent program activities.

Contact: Ms. 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

ALCOHOLIC BEVERAGE CONTROL BOARD

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

COMMISSION FOR THE ARTS

May 23, 1990 - 9 a.m. – Open Meeting
May 24, 1990 - 9 a.m. – Open Meeting
Holiday Inn, I-81 and U.S. Route 50, East, Winchester, Virginia. ♿

Quarterly meeting (Grant Round).

Contact: Commission for the Arts, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, VA 23219-3683, telephone (804) 225-3132

ATHLETIC BOARD

June 28, 1990 - 10 a.m. – Open Meeting
3600 West Broad Street, Board Room No. 3, Richmond, Virginia. ♿

An annual meeting to discuss regulations pertaining to termination of bout, drug testing of contestants, license fees and age of amateur contestants.

Contact: Doug Beavers, Assistant Director, 3600 W. Broad St., Board Room No. 3, Richmond, VA 23230, telephone (804) 367-8507

BOARD FOR AUCTIONEERS

May 23, 1990 - 10 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Conference Room One, Fifth Floor, Richmond, Virginia.

The Board for Auctioneers will meet to conduct a formal hearing:

File Numbers 89-01436 and 89-01440 Board for

Auctioneers v. Bruce King Stampley.

Contact: Gayle Eubank, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8524

LOCAL EMERGENCY PLANNING COMMITTEE OF CHESTERFIELD COUNTY

† **June 7, 1990 - 5:30 p.m.** – Open Meeting
Chesterfield County Administration Building, 10,001 Ironbridge Road, Chesterfield, Virginia. ♿

A meeting to meet requirements of Superfund Amendment and Reauthorization Act of 1986.

Contact: Lynda G. Furr, Assistant Emergency Services Coordinator, Chesterfield Fire Department, P.O. Box 40, Chesterfield, VA 23832, telephone (804) 748-1236

COORDINATING COUNCIL FOR INTERDEPARTMENTAL LICENSURE AND CERTIFICATION OF RESIDENTIAL FACILITIES FOR CHILDREN

June 15, 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 regular scheduled meeting to consider such administrative 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

BOARD OF COMMERCE

May 24, 1990 - 2 p.m. – Public Hearing
3600 West Broad Street, Fifth Floor, Conference Room 1, Richmond, Virginia. ♿

June 1, 1990 - 2 p.m. – Public Hearing
VPI Graduate Center, 2990 Telestar Court, Room 342, Falls Church, Virginia. ♿

Under the provisions of SJR 124 of the 1990 General Assembly, the Board of Commerce will conduct a public hearing, in cooperation with the Department of Waste Management, to determine if there exists a need for the regulation of operators of landfills and waste management facilities in Virginia.

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.

May 24, 1990 - 2 p.m. – Public Hearing
Holiday Inn Crossroads, 2000 Staples Mill Road, Richmond, Virginia. ♿

June 1, 1990 - 10 a.m. – Public Hearing
VPI Graduate Center, 2990 Telestar Court, Room 342, Falls Church, Virginia. ♿

June 11, 1990 - 11 a.m. – Public Hearing
Roanoke Marriott Motor Lodge, 2801 Hershberger Road, N.W., Roanoke, Virginia. ♿

Under the provisions of SJR 55 of the 1990 General Assembly, the Board of Commerce will conduct a public hearing to determine if a need exists for the regulation of private vocational rehabilitation providers in Virginia.

May 24, 1990 - 2:30 p.m. – Public Hearing
Holiday Inn Downtown and Holidome, 814 Capitol Landing Road, Williamsburg, Virginia. ♿

Under the provisions of HR 5 of the 1990 General Assembly, the Board of Commerce will conduct a public hearing to determine the merits of creating a specialty classification, under the Board for Contractors, for water well drillers in Virginia.

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 EDUCATION SCHOOLS

† **June 13, 1990 - 10 a.m.** – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ♿

A meeting to conduct regular board business.

Contact: Mr. Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 of toll-free 1-800-552-3016

COMMUNITY CORRECTIONS RESOURCES BOARD

† **May 29, 1990 - 2 p.m.** – Open Meeting
9 Court Square, Board of Supervisors' Room, Winchester,

Virginia.

A meeting to review referrals.

Contact: D. Scott Anderson, CDI Coordinator, 112 S. Cameron St., Winchester, VA 22601, telephone (703) 665-5633

BOARD OF CONTRACTORS

May 30, 1990 - 11 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Fifth Floor, Conference Room One, Richmond, Virginia.

The Board for Contractors will meet to conduct a formal hearing:

Board for Contractors v. Woodside Design and Construction, Inc. File Numbers 88-00993 and 88-00758.

Contact: Gayle Eubank, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Fifth Floor, Richmond, VA 23230, telephone (804) 367-8524

BOARD OF CORRECTIONS

June 20, 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

DEPARTMENTS OF CORRECTIONS; EDUCATION; MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES; AND SOCIAL SERVICES

May 25, 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 Departments of Corrections; Education; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services intend to amend regulations entitled: **VR 230-40-001, VR 270-01-003, VR 470-02-01, VR 615-29-02. Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.** This regulation is designed to assure adequate care, treatment, and education are provided by residential facilities for children. The proposed revisions amend and clarify requirements governing staff supervision of children.

Statutory Authority: §§ 16.1-311, 22.1-321, 37.1-10, 37.1-182, 53.1-249, 63.1-25, 63.1-196.4, and 63.1-217 of the Code of Virginia.

Written comments may be submitted until May 25, 1990, to Rhonda G. Merhout-Harrell, Office of Interdepartmental Licensure and Certification, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

Contact: John J. Allen, Jr., Coordinator, Office of the Coordinator, Interdepartmental Licensure and Certification, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229, telephone (804) 662-7124

BOARD FOR COSMETOLOGY

May 21, 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) review 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)

DEPARTMENT OF CRIMINAL JUSTICE SERVICES (BOARD OF)

August 1, 1990 - 10:30 a.m. – Public Hearing
Charlottesville City Council Chambers, 2nd Floor, 605 East Main Street, Charlottesville, 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 240-02-02. Regulations Governing the Privacy and Security of Criminal History Record Information Checks for Firearm Purchase.** The proposed regulations will ensure the identity, confidentiality and security of all records and data provided by the Department of State Police regarding criminal record checks for firearm purchase.

Statutory Authority: §§ 9-170 21 and 18.2-308.2:2 H of the Code of Virginia.

Written comments may be submitted until July 7, 1990, to Charlotte McClamroch, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219.

Contact: Ms. Paula Scott, Executive Assistant, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-4000

DEPARTMENT FOR THE DEAF AND HARD-OF-HEARING

† **June 13, 1990 - 7 p.m.** – Public Hearing
J. Sargent Reynolds Community College, Downtown Campus, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department for the Deaf and Hard-of-Hearing intends to amend regulations entitled: **VR 245-03-01. Regulations Governing Interpreter Services for the Hearing Impaired.** The proposed changes include assessment of fees to QAS candidates, clarification of the appeal procedure and validation period of results, and the addition of a confidentiality clause.

STATEMENT

The 1990 General Assembly authorized the Department for the Deaf and Hard-of-Hearing to prescribe fees to offset the costs of administering the Quality Assurance Screening for interpreters serving the hearing impaired. These fees will be the responsibility of the candidates who participate in the screening process.

Statutory Authority: § 63.1-85.4 of the Code of Virginia.

Written comments may be submitted until July 23, 1990, to VDDHH, ATTN: Public Comments, 101 North 14th Street, 17th Floor, Richmond, Virginia 23219-3678.

Contact: Kathy E. Vesley, Deputy Director, 101 N. 14th St., 7th Floor, Richmond, VA 23219-3678, telephone (804) 225-2570/TDD ☎ or toll-free 1-800-552-7917.

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† **June 13, 1990 - 7 p.m.** – Public Hearing
J. Sargeant Reynolds Community College, Downtown Campus, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department for the Deaf and Hard-of-Hearing intends to amend regulations entitled: **VR 245-02-01. Regulations Governing Eligibility Standards and Application Procedures for the Distribution of Telecommunications Equipment.** The regulations are used to screen hearing-impaired and speech-impaired applicants for the Telecommunications Assistance Program (TAP) to determine the applicants' contribution (payment) and to ensure the confidentiality of client materials.

STATEMENT

The 1988 General Assembly, recognizing the undue financial burden regarding telephone access placed upon several groups of persons with disabilities, appropriated funds for the distribution of Telecommunications Devices for the Deaf (TDDs) and other telecommunications equipment to the deaf, severely hearing-impaired, deaf/blind and speech-impaired citizens of the Commonwealth. In response to legislation passed by the 1990 General Assembly, this proposed amendment provides for the confidentiality of all applications and other client materials associated with this program.

Statutory Authority: § 63.1-85.4 of the Code of Virginia.

Written comments may be submitted until July 23, 1990, to VDDHH, ATTN: TAP Regulations, 101 North 14th Street, 7th Floor, Richmond, VA 23219-3678

Contact: Kathy E. Vesley, Deputy Director, 101 N. 14th St., 7th Floor, Richmond, VA 23219-3678, telephone (804) 225-2570/TDD of toll-free 1-800-552-7917/TDD ☎

BOARD OF DENTISTRY

† **June 23, 1990 - 11 a.m.** – Public Hearing
General Assembly Building, 910 Capitol Street, House Room C, Richmond, Virginia. (Interpreter for deaf provided upon request)

A public hearing for the purpose of taking comment on proposed regulations as follows: (i) endorsement for dentists and dental/hygienists, (ii) fee assessment for unlicensed practice, (iii) repeal of reciprocity, (iv) drawing and compounding of medications by dental assistants, and (v) other nonsubstantive changes.

Proposed regulations will be available on June 4, 1990.

Contact: Nancy Taylor Feldman, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9906

BOARD OF EDUCATION

May 24, 1990 - 9 a.m. – Open Meeting
† **May 25, 1990 - 9 a.m.** – Open Meeting
Conference Rooms D & E, James Monroe Building, 101 North Fourteenth Street, Richmond, Virginia.

June 28, 1990 - 9 a.m. – Open Meeting
† **June 29, 1990 - 9 a.m.** – Open Meeting
General Assembly Building, 9th and Broad Streets, Richmond, Virginia.

The Board of Education and the Board of Vocational Education will hold a regularly scheduled meeting. Business will be conducted according to items listed on the agenda. The agenda is available upon request.

Contact: Margaret Roberts, Director, Community Relations Officer, State Department of Education, P.O. Box 6-Q, Richmond, VA 23216, telephone (804) 225-2540

DEPARTMENT OF EDUCATION (STATE BOARD OF)

May 24, 1990 - 10 a.m. – Public Hearing
General Assembly Building, Capitol Square, Richmond, Virginia. ♿

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Education intends to amend regulations entitled: **VR 270-01-0034. Regulations Governing the Operation of Proprietry Schools and Issuing of Agent Permits.** These regulations provide a basis for the oversight of certain privately owned occupational training schools and academic programs for handicapped children.

Statutory Authority: § 22.1-321 of the Code of Virginia.

Written comments may be submitted until April 28, 1990.

Contact: Charles W. Finley, Associate Director, Department of Education, P. O. Box 6-Q, Richmond, VA 23216-2060, telephone (804) 225-2081

VIRGINIA EGG BOARD

† **June 22, 1990 - 2 p.m.** – Open Meeting
Virginia Beach Resort and Conference Center, 2800 Shore Drive, Virginia Beach, Virginia. ♿

A meeting to (i) renew agreement between Virginia Egg Board and Virginia Egg Council, Inc., (ii) discuss Virginia Egg Board Budget for next Fiscal Year, (iii) project status report from Virginia Egg Council, Inc., (iv) elect officers, (v) receive V.D.A.C.S. update, and (vi) receive public comment.

Contact: Donald L. Holsinger, Accounting Manager, Virginia Egg Council, Inc., P.O. Box 552, Harrisonburg, VA 22801, telephone (804) 433-2451

CITIZENS ADVISORY COUNCIL FOR INTERPRETING AND FURNISHING THE EXECUTIVE MANSION

† **May 25, 1990 - 10 a.m.** – Open Meeting
The Executive Mansion, Capitol Square, Richmond, Virginia.

A meeting to discuss the mansion furnishings and the interior restoration.

Contact: Cathy Walker Green, Executive Mansion Director, The Executive Mansion, Capitol Square, Richmond, VA 23219, telephone (804) 786-2220

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

† **May 24, 1990 - 9 a.m.** – Open Meeting
1601 Rolling Hills Drive, Richmond, Virginia. ♿

A board meeting and examinations.

Contact: Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 622-9111.

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† **June 1, 1990 - 10 a.m.** – Public Hearing
1601 Rolling Hills Drive, Koger Center West, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Funeral Directors and Embalmers intends to adopt regulations entitled: **VR 320-01-2. Regulations of the Board of Funeral Directors and Embalmers.** The proposed regulation establishes standards for the practice of funeral directing and embalming, including training programs and examination and public participation guidelines for promulgation of regulations.

STATEMENT

Basis: Sections 54.1-2400 and 54.1-2803 of the Code of Virginia provide the statutory basis for promulgation of the Regulations of the Board of Funeral Directors and Embalmers. The Board of Funeral Directors and Embalmers has approved the proposed revisions for a 60-day public comment period.

Purpose: The proposed regulations are designed to ensure the public protection by establishing standards for licensure, examination, training and practice of funeral service professionals while being responsive to changes within the industry during the lifetime of the regulations.

Impact: The regulations will impact funeral directors, embalmers, and full service licensees subject to licensure by the Board of Funeral Directors and Embalmers:

1. Qualifications, examimation, and licensure of licensees;

2. Apprenticeship program, approval of training supervisors, and training sites;

3. Renewals, reinstatements, and fees;

4. Revised public participation guidelines;

5. Disciplinary actions;

6. Registration of surface transportation and removal services and qualifications for issuance of courtesy cards;

7. Approval of mortuary science education programs;

8. Standards of practice and embalming;

9. Pricing standards and disclosures.

Written comments may be submitted until July 21, 1990.

Statutory Authority: § 54.1-803 of the Code of Virginia.

Contact: Meredyth P. Partridge, Executive Director, Board of Funeral Directors and Embalmers, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9941

BOARD OF GAME AND INLAND FISHERIES

† **June 1, 1990 - 9:30 a.m.** – Open Meeting
4010 West Broad Street, Richmond, Virginia. ♿

A general business meeting at which general administrative and personnel matters will be considered.

Contact: F. M. Harding, Secretary, 4010 W. Broad St., Richmond, VA 23230, telephone (804) 367-1000/TDD ☎ or toll-free 1-800-252-7717.

GATE CITY LOCAL EMERGENCY PLANNING COMMITTEE

June 12, 1990 - 1:30 p.m. – Open Meeting
County Office Building, Gate City, Virginia. ♿

Meeting of LEPC to present an update of Scott County's position.

Contact: Barbara Edwards, Public Information Officer, 112 Water St., Suite 1, Gate City, VA 24251, telephone (703) 386-6521

GOVERNOR'S JOB TRAINING COORDINATING COUNCIL

May 21, 1990 - 10:30 a.m. – Open Meeting
Holiday Inn - Crossroads, 2000 Staples Mill Road, Richmond, Virginia. ♿

A general meeting of the Governor's Job Training Coordinating Council that is open to the public.

Contact: Susan Butler, Executive Secretary, 4615 W. Broad St., The Commonwealth Bldg., Third Floor, Richmond, VA 23230, telephone (804) 367-9816

HAZARDOUS MATERIALS TRAINING COMMITTEE

May 22, 1990 - 10 a.m. – Open Meeting
Philip Morris U.S.A, Research and Development Center, 4201 Commerce Road, Richmond, Virginia.

A meeting to discuss curriculum, course development, and review existing hazardous materials courses.

Contact: Mr. Larry Logan, Fire and Emergency Services, 3568 Peters Creek Rd., Roanoke, VA 24019, telephone (703) 561-8070

DEPARTMENT OF HEALTH (STATE BOARD OF)

NOTE: EXTENSION OF WRITTEN COMMENT PERIOD
June 30, 1990 – Written comments may be submitted until this date.

The Department of Health has extended the written comment period for "VR 355-11-02. Rules and Regulations Governing the Newborn Screening and Treatment Program."

Contact: Department of Health, 109 Governor St., Suite 400, Richmond, VA 23219, telephone (804) 786-3561

BOARD OF HEALTH PROFESSIONS

Administration and Budget Committee

† **June 15, 1990 - 10 a.m.** – Open Meeting
Department of Health Professions, Board Room 2, 1601 Rolling Hills Drive, Richmond, Virginia. ♿

The committee will review the department response to the audit and the cost allocation formulas for the General Fund Cost Recovery.

Executive Committee

† **May 23, 1990 - 2 p.m.** – Open Meeting
Department of Health Professions, Board Room 4, 1601 Rolling Hills Drive, Richmond, Virginia. ♿

The committee will revise and approve the final Report on the Review of Enforcement and Discipline and determine the distribution of the report. Other matters arising between quarterly meetings of the board will be considered.

Public and Professional Information and Education Committee

† **June 14, 1990 - 7 p.m.** – Open Meeting
Department of Health Professions, Board Room 2, 1601 Rolling Hills Drive, Richmond, Virginia. ♿

The committee will consider recommendations for public information and professional education activity in the Report on the Review of Enforcement and Discipline.

Regulatory Research Committee

† **June 15, 1990 - 2 p.m.** – Open Meeting

Department of Health Professions, Board Room 2, 1601 Rolling Hills Drive, Richmond, Virginia.

The committee will further consider proposals for the certification of athletic training and therapeutic recreation specialists, issues in the regulation of psychology, and comments on proposed regulations of individual regulatory boards.

Contact: Richard D. Morrison, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9904.

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

May 22, 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, Deputy Director, 805 E. Broad St., 6th Floor, Richmond, VA 23219, telephone (804) 786-6371/TDD

VIRGINIA HISTORIC PRESERVATION FOUNDATION

† **May 24, 1990 - 10 a.m.** – Open Meeting
Third Floor East Conference Room, General Assembly Building, Capitol Square, Richmond, Virginia.

A general business meeting.

Contact: Margaret T. Peters, Information Director, 221 Governor St., Richmond, VA 23219, telephone (804) 786-3143 or (804) 786-1934/TDD

HOPEWELL INDUSTRIAL SAFETY COUNCIL

June 5, 1990 - 9 a.m. – Open Meeting
July 3, 1990 - 9 a.m. – Open Meeting
Hopewell Community Center, Second and City Point Road, Hopewell, Virginia,

Local Emergency Preparedness Community meeting on emergency preparedness as required by SARA Title III.

Contact: Robert Brown, Emergency Service Coordinator, 300 N. Main St., Hopewell, VA 23860, telephone (804) 541-2298

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

May 21, 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 Housing and Community Development intends to amend regulations entitled: **VR 394-01-105. SHARE Expansion Grant/Loan Program.** The SHARE Expansion Grant/Loan Program provides grants and loans for the expansion or creation of emergency shelters, transitional facilities and single room occupancy units.

Statutory Authority: §§ 36-139 and 36-141 et seq. of the Code of Virginia.

Written comments may be submitted until May 21, 1990.

Contact: Irene Clouse, Program Administrator, 205 N. 4th St., Richmond, VA 23219, telephone (804) 786-4661

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† **June 22, 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 Housing and Community Development intends to repeal regulations entitled: **VR 394-01-102. Single Family Rehabilitation and Energy Conservation Program.** and adopt new regulations entitled: **VR 394-01-102:1. Local Housing Rehabilitation Program.** The Local Housing Rehabilitation Program provides loan and grant funds for the repair of substandard low-and-moderate income housing.

STATEMENT

Purpose: The proposed guidelines for the Local Housing Rehabilitation Program provide the general requirements for distribution and administration of program funds throughout the Commonwealth.

Basis: Adoption in accordance with § 36-141 et seq. of the Code of Virginia.

Impact: The program makes available loan and grant funds for the rehabilitation of owner-occupied homes and small rental properties (less than 10 units) housing low to moderate income persons.

Written comments may be submitted until June 22, 1990, to Warren Smith, 205 North 4th Street, Richmond, VA 23219.

Statutory Authority: § 36-141 et seq. of the Code of Virginia.

Contact: Ronnie L. White, Program Administrator, 205 N. 4th St., Richmond, VA 23219, telephone (804) 371-7570.

COUNCIL ON INDIANS

June 6, 1990 - 2 p.m. – Open Meeting
Upper Mattaponi Tribal Center, Route 30 South, King William County, Virginia.

A regular meeting of the Council on Indians to conduct general business and to receive reports from the council standing committes.

Contact: Mary Zoller, Information Director, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9285

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

September 18, 1990 - 10 a.m. – Open Meeting
General Assembly Building, House Room C, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia or the requirements of federal law that the Department of Labor and Industry intends to amend regulatins entitled: **VR 425-02-71. The Control of Hazardous Energy (Lockout/Tagout).** The proposed amendment eliminates reference which permit an employee to tagout rather than lockout energy isolating devices in order to disable machinery or equipment during maintenance or servicing.

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

Written comments may be submitted until July 8, 1990

Contact: John J. Crisanti, Senior Policy Analyst, Department of Labor and Industry, P.O. Box 12064, Richmond, VA 23241, telephone (804) 786-2384

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September 18, 1990 - 10 a.m. – Public Hearing
General Assembly Building, House Room C, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Labor and Industry intends to amend regulations entitled: **VR 425-02-72. Virginia Occupational Safety and Health Standards for the Construction Industry, Sanitation.** This action will amend the current Sanitation Standard for Construction Industry, § 1926.51 to include additional sanitary requirements for potable water and toilet and handwashing facilities.

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

Written comments may be submitted until July 8, 1990.

Contact: John J. Crisanti, Senior Policy Analyst, Department of Labor and Industry, P.O. Box 12064, Richmond, VA 23241, telephone (804) 786-2384

LIBRARY BOARD

June 20, 1990 - 9:30 a.m. – Open Meeting
The Virginia State Library and Archives, 3rd Floor, Supreme Court Room, 11th Street at Capitol Square, Richmond, Virginia.

A meeting to discuss administrative matters.

Contact: Jean H. Taylor, Secretary to State Librarian, Virginia State Library and Archives, 11th St. at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332

COMMISSION ON LOCAL GOVERNMENT

May 23, 1990 - 11 a.m. – Open Meeting
Chatham area (site to be determined)

A meeting to receive oral presentations regarding the Pittsylvania County - Town of Chatham voluntary settlement agreement.

May 23, 1990 - 2:30 p.m. – Open Meeting
Chatham area (site to be determined)

A regular meeting.

May 23, 1990 - 7 p.m. – Public Hearing
Chatham area (site to be determined)

A public hearing regarding the Pittsylvania County - Town of Chatham voluntary settlement agreement.

Contact: Barbara Bingham, Administrative Assistant, Commission on Local Government, 702 Eighth Street Office Bldg., Richmond, VA 23219, telephone (804) 786-6508

LOTTERY BOARD

May 23, 1990 - 10 a.m. – Open Meeting
June 27, 1990 - 10 a.m. – Open Meeting
July 25, 1990 - 10 a.m. – Open Meeting
State Lottery Department, 2201 West Broad Street, Conference Room, Richmond, Virginia.

A regular monthly meeting to conduct business according to items listed on 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 or 786-1860/TDD ☎

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† **July 25, 1990 - 10 a.m.** – Public Hearing
2201 West Broad Street, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Lottery Board intends to amend regulations entitled: **VR 447-02-2. On-Line Game Regulations.** The proposed action will allow lottery retailers two methods to cancel a lottery ticket and to clarify when a claim form is required to redeem prizes.

STATEMENT

Impact: The agency does not anticipate any negative response to these regulatory changes.

Written comments may be submitted until 10 a.m., July 25, 1990.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Contact: Barbara L. Robertson, Lottery Staff Officer, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433.

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† **July 25, 1990 - 10 a.m.** – Public Hearing
2201 West Broad Street, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Lottery Board intends to amend regulations entitled: **VR 447-02-1. Instant Game Regulations.** The proposed amendments will allow lottery retailers to return instant lottery tickets for credit prior to the announced end of the game and clarify when a claim form is required to redeem prizes.

STATEMENT

Impact: The revisions will ease the return of tickets for retailers and clarify claim form requirements for regional offices. The agency does not anticipate any negative response to these regulatory changes.

Written comments may be submitted until 10 a.m., July 25, 1990.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Contact: Barbara L. Robertson, Lottery Staff Officer, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433.

MARINE RESOURCES COMMISSION

May 22, 1990 - 9:30 a.m. – Open Meeting
† **June 26, 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

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

May 25, 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 460-02-4.1910. Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care (Inpatient Outlier Adjustments).** This proposed regulation will conform the Plan to federal requirements contained in the Medicare Catastrophic Coverage Act of 1988 concerning additional payments for hospitals which have extraordinary costs.

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

Written comments may be submitted until 4:30 p.m., May 25, 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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† **July 20, 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 or the requirements of federal law that the Board of Medical Assistance Services intends to repeal existing regulations entitled: **VR 460-03-4.1940. Nursing Home Payment System** and promulgate new regulations entitled: **VR 460-03-3.1310. Nursing Facility and MR Criteria; VR 460-03-04.1940:1. Nursing Home Payment System: Patient Intensity Rating System; VR 460-03-4.1941. Uniform Expense Classification; VR 460-03-4.1942. Leasing of Facilities; and VR 460-03-4.1943. Cost Reimbursement Limitations.** These proposed regulations are intended to replace the existing Nursing Home Payment System with one based on the numbers of patients cared for in each home and the type of care they require.

STATEMENT

Basis and Authority: Section 32.1-324 of the Code of Virginia grants to the Director of the Department of 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.

Purpose: The purpose of this proposal is to promulgate a new nursing facilities reimbursement system which conforms to changes in federal law. In addition, other miscellaneous changes are made to accommodate General Assembly mandates or to clarify the Program's policies.

Summary and Analysis: This amendment to the State Plan for Medical Assistance modifies the existing Attachment 4.19 D and replaces its Supplement which provides for long term care reimbursement. It also amends the Plan section concerning DMAS' Standards and Methods used to Assure High Quality of Care, Attachment 3.1 C.

Concurrent with the Commonwealth's study of reimbursement methodologies, the federal government, in the Omnibus Reconciliation Act of 1987 (OBRA 87), mandated significant changes to the Medicaid nursing facility reimbursement system effective October 1, 1990. In addition to changes involving nursing facility staffing levels and training requirements for nurse aides, OBRA 87 eliminates the certifications for two levels of care in nursing facilities (skilled and intermediate) and mandates the use of a "nursing facility" concept for the Medicaid Program. It also prohibits reimbursement based upon levels of care but permits reimbursement based upon patient intensity levels.

The Virginia Health Services Cost Review Council (VHSCRC) was authorized by action of the 1989 General Assembly to require that nursing facilities submit annual financial information and budgets. The VHSCRC charges filing fees based on the number of bed days reported. DMAS reimburses these filing fees through its payment system.

The reimbursement methodology study for all Medicaid providers began in 1986. The initial study, which was completed in July 1987, was a comprehensive analysis and evaluation of current and alternative provider reimbursement methods for the Commonwealth's Medicaid Program. Following completion of the initial study, the Board of Medical Assistance Services determined which of the alternative reimbursement methodologies appeared to be the most suitable for further study. The follow-up study to evaluate and develop implementation strategies for alternative payment methodologies began in the fall of 1988. DMAS has worked closely with the nursing facility industry through its representative, the Virginia Health Care Association (VHCA), in the development of the new reimbursement methodology. Whenever possible, DMAS has included VHCA's recommendations in the new system.

The proposed changes to the nursing facility reimbursement system recognize both the OBRA 87 mandates and the Commonwealth's interest in encouraging nursing facility providers to accept patients who require more than minimal levels of care. The proposed nursing home reimbursement methodology is called the Patient Intensity Rating System or PIRS. It is a patient-based system linking facility per diem rates to the level of services required by a nursing home's patient mix. This methodology uses classes that group patients by similar functional characteristics and service needs.

PIRS replaces the current two level system with four classes of patient intensity:

Class A: Routine I
Class B: Routine II
Class C: Heavy Care
"Special Care"

Class A and B patients are identified by their functional ability and currently constitute 32% and 56% respectively of the Medicaid nursing facility population. Class C or heavy care patients are identified by their high impairment score on functional testing and the need for specialized nursing care. This group constitutes 12% of the current Medicaid nursing facility population. In addition, a "Special Care" class has been designated to identify those individuals who have needs that are so intensive or nontraditional that they cannot be adequately captured by a patient intensity rating system, e.g., ventilator dependent or AIDS patients. For this class, negotiated contracts will be proposed.

Each nursing facility's service intensity index will be calculated once each quarter based upon data reported by the facility and entered into DMAS' Long Term Care Information System. Data will be reported on the multidimensional assessment form (DMAS-95) that is now used at the time of admission and then twice a year for every Medicaid nursing facility resident. The facility

service intensity index derived from the assessment data will be normalized across all facilities and will then be used to derive the direct patient care cost component of the reimbursement methodology.

Nursing facility operating costs will be divided into two components: direct patient care and indirect patient care. This division allows for greater flexibility in direct patient care costs, while maintaining more stringent control of indirect costs. Direct patient care costs, which include nursing, medical supplies and ancillary costs, vary directly with the intensity of care provided. Indirect patient care costs remain more constant even at different intensities of patient care. Indirect patient care costs include all other operating costs. Peer groups and ceilings will be established for both direct and indirect patient care costs. DMAS will continue paying efficiency incentives to those providers whose allowable operating costs are below their peer group ceilings. DMAS will continue applying an annual inflation allowance, calculated by the same methodology used in the current system, to the peer group ceilings and operating rates. Direct patient care ceilings and rates will be adjusted by the individual nursing homes' normalized service intensity index on a quarterly basis.

Extensive analysis, based on 1988 cost reports and survey data, supported three peer groups for direct patient care costs: Northern Virginia, Richmond, and the rest of the state. This same data supported two peer groups for indirect patient care costs: Northern Virginia and the rest of the state. The proposed system would not change existing limitations on plant costs.

The 1990 General Assembly, in the Appropriations Act, directed a change in the upper limit for interest expense for debt financing which is not exempt from federal income tax. Effective July 1, 1990, the upper limit will be the average of the rate for 10-year and 30-year U.S. Treasury notes and bonds, plus two percentage points.

The allowance for inflation, mandated by the 1989 General Assembly in the Appropriations Act, has been retained. It will be the percentage change in the moving average of the Skilled Nursing Facility Market Basket, as developed by Data Resources Inc., as adjusted for Virginia.

For new facilities and bed expansions, the limitation on allowable reimbursement has been changed from the previous 120% of amounts approved in an original Certificate of Public Need (COPN) to 110% of the amounts approved in an original COPN or 100% of the amounts approved as modified by a "Significant Change" to the original COPN. In addition, a new source for the construction cost limit on buildings and fixed equipment is specified and the policy for reimbursing building additions has been clarified.

To assist nursing facilities in making the transition to the PIRS methodology, a two year phase-in period has been provided. In addition, the carry forward of allowable reimbursement in excess of charges into subsequent years will be permitted, with limitations, even though the Medicare Program no longer provides for such carry forward.

For purchases of existing facilities, the Program's policy regarding related party transactions and bona fide sales has been clarified. For all other purchases, the Program's definition of "common ownership or control" has been provided.

The Program's policies regarding permissible time frames for field audit and appeal activities have been clarified and provision has been made for time extensions. The nonappealable principles of reimbursement under PIRS are established. The reimbursement policy for new or expanded nursing facilities under PIRS has been established and provision made for an extension of the cost report submission date due to extraordinary circumstances which are beyond a provider's control.

The Program's policy regarding allowable start-up and organizational costs and their reimbursement has been clarified and other miscellaneous technical and clerical corrections have been made.

VR 460-03-4.1941, Chart of Accounts, has been revised to incorporate the PIRS direct patient care costs concept and other minor changes.

VR 460-03-4.1942, Leasing of Facilities, has been revised to clarify the Program's policy regarding reimbursement for the cost of ownership for leases, sales and lease back agreements and lease purchase agreements. In addition, the Program policies are clarified for any leases approved prior to August 18, 1975, and providers are advised that there is no assurance that reimbursement for lease costs will continue if the Payment System is revised or amended.

VR 460-03-4.1943, Cost Reimbursement Limitations, has been revised to remove limitations discussed in the basic Nursing Facility Home Payment System document and to incorporate updated limits for those revised annually.

Technical changes in the style and format of the Payment System have been incorporated that do not affect reimbursement policy.

Impact: To facilitate the transition from the current payment system to the PIRS, DMAS is seeking to minimize the effects of change on the industry. While expenditures for the OBRA 87 mandatory nurse aides training and competency evaluation, which are expected to total $4.8 million (GF), are provided for in the 1991-92 budget, no additional funding is necessary to implement this system. Similarly, no industry-wide adverse fiscal impacts are expected.

To establish the initial PIRS peer group ceilings effective October, 1990, it is proposed that all providers be rebased

by peer group for the direct patient care and indirect patient care cost components. The data source will be cost settled nursing home costs reports received by April 30, 1990. Allowable costs per diem for the two cost components will be determined and brought forward to September 30, 1990, by the application of the appropriate inflation adjustment factors. Additional nursing facilities' cost increases resulting from OBRA 87 mandates and Virginia Health Services Cost Review Council filing fees will be factored into the calculations. Direct patient care costs will be adjusted by the service intensity index as of July 1990. Medians weighted by Medicaid days will become the ceilings. Subsequent to the initial peer group ceilings, the DMAS will update the PIRS ceilings and rates for each provider's fiscal year. The direct patient care ceilings and rates will be adjusted quarterly by the provider's service intensity index. The operating rate setting methodology for both direct and indirect care operating rates will be the same as are now used. An efficiency incentive will be calculated and paid for both direct patient care and indirect patient care operating costs.

Technical changes to clarify existing Program policy will have no fiscal impact on the industry.

Written comments may be submitted until July 20, 1990, to William R. Blakely, Jr., Director of the Division of Cost Settlement and Audit, DMAS, 600 East Broad Street, Suite 1300, Richmond, VA 23219.

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

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

New Drug Review Committee

July 12, 1990 - 1 p.m. – Open Meeting
600 East Broad Street, Suite 1300, Richmond, Virginia. ♿

A meeting to adopt by-laws, review new chemical entities for recommendations to the Board of Medical Assistance Services and determine calendar for next fiscal year (1991).

Contact: David B. Shepherd, Pharmacy Supervisor, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-3820 or toll-free 1-800-552-8627

BOARD OF MEDICINE

June 8, 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 465-02-01. Practice of Medicine, Osteopathy, Podiatry, Chiropractice, Clinical Psychology, and Acupuncture.** The purpose of the proposed action is to amend regulations relating to (i) anabolic steroids; (ii) advertsiing that a license is board certified; (iii) licensure examination requirement for medicine; (iv) requirements for acupuncture; and (v) patient records.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until June 8, 1990.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925

Credentials Committee

† **July 7, 1990 - 8:15 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Board Room 3, Richmond, Virginia. ♿

The committee will meet to conduct general business, interview, and review medical credentials of applicants applying for licensure in Virginia in open and executive session and discuss any other items which may come before this committee.

Informal Conference Committee

† **May 25, 1990 - 10 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ♿

† **June 4, 1990 - 9 a.m.** – Open Meeting
† **June 5, 1990 - 9 a.m.** – Open Meeting
Days Inn, Springfield Mall, 6721 Commerce Street, Springfield, Virginia. ♿

June 6, 1990 - 10 a.m. – Open Meeting
Radisson Hotel - Lynchburg, 601 East Main Street, Lynchburg, Virginia. ♿

A meeting to 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 A 7 and A 15 of the Code of Virginia.

Contact: Karen D. Waldron, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9908 or 662-9943/TDD ☎

Ad Hoc Committee on Radiologic Technology

May 31, 1990 - 11 a.m. – Open Meeting
NOTE: CHANGE IN MEETING DATE
Department of Health Professions, 1601 Rolling Hills Drive, Conference Room 2, Richmond, Virginia. ♿

The committee will review public statements, other documents and develop regulations.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9925

STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

May 23, 1990 - 9:30 a.m. – Open Meeting
Northwestern Community Services Board, Winchester, Virginia. ♿

Regular monthly meeting. Agenda to be published on May 16th. Agenda can be obtained by calling Jane Helfrich.

Tuesday evening - Committee meeting 6 p.m., Informal Session 8:30 p.m. Wednesday - Legislative Breakfast 8 a.m., Regular Session 9:30 a.m. See agenda for location.

Contact: Jane Helfrich, Board Administrator, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3921

Public Education Advisory Group

May 31, 1990 - 1 p.m. – Open Meeting
James Madison Building, 109 Governor Street, 13th Floor Board Room, Richmond, Virginia. ♿ (Interpreter for deaf provided if requested)

A meeting to review implementation of the State Mental Health, Mental Retardation and Substance Abuse Services Public Education Plan.

Contact: Martha J. Mead, Director, Legislation and Public Relations, P. O. Box 1797, Richmond, VA 23214, telephone (804) 786-9048

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

State Human Rights Committee

May 23, 1990 - 9 a.m. – Open Meeting
Holiday Inn, Executive Center, 1050 Millwood Pike, Winchester, Virginia. ♿

A regular meeting of the State Human Rights Committee to discuss business relating to human rights issues. Agenda items are listed prior to meeting.

Contact: Elsie D. Little, State Human Rights Director, Officer of Human Rights, DMHMRSAS, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3988

MIDDLE VIRGINIA BOARD OF DIRECTORS AND THE MIDDLE VIRGINIA COMMUNITY CORRECTIONS RESOURCES BOARD

July 5, 1990 - 7 p.m. – Open Meeting
502 South Main Street, Number 4, Culpeper, Virginia.

From 7 p.m. unitl 7:30 p.m. the Board of Directors will hold a business meeting to discuss DOC contract, budget, and other related business. Then the CCRB 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., No. 4, Culpeper, VA 22701, telephone (703) 825-4562

MIDDLE VIRGINIA COMMUNITY CORRECTIONS RESOURCES BOARD

Board of Directors

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

COUNTY OF MONTGOMERY/TOWN OF BLACKSBURG LOCAL EMERGENCY PLANNING COMMITTEE

† **June 12, 1990 - 3 p.m.** – Open Meeting

Montgomery County Jail, Christiansburg, Virginia. ♿

Development of a hazardous materials emergency response plan for Montgomery County and the Town of Blacksburg.

Contact: Steve Via, New River Valley Planning District Commission, P.O. Box 3726, Radford, VA 24143, telephone (703) 639-9313

MOUNT ROGERS ALCOHOL SAFETY ACTION PROGRAM

† **June 6, 1990 - 1 p.m.** – Open Meeting
Oby's Restaurant, Marion, Virginia. ♿ (Interpreter for deaf provided upon request)

A meeting to conduct business. The order of business

at all regular meetings shall be as follows: (i) Call to order; (ii) roll call; (iii) approval of minutes; (iv) Unfinished business; (v) new business, and (vi) adjournment.

Contact: J. L. Reedy, Jr., Director, Mount Rogers A.S.A.P., 1102 N. Main St., Marion, VA 23454, telephone (703) 783-7771

BOARD OF NURSING

May 21, 1990 - 9 a.m. – Open Meeting
May 22, 1990 - 9 a.m. – Open Meeting
May 23, 1990 - 9 a.m. – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virgina. ♿ (Interpreter for deaf provided upon request)

A regular meeting 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.

Contact: Corinne F. Dorsey, R.N., Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9909 or 662-7197/TDD ☎

BOARD OF NURSING HOME ADMINISTRATORS

† **June 6, 1990 - 8 a.m.** – Open Meeting
† **June 7, 1990 - 9 a.m.** – Open Meeing
1601 Rolling Hills Drive, Richmond, Virginia. ♿

National and State Examinatioons will be given to applicants for licensure for Nursing Home Administrators. A regularly scheduled board meeting will be held.

Contact: Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9111.

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June 8, 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 Nursing Home Administrators intends to repeal existing regulations entitled: **VR 500-01-2. Board of Nursing Home Administrators Regulations;** and adopt new regulations entitled: **VR 500-01-2:1. Board of Nursing Home Administrators Regulations.** The proposed regulations establish standards for the practice of nursing home administration including training programs and examination for licensure. The regulations are designed to ensure the public and patients in long-term care protective oversight by providing standards flexible enough to accommodate public needs while being responsive to changes within the industry during the lifetime of the regulation. The public participation section provides opportunity for public involvement in the promulgation and formulation of regulations.

Statutory Authority: § 54.1-3100 of the Code of Virginia.

Contact: Meredyth P. Partridge, Executive Director, Board of Nusing Home Administrators, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9111 or toll-free 1-800-533-1560

OLD DOMINION UNIVERSITY

June 20, 1990 - Time to be announced – Open Meeting
Webb University Center, Hampton/Newport News Room, Norfolk, Virginia. ♿

A meeting to discuss various issues pertaining to the University and to hear standing committee reports. The agenda will be available at least five working days prior to the meeting. Time of meeting to be posted in agenda.

Contact: Donna W. Meeks, Secretary to the Board, Old Dominion University, Norfolk, VA 23529-0029, telephone (804) 683-3072

PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ADVISORY COUNCIL

† **June 28, 1990 - 10 a.m.** – Open Meeting
James Monroe Building, Conference Room B, 101 North 14th Street, Richmond, Virginia. ♿ (Interpreter for deaf provided upon request)

A regularly scheduled meeting for the conduct of business.

Contact: Barbara Hoban, PAMI Program Manager, Department for Rights of the Disabled, 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 225-2042/TDD ☎ or toll-free 1-800-552-3962/TDD ☎

BOARD OF PSYCHOLOGY

May 24, 1990 - 9 a.m. – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ♿

A meeting to (i) conduct general board business; (ii) review applications for licensure, residency, and registration as Technical Assistants; and (iii) discuss regulatory review.

Contact: Evelyn B. Brown, Executive Director, 1601 Rolling

Hills Dr., Suite 200, Richmond, VA 23229-5005, telephone (804) 662-9913

VIRGINIA PUBLIC TELECOMMUNICATIONS BOARD

† **June 14, 1990 - 10 a.m.** – Open Meeting
Radisson Hotel, 555 East Canal Street, Richmond, Virginia.
♿

A quarterly board meeting. Consideration of grants/allocations, budget planning, presentation of drafts of Master Plan, and staff updates of various projects in progress.

Contact: Rose Marie Fewell, Administrative Assistant to VPTB, Department of Information Technology, 110 S. Seventh St., Richmond, VA 23219, telephone (804) 344-5522 or 371-8076/TDD ☎

VIRGINIA RACING COMMISSION

† **July 18, 1990 - 9:30 a.m.** – Public Hearing
VSRS Building, 1204 East Main Street, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Racing Commission intends to adopt regulations entitled: **VR 662-02-04. Regulations Pertaining to Limited License for Horse Racing with Pari-Mutuel Wagering.** These regulations would establish conditions for issuances of limited licenses and criteria for the conduct of limited race meetings.

STATEMENT

Purpose: This regulation for limited licenses concerns horse race meetings with pari-mutuel wagering privileges that are no more than 14 days in duration for the calendar year. The regulation sets forth the application procedures, the criteria the Virginia Racing Commission will utilize in considering applications, and the procedures, equipment and facilities the licensees will have to provide to conduct limited race meetings with pari-mutuel wagering privileges.

Impact: 1. Entities Affected: The owners of the properties and facilities on which the limited race meetings will be conducted and the operators of the limited race meetings will be directly affected. The licensees will have to purchase, or more likely lease, totalizators and retain sufficient trained personnel to operate the systems so that pari-mutuel wagering may be conducted. Further, the licensees will have to offer detention facilities, which may be only temporary, secure areas such as tents, where post-race samples may be collected. Of course, the licensees will have to maintain facilities for the public, i.e., grandstands, lavatories, parking lots, as well as racing surfaces that must be safe and in good repair.

In the December 18, 1989, issue of The Virginia Register, the commission caused to be published a Notice of Intended Regulatory Action requesting input from intereted parties in the development of regulations pertaining to limited licenses or race meetings of 14 days or less per calendar year. The commission set aside time during its regular monthly meetings for the drafting of regulations pertaining to limited licenses as well as receiving input from interested parties. Copies of the drafts were made available to all parties requesting them and copies were distributed to the commission's advisory group, which included the Virginia Steeplechase Association.

The proposed regulations represent a consensus of the commissioners and the parties who participated in the drafting process. The regulation specifies the general provisions that apply to limited licenses including the number of racing days, local referendum, observance of regulations, and renewal of licensees. The regulation sets forth the application procedure which parallels that for unlimited licenses in calling for various disclosures. The regulation establishes the criteria the commission will use in evaluating applications. Finally, the regulation specifies the equipment, procedures, and facilities the licensees will have to provide to conduct limited race meetings. The regulation is accompanied by an application form.

2. Fiscal Impact: a. Costs to Affected Entities: The applicants for limited licenses will have to pay an application fee of $100 per number of racing days requested as well as the cost of background investigations on appropriate personnel. Once issued, the licensees will have to enter purchase or lease totalizators, and retain sufficient personnel to operate the system and sell and cash pari-mutuel tickets. The licensees will have to provide equipment, procedures and facilities to conduct limited race meetings, but it is anticipated that there will be little or no additional cost involved for those entities currently conducting one-day or very brief race meetings without pari-mutuel wagering.

b. Costs to the Commission: There will be some cost in developing auditing procedures for the totalizator system; however, the commission will have to develop such procedures, regardless, for unlimited race meetings. The commission will have to staff the detention facilities with a veterinarian and appropriate technicians to collect samples, and arrange for post-race testing at a laboratory. It is also anticipated the commission will have to employ two or more stewards to supervise the racing and perhaps retain clerical personnel to accept applications for permits at the race meetings. Finally, the commission may want to assign its director of security or other personnel to the race meeting.

c. Source of Commission Funds: The cost of initially administering this regulation will be drawn from a loan on a treasury note. It is anticipated that the commission's cost in administering limited race meetings will not be covered by the Commonwealth's share of the pari-mutuel wagering. However, it is anticipated the Commonwealth's share of

the pari-mutuel wagering from unlimited race meetings will cover the cost of administering limited race meetings.

Legal Authority: Section 59.1-369 of the Code of Virginia authorizes the commission to promulgate regulations and establish conditions under which horse racing and pari-mutuel wagering shall be conducted.

Need: The proposed regulation is essential for the consideration and issuance of limited licenses for horse race meetings with pari-mutuel wagering privileges. Further, the conduct of these limited horse race meetings must be conducted in accordance with accepted industry standards so that the integrity of a native industry within the Commonwealth may be protected as well as that of the public health, safety and welfare.

Small Business Impact: The suppliers of hardware and software for totalizators are national in scope. However, the restaurants and innkeepers adjacent to these limited horse race meetings can expect increased revenues and occupancy rates. Further, there will be some impact felt upon the agriculture sector to support the horses involved in these race meetings.

Written comments may be submitted until July 21, 1990, to Donald Price, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208.

Statutory Authority: § 59.1-369 of the Code of Virginia.

Contact: William H. Anderson, Regulatory Coordinator, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

RAPPAHANNOCK-RAPIDAN DIVISION OF COURT SERVICES

† **June 18, 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. Items for review: Budget, Personnel, Program Activities, and the 1990 Legislative Update.

Contact: R. Dean Irvine, Director, 155 W. Davis St., Culpeper, VA 22701, telephone (703) 825-4550.

REAL ESTATE BOARD

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

May 24, 1990 - 9:30 a.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ♿ (Interpreter for deaf provided upon request)

The board will (i) receive department reports, (ii) consider regulatory matters and (iii) conduct the regular business of the board.

Finance Committee

May 23, 1990 - 2 p.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ♿ (Interpreter for deaf provided upon request)

The committee will review monthly financial reports and budgetary projections. FY 1991 budget development.

Legislation and Evaluation Committee

May 23, 1990 - 4 p.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ♿ (Interpreter for deaf provided upon request)

The committee will (i) review pending federal and state legislation and develop criteria for evaluation of department programs; and (ii) develop program evaluation report schedule.

Program Committee

May 23, 1990 - 3 p.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ♿ (Interpreter for deaf provided upon request)

The committee will review vocational rehabilitation regulation proposals and explore options for developing amendments to current VR regulations. FY 1991 committee and board calendar, Client Service Program information and DDS report.

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 ☎

SEWAGE HANDLING AND DISPOSAL APPEALS REVIEW BOARD

† **June 13, 1990 - 9 a.m.** – Open Meeting
† **June 14, 1990 - 9 a.m.** – Open Meeting
General Assembly Building, 910 Capitol Square, Senate Room A, Richmond, Virginia. ♿

A meeting to hear and render a decision on all appeals of denials of on-site sewage disposal system permits.

Contact: Deborah E. Randolph, 109 Governor St., Room 500, Richmond, VA 23219, telephone (804) 786-3559.

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

June 8, 1990 - 10 a m. – Public Hearing
Tyler Building, 8007 Discovery Drive, Suite 220, Conference Room, 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 615-08-01. Virginia Energy Assistance Program.** The proposed amendments affect the Fuel Assistance and Crisis Assistance Components. The amendments will (i) ensure that the neediest clients are served, (ii) establish uniformity in the amount of benefit dollars, and (iii) provide uniform program begin dates for the heat related program components.

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

Written comments may be submitted until June 7, 1990, to Charlene H. Chapman, Department of Social Services, 8007 Discovery Dr., Richmond, Virginia 23229-8699.

Contact: Peggy Friedenberg, Agency Regulatory Liaison, 8007 Discovery Dr., Richmond, VA 23229, telephone (804) 662-9217

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June 12, 1990 - 1 p m. – Public Hearing
Blair Building, 8007 Discovery Drive, Conference Room 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 adopt regulations entitled: **VR 615-46-02. Assessment Process for Adult Clients.** The purpose of the proposed regulation is to require the use of a standardized needs assessment for the initial assessment and reassessment processes for applicants and recipients of Adult Services, Adult Protective Services and to the extent that resources are available for applicants and recipients of Auxiliary Grants and the Insitutional component of the General Relief Program.

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

Written comments may be submitted until June 12, 1990, to Phyllis Groome Gordon, Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

Contact: Peggy Friedenberg, Agency Regulatory Liaison, 8007 Discovery Dr., Richmond, VA 23229, telephone (804) 662-9217

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July 6, 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 or the requirements of federal law that the Department of Social Services intends to amend regulations entitled: **VR 615-70-17. Child Support Enforcement Program.** The amendments to this regulation add requirements for service of process and case prioritization and establish time requirements for providing applications, locating absent parents, establishing paternity, and establishing and enforcing a support obligation. There is no public hearing as the proposed revisions to the regulation are based on mandatory federal and state law.

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

Written comments may be submitted until July 6, 1990, to Jarnice Johnson, Department of Social Services, Division of Child Support Enforcement, 8007 Discovery Dr., Richmond, VA 23229-8699.

Contact: Margaret J. Friedenberg, Legislative Analyst, Department of Social Services, 8007 Discovery Dr., Blair Bldg., Richmond, VA 23229-8699, telephone (804) 662-9217

BOARD OF SOCIAL WORK

† **June 20, 1990 - 10 a.m.** – Public Hearing
Conference Room 2, 1601 Rolling Hills Drive, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Social Work intends to amend regulations entitled: **VR 620-01-2. Regulations Governing the Practice of Social Work.** The proposed regulations establish standards of practice for social work including education, supervised experience and examination for licensure.

STATEMENT

The proposed regulations establish requirements governing the practice of social work in the Commonwealth. They include requirements necessary for licensure; criteria for the written and oral examinations; standards of practice, and procedures for the disciplining of licensed social workers.

The proposed regulations respond to a biennial review conducted in accordance with Executive Order 5(86) of Governor Gerald L. Baliles. The review of the regulations resulted in proposals to delete some regulations, and amend or revise other regulations. All relevant documents

are available for inspection at the office of the Board of Social Work, 1601 Rolling Hills Drive, Richmond, Virginia 23229. Telephone (804) 662-9914.

Basis: Title 54.1, Chapter 1, §§ 54.1-100 through 54.1-114; Chapter 24, §§ 54.1-2400 and 54.1-2510; and Chapter 37, §§ 54.1-3700 through 54.1-3707 of the Code of Virgnia provide the statutory basis for promulgation of the regulations by the Board of Social Work. The Board of Social Work has approved the proposed revisions for a 60-day public comment period.

Purpose: The proposed regulations are designed to ensure the public protection by establishing standards for licensure, examination, training and practice of social workers.

Impact: The regulations will impact all registered social workers, associate social workers, licensed social workers, and licensed clinical social workers who are subject to regulation by the Board of Social Work.

Written comments may be submitted until July 21, 1990.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Contact: Evelyn B. Brown, Executive Director, Board of Social Work, 1601 Rolling Hills Dr., Suite 200, Richmond, VA 23229, telephone (804) 662-9914.

† **July 24, 1990 - 10 a.m.** – Open Meeting
1601 Rolling Hills Drive, Conference Room 2, Richmond, Virginia. ♿

A meeting to review comments received during the public comment period and public hearing held June 20, 1990, and propose changes, if necessary, and approve amended regulations.

Contact: Evelyn B. Brown, Executive Director, 1601 Rolling Hills Dr., Suite 200, Richmond, VA 23229, telephone (804) 662-9914.

BOARD FOR PROFESSIONAL SOIL SCIENTISTS

May 24, 1990 - 10 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Conference Room 3, Richmond, Virginia. ♿

A meeting to (i) approve minutes from March 15, 1990, meeting; (ii) review application; and (iii) review correspondence.

Contact: Peggy J. Wood, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595

VALLEY ASAP BOARD

May 21, 1990 - 8 a.m. – Open Meeting
2 Holiday Court, Staunton, Virginia. ♿

A regular meeting of the local policy board to conduct business pertaining to (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 number)

COMMONWEALTH TRANSPORTATION BOARD

† **June 20, 1990 - 2 p.m.** – Open Meeting
Department of Transportation, Board Room, 1401 East Broad Street, Richmond, Virginia. ♿ (Interpreter for deaf provided if requested).

A work session of the Commonwealth Transportation Board and the Department of Transportation staff.

† **June 21, 1990 - 10 a.m.** – Open Meeting
Department of Transportation, Board Room, 1401 East Broad Street, Richmond, Virginia. ♿ (Interpreter for deaf provided if requested).

A monthly meeting to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval.

Contact: Albert W. Coates, Jr., Assistant Commissioner, Department of Transportation, 1401 E. Broad St., Richmond, VA, telephone (804) 786-9950

DEPARTMENT OF TRANSPORTATION

† **June 14, 1990 - 9 a.m.** – Open Meeting
Salem District Office, Harrison Avenue North of Main Street and East of VA Highway 311 in Salem, Virginia. ♿ (Interpreter for deaf provided if requested).

A final hearing to receive comments on highway allocations for the coming year and on updating the six-year improvement program for the interstate, primary, and urban systems for the Bristol, Salem, Lynchburg, and Staunton Districts, as well as public transit.

† **June 21, 1990 - 9 a.m.** – Open Meeting
Department of Transportation Auditorium, 1221 East Broad Street, Richmond, Virginia. ♿ (Interpreter for deaf provided if requested).

A final hearing to receive comments on highway allocations for the coming year and on updating the

six-year improvement program for the interstate, primary, and urban systems for the Richmond, Fredericksburg, Suffolk, Culpeper, and Northern Virginia Districts, as well as public transit.

Contact: Albert W. Coates, Jr., Assistant Commissioner, Department of Transportation, 1401 E. Broad St., Richmond, VA, telephone (804) 786-9950.

TREASURY BOARD

† **June 20, 1990 - 9 a.m.** – Open Meeting
101 North 14th Street, James Monroe Building, 3rd Floor, Treasury Board Conference Room, Richmond, Virginia.

A regular Treasury Board 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

DEPARTMENT FOR THE VISUALLY HANDICAPPED

May 30, 1990 - 2 p.m. – Open Meeting
Virginia Rehabilitation Center for the Blind, Assembly Room, 401 Azalea Avenue, Richmond, Virginia.

A meeting to seek input regarding the amendment to the Title I and Title VI-C State Plan for Vocational Rehabilitation Services.

Contact: James G. Taylor, 397 Azalea Ave., Richmond, VA 23227

Interagency Coordinating Council on Delivery of Related Services to Handicapped Children

† **May 22, 1990 - 2 p.m.** – Open Meeting
Department for the Visually Handicapped, 397 Azalea Avenue, Richmond, Virginia.

A regular monthly meeting.

Contact: Mr. Glen R. Slonneger, Jr., Department for the Visually Handicapped, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3140.

VIRGINIA COUNCIL ON VOCATIONAL EDUCATION

† June 21, 1990 - 10 a.m. – Open Meeting
Sheraton Airport Inn, 4700 South Laburnum Avenue, Richmond, Virginia.

A general session will be held until noon at which time the council will join the Department of Education for a luncheon session. The program will be the presentation of vocational education awards. The council will present awards recognizing business partnerships with vocational-technical education in public schools in community colleges. Awards will also be presented for outstanding contributions by advisory councils/committees serving vocational-technical education in public schools and community colleges.

Contact: George S. Orr, Jr., Executive Director, Virginia Council on Vocational Education, 7420-A Whitepine Rd., Richmond, VA 23237, telephone (804) 275-6218.

DEPARTMENT OF WASTE MANAGEMENT (VIRGINIA WASTE MANAGEMENT BOARD)

June 12, 1990 - 10 a.m. – Public Hearing
James Monroe Building, 101 North 14th Street, 11th Floor, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Waste Management Board intends to amend regulations entitled: **VR 672-30-1. Regulations Governing the Transportation of Hazardous Materials.** These proposed amendments incorporate by reference changes made from July 1, 1988, through June 30, 1989, by the U.S. Department of Transportation Hazardous Materials Regulations.

Statutory Authority: §§ 10.1-1402 and 10.1-1450 of the Code of Virginia.

Written comments may be submitted until June 12, 1990, to William F. Gilley, Department of Waste Management, 101 North 14th Street, 11th Floor, Richmond, Virginia 23219.

Contact: Cheryl Cashman, Legislative Analyst, Department of Waste Management, 101 N. 14th St., 11th Floor, Richmond, VA 23219, telephone (804) 225-2667 or toll-free 1-800-552-2075

STATE WATER CONTROL BOARD

June 5, 1990 - 4 p.m. – Public Hearing
University of Virginia Southwest Center, Classroom 1 and 2, Highway 19 North, Abingdon, 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 repeal existing regulations entitled: **VR 680-16-06. Water Quality Management Plan for the Tennessee-Big Sandy River Basins;** and adopt new regulations entitled: **VR 680-16-06:1. Tennessee-Big Sandy River Basin Water Quality Management Plan.** The purpose of this action is to update the Tennessee-Big Sandy River Basin Water Quality Management Plan which sets forth measures for the State Water Control Board to implement in order to reach and maintain water quality goals in general terms and numeric loadings for five day biochemical

oxygen demand.

Statutory Authority: § 62.1-44.15 of the Code of Virginia.

Written comments may be submitted until June 5, 1990, to Doneva Dalton, Hearings Reporter, State Water Control Board, P.O. Box 11143, Richmond, Virginia 23230.

Contact: Ron Sexton, Southwest Regional Office, State Water Control Board, P.O. Box 888, Abingdon, VA 24210, telephone (703) 676-5507

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May 21, 1990 - 7 p.m. – Public Hearing
Huddleston Elementary School, Auditorium, Route 626, Huddleston, Virginia.

The State Water Control Board will hold a public hearing to receive comments on the proposed Virginia Pollutant Discharge Elimination System (VPDES) Permit No. VA0083445 for Deerwood Pointe Sewage Treatment Plant, 101 Deer Trail, Huddleston, Virginia 24104. The purpose of the hearing is to receive comments on the proposed issuance or denial of the permit and the effect of the discharge on water quality or beneficial uses of state waters.

Contact: Lori A. Freeman, Hearings Reporter, Office of Policy Analysis, State Water Control Board, 2111 N. Hamilton St., P.O. Box 11143, Richmond, VA 23230-1143, telephone (804) 367-6815

† **June 20, 1990 - 2 p.m.** – Open Meeting
Virginia War Memorial Auditorium, 621 South Belvidere Street, Richmond, Virginia.

A public meeting to receive views and comments and to answer questions of the public on the proposed repeal of the Toxics Management Regulation (VR 680-14-03). (See Notice of Intended Regualtory Action in the General Notices section of the Register.)

Contact: Richard Ayers, Office of Water Resources Management, State Water Control Board, P.O. Box 1143, Richmond, VA 23230, telephone (804) 367-6302.

BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

August 9, 1990 - 8:30 a.m. – Open Meeting
August 10, 1990 - 8:30 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia.

An open meeting to conduct regulatory review and routine board business.

Contact: Mr. 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

WINCHESTER LOCAL EMERGENCY PLANNING COMMITTEE

May 30, 1990 - 3 p.m. – Open Meeting
Old Frederick County Court House Conference Room, Winchester, Virginia.

A meeting to cover plans for the hazardous materials contingency plan exercise to be held in June.

Contact: L.A. Miller, Fire Chief, 126 N. Cameron St., Fire Department Headquarters, Winchester, VA 22601, telephone (804) 662-5695

VIRGINIA WINEGROWERS ADVISORY BOARD

† **May 21, 1990 - 10 a.m.** – Open Meeting
Birdwood Pavillion, Charlottesville, Virginia.

The board will hear committee and project monitor reports, review old and new business, and vote on project proposals for the FY 90-91.

† **July 23, 1990 - 10 a.m.** – Open Meeting
The Capitol, House Room 1, Richmond, Virginia.

The board will review new and old business, hear project monitor reports, hear committee reports, and vote on proposals for FY 90-91.

Contact: Annette Ringwood, Secretary to the VWAB, 1100 Bank St., Suite 1010, Richmond, VA 23219, telephone (804) 786-0481 or (804) 371-7685.

LEGISLATIVE

HOUSE APPROPRIATIONS COMMITTEE

† **May 21, 1990 - 9:30 a.m.** – Open Meeting
House Appropriations Committee Room, General Assembly Building, 9th Floor, Richmond, Virginia.

A monthly committee meeting.

Contact: Linda Ladd, House Appropriations Committee, General Assembly Bldg., 9th Floor, Richmond, VA 23219, telephone (804) 786-1837.

JOINT SUBCOMMITTEE ON BLOCK GRANTS

† **June 7, 1990 - 10 a.m.** – Public Hearing
House Room D, General Assembly Building, Capitol Square, Richmond, Virginia.

A hearing on Federal Block Grant areas of Preventive Health and Health Services; Alcohol, Drug Abuse and Mental Health; and Community Services.

Contact: Thomas C. Gilman, Chief Committee Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-7869. Persons wishing to speak should contact Norma Szakal, Staff Attorney, Division of Legislative Services, 910 Captiol St., Richmond, VA 23219, telephone (804) 786-3591.

VIRGINIA CODE COMMISSION

June 12, 1990 - 10 a.m. – Open Meeting
General Assembly Building, 6th Floor Conference Room, Richmond, Virginia.

The Commission will be studying (i) the revision of the tax criminal penalty laws pursuant to HJR 116, and (ii) the revision and recodification of Title 65.1 of the Code of Virginia pertaining to Workers' Compensation.

Contact: Joan W. Smith, Virginia Code Commission, General Assembly Building, Richmond, VA 23219, telephone (804) 786-3591

EDUCATION SUBCOMMITTEE STUDYING HB 445

May 29, 1990 - 1 p.m. – Open Meeting
General Assembly Building, House Room C, Richmond, Virginia.

The subcommittee will meet to discuss the Regulation on Vocational Nursing Education.

Contact: Norma Szakal, Staff Attorney, Division of Legislative Services, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591

CHRONOLOGICAL LIST

OPEN MEETINGS

May 21
† Appropriations Committee, House
Cosmetology, Board for
Governor's Job Training Coordinating Council
Nursing, Board of
Valley ASAP Board
† Winegrowers Advisory Board, Virginia

May 22
Hazardous Materials Training Committee
Health Services Cost Review Council, Virginia
Marine Resources Commission
Nursing, Board of
† Visually Handicapped, Department for the
† - Interagency Coordinating Council on Delivery of Related Services to Handicapped Children

May 23
Arts, Commission for the
Auctioneers, Board for
† Health Professions, Board of
- Executive Committee
Local Government, Commission on
Lottery Board
Mental Health, Mental Retardation and Substance Abuse Services Board, State
- State Human Rights Committee
Nursing, Board of
Rehabilitative Services, Board of
- Finance Committee
- Legislation and Evaluation Committee
- Program Committee
Soil Scientists, Board for Professional

May 24
Arts, Commission for the
Commerce, Board of
Education, Board of
† Funeral Directors and Embalmers, Board of
† Historic Preservation Foundation, Virginia
† Medicine, Board of
† - Informal Conference Committee
Psychology, Board of
Rehabilitative Services, Board of

May 25
Education, Board of
† Executive Mansion, Citizens Advisory Council for Interpreting and Furnishing the
† Board of Medicine
† - Informal Conference Committee

May 29
† Community Corrections Resources Board
Education Subcommittee Studying HB 445

May 30
Contractors, Board for
Visually Handicapped, Department for the
Winchester Local Emergency Planning Committee

May 31
Alcoholic Beverage Control Board
Medicine, Board of
- Ad Hoc Committee on Radiologic Technology
State Mental Health, Mental Retardation and Substance Abuse Services Board

- Public Education Advisory Group

June 1
† Game and Inland Fisheries, Board of

June 4
† Accountancy, Board for
† Medicine, Board of
† - Informal Conference Committee

June 5
Hopewell Industrial Safety Council
† Medicine, Board of
† - Informal Conference Committee

June 6
Indians, Council on
Medicine, Board of
- Informal Conference Committee
† Mount Rogers Alcohol Safety Action Program
† Nursing Home Administrators, Board of

June 7
† Chesterfield County, Local Emergency Planning Committee of
Middle Virginia Community Corrections Resources Board
- Board of Directors
† Nursing Home Administrators, Board of

June 8
Real Estate Board

June 12
Code Commission, Virginia
Gate City Local Emergency Planning Committee
† County of Montgomery/Town of Blacksburg Local Emergency Planning Committee

June 13
† Commercial Driver Education Schools, Board for
† Sewage Handling and Disposal Appeals Review Board

June 14
† Health Professions, Board of
† - Public and Professional Information and Education Committee
† Public Telecommunications Board, Virginia
† Sewage Handling and Disposal Appeals Review Board
† Transportation, Department of

June 15
† Health Professions, Board of
† - Administration and Budge Committee
† - Regulatory Research Committee

June 18
† Rappahannock-Rapidan Division of Court Services

June 20
Corrections, Board of
Library Board
Old Dominion University
- Board of Visitors
† Transportation Board, Commonwealth
† Treasury Board
† Water Control Board, State

June 21
† Transportation Board, Commonwealth
† Transportation, Department of
† Vocational Education, Virginia Council on

June 22
† Egg Board, Virginia

June 26
† Marine Resources Commission

June 27
Lottery Board

June 28
† Aging, Department for the
† - Long-Term Care Ombudsman Program Advisory Council
Athletic Board
Education, Board of
† Protection and Advocacy for Mentally Ill Individuals Advisory Council

June 29
Education, Board of

July 3
Hopewell Industrial Safety Council

July 5
Middle Virginia Board of Directors and the Middle Virginia Community Corrections, Resources Board

July 7
Medicine, Board of
- Credentials Committee

July 12
Medical Assistance Services, Department of
- New Drug Review Committee

July 23
† Winegrowers Advisory Board, Virginia

July 24
† Social Work, Board of

July 25
Lottery Board

August 9
Waterworks and Wastewater Works Operators, Board

for

August 10
Waterworks and Wastewater Works Operators, Board
for

PUBLIC HEARINGS

May 21
Water Control Board, State

May 23
Local Government, Commission on

May 24
Commerce, Board of
Education, Department of

June 1
Commerce, Board of
† Funeral Directors and Embalmers, Board of

June 5
Water Control Board, State

June 6
Social Services, Department of

June 7
† Block Grants, Joint Subcommittee on

June 11
Commerce, Board of

June 12
Social Services, Department of
Waste Management Board, Virginia

June 13
† Deaf and Hard-of-Hearing, Department for the

June 20
† Social Work, Board of

June 23
† Dentistry, Board of

July 18
† Racing Commission, Virginia

July 25
† Lottery Department, State

August 1
Criminal Justice Services, Department of

September 18
Labor and Industry, Department of