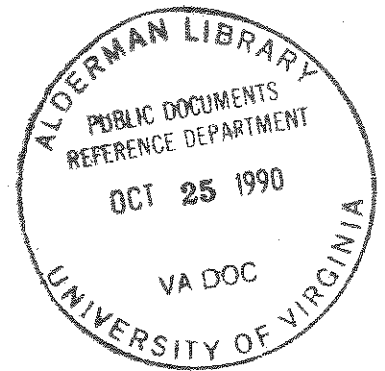
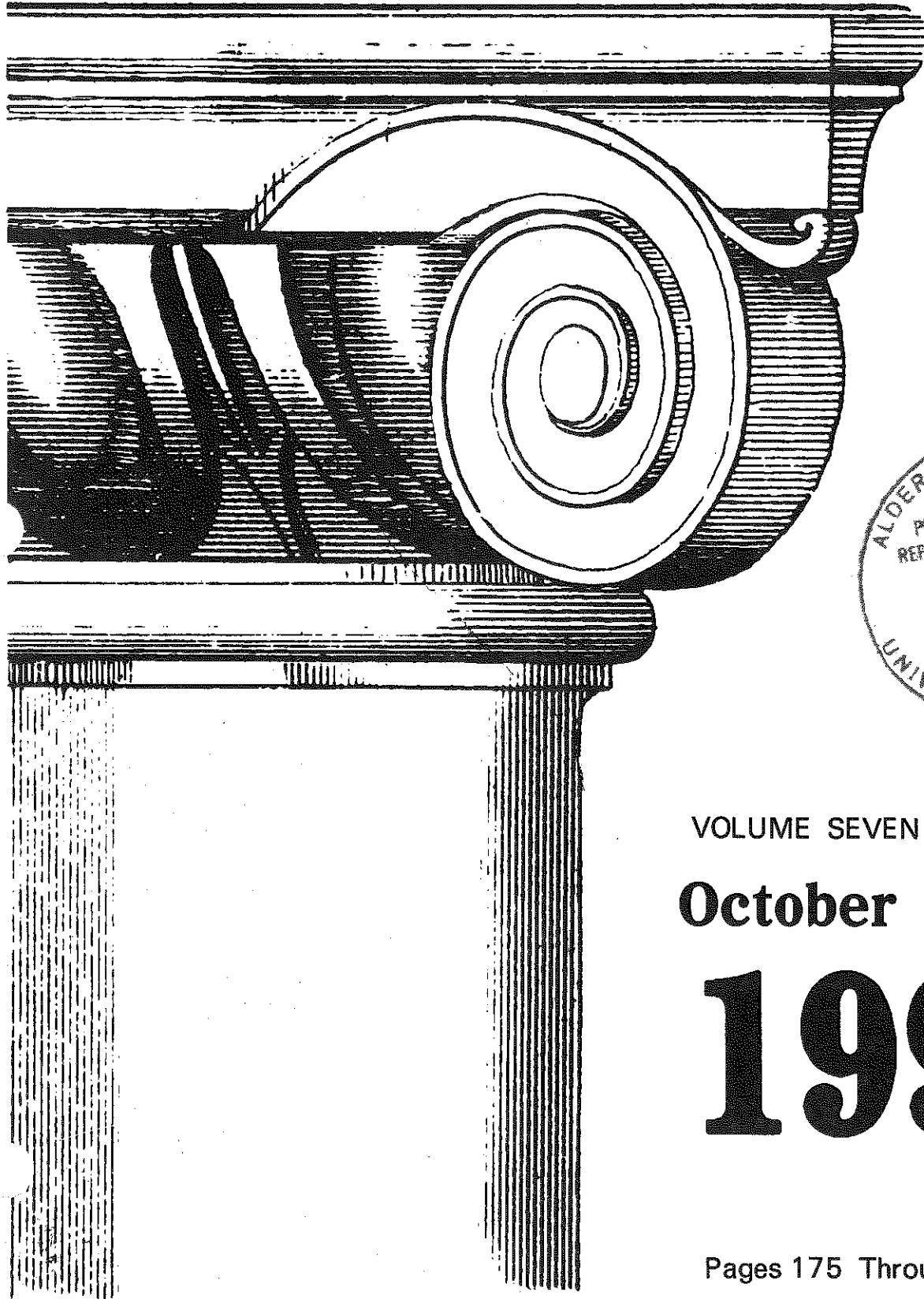


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# THE VIRGINIA REGISTER

OF REGULATIONS

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VOLUME SEVEN • ISSUE TWO

October 22, 1990

# 1990

Pages 175 Through 352

## 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 V.A.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.

"The *Virginia Register of Regulations*" (USPS-001831) is published bi-weekly, except four times in January, April, July and October for \$100 per year by the Virginia Code Commission, General Assembly Building, Capitol Square, Richmond, Virginia 23219. Telephone (804) 786-3591. Second-Class Postage Rates Paid at Richmond, Virginia. POSTMASTER: Send address changes to the *Virginia Register of Regulations*, 910 Capitol Street, 2nd Floor, Richmond, Virginia 23219.

The *Virginia Register of Regulations* is published pursuant to Article 7 of Chapter 1.1:1 (§ 9-6.14:2 et seq.) of the Code of Virginia. Individual copies are available for \$4 each from the Registrar of Regulations.

Members of the Virginia Code Commission: Dudley J. Emick, Jr., Chairman, J. Samuel Glasscock, Vice Chairman; Russell M. Carneal; Joseph V. Gartlan, Jr.; John Wingo Knowles; Gail S. Marshall; E. M. Miller, Jr.; Theodore V. Morrison; William F. Parkerson, Jr.; A. L. Philpott.

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

VIRGINIA REGISTER OF REGULATIONS  
PUBLICATION DEADLINES AND SCHEDULES

July 1990 through September 1991

**MATERIAL SUBMITTED BY**                      **PUBLICATION DATE**  
 Noon Wednesday

Volume 6 - 1989-90

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
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# PROPOSED REGULATIONS

For information concerning Proposed Regulations, see information page.

## Symbol Key

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

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

**Title of Regulation:** VR 370-01-001. Rules and Regulations of the Virginia Health Services Cost Review Council.

**Statutory Authority:** §§ 9-158 and 9-164 of the Code of Virginia.

**Public Hearing Date:** N/A - Written comments may be submitted until December 21, 1990, at 3:00 p.m.

(See Calendar of Events section for additional information)

### Summary:

*The definition of "aggregate cost" in § 1.1 of the rules and regulations is being amended so that investor-owned institutions organized as proprietorships, partnerships, or S-corporations will have their income tax imputed into the aggregate cost of operating the facility.*

VR 370-01-001. Rules and Regulations of the Virginia Health Services Cost Review Council.

### PART I. DEFINITIONS.

#### § 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning:

*"Adjusted patient days"* means inpatient days divided by the percentage of inpatient revenues to total patient revenues.

*"Aggregate cost"* means the total financial requirements of an institution which shall be equal to the sum of:

1. The institution's reasonable current operating costs, including reasonable expenses for operating and maintenance of approved services and facilities, reasonable direct and indirect expenses for patient care services, working capital needs and taxes, if any;
2. Financial requirements for allowable capital purposes, including price level depreciation for depreciable assets and reasonable accumulation of funds for approved capital projects;
3. For investor-owned institutions, after tax return on equity at the percentage equal to two times the average of the rates of interest on special issues of

public debt obligations issued to the Federal Hospital Insurance Trust Fund for the months in a provider's reporting period, but not less, after taxes, than the rate or weighted average of rates of interest borne by the individual institution's outstanding capital indebtedness. The base to which the rate of return determined shall be applied is the total net assets, adjusted by paragraph 2 of this section, without deduction of outstanding capital indebtedness of the individual institution for assets required in providing institutional health care services ;

*4. For investor-owned institutions organized as proprietorships, partnerships, or S-corporations an imputed income tax, for fiscal years ending July 1, 1989, or later, at a combined federal and state income tax rate equal to the maximum tax rates for federal and state income taxes. The combined rate for 1989 is equal to 34% for individuals and 40% for corporations. Such tax computation shall be exclusive of net operating loss carryforwards prior to July 1, 1989. Operating losses incurred after July 1, 1989, may be carried forward no more than five years but may not be carried back prior years. The schedule of imputed income taxes shall be reported as a note to the financial statements or as a supplemental schedule of the certified audited financial statements submitted to the Virginia Health Services Cost Review Council by the institution.*

*"Certified nursing facility"* means any skilled nursing facility, skilled care facility, intermediate care facility, nursing or nursing care facility, or nursing home, whether freestanding or a portion of a freestanding medical care facility, that is certified as a Medicare or Medicaid provider, or both, pursuant to § 32.1-137.

*"Council"* means the Virginia Health Services Cost Review Council.

*"Consumer"* means any person (i) whose occupation is other than the administration of health activities or the provision of health services (ii) who has no fiduciary obligation to a health care institution or other health agency or to any organization, public or private, whose principal activity is an adjunct to the provision of health services, or (iii) who has no material financial interest in the rendering of health services.

*"Health care institution"* means (i) a general hospital, ordinary hospital, or outpatient surgical hospital, nursing home or certified nursing facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1, (ii) a mental or psychiatric hospital licensed



# Proposed Regulations

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pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1 and (iii) a hospital operated by the University of Virginia or Virginia Commonwealth University. In no event shall such term be construed to include any physician's office, nursing care facility of a religious body which depends upon prayer alone for healing, independent laboratory or outpatient clinic.

"Hospital" means any facility licensed pursuant to §§ 32.1-123, et seq. or 37.1-179 et seq. of the Code of Virginia.

"Late charge" means a fee that is assessed a health care institution that files its budget, annual report, or charge schedule with the council past the due date.

"Nursing home" means any facility or any identifiable component of any facility licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1, in which the primary function is the provision, on a continuing basis, of nursing services and health-related services for the treatment and inpatient care of two or more nonrelated individuals, including facilities known by varying nomenclature or designation such as convalescent homes, skilled nursing facilities or skilled care facilities, intermediate care facilities, extended care facilities and nursing or nursing care facilities.

"Voluntary cost review organization" means a nonprofit association or other nonprofit entity which has as its function the review of health care institutions' costs and charges but which does not provide reimbursement to any health care institution or participate in the administration of any review process under Chapter 4 of Title 32.1 of the Code of Virginia.

"Patient day" means a unit of measure denoting lodging facilities provided and services rendered to one inpatient, between census-taking-hour on two successive days. The day of admission but not the day of discharge or death is counted a patient day. If both admission and discharge or death occur on the same day, the day is considered a day of admission and counts as one patient day. For purposes of filing fees to the council, newborn patient days would be added. For a medical facility, such as an ambulatory surgery center, which does not provide inpatient services, each patient undergoing surgery during any one 24-hour period will be the equivalent to one patient day.

## PART II. GENERAL INFORMATION.

### § 2.1. Authority for regulations.

The Virginia Health Services Cost Review Council, created by §§ 9-156 through 9-166 of the Code of Virginia, is required to collect, analyze and make public certain financial data and findings relating to hospitals which operate within the Commonwealth of Virginia. Section 9-164 of the Code of Virginia directs the council from time to time to make such rules and regulations as may be necessary to carry out its responsibilities as prescribed in

the Code of Virginia.

### § 2.2. Purpose of rules and regulations.

The council has promulgated these rules and regulations to set forth an orderly administrative process by which the council may govern its own affairs and require compliance with the provisions of §§ 9-156 through 9-166 of the Code of Virginia.

### § 2.3. Administration of rules and regulations.

These rules and regulations are administered by the Virginia Health Services Cost Review Council.

### § 2.4. Application of rules and regulations.

These rules and regulations have general applicability throughout the Commonwealth. The requirements of the Virginia Administrative Process Act, codified as § 9-6.14:1, et seq. of the Code of Virginia applied to their promulgation.

### § 2.5. Effective date of rules and regulations.

These rules and regulations or any subsequent amendment, modification, or deletion in connection with these rules and regulations shall become effective 30 days after the final regulation is published in the Virginia Register.

### § 2.6. Powers and procedures of regulations not exclusive.

The council reserves the right to authorize any procedure for the enforcement of these regulations that is not inconsistent with the provision set forth herein and the provisions of § 9-156 et seq. of the Code of Virginia.

## PART III. COUNCIL PURPOSE AND ORGANIZATION.

### § 3.1. Statement of mission.

The council is charged with the responsibility to promote the economic delivery of high quality and effective institutional health care services to the people of the Commonwealth and to create an assurance that the charges are reasonably related to costs.

The council recognizes that health care institutional costs are of vital concern to the people of the Commonwealth and that it is essential for an effective cost monitoring program to be established which will assist health care institutions in controlling their costs while assuring their financial viability. In pursuance of this policy, it is the council's purpose to provide for uniform measures on a statewide basis to assist in monitoring the costs of health care institution's without sacrifice of quality of health care services and to analyze the same to determine if charges and costs are reasonable.

## § 3.2. Council chairman.

The council shall annually elect one of its consumer members to serve as chairman. The chairman shall preside at all meetings of the council and shall be responsible for convening the council.

## § 3.3. Vice-chairman.

The council shall annually elect from its membership a vice-chairman who shall assume the duties of the chairman in his absence or temporary inability to serve.

## § 3.4. Expense reimbursement.

Members of the council shall be entitled to be reimbursed in accordance with state regulations for necessary and proper expenses incurred in the performance of their duties on behalf of the council.

## § 3.5. Additional powers and duties.

The council shall exercise such additional powers and duties as may be specified in the Code of Virginia.

## PART IV. VOLUNTARY COST REVIEW ORGANIZATIONS.

### § 4.1. Application.

Any organization desiring approval as a voluntary rate review organization may apply for approval by using the following procedure:

1. Open application period. A voluntary cost review organization may apply for designation as an approved voluntary cost review organization to be granted such duties as are prescribed in § 9-162 of the Code of Virginia.
2. Contents of application. An application for approval shall include:
  - a. Documentation sufficient to show that the applicant complies with the requirements to be a voluntary cost review organization, including evidence of its nonprofit status. Full financial reports for the one year preceding its application must also be forwarded. If no financial reports are available, a statement of the projected cost of the applicant's operation with supporting data must be forwarded;
  - b. If any of the organization's directors or officers have or would have a potential conflict of interests affecting the development of an effective cost monitoring program for the council, statements must be submitted with the application to fully detail the extent of the other conflicting interest;
  - c. A detailed statement of the type of reports and

administrative procedures proposed for use by the applicant;

d. A statement of the number of employees of the applicant including details of their classification; and

e. Any additional statements or information which is necessary to ensure that the proposed reporting and review procedures of the applicant are satisfactory to the council.

### § 4.2. Review of application.

#### A. Designation.

Within 45 calendar days of the receipt of an application for designation as a voluntary cost review organization, the council shall issue its decision of approval or disapproval. Approval by the council shall take effect immediately.

#### B. Disapproval.

The council may disapprove any application for the reason that the applicant has failed to comply with application requirements, or that the applicant fails to meet the definition of a cost review organization, or fails to meet the specifications cited in paragraph A above concerning application contents or that the cost and quality of the institutional reporting system proposed by the applicant are unsatisfactory.

#### C. Reapplication.

An organization whose application has been disapproved by the council may submit a new or amended application to the council within 15 calendar days after disapproval of the initial application. An organization may only reapply for approval on one occasion during any consecutive 12-month period.

### § 4.3. Annual review of applicant.

A. By March 31 of each year, any approved voluntary cost review organization for the calendar year then in progress which desires to continue its designation shall submit an annual review statement of its reporting and review procedures.

#### B. The annual review statement shall include:

1. Attestation by the applicant that no amendments or modifications of practice contrary to the initially approved application have occurred; or
  2. Details of any amendments or modifications to the initially approved application, which shall include justifications for these amendments or modifications.
- C. The council may require additional information from the applicant supporting that the applicant's reports and

# Proposed Regulations

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procedures are satisfactory to the council.

## § 4.4. Revocation of approval.

The council may revoke its approval of any cost review organization's approval when the review procedures of that organization are no longer satisfactory to the council or for the reason that the voluntary cost review organization could be disapproved under § 4.2.B of these regulations.

## § 4.5. Confidentiality.

A voluntary cost review organization approved as such by the council shall maintain the total confidentiality of all filings made with it required by these regulations or law. The contents of filings or reports summaries and recommendations generated in consequence of the council's regulations may be disseminated only to members of the council, the council's staff and the individual health care institution which has made the filings or which is the subject of a particular report.

## PART V. CONTRACT WITH VOLUNTARY COST REVIEW ORGANIZATION.

### § 5.1. Purpose.

It is the intention of the council to exercise the authority and directive of § 9-163 of the Code of Virginia whereby the council is required to contract with any voluntary cost review organization for services necessary to carry out the council's activities where this will promote economy and efficiency, avoid duplication of effort, and make best use of available expertise.

### § 5.2. Eligibility.

In order for a voluntary cost review organization to be eligible to contract with the council, it shall have met all other requirements of §§ 4.1 and 4.5 of these regulations relating to voluntary cost review organization and have been approved as such an organization.

### § 5.3. Contents of contract.

The written agreement between the council and any voluntary cost review organization shall contain such provisions which are not inconsistent with these regulations or law as may be agreed to by the parties. Any such contract shall be for a period not to exceed five years.

## PART VI. FILING REQUIREMENTS AND FEE STRUCTURE.

§ 6.1. Each health care institution shall file an annual report of revenues, expenses, other income, other outlays, assets and liabilities, units of service, and related statistics as prescribed in § 9-158 of the Code of Virginia on forms provided by the council together with the certified audited financial statements (or equivalents) as prescribed in §

9-159 of the Code of Virginia, which shall be received by the council no later than 120 days after the end of the respective applicable health care institution's fiscal year. Extensions of filing times may be granted for extenuating circumstances upon a health care institution's written application for a 30-day extension. Such request for extension shall be filed no later than 120 days after the end of a health care institution's fiscal year.

§ 6.2. Each health care institution shall file annually a projection (budget) of annual revenues and expenditures as prescribed in § 9-161 B of the Code of Virginia on forms provided by the council. The institution's projection (budget) shall be received by the council no later than 60 days before the beginning of its respective applicable fiscal year. This regulation shall be applicable to nursing homes or certified nursing facilities for each fiscal year starting on or after June 30, 1990.

§ 6.3. Each health care institution shall file annually a schedule of charges to be in effect on the first day of such fiscal year, as prescribed in § 9-161 D of the Code of Virginia. The institution's schedule of charges shall be received by the council within 10 days after the beginning of its respective applicable fiscal year or within 15 days of being notified by the council of its approval of the charges, whichever is later.

Any subsequent amendment or modification to the annually filed schedule of charges shall be filed at least 60 days in advance of its effective date, together with supporting data justifying the need for the amendment. Changes in charges which will have a minimal impact on revenues are exempt from this requirement.

§ 6.3:1. Each health care institution shall file annually, but no later than April 30, a survey of rates charged. The survey shall consist of up to 30 of the most frequently used services, including semiprivate and private room rates.

§ 6.3:2 Each hospital or any corporation that controls a hospital shall respond to a survey conducted by the council to determine the extent of commercial diversification by such hospitals in the Commonwealth. The survey shall be in a form and manner prescribed by the council and shall request the information specified in subdivision a, f, g, h and i below on each hospital or such corporation and, with respect to any tax-exempt hospital or controlling corporation thereof, the information specified in subdivision a through i below for each affiliate of such hospital or corporation, if any:

- a. The name and principal activity;
- b. The date of the affiliation;
- c. The nature of the affiliation;
- d. The method by which each affiliate was acquired or created;

- e. The tax status of each affiliate and, if tax-exempt, its Internal Revenue tax exemption code number;
- f. The total assets;
- g. The total revenues;
- h. The net profit after taxes, or if not-for-profit, its excess revenues; and
- i. The net quality, or if not-for-profit, its fund balance.

§ 6.3.3. The information specified in § 6.3:2 shall relate to any legal controls that exist as of the 1st of July of each calendar year in which the survey is required to be submitted.

§ 6.3.4. Each hospital or any corporation that controls a hospital and that is required to respond to the survey specified in § 6.3:2 shall complete and return the survey to the council by the 31st day of August of each calendar year or 120 days after the hospital's fiscal year end, whichever is later, in which the survey is required to be submitted.

§ 6.3.5 Each hospital that reports to the council or any corporation which controls a hospital that reports to the council shall submit an audited consolidated financial statement to the council which includes a balance sheet detailing its total assets, liabilities and net worth and a statement of income and expenses and includes information on all such corporation's affiliates.

§ 6.4. All filings prescribed in § 6.1, § 6.2 and § 6.3:2 of these regulations will be made to the council for its transmittal to any approved voluntary cost review organization described in Part IV of these regulations.

§ 6.5. A filing fee based on an adjusted patient days rate shall be set by the council, based on the needs to meet annual council expenses. The fee shall be established and reviewed at least annually and reviewed for its sufficiency at least annually by the council. All fees shall be paid directly to the council. The filing fee shall be no more than 11 cents per adjusted patient day for each health care institution filing. Prior to the beginning of each new fiscal year, the council shall determine a filing fee for hospitals and a filing fee for nursing homes based upon the council's proportionate costs of operation for review of hospital and nursing home filings in the current fiscal year, as well as the anticipated costs for such review in the upcoming year.

§ 6.6. Fifty percent of the filing fee shall be paid to the council at the same time that the health care institution files its budget under the provisions of § 6.2 of these regulations. The balance of the filing fee shall be paid to the council at the same time the health care institution files its annual report under the provisions of § 6.1 of these regulations. When the council grants the health care

institution an extension, the balance of the filing fee shall be paid to the council no later than 120 days after the end of the respective applicable health care institution's fiscal year. During the year of July 1, 1989, through June 30, 1990, each nursing home and certified nursing facility shall pay a fee of 7 cents per adjusted patient day when it files its annual report in order to comply with subdivisions A1 and A2 of § 9-159 of the Code of Virginia. Following June 30, 1990, all nursing homes and certified nursing facilities shall submit payment of the filing fees in the amount and manner as all other health care institutions.

§ 6.7. A late charge of \$10 per working day shall be paid to the council by a health care institution that files its budget or annual report past the due date.

§ 6.8. A late charge of \$50 shall be paid to the council by the health care institution that files the charge schedule past the due date.

§ 6.9. A late charge of \$25 per working day shall be paid to the council by the reporting entity required to complete the survey required in § 6.3:2 or file the audited consolidated financial statement required by § 6.3:5 or both.

§ 6.10. A late charge of \$25 per working day shall be paid to the council by the reporting entity required to complete the survey required in § 6.3:1.

## PART VII. WORK FLOW AND ANALYSIS.

§ 7.1. The annual report data filed by health care institutions as prescribed in § 6.1 of these regulations shall be analyzed as directed by the council. Summarized analyses and comments shall be reviewed by the council at a scheduled council meeting within approximately 75 days after receipt of properly filed data, after which these summaries and comments, including council recommendations, may be published and disseminated as determined by the council. The health care institution which is the subject of any summary, report, recommendation or comment shall receive a copy of same at least 10 days prior to the meeting at which the same is to be considered by the council.

§ 7.2. The annual schedule of charges and projections (budget) of revenues and expenditures filed by health care institutions as prescribed in § 6.2 of these regulations shall be analyzed as directed by the council. Summarized analyses and comments shall be reviewed by the council at a scheduled council meeting within approximately 75 days after receipt of properly filed data, after which these summaries and comments, including council recommendations will be published and disseminated by the council. Amendments or modifications to the annually filed schedule of charges shall be processed in a like manner and reviewed by the council no later than 50 days after receipt of properly filed amendments or

# Proposed Regulations

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modifications. Any health care institution which is the subject of summaries and findings of the council shall be given upon request an opportunity to be heard before the council.

## PART VIII. PUBLICATION AND DISSEMINATION OF INFORMATION RELATED TO HEALTH CARE INSTITUTIONS.

§ 8.1. The staff findings and recommendations and related council decisions on individual health care institutions' annual historical data findings will be kept on file at the council office for public inspection. However, the detailed annual historical data filed by the individual health care institutions will be excluded from public inspection in accordance with § 9-159 B, of the Code of Virginia.

§ 8.2. Periodically, but at least annually, the council will publish the rates charged by each health care institution in Virginia for up to 30 of the most frequently used services in Virginia, including each institution's average semiprivate and private room rates. The data will be summarized by geographic area in Virginia, and will be kept on file at the council office for public inspection and made available to the news media. In addition, annual charge schedules and subsequent amendments to these schedules filed under the provisions of § 6.3 of these rules and regulations will be kept on file at the council office for public inspection. Staff findings and recommendations and related council decisions on changes to health care institutions' rates and charges will also be kept on file at the council office for public inspection and available to the news media.

§ 8.3. Periodically, but at least annually, the council will publish an annual report which will include, but not be limited to the following: cost per admission comparison, cost per patient day comparison, percentage increase in cost per patient day, budget and historical reports reviewed, interim rate changes, excess operating expenses, revenue reduction recommendations, operating profits and losses, deductions from revenue (contractuals, bad debts, and charity care) and hospital utilization.

§ 8.3:1. The council will also periodically publish and disseminate information which will allow consumers to compare costs and services of hospitals, nursing homes and certified nursing facilities.

§ 8.4. The staff findings and recommendations and related council decisions on individual health care institutions' annual budget and related rate filings will be kept on file at the council office for public inspection. However, the detailed annual budget data filed by the individual health care institutions will be excluded from public inspection.

§ 8.5. The council may release historical financial and statistical data reported by health care institutions to state or federal commissions or agencies based on individual, specific requests, and the merit of such requests. Requests

must list the purpose for which the requested data is to be used to permit the council to reach a valid decision on whether or not the data requested will fit the need and should, therefore, be made available. Under no circumstances will data be released which contains "personal information" as defined in § 2.1-379(2) of the Code of Virginia.

§ 8.6. The council shall not release prospective (budgeted) financial and statistical data reported by health care institutions to anyone, except for the staff findings and recommendations as provided for in § 8.4 of these regulations.

§ 8.7. No data, beyond that specified in §§ 8.1 through 8.4 of these regulations will be released to other nongovernmental organizations and entities, except that data deemed pertinent by the council in negotiations with third-party payors such as Blue Cross/Blue Shield, commercial insurers, etc. Such pertinent data may be released and used on an exception, as needed, basis.

§ 8.8. Except for data specified in §§ 8.1 through 8.4 of these regulations available to anyone, the council shall have a right to furnish data, or refuse to furnish data, based on merit of the request and ability to furnish data based on data and staff time availability. The council may levy a reasonable charge to cover costs incurred in furnishing any of the data described in this section of the rules and regulations.

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
BUDGET SUBMISSION FOR ACUTE CARE FACILITIES

HOSPITAL: \_\_\_\_\_ FISCAL YEAR ENDING \_\_\_\_\_  
MEDICARE PROVIDER NUMBER: \_\_\_\_\_

TRANSMITTAL FORM

Please return this Transmittal Form with your Budget Submission, indicating the schedules and payment enclosed.

Please Check ( )

- Schedules A-1, A-2, A-3 \_\_\_\_\_
- Schedules B-1, B-2, B-3, B-4, B-5 \_\_\_\_\_
- Schedules C-1, C-2 \_\_\_\_\_
- Schedules D-1, D-2-A, D-2-B, D-3 \_\_\_\_\_
- Schedules E-1, E-2-A, E-2-B, E-3, E-4 \_\_\_\_\_
- Schedule F-1 \_\_\_\_\_
- Schedules G-1 \_\_\_\_\_
- Schedule H-1 \_\_\_\_\_
- Filing Fees \_\_\_\_\_

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

BUDGET SUBMISSION FORMS  
FOR ACUTE AND PSYCHIATRIC CARE FACILITIES

AND

EXPLANATORY COMMENTS

CALCULATION OF ADJUSTED PATIENT DAYS AND FILING FEES:

- a. Total Gross Patient Revenue \_\_\_\_\_
- b. Gross Inpatient Revenue \_\_\_\_\_
- c. Inpatient Percentage of Revenue (line b. divided by line a.) \_\_\_\_\_
- d. Patient Days-Including Newborn Days \_\_\_\_\_
- e. Adjusted Patient Days (line d. divided by line c.) \_\_\_\_\_
- f. Fee Amount: Adjusted Patient Days (line e.) times \$.035 equals fee: \$ \_\_\_\_\_

Please Enclose this Amount.

HEALTH CARE INSTITUTIONS MUST SUBMIT A COMPLETED BUDGET 60 DAYS BEFORE THE BEGINNING OF THE BUDGET YEAR. 60 DAY NOTIFICATION IS REQUIRED BEFORE ANY RATE CHANGES MAY TAKE EFFECT.

FORMS MUST BE TYPED OR ON COMPUTER GENERATED FACSIMILES

MAKE YOUR CHECK PAYABLE AND REMIT TO:

Virginia Health Services Cost Review Council  
805 East Broad Street  
6th Floor  
Richmond, Virginia 23219

SUBMISSIONS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE OF \$10 PER WORKING DAY.

# Proposed Regulations

Laboratory - Inpatient Tests  
Outpatient Tests  
Note: tests are to be counted as follows: each output of single channel auto-analyzers, dual channel auto-analyzers and Coulter-F, or each input (batch) to 4-channel auto-analyzers, SMA 6/60, Coulter-S, SMA-78 or SMA48 should be counted as 1 test for each individual sample in the batch. A batch containing 12 samples is counted as 12 tests. The statistic should include chargeable and non-chargeable or control tests.  
Blood Bank - Inpatient Units Drawn  
Outpatient Units Drawn  
Nuclear Medicine - Inpatient Procedures  
Outpatient Procedures  
Radiology - Inpatient Procedures  
Outpatient Procedures  
Laundry - Pounds of laundry processed  
Pharmacy - Inpatient Prescriptions or Unit Doses (indicate which)  
Housekeeping - Square Footage Cleaned by Housekeeping Personnel  
Plant & Maintenance - Total Square Footage in Facility  
Dietary - Patient Meals  
Cafeteria Meals

Schedule C-1: Personnel Requirements Budget Summary. List actual full-time equivalents for the previous fiscal year, and expected FTE's for the current and budget fiscal years. Report hours only for employees. Contract personnel and consultants should be reported on Schedule D-1 as Non-Salary. One FTE equals 2080 hours.  
Nursing Services - include only floor nursing personnel and related supervisory and nursing administration personnel. O. R. nursing personnel, etc., are to be included in Other Professional Services.  
Other Professional Services - include other nursing services and all revenue producing ancillary department employees.  
General Services - include all service department employees such as food service, housekeeping, maintenance, medical records, etc.  
Fiscal Services - include controller, accounting, business office, computer, billing and admitting employees.  
Administrative Services - include administrative, communications (switchboard), social services and pastoral care, personnel and purchasing employees.  
Schedule C-2: Personnel Requirements Budget Detail - list FTE's for each cost center/department included in the totals on Schedule C-1. To obtain FTE's by cost center, divide Total Paid Hours by 2080.  
Specifically, if applicable, list FTE's separately for each of the following:  
Nursing Administration - separate from nursing services. Include Inservice Education and Employee Health, but indicate numbers applicable to each of these separately.

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## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL BUDGET SUBMISSION FORMS-EXPLANATORY COMMENTS

The following explanatory comments are furnished to assist in the preparation of the various schedules in the Budget Forms package. Completed Budget Forms should be typed and forwarded to the Virginia Health Services Cost Review Council, Chapter 26, Section 6.2 of the Code of Virginia requires that completed budget forms be submitted no later than 60 days before the beginning of your fiscal year.

Schedule A-1: Budget Narrative-Short Term Goals. Include any information that helps to explain significant changes in your operations.

Schedule A-2: Budget Narrative-Long Term Goals. Include any information that helps to explain significant changes in your operations.

Schedule A-3: Supplemental Budget Narrative. Briefly describe any significant factors which may be cause for any significant increases or decreases in inpatient/outpatient volume or services, costs, expenditures, or revenues.

Schedule B-1: Statistical Budget Summary.

Schedule B-2: Patient Day Statistics - Type of Service.

Schedule B-3: Patient Day Statistics - Type of Payer.

Schedule B-4: Admissions by Service. Do not include transfers between units.

Schedule B-5: Service Center Statistical Budget Details. Furnish service statistics by service center and/or departments, with a separate breakout for inpatient and outpatient service, etc.; specifically report the following:

Emergency Room - Visits  
Operating Room - Inpatient Cases  
Outpatient Cases  
Delivery Room - Live births  
Recovery Room - Inpatient Cases  
Outpatient Cases  
Central Supply - Inpatient Line Items (Patient Sale Items only)  
Outpatient Line Items (patient Sale Items only)  
EEG - Inpatient Procedures  
Outpatient Procedures  
ERG - Inpatient Procedures  
Outpatient Procedures  
Respiratory Therapy - Inpatient Treatments (list pulmonary treatments separately)  
Physical Therapy - Inpatient Modalities  
Outpatient Modalities  
Anesthesia - Inpatient Administrations  
Outpatient Administrations

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Medical/Surgical Nursing  
Pediatric Nursing  
Psychiatric Nursing  
ICU/CCU Nursing  
Obstetric Nursing  
Nursery Nursing  
Delivery Room  
Emergency Room  
Anesthesia  
Operating Room  
Recovery Room  
Central Supply  
EEG  
EKG  
Respiratory Therapy  
Physical Therapy  
Laboratory  
Blood Bank  
Nuclear Medicine  
Radiology  
Pharmacy  
Laundry  
Housekeeping

Plant & Maintenance - include Security and Parking Personnel, but indicate numbers applicable to each of these separately.

Dietary  
Medical Records - include medical library  
Fiscal Services - include Admitting, Accounting, Controller, Business office, Data processing, and Management Engineering.  
Administrative Services - include Administration, Personnel, Social Services, Purchasing, Volunteer Service Employees.

Schedule D-1: Operating Expense Budget Summary - summary of Schedules D-2-A, D-2-b, and D-3. Include the same cost center/departments in each of the listed services as described for Schedule C-1 above.

Schedule D-2-A: Salary Expense Budget Detail - salary expense should include actual gross payroll only; do not include employee benefits, or employers share of FICA taxes.

Schedule D-2-B: Non-Salary Budget Detail - non-salary expense should include all other costs of operating cost center/departments, except employee benefits, professional fees, depreciation, interest expense and taxes. One exception is any lease expense, which should be listed separately.

Schedule D-3: Other Operating Expenses Budget Detail - Professional fees are limited to Physician fees; all others are considered contract fees and should be listed as such under the applicable cost center/department on Sched. D-2-B.

Schedule E-1: Summary of Operating Fund Revenue & Deductions from Revenue.

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Schedules E-2-A, and E-2-B: Service Center Revenue Budget Details - list revenue for each cost center/department included in the summarized service revenue on Schedule E-1. Show inpatient revenue on Schedule E-2-A and outpatient revenue on Schedule E-2-B separately for each revenue producing cost center/department listed on Schedules C-2, D-2-A and D-2-B.

Schedule E-3: Operating Fund Deductions and Other Revenue Budget Detail. Please be sure to list all other revenue by type, even though it may be exempt from Rate Review.

Schedule E-4: Schedule of Proposed Rate Changes for Budget Year. List all room and board rate changes separately, as well as all average rate changes by revenue department. Please be sure an average dollar amount is listed for the present and proposed rate, where applicable.

Schedule F-1: Working Capital Needs - Complete Column I only. This schedule computes the difference in operating expenses between the current fiscal year and the upcoming budget year, after excluding non-cash expenses and including other revenue. Working capital need is defined as 90 days of the above increase (if any), up to a maximum current ratio of 3:1.

Adjusted net operating expenses = TOTAL OPERATING EXPENSES MINUS OTHER INCOME MINUS EXCESS EXPENSES DETERMINED BY VHRRP.

Schedule G-1: Capital Needs - Capital needs will consist of price-level depreciation for depreciable assets. (See VHRRP Guidelines for additional explanation).

In order to complete Schedule G-1, it is necessary to refer to the Price Level Indexes. A copy of the Price Level Indexes is provided with the VHRRP Screen Update.

Example: Price Level Indexes  
Quarterly 1983 - 1990

Quarter ending	Index I Movable Equipment	Index II Buildings and All Other
3/31/83	669.3	1138.2
6/30/83	672.9	1149.2
9/30/83	676.5	1160.2
-----	-----	-----
6/30/90	834.6	1493.1
9/30/90	844.8	1512.0
12/31/90	855.4	1531.0

A. Average Age of Assets. The average age of assets is calculated in order to determine the index in the average year of asset acquisition (Schedule G-1, line 5).

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Accumulated depreciation and depreciation expense are segregated for movable equipment (Col. I) and all other fixed assets (Col. II) since different indexes apply. Index I (see preceding example of Price Level indexes) is used to determine the price level adjustment for movable equipment (Col. I). Index II is used to determine the price level adjustment for all other fixed assets (Col. II). These indexes are included in the Screens Update applicable to your hospital.

B. Determination of the Applicable Indexes.

1. Line 4 - Index at End of Budget Year. The applicable indexes at the end of the budget year can be determined by finding the quarter in which the budget year ends. For example, the movable equipment index at the end of a budget year with a December 31, 1990 fiscal year end is 855.4 (see preceding example of Price Level Indexes).

2. Line 5 - Index in the Average Year of Acquisition. The index in the average year of asset acquisition is found by calculating the average age of assets and converting the average age from a decimal to years and months.

Example: Any City Hospital, Budget Year Ending 12/31/90

	Average Age of Assets		
	Col. I Movable Equipment	Col. II Buildings & All Other	Col. III Total
1. Budget year accumulated depreciation	4,500,000	24,000,000	28,500,000
2. Budget year depreciation expense	600,000	2,400,000	3,000,000
3. Average age of assets (1 divided by 2)	<u>7.5</u>	<u>10.0</u>	<u>9.5</u>

Average age of assets in Col. I is 7.5 years

- a. 7 = years
- b. .5 x 12 months = 6 months

Therefore, 7.5 years = 7 years and 6 months.  
Budget year ends on 12/31/90.  
12/31/90 minus 7 years and 6 months = 6/30/83.

The movable equipment index applicable in the average year of asset acquisition (line 5, Col. I) is 672.9 (see preceding example of price level indexes).

Schedule G-2: is no longer required for fiscal years ending after 12-31-89.

Schedule H-1: Return on Investment - Applicable to Proprietary (for profit) facilities only. Please contact the VRRRP for the appropriate interest rates.

There are blank Schedules at the end of the budget package, if additional space is needed on any Schedule.

Please contact the Virginia Hospital Rate Review Program at (804) 285-8263 if you have any questions regarding completion of these Schedules.

THE VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

<u>SCHEDULE</u>	<u>BUDGET FORMS</u>
A-1	BUDGET NARRATIVE-SHORT TERM GOALS
A-2	BUDGET NARRATIVE-LONG TERM GOALS
A-3	BUDGET NARRATIVE-SUPPLEMENTAL INFORMATION
B-1	STATISTICAL BUDGET SUMMARY
B-2	PATIENT DAY STATISTICS
B-3	PATIENT DAYS BY PAYER
B-4	ADMISSIONS BY SERVICE
B-5	STATISTICAL BUDGET DETAIL
C-1	PERSONNEL REQUIREMENTS BUDGET SUMMARY
C-2	PERSONNEL REQUIREMENTS BUDGET DETAIL
D-1	OPERATING EXPENSE BUDGET SUMMARY
D-2-A	OPERATING EXPENSE BUDGET DETAIL-SALARY
D-2-B	OPERATING EXPENSE BUDGET DETAIL-NON SALARY
D-3	OTHER OPERATING EXPENSE BUDGET DETAIL
E-1	REVENUE BUDGET SUMMARY
E-2-A	REVENUE BUDGET DETAIL-INPATIENT
E-2-B	REVENUE BUDGET DETAIL-OUTPATIENT
E-3	REVENUE BUDGET DETAIL-DEDUCTIONS AND OTHER REVENUE
E-4	PROPOSED RATE CHANGES FOR THE BUDGET YEAR
F-1	SCHEDULE OF WORKING CAPITAL
G-1	SCHEDULE OF CAPITAL NEEDS-PRICE LEVEL ADJUSTMENT
H-1	COMPUTATION OF RETURN-ON-INVESTMENT

FORMS MUST BE TYPED OR ON COMPUTER GENERATED FACSIMILES

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE A-1 BUDGET NARRATIVE  
SHORT TERM GOALS

HOSPITAL \_\_\_\_\_  
FISCAL YEAR ENDING \_\_\_\_\_

Please indicate below introductory information and other information relative to the goals of the hospital for the budget year indicated above. Information such as the opening or closing of beds, or the reclassification of beds, as well as new services or programs planned is useful in this section of the budget procedure.

- =====
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
  7. \_\_\_\_\_
  8. \_\_\_\_\_
  9. \_\_\_\_\_
  10. \_\_\_\_\_
  11. \_\_\_\_\_
  12. \_\_\_\_\_
  13. \_\_\_\_\_
  14. \_\_\_\_\_
  15. \_\_\_\_\_
  16. \_\_\_\_\_
  17. \_\_\_\_\_
  18. \_\_\_\_\_
  19. \_\_\_\_\_
  20. \_\_\_\_\_

# Proposed Regulations

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE A-3 BUDGET NARRATIVE  
SUPPLEMENTAL INFORMATION

HOSPITAL \_\_\_\_\_  
FISCAL YEAR ENDING \_\_\_\_\_

Please provide narrative information to support significant increases or decreases in any section of the proposed budget or to further explain specific elements of your budget.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE A-2 BUDGET NARRATIVE  
LONG TERM GOALS

HOSPITAL \_\_\_\_\_  
FISCAL YEAR ENDING \_\_\_\_\_

Please describe below the goals of the hospital for the next four years.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE B-3 PATIENT DAYS BY PAYER

HOSPITAL

Payer	FISCAL YEAR		FISCAL YEAR		FISCAL YEAR BUDGET	PERCENT INCR/DECR
	LAST	CURRENT	LAST	CURRENT		
MECHANICAL INSURANCE						
COMMERCIAL INSURANCE						
SELF PAY						
OTHER						
TOTAL						

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE B-1 STATISTICAL SHEET SUMMARY

HOSPITAL

PATIENT DAYS	FISCAL YEAR		FISCAL YEAR		FISCAL YEAR BUDGET	PERCENT INCR/DECR
	LAST	CURRENT	LAST	CURRENT		
MECHANICAL INSURANCE						
COMMERCIAL INSURANCE						
SELF PAY						
OTHER						
TOTAL						

SCHEDULE B-4 ADMISSIONS BY SERVICE

Nursing Service	FISCAL YEAR		FISCAL YEAR		FISCAL YEAR BUDGET	PERCENT INCR/DECR
	LAST	CURRENT	LAST	CURRENT		
WOUND SURGERY						
ORTHOPEDIC						
GENERAL SURG						
OBSTETRIC						
INTERNAL MEDICINE						
PSYCHIATRY						
OTHER						
TOTAL						

SCHEDULE B-2 PATIENT DAY STATISTICS BY SERVICE

Nursing Service	FISCAL YEAR		FISCAL YEAR		FISCAL YEAR BUDGET	PERCENT INCR/DECR
	LAST	CURRENT	LAST	CURRENT		
WOUND SURGERY						
ORTHOPEDIC						
GENERAL SURG						
OBSTETRIC						
INTERNAL MEDICINE						
PSYCHIATRY						
OTHER						
TOTAL						

# Proposed Regulations

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE C-1 PERSONNEL REQUIREMENTS BUDGET SUMMARY

HOSPITAL	FISCAL YEAR BUDGET			FISCAL YEAR BUDGET		
	Last Fiscal Year	Current Fiscal Year	Percent (100/100%)	Last Fiscal Year	Current Fiscal Year	Percent (100/100%)
EMERGENCY SERVICES						
GENERAL SERVICES						
ADMINISTRATIVE SERVICES						
TECHNICAL SERVICES						
TOTAL FTE'S						

SCHEDULE C-2 PERSONNEL REQUIREMENTS BUDGET DETAIL

COST CENTER	FISCAL YEAR BUDGET			FISCAL YEAR BUDGET		
	Last Fiscal Year	Current Fiscal Year	Percent (100/100%)	Last Fiscal Year	Current Fiscal Year	Percent (100/100%)
EMERGENCY SERVICES						
GENERAL SERVICES						
ADMINISTRATIVE SERVICES						
TECHNICAL SERVICES						
TOTAL FTE'S						

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE B-5 STATISTICAL BUDGET DETAIL

COST CENTER	FISCAL YEAR BUDGET			FISCAL YEAR BUDGET		
	Last Fiscal Year	Current Fiscal Year	Percent (100/100%)	Last Fiscal Year	Current Fiscal Year	Percent (100/100%)
EMERGENCY SERVICES						
GENERAL SERVICES						
ADMINISTRATIVE SERVICES						
TECHNICAL SERVICES						
TOTAL FTE'S						

\* Includes major Prescriptions or Unit Doses

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE D-1 OPERATING EXPENSE BUDGET SUMMARY

HOSPITAL	Last Fiscal Year	Current Fiscal Year	FISCAL YEAR ENDS	
			Preced Budget	Percent Over/Under
REVENUE SERVICES				
DENTAL SERVICES				
LABORATORY SERVICES				
RADIOLOGY SERVICES				
PHYSICIAN SERVICES				
NURSING SERVICES				
OTHER PROFESSIONAL SERVICES				
SALARIES				
BENEFITS				
DEPRECIATION				
PROPERTY TAXES				
UTILITIES				
INSURANCE				
MAINTENANCE				
SUPPLIES				
TOTAL SALARY				
NON-SALARY				
NURSING SERVICES				
OTHER PROFESSIONAL SERVICES				
SALARIES				
BENEFITS				
DEPRECIATION				
PROPERTY TAXES				
UTILITIES				
INSURANCE				
MAINTENANCE				
SUPPLIES				
TOTAL NON-SALARY				
TOTAL OPERATING EXPENSES				
TOTAL OPERATING EXPENSES				

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE C-2 REVENUE REQUIREMENTS BUDGET SUMMARY

HOSPITAL	Last Fiscal Year	Current Fiscal Year	FISCAL YEAR ENDS	
			Preced Budget	Percent Over/Under
REVENUE SERVICES				
DENTAL SERVICES				
LABORATORY SERVICES				
RADIOLOGY SERVICES				
PHYSICIAN SERVICES				
NURSING SERVICES				
OTHER PROFESSIONAL SERVICES				
SALARIES				
BENEFITS				
DEPRECIATION				
PROPERTY TAXES				
UTILITIES				
INSURANCE				
MAINTENANCE				
SUPPLIES				
TOTAL SALARY				
NON-SALARY				
NURSING SERVICES				
OTHER PROFESSIONAL SERVICES				
SALARIES				
BENEFITS				
DEPRECIATION				
PROPERTY TAXES				
UTILITIES				
INSURANCE				
MAINTENANCE				
SUPPLIES				
TOTAL NON-SALARY				
TOTAL OPERATING EXPENSES				
TOTAL OPERATING EXPENSES				

# Proposed Regulations

VIRGINIA HEALTH SERVICES DIST REVIEW COUNCIL

SCHEDULE D-2-B OPERATING EXPENSE BUDGET DETAIL  
NON-SALAR EXPENSE

HOSPITAL Cost Center	Last Fiscal Year	Current Fiscal Year	FISCAL YEAR ENDING	
			Proposed Budget	% Percent Increase/Decrease
<b>NURSING SERVICES:</b>				
Medical/Surgical				
ICU/CCU				
Perioperative				
OB/GYN				
Neonatal				
Psychiatric				
<b>OTHER PROFESSIONAL SERVICES:</b>				
ENTERTAINMENT				
LABORATORY				
Cardiac Care				
Behavioral				
Behavioral Care				
Central Supply				
Cardiology				
Radiotherapy				
Nuclear Medicine				
Laboratory				
Blood Bank				
Respiratory Therapy				
ES				
ES				
ES				
Physical Therapy				
Pharmacy				
<b>GENERAL SERVICES:</b>				
PRINTING				
POSTAGE				
REPAIRS				
REPRODUCTION				
Plant & Equipment				
<b>FISCAL SERVICES:</b>				
ACCOUNTING				
INFORMATION SYSTEMS				
ADMINISTRATIVE SERVICES				
REGISTRATION & RECEPTION				
TOTAL NON-SALARY				

VIRGINIA HEALTH SERVICES DIST REVIEW COUNCIL

SCHEDULE D-2-A OPERATING EXPENSE BUDGET DETAIL  
SALAR EXPENSE

HOSPITAL Cost Center	Last Fiscal Year	Current Fiscal Year	FISCAL YEAR ENDING	
			Proposed Budget	% Percent Increase/Decrease
<b>NURSING SERVICES:</b>				
Medical/Surgical				
ICU/CCU				
Perioperative				
OB/GYN				
Neonatal				
Psychiatric				
<b>OTHER PROFESSIONAL SERVICES:</b>				
ENTERTAINMENT				
LABORATORY				
Cardiac Care				
Behavioral				
Behavioral Care				
Central Supply				
Cardiology				
Radiotherapy				
Nuclear Medicine				
Laboratory				
Blood Bank				
Respiratory Therapy				
ES				
ES				
ES				
Physical Therapy				
Pharmacy				
<b>GENERAL SERVICES:</b>				
PRINTING				
POSTAGE				
REPAIRS				
REPRODUCTION				
Plant & Equipment				
<b>FISCAL SERVICES:</b>				
ACCOUNTING				
INFORMATION SYSTEMS				
ADMINISTRATIVE SERVICES				
REGISTRATION & RECEPTION				
TOTAL SALARY				

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE B-1 REVENUE SUBSET SUMMARY

HOSPITAL	Last Fiscal Year	Current Fiscal Year	FISCAL YEAR ENDING	
			Proposed Budget	Percent Increase/Decrease
IMMENSE SERVICES				
DENTAL				
DURABLE				
OTHER MEDICAL SERVICES				
LABORATORY				
RADIOLOGY				
OTHER PROFESSIONAL SERVICES				
PHYSICIAN				
DURABLE				
TOTAL PRIVATE SERVICE REVENUE				
REDUCTIONS FROM REVENUE				
NET PRIVATE SERVICE REVENUE				
OTHER REVENUE				
TOTAL REVENUE				

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

SCHEDULE B-3 OTHER OPERATING EXPENSE SUBSET DETAIL

HOSPITAL	Last Fiscal Year	Current Fiscal Year	FISCAL YEAR ENDING	
			Proposed Budget	Percent Increase/Decrease
CONTRACT CENTER				
EMPLOYEE BENEFITS				
HEALTH INSURANCE				
LIFE INSURANCE				
RETIREMENT				
WORKERS' COMPENSATION				
UNEMPLOYMENT INSURANCE				
Other				
TOTAL EMPLOYEE BENEFITS				
PROFESSIONAL FEES				
ANATOMY				
BARBER/HAIR				
RADIOLOGY				
NURSE PRACTICE				
LABORATORY				
DENTAL				
REPRESENTATIVE TRAVEL				
BUS				
BUS				
COURT COSTS				
COURT COSTS				
Other				
TOTAL PROFESSIONAL FEES				
INSURANCE				
PROPERTY EQUIPMENT				
BUSINESS & AUTO				
ADVERTISING				
TOTAL INSURANCE				
INTEREST EXPENSE				
Short Term Debt				
Long Term Debt				
TOTAL INTEREST EXPENSE				
Taxes				
PROPERTY TAXES				
SALES TAXES				
INCOME TAXES				
Other				
TOTAL TAXES				
PROFESSIONAL LIABILITY INSURANCE				







# Proposed Regulations

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
SCHEDULE P-1 WORKING CAPITAL NEEDS

HOSPITAL FISCAL YEAR ENDING	Submitted	Revised
1. Current year operating expense (Sch. D-1, total of current fiscal year)		
2. Less: Other operating revenue		
3. Current year net operating expense (line 1 minus line 2)		
4. Less: Current year depreciation & amortization		
5. Current year net operating expense less depreciation & amortization		
6. Budget year operating expense (from Sch. D-1, total of budget year)		
7. Less: Other operating revenue		
8. Budget year net operating expense. (line 6 minus line 7)		
9. Less: Budget year depreciation & amortization		
10. Budget year net operating expense less depreciation and amortization.		
11. Total change in net operating expense from current to budget year (line 10 minus line 5)		
12. Line 11 divided by 365		
13. Line 12 x 60 days x 1.5=Working Capital Needs		
14. Current assets at end of the current fiscal year (projected)		
15. Current liabilities at end of the current fiscal year (projected)		
16. Current ratio (line 14 divided by line 15) If current ratio is less than 2:1, complete the following:		
17. Current liabilities x 3 (line 15 x 3)		
18. Maximum working capital needs (line 17 minus line 14)		
19. Working capital need (line 13, or line 18, whichever is smaller)		

1. Revised column to be completed

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
SCHEDULE G-1 CAPITAL NEEDS

HOSPITAL FISCAL YEAR ENDING	COLUMN I MOVABLE EQUIPMENT	COLUMN II BUILDINGS & ALL OTHER	COLUMN III TOTAL
<b>PART I. AVERAGE AGE OF ASSETS</b>			
1. Budget Year Accumulated Depreciation			
2. Budget Year Depreciation Expense			
3. Average Age of Assets (line 1 divided by line 2)			
<b>PART II. DETERMINATION OF THE APPLICABLE PRICE LEVEL INDEXES</b>			
4. Index at the End of the Budget Year			
5. Index in Average Year of Asset Acquisitions			
6. Percent Increase (line 4 divided by line 5)			
<b>PART III. PRICE LEVEL ADJUSTMENT</b>			
7. Budget Year Depreciation Expense (line 2)			
8. Price Level Adjustment (line 7 x 6)			
9. Maximum Allowable Capital Need (line 8 minus line 7)			
<b>PART IV. UNRESTRICTED ASSETS</b>			
10. Balance of Unrestricted Assets at End of Budget Year			

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
 SCHEDULE H-1 RETURN ON EQUITY COMPUTATION

HOSPITAL \_\_\_\_\_  
 FISCAL YEAR ENDING \_\_\_\_\_  
 .....

PART I. COMPUTATION OF BASE FOR RETURN ON EQUITY

- 1. Total assets \_\_\_\_\_
- 2. Less: liabilities exclusive of capital indebtedness for assets required in providing institutional health care services \_\_\_\_\_
- 3. Base for return on equity (line 1 minus line 2) \_\_\_\_\_

PART II. COMPUTATION OF RETURN ON EQUITY

- 4. Primary computation: Base for return on equity (line 3) multiplied by twice the average rate of interest on special issues of public debt obligations issued to the Federal Hospital Insurance Trust Fund: \_\_\_\_\_ %  
 Return on equity \_\_\_\_\_
- 5. Alternate computation: Base for return on equity (line 3) multiplied by rate (or weighted average of rates) of interest borne by the institution's outstanding indebtedness: \_\_\_\_\_ %  
 Return on equity \_\_\_\_\_

PART III. MANAGEMENT FEES (BUDGET YEAR)

- For management services \_\_\_\_\_
- For computer services \_\_\_\_\_
- For accounting services \_\_\_\_\_
- For legal services \_\_\_\_\_
- For engineering services \_\_\_\_\_
- Other \_\_\_\_\_
- Total \_\_\_\_\_

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
 BUDGET SUBMISSION FOR OUTPATIENT SURGICAL HOSPITALS  
 FACILITY: \_\_\_\_\_ FISCAL YEAR ENDING \_\_\_\_\_  
 MEDICARE PROVIDER NUMBER: \_\_\_\_\_

TRANSMITTAL FORM

Please return this Transmittal Form with your Budget Submission, indicating the schedules and payment enclosed.

Please Check ( )

- BUDGET FORMS \_\_\_\_\_
- Schedule E-4 \_\_\_\_\_
- Schedule F-1 \_\_\_\_\_
- Schedule G-1 \_\_\_\_\_
- Schedule H-1 \_\_\_\_\_
- Filing Fees \_\_\_\_\_

CALCULATION OF FILING FEES:

- a. Number of Budgeted Cases: \_\_\_\_\_
- b. Fee Amount: Budgeted Cases times \$.035 equals fee: \$ \_\_\_\_\_  
 Please Enclose This Amount.

MAKE YOUR CHECK PAYABLE AND REMIT TO:

Virginia Health Services Cost Review Council  
 805 East Broad Street  
 6th Floor  
 Richmond, Virginia 23219

SUBMISSIONS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE OF \$10 PER WORKING DAY.

# Proposed Regulations

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL BUDGET SUBMISSION FORMS-EXPLANATORY COMMENTS

The following explanatory comments are furnished to assist in the preparation of the various schedules in the Budget Forms package. Completed Budget Forms should be typed and forwarded to the Virginia Health Services Cost Review Council, Chapter 26, Section 6.2 of the Code of Virginia requests that completed budget forms be submitted no later than 60 days before the beginning of your fiscal year.

I. Report three years of data as requested: last fiscal year, current fiscal year (projected), and the proposed budget.

II. Expenses - report direct salary and direct non-salary expenses as follows:

A. Nursing Services: include operating room, recovery room, anesthesia, and surgical assistants.

B. Other Professional Services: include pharmacy, sterile supply, laboratory, exam room, and testing stations.

C. General Services: include plant & maintenance, utilities, housekeeping, laundry, and medical records.

D. Fiscal & Administration: include administrator, medical director, clinical director, accounting & legal, data processing, collections, telecommunications, insurance, and fees & licenses.

E. Education.

F. Other Expenses (facility wide):

1. Employee Benefits: include FICA, health insurance, life insurance, pension, workman's compensation, etc.

2. Depreciation & Amortization.

3. Professional Fees: include only fees paid to physicians.

4. Interest: short-term and long-term interest.

5. Taxes: segregate federal and state income tax, and real and personal property tax.

III. Revenue

A. Gross Patient Service Revenues.

B. Contractual Allowances: Medicare, Medicaid, Blue Cross, and other.

C. Bad Debts.

D. Charity Care.

E. Other: administrative allowances and employee discounts.

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revised 3-1-80

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

### BUDGET SUBMISSION FORMS FOR OUTPATIENT SURGICAL HOSPITALS

AND

### EXPLANATORY COMMENTS

HEALTH CARE INSTITUTIONS MUST SUBMIT A COMPLETED BUDGET 60 DAYS BEFORE THE BEGINNING OF THE BUDGET YEAR. 60 DAY NOTIFICATION IS REQUIRED BEFORE ANY RATE CHANGES MAY TAKE EFFECT.

FORMS MUST BE TYPED OR ON COMPUTER GENERATED FACSIMILES

Accumulated depreciation and depreciation expense are segregated for movable equipment (Col. I) and all other fixed assets (Col. II) since different indexes apply. Index I (see preceding example of Price Level Index) is used to determine the price level adjustment for movable equipment (Col. I). Index II is used to determine the price level adjustment for all other fixed assets (Col. II). These indexes are included in the Screen update applicable to your hospital.

**B. Determination of the Applicable Indexes.**

1. Line 4 - Index at End of Budget Year. The applicable indexes at the end of the budget year can be determined by finding the quarter in which the budget year ends. For example, the movable equipment index at the end of a budget year with a December 31, 1990 fiscal year end is 855.4 (see preceding example of Price Level Indexes).
2. Line 5 - Index in the Average Year of Acquisition. The index in the average year of asset acquisition is found by calculating the average age of assets and converting the average age from a decimal to years and months.

Example: Any City Hospital, Budget Year Ending 12/31/90

Average Age of Assets		Col. I	Col. II	Col. III
		Movable Equipment	Buildings & All Other	Total
1. Budget year accumulated depreciation		4,500,000	24,000,000	28,500,000
2. Budget year depreciation expense		600,000	2,400,000	3,000,000
3. Average age of assets (1 divided by 2)		7.5	10.0	9.5

Average age of assets in Col. I is 7.5 years

- a. 7 = years
- b. .5 x 12 months = 6 months

Therefore, 7.5 years = 7 years and 6 months. Budget year ends on 12/31/90. 12/31/90 minus 7 years and 6 months = 6/30/83.

The movable equipment index applicable in the average year of asset acquisition (line 5, Col. I) is 872.9 (see preceding example of price level indexes).

Schedule G-2i is no longer required for fiscal years ending after 12-31-89.

- A. Other Operating Revenue: list.
- B. Other Non-Operating Revenue: list.

Schedule E-4i. Schedule of Proposed Rate Changes for Budget Year. List all rate changes per case or per procedure for the budget year. Please be sure an average dollar amount is listed for the present and proposed rate, where applicable. In the last column compute the amount of additional revenue that will be generated by the rate change in the budget year.

Schedule F-1i. Working Capital Needs - Complete Column I only. This schedule computes the difference in operating expenses between the current fiscal year and the upcoming budget year, after excluding non-cash expenses not including other revenue. Working capital need is defined as 90 days of the above increase (if any), up to a maximum current ratio of 3:1.

Adjusted net operating expenses = TOTAL OPERATING EXPENSES MINUS OTHER INCOME MINUS EXCESS EXPENSES DETERMINED BY VHRP.

Schedule G-1i. Capital Needs - Capital needs will consist of price-level depreciation for depreciable assets. (See VHRP Guidelines for additional explanation).

In order to complete Schedule G-1, it is necessary to refer to the Price Level Indexes. A copy of the Price Level Indexes is provided with the VHRP Screen Update.

Example: Price Level Indexes Quarterly 1983 - 1990

Quarter ending	Index I	Index II
	Movable Equipment	Buildings and All Other
3/31/83	669.3	1138.2
6/30/83	672.9	1149.2
9/30/83	676.5	1160.2
-----	-----	-----
6/30/89	834.6	1493.1
9/30/89	844.8	1512.0
12/31/90	855.4	1531.0

A. Average Age of Assets. The average age of assets is calculated in order to determine the index in the average year of asset acquisition (Schedule G-1, line 5).

Schedule K-1. Return on Investment - Applicable to Proprietary (for Profit) Facilities only. Please contact the VERPP for the appropriate interest rates. Use additional space as needed on any Schedule. Please contact the Virginia Hospital Rate Review Program at (804) 285-8283 if you have any questions regarding completion of these Schedules.

revised 3-1-80.

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VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL BUDGET SUBMISSION FOR OUTPATIENT SURGICAL HOSPITALS			
FOR THE BUDGET FISCAL YEAR ENDING	CURRENT		PROPOSED
	FISCAL YEAR	FISCAL YEAR	
			BUDGET
OPERATING EXPENSES			
NURSING			
SALARY			
NON-SALARY			
FTE'S			
OTHER PROFESSIONAL SERV.			
SALARY			
NON-SALARY			
FTE'S			
GENERAL SERVICES			
SALARY			
NON-SALARY			
FTE'S			
FISCAL & ADMINISTRATIVE			
SALARY			
NON-SALARY			
FTE'S			
EDUCATION			
SALARY			
NON-SALARY			
FTE'S			
OTHER EXPENSES			
SALARY			
NON-SALARY			
FTE'S			
OTHER OPERATING EXPENSES			
DEPRECIATION & AMORT.			
EMPLOYER BENEFITS			
LEASES & RENTALS			
PROFESSIONAL FEES			
INTEREST			
INCOME TAXES-FEDERAL			
INCOME TAXES-STATE			
INCOME TAXES-OTHER			
PROPERTY TAXES			
OTHER TAXES			
TOTAL EXPENSES			
CASES			

PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_  
SCHEDULE A

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
 SCHEDULE F-1 WORKING CAPITAL NEEDS

HOSPITAL: FISCAL YEAR ENDING	Submitted	Revised
1. Current year operating expense (Sch. D-1, total of current fiscal year)		
2. Less: Other operating revenue		
3. Current year net operating expense (line 1 minus line 2)		
4. Less: Current year depreciation & amortization		
5. Current year net operating expense less depreciation & amortization		
6. Budget year operating expense (from Sch. D-1, total of budget year)		
7. Less: Other operating revenue		
8. Budget year net operating expense. (line 6 minus line 7)		
9. Less: Budget year depreciation & amortization		
10. Budget year net operating expense less depreciation and amortization.		
11. Total change in net operating expense from current to budget year (line 10 minus line 5)		
12. Line 11 divided by 365		
13. Line 12 x 60 days x 1.5=Working Capital Needs		
14. Current assets at end of the current fiscal year (projected)		
15. Current liabilities at end of the current fiscal year (projected)		
16. Current ratio (line 14 divided by line 15) if current ratio is less than 3:1, complete the following:		
17. Current liabilities x 3 (line 15 x 3)		
18. Maximum working capital needs (line 17 minus line 14)		
19. Working capital need (line 13, or line 18, whichever is smaller)		

1  
revised column  
to be completed

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
 BUDGET SUBMISSION FOR OUTPATIENT SURGICAL HOSPITALS

FOR THE BUDGET FISCAL YEAR ENDING	LAST FISCAL YEAR	CURRENT FISCAL YEAR	PROPOSED BUDGET
REVENUES			
GROSS PATIENT SERVICE REV.			
DEDUCTIONS FROM REVENUE:			
MEDICARE			
MEDICAID			
BLUE CROSS			
BAD DEBTS			
CHARITY CARE			
OTHER (LIST)			
TOTAL DEDUCTIONS FROM REV.			
OTHER OPERATING REV. (LIST)			
OTHER NON-OPERATING REV.			
TOTAL REVENUE			

PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_

SCHEDULE B



# Proposed Regulations

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
SCHEDULE H-1 RETURN ON EQUITY COMPUTATION

HOSPITAL  
FISCAL YEAR ENDING \_\_\_\_\_

PART I. COMPUTATION OF BASE FOR RETURN ON EQUITY

1. Total assets \_\_\_\_\_
2. Less: liabilities exclusive of capital indebtedness for assets required in providing institutional health care services \_\_\_\_\_
3. Base for return on equity (line 1 minus line 2) \_\_\_\_\_

PART II. COMPUTATION OF RETURN ON EQUITY

4. Primary computation: Base for return on equity (line 3) multiplied by twice the average rate of interest on special issues of public debt obligations issued to the Federal Hospital Insurance Trust Fund: \_\_\_\_\_  
Return on equity \_\_\_\_\_
5. Alternate computation: Base for return on equity (line 3) multiplied by rate (or weighted average of rates) of interest borne by the institution's outstanding indebtedness: \_\_\_\_\_  
Return on equity \_\_\_\_\_

PART III. MANAGEMENT FEES (BUDGET YEAR)

- For management services \_\_\_\_\_
- For computer services \_\_\_\_\_
- For accounting services \_\_\_\_\_
- For legal services \_\_\_\_\_
- For engineering services \_\_\_\_\_
- Other \_\_\_\_\_
- Total \_\_\_\_\_

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
SCHEDULE G-1 CAPITAL NEEDS

HOSPITAL  
FISCAL YEAR ENDING \_\_\_\_\_

PART I. AVERAGE AGE OF ASSETS

COLUMN I MOVABLE EQUIPMENT	COLUMN II BUILDINGS & ALL OTHER	COLUMN III TOTAL
_____	_____	_____

1. Budget Year Accumulated Depreciation \_\_\_\_\_
2. Budget Year Depreciation Expense \_\_\_\_\_
3. Average Age of Assets (line 1 divided by line 2) \_\_\_\_\_

PART II. DETERMINATION OF THE APPLICABLE PRICE LEVEL INDEXES

4. Index at the End of the Budget Year \_\_\_\_\_
5. Index in Average Year of Asset Acquisitions \_\_\_\_\_
6. Percent Increase (line 4 divided by line 5) \_\_\_\_\_

PART III. PRICE LEVEL ADJUSTMENT

7. Budget Year Depreciation Expense (line 2) \_\_\_\_\_
8. Price Level Adjustment (line 7 x 6) \_\_\_\_\_
9. Maximum Allowable Capital Need (line 8 minus line 7) \_\_\_\_\_

PART IV. UNRESTRICTED ASSETS

10. Balance of Unrestricted Assets at End of Budget Year \_\_\_\_\_

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
 HISTORICAL SUBMISSION FOR LONG TERM CARE FACILITIES

NURSING HOME: \_\_\_\_\_ FISCAL YEAR ENDING \_\_\_\_\_  
 MEDICARE PROVIDER NUMBER: \_\_\_\_\_

TRANSMITTAL FORM

Please return this Transmittal Form with your Historical Submission, indicating the schedules and payment enclosed.

Please Check ( )

- Historical Submission \_\_\_\_\_
- Schedule F-1 \_\_\_\_\_
- Schedule G-1 \_\_\_\_\_
- Schedule H-1 \_\_\_\_\_
- Audited Financial Statement \_\_\_\_\_
- Filing Fees \_\_\_\_\_

CALCULATION OF ADJUSTED PATIENT DAYS AND FILING FEES.

- a. Total Gross Patient Revenue \_\_\_\_\_
- b. Gross Inpatient Revenue \_\_\_\_\_
- c. Inpatient Percentage of Revenue  
 line b. divided by line a.) \_\_\_\_\_
- d. Patient Days \_\_\_\_\_
- e. Adjusted Patient Days (line d.  
 divided by line c.) \_\_\_\_\_
- f. Fee Amount: Adjusted Patient Days (line e.)  
 times \$ .07 equals fee: \$ \_\_\_\_\_
- Less: Amount prepaid with budget submission \$ \_\_\_\_\_
- Balance Due: \$ \_\_\_\_\_

Please Enclose This Amount.

MAKE YOUR CHECK PAYABLE AND REMIT TO:

Virginia Health Services Cost Review Council  
 805 East Broad Street  
 6th Floor  
 Richmond, Virginia 23219

SUBMISSIONS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE OF \$10 PER WORKING DAY.

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
 REPORT FORM FOR PROVISION OF FINANCIAL ANNUAL SUMMARY  
 (HISTORICAL DATA)

BY

LONG TERM CARE FACILITIES

as required by Section 9-158, Chapter 26 of the Code of Virginia, as amended, and Section 6.1 of Rules and Regulations of the Virginia Health Services Cost Review Council.

FORMS MUST BE TYPED OR ON COMPUTED GENERATED FACSIMILES

# Proposed Regulations

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL HISTORICAL SUBMISSION FOR LONG TERM CARE FACILITIES

### FILING REQUIREMENTS

Reference is made to Section 6.1 of Rules and Regulations of the Virginia Health Services Cost Review Council.

The attached reporting forms are to be filed under the uniform reporting regulations contained in Section 9-159, Chapter 26 of the Code of Virginia, together with the certified audited financial statements (or equivalent) as prescribed in Section 9-159, Chapter 26 of the Code of Virginia, with the Virginia Health Services Cost Review Council no later than 120 days after the end of the respective applicable institution's fiscal year. Extension of the filing date may be requested as provided for in the Council's Rules and Regulations (Section 6.1).

### INSTRUCTIONS FOR COMPLETING VHSRC ANNUAL SUMMARY REPORT FORM

Direct costs and statistics for Home for Adults Units should be identified and reported separately from other nursing units. If allocation is not possible, contact the Virginia Hospital Rate Review Program (804-295-8283).

#### Section I:

Column 1 - employee paid hours by cost center or department.

Column 2 - salary expense by cost center or department. Employee benefits should be reported in Section II. Contract personnel and consultants should be reported under non-salary.

Column 3 - non-salary expense by cost center or department.

Column 4 - gross inpatient revenue by nursing service or ancillary service.

Column 5 - gross outpatient revenue by nursing service or ancillary service.

Section II: Other (Facility Wide) operating expenses:  
Employee Benefits - Report benefit costs, such as FICA, Unemployment Insurance, Workers' Compensation Insurance, Health & Life Insurance, Retirement, etc.

Depreciation - Report depreciation and capital leases. If your nursing home pays rent to a parent company in lieu of depreciation, identify it as rent expense and report it here.

Amortization - Report the amount of assets, such as organization expenses, written off during the period.

Interest Expense - Report interest on long and short term loans.

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revised 3-1-90

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL HISTORICAL SUBMISSION FOR LONG TERM CARE FACILITIES

Taxes - Report Real and Personal Property taxes and State & Federal Income taxes separately.

Section III: Revenue Deductions - Report contractual allowances, bad debt, and charity care, and other discounts given to patients or third party payers.

Section IV: Patient Days by Payer - The unit of measure denoting lodging provided to a patient between the census taking hours of two consecutive days. The days are classified by payer responsibility.

Section V: Other Revenue - Revenue which is not related to the rendering of patient care, such as vending machine income.

Section VI: Statistics - Units of measure used to evaluate the reasonableness of costs and charges. Report Skilled, Intermediate, Non-Certified, and Home for Adults Patient Days. Bed-hold days and leave days should be counted as patient days and included in the appropriate unit. For admissions do not include transfers between units within the nursing home.

Schedule F-1: Working Capital Needs - Complete column I only. This schedule computes the difference in operating expenses between the year just completed and the preceding year, after excluding depreciation, and including other revenue. Working capital needs are defined as 90 days of the above increase (if any), up to a maximum current ratio of 3:1.

Schedule G-1: Capital Needs - Capital needs will consist of price-level depreciation for depreciable assets approved capital projects (See VHSRC Guidelines for additional explanation).

In order to complete Schedule G-1, it is necessary to refer to the Price Level Indexes. A copy of the Price Level Indexes is provided with the VHSRC Screen Update.

Example: Price Level Indexes  
Quarterly 1983 - 1990

Quarter ending	Index I		Index II	
	Movable Equipment	Buildings and All Other	Buildings and All Other	Buildings and All Other
3/31/83	669.3	1188.2	1188.2	1188.2
6/30/83	672.9	1189.2	1189.2	1189.2
9/30/83	676.5	1190.2	1190.2	1190.2
-----	-----	-----	-----	-----
6/30/90	834.6	1493.1	1493.1	1493.1
9/30/90	844.8	1512.0	1512.0	1512.0
12/31/90	855.4	1531.0	1531.0	1531.0

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revised 3-1-90

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
HISTORICAL SUBMISSION FOR LONG TERM CARE FACILITIES

A. Average Age of Assets. The average age of assets is calculated in order to determine the index in the average year of asset acquisition (Schedule G-1, line 5).

Accumulated depreciation and depreciation expense are segregated for movable equipment (Col. I) and all other fixed assets (Col. II) since different indexes apply. Index I (see preceding example of Price Level Indexes) is used to determine the price level adjustment for movable equipment (Col. I). Index II is used to determine the price level adjustment for all other fixed assets (Col. II). Movable assets are included in the Screens Update applicable to your nursing home.

B. Determination of the Applicable Indexes.

1. Line 4 - Index at End of Fiscal Year. The applicable indexes at the end of the fiscal year can be determined by finding the quarter in which the budget year ends. For example, the movable equipment index at the end of a budget year with a December 31, 1990 fiscal year end is 853.4 (see preceding example of Price Level Indexes).

2. Line 5 - Index in the Average Year of Acquisition. The index in the average year of asset acquisition is found by calculating the average age of assets and converting the average age from a decimal to years and months.

Example: Any City Nursing Home Fiscal Year Ending 12/31/90

	Average Age of Assets		
	Col. I Movable Equipment	Col. II Buildings & All Other	Col. III Total
1. Fiscal year accumulated depreciation	4,500,000	24,000,000	28,500,000
2. Fiscal year depreciation expense	600,000	2,400,000	3,000,000
3. Average age of assets (1 divided by 2)	7.5	10.0	9.5

Average age of assets in Col. I is 7.5 years

- a. 7 = Years
- b. .5 X 12 months = 6 months

Therefore, 7.5 years = 7 years and 6 months.  
Budget year ends on 12/31/90.  
12/31/90 minus 7 years and 6 months = 6/30/93.

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VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
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The movable equipment index applicable in the average year of asset acquisition (line 5, Col. I) is 872.9 (see preceding example of price level indexes).

C. Unrestricted Assets Line 10. Unrestricted assets, should be reported as defined in the Hospital Audit Guide, AICPA, New York.

Schedule G-2 - This schedule is not required for fiscal years ending after 12-31-89.

Schedule III - Return on Equity (Proprietary facilities only)

Equity (total) without deduction of outstanding capital indebtedness) times the rate of interest on special issues of public debt obligations issued to the Federal Home Loan Bank, but not less after taxes than the rate of weighted average cost of interest borne by the individual institution's outstanding capital indebtedness.

Please contact the Virginia Hospital Rate Review Program at (804) 295-8263 if you have any questions regarding the completion of these Schedules.

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# Proposed Regulations

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
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NURSING HOME: \_\_\_\_\_ FISCAL YEAR ENDING \_\_\_\_\_

SECTION I: COST CENTERS/DEPARTMENTS

KURSING SERVICES:	EMPLOYEE PAID HOURS	SALARY EXPENSE	NON-SALARY EXPENSE	INFAPATIENT REVENUE	OUTPATIENT REVENUE
SKILLED UNIT				XXXXXXXXXXXX	XXXXXXXXXXXX
INTERMEDIATE UNIT				XXXXXXXXXXXX	XXXXXXXXXXXX
NON-CERTIFIED UNIT				XXXXXXXXXXXX	XXXXXXXXXXXX
HOME FOR ADULTS UNIT				XXXXXXXXXXXX	XXXXXXXXXXXX
OTHER NURSING CARE				XXXXXXXXXXXX	XXXXXXXXXXXX
TOTAL NURSING SERVICES:					
ANCILLARY SERVICES:					
PHYSICAL THERAPY					
OCCUPATIONAL THERAPY					
PHARMACY					
MEDICAL SUPPLIES					
LABORATORY					
RADIOLOGY					
OTHER ANCILLARY					
TOTAL ANCILLARY SERVICES:					

GENERAL SERVICES:

ACTIVITIES	
SOCIAL SERVICES	
DIETARY	
LAUNDRY	
HOUSEKEEPING	
PLANT & MAINTENANCE	
OTHER	
TOTAL GENERAL SERVICES:	
ADMINISTRATION & FISCAL:	
MEDICAL RECORDS	
ADMISSIONS	
REGISTRATION & FISCAL	
OTHER	
TOTAL ADMIN. & FISCAL:	
SECTION I TOTALS:	

SECTION II: OTHER EXPENSES

	\$ AMOUNT
OTHER EXPENSES:	
EMPLOYEE BENEFITS	
DEPRECIATION	
AMORTIZATION	
INTEREST EXPENSE	
INSURANCE	
INCOME TAXES-FEDERAL	
INCOME TAXES-STATE	
INCOME TAXES-OTHER	
PHYSICIAN FEES	
BEAUTY & BARBER SHOPS	
OTHER	
TOTAL OTHER EXPENSES:	

PREPARED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
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SECTION III: REVENUE DEDUCTIONS

MEDICAID	
MEDICARE	
BAID BEBS	
CHARITY CARE	
OTHER	
TOTAL REVENUE DEDUCTIONS:	

SECTION IV: PATIENT DAYS BY PAYER:

MEDICAID	
MEDICARE	
PRIVATE (PATIENT OR FAMILY) PAY	
OTHER	
TOTAL PATIENT DAYS:	

SECTION V: OTHER REVENUE

RENTING	
VENTURE MEALS	
DONATIONS & CONTRIBUTIONS	
INTEREST & INVESTMENT INCOME	
OTHER (List)	
TOTAL OTHER REVENUE:	

SECTION VI: STATISTICS

	BEDS	ADMISSIONS	PATIENT DAYS
SKILLED NURSING UNIT			
INTERMEDIATE CARE UNIT			
NON-CERTIFIED UNIT			
HOME FOR ADULTS UNIT			
TOTALS:			

GROSS BUILDING SQUARE FEET \_\_\_\_\_  
DATE \_\_\_\_\_  
PREPARED BY: \_\_\_\_\_  
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VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
 HISTORICAL SUBMISSION FOR LONG TERM CARE FACILITIES  
 SCHEDULE F-1 WORKING CAPITAL NEEDS

	FISCAL YEAR ENDING	
	Submitted	Revised *
1. Previous year operating expense (salary, non-salary, and other expenses)-Sections I and II.		
2. Less: Other revenue -Section V.		
3. Previous year net operating expense (line 1 minus line 2).		
4. Less: Previous year depreciation & amortization From Section II.		
5. Previous year net operating expense less depreciation & amortization.		
6. Current year operating expense (salary, non-salary, and other expenses)-Sections I and II.		
7. Less: Other revenue -Section V.		
8. Current year net operating expense. (line 6 minus line 7).		
9. Less: Current year depreciation & amortization from Section II.		
10. Current year net operating expense less depreciation and amortization.		
11. Total change in net operating expense from previous to current year (line 10 minus line 5).		
12. Line 11 divided by 365.		
13. Line 12 x 60 days x 1.5=Working Capital Need.		
14. Current assets at end of the previous fiscal year.		
15. Current liabilities at end of previous fiscal year.		
16. Current ratio (line 14 divided by line 15). If current ratio is less than 3:1, complete the following:		
17. Current liabilities x 3 (line 15 x 3).		
18. Maximum working capital needs (line 17 minus line 14)		
19. Working capital need (line 13, or line 18, whichever is smaller)		

\* Revised column to be completed by VHRRP.  
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VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
 HISTORICAL SUBMISSION FOR LONG TERM CARE FACILITIES

SCHEDULE G-1 CAPITAL NEEDS

NURSING HOME: \_\_\_\_\_ FISCAL YEAR ENDING \_\_\_\_\_

This Schedule computes the maximum allowable capital need by restating historical depreciation to current price levels.

PART I: AVERAGE AGE OF ASSETS

	COLUMN I MOVABLE EQUIPMENT	COLUMN II BUILDINGS & ALL OTHER	COLUMN III TOTAL
1. Current Year Accumulated Depreciation	_____	_____	_____
2. Depreciation Expense	_____	_____	_____
3. Average Age of Assets (line 1 divided by line 2)	_____	_____	_____

PART II: DETERMINATION OF THE APPLICABLE PRICE LEVEL INDEXES \*

4. Index at the End of the Current Year	_____	_____
5. Index in Average Year of Asset Acquisitions	_____	_____
6. Percent Increase (line 4 divided by line 5)	_____	_____

PART III: PRICE LEVEL ADJUSTMENT

7. Depreciation Expense (line 2)	_____	_____	_____
8. Price Level Adjustment (line 7 x 6)	_____	_____	_____
9. Maximum Allowable Capital Need (line 8 minus line 7)	_____	_____	_____

PART IV: UNRESTRICTED ASSETS

10. Balance of Unrestricted Assets at End of Fiscal Year	_____	_____	_____
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\* See the information package provided by the Virginia Hospital Rate Review Program for the applicable Price Level Indexes.

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL  
HISTORICAL SUBMISSION FOR LONG TERM CARE FACILITIES  
SCHEDULE H-1 RETURN ON EQUITY COMPUTATION

NURSING HOME: \_\_\_\_\_ FISCAL YEAR ENDING \_\_\_\_\_

PART I. COMPUTATION OF BASE FOR RETURN ON EQUITY

- 1. Total assets \_\_\_\_\_
- 2. Less: liabilities exclusive of capital indebtedness for assets required in providing institutional health care services \_\_\_\_\_
- 3. Base for return on equity (line 1 minus line 2) \_\_\_\_\_

PART II. COMPUTATION OF RETURN ON EQUITY: SELECT EITHER THE PRIMARY OR ALTERNATE COMPUTATION

- 4. Primary computation: Base for return on equity (line 3) \_\_\_\_\_ multiplied by twice the average rate of interest on special issues of public debt obligations issued to the Federal Hospital Insurance Trust Fund. Refer to your Commerce Clearing House Medicare and Medicaid Guide or contact the Virginia Hospital Rate Review Program for rate information. \_\_\_\_\_ %

Return on equity: \_\_\_\_\_

- 5. Alternate computation: Base for return on equity (line 3) \_\_\_\_\_ multiplied by rate (or weighted average of rates) of interest borne by the institution's outstanding indebtedness: \_\_\_\_\_ %

Return on equity: \_\_\_\_\_



# Proposed Regulations

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## VIRGINIA HOUSING DEVELOPMENT AUTHORITY

**NOTICE:** The Virginia Housing Development Authority is exempted from the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia); however, under the provisions of § 9-6.14:22, it is required to publish all proposed and final regulations.

**Title of Regulation:** VR 400-02-0016. Rules and Regulations for Allocation of Elderly and Disabled Low-Income Housing Tax Credits.

**Statutory Authority:** §§ 36-55.30:3 and 58.1-339 of the Code of Virginia.

**Public Hearing Date:** N/A  
(See Calendar of Events section for additional information)

### Summary:

*The proposed rules and regulations will provide for the allocation of state tax credits to owners of housing for occupancy by low-income elderly and disabled persons and households.*

VR 400-02-0016 Rules and Regulations for Allocation of Elderly and Disabled Low-Income Housing Tax Credits.

### § 1. Definitions.

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

**"Applicant"** means an applicant for tax credits under these rules and regulations and, upon and subsequent to an allocation of such credits, also means the owner of the tax credit unit to whom the tax credits are allocated.

**"Authority"** means the Virginia Housing Development Authority.

**"Board"** means the Board of Commissioners of the authority.

**"Disabled"** means (i) a physical or mental impairment which substantially limits one or more of the major life activities of such individual and includes any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities (the term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular

dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV) infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism or (ii) a record of such an impairment; or being regarded as having such an impairment which includes a history of or being misclassified as having a mental or physical impairment that substantially limits one or more major life activities; or a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation; or a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or none of the impairments defined above but is treated by another person as having such an impairment.

**"Disabled person"** means a person who is disabled as defined herein.

**"Disabled household"** means a household of which the head or the head's spouse is disabled. The household may be two or more disabled persons who are not related or one or more such persons living with someone essential to their care or wellbeing.

**"Elderly person"** means a person who is at least 62 years of age.

**"Elderly household"** means a household of which the head or the head's spouse is elderly. The household may be two or more elderly persons who are not related or one or more such persons living with someone essential to their care or well-being.

**"Eligible applicant"** means any person meeting the criteria for an eligible applicant as set forth in the state code and these rules and regulations.

**"Executive director"** means the executive director of the authority or any other officer or employee of the authority who is authorized to act on his behalf or on behalf of the authority pursuant to a resolution of the board.

**"Income"** means gross income (including but not limited to all salary, wages, bonuses, commissions, income from self-employment, interest, dividends, alimony, rental income, pensions, business income, annuities, social security payments, cash public assistance, support payments, retirement income and any other sources of cash income) which is being received by the elderly or disabled person or household (excluding any person who is living with an elderly or disabled person and who is essential to such elderly or disabled person's well-being) as of the application date. All such earnings, provided they are not temporary, shall be computed on an annual basis to determine income for the purpose of program eligibility.

**"Income eligible elderly or disabled person or**

household" means an elderly or disabled person or household whose income does not exceed the limits set forth in these rules and regulations.

"Program" means the elderly and disabled low-income housing tax credit program described in these rules and regulations.

"State code" means Article 3 of Chapter 3 of Title 58.1 of the Code of Virginia.

"Tax credits" means the tax credits as described in § 58.1-339 of the Code of Virginia;

"Tax credit unit" means a unit occupied or to be occupied by income eligible elderly or disabled persons or households at reduced rents in order to be entitled to tax credits hereunder.

## § 2. Purpose and applicability.

The following rules and regulations will govern the allocation by the authority of tax credits pursuant to the state code.

Notwithstanding anything to the contrary herein, acting at the request or with the consent of the applicant for tax credits, the executive director is authorized to waive or modify any provision herein where deemed appropriate by him for good cause, to the extent not inconsistent with the state code.

The rules and regulations set forth herein are intended to provide a general description of the authority's processing requirements and are not intended to include all actions involved or required in the processing and administration of the tax credits. These rules and regulations are subject to change at any time by the authority and may be supplemented by policies, rules and regulations adopted by the authority from time to time.

Notwithstanding anything to the contrary herein, all procedures and requirements in the state code must be complied with and satisfied.

## § 3. General description.

The state code has been amended by adding a section numbered 58.1-339 relating to a tax credit for landlords providing rent reduction for low-income elderly and disabled persons or households.

Beginning January 1, 1991, through December 31, 1993, any individual or corporation receiving an allocation of tax credits pursuant to § 7 hereof shall, subject to the provisions of the state code and these rules and regulations, be entitled to a credit against the tax levied pursuant to § 58.1-320 or § 58.1-400 of the Code of Virginia, provided that the following requirements are satisfied:

1. The individual or corporation is engaged in the business of the rental of dwelling units and subject to the Virginia Residential Landlord and Tenant Act, § 55-248.2 et seq. of the Code of Virginia;

2. The landlord provides a reduced rent to income eligible elderly or disabled persons or households; and

3. The rent charged to the income eligible elderly or disabled persons or households is at least 15% less than the rent charged to other tenants for comparable units in the same property.

The allowable tax credit amount shall be 50% of the total rent reductions allowed during the taxable year to the income eligible elderly or disabled persons or households occupying the tax credit units. The amount of the rent reduction shall be equal to (i) the amount of rent, as determined by the authority, charged to other tenants for comparable units in the same property minus (ii) the amount of rent charged for the tax credit unit to the income eligible elderly or disabled person or household. In calculating such rent reduction, it shall be assumed that the other tenants commenced and, if applicable, renewed their leases as of the same date or dates, and for the same term or terms as the income eligible elderly or disabled persons or families and at the rents in effect on such date or dates.

The amount of credit for each individual or corporation for each taxable year shall not exceed \$10,000 or the total amount of tax imposed by Chapter 3 of Title 58.1 of the Code of Virginia, whichever is less. If the amount of such credit exceeds the taxpayer's tax liability for such taxable year, the amount which exceeds the tax liability may be carried over for credit against income taxes of such individual or corporation in the next five taxable years until the total amount of the tax credit has been taken.

Credits granted to a partnership or an electing small business corporation (S corporation) shall be passed through to the individual partners or shareholders in proportion to their ownership or interest in the partnership or S corporation.

The total amount of tax credits which may be approved by the authority in any fiscal year shall not exceed \$1,000,000.

The authority may charge to each applicant fees in such amount as the executive director shall determine to be necessary to cover the administrative costs to the authority. Such fees shall be payable at such time or times as the executive director shall require.

## § 4. Solicitations of applications.

The executive director may from time to time take such action as he may deem necessary or proper in order to solicit applications for tax credits. Such actions may include advertising in newspapers and other media,

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mailing of information to prospective applicants and other members of the public, and any other methods of public announcement which the executive director may select as appropriate under the circumstances. The executive director may impose requirements, limitations and conditions with respect to the submission of applications and the selection thereof as he shall consider necessary or appropriate.

## § 5. Application.

Application for an allocation of tax credits shall be commenced by filing with the authority an application on such form or forms as the executive director may from time to time prescribe or approve, together with such documents and additional information as may be requested by the authority in order to comply with the state code and to make the allocation of the tax credits in accordance with these rules and regulations.

The executive director may establish criteria and assumptions to be used by the applicant in the calculation of amounts in the application, and any such criteria and assumptions shall be indicated on the application form or instructions.

The executive director may prescribe such deadlines for submission of applications for allocation of tax credits for any calendar year as he shall deem necessary or desirable to allow sufficient processing time for the authority to make such allocations.

The tax credit unit for which an application is submitted may be, but shall not be required to be, financed by the authority. If any such tax credit unit is to be financed by the authority, the application for such financing shall be submitted to and reviewed by the authority in accordance with its applicable rules and regulations.

The authority may consider and approve, in accordance herewith, the allocation of tax credits for tax credit units which the authority may own or may intend to acquire, construct or rehabilitate.

## § 6. Eligibility of tenants and verification.

The occupancy of tax credit units entitled to a tax credit is limited to elderly or disabled persons or households whose income, as of initial occupancy of the tax credit unit by such person or household (or, if such tax credit unit is occupied by such person or household on January 1 of the first calendar year for which the tax credits are to be claimed for such tax credit unit, as of such January 1), does not exceed 80% of the median income for the area. Preference in occupancy of tax credit units will be given to elderly or disabled persons or households whose income is less than or equal to 50% of the median income for the area. The United States Department of Housing and Urban Development Section 8 income limits, as adjusted by family size, will be used in determining such 80% and 50% of median income for the

area.

Applicants shall be required to obtain written income verification for elderly or disabled persons or households who occupy or are expected to occupy a tax credit unit. The verification of income must be sent by the owner to each employer or the agency providing benefits along with a stamped, self-addressed return envelope. Such verification should then be retained by the applicant and a copy submitted to the authority with the confirmation of resident eligibility form at the end of the calendar year. Verification of income must be current as of a date no earlier than 90 days prior to the date set forth in the preceding paragraph as of which the income of the elderly or disabled person or household is determined for eligibility purposes.

With respect to tax credits claimed for rental of tax credit units to disabled persons or households, applicants shall be required to obtain a written verification of disability. Verification of said disability may be obtained from a physician, diagnostic or vocational rehabilitation service center or the Social Security Administration.

With respect to tax credits claimed for rental of tax credit units to elderly persons or households, applicants must verify the age of all persons claiming to be 62 years of age. Verification of Social Security benefits paid on the person's behalf will be acceptable if a birth certificate cannot be obtained; provided, however, that any person receiving survival Social Security benefits who is not 62 years of age or disabled is not eligible for tax credit occupancy.

The initial lease term for all income eligible elderly or disabled persons or households occupying a tax credit unit may not be less than a 12-month period.

## § 7. Review and selection of application; allocation of tax credits.

Pursuant to the state code, the state is divided into the following low-income housing tax credit allocation areas, each of which shall be allocated the percent share of tax credits set forth below and in the state code:

### Allocation Area 1

Percent Share of Tax Credits: 10.79

Planning District: LENOWISCO

Jurisdictions: Norton City, Lee County, Scott County, Wise County

Planning District: Cumberland Plateau

Jurisdictions: Buchanan County, Dickenson County, Russell County, Tazewell County

Planning District: Mount Rogers

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Jurisdictions: Bristol City, Galax City, Bland County, Carroll County, Garyson County, Smyth County, Washington County, Wythe County

Planning District: New River Valley

Jurisdictions: Radford City, Floyd County, Giles County, Montgomery County, Pulaski County

Allocation Area 2

Percent Share of Tax Credits: 12.09

Planning District: Fifth

Jurisdictions: Clifton Forge City, Covington City, Roanoke City, Salem City, Alleghany County, Botetourt County, Craig County, Roanoke County

Planning District: Central Virginia

Jurisdictions: Bedford City, Lynchburg City, Amherst County, Appomattox County, Bedford County, Campbell County

Planning District: West Piedmont

Jurisdictions: Danville City, Martinsville City, Franklin County, Henry County, Patrick County, Pittsylvania County

Allocation Area 3

Percent Share of Tax Credits: 6.70

Planning District: Central Shenandoah

Jurisdictions: Buena Vista City, Harrisonburg City, Lexington City, Staunton City, Waynesboro City, Augusta County, Bath County, Highland County, Rockbridge County, Rockingham County

Planning District: Lord Fairfax

Jurisdictions: Winchester City, Clarke County, Frederick County, Page County, Shenandoah County, Warren County

Allocation Area 4

Percent Share of Tax Credits: 20.98

Planning District: Northern Virginia

Jurisdictions: Alexandria City, Fairfax City, Falls Church City, Manassas City, Manassas Park City, Arlington County, Fairfax County, Loudoun County, Prince William County

Allocation Area 5

Percent Share of Tax Credits: 4.70

Planning District: Rappahannock-Rapidan

Jurisdictions: Culpeper County, Fauquier County, Madison County, Orange County, Rappahannock County

Planning District: Thomas Jefferson

Jurisdictions: Charlottesville City, Albemarle County, Fluvanna County, Greene County, Louisa County, Nelson County

Allocation Area 6

Percent Share of Tax Credits: 5.22

Planning District: Southside

Jurisdictions: South Boston City, Brunswick County, Halifax County, Mecklenburg County

Planning District: Piedmont

Jurisdictions: Amelia County, Buckingham County, Charlotte County, Cumberland County, Lunenburg County, Nottoway County, Prince Edward County

Planning District: Crater

Jurisdictions: Colonial Heights City, Emporia City, Hopewell City, Petersburg City, Dinwiddie County, Greensville County, Prince George County, Surry County, Sussex County

Allocation Area 7

Percent Share of Tax Credits: 12.68

Planning District: Richmond Regional

Jurisdictions: Richmond City, Charles City County, Chesterfield County, Goochland County, Hanover County, Henrico County, New Kent County, Powhatan County

Allocation Area 8

Percent Share of Tax Credits: 5.15

Planning District: RADCO

Jurisdictions: Fredericksburg City, Caroline County, King George County, Spotsylvania County, Stafford County

Planning District: Northern Neck

Jurisdictions: Lancaster County, Northumberland County, Richmond County, Westmoreland County

Planning District: Middle Peninsula (not including Gloucester)

Jurisdictions: Essex County, King and Queen County, King William County, Mathews County, Middlesex County

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Planning District: Accomack-Northampton

Jurisdictions: Accomack County, Northampton County

Allocation Area 9

Percent Share of Tax Credits: 21.69

Planning District: Southeastern Virginia

Jurisdictions: Chesapeake City, Franklin City, Norfolk City, Portsmouth City, Suffolk City, Virginia Beach City, Isle of Wight County, Southampton County

Planning District: Peninsula

Jurisdictions: Hampton City, Newport News City, Poquoson City, Williamsburg City, James City County, York County

Planning District: Middle Peninsula

Jurisdictions: Gloucester County

The executive director may further suballocate these allocation areas into allocation subpools based upon one or more of the following factors: geographical areas; types or characteristics of housing, construction, financing, owners, or occupants; or any other factors deemed appropriate by him to best meet the housing needs of the Commonwealth.

Tax credits shall be allocated to eligible applicants on a "first-come, first-served" basis. In the event that the amount of tax credits available within an allocation area or subpool is sufficient for some but not all of eligible applications received by the authority on the same day, then the authority shall select one or more of such applications by lot.

The executive director may exclude and disregard any application which he determines is not submitted in good faith.

The executive director shall allocate tax credits, in the manner described above, to eligible applicants within each allocation area or subpool, if applicable, until either all tax credits therein are allocated or all eligible applicants therein have received allocations. The amount allocated to each such eligible applicant shall be equal to the lesser of (i) the amount requested in the application or (ii) the amount, determined by the executive director, to which the eligible applicant is entitled under the state code and these rules and regulations as of the date of application; provided, however, that in no event shall the amount of tax credits so allocated exceed either \$10,000 or the amount of tax credits available in the allocation area or subpool from which such tax credits are to be allocated.

Amounts in any allocation area not allocated to any eligible applicants may not be reallocated to any other allocation areas. Any amounts in any allocation subpools not allocated to eligible applicants shall be reallocated

among the other subpools (within the same allocation area) in which eligible applicants shall not have received allocations in the full amount permissible under these rules and regulations. Such reallocation shall be made pro rata based on the amount originally allocated to all such subpools with excess applications divided by the total amount originally allocated to all such subpools with excess applications. Such reallocations shall continue to be made until either all of the tax credits within the allocation area are allocated to eligible applicants in the manner described above or all applications in the allocation area have received allocations.

The executive director determines whether the applicant and the tax credit units are entitled to tax credits under the state code and these rules and regulations. If the executive director determines that the applicant or the tax credit units are not so entitled to tax credits, the applicant shall be so informed and his application shall be terminated. If the authority determines that the applicant and the tax credit units are so entitled to tax credits, then the executive director shall issue to the applicant, on behalf of the authority, a commitment for allocation of tax credits with respect to the applicable tax credit units. The allocation shall be subject to the approval or ratification thereof by the authority's board as described below.

The board shall review and consider the analysis and recommendation of the executive director for the allocation of tax credits, and, if it concurs with such recommendation, it shall by resolution approve or ratify the allocation by the executive director of the tax credits to the eligible applicant, subject to such terms and conditions as the board or the executive director shall deem necessary or appropriate to assure compliance with the state code and these rules and regulations. If the board determines not to approve or ratify an allocation of tax credits, the executive director shall so notify the applicant.

Upon compliance with the state code and these rules and regulations, the applicant to whom an allocation is made hereunder shall be entitled to tax credits annually, in such amount as is determined by the authority pursuant to these rules and regulations, for each year beginning in the year for which such allocation is made and ending December 31, 1993, unless terminated or reduced pursuant to these rules and regulations.

The executive director may require that applicants to whom tax credits have been allocated shall submit from time to time or at such specified times as he shall require, written confirmation and documentation as to the status of the tax credit unit and its compliance with the application and these rules and regulations. If on the basis of such written confirmation and documentation and other available information the executive director determines that the tax credit unit does not or will not qualify or will not continue to qualify for such tax credits, then the executive director may terminate or reduce the allocation of such tax credits. Without limiting the foregoing, the

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applicant shall lease the tax credit units to income eligible elderly or disabled persons or households at reduced rents such that the aggregate of such rent reductions shall be no less than the aggregate of the rent reductions set forth in the application. In the event that the applicant shall fail to so lease the tax credit units, the authority may, upon its determination that the applicant is unable or unwilling to utilize fully its allocation of the tax credits, terminate or reduce such allocation, as it shall deem appropriate.

The authority shall have the right to inspect the tax credit units and related property and improvements from time to time, and the tax credit units and related property and improvements shall be in a state of repair and condition satisfactory to the authority. The authority may require the applicant to make necessary repairs or improvements, in a manner acceptable to the authority, as a condition for receiving or qualifying for an allocation of tax credits or for certification to the Department of Taxation as described herein below.

The executive director may establish such deadlines for the applicant to qualify for the tax credits and to comply with the application and these rules and regulations as he shall deem necessary or desirable to allow the authority sufficient time, in the event of a reduction or termination of the applicant's allocation, to allocate such tax credits to other eligible applicants.

Any material changes to the condition, use or occupancy of the tax credit unit or in any other representations, facts or information, as contained or proposed in the application, occurring subsequent to the submission of the application for the tax credits therefor shall be subject to the prior written approval of the executive director. As a condition to any such approval, the executive director may, as necessary to comply with these rules and regulations and the state code, reduce the amount of tax credits allocated or impose additional terms and conditions with respect thereto. If such changes are made without the prior written approval of the executive director, he may terminate or reduce the allocation of such tax credits or impose additional terms and conditions with respect thereto.

In the event that any allocation of tax credits is terminated or reduced by the executive director under this section, he may allocate such tax credits (in the amount of such termination or reduction) to eligible applicants (other than the applicants whose tax credit allocation was so terminated or reduced) in the first-come first-served manner described above or in such other manner as he shall determine consistent with the requirements of the state code.

§ 8. Maintenance of records; submission requirements; termination of occupancy.

Applicants shall be responsible for obtaining and maintaining all documentation required by the authority to evidence that the tax credit units qualify for tax credits

under the program. Owners will be responsible for providing this documentation to the authority for review within 30 days following the end of each calendar year. The tax credit unit will not qualify for tax credits if all required documents, in the form required by the authority, are not available. Required documentation to be submitted to the authority includes, but is not limited to, the following:

1. A listing (including dates of occupancy) of all tenants currently occupying, or who previously occupied, a tax credit unit entitled to a tax credit for that year.
2. A complete certification package for each income eligible elderly or disabled person or household receiving the reduced rent. The certification must include:
  - a. A completed and executed confirmation of resident eligibility form.
  - b. Verification of income.
  - c. Verification of age or disability.
  - d. A notarized certification from the tenant verifying:
    - (1) What unit type/size was occupied,
    - (2) Number of months said unit was occupied,
    - (3) The amount of rent paid, and
    - (4) How many months that amount of rent was paid.
  - e. A certification of the applicant that preference in occupancy of the tax credit units was given to elderly or disabled persons or households whose income is less than or equal to 50% of the median income for the area (the waiting list for tax credit units during the calendar year identifying the persons applying for such units and their incomes shall be maintained by the applicant and shall be available for inspection by the authority).
  - f. Rent rolls for the comparable units in the same property as the tax credit units setting forth the rents charged to other tenants.
  - g. A copy of leases for each tax credit unit.

In the event of death of the only elderly or disabled person occupying a tax credit unit, the applicant must obtain a copy of the death certificate. The number of full months for which an applicant is entitled to tax credits on such deceased person's tax credit unit shall be determined by the date of death. If the elderly or disabled person or household abandons the tax credit unit, the earliest of the

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date the applicant discovers the tax credit unit is vacant, the date any utility company terminates service on the tax credit unit, or the date 30 days after abandonment will be used to determine the number of full months for which the tax credit unit is entitled to the tax credit. If the tax credit unit shall not be so abandoned but the elderly or disabled person or persons shall not occupy the tax credit unit for a period of 30 days, the end of such 30-day period shall be used to determine the number of full months for which the tax credit unit is entitled to the tax credit. If the lease is terminated for any reason other than those set forth above in this paragraph, the effective date of termination shall be used to determine the number of full months for which the tax credit unit is entitled to the tax credit.

## § 9. Certification to the Virginia Department of Taxation.

On or before February 15 of each calendar year, the authority shall certify to the Virginia Department of Taxation the name of each applicant entitled to claim a tax credit for the preceding calendar year and the total amount of tax credits which each such applicant is entitled to claim under the state code and these rules and regulations and shall further certify that each such applicant claiming a credit provided the rent reductions as authorized under the state code and these rules and regulations. The applicant shall be entitled to claim tax credits for such preceding calendar year only in the amount for which the authority makes such certifications.

## § 10. Notification to the Virginia Department of Taxation of noncompliance with state code or these rules and regulations.

If subsequent to the certification in § 9 the executive director shall become aware of noncompliance with any of the provisions of the state code or these rules and regulations by any applicant for whom such certification was made and if such noncompliance would result in a reduction in amount of tax credits that such applicant claimed or could have claimed, the executive director shall, within 90 days, notify the Virginia Department of Taxation of such noncompliance. Such notification shall identify the applicant and shall describe the noncompliance.

## DEPARTMENT OF LABOR AND INDUSTRY

### Safety and Health Codes Board

**NOTICE:** Due to its length, VR 425-01-75, Boiler and Pressure Vessel Rules and Regulations filed by the Department of Labor and Industry are not being published. However, in accordance with § 9-6.14:22 of the Code of Virginia, a summary, in lieu of full text, explaining the amendments is being published. The full text of the regulation is available for public inspection at the Office of the Registrar of Regulations and the Department of Labor and Industry.

**Title of Regulation:** VR 425-01-75. Boiler and Pressure Vessel Rules and Regulations.

**Statutory Authority:** § 40.1-51.6 of the Code of Virginia.

**Public Hearing Date:** January 8, 1991 - 10 a.m.  
(See Calendar of Events section for additional information)

### Summary:

The 1990 session of the Virginia General Assembly enacted legislation that makes four minor changes to the Boiler and Pressure Vessel Safety Act. These changes will (i) correct grammatical language; (ii) delete the requirement that certificates be posted under glass; (iii) delete an exempting criteria of 120 gallons in accordance with the ASME code and changes the criteria for exemption to 300 psi (pounds per square inch) or 210-1/2° Fahrenheit; and (iv) transfer the authority for approving a variance from the Safety and Health Codes Board to the commissioner.

The departmental regulatory review process makes four types of changes to the standard in the form of (i) order - terms are placed in alphabetical order so that they can be easily located; (ii) grammar - correct grammatical language replaces incorrect and unnecessary language is deleted; (iii) format - subsections are renumbered and lower case lettering is replaced with upper case lettering; (iv) consistency - words and numbers are rewritten so that they are the same throughout the standard (for example in some subsections the word twenty-five is also written as 25).

This draft also addresses enacted legislation from previous General Assembly sessions that includes one major change to the standard in the form of fee updates, and some minor changes to the standard such as replacing the term "commission" with "board" in Part I, Definitions of Terms.

Also included in the draft are revisions proposed by the department with include (i) changes due to ASME Code and National Board changes; (ii) changes to comply with the National Board Inspection Code, and (iii) the requirement for the National Board of Boiler and Pressure Vessel Inspectors Inspection Code "R" Stamp for organizations performing repairs and alterations to boilers and pressure vessels, the "VR" stamp for repair of code safety valves, and the "NR" stamp for repair of nuclear components.

## STATE WATER CONTROL BOARD

**Title of Regulation:** VR 680-15-02. Virginia Water Protection Permit Regulation.

**Statutory Authority:** §§ 62.1-44.15:5 and 62.1-44.15 (10)

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## Public Hearing Dates:

November 26, 1990 - 7 p.m.

November 28, 1990 - 7 p.m.

December 4, 1990 - 7 p.m.

December 5, 1990 - 7 p.m.

(See Calendar of Events section for additional information)

## Summary:

In accordance with 62.1-44.15:5 of the Code of Virginia, the State Water Control Board intends to adopt regulations establishing the Virginia Water Protection Permit Regulation. This proposed regulation delineates the authority and general procedures to be followed in connection with any Virginia Water Protection Permit (VWPP) issued by the board pursuant to § 401 of the Clean Water Act (Act) and § 62.1-44.2 et seq. of the Code of Virginia.

The proposed regulation would require a VWPP to be issued for activities that result in a discharge to state waters, that require a federal permit or license, and are not permitted under the Virginia Pollutant Discharge Elimination System. Conditions of the VWPP are designed to protect the beneficial uses of state waters. VWPPs issued pursuant to the proposed regulation would require that the discharge of dredge or fill material be placed in an environmentally acceptable manner. In the case of fills impacting wetlands, VWPPs would require that fill in wetlands be avoided and minimized. For activities resulting in the unavoidable fill of greater than one acre of wetlands, VWPPs would require compensation for lost wetland functions.

VWPPs issued in conjunction with stream intakes, reservoirs and hydroelectric facilities would contain conditions restricting the amount and times when water withdrawals are allowed.

VR 680-15-02. Virginia Water Protection Permit Regulation.

### PART I. GENERAL.

#### § 1.1. Definitions.

The following words and terms, when used in this regulation, and in permits issued under this regulation, shall have the meaning defined in the State Water Control Law (law), unless the context clearly indicates otherwise.

"Act (Clean Water Act)" means 33 USC § 1251 et seq. as amended 1987.

"Applicant" means an individual, operator or owner filing a joint permit to dredge or fill, or conduct other activities which require a permit under this regulation.

"Approval authority" means the executive director of the

State Water Control Board.

"Best management practices" means a schedule of activities, prohibition of practices, maintenance procedures and other management activities.

"Board" means the Virginia State Water Control Board or State Water Control Board.

"Composite sample" means a combination of individual samples of sediment or water taken in proportion to the area to be impacted which ensures that a representative sample is obtained.

"Consumptive use" means the withdrawal of waters of the Commonwealth, including surface and groundwater, without recycle of said waters to their source or basin of origin.

"Executive director" means the executive director of the State Water Control Board.

"Discharge" means when used without qualification, a discharge of a pollutant or any addition of any pollutant or combination of pollutants to state waters or waters of the contiguous zone or ocean other than a discharge from a vessel or other floating craft when being used as a means of transportation.

"Disturbed area wetland" means a wetland that has been modified to various degrees by human activity (e.g., filling, excavation, clearing, damming, and building construction), or by natural events (e.g., avalanches, mudslides, fire and beaver dams). In such areas one or more wetland criteria may be absent or obscured.

"Draft permit" means a prepared document indicating the board's tentative decision relative to a permit action.

"Dredged material" means material that is excavated or dredged from waters from the United States.

"Effluent" means dredged material or fill, including return flow from confined sites.

"Environmental Protection Agency (EPA)" means the United States Environmental Protection Agency.

"Fill material" means any "pollutant" which replaces portions of the "waters of the United States" with dry land or which changes the bottom elevation of a water body for any purpose.

"General permit" means a permit issued by the Corps of Engineers with or without State Water Quality Certification authorizing a specified category of activities within a geographic area.

"Ground water" means any water beneath the land surface in the zone of saturation.



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"Hydric soil" means soils listed in the Hydric soils of Virginia or those soils identified as meeting the criteria for hydric soils established in the Federal Manual for Identifying and Delineating Jurisdictional Wetlands, January 1989, or defined by the Soil Conservation Service in a published county soil map.

"Hydrophytic vegetation" means vegetation, which under normal circumstances: (i) more than 50% of the composition of the dominant species from all strata are obligate wetland (OBL), or (ii) facultative wetland (FACW) species as identified in Wetland Plants of the State of Virginia, 1986.

"Nationwide permit" means a permit governing specified activities, issued by the U.S. Army Corps of Engineers, and for which certification by the state has been waived, denied or granted, the conditions of which are applicable nationwide.

"New permit" means a permit issued from the board to an owner or individual that currently does not hold and never has held a permit or certificate at that location.

"Nonpoint source" means a source of pollution, such as a farm, forest or construction site runoff, urban storm water runoff or mine runoff that is not collected or discharged as a point source.

"Permit" means a Virginia Water Protection Permit (VWP) which is the Commonwealth of Virginia's § 401 Water Quality Certification.

"Permittee" means an owner or operator who currently has an effective permit issued by the board.

"Person" means any firm, corporation, association, or partnership, one or more individuals, or any governmental unit or agency thereof.

"Pollutant" means any substance, sewage from vessels, radioactive material, or heat which causes or contributes to, or may cause or contribute to pollution. It does not mean water, gas or other material which is injected into a well to facilitate production of oil or gas, or water derived in association with oil or gas production and disposed of in a well, if the well is used either to facilitate production or for the disposal purposes if approved by the Department of Mines, Minerals and Energy unless the board determines that such injection or disposal will result in the degradation of surface or ground water resources.

"Public hearing" means a fact finding proceeding held to afford interested persons an opportunity to submit factual data, views and comments to the board.

"Regional permit" means a type of general permit issued by the Corps of Engineers with State Water Quality Certification authorizing a specified category of activities within the Commonwealth of Virginia or other specified geographic region and whose conditions are applicable

within the geographic area specified.

"Schedule of compliance" means a schedule of remedial measures including a sequence of enforceable actions or operations leading to compliance with the Act, the law, and the board regulations, standards and policies.

"State general permit" means a permit issued by the Commonwealth of Virginia through the State Water Control Board, and applicable statewide, for activities of minimal environmental consequence.

"State waters" means all waters inclusive of waters, on the surface, under the ground, and wholly or partially within or bordering the Commonwealth or within its jurisdiction and which affect the public welfare.

"Surface water" means:

1. All waters which are currently used, were used in the past, or may be susceptible to use in interstate or foreign commerce, including all waters which are subject to the ebb and flow of the tide;
2. All interstate waters including interstate wetlands;
3. All other waters such as inter/intra-state lakes, rivers, streams (including intermittent streams), mudflats, sandflats, wetlands, sloughs, prairie potholes, wet meadows, playa lakes, or natural ponds the use, degradation, or destruction of which would affect or could affect interstate or foreign commerce, and the public welfare, including any such waters:
  - a. Which are or could be used by interstate or foreign travelers for recreational or other purposes;
  - b. From which fish or shellfish are or could be taken and sold in interstate or foreign commerce; or
  - c. Which are used or could be used for industrial purposes by industries in interstate commerce;
4. All impoundments of waters otherwise defined as surface waters under this definition;
5. Tributaries of waters identified in subdivisions 1 through 4 of this definition;
6. The territorial sea; and
7. "Wetlands" adjacent to waters, other waters that are themselves wetlands, identified in subdivisions 1 through 6 of this definition.

"Toxic pollutant" means any agent or material including, but not limited to, those listed under § 307(a) of the Act which after discharge will, on the basis of available information, cause toxicity. Toxicity means the inherent potential or capacity of a material to cause adverse effects in a living organism, including acute or chronic effects to

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aquatic life, detrimental effects on human health or other adverse environmental effects.

"Virginia Marine Resources Commission" means the Commonwealth of Virginia Marine Resources Commission.

"Water Quality Standards" means water quality standards adopted by the board.

"Wetland hydrology" means an area which exhibits permanent or periodic inundation, soil saturation to the surface, at least seasonally and of sufficient duration to establish a predominantly hydrophytic vegetation community or hydric soils, or both.

"Wetlands" means those areas that are inundated or saturated by surface or ground water at a frequency and duration sufficient to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs, and similar areas.

## § 1.2. Purpose.

This regulation delineates the procedures and requirements to be followed in connection with the Virginia Water Protection Permit issued by the board pursuant to the Clean Water Act or other water control laws. This regulation supersedes Procedural Rule No. 3 of the Regulations of the State Water Control Board.

## § 1.3. Authority for regulations.

The authority for this regulation is pursuant to the State Water Control Law (law), Chapter 3.1 (§ 62.1-44.2 et seq.) of Title 62.1, in particular § 62.1-44.15:5; and 33 USC § 1251 et seq.

## § 1.4. Federal guidelines.

The following federal guidelines are hereby incorporated by reference:

Guideline for Specification of Disposal Sites for Dredged or Fill Material 40 CFR Part 230, July, 1987.

## § 1.5. Prohibitions and requirements for permits.

A. No person shall dredge, fill or discharge any pollutant into, or adjacent to state waters, including wetlands, or otherwise alter the physical, chemical or biological properties of state waters, including wetlands, except as authorized pursuant to a Virginia Water Protection Permit, or as excluded in § 1.6 of this regulation.

B. No permit shall be issued for the following:

1. Where the terms or conditions of the permit do not comply with state law;

2. For the discharge of any radiological, chemical or biological warfare agent or high level radioactive material into state waters;

3. For any discharge which will result in the pollution of state waters or the violation of standards, regulations or policies adopted by the board pursuant to state law.

## § 1.6. Exclusions.

The following do not require a Virginia Water Protection Permit but may require other permits under state and federal law:

1. Discharges of dredged or fill material which are addressed under a U.S. Army Corps of Engineers Regional, General or Nationwide Permit, and for which no § 401 Water Quality Certificate is required. Such permits include the following activities:

a. The placement of aids to navigation and regulatory markers which are approved by and installed in accordance with the requirements of the U.S. Coast Guard (33 CFR Part 66, Subchapter C. § 10).

b. Structures constructed in artificial canals within principally residential developments where the connection of the canal to a navigable water of the United States has been previously authorized (33 CFR Part 322.5(g); § 10).

c. The repair, rehabilitation or replacement of any previously authorized, currently serviceable structure or fill, or any currently serviceable structure or fill constructed prior to the requirement for authorization, provided such repair, rehabilitation, or replacement does not result in a deviation from the plans of the original structure or fill, and further provided that the structure or fill has not been put to uses differing from uses specified for it in any permit authorizing its original construction. Minor deviations due to changes in materials or construction techniques and which are necessary to make repair, rehabilitation, or replacement are permitted. Maintenance dredging and beach restoration are not authorized under nationwide permits.

d. Fish and wildlife harvesting devices and activities such as pound nets, crab traps, eel pots, duck blinds, and clam and oyster digging.

e. Staff gages, tide gages, water recording devices, water quality testing and improvement devices and similar scientific structures (§ 10).

f. Survey activities including core sampling, seismic exploratory operations, and plugging of seismic shot holes and other exploratory-type bore holes. Drilling

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of exploration-type bore holes for oil and gas exploration is not authorized by any nationwide permit.

g. Structures for the exploration, production, and transportation of oil, gas and minerals on the outer continental shelf within areas leased for such purposes by the Department of Interior, Mineral Management Service, provided those structures are not placed within the limits of any designated shipping safety fairway or traffic separation scheme.

h. Structures placed within anchorage or fleeting areas to facilitate moorage of vessels where such areas have been established for that purpose by the U.S. Coast Guard.

i. Noncommercial, single boat, mooring buoys.

j. Temporary buoys and markers placed for recreational use such as water skiing and boat racing provided that the buoy or marker is removed within 30 days after its use has been discontinued.

2. Any activity permitted by a Virginia Pollutant Discharge Elimination System (VPDES) permit in accordance with VR 680-14-01;

3. Any activity permitted by a Virginia Pollution Abatement (VPA) permit in accordance with VR 680-14-01;

4. Land disposal activities including septic tanks when authorized by a State Department of Health permit or a State Department of Waste Management Permit;

5. Discharges authorized by EPA under the Safe Drinking Water Act Underground Injection Control Program (UIC).

6. a. Normal farming, silviculture and ranching activities such as plowing, seeding, cultivating, minor drainage and harvesting for the production of food, fiber and forest products, or upland soil and water conservation practices.

b. To fall under this exclusion, the activities specified in subdivision 6 a of this subsection must be part of an established (i.e. ongoing) farming, silviculture, or ranching operation, and must be in accordance with best management practices which facilitate compliance with the § 404 (b) [1] Guidelines (40 CFR Part 230). Activities on areas lying fallow as part of a conventional rotational cycle are part of an established operation.

c. Activities which bring a new area into farming, silviculture or ranching use are not part of an established operation. An operation ceases to be established when the area in which it was conducted has been converted to another use or has

lain idle so long that modifications to the hydrological regime are necessary to resume operation. If the activity takes place outside the waters of the state, or does not involve a discharge, it does not need a § 401 Water Quality Certificate, and therefore no Virginia Water Protection Permit, whether or not it is part of an established farming, silviculture or ranching operation.

7. Maintenance, including emergency reconstruction of recently damaged parts, of currently serviceable structures such as dikes, groins, levees, dams, riprap breakwaters, causeways, bridge abutments or approaches, and transportation structures.

8. Construction or maintenance of farm or stock ponds or irrigation ditches or the maintenance (but not construction) of drainage ditches. Discharge associated with siphons, pumps, headgates, wingwalls, weirs, diversion structures, and such other facilities as are appurtenant and functionally related to irrigation ditches are included in this exclusion.

9. Construction of temporary sedimentation basins on a construction site which does not include the placement of fill materials into waters of the state. The term "construction site" refers to any site involving the erection of buildings, roads, and other discrete structures and the installation of support facilities necessary for construction and utilization of such structures. The term also includes any other land areas which involve land-disturbing excavation activities, including quarrying or other mining activities, where an increase in runoff of sediment is controlled through the use of temporary sedimentation basins.

10. Any activity with respect to which the Commonwealth of Virginia has an approved program under § 208(b)(4) of the Act which meets the requirements of § 208(b)(4)(B) and (C).

11. Construction or maintenance of farm roads, forest roads, or temporary roads for moving mining equipment, where such roads are constructed and maintained in accordance with best management practices (BMPs) to assure that flow and circulation patterns and chemical and biological characteristics of waters of the state are not impaired, that the reach of such waters are not reduced, and that any adverse effect on the aquatic environment will otherwise be minimized. The BMPs which must be applied to satisfy this provision include the following baseline provisions:

a. Permanent roads (for farming or forestry activities), temporary access roads (for mining, forestry, or farm purposes), and skid trails (for logging) in waters of the state shall be held to the minimum feasible number, width, and total length consistent with the purpose of specific farming,

silviculture or mining operations, and local topographic and climatic conditions;

b. All roads, temporary or permanent, shall be located sufficiently far from streams or other water bodies (except for portions of such roads which must cross water bodies) to minimize discharges of dredged or fill material into state waters;

c. The road fill shall be bridged, culverted, or otherwise designed to prevent the restriction of expected flood flows;

d. The fill shall be properly stabilized and maintained to prevent erosion during and following construction;

e. Discharges of dredged or fill material into state waters to construct road fill shall be made in a manner which minimizes the encroachment of trucks, tractors, bulldozers, or other heavy equipment within state waters (including adjacent wetlands) that lie outside the lateral boundaries of the fill itself;

f. In designing, constructing, and maintaining roads, vegetative disturbance in the waters of the state shall be kept to a minimum;

g. The design, construction and maintenance of the road crossing shall not disrupt the migration or other movement of those species of aquatic life inhabiting the water body;

h. Borrow material shall be taken from upland sources whenever feasible;

i. The discharge shall not take, or jeopardize the continued existence of a federally or state listed endangered species as defined under the Endangered Species Act, or adversely modify or destroy the critical habitat of such species;

j. Discharges into the nesting and breeding areas for migratory waterfowl, spawning areas, and wetlands shall be avoided if practical alternatives exist;

k. The discharge shall not be located in proximity of a public water supply or intake;

l. The discharge shall not occur in areas of concentrated shellfish production;

m. The discharge shall not occur in a component to the National Wild and Scenic River System;

n. The discharge material shall consist of suitable material free from toxic pollutants in toxic amounts; and

o. All temporary fills shall be removed in their

entirety and the area restored to its original elevation.

For the purposes of subdivision 6 of this subsection, cultivating, harvesting, minor drainage, plowing, and seeding are defined as follows:

a. "Cultivating" means physical methods of soil treatment employed within established farming, ranching and silviculture lands on farm, ranch, or forest crops to aid and improve their growth, quality, or yield.

b. "Harvesting" means physical measures employed directly upon farm, forest, or ranch crops within established agricultural and silviculture lands to bring about their removal from farm, forest, or ranch land, but does not include the construction of farm, forest, or ranch roads.

c. "Minor drainage" means:

(1) The discharge of dredged or fill material incidental to connecting upland drainage facilities to state waters, adequate to effect the removal of excess soil moisture from upland croplands. Construction and maintenance of upland (dryland) facilities, such as ditching and tiling incidental to the planting, cultivating, protecting, or harvesting of crops, involve no discharge of dredged or fill material into state waters, and as such never require a § 401 Water Quality Certificate; and hence no Virginia Water Protection Permit;

(2) The discharge of dredged or fill material for the purpose of installing ditching or other water control facilities incidental to planting, cultivating, protecting, or harvesting of rice, or other wetland crop species, where these activities and the discharge occur in state waters which are in established use for such agricultural and silviculture wetland crop production;

(3) The discharge of dredged or fill material for the purpose of manipulating the water levels of, or regulating the flow or distribution of water within, existing impoundments which have been constructed in accordance with applicable requirements of the Act, and which are in established use for the production of rice, or other wetland crop species;

(4) The discharge of dredged or fill material incidental to the emergency removal of sandbars, gravel bars, or other similar blockages which are formed during flood flows or other events, where such blockages close or constrict previously existing drainageways and, if not promptly removed, would result in damage to or loss of existing crops or would impair or prevent the plowing, seeding, harvesting or cultivating of crops on land in established use for crop production. Such removal

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does not include enlarging or extending the dimensions of, or changing the bottom elevations of, the affected drainageway as it existed prior to the formation of the blockage. Removal must be accomplished within one year after such blockages are discovered in order to be eligible for exclusion.

d. Minor drainage in state waters is limited to drainage within areas that are part of an established farming or silviculture operation. It does not include drainage associated with the immediate or gradual conversion of a wetland to a nonwetland (e.g., wetland species to upland species not typically adapted to life in saturated soil conditions), or conversion from one wetland use to another (for example, silviculture to farming).

In addition, minor drainage does not include the construction of any canal, ditch, dike or other waterway or structure which drains or otherwise significantly modifies a stream, lake, swamp, bog or any other wetland or aquatic area constituting state water. Any discharge of dredged or fill material into state water incidental to the construction of any such structure or waterway requires a permit.

e. "Plowing" means all forms of primary tillage, including moldboard, chisel, or wide-blade plowing, discing, harrowing, and similar physical means used on farm, forest or ranch land for the breaking up, cutting, turning over, or stirring of soil to prepare it for the planting of crops. Plowing does not include the redistribution of soil, rock, sand, or other surficial materials in a manner which changes any area of state water to dry land. For example, the redistribution of surface materials by blading, grading, or other means to fill in wetland areas is not plowing. Rock crushing activities which result in the loss of natural drainage characteristics, the reduction of water storage and recharge capabilities, or the overburden of natural water filtration capacities do not constitute plowing. Plowing as described above will never involve a discharge of dredged or fill material.

f. "Seeding" means the sowing of seed and placement of seedlings to produce farm, ranch or forest crops and includes the placement of soil beds for seeds or seedlings on established farm and forest lands.

## § 1.7. Effect of a permit.

The issuance of a permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize injury to private property or any invasion of personal rights or any infringement of federal, state or local law or regulation.

## PART II.

### PERMIT APPLICATION AND ISSUANCE.

## § 2.1. Application for a permit.

### A. Duty to apply.

Any person who proposes the discharge of dredged or fill material into or adjacent to state waters, including wetlands, or proposes to construct an intake for the purpose of withdrawing water from state waters which has the potential to affect the beneficial use of such waters, required to have a permit under § 1.5, and who does not have an effective permit except persons excluded under § 1.6 of this regulation, shall submit a complete Joint Permit Application to the State Water Control Board through the Virginia Marine Resources Commission.

1. A complete Joint Permit Application shall be completed and submitted to the Virginia Marine Resources Commission (VMRC) by any owner or applicant who discharges or proposes to discharge dredged or fill materials before a Virginia Water Protection Permit can be issued. These applications are available from VMRC, the Norfolk District, U.S. Army Corps of Engineers, or the State Water Control Board. This item does not apply where Nationwide or General Permits, for which the board has waived certification, are applicable.

Where an application is incomplete the board may require the submission of additional information after an application has been filed, and may suspend processing of any application until such time as the owner has supplied missing or deficient information and the board considers the application complete. Further, where the applicant becomes aware that he omitted one or more relevant facts from a permit application, or submitted incorrect information in a permit application or in any report to the board, he shall immediately submit such facts or the correct information.

2. Any person proposing a new discharge of dredged or fill material shall submit a Joint Permit Application 180 days prior to the date planned for commencement of the activity resulting in the discharge. There shall be no discharge of dredged or fill material prior to the issuance of a permit.

For any person possessing a § 401 Water Quality Certificate as of December 31, 1989, such certificate shall remain valid and enforceable until such time as the certificate expires, or reapplication or modification is necessary. For certificates issued under § 401 of the Act after December 31, 1989, the board may at its option issue a Virginia Water Protection Permit.

Any person with an existing unpermitted discharge of dredged or fill material shall submit a Joint Permit Application within 30 days upon being requested to by the board.

3. Pursuant to Virginia Code § 62.1-44.15:3 no

application for a new permit will be deemed complete until the board receives notification from the local government body of the county, city or town in which the discharge is to take place that the location and operation of the discharging activity is consistent with all ordinances adopted pursuant to Chapter 11 (§ 15.1-427 et seq.) of Title 15.1 and Chapter 21 (§ 10.1-2100 et seq.) of Title 10.1 where applicable.

## B. Duty to reapply.

1. Any permittee with an effective permit shall submit a new permit application at least 180 days before the expiration date of an effective permit unless permission for a later date has been granted by the board.

2. Owners or persons who have effective permits shall submit a new application 180 days prior to any proposed modification to their activity which will:

a. Result in significantly new or substantially increased discharge of dredged or fill material, or significant change in the nature of the pollutants or

b. Violate or lead to the violation of the terms and conditions of the permit or the water quality standards of the Commonwealth.

## C. Informational requirements.

All applicants for a Virginia Water Protection Permit shall provide information in accordance with § 404(b)(1) Guidelines for Specification of Disposal Sites of Dredged or Fill Material, 40 CFR Parts 230.60 and 230.61, as revised 1987, where appropriate. All applicants for a permit must submit a complete permit application.

## D. Confidentiality.

In accordance with § 62.1-44.21 and as provided in § 3.2 of this regulation information submitted to the executive director in accordance with this subpart may be claimed as confidential.

## § 2.2. Conditions applicable to all permits.

### A. Duty to comply.

The permittee shall comply with all conditions of the permit. In addition, the permittee shall comply with all state and federal toxic effluent standards and prohibitions promulgated under the Act within the time provided by the regulation which establishes the standard or prohibition, even if the permit has not yet been modified to incorporate the requirement. Any permit noncompliance is a violation of the Act and law, and is grounds for enforcement action, permit termination, revocation, modification, or denial of a permit renewal application.

### B. Duty to cease or confine activity.

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the activity for which a permit has been granted in order to maintain compliance with the conditions of the permit.

### C. Duty to mitigate.

The permittee shall take all reasonable steps to (i) avoid all adverse environmental impact which could result from the discharge of dredge and fill material, (ii) where avoidance is impractical, minimize the adverse environmental impact and (iii) where impacts cannot be avoided, provide mitigation of the adverse impact on an in kind basis.

### D. Permit action.

1. A permit may be modified, revoked and reissued, or terminated as set forth in this regulation.

2. If a permittee files a request for permit modification, revocation, or termination, or files a notification of planned changes, or anticipated noncompliance, the permit terms and conditions shall remain effective until the request is acted upon by the board. This provision shall not be used to extend the expiration date of the effective permit.

3. Permits may be modified, revoked and reissued or terminated upon the request of the permittee, interested persons or upon board initiative to reflect the requirements of any changes in the statutes or regulations.

### E. Inspection and entry.

Upon presentation of credentials, any duly authorized agent of the board may, at reasonable times and under reasonable circumstances,

1. Enter upon any permittee's property, public or private, and have access to, inspect and copy any records that must be kept as part of the permit conditions;

2. Inspect any facilities, operations or practices (including monitoring and control equipment) regulated or required under the permit;

3. Sample or monitor any substance, parameter or activity for the purpose of assuring compliance with the conditions of the permit or as otherwise authorized by law.

### F. Duty to provide information.

1. The permittee shall furnish to the board, within a reasonable time, any information which the board may request to determine whether cause exists for modifying, revoking, reissuing and terminating the

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permit, or to determine compliance with the permit. The permittee shall also furnish to the board, upon request, copies of records required to be kept by the permittee.

2. Plans, specifications, maps, conceptual reports and other relevant information shall be submitted as required by the board prior to commencing construction.

## G. Monitoring and records requirements.

1. Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.

2. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart or electronic recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the application for the permit, for a period of at least three years from the date of the expiration of a granted permit. This period may be extended by request of the board at any time.

## 3. Records of monitoring information shall include:

- a. The date, exact place and time of sampling or measurements;
- b. The name of the individual(s) who performed the sampling or measurements;
- c. The date the analyses were performed;
- d. The name of the individual(s) who performed the analyses;
- e. The analytical techniques or methods supporting the information such as observations, readings, calculations and bench data used; and
- f. The results of such analyses.

4. Monitoring shall be conducted according to approved analytical methods as specified in the permit as approved by the board. The board may require sediment monitoring in all state waters where it determines the potential presence of contaminated sediments exists.

## § 2.3. Signatory requirements.

Any application, report, or certification shall be signed as follows:

### A. Application.

1. For a corporation: by a responsible corporate

official. For purposes of this section, a responsible corporate official means (i) a president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2. For a municipality, state, federal or other public agency: by either a principal executive officer or ranking elected official. A principal executive officer of a federal, municipal, or state agency includes the chief executive officer of the agency or head executive officer having responsibility for the overall operation of a principal geographic unit of the agency.

3. For a partnership or sole proprietorship, by a general partner or proprietor respectively.

4. Any application for a permit under this regulation must bear the signatures of the responsible party and any agent acting on the responsible party's behalf.

### B. Reports.

All reports required by permits and other information requested by the board shall be signed by:

1. One of the persons described in subdivision A 1, 2, 3 or 4 of this section; or

2. A duly authorized representative of that person. A person is a duly authorized representative only if:

a. The authorization is made in writing by a person described in subdivision A 1, 2, or 3 of this section; and

b. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, or position of equivalent responsibility. A duly authorized representative may thus be either a named individual or any individual occupying a named position.

c. If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization must be submitted to the board prior to or together with any separate information, or applications to be signed by an authorized representative.

## C. Certification of application and reports.

Any person signing a document under subsection A or B of this section shall make the following certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

### § 2.4. Establishing applicable standards, limitations or other permit conditions.

In addition to the conditions established in §§ 2.2 and 2.3 of this regulation, each permit shall include conditions meeting the following requirements where applicable:

1. Consultative process applicable to all permits. Upon receipt of a complete application, and prior to the issuance of a permit, the board will give full consideration to the written recommendations of the Department of Conservation and Recreation, the Department of Game and Inland Fisheries, the Virginia Marine Resources Commission, the Department of Health, the Department of Agriculture and Consumer Services and any other interested or affected agencies. Such consultation shall include the need to balance instream with offstream uses. Agencies may submit written comments on proposed applications for permits within 45 days after notification by the board. The board shall assume that if written comments are not submitted by an interested or affected agency within 45 days of that agency's being notified, that the agency has no comment on the proposed activity for which the application was submitted.

2. Process for developing instream flow conditions. Applicants for projects that would result in a quantitative alteration of stream flow must submit information in two separate parts that will enable the board to establish instream flow conditions.

a. The initial information shall include such topics as navigation, instream recreation (types, seasonality of occurrence, number of visits), fisheries (species, habitat requirements, habitat availability), hydrology, the location and amounts of existing and proposed upstream and downstream water users and wastewater dischargers within a designated reach of the proposed water withdrawal, consumptive use of the proposed withdrawal and existing withdrawals within the designated study area, designated location(s) of the return flow, average proposed

withdrawal, maximum proposed withdrawal and variations of the withdrawal by season. The board may require site specific field studies to be performed to determine the effect of incremental changes in stream flow on existing instream uses.

b. Following the receipt of recommended instream flow conditions the applicant may be required to conduct hydrologic, economic and water resources modeling studies to determine the effect of the recommended instream flow conditions on the existing instream uses and intended offstream use of the projects. Types of information to be determined are statistical analyses of the times when withdrawals are restricted, plans for mitigating measures, costs associated with mitigation measures, impacts of the proposed project on instream uses and estimates of the percentage of time the project will be without water and the costs associated with going without water.

c. The board shall have 60 days from the receipt of information required to be submitted under § 2.3 B 1 to determine whether the information is complete for the purpose of the application and so notify the applicant.

d. The board will not consider information submitted under § 2.3 B 2 until after the board has provided the applicant with preliminary instream flow recommended conditions developed as a result of the interagency consultation process described in § 2.3 A.

e. Within 30 days from the receipt of information provided by the applicant as the fulfillment of § 2.3 B 2 the board shall determine whether § 2.3 B 2 is considered to be complete and shall so notify the applicant. After § 2.3 B 2 is complete the board shall act within one year on the issuance, waiver or denial of the permit.

3. Instream flow conditions. Instream flow conditions may include but are not limited to the following:

a. The board may require the applicant to cease withdrawing water at certain times or limit the amount of water that may be withdrawn at certain times.

b. The board may vary conditions according to the date, the day of the week or the hour of the day.

c. The board may require the applicant to initiate voluntary and mandatory water conservation measures.

d. The board may vary conditions according to the amount of water remaining in reserve storage for suppliers of water for domestic use and may recognize preferred protection flow levels as well as



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lower minimum flow levels.

e. The board will not endanger public health by the prohibition of withdrawals for human consumption in cases where all available raw water storage has been consumed.

f. The board may take into consideration downstream withdrawals with instream flow conditions within a reasonable downstream distance in establishing conditions for an upstream applicant.

g. In establishing instream flow conditions the board may consider the amount of water returned to the stream and the point at which it is returned. Applicants that return water near the place from which it is withdrawn, largely undiminished in quantity and quality may receive conditions more favorable to their offstream use than applicants that use the majority of their withdrawal consumptively or discharge it at a point far from its point of withdrawal. Accordingly, the board may, but is not required to, institute different instream flow conditions for different applicants located within the same river segment.

h. The board may require applicants to report water use and maintain contemporaneous records of such use.

i. The board may require applicants to install monitoring devices or upgrade existing monitoring devices to measure stream flow or withdrawals.

j. The board may allow applicants to continue to withdraw water from a stream when flows fall below recommended protective levels provided the applicant conducts mitigative measures such as releasing water from storage into the stream at a point upstream of the withdrawal point or other mitigative measures acceptable to the board.

k. The board may require the applicant to conduct follow up studies to determine the effect of the withdrawal on instream beneficial uses.

l. The board may require the applicant to take steps to secure raw water storage.

4. Water quality standards and state requirements. The permit shall include requirements to comply with all appropriate provisions of state laws and regulations.

5. Tidal wetlands. Management of tidal wetlands will be deferred to the Virginia Marine Resources Commission (VMRC) except when the board notifies VMRC in writing it will require a permit.

6. Nontidal wetlands.

a. The management of nontidal wetlands shall be to

achieve no net loss in acreage and function over present conditions. In keeping with this goal the permittee shall ensure that adverse modifications to nontidal wetlands will be avoided whenever feasible. When avoidance of wetlands is not feasible, every effort shall be made by the permittee to minimize such impacts. Where impacts are unavoidable, the permittee shall provide for compensation of adverse impacts to wetlands of one acre or more.

b. In applications where nontidal wetlands are involved the applicant shall provide a description and delineation of the wetland involved using the procedures set forth in the "Federal Manual for the Delineation of Jurisdictional Wetlands", January 1989. Such description shall include all three wetland criteria, excepting those wetlands which have been disturbed by man and where one or more criteria may be absent. In such cases of disturbed area wetlands two of the necessary criteria must be present in order for such wetlands to be considered under this regulation. The three wetland criteria are as follows:

(1) Plant species composition (hydrophytic vegetation);

(2) Hydric soil identification from the county soil map, on site survey and Virginia hydric soils list; and

(3) A description of the hydrology of the wetland (e.g., temporarily flooded, seasonally flooded, permanently flooded). Wetland hydrology may involve inundation or saturation by either surface water or ground water.

In addition sufficiently detailed location information shall be provided such that the wetland area may be visited by state agency personnel for on site verification.

c. Functional value of nontidal wetlands will be determined utilizing currently established functional criteria models.

d. Classification of nontidal wetlands will be determined by the use of the U.S. Fish and Wildlife Service's "Classification of Wetlands and Deepwater Habitats of the United States," December 1979.

e. In disturbed area wetlands, whether by natural or manmade causes, and excepting those cases where there is reason to believe a violation of the law or the Act has occurred, at least two of the three criteria which define a wetland must be present before the board will exercise jurisdiction (e.g., hydric soils and wetland hydrology, or hydric soils and hydrophytic vegetation, or hydrophytic vegetation and wetland hydrology).

## 7. Toxic pollutants.

a. Where the board finds that appropriate limitations may not assure compliance with the law or State Water Quality Standards the board shall require the permittee to follow a program of biological or chemical toxics monitoring. The requirement may include a permit reopener to allow the imposition of toxicity reduction or elimination measures determined to be necessary as a result of the board's evaluation of the results of the toxic monitoring and other available information. Based upon this determination, appropriate limitations will be included in the permit to assure the reduction or elimination of toxic pollutants.

b. Limitations will be included in the permit to control all toxic pollutants which the board determines (based on information reported in a permit application or a notification or on other information) are or may be discharged at a level which would adversely affect the beneficial use of the receiving waters.

8. Duration of permits. Virginia Water Protection permits issued under this regulation shall have an effective and expiration date which will determine the life of the permit.

a. Except as authorized in subdivisions b and c below, Virginia Water Protection Permits shall be effective for a fixed term not to exceed five years for any period of construction, monitoring, or other activity and will be specified in the conditions of the permit.

b. Permits affecting instream flows shall have an effective duration of 10 years.

c. All maintenance dredging of navigation projects shall be effective for a fixed term not to exceed 10 years.

The term of these permits shall not be extended by modification beyond the maximum duration. Extension of permits for the same activity beyond the maximum duration specified in the original permit will require reapplication and reissuance of a new permit.

## 9. Monitoring requirements as conditions of permits.

a. All permits shall specify:

(1) Requirements concerning the proper use, maintenance and installation, when appropriate, of monitoring equipment or methods (including biological monitoring methods when appropriate) when required as a condition of the permit; equipment or methods (including biological monitoring methods when appropriate) when required as a condition of the permit;

(2) Required monitoring including type, intervals, and frequency sufficient to yield data which are representative of the monitored activity and including, when appropriate, continuous monitoring and composite samples.

(3) Applicable reporting requirements based upon the impact of the regulated activity on water quality.

b. All permits shall include requirements to report monitoring results with a frequency dependent on the nature and effect of the discharge, but in no case less than once per year.

c. In addition, the following monitoring requirements may be included in the permits.

(1) Mass or other measurements specified in the permit for each pollutant limited in the permit.

(2) The volume of effluent discharged.

(3) Other measurements as appropriate, including intake water.

10. Best Management Practices (BMPs). The permit may require the use of BMPs to control or abate the discharge of pollutants

11. Reissued permits. When a permit is renewed or reissued, limitations, standards or conditions must be in conformance with current limitations, standards, or conditions. Cause for reopening permits include and are not limited to:

a. State law prohibits permit conditions more stringent than an applicable effluent limitation guideline; or

b. The subsequently promulgated effluent guidelines are based on best conventional pollutant control technology; or

c. The circumstances on which the previous permit was based have materially and substantially changed, or special studies conducted by the board or the permittee show material and substantial change, since the time the permit was issued and thereby constitute cause for permit modification or revocation and reissuance.

12. Reopening permits. Each permit shall have a condition allowing the reopening of the permit for the purpose of modifying the conditions of the permit to meet new regulatory standards duly adopted by the board.

## § 2.5. Draft permit formulation.

A. Upon receipt of a complete application, the board shall make a decision to tentatively issue or deny the

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application. If a tentative decision is to issue the permit then a draft permit shall be prepared in advance of public notice. The following tentative determinations shall be incorporated into a draft permit:

1. Conditions, discharge limitations, standards and other requirements applicable to the permit;
2. Monitoring requirements; and
3. Requirements for mitigation of adverse environmental impacts.

B. If the tentative decision is to deny the application, the board shall so advise the owner of that decision and the requirements necessary to obtain approval. The owner may withdraw the application prior to board action. If the application is not withdrawn or conditions satisfied for the tentative approval to issue, the board shall provide public notice and opportunity for a public hearing prior to formal board action on the application.

C. Should a decision be made to waive the requirement for a permit, the applicant and the Corps of Engineers will be notified of this decision. In such cases the Corps of Engineers shall make the decision as to whether a § 404 permit will be issued and what conditions will be placed upon the applicant. Waiver of the requirement for a permit shall be considered when:

1. The impact of the proposed activity is of minimal environmental consequence;
2. The impacts of the proposed activity are temporary in nature and recovery of the beneficial use of the area is assured; and
3. The impacts of the proposed activity will be fully and successfully mitigated by the applicant such that additional conditions imposed by the board are unnecessary.

## § 2.6. State general permits.

The board may issue state general permits by regulation for certain specified activities which have been determined to be of minimal environmental consequence.

A. After public interest review, and after such general permits have been issued, individual activities falling within the categories that are authorized do not have to receive an individual permit as described by the procedures of this regulation.

B. The board will determine by regulation the appropriate conditions, duration of the permit and restrictions to protect the interests of the citizens of the Commonwealth for each general permit issued.

C. When the board determines on a case by case basis that concerns for water quality and the aquatic

environment so indicate, the board may exercise its authority to override the general permit and require individual application and review. Cases where an individual permit may be required include the following:

1. Where the discharge(s) is a significant contributor of pollution;
2. Where the discharger is not in compliance with the conditions of the general permit;
3. When a discharger no longer meets general permit conditions;
4. Any owner operating under a general permit may request to be excluded from the coverage of the general permit by applying for an individual permit;
5. When an individual permit is issued to an owner, the applicability of the general permit to the individual permittee is automatically terminated on the effective date of the individual permit;
6. When a general permit is issued which applies to an owner already covered by an individual permit, such owner may request exclusion from the provisions of the general permit and subsequent coverage under an individual permit; and
7. A general permit may be revoked as to an individual owner for any of the reasons set forth in § 4.1 subject to appropriate opportunity for a hearing.

## PART III. PUBLIC INVOLVEMENT.

### § 3.1. Public notice of permit action and public comment period.

A. Every draft permit shall be given public notice paid for by the owner, by publication once in a newspaper of general circulation in the area affected by the discharge.

B. The board shall allow a period of at least 30 days following the date of the public notice for interested persons to submit written comments on the tentative decision and to request a public hearing.

C. The contents of the public notice of an application for a permit, or proposed permit action shall include:

1. Name and address of the applicant. If the location of the activity resulting in the discharge of dredged and fill material differs from the address of the applicant the notice shall also state the location of the discharge in sufficient detail such that the specific location may be easily identified.
2. Brief description of the business or activity to be conducted at the discharge site.

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3. The name of the receiving waterway.

4. A statement of the tentative determination to issue or deny a permit.

5. A brief description of the final determination procedure.

6. The address and phone number of a specific person at the state office from whom further information may be obtained.

7. A brief description on how to submit comments and request a public hearing.

D. Public notice shall not be required for submission or approval of plans and specifications or conceptual engineering reports not required to be submitted as part of the application.

## § 3.2. Public access to information.

All information pertaining to permit processing or in reference to any source of discharge of any pollutant, including discharges of dredged or fill material, shall be available to the public, unless the information has been identified by the applicant as a trade secret covered by § 62.1-44.21 of the Code of Virginia. All information claimed confidential must be identified as such at the time of submission to the board and Virginia Marine Resources Commission.

## § 3.3. Public comments and hearing.

A. The board shall provide a comment period of at least 30 days following the date of public notice of the formulation of a draft permit during which interested persons may submit written comments and requests for a hearing on the permit. All written comments submitted during the comment period shall be retained by the board and considered during its final decision on the permit.

B. The executive director shall consider all written comments and requests for hearing received during the comment period, and shall make a determination on the necessity of a hearing in accordance with § 1.12 of Procedural Rule No. 1 (VR 680-31-01). All proceedings, hearings and decisions therefrom will be in accordance with Procedural Rule No. 1.

C. Should the executive director, in accordance with Procedural Rule No. 1, determine to dispense with the hearing, he may grant the permit, or, at his discretion, transmit the application or request, together with all written comments thereon and relevant staff documents and staff recommendations, if any, to the board for its decision.

## § 3.4. Public notice of hearing

A. Public notice of any hearing held pursuant to § 3.3

shall be circulated as follows:

1. Notice shall be published once in a newspaper of general circulation in the county or city where the activity is to occur;

2. Notice of the hearing shall be sent to all persons and government agencies which received a copy of the notice of permit application and to those persons requesting a hearing or having commented in response to the public notice.

B. Notice shall be effected pursuant to subdivisions A 1 and 2 above at least 30 days in advance of the hearing.

C. The content of the public notice of any hearing held pursuant to § 3.3 shall include at least the following:

1. Name and address of each person whose application will be considered at the hearing and a brief description of the person's activities or operations;

2. The precise location of such activity and the state waters that will, or may be affected. The location should be described, where possible, with reference to route numbers, road intersections, map coordinates or similar information;

3. A brief reference to the public notice issued for the permit application, including identification number and date of issuance unless the public notice includes the hearing notice;

4. Information regarding the time and location for the hearing;

5. The purpose of the hearing;

6. A concise statement of the relevant water quality issues raised by the persons requesting the hearing;

7. Contact person and the address of the State Water Control Board office at which the interested persons may obtain further information, request a copy of the draft permit prepared pursuant to § 2.5;

8. A brief reference to the rules and procedures to be followed at the hearing.

## PART IV.

### PERMIT MODIFICATION, REVOCATION, REISSUANCE, TERMINATION AND DENIAL.

§ 4.1. Rules for the modification, revocation, reissuance and termination.

Permits shall be modified, revoked, reissued, or terminated only as authorized by this section as follows:

1. A permit may be modified in whole or in part,

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revoked and reissued or terminated.

2. Permit modifications shall not be used to extend the term of a permit.

3. Modification, revocation and reissuance, or termination may be initiated by the board, permittee, or other person, under applicable laws or the provisions of this regulation.

4. After public notice and opportunity for a formal hearing a permit can be terminated for cause. Causes for termination are as follows:

a. Noncompliance by the permittee with any condition of the permit;

b. The permittee's failure in the application or during the permit issuance process to disclose fully all relevant facts or the permittee's misrepresentation of any relevant facts at any time;

c. The permittee's violation of a special or judicial order;

d. A determination that the permitted activity endangers human health or the environment and can be regulated to acceptable levels by permit modification or termination;

e. A change in any condition that requires either a temporary or permanent reduction or elimination of any discharge of dredged and fill material controlled by the permit.

## § 4.2. Causes for modification.

A permit may be modified, but not revoked and reissued, except when the permittee agrees or requests, when any of the following developments occur:

1. When additions or alterations have been made to the affected facility or activity which require the application of permit conditions that differ from those of the existing permit or are absent from it.

2. When new information becomes available about the operation or discharge covered by the permit which was not available at permit issuance and would have justified the application of different permit conditions at the time of permit issuance.

3. When a change is made in the promulgated standards or regulations on which the permit was based.

4. When it becomes necessary to change final dates in schedules due to circumstances over which the permittee has little or no control such as acts of God, materials shortages, etc. However, in no case may a compliance schedule be modified to extend beyond

any applicable statutory deadline of the Act.

5. When an effluent standard or prohibition for a toxic pollutant must be incorporated in the permit in accordance with provisions of § 307(a) of the Act.

6. When changes occur which are subject to "reopener clauses" in the permit.

7. When the board determines that minimum instream flow levels resulting from the permittee's withdrawal of water is detrimental to the instream beneficial use; or when, at the request of an interested party, the board determines that the withdrawal of water should be subject to further net limitations.

8. When the level of discharge of a pollutant not limited in a permit exceeds the level which can be achieved by available methodology for controlling such discharges.

9. When the permittee begins or expects to begin to cause the discharge of any toxic pollutant not reported in the application.

10. When other states were not notified of the change in the permit and their waters may be affected by the discharge.

## § 4.3. Transferability of permits.

### A. Transfer by modification.

Except as provided for under automatic transfer, in subsection B of this section, a permit shall be transferred only if the permit has been modified to reflect the transfer or has been revoked and reissued to the new owner.

### B. Automatic transfer.

Any permit shall be automatically transferred to a new owner if:

1. The current owner notifies the board 30 days in advance of the proposed transfer of the title to the facility or property;

2. The notice to the board includes a written agreement between the existing and proposed new owner containing a specific date of transfer of permit responsibility, coverage and liability between them; and

3. The board does not within the 30-day time period notify the existing owner and the proposed owner of its intent to modify or revoke and reissue the permit.

## § 4.4. Minor modification.

A. Upon request of the permittee, or upon board

initiative with the consent of the permittee, minor modifications may be made in the permit without following the public involvement procedures.

B. For Virginia Water Protection Permits, minor modification may only:

1. Correct typographical errors;
2. Require reporting by the permittee at a greater frequency than required in the permit;
3. Change an interim compliance date in a schedule of compliance to no more than 120 days from the original compliance date and provided it will not interfere with the final compliance date;
4. Allow for a change in ownership or operational control when the board determines that no other change in the permit is necessary, provided that a written agreement containing a specific date for transfer of permit responsibility, coverage and liability from the current to the new permittee has been submitted to the board;
5. Change plans and specifications where no change in discharge limitations in the permit are required;
6. When facility expansion, production increases and modification will not cause significant change in the discharge of pollutants;
7. Delete permit limitation or monitoring requirements for specific pollutants when the activities generating these pollutants are terminated.

#### § 4.5. Waiver of a permit.

In applications where the State Water Control Board determines that a proposed activity or activities will have minimal or no environmental consequence, a waiver of the requirement for a permit may be granted. The effect of such a waiver would result in a permit or license issued by a federal agency without condition by the state.

#### § 4.6. Denial of a permit.

A. The applicant shall be notified by letter of the staff's decision to recommend to the board, denial of the permit requested.

B. The staff shall provide sufficient information to the applicant regarding the rationale for denial, such that the applicant may at his option; modify the application in order to achieve a favorable recommendation; withdraw his application; or proceed with the processing on the original application.

C. Should the applicant withdraw his application, no permit will be issued.

D. Should the applicant elect to proceed with the original project, the staff shall make its recommendation of denial to the executive director for determination of the need for public notice as provided for in accordance with Procedural Rule No. 1.

## PART V. ENFORCEMENT.

### § 5.1. Enforcement.

The board may enforce the provisions of this regulation utilizing all applicable procedures under the law.

## PART VI. MISCELLANEOUS.

### § 6.1. Delegation of authority.

The executive director, or a designee acting for him, may perform any act of the board provided under this regulation, except as limited by § 62.1-44.14 of the Code of Virginia.

### § 6.2. Transition.

Upon the effective date of this regulation the following will occur:

1. Procedural Rule No. 3 (VR 680-31-03) will be superseded. All applications received after the effective date of the new regulation will be processed in accordance with these new procedures.

2. 401 Water Quality Certificates issued prior to December 31, 1989, have the same effect as a Virginia Water Protection Permit. Water Quality Certificates issued after this date will remain in effect until reissued as Virginia Water Protection Permits.

# FINAL REGULATIONS

For information concerning Final Regulations, see information page.

## Symbol Key

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

## BOARD FOR CONTRACTORS

Title of Regulation: VR 220-01-2. Rules and Regulations of the Board for Contractors.

Statutory Authority: § 54.1-1102 of the Code of Virginia.

Effective Date: January 1, 1991.

### Summary:

*The regulations require licensure of sole proprietorships, partnerships, associations or corporations performing, managing, or superintending in whole or in part, the construction, removal, repair or improvement of any building or structure permanently annexed to real property owned, controlled, or leased by another person or any other improvements to such real property.*

*These regulations apply to approximately 18,000 licensed Class A contractors and 27,000 registered Class B contractors.*

*The regulations have been reorganized to place entry requirements before renewal, list fees at appropriate places, and to separate standards of practice from standards of conduct. Moreover, in accordance with changes made by the General Assembly and the Code Commission to Title 54.1, Chapter 11 on the regulation of contractors, the regulations change the conditions for licensure, and add as a requirement the full-time employment of a designated employee who has successfully completed the appropriate examination. In addition, the regulations require assurance of continued competence for renewal or reinstatement of a license and require some additional documentation of contractual agreements, record keeping and reporting to the board.*

VR 220-01-2. Rules and Regulations of the Board for Contractors.

### PART I. GENERAL.

§ 1.1. Class A license specialty classifications - (§§ 54-1.28 and 54-120.1 of the Code of Virginia) *Definitions [ of classifications ]*.

*The following words and terms, when used in these regulations, unless a different meaning is provided or is plainly required by the context, shall have the following*

### *meanings:*

A. *"Building contractors"* are those whose contracts include construction for others on real property owned, controlled or leased by another person of commercial, industrial, and or institutional buildings and, or single or multiple-family residential buildings, including accessory-use structures, and the remodeling, repair or improvement of any size building. (§ 54-120.1)

B. *"Highway/heavy contractors"* are those whose contracts include construction of roads, streets, bridges, railroads, public transit systems, runways, dams, parking lots, demolition, clearing, grading, excavating, paving, pile driving, foundations and miscellaneous drainage structures. Also included are those whose contracts include the installation or maintenance of power systems for the generation and primary and secondary distribution of electric current ahead of the customer's meter; the installation or maintenance of telephone, telegraph or signal systems for public utilities; and the installation of water, gas, and sewer lines, pumping stations, and treatment plants. (§ 54-120.1)

C. *"Services" "Specialty contractors"* are those whose contracts are for specialty services which do not substantially fall within the scope of any other classification within these regulations. (§ 54-120.1)

D. [ *"Special services - electrical" "Electrical"* ] *contractors"* are those whose contracts include construction which falls within the provisions of the National Electrical Code. (§ 54-120.1)

E. [ *"Special services - plumbing" "Plumbing"* ] *contractors"* are those whose contracts include the installation, maintenance, extension, or alteration of all piping, fixtures, appliances, and appurtenances in connection with any of the following: sanitary or storm drainage facilities; the venting system and the public or private water supply systems within or adjacent to any building, structure or conveyance; also the practice and materials used in the installation, maintenance, extension, or alteration of storm-water, liquid waste, or sewerage, and water supply systems of any premises to their connection with any point of public disposal or other acceptable terminal. (§ 54-120.1)

F. *"Special services - HVAC contractors"* are those whose work includes the installation of heating systems, ventilating systems, cooling systems, steam and hot water heating systems, boilers, and mechanical refrigeration systems. (§ 54-120.1)

G. "Special services - HVAC (refrigeration) contractors" are those whose work includes the installation, alteration, or repair of mechanical refrigeration systems. (§ 54-120.1)

" [ Special services - ] HVAC contractors" are those whose work includes the installation, alteration, or repair of heating systems, ventilating systems, cooling systems, steam and hot water heating systems, boilers, and mechanical refrigeration systems.

[ "Residential contracting" means construction, removal, repair, or improvements to single-family or multiple-family residential buildings, including accessory-use structures. ]

§ 1.2. Renewal of license - (§§ 54-1.28, 54-110, and 54-131 of the Code of Virginia).

A. All licenses expiring on January 31, 1985, for individuals licensed as a Class A Contractor, and all licenses expiring on December 31, 1985, for individuals licensed as a Class B Contractor, will be renewed in a manner to implement a staggered renewal system whereby approximately an equal number of licenses will be renewed each month during a biennium. (§ 54-131)

1. Licenses expiring on these dates will be renewed for a period of time ranging from 6 to 30 months based on a random selection. (§ 54-131)

2. Renewal notices will be mailed approximately 45 days prior to the expiration of these licenses and these notices will indicate the amount of fee due and the next expiration date. The amount of fees charged to each licensee will be determined based on the following schedule. (This fee schedule is to be used on a one-time basis only.) (§ 54-131)

<u>Expiration Date</u>	<u>Amount of fee</u>	<u>Expiration Date</u>	<u>Amount of fee</u>
<u>Class A</u>		<u>Class B</u>	
July 31, 1985	\$ 23	July 31, 1986	\$ 6
August 31, 1985	26	August 31, 1986	7
September 30, 1985	30	September 30, 1986	8
October 31, 1985	34	October 31, 1986	9
November 30, 1985	38	November 30, 1986	10
December 31, 1985	41	December 31, 1986	11
January 31, 1986	45	January 31, 1987	12
February 28, 1986	49	February 28, 1987	13
March 31, 1986	53	March 31, 1987	14
April 30, 1986	56	April 30, 1987	15
May 31, 1986	60	May 31, 1987	16
June 30, 1986	64	June 30, 1987	17
July 31, 1986	68	July 31, 1987	18
August 31, 1986	71	August 31, 1987	19
September 30, 1986	75	September 30, 1987	20
October 31, 1986	79	October 31, 1987	21
November 30, 1986	83	November 30, 1987	22
December 31, 1986	86	December 31, 1987	23
January 31, 1987	90	January 31, 1988	24
February 28, 1987	94	February 28, 1988	25
March 31, 1987	98	March 31, 1988	26
April 30, 1987	101	April 30, 1988	27
May 31, 1987	105	May 31, 1988	28
June 30, 1987	109	June 30, 1988	29

3. Thereafter, all Class A licenses expiring on or after July 31, 1986, and all Class B licenses expiring on or after July 31, 1986, will be renewed for a two-year period. The amount of renewal fee will be \$90 for a Class A license and \$20 for a Class B license. (§ 54-131)

4. Beginning on July 1, 1984, all new licenses will be issued in a manner to expire two years from the last day of the month in which they were issued. (§ 54-131)

B. The Department of Commerce will mail a renewal notice to the licensee outlining procedures for renewal. Failure to receive this notice, however, shall not relieve the licensee of the obligation to renew. If the licensee fails to receive the renewal notice, a copy of the license may be submitted with the required fee. (§ 54-131)

C. For any licensee failing to renew the license within one month following the date it expires, a penalty fee of \$90 for Class A Contractors and \$20 for Class B Contractors will be required in addition to the regular renewal fee. Any licensee failing to renew their license within six months after it expires must apply for reinstatement for the license, as no renewals will be accepted. (§ 54-131)

D. The date a fee is received by the Department of Commerce, or its agent, will be used to determine whether a penalty fee or the requirement for reinstatement of a license is applicable for each fee received. (§ 54-131)

§ 1.3. Fee payments.

Each check or money order shall be made payable to the Treasurer of Virginia. All fees are nonrefundable. (§§ 54-120.1 and 54-120.3 of the Code of Virginia)

§ 1.4. Class A fee.

The fee for a Class A license (initial license) shall be \$100. (§ 54-120.1)

§ 1.5. Class B fee.

The fee for a Class B license (initial license) shall be \$100. (§ 54-120.3)

§ 1.6. Examination fee.

The examination fee shall be \$25 per examinee for each examination. (§ 54-120.1)

## PART II. ENTRY.

§ 2.1. Class A license - (§§ 54-28, 54-1.110 and 54-120.1 of the Code of Virginia ) Requirements for licensure as a Class A sole proprietorship, partnership, association or corporation.



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Applicants for licensure must submit an application completed in accordance with the application instructions, and meet or exceed the following criteria prior to licensure: *Every sole proprietorship, partnership, association or corporation seeking a Class A license shall complete an application furnished by the Department of Commerce and shall meet or exceed the requirements set forth below prior to issuance of the license.*

1. Attainment of a passing grade on the appropriate examination when an examination is required by these regulations. (§ 54-120.1)

2. Three current satisfactory credit references from suppliers of building materials on a form prescribed by the board. (§ 54-120.1)

3. Three current satisfactory experience references from persons familiar with the knowledge, skills and abilities of the applicant, relating to the performance of contracting services to the public, on a form prescribed by the board. (§ 54-120.1)

4. One current satisfactory reference from the bank which maintains the applicant's depository account, on a form prescribed by the board. (§ 54-120.1)

5. A financial statement dated not more than 15 months prior to application evidencing a net worth of at least \$25,000 for an individual or partnership, excluding any jointly owned residence, or a net equity of at least \$25,000 for a corporation. (§ 54-120.1)

a. Financial statements dated more than 90 days prior to application must be accompanied by an affidavit certifying that the current financial condition is substantially as good as or better than that shown on the financial statement furnished. (§ 54-120.1)

A. Each sole proprietorship, partnership, association or corporation shall have in its full-time employ a designated employee who is at least 18 years of age and who has successfully completed or who has been deemed to have fulfilled the written or oral examination required by the board.

B. The board, in its discretion, may deny licensure to any firm in which the sole proprietor, officers of the corporation, general partners of the partnership, members of the association, or designated employee have not maintained good standing in every jurisdiction where licensed as a contractor and shall not have had that license suspended, revoked or surrendered in connection with a disciplinary action in any jurisdiction within five years prior to applying for licensure in Virginia.

C. Applicants will be required to provide information for the past five years including but not limited to outstanding past-due debts, judgments, outstanding state or federal tax obligations, and defaults on bonds.

(Evidence of a pattern of failure to pay debts or noncompliance with contractual obligations sufficient to warrant the conclusion that the contracting business applying for a license is not likely to meet the financial responsibilities of a contractor shall be a basis for the denial of a license.)

D. Applicants will be required to submit on a form provided by the board, a current balance sheet showing the assets, liabilities, and capital of the firm. A financial statement showing a net worth of less than [ ~~\$50,000~~ \$45,000 ] for an individual [ ~~or~~ , ] partnership, [ or association, ] excluding any jointly owned residence, or a net equity of less than [ ~~\$50,000~~ \$45,000 ] for a corporation shall be a basis for the denial of a license.

E. Applicants shall provide evidence acceptable to the board of [ seven five ] years experience in the [ license ] classification [ or specialty service ] for which licensure is sought. [ Electrical, plumbing, or HVAC contractors shall employ an individual who has successfully completed an examination for electrical, plumbing, or HVAC classifications. For license classifications or specialty services in which the board also requires an examination to demonstrate experience, the contractor shall have in the full-time employment of the firm seeking licensure an individual who has successfully completed an examination ] approved by the board.

F. Any Class A contractor licensed in the Commonwealth of Virginia prior to January 1, 1991, and in business on December 31, 1990, shall provide to the board in writing the name of one full-time employee who is at least 18 years of age and that employee shall be deemed to have fulfilled the requirement for examination in § 2.1 of these regulations, so long as he remains a full-time employee of that contractor. Upon the departure of that employee, the contractor shall name another full-time employee in accordance with § 2.1 A. A fee shall be required for a declaration of a designated employee in accordance with § 2.5 D of these regulations.

G. The board, in its discretion, may deny licensure to any firm in which the sole proprietor, officers of the corporation, general partners of the partnership, members of the association, or designated employee have been convicted in any jurisdiction of a misdemeanor involving lying, cheating or stealing; or of any felony. Any plea of nolo contendere shall be considered a conviction for the purposes of this subsection. The record of a conviction authenticated in such form as to be admissible in evidence under the laws of the jurisdiction where convicted shall be admissible as prima facie evidence of such conviction.

§ 2.2. Temporary Class A License - The Board may issue a temporary license for a specific project if the project's owner requests such action in writing and the application demonstrates to the Board's satisfaction that the applicant is able to complete satisfactorily the contract to be undertaken under authority of the temporary license. (§

54-1-1107)

~~§ 2.3.~~ § 2.2. Class B license. Requirements for licensure as a Class B sole proprietorship, partnership, association or corporation.

Applicants for licensure must submit an application stating the name, place of business, place of residence, name of the registered agent, and evidence of holding a current local license pursuant to local ordinances adopted under authority of § 54-145.2 of the Code of Virginia. (~~§ 54-129.3 of the Code of Virginia~~) Every sole proprietorship, partnership, association or corporation seeking a Class B license shall complete an application furnished by the Department of Commerce and shall meet or exceed the requirements set forth below prior to issuance of the license.

A. Each sole proprietorship, partnership, association or corporation shall have in its full-time employ a designated employee who is at least 18 years of age and who has successfully completed or who has been deemed to have fulfilled the written or oral examination required by the board.

B. The board, in its discretion, may deny licensure to any firm in which the sole proprietor, officers of the corporation, general partners of the partnership, members of the association, or designated employees have not maintained good standing as a licensed contracting business in every jurisdiction where licensed as a contractor and shall not have had that license as a contracting business suspended, revoked or surrendered in connection with a disciplinary action in any jurisdiction within five years prior to applying for licensure in Virginia.

C. Applicants will be required to provide information for the past three years including but not limited to outstanding past-due debts, judgments, outstanding state or federal tax obligations, and defaults on bonds. (Evidence of a pattern of failure to pay debts or noncompliance with contractual obligations sufficient to warrant the conclusion that the contracting business applying for a license is not likely to meet the financial responsibilities of a contractor shall be a basis for the denial of a license.)

D. Applicants who were not registered in the Commonwealth of Virginia prior to January 1, 1991, and in business on December 31, 1990, will be required to submit on a form provided by the board, a current balance sheet showing the assets, liabilities, and capital of the firm. A financial statement showing a net worth of less than [ ~~\$20,000~~ \$15,000 ] for an individual [ ~~or~~ , ] partnership, [ or association, ] excluding any jointly owned residence, or a net equity of less than [ ~~\$20,000~~ \$15,000 ] for a corporation shall be a basis for the denial of a license.

E. Applicants shall provide evidence acceptable to the board of three years experience in the [ license ]

classification [ or specialty service ] for which licensure is sought. [ ~~Electrical, plumbing, or HVAC contractors shall employ an individual who has successfully completed an examination for electrical, plumbing, or HVAC classifications~~ For license classifications or specialty services in which the board also requires an examination to demonstrate experience, the contractor shall have in the full-time employment of the firm seeking licensure an individual who has successfully completed an examination ] approved by the board.

F. Any Class B contractor registered in the Commonwealth of Virginia prior to January 1, 1991, and in business on December 31, 1990, shall provide to the board in writing the name of one full-time employee who is at least 18 years of age and that employee shall be deemed to have fulfilled the requirement for examination in § 2.2 of these regulations, so long as he remains a full-time employee of that contractor. Upon the departure of that designated employee, the contractor shall name another full-time employee in accordance with § 2.2 A. A fee shall be required for a declaration of a designated employee in accordance with § 2.5 D of these regulations.

G. The board, in its discretion, may deny licensure to any firm in which the sole proprietor, officers of the corporation, general partners of the partnership, members of the association, or designated employee have been convicted in any jurisdiction of a misdemeanor involving lying, cheating or stealing; or of any felony. Any plea of nolo contendere shall be considered a conviction for the purposes of this subsection. The record of a conviction authenticated in such form as to be admissible in evidence under the laws of the jurisdiction where convicted shall be admissible as prima facie evidence of such conviction.

§ 2.3. Examination requirements.

A. The designated employee for a Class A firm, except as provided in § 2.1 F, shall attain a passing grade established by the board on an examination the subject of which shall be the regulations and statutes of the board and on [ ~~either the general~~ ] knowledge necessary to engage in the contracting activities of the Class A firm. [ The Class A examination shall consist of the Virginia section, General section, and Advanced section. The Virginia section will test the candidate's knowledge of statutory and regulatory requirements. The General section will test the candidate's general administrative and business knowledge necessary to engage in contracting activities. The Advanced section will test the candidate's general administrative and business knowledge necessary to engage in Class A contracting activities. ]

B. The designated employee for a Class B firm, except as provided in § 2.2 F, shall attain a passing grade established by the board on an examination the subject of which shall be the regulations and statutes of the board and on [ ~~either the general~~ ] knowledge necessary to engage in the contracting activities of the Class B firm. [

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The Class B examination shall consist of the Virginia section and General section. The Virginia section will test the candidate's knowledge of statutory and regulatory requirements. The General section will test the candidate's general administrative and business knowledge necessary to engage in contracting activities. ]

C. Examinations [ for designated employees which are ] required by the board shall be approved by the board and provided by the board or by a testing service acting on behalf of the board.

[ D. Examinations required by the board to demonstrate experience for a license classification or specialty service shall be approved by the board. ]

§ 2.4. Examinations required for Class A "Special Services" classifications -- (§§ 54.1-1106, 54.1-201, 54.1-1102)

A. The electrical examination shall be administered by the board, shall be open book and based upon the pertinent provisions of the National Electrical Code. (§ 54.1-1106)

B. The plumbing examination shall be administered by the board, shall be closed book and based upon the pertinent provisions of the BOCA Basic Plumbing Code, BOCA Mechanical Code, National Level Gas Code and NFPA No. 54, 1974 and includes five questions on gas fittings. (§ 54.1-1106)

C. The HVAC examination shall be administered by the board, shall be open-book and based upon the pertinent provisions of the BOCA Basic Mechanical Code. (§ 54.1-1106)

D. The refrigeration examination shall be administered by the board, shall be open-book and based upon the pertinent provisions of the BOCA Basic Mechanical Code. (§ 54.1-2206)

§ 2.4. License by reciprocity.

A. Applicants for Class A licensure by reciprocity shall meet the requirements set forth in § 2.1 of these regulations. A designated employee, for the firm seeking reciprocal licensure, who has passed in the jurisdiction of original licensure an examination deemed to be substantially equivalent to the examination required by the board shall only be required to successfully complete the Virginia section and when deemed necessary the Advanced section of the examination.

B. Applicants for Class B licensure by reciprocity shall meet the requirements set forth in § 2.2 of these regulations. A designated employee, for the firm seeking reciprocal licensure, who has passed in the jurisdiction of original licensure an examination deemed to be substantially equivalent to the examination required by the board shall only be required to successfully complete the Virginia section of the examination.

C. Applicants for Class A and Class B [ licenses licensure ] by reciprocity shall provide evidence acceptable to the board of experience in the [ license ] classification [ or specialty service ] for which licensure is sought.

D. No license shall be issued to an applicant whose previous license/registration has been suspended for nonpayment of a Virginia Contractor Recovery Fund assessment until all past-due assessments have been paid.

§ 2.5. Waiver of examination by reciprocity.

The board may waive examination by reciprocity to any person holding a license in good standing in any jurisdiction of the United States or any foreign country provided that the applicant satisfactorily demonstrates to the board that the examination passed in the other licensing jurisdiction is at least equal to the examination required to obtain licensure from this board. (§ 54.1-1106)

§ 2.5. Fees for licensing, designated employee declaration, and examination.

A. Fee payments.

Each check or money order shall be made payable to the Treasurer of Virginia. All fees required by the board are nonrefundable.

B. Class A original license fee.

The fee for an initial Class A license shall be [ \$75 \$85. ]

C. Class B original license fee.

The fee for an initial Class B license shall be \$65.

D. Class A designated employee declaration fee.

The fee for declaring a designated employee for Class A licensure shall be \$25.

E. Class B designated employee declaration fee.

The fee for declaring a designated employee for Class B licensure shall be \$25.

F. Class A examination fee.

The fee for Class A examination shall be [ \$150 \$60 ] . The fee for an examination in any individual section of the Class A examination package shall be [ \$50 \$20 ] for the Virginia section, [ \$50 \$20 ] for the General section, and [ \$50 \$20 ] for the Advanced section. Individuals who successfully complete one or more but not all of the sections upon initial examination shall have 12 months from the date of that initial examination to successfully complete the remaining sections of the Class A examination package.

## G. Class B examination fee.

The fee for a Class B examination shall be [ ~~\$100~~ \$40 ] . The fee for an examination in any individual section of the Class B examination package shall be [ ~~\$50~~ \$20 ] for the Virginia section and [ ~~\$50~~ \$20 ] for the General section. Individuals who successfully complete only one section upon initial examination shall have 12 months from the date of that initial examination to successfully complete the remaining section of the Class B examination package.

## H. Class A reciprocity examination fee.

The fee for a Class A reciprocity examination shall be [ ~~\$50~~ \$20 ] for individuals required to take the Virginia section of the Class A examination package and [ ~~\$100~~ \$40 ] for individuals required to take both the Virginia section and Advanced section of the Class A examination package.

## I. Class B reciprocity examination fee.

The fee for a Class B reciprocity examination shall be [ ~~\$50~~ \$20 ] for individuals required to take the Virginia section of the Class B examination package.

J. [ ~~Examination for license upgrade~~ Upgrade examination ] fee.

The fee for a Class B to Class A upgrade examination shall be [ ~~\$50~~ \$20 ] for the Advanced section of the Class A examination package.

K. [ ~~Special services examination~~ License classification or specialty service examination ] fee.

The fee for [ ~~a Special Services an~~ ] examination, when offered by the board, in [ ~~either the electrical, plumbing, or HVAC classifications~~ any of the license classifications or specialty services ] shall be \$150.

## PART III STANDARDS OF PRACTICE RENEWAL AND REINSTATEMENT .

### § 3.1. Renewal.

All Class A and Class B licensees wishing to renew their licenses must apply for license renewal every two years. After January 1, 1991, Class B registrations are not renewable in accordance with § 54.1-1108.1 of the Code of Virginia.

#### A. Fees.

The application fee for renewal of a Class A license is \$65 and the application fee for renewal of a Class B license is \$45. All fees required by the board are nonrefundable.

## B. Procedures.

The Department of Commerce will mail a renewal notice to the licensee outlining procedures for renewal. Failure to receive this notice, however, shall not relieve the licensee of the obligation to renew. If the licensee fails to receive the renewal notice, a copy of the license may be submitted with the required fee as an application for renewal.

C. Applicants for renewal of a license (expiring on or after January 31, 1991) shall certify on a form provided by the board that they meet the current standards for entry as follows:

1. Those applying for renewal of a Class A license shall meet the requirements of §§ 2.1 A, 2.1 B, 2.1 G, and, where applicable, § 2.1 E.

2. Those applying for renewal of a Class B license shall meet the requirements of §§ 2.2 A, 2.2 B, 2.2 G, and, where applicable, § 2.2 E.

D. The date on which the renewal fee is received by the department or its agent will determine whether the licensee is eligible for renewal or required to apply for reinstatement.

### § 3.2. Reinstatement.

Any licensee failing to apply for renewal of its license within 30 days of its expiration date will be required to reinstate the license.

#### A. Fees.

The application fee for reinstatement of a Class A license is \$75 and the application fee for reinstatement of a Class B license is \$60. All fees required by the board are nonrefundable.

B. Applicants for reinstatement shall meet the requirements of § 3.1 of these regulations.

C. The date on which the reinstatement fee is received by the Department of Commerce or its agent will determine whether the license is reinstated or a new application for licensure is required.

D. In order to ensure that licensees are qualified to practice as contractors, no reinstatement will be permitted once six months from the expiration date of the license has passed. After that date the applicant must apply for a new license and meet the then current entry requirements.

### § 3.3. Board discretion to deny renewal or reinstatement.

The board may deny renewal or reinstatement of a license for the same reasons as it may refuse initial licensure or discipline a licensee.

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## PART IV. STANDARDS OF PRACTICE.

### § 3.1. § 4.1. Change in management personnel.

When there has been a change in the management personnel of a licensed business, the licensee shall report the change in writing to the board within 30 days. The report shall designate in resume form the qualifications and experience of the replacement management personnel. The board shall promptly notify the licensee in writing that continuation of the license has been granted, or it shall set forth reasons for disapproval. For the purpose of this regulation, "Management personnel" means the responsible managing employee, qualifying plumbing, electrical, HVAC or refrigeration examinee or officer of any corporation. (§ 54-110 of the Code of Virginia) *Class A licensees and Class B licensees/registrants shall report in writing or on a form provided by the board any changes in the following personnel:*

*The sole proprietor;*

*The general partners;*

*Members of an association;*

*Officers of the corporation;*

*Designated employee;*

*Individual qualified in a [ license classification or ] specialty [ service ] .*

*This information must be provided to the board within 90 days of the change.*

*The board shall promptly notify the Class A licensed firm and Class B licensed/registered firm in writing that the continuation of the firm's license/registration has been granted or denied in accordance with the requirements of §§ 2.1 A, 2.1 E, and 2.1 G for Class A licensees; §§ 2.2 A, 2.2 E, and 2.2 G for Class B licensees; and § 2.2 G for Class B registrants.*

### § 3.2. Transfer of license prohibited.

No license issued by the board shall be assigned or otherwise transferred. Licenses are issued to legal business entities whether they be individuals, proprietorships, partnerships, corporations, joint ventures or other legal entities. Whenever there is any change in the ownership of the legal entity licensed, whether in a proprietorship or change of partner in partnership or the creation of a corporation, a new license is required. (§ 54-110 of the Code of Virginia)

### § 3.3. § 4.2. Name changes.

A licensee /registrant must do business operate under the name in which the license /registration is issued. As

long as there is no change in the legal entity, a licensee /registrant may secure a name change by submitting a written request to the board for such a change. The request must show the name as it then appears on the license /registration and the new name, and must be accompanied by a copy of a name change authorization Certificate of Amendment from the State Corporation Commission if the licensee /registrant is a corporation, or by authorization from the appropriate local court, if the licensee is not a corporation. (§ 54-110 of the Code of Virginia) *if a licensee/registrant other than a corporation is trading under a fictitious name.*

### § 3.4. Classification change.

A licensee may obtain additional classifications by filing a written request with appropriate fee, a detailed resume of qualifications and experience in the classifications requested, and three letters of recommendation attesting to those qualifications. An examination fee is required when the additional classifications requested are "Special services - HVAC" or "Special services - refrigeration." (§ 54-120.1 of the Code of Virginia)

### § 3.5. Classification change fee.

The fee for classification change shall be \$10. (§ 54-110 of the Code of Virginia)

§ 4.3. [ *Special Changes, additions, or deletions to license classifications or specialty* ] services [ *classification change, addition, or deletion* ] .

*A licensee may change a [ special services license ] classification [ or specialty service ] or obtain additional [ license ] classifications [ or specialty services ] by providing evidence acceptable to the board of experience in that [ license classification or ] specialty [ for electrical, plumbing, or HVAC contractors, service. When the board also requires an examination to demonstrate experience in a license classification or specialty service, acceptable evidence can be demonstrated ] by certifying on a form provided by the Department of Commerce the [ full-time ] employment of an individual who has successfully completed [ an the appropriate ] examination for [ electrical, plumbing, or HVAC the license ] classification [ approved by the board or specialty service sought ] . The fee for each change or addition is \$25. All fees required by the board are nonrefundable.*

### § 3.6. § 4.4. Change of address.

Licenses /registrants shall report any change of address to the board in writing within 30 days of the change. (§ 54-110 of the Code of Virginia)

### § 4.5. Transfer of license/registration prohibited.

*No license/registration issued by the board shall be assigned or otherwise transferred. Licenses/registrations are issued to the legal business entities whether they be*

*proprietorships, partnerships, corporations, joint ventures or other legal entities. Whenever there is any change in the ownership of a sole proprietorship, partnership, or association, a new license is required. Also, whenever a corporation is dissolved and a new corporation formed, a new license is required.*

## PART V. STANDARDS OF CONDUCT.

§ 3-7. § 5.1. Prohibited acts. — (§§ 54-1-28, 54-119 and 54-132.1 of the Code of Virginia).

The following acts constitute *are* cause for disciplinary action:

1. Failure in any material way to comply with provisions of Chapter 1 or Chapter 11 of Title 54.1 of the Code of Virginia or the regulations of the board.

1. 2. Furnishing substantially inaccurate or incomplete financial information to the board in obtaining or , renewing , reinstating, or maintaining a license. (§ 54-132.1)

2. Disciplinary action by any county, city, town, or any state or federal governing body, which action shall be reviewed by the board before it takes any disciplinary action of its own. (§ 54-132.1)

3. Failure in any material way to comply with the provisions of the rules and regulations of the board. (§ 54-132.1)

3. Where the sole proprietor, officer of the corporation, partner in the partnership, members of the association, or designated employee have failed to report to the board, in writing, the suspension or revocation of a contractor license by another state or his conviction in a court of competent jurisdiction of a building code violation.

4. Publishing or causing to be published any advertisement relating to contracting which contains an assertion, representation, or statement of fact that is false, deceptive, or misleading. (§ 54-132.1)

5. Gross negligence, or continued incompetence, or misconduct in the practice of his profession. (§ 54-132.1)

6. Failure to comply with the Virginia Uniform Statewide Building Code; which is administered by the Board of Housing and Community Development. (§ 54-132.1)

7. Willful violation or cooperation with others to violate any provisions of Chapters 1-1 or 7 of Title 54, of the Code of Virginia, or these regulations. (§ 54-132.1)

8. Abandonment without legal excuse of a contract or construction project engaged in or undertaken by the licensee. (§ 54-132.1)

9. Diversion of funds or property received for prosecution or completion of a specified construction project or operation, or for a specific purpose in the prosecution, or for the completion of a construction project or operation. (§ 54-132.1)

10. Failure to honor, within 10 days of receiving formal notice from the board, any bad checks submitted in payment of a fee required by these regulations. (§ 54-1.2:1)

6. Failure of all those who engage in residential contracting [ , as defined in § 1-1 of these regulations ] , excluding routine maintenance or service contracts, to make use of a legible written contract clearly specifying the terms and conditions of the work to be performed. [ For the purposes of these regulations, residential contracting means construction, removal, repair, or improvements to single-family or multiple-family residential buildings, including accessory-use structures. ] Prior to commencement of work or acceptance of payments, the contract shall be signed by both the consumer and the licensee/registrant or his agent. At a minimum the contract shall specify or disclose the following:

a. When work is to begin and the estimated completion date;

b. A statement of the total cost of the contract and the amounts and schedule for progress payments including a specific statement on the amount of the down payment;

c. A listing of specified materials and work to be performed;

d. A "plain-language" exculpatory clause concerning events beyond the control of the contractor and a statement explaining that delays caused by such events do not constitute abandonment and are not included in calculating time frames for payment or performance;

e. A statement of assurance that the contractor will comply with all local requirements for building permits, inspections, and zoning;

f. Disclosure of the cancellation rights of the parties;

g. A signed acknowledgement by the consumer that he has provided with and read the Department of Commerce statement of protections available to him through the Board of Contractors;

h. Contractor's name, address, license/registration

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number, expiration date, class of license/registration, and [ *special services classification of* ] license [ *classifications or specialty services* ] ;

i. Statement providing that any [ *significant* ] modification to the contract [ , which changes the cost, materials, work to be performed, or estimated completion date, ] must be in writing and signed by all parties.

7. Failure to make prompt delivery to the consumer before commencement of work of a fully executed copy of the contract as described in subdivision 6 of this section for construction or contracting work.

8. Failure of the contractor to maintain for a period of three years from the date of contract a complete and legible copy of all documents relating to that contract, including, but not limited to, the contract and any addenda or change orders.

9. Refusing or failing, upon request or demand, to produce to the board, or any of its agents, any document, book, record or copy thereof in the licensee's/registrant's possession concerning a transaction covered by these regulations or for which the licensee/registrant is required to maintain records, or failing to cooperate in the investigation of a complaint filed with the board against the contractor.

10. Abandonment, or the intentional and unjustified failure to complete work contracted for, or the retention or misapplication of funds paid, for which work is either not performed or performed only in part. (Unjustified cessation of work under the contract for a period of 30 days or more shall be considered evidence of abandonment.)

11. Making a substantial any misrepresentation or making a false promise of a character likely to influence, persuade, or induce. (§ 54-132.1)

12. Failure to notify the board in writing within 30 days after the change of the address of record of the licensee. (§ 54-132.1)

13. Failure of a licensee to notify the board in writing within 30 days after a change in the control or direction of the business of the licensee resulting from a change in the licensee's partners, directors, officers, management personnel, responsible managing employee or examinee, or after a change in the control or direction of the business of the licensee resulting from another occurrence or event (§ 54-132.1)

14. 12. Aiding or abetting an unlicensed *unregistered* [ *person contractor* ] to violate any provision of Chapters 1-1 or 7 Chapter 1 or Chapter 11 of Title 54, 54.1 of the Code of Virginia, or these regulations; or combining or conspiring with or acting as agent,

partner, or associate for an unlicensed *unregistered* [ *person contractor* ] ; or allowing [ *one's a firm's* ] license /*registration* to be used by an unlicensed *unregistered* [ *person contractor* ] ; or acting as or being an ostensible licensee /*registrant* for undisclosed persons who do or will control or direct, directly or indirectly, the operations of the licensee's /*registrant's* business. (§ 54-132.1)

15. Failure to comply with the provisions of the Virginia Fair Housing Law §§ 36-86 through 36-96, of the Code of Virginia. (§ 54-132.1)

16. 13. Where the sole proprietor, officers of the corporation, general partners in the partnership, members of the association, or designated employee have ~~Offering, giving offered, given or promising~~ anything of value or benefit to any federal, state, or local employee for the purpose of influencing that employee to circumvent, in the performance of his duties, any federal, state, or local law, regulation, or ordinance governing the construction industry. (§ 54-132.1)

14. Have been convicted or found guilty, regardless of adjudication, in any jurisdiction of any felony or of a misdemeanor involving lying, cheating or stealing, there being no appeal pending therefrom or the time of appeal having elapsed. Any plea of guilty or nolo contendere shall be considered a conviction for the purposes of this subdivision. The record of a conviction certified or authenticated in such form as to be admissible in evidence under the laws of the jurisdiction where convicted shall be admissible as prima facie evidence of such guilt.

15. Failing to inform the board in writing within 30 days of pleading guilty or nolo contendere or of being convicted and found guilty of any felony or of a misdemeanor involving lying, cheating or stealing.

16. Have been disciplined by any county, city, town, or any state or federal governing body, which action shall be reviewed by the board before it takes any disciplinary action of its own.

17. Failure to comply with the Virginia Uniform Statewide

COMMISSION OF VIRGINIA  
 BOARD OF PROFESSIONAL CONTRACTORS  
 P.O. BOX 11066, RICHMOND, VIRGINIA 23224-1066

APPLICATION FOR A CONTRACTOR'S LICENSE  
 CLASS A LICENSE FEE: \$55  
 CLASS B LICENSE FEE: \$45  
 RECOVERY FUND ASSESSMENT FEE: \$ 25

**INSTRUCTIONS:** Read the attached law and regulations carefully in order to be sure that you can meet the requirements and are eligible for licensure. Violations of the law and regulations will be reported to the appropriate state and federal agencies. All required information and documents must be submitted with the application. The fee for a Class A license is \$55 and the fee for a Class B license is \$45. All license fees are non-refundable. In addition, there is a \$25 assessment fee for the Virginia Contractor Transaction Recovery Fund. If you are applying for licensure, the \$25 assessment fee will be returned to you. **Make checks payable to the Commission of Virginia.** You may use one check for both amounts (Class A \$100/Class B \$40) if you wish. **Mail receipt of your fee to the Board of Professional Contractors.**

**1. NAME OF BUSINESS ENTITY:**

Enter the name in which the applicant will conduct business in Virginia, business address (P.O. Box not accepted), mailing address if other than business address, and telephone number. If the applicant is not licensed in another state, a complete form of Attorney Form must be attached to this application.

PLEASE TYPE OR PRINT

Name of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Social Security Number of Applicant: \_\_\_\_\_  
 Trade/As Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

**2. ESTIMATED EMPLOYEE:**

Name: \_\_\_\_\_ FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ YEAR \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Yes \_\_\_\_\_ No Rate: \_\_\_\_\_  
 Span Period: \_\_\_\_\_ Yes \_\_\_\_\_ No

**3. TYPE OF BUSINESS ENTITY: (Please check one)**

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Association \_\_\_\_\_ Joint Venture \_\_\_\_\_  
 Limited \_\_\_\_\_

**IF A CORPORATION:**

State and date of Incorporation: \_\_\_\_\_  
 Has the Corporation qualified to do business in Virginia in accordance with the laws of the State? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If answer is yes, give date: \_\_\_\_\_  
**NOTE:** You are required to provide the Board with a certified copy of the State Charter issued by the State Corporation Commission. If you are unable to provide a certified copy of your qualifications of good standing also issued by the SBC, failure to do so may be cause for denial of this application.

If the applicant is a Foreign Corporation (not chartered in Virginia), complete this question: Has the applicant been granted a Certificate of Authority by the Virginia State Corporation Commission as required under the laws of Virginia (Code of Virginia Title 13.1-157, Code of Virginia Title 13.1-158)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide a copy of the Certificate of Authority.

**4. SPECIALTIES:** Type of Contracting for which a license is desired:

Building Contractor \_\_\_\_\_ Highway/Heavy Contractor \_\_\_\_\_ Electrical Contractor\* \_\_\_\_\_  
 Plumbing Contractor\* \_\_\_\_\_ HVAC Contractor\* \_\_\_\_\_ Specialty Contractor \_\_\_\_\_

**\*ITEM REQUIRED:**

If an exam has been passed, please identify the individual qualified in the license classification or specialty service, the classification or specialty service for which they are qualified and the examination unit was completed:

LAST NAME	FIRST	M.I.	SPECIALTY SERVICE	EXAMINATION COMPLETED

**5. Please provide the information requested below on each sole proprietor, corporate officer, general partner, or member of an association for the life building licensure.**

Name	Address	Title	Soc. Sec. No.	Birth Date/Eligible Place

**6. Have any of the above-listed individuals been or are they now sole proprietors, corporate officers, general partners, or members of an association in a business licensed/registered by the Board for Contractors? Yes \_\_\_\_\_ No \_\_\_\_\_**

Individual's Name	Business Name	License/Registration No.	License/Registration	Expire Date of License/Registration

**7. Are the above licenses/restrictions continuing to operate in Virginia? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, a Certification of Continuation must be completed and returned along with the license registration attached. Please provide a separate certification for each license registration entry returned.**

**NOTE:** In order to return the license/registration itself, not just the money paid, return of the license/registration is no longer the subject of this application. You must return and appropriate action upon any complaint or possible regulatory and/or statutory violations by the license/registrant.



# Final Regulations

**BOARD FOR CONTRACTORS  
APPLICATION FOR A CONTRACTOR'S LICENSE  
FINANCIAL STATEMENT**

Name of Firm or Corporation: _____ Date Statement was completed: _____	All applicable items on this form must be filled out in their entirety or it will be returned. This form contains an affidavit statement which must be sworn to before a Notary Public, stating that the information provided on this form reflects the current financial condition of the applicant. THIS STATEMENT MAY NOT BE MORE THAN 90 DAYS OLD OR IT WILL NOT BE CONSIDERED.
<b>SECTION I</b>	<b>ASSETS OF THE APPLICANT</b> ASSETS Cash _____ AMOUNT Accounts Receivable _____ Cost of Earnings in Excess of Billings for Incomplete Contracts _____ Accounts Receivable for Officers, Stockholders, Affiliated Companies & Employees _____ Notes Receivable _____ Cash Value of Life Insurance _____ Inventory of Materials and Supplies _____ Marketable Securities (At Fair Market Value) _____ Big Deposits _____ FIXED ASSETS (Exclude any jointly owned residence) Real Estate _____ Machinery & Equipment _____ Furniture & Fixtures _____ Leasehold Improvements _____ Other Assets _____ <b>TOTAL ASSETS</b> _____
<b>SECTION II</b>	<b>LIABILITIES OF THE APPLICANT</b> LIABILITIES Accounts Payable _____ AMOUNT Accrued Tax - Other Expenses _____ Notes Payable _____ Billings in Excess of Earnings & Cost of Incomplete Contracts _____ Other Liabilities _____ <b>TOTAL LIABILITIES</b> _____

8. Has the sole proprietor or have any of the associate officers, general partners, or members of the association residing hereinafter been licensed/certified/registered as Contractors in another state? Yes \_\_\_ No \_\_\_ If Yes, please provide the following information:

Individual/Firm's Name	Name of State	Licenses/Registration No.	Expiration Date

9. Have any of the above-listed individuals/firms been subject to disciplinary action in this or any other state? Yes \_\_\_ No \_\_\_ If Yes, please furnish on a separate sheet of paper including the reason for the action and the nature of the action (i.e., fine, suspension, or revocation of the license).

10. Has the sole proprietor, or any of the firm's corporate officers, general partners, or members of the association ever been convicted of any criminal offense (other than a minor traffic violation) or placed under indictment in any state as an officer, partner, or member of the firm? If Yes, furnish explanation on separate sheet of paper. **NOTE:** Your explanation will not be considered unless all required information is provided. See item 14 on the checklist for instructions to obtain a criminal history record and contact documents.

11. Are there any unsatisfied judgments, arising out of a contracting transaction, against the sole proprietor or against any of the applicant's corporate officers, general partners, or members of the association? Yes \_\_\_ No \_\_\_ If Yes, explain on a separate sheet of paper.

12. Are there any unsatisfied final judgments against a contracting business which originated while any of the individuals listed in item 5 on page 2, were the sole proprietor, corporate officers, general partners or members of the association? Yes \_\_\_ No \_\_\_ If Yes, give details on a separate sheet of paper.

13. Are all of the individuals listed in item 5 on Page 2 legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_ If No, furnish explanation on separate sheet.

14. If applying for a Class B license, answer the following question: Does the applicant understand that a Class B person must hold one or more contracts to exceed \$10,000, and that to bid or undertake a job \$40,000 or more for a period of 12 months or more, a contractor must hold a Class A license issued by the Board for Contractors? Yes \_\_\_ No \_\_\_

15. Does the applicant understand that a licensed Class A or Class B contractor must comply with any local licensing requirements in the counties, cities, and towns in which work is performed? Yes \_\_\_ No \_\_\_  
 The undersigned swears under penalty and oath that the foregoing statements and answers are true, that I (we) have complied with all laws of Virginia affecting contractors who come under the control of the Board for Contractors, and that I (we) understand the Board for Contractors regulations and licensing law as well as this affidavit.

If Sole Proprietorship, sign here: \_\_\_\_\_

If Partnership, Joint Venture or Association sign below:

Name of Partnership, Joint Venture or Association \_\_\_\_\_

By Signature of all Partners, Ventures or Associates: \_\_\_\_\_

If Corporation, sign here: Name of Corporation \_\_\_\_\_

By Signature of President or Vice-President: \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ City/County of \_\_\_\_\_

Subscribed and sworn to before me, the undersigned Notary Public in and for the State and City or County aforesaid

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Official

Sign here \_\_\_\_\_

COUNTY PUBLIC

**SECTION 54.1-111(6) OF THE CODE OF VIRGINIA, RULES 17 THROUGH 19 RELATIVE TO REVOKING MEMBERSHIP FACTS IN AN APPLICATION FOR A LICENSE, CERTIFICATION OR REGISTRATION, VIOLATIONS OF THIS SECTION MAY RESULT IN ORIGINAL FEE FOR WHICH COULD RESULT IN ONE YEAR IN JAIL AND/OR UP TO \$1,000 FINE**

COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF COMMERCE  
 STATE BOARD FOR CONTRACTORS  
 P.O. BOX 11899, RICHMOND, VIRGINIA 23239-1066

DESIGNATED EMPLOYEE FORM  
 FEE: \$75

**GUIDELINES:** Read the enclosed law and regulations carefully in order to be sure that you can meet the requirements and are eligible to become the designated employee. Violations of the license law and/or regulations can result in the suspension or revocation of a license. The fee for declaring a Designated Employee is \$75 and is non-refundable. **Make check payable to the Treasurer of Virginia.**

**DESIGNATED EMPLOYEE:**

Please complete the following statement.

Name: LAST FIRST N.I.  
 Social Security Number: \_\_\_\_\_ Age \_\_\_\_\_  
 Date of Birth: Month Day Year  
 Specialty: \_\_\_\_\_  
 Exam Passed: Yes No Date \_\_\_\_\_  
 If yes, name of Employer at the time of the Exam: \_\_\_\_\_

The undersigned swears under pains and penalties of perjury that the foregoing statements and answers are true, that I (we) have complied with all laws of Virginia affecting contractors and come under the provisions of Title 54-1, Chapter 11, Code of Virginia which are applicable to my (our) business, and that I (we) understand the Board for Contractors regulations and licensing law as well as this affidavit.

If Sole Proprietorship, sign here: \_\_\_\_\_  
 If Partnership, Joint Venture or Association sign below:  
 Name of Partnership, Joint Venture or Association: \_\_\_\_\_  
 By, signature of all Partners, Venturers or Associates: \_\_\_\_\_

If Corporation, sign here: Name of Corporation: \_\_\_\_\_  
 By, Signature of President or Vice-President: \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_  
 City/County of \_\_\_\_\_  
 Subscribed and sworn to before me, the undersigned Notary Public in and for the State and City or County aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
 My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My Official Seal Here \_\_\_\_\_  
 Notary Public \_\_\_\_\_

SECTION III	NET WORTH NET WORTH - To determine Net Worth subtract Total Liabilities from Total Assets. A Net Worth of less \$45,000 shall be the basis for the denial of a license. If you do not meet the Net Worth requirement, you may submit additional information to be considered by the Board.	\$ AMOUNT _____
SECTION IV	SCHEDULE OF ASSETS For all items listed in Section I, provide on a separate sheet the source of the asset, the location of the asset, the name in which ownership of that asset is recorded, and the amount at which that asset is valued. Attach the schedule of assets to this Financial Statement.	
SECTION V	SCHEDULE OF LIABILITIES For all items listed in Section II, provide on a separate sheet the source of the liability and the amount of the liability. Attach the schedule of liabilities to this Financial Statement.	
SECTION VI	DECLARATION OF FINANCIAL STATEMENT THE UNDERSIGNED HEREBY REPRESENTS THAT THE FOREGOING STATEMENT IS A TRUE FINANCIAL STATEMENT BASED ON ACTUAL VERIFIABLE AMOUNTS (FILING A FALSE OR FRAUDULENT STATEMENT IS GROUNDS FOR LICENSE SUSPENSION AND/OR REVOCATION). This statement must be signed by an individual, all partners or two officers of the corporation whichever is applicable. Name of the Firm or Corporation: _____ Signature of _____ Title: _____ Signature of _____ Title: _____ Subscribed and sworn to before, the undersigned Notary Public, in and for the State of _____ and in and for the City or County of _____ this _____ day of _____, 19____. My Commission Expires the _____ day of _____, 19____. Signature of _____, Notary Public.	

# Final Regulations

COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF COMMERCE  
 STATE BOARD FOR CONTRACTORS

3600 WEST BROAD STREET, RICHMOND, VIRGINIA 23220

APPLICANTS FOR A CLASS A OR CLASS B CONTRACTOR'S LICENSE SHALL COMPLETE THE UPPER PORTION OF THIS FORM  
 (Show name as it appears on application)

Applicant's Trade Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name of Principal(s) of applicant business \_\_\_\_\_

Account No(s): Checking \_\_\_\_\_ Savings \_\_\_\_\_  
 The undersigned hereby authorizes \_\_\_\_\_ to furnish the following information to  
 the State Board for Contractors. Name of Reference Source \_\_\_\_\_  
 Applicant's signature \_\_\_\_\_ Title \_\_\_\_\_

AFTER COMPLETION OF THE ABOVE, THE APPLICANT SHALL SEND THIS FORM TO THE APPLICANT'S BANK AS SHOWN ON APPLICATION WITH A  
 REQUEST THAT THE FOLLOWING BE COMPLETED AND THIS FORM RETURNED TO THE APPLICANT. (Two completed references must accompany  
 the application documents.)

**DEPOSIT ACCOUNTS:**

Type of Account	Date Opened	Average Balance	Current Balance	Satisfactory/Unsatisfactory

**OUTSTANDING LOANS:**

Amount	Date Opened	Balance	For what purpose	Type of Security	When Due

Number of Payment Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_. If a line of credit has been  
 established by the applicant, state amount \$ \_\_\_\_\_  
 Certificate: \_\_\_\_\_

Comments (cont.) \_\_\_\_\_  
 Name of bank providing reference: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

The information reported above is strictly of a confidential nature and because the property of the State Board for Contract  
 license. be used solely in appraising the eligibility of the applicant for a Class A or Class B Contractor's

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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF COMMERCE  
STATE BOARD FOR CONTRACTORS

3620 West Broad St., Richmond, VA 23230

**APPLICANTS FOR A CLASS A OR CLASS B CONTRACTOR'S LICENSE SHALL COMPLETE UPPER PORTION OF THIS FORM**

(Show name as it appears on application)

Applicant's Trade Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 The undersigned hereby authorizes \_\_\_\_\_ to furnish the State Board for Contractors  
 the information requested below.  
 Applicant's signature \_\_\_\_\_ Title \_\_\_\_\_

After completion of the above, Applicant shall send this form to a past client, former employer, other contractor, Engineer, Architect, Building Official or other source as shown on the application with a request that the following be completed and this form be returned directly to the APPLICANT. The completed reference must accompany the application document.

**CERTIFICATE IN SUPPORT OF EXPERIENCE QUALIFICATIONS**

IN THE MATTER OF \_\_\_\_\_ Contractor Applicant  
 Application Business Name \_\_\_\_\_  
 The person certifying to his knowledge of the experience of the above named shall complete this form.  
 I, \_\_\_\_\_ (Name of Certifier) (PRINT) \_\_\_\_\_ certify that I have personally known  
 \_\_\_\_\_ (Name of Qualifying Individual) from \_\_\_\_\_ Month \_\_\_\_\_ Year to \_\_\_\_\_ Month \_\_\_\_\_ Year

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PLEASE COMPLETE ALL QUESTIONS  
ON THE REVERSE SIDE

1. Did the qualifier work for you? YES \_\_\_\_\_ NO \_\_\_\_\_
2. If the qualifier worked for you, in what capacity did they act (i.e. apprentice, journeyman, employee, contractor, etc.)? \_\_\_\_\_
3. How long have you known this contractor? \_\_\_\_\_ Years  
 Months \_\_\_\_\_
4. How do you rate the qualifier's performance in the following areas:  
 Ability . . . . . Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
 Quality of work . . . . . \_\_\_\_\_  
 Reputation for carrying out obligations . . . . . \_\_\_\_\_  
 Additional Remarks \_\_\_\_\_
5. Please describe specific projects in detail, which the qualifier has completed in the specialty trade of choice: \_\_\_\_\_

6. Are you employed in a construction related business? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If YES explain: \_\_\_\_\_

REMARKS: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, I certify that the foregoing is true and correct.

\_\_\_\_\_  
 (Signature of Certifier)  
 \_\_\_\_\_  
 (Certifier's Street Address)  
 \_\_\_\_\_  
 (City, State and ZIP Code)

The information requested above is strictly of a confidential nature and because the property of the State Board for Contractors. It will be available to applicants for a Class A or Class B Contractor's license.

# Final Regulations

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF CONSUMER  
STATE BOARD FOR CONTRACTORS

3600 West Broad St., Richmond, VA 23220

APPLICANTS FOR A CLASS A OR CLASS B CONTRACTOR'S LICENSE SHALL COMPLETE UPPER PORTION OF THIS FORM

(Show name as it appears on application)

Applicant's Trade Name \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Names of Principals of applicant business \_\_\_\_\_

Type of Contracting or Specialties applied for: \_\_\_\_\_

The undersigned hereby authorizes \_\_\_\_\_ to furnish the State Board for Contractors the  
Name of Reference Source

Information requested below.

Applicant's signature \_\_\_\_\_ Title \_\_\_\_\_

AFTER COMPLETION OF THE ABOVE, APPLICANT SHALL SEND THIS FORM TO A FURNISHER OF MATERIALS OR OTHER CREDIT SOURCE AS SHOWN ON APPLICATION WITH A REQUEST THAT THE FOLLOWING BE COMPLETED AND THIS FORM BE RETURNED DIRECTLY TO THE APPLICANT.

Date credit established \_\_\_\_\_ Highest recent credit \$ \_\_\_\_\_

Account owing \$ \_\_\_\_\_ Past due \$ \_\_\_\_\_

Has the applicant always met obligations in accordance with the terms of the sale? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please  
give particulars. \_\_\_\_\_

Name of firm providing reference \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

The information requested above is strictly of a confidential nature and becomes the property of the State Board for Contractors. It will be used solely in appreciation of the obligation of the applicant for a Class A or Class B Contractor's license.

Rev. 9/72

## DEPARTMENT FOR THE DEAF AND HARD-OF-HEARING

**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.

**Effective Date:** November 21, 1990.

### Summary:

*These regulations are used to establish the guidelines for coordinating and referring qualified interpreters in the Commonwealth and include the Virginia Quality Assurance Screening as one component of these regulations.*

*The amendments ensure the confidentiality of all assessment related information and authorize the department to assess reasonable fees to help defray the cost of administration.*

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

# Final Regulations

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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 [ Washington  
Building, 12th Floor ]  
191 North 14th Street [ 1100 Bank Street ]  
Richmond, Virginia ] 23219-3678 23219-3640 ]  
(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.*

#### § 3.3. 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.

#### § 3.4. 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 ( § 3.3 ).

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.

#### § 3.5. 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



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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.

## DEPARTMENT OF LABOR AND INDUSTRY

### Safety and Health Codes Board

**NOTICE:** The following regulations (VR 425-02-29, VR 425-02-36, VR 425-02-37, and VR 425-02-46) 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 Regulation:** VR 425-02-29. Virginia Occupational Safety and Health Standards for General Industry - Hazardous Waste Operations and Emergency Response (1910.120).

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

**Effective Date:** December 1, 1990.

**Summary:**

On April 13, 1990, federal OSHA published its amendment to the Standard on Hazardous Waste Operations and Emergency Response; Final Rule; Corrections. This standard, 1910.120, contains typographical errors, incorrect citations and certain ambiguities which may be misleading or unclear. These corrections are necessary to correct these errors and clarify certain portions of the standard.

**Note on Incorporation by Reference**

Pursuant to § 9-6.18 of the Code of Virginia, the Standard on Hazardous Waste Operations and Emergency Response (1910.120) 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 262, General Assembly Building, Capitol Square, Richmond, Virginia.

VR 425-02-29. Virginia Occupational Safety and Health Standards for General Industry - Hazardous Waste Operations and Emergency Response (1910.120).

When the regulations as set forth in the amendment to the Standard for Hazardous Waste Operations and Emergency

Response are applied to the Commissioner of the Department of Labor and Industry or to the Virginia employers, the federal term "29 CFR" shall be considered to read as "VOSH Standard."

On September 18, 1990, the Virginia Safety and Health Codes Board adopted an identical version of federal OSHA's amendment to the General Industry Standard for Hazardous Waste Operations and Emergency Response, 29 CFR 1910.120, as published in the Federal Register, Vol. 55, No. 72, pp. 14072-14075, Friday, April 30, 1990. The revised subsections are set out below.

A. Paragraph (a) (2) (iii) is revised to read:

Notes and Exceptions: (A) All provisions of paragraph (p) of this section cover any treatment, storage or disposal (TSD) operation regulated by 40 CFR parts 264 and 265 or by state law authorized under RCRA.

(B) Employers who are not required to have a permit or interim status because they are conditionally exempt small quantity generators under 40 CFR 261.5 or are generators who qualify under 40 CFR 262.34 for exemptions from regulation under 40 CFR parts 264, 265 and 270 ("excepted employers") are not covered by paragraphs (p) (1) through (p) (7) of this section. Excepted employers who are required by the EPA or state agency to have their employees engage in emergency response or who direct their employees to engage in emergency response are covered by paragraph (p) (8) (i) of this section. Excepted employers who are not required to have employees engage in emergency response, who direct their employees to evacuate in the case of such emergencies and who meet the requirements of paragraph (p) (8) (i) of this section are exempt from the balance of paragraph (p) (8) of this section.

(C) If an area is used primarily for treatment, storage or disposal, any emergency response operations in that area shall comply with paragraph (p) (8) of this section. In other areas not used primarily for treatment, storage, or disposal, any emergency response operations shall comply with paragraph (q) of this section. Compliance with the requirements of paragraph (q) of this section shall be deemed to be in compliance with the requirements of paragraph (p) (8) of this section.

B. Paragraph (a) (3) definition of "Hazardous substance," subparagraph is revised to read:

(B) Any biological agent and other disease-causing agent which after release into environment and upon exposure, ingestion, inhalation, or assimilation in to any person, either directly from the environment or indirectly by ingestion through food chains, will or may reasonably be anticipated to cause death, disease, behavioral abnormalities, cancer, genetic mutation, physiological malfunctions (including malfunctions in

reproduction) or physical deformations in such person or their offspring;

C. Paragraph (a) (3) definition of "Post emergency response," the reference to "paragraph (g) (11)" is corrected by revising it to read "paragraph (q) (11)."

D. Paragraph (e) (3) (iv), the reference to paragraphs (a) (3) (ii) and (a) (3) (iii) is corrected by revising it to read "paragraphs (e) (3) (ii) and (e) (3) (iii)."

E. Paragraph (e) (g), the clause is revised to read: "However, certified employees or employees with equivalent training new to a site shall receive..."

F. Paragraph (f) (2) (iii) is revised to read: "All employees who are injured, become ill or develop signs or symptoms due to possible overexposure involving hazardous substances or health hazardous from an emergency response or hazardous waste operation; and..."

G. Paragraph (g) (1) (ii), the first clause is revised to read: "Whenever engineering controls and work practices are not feasible or not required, any reasonable combination of engineering controls, work practices and PPE shall be used."

H. Paragraph (h) (1) (i), the last clause is revised to read: "which exceed permissible exposure limits, or published exposure levels if there are no permissible exposure limits, for hazardous substances."

I. Paragraph (l) (1) (i), the first clause is revised to read: "An emergency response plan shall be developed and implemented by all employers within the scope of paragraphs (a) (1) (i)-(ii) of this section."

J. Paragraph (l) (1) (ii), the word "workplace" is revised to read "danger area."

K. Introduction to paragraph (p) is revised to read: "Employers conducting operations at treatment, storage and disposal (TSD) facilities specified in paragraph (a) (1) (iv) of this section shall provide and implement the programs specified in this paragraph. (See the "Notes and Exceptions" to paragraph (a) (2) (iii) of this section for employers not covered.)"

L. Paragraph (p) (7) (i), the first sentence is revised to read: "The employer shall develop and implement a training program, which is part of the employer's safety and health program, for employees exposed to health hazards or hazardous substances at TSD operations to enable the employees to perform their assigned duties and functions in a safe and healthful manner so as not to endanger themselves or other employees."

M. Paragraph (q)(1), the word "workplace" in the third sentence is revised to read "danger area."

N. Paragraph (q)(3)(iii), the last two words "or site"

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are deleted.

O. Paragraph (q) (6) (i), the third to the last word "an" is replaced with the word "the."

P. Paragraph (q) (6) (i), the word "materials" in subparagraphs (A), (B), (C) and (D) is revised to read "substances."

Q. Paragraph (q) (7) the name is revised to read: "U.S. Fire National Academy."

R. Appendix A, Paragraph B 4.1 is revised to read: "A supply of concentrated aqueous ammonium hydroxide (58% by weight)."

S. Appendix A, Paragraph B 5.2 the number "50 ppm" is revised to read: "35 ppm as a 15 minute STEL."

T. Appendix B, the third paragraph of the introductory material, the last clause is deleted.

U. Appendix B, part B, section IV, the second citation following the second paragraph of the Note is revised to read: NFPA 1992-Standard on Liquid Splash-Protective Suits for Hazardous Chemical Emergencies (EPA Level B Protective Clothing).

V. Appendix C, the end of section 2, "Training," a new paragraph is added.

W. Appendix C the cross reference to Appendix F is revised to read: "Appendix D."

X. A section 9 is added to Appendix C, "New Technology and Spill Containment Programs."

Y. Appendix D, reference 18, the organization name is revised to read: "National Fire Protection Association, Batterymarch Park."

**Title of Regulation:** VR 425-02-36. Virginia Occupational Safety and Health Standards for General Industry - Air Contaminants Standard (1910.1000).

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

**Effective Date:** November 21, 1990.

## Summary:

*Section 1910.2-1000 is amended by revising the entries for ethylene glycol dinitrate and nitroglycerin to include superscripts for footnotes by adding corresponding footnotes at the end of Table Z-1-A, Limits for Air Contaminants.*

*In its January 19, 1989, revision of the Air Contaminants Standard, OSHA set new or more protective exposure limits for 375 substances. This substantially lowered exposures to Nitroglycerin (NG) and Ethylene glycol dinitrate (EGDN) in this rulemaking based principally on their cardiovascular effects and cardiovascular disease and on their ability to cause moderate and severe headaches.*

*The Institute of Makers of Explosives (IME) presented its views that the lower limit was not needed for health reasons, that air filtration respirators were not proven effective for NG/EGDN combinations and might create an explosion hazard and that air supplied respirators created explosion hazards either directly or indirectly through creating tripping hazards. The IME brought suit in Federal Circuit Court and petitioned for review of the Air Contaminants standard with respect of the new limits for NG and EGDN. Subsequent to the filing of that petition, the IME submitted extensive additional materials on the safety aspects of respiratory protection and the pace of installation of engineering controls.*

*OSHA reevaluated the situation and the additional materials presented. It continues to conclude that there is need for substantial reduction in exposure levels for health protection and it now concludes that air filtration respirators can be safely used.*

*OSHA believes there is need for research on the effectiveness of those respirators for NG/EGDN mixtures and careful phase-in of respirator use because of the explosion hazard and there needs to be further research and careful phase-in of engineering controls. In light of these needs, OSHA agreed to settle the IME lawsuit. This agreement provides that:*

- 1. The IME withdraw its petition for review with the court.*
- 2. Four employers will install 40 specific engineering controls to be phased in over 5 years and will*

COMMONWEALTH of VIRGINIA  
REGISTRAR OF REGULATIONS  
General Assembly Building  
October 15, 1990

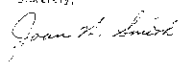
Ms. Carol A. Aceto, Commissioner  
Department of Labor and Industry  
205 North Church Street  
Richmond, Virginia 23219

Re: VR 425-02-25, Virginia Occupational Safety and Health Standards for General Industry - Hazardous Waste Operations and Emergency Response.

Dear Ms. Aceto:

This will acknowledge receipt of the above-referenced regulations from the Department of Labor and Industry.

As required by § 9-5-14-(2) C.A.(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,  
  
Jean M. Smith  
Registrar of Regulations

JMS:jb

Virginia Register of Regulations

conduct research on other controls that will be phased in if proven effective.

3. IME will perform research on the effectiveness and safety of air filtration respirators, maintain medical surveillance, monitoring and other industrial hygiene requirements.

4. OSHA withdraws the final rule limits Short Term Exposure Level (STEL) of 0.1 mg/m<sup>3</sup> for both substances for civilian sector manufacture and distribution of explosives.

This leaves in effect the final rule limit skin notation, limiting skin exposure for both, and the Transitional limits of 1 mg/m<sup>3</sup> for EGDN and 2 mg/m<sup>3</sup> for NG as ceiling limits.

OSHA concludes that the above described settlement will on balance provide better overall safety and health protection in the near term for employees who manufacture and distribute NG/EGDN explosives for civilian use, produce the information needed for long-term decisions and eliminate the uncertainties of litigation.

This amendment serves to withdraw VOSH's final rule limit STEL of 0.1 mg/m<sup>3</sup> for NG and EGDN for the civilian manufacture and distribution of explosive and propellants for civilian use sector. This leaves in effect the final rule limit skin notation, limiting skin exposure for both, and the Transitional limits of 1 mg/m<sup>3</sup> for EGDN and 2 mg/m<sup>3</sup> for NG as ceiling limits.

In addition, OSHA is staying until November 1, 1990, the final rule limit STEL for production for military and space uses of NG and NG based explosives and propellants.

The objective of this regulatory effort is to permit time for federal OSHA to work out an appropriate program of health and safety protection for employees exposed to NG in the military sector with intent to create major improvements in occupational health by lowering the exposure of workers to many toxic substances.

#### 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 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 262, General Assembly Building, Capitol Square, Richmond, Virginia.

Standard (1910.1000).

When the regulations as set forth in the amendment to the Standard for Air Contaminants are applied to the Commissioner of the Department of Labor and Industry or to the Virginia employers, the federal terms "29 CFR" shall be considered to read as "VOSH Standard."

On September 18, 1990, the Virginia Safety and Health Codes Board adopted an identical version of federal OSHA's Administrative Stay for Two Substances, Nitroglycerine (NG) and Ethylene Glycol Dinitrate (EGDN), and amendment to the General Industry Standard for Air Contaminants, 1910.1000 as published in the Federal Register, Vol. 55, No. 90, pp. 19258-19259, Wednesday, May 9, 1990. The amendment as adopted is not set out.



## COMMONWEALTH of VIRGINIA

REGISTRAR OF REGULATIONS  
General Assembly Building

POST OFFICE BOX 140  
RICHMOND, VIRGINIA 23218  
REG-19 789-0181

October 15, 1990

Ms. Carol A. Amato, Commissioner  
Department of Labor and Industry  
205 North Fourth Street  
Richmond, Virginia 23219

Re: VR 425-02-36, Virginia Occupational Safety and Health Standards for General Industry - Air Contaminants Standard - Occupational Exposure to Nitroglycerin and Ethylene Glycol Dinitrate.

Dear Ms. Amato:

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:jjc

VR 425-02-36. Virginia Occupational Safety and Health Standards for General Industry - Air Contaminants

# Final Regulations

**Title of Regulation:** Virginia Occupational Safety and Health Standards for General Industry, VR 425-02-37. Grain Handling Facilities Standard (1910.272).

VR 425-02-46. Storage and Handling of Liquefied Petroleum Gases (1910.110).

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

**Effective Date:** December 1, 1990.

**Summary:**

*On April 13, 1990, federal OSHA published its amendment to the Standard on Hazardous Waste Operations and Emergency Response; Final Rule; Corrections. These corrections are necessary to correct improper citations and certain ambiguities which may prove to be misleading and are in need of clarification.*

**Note on Incorporation by Reference**

Pursuant to § 9-6.18 of the Code of Virginia, the Grain Handling Facilities Standard (1910.272) and the Storage and Handling of Liquefied Petroleum Gases Standard (1910.110) are declared documents generally available to the public and appropriate for incorporation by reference. For this reason, the entire documents will not be printed in The Virginia Register of Regulations. Copies of the documents 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 262, General Assembly Building, Capitol Square, Richmond, Virginia.

VR 425-02-37. Grain Handling Facilities Standard (1910.272).

VR 425-02-46. Storage and Handling of Liquefied Petroleum Gases (1910.110).

When the regulations as set forth in the amendment to the standards for Storage and Handling Facilities and Appendix A To Grain Handling Facilities are applied to the Commissioner of the Department of Labor and Industry or to the Virginia employers, the federal term "29 CFR" shall be considered to read as "VOSH Standard."

On September 18, 1990, the Safety and Health Codes Board adopted a final regulation concerning welding, cutting and brazing entitled, "VR 425-02-46 Amendment concerning the Storage and Handling of Liquefied Petroleum Gases, and VR 425-02-37 Amendment concerning Grain Handling Facilities and Appendix A to Grain Handling Facilities.


The board corrected references made to three sections which were not made in the reorganized standard for Welding, Cutting and Brazing, which the board adopted on July 10, 1990.

1. The provisions regarding welding and cutting with oxygen and fuel gases, such as liquefied petroleum gas, were redesignated as § 1910.253. Section

1910.110(i)(2)(iii) is being amended to reflect the new oxygen-fuel gas welding and cutting section number.

2. The provisions of the Grain Handling Standard concerning hot work permits and references to fire prevention and protection requirements once contained in § 1910.252(d) was redesignated as § 1910.252(a). Section 1910.272(f)(2) is being amended to reflect this change.

3. Appendix A of § 1910.272 currently reference § 1910.252(d) was redesignated as § 1910.252(a).

  
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October 15, 1990

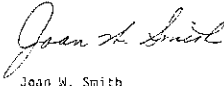
Ms. Carol A. Amato, Commissioner  
Department of Labor and Industry  
205 North Fourth Street  
Richmond, Virginia 23219

Re: VR 425-02-37 and VR 425-02-46 Virginia Occupational Safety and Health Standards for General Industry - VR 425-02-37: Grain Handling Facilities. VR 425-02-46: Amendment Concerning Storage and Handling of Liquefied Petroleum Gases.

Dear Ms. Amato:

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:jbc

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**Title of Regulation:** VR 425-02-71. Virginia Occupational Safety and Health Standards for General Industry - The Control of Hazardous Energy (Lockout/Tagout).

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

**Effective Date:** November 21, 1990.

NOTICE: As provided in § 9-6.14:22 of the Code of Virginia, this regulation is not being republished. It was adopted as it was proposed in 6:16 VA.R. 2376-2381 May 7, 1990.

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**Title of Regulation:** VR 425-02-72. Virginia Occupational Safety and Health Standards for the Construction Industry - Sanitation.

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

**Effective Date:** November 21, 1990.

NOTICE: As provided in § 9-6.14:22 of the Code of Virginia, this regulation is not being republished. It was adopted as it was proposed in 6:16 VA.R. 2381-2383 May 7, 1990.

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DEPARTMENT OF PERSONNEL AND TRAINING

**Title of Regulation:** VR 525-01-02. Commonwealth of Virginia Health Benefits Program.

**Statutory Authority:** §§ 2.1-20.1 and 2.1-20.1:02 of the Code of Virginia.

**Effective Date:** November 21, 1990.

**Summary:**

The health benefits program is created for the benefit of state employees and employees of participating localities to enable the state and localities to recruit and retain highly qualified employees. The purpose of these regulations is to provide guidance to participating employees, state agencies and local employers (as defined) regarding the administration of the Commonwealth of Virginia Health Benefits Program.

The regulations contain provisions applicable to state agencies, state employees, local employers and employees of participating local employers. Where applicable, provisions will distinguish between state employees and employees of participating local employers.

VR 525-01-02. Commonwealth of Virginia Health Benefits Program.

PART I.  
GENERAL.

§ 1.1. Authority.

These regulations are promulgated by the Department of Personnel and Training (the "department") pursuant to §§ 2.1-20.1 and 2.1-20.1:02 of the Code of Virginia.

§ 1.2. Definitions.

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

"Accident or health plan" means a plan described in the Internal Revenue Code § 105.

[ "Administrative services arrangement" means an arrangement whereby a third party provider agrees to administer all or part of the health benefits program. ]

"Adoption agreement" means an agreement executed between a local employer and the department specifying the terms and conditions of the local employer's participation in the health benefits program.

"Alternative health benefits plans" means optional medical benefits plans, inclusive of but not limited to HMOs and PPOs, which are offered pursuant to the health benefits program in addition to the basic plan.

[ "Administrative services arrangement" means an arrangement whereby a third party provider agrees to administer all or part of the health benefits program. ]

"Basic plan" means the [ statewide ] hospitalization, medical and major medical plan offered [ at a uniform rate to all state employees ] pursuant to [ the health benefits program § 2.1-20.1 of the Code of Virginia ] .

[ "Benefits administrator" means the person or office designated in the application and adoption agreement to be responsible for the day-to-day administration of the health benefits program at the local level. ]

[ "Coordinated service" means a health care service or supply covered under both the program and another health plan. The coordinated service will be provided under the program only to the extent it is not excluded or limited under the program. ]

"Coordination of benefits" means the establishment of a priority between two or more underwriters which provide health benefits protection covering the same claims incident.

"Department" means the Department of Personnel and

# Final Regulations

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## Training.

"Dependent" means any person who is determined to be an eligible family member of an employee pursuant to subsection E of § 4.1 [ of ] these regulations.

"Director" means the Director of the Department of Personnel and Training.

"Dual membership" means the coverage in the health benefits program of the employee and either the spouse or one dependent. This definition does not include coverage of retirees or employees or their spouses who are otherwise covered by Medicare.

"Effective date of coverage" means the date on which a participant is [ eligible enrolled ] for benefits under a plan or plans elected under the health benefits program.

"Employee" means a person employed by an employer participating in the health [ ~~benefit~~ benefits ] program or, where demanded by the context of these regulations, a retired employee of such an employer. The term "employee" shall include state employees and employees of local employers.

"Employee health insurance fund" or "fund" means an account established by the state treasury [ and maintained by the Department of Accounts ] within which [ contributions to the plan ] shall be deposited [ ~~contributions to the plan~~ ].

"Employer" means the entity with whom a person maintains a common law employee-employer relationship. The term "employer" is inclusive [ of an employee ] of each state agency and [ ~~that~~ ] of a local employer.

"Employer application" or "application" means the form, to be provided by the department, to be used by the local employer for applying to participate in the health benefits program.

[ "Enrollment form" means the form, to be provided by the carriers, to be used by participants to enroll in a plan or to indicate a change in coverage. ]

"Experience adjustment" means the adjustment consistent with generally accepted actuarial practices to current contributions for benefits that reflects deviations in claims experience.

"Family membership" means the coverage in the health benefits program of the employee and two or more persons comprising the spouse or dependents, or both.

"Health Maintenance Organization" or "HMO" means an entity created under [ ~~The Health Maintenance Organization Act of 1973~~ federal law, "The Health Maintenance Organization Act of 1973" ] (Title XIII of the Public Health Service Act), as amended, [ as or ] one defined under state law.

"Health benefits program" or "program" means [ , ] individually or collectively, the plan or plans the department may establish pursuant to §§ 2.1-20.1 and 2.1-20.1:02 of the Code of Virginia.

[ "Health plan" means:

1. A plan or program offering benefits for, or as a result of, any type of health care service when it is:

a. Group or blanket insurance (including school insurance programs);

b. Blue Cross, Blue Shield, group practice (including HMOs and PPOs), individual practice (including IPAs), or any other prepayment arrangement (including this program) when;

(1) An employer contributes any portion of the premium, or

(2) An employer contracts for the group coverage on behalf of employees, or

(3) It is any labor-management trustee plan, union welfare plan, employer organization plan, or employee benefit organization plan.

2. The term "health plan" refers to each plan or program separately. It also refers to any portion of a plan or program which reserves the right to take into account benefits of other health plans when determining its own benefits. If a health plan has a coordination of benefits provision which applies to only part of its services, the terms of this section will be applied separately to that part and to any other part.

3. A prepaid health care services contract or accident or health plan meeting all the following conditions is not a health plan:

a. One that is individually underwritten;

b. One that is individually issued;

c. One that provides only for accident and sickness benefits; and

d. One that is paid for entirely by the subscriber.

A contract or policy of the type described in this subdivision 3 is not subject to coordination of benefits. ]

"Insured arrangement" means an accident or health plan underwritten by an insurance company wherein the [ ~~contract holder's~~ department's ] only obligation as it may relate to claims is the payment of insurance company premiums.

"Independent hearing officer" means [ ~~one or more individuals selected an individual requested~~ ] by the director of the department [ ~~from a list maintained by the Executive Secretary of the Supreme Court~~ ] to arbitrate disputes which may arise in conjunction with these regulations or the health benefits program.

[ "~~Local administrator~~" means the person or office designated in the application and adoption agreement to be responsible for the day to day administration of the health benefits program at the local level. ]

"Local advisory committee" or "committee" is a committee established pursuant to § 2.1-20.1.02 of the Code of Virginia which shall provide guidance to the department concerning the administration of the health benefits program.

"Local employees" or "employees of local governments" means all officers and employees of the governing body of any county, city or town, [ ~~employees of school boards~~ ] and the directing or governing body of any political entity, subdivision, branch or unit of the Commonwealth or of any commission or public authority or body corporate created by or under an act of the General Assembly specifying the power or powers, privileges or authority capable of exercise by the commission or public authority or body corporate, as distinguished from §§ 15.1-20, 15.1-21, or similar statutes, provided that the officers and employees of a social services department, welfare board, mental health and mental retardation services board or library board of a county, city, or town shall be deemed to be the employees of local government.

"Local employer" means any county, city or town, school board and the directing or governing body of any political entity, subdivision, branch or unit of the Commonwealth or of any commission or public authority or body corporate created by or under an act of the General Assembly specifying the power or powers, privileges or authority capable of exercise by the commission or public authority or body corporate, as distinguished from §§ 15.1-20, 15.1-21, or similar statutes.

[ "~~Local officer~~" means the treasurer, registrar, commissioner of revenue, attorney for the Commonwealth, clerk of a circuit court, sheriff, or constable of any county or city or deputies or employees of any of the preceding local officers. ]

"Local retiree" means a former local employee who has met the terms and conditions for early, normal or late retirement from a local employer.

[ "~~Local officer~~" means the treasurer, registrar, commissioner of revenue, attorney for the Commonwealth, clerk of a circuit court, sheriff, or constable of any county or city or deputies or employees of any of the preceding local officers. ]

"Open enrollment" means the period during which an

employee may elect to commence or to change membership or plans offered pursuant to the health benefits program.

"Part-time [ ~~employee~~ employee," as defined by each local employer, ] means an employee [ ~~as discussed in subsection B of § 4.1 of these regulations~~ ] working less than full-time who a local employer has determined to be eligible to participate in the program. The conditions of participation for these employees shall be decided by the local employer ] .

"Participant" means any person actively enrolled and covered by the health benefits program.

"Plan administrator" means the department.

"Preferred provider organization" or "PPO" means an entity through which a group of health care providers, such as doctors, hospitals and others, agree to provide specific medical and hospital care and some related services at a negotiated price.

"Preexisting condition" means a condition which, in the opinion of the plan's medical advisors, displayed signs or symptoms before the participant's effective date of coverage. These signs or symptoms must be ones of which the participant was aware or should reasonably have been aware. The condition is considered preexisting whether or not the participant was seen or treated for the condition. It is also considered preexisting whether or not the signs and symptoms of the condition were correctly diagnosed.

[ "~~Primary coverage~~" means the health plan which will provide benefits first. It does not matter whether or not a claim has been filed for benefits with the primary health plan. ]

"Retiree" means any person who meets the definition of either a state retiree or a local retiree.

[ "~~Secondary coverage~~" means the health plan under which the benefits may be reduced to prevent duplicate or overlapping coverage. ]

"Self-insured arrangement" means a facility through which the plan sponsor agrees to assume the risk associated with the type of benefit provided without using an insurance company.

"Single membership" means coverage of the employee only under the health benefits program.

"State" means the Commonwealth of Virginia.

"State agency" means [ ~~an instrumentality of the Commonwealth authorized to do business by the General Assembly to carry out the business of the Commonwealth~~ ] a court, department, institution, office, board, council or other unit of state government located in the legislative, judicial or executive departments or group of independent



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agencies, as shown in the Appropriation Act, and which is designated in the Appropriation Act by title and a three-digit agency code ] .

"State employee" means a state employee as defined in §§ [ ~~51-11.10~~ 51-111.10 ] and 51-111.10:01 of the Code of Virginia, employee as defined in § 51-144 of the Code of Virginia, the Governor, Lieutenant Governor and Attorney General, judge as defined in [ § ~~1-161~~ § 51-161 ] of the Code of Virginia and judges, clerks and deputy clerks of regional juvenile and domestic relations, county juvenile and domestic relations, and district courts of the Commonwealth, and interns and residents employed by the Medical College of Virginia of Virginia Commonwealth University and the School of Medicine and Hospital of the University of Virginia. The Athletic Department of Virginia Polytechnic Institute and State University is a local auxiliary whose members are considered state employees for purposes of eligibility for the program.

"State health benefits advisory council" or "advisory council" is an advisory council established pursuant to [ § ~~2.1-20:01~~ § 2.1-20.1:01 ] of the Code of Virginia.

"State retiree" means a former state employee who has met the terms and conditions for early, normal or late retirement from the Commonwealth.

"Teacher" means any employee of a county, city, or other local public school board.

## § 1.3. Designee and delegations of authority.

Pursuant to § 2.1-20.1 of the Code of Virginia, the Department of Personnel and Training shall establish a health benefits program (the "program"), subject to the approval of the Governor, for providing accident or health benefit protection, including but not limited to chiropractic treatment, hospitalization, medical, surgical and major medical coverage for state employees and the employees of participating local employers.

[ The Secretary of Administration hereby delegates to the Department of Personnel and Training the authority to support the activities of the state advisory council, to review and evaluate that council's recommendations, and to transmit to the secretary the council's recommendations. ]

The Director of the Department of Personnel and Training hereby delegates to the Director of the Office of Health Benefits the authority to:

1. Propose, design and administer one or more accident or health plans, or both. All such approved plans will, in the aggregate, constitute the health benefits program. Any plan or plans proposed by the Office of Health Benefits shall be subject to the approval of the Director of the Department of Personnel and Training.

2. Propose regulations at any time for the purpose of the implementation, communication, funding and administration of the health benefits program.

3. Enter into one or more contracts for the purpose of implementing, communicating, funding or administering the health benefits program. To this end, but not exclusively, such contract(s) may be for the underwriting, the funding, and administration, including claims processing and claims adjudication, of the program. Such contracts may be for the legal, accounting and actuarial services as well as communication, statistical analysis and any other item that may be needed to effectively review and maintain the health benefits program.

4. Evaluate the effectiveness of the health benefits program or any plan which may constitute a component part, as it might relate to the objectives of such program or such component plan and make recommendations regarding the effectiveness of such program or plan in meeting such stated objectives. [ The stated objective of the program is to assist participating employers, including state agencies, to recruit and retain highly qualified employees. ]

## § 1.4. State advisory council.

In the administration of the health benefits program or any component plan or plans comprising such program, the department shall take into consideration the recommendations of the state health benefits advisory council (the "council" or "advisory council"). The council is created pursuant to § 2.1-20.1:01 of the Code of Virginia [ and operated in accordance therewith [ . Such advisory council will [ serve to ] advise the Secretary of Administration on issues and concerns of active and retired employees of the Commonwealth who are participating in the health benefits program, such as the type and amount of benefits provided by the program, the cost to employees to participate in the program and ways to effectively control claims experience. The department shall consider the findings and recommendations of the council in its decision making process. Further, the department may request the council's guidance on other issues of concern to the department. [ The advisory council shall be composed of at least seven members, two of whom shall have retired from state service. Three members, two of whom shall have retired from state service, shall be appointed by the Governor; two members shall be appointed by the Speaker of the House of Delegates; and two members shall be appointed by the President Pro Tempore of the Senate. Appointees shall be subject to confirmation by the General Assembly.

Members shall serve for two-year terms and no member shall serve for more than two full successive terms. Initial appointments to the council shall be as follows: three for a term of one year, and four for a term of two years. A chairman shall be elected annually by the membership of the council. The council may adopt, modify or amend

*rules of procedure or bylaws that will govern its conduct with a 2/3rds vote of the membership. ]*

## § 1.5. Local advisory committee.

*In the administration of the health benefits program or any component plan or plans comprising such program, the department shall take into consideration the recommendations of the local advisory committee (the "committee or "advisory committee"). The committee is created pursuant to § 2.1-20.1:02 of the Code of Virginia [ and operated in accordance therewith ] . Such advisory committee will serve to advise the department on issues and concerns of active and retired employees of local employers who are participating in the health benefits program, such as the type and amount of benefits provided by the program, the cost to employees to participate in the program and ways to effectively control claims experience. [ The committee shall make all recommendations and findings to the department. ]*

*The department shall consider the findings and recommendations of the committee in its decision making process. Further, the department may request the committee's guidance on other issues of concern to the department.*

*[ The advisory committee shall be composed of at least five members to be appointed by the Governor, with at least one member representing each of the following groups: local governments; local officers; local school boards; teachers and retirees. Each member shall serve a term of two years and no member shall serve more than two full successive terms. Initial appointments to the committee shall be as follows: two for a term of one year, two for a term of two years and two for a term of three years. Thereafter, all members shall serve two-year terms. A chairperson may be elected annually by the membership of the committee.*

*Advisory committee members shall be reimbursed for meetings and associated travel expenses incurred by them as members of the advisory committee but shall not be otherwise compensated for their service. Such reimbursement shall be made in accordance with applicable legislation dealing with per diem reimbursements.*

*The committee may adopt, modify or amend rules of procedure or bylaws, or both, that will govern their conduct with a 2/3rds vote of their membership.*

*The committee shall make all recommendations and findings to the department. ]*

## § 1.6. Types of plans.

*[ The department shall establish and implement one or more accident and health plans which in the aggregate shall constitute the health benefits program. A. ] The administration and underwriting of the plans shall be at*

*the discretion of the department and may include but not be limited to self-insured arrangements, insured arrangements, administrative services arrangements, health maintenance organizations, and preferred provider organizations. The department is authorized to exercise judgment and discretion in the establishment, procurement and implementation of all underwriting and other services necessary for the establishment, maintenance and administration of such plans and will be deemed to do so in good faith.*

*[ B. ] The department, as it deems necessary or prudent, may contract for outside services, including but not limited to actuarial, consulting and legal counsel. The department may contract such services on an individual basis or in conjunction with other services.*

*[ Participation in the health benefits program shall be (i) voluntary; (ii) approved by a participating employer's governing body; or by the local school board in the case of teachers; and (iii) subject to these regulations.*

*Pursuant to § 2.1-20.1:02 of the Code of Virginia and subsection C of § 4.1 of these regulations, local employees whose local employers do not offer a health benefits plan as determined by the department may individually elect membership in the program. ]*

## § 1.7. Procurement.

*The department [ intends to shall ] comply with the Virginia Public Procurement Act, Chapter 7 (§ 11-35 et seq.) of Title 11 of the Code of Virginia, as it may relate to any services to which such Act shall apply.*

*In an effort to stabilize the administration and maintenance of the health benefits program, the department may contract for services applicable to such program for a period of time not exceeding 10 years, with the department reserving the right, in its sole discretion, to cancel such contracts annually upon 90 days written notice to the contractor.*

## § 1.8. Plan assets.

*[ A. ] The assets of the health benefits program, together with all appropriations, contributions and other payments, shall be deposited in the employee health insurance fund (the "fund") from which payments for claims, premiums or other contributions, cost containment and administrative expenses shall be withdrawn from time to time.*

*[ B. ] The department may designate [ with the approval of the Department of the Treasury ] one or more insurance companies, banks or any such similar institution as a direct recipient of premiums or other contributions for part or all coverage under the health benefits program from local and state employers.*

*[ C. ] The assets of the fund shall be held for the sole*

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benefit of the employee health insurance fund and to that end, employees participating in the health benefits program.

Any interest on unused balances in the fund shall revert back to the credit of the fund. The State Treasurer [ ~~may~~ shall ] charge reasonable fees to recover the actual costs of investing the assets held in the fund.

## § 1.9. Appeals

[ A. ] The director of the department shall be the final arbiter of any disputes arising under these regulations. The director may not redelegate this authority other than to an independent hearing officer.

All disputes arising under these regulations shall be submitted to the department, which shall have the responsibility for interpreting and administering these regulations. All disputes shall be made in writing in such manner as may be reasonably required by the department and shall set forth the facts which the applicant believes to be sufficient to entitlement to relief hereunder. The department may adopt forms for such submissions in which case all appeals shall be filed on such forms.

[ B. ] Appeals must be filed in a timely manner in order to be considered by the department. Appeals not filed within the time frames established herein shall be automatically denied.

Requests for review of procurements under the provisions of the VPPA shall be filed within 10 days of the department's notice of intent to award a contract.

Requests for relief from local employers or state agencies with respect to any action of the department other than a procurement shall be filed within 30 days of the action grieving the applicant. Requests for relief from state or local employees with respect to any action of the department other than a procurement shall be filed within 60 days of the action grieving the employee.

[ C. ] Upon receipt by the department for a request for review under this section, it shall determine all facts which are necessary to establish the right of an applicant for relief. The department shall approve, deny or investigate any and all disputes arising hereunder. Upon request, the department will afford the applicant the right of a hearing with respect to any finding of fact or determination related to any claim under this section. In the event of an adverse decision by the department, the applicant shall be notified of such decision as hereinafter provided.

[ D. ] The applicant shall be notified in writing of any adverse decision with respect to his claim within 90 days after its submission. The notice shall be written in a manner calculated to be understood by the applicant and shall include:

1. The specific reason or reasons for the denial;

2. Specific references to law, these regulations, contracts awarded pursuant to these regulations, or the Health Insurance Manual [ /Local Administrative Manual ] and related instructions on which the denial is based;

3. A description of any additional material or information necessary to the applicant to perfect the claim and an explanation why such material or information is necessary; and

4. An explanation of the review process.

If special circumstances require an extension of time for processing an initial application, the department shall furnish written notice of the extension and the reason therefore to the applicant before the end of the initial 90-day period. In no event shall such extension exceed 90 days.

## § 1.10. No presumption of right.

These regulations and the health benefits program herein established shall not be deemed to constitute a contract of employment between any participating employer and any participant. No participant in the program shall acquire any right to be retained in the employer's employ by virtue of the program, nor, upon the participant's dismissal or voluntary termination of employment, shall the participant have any interest in any assets of the program other than as may be specifically provided herein.

Furthermore, these regulations and the health benefits program herein established shall in no event confer upon any participant any rights, duties or responsibilities other than those granted herein. The Commonwealth of Virginia specifically reserves the right to amend, modify or terminate, inclusive of eligibility, coverage and contributions provisions, the health benefits program or any plan or plans comprising all or part of the program, as they may relate to any active or retired participant.

## § 1.11. Authority to withhold revenues.

In the event of default by any employer participating in the health insurance program authorized by § 2.1-20.1:02 of the Code of Virginia in the remittance of premiums or other fees and costs of the program, the State Comptroller is hereby authorized to pay such premiums and costs and to recover such payments from any funds appropriated and payable by the Commonwealth to the employer for any purpose. The State Comptroller shall make such payments [ , and recover an equivalent amount if possible, from an employer's appropriated funds ] upon receipt of notice from the director of the department that such payments are due and unpaid from the employer.

## § 1.12. Effective date.

These regulations shall be effective on the later of [ April 15, November 21, ] 1990, or 30 days after the date of issuance.

## PART II. RIGHTS AND DUTIES OF THE DEPARTMENT.

### § 2.1. Develop health benefits program.

[ A. ] The department shall develop a health benefits program which shall be [ comprised of one or more accident and health plans the purpose of which shall be to provide accident and health benefits coverage for eligible state employees and their dependents and for local employees of participating local employers and their dependents. Such health benefits program shall be ] flexible in its form and content so as to accommodate a structure which permits the creation of multiple accident and health plans. The department has full authority to make changes in plan terms including, but not limited to, benefits and contributions, or to change underwriters and administrators as it deems appropriate. [ The mission of the Office of Health Benefits is to pursue the objective stated in § 1-3 of these regulations. ]

[ B. The department shall supplement these regulations by providing administrative guidance through the Health Insurance Manual, Local Administrative Manual, memoranda, and other communications. ]

### § 2.2. Underwriting.

At the department's discretion, the program may either be created and maintained on a self-funded basis or procured from an insurance company licensed to do business in the Commonwealth of Virginia, or a combination of both. In addition, the department is authorized to contract with any third party providers for any and all services which may be necessary to design, administer, communicate or fund the health benefits program.

### § 2.3. Employer application.

The department shall develop a form on which local employers may apply for participation in the health benefits program and make available such form to local employers joining such program. The department will advise local employers on questions pertaining to the application. Among other items the department may deem necessary, the application may include:

1. Information regarding the political subdivision such as the governing body, individuals or offices responsible to provide, receive and remit information to the department and the method by which information can or will be transmitted.
2. Information regarding the total number of employees and those employees currently covered, those who will immediately become eligible, and those

whose participation is anticipated. This information can include but is not limited to demographic data such as the age and sex of employees, geographic location of residence and employment, dependent status and information concerning employment responsibilities.

3. Information regarding past premiums, claims and enrollment experience, contribution history, financial arrangements with prior underwriters and the types of plans or benefits provided being offered within the five years prior to making the application.

### § 2.4. Establishing contribution rates and accounting for contributions and claims.

[ A. ] The department shall establish one or more pools for establishing contribution rates and for accounting for claims and contributions for [ state employees and ] participating local employers. [ The plan for local employers shall be rated separately from the plan established for state employees. ] There [ is are ] hereby authorized [ pooling classes pools ] based on geographic and demographic characteristics and employment relationships. Such [ classes pools ] may include but shall not be limited to:

1. Active state employees, including retirees under age 65 and not eligible for Medicare,
2. Active local employees (excluding separately rated employees of public school systems),
3. Active employees of public school systems,
4. Retired state employees over age 65 and retired state employees eligible for Medicare,
5. Retired local employees (excluding separately rated employees of public school systems),
6. Retired employees of public school systems, and
7. Active employees whose employer does not sponsor a health insurance plan.

Participating employers shall make applicable contributions to the employee health insurance fund.

[ B. ] Such contributions may take into account the characteristics of the group, such as the demographics of employees, inclusive of age, sex and dependent status of the employees of an employer; the geographic location of the employer or employees; claims experience of the employer; and the [ pooling class pool ] of the employers (for example, see subdivisions 1 through 6 [ above of § 2.4 A ]), applied according to generally accepted actuarial practices. Additionally, any such contributions may further be determined by spreading large losses, as determined by the department, across [ pooling classes pools ]. Further, the department reserves the right to recognize, in its sole

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discretion, the claims experience of groups of sufficient size, regardless of their [ pooling class pool ], where future claim levels can be predicted with an acceptable degree of credibility. The application of this rule by the department shall be exercised in a uniform and consistent manner.

[ C. ] The contribution rate in the aggregate will be composed of two factors; first, the current contribution and second, the amortization of experience adjustments. The current contributions will reflect the anticipated incurred claims and administrative expenses for the period; an experience adjustment will reflect gains and losses determined in accordance with generally accepted actuarial practices. An experience adjustment will be part of the contributions for the succeeding year; however, the department may authorize the amortization of the experience adjustment for a period not to exceed three years.

[ D. ] The department will notify a terminating local employer of any adverse experience adjustment [ at within 90 days of ] the time the local employer terminates participation in the program [ or as soon thereafter as may be practical ]. Further, the department reserves the right to modify the amount of the experience adjustment applicable to a terminating local employer for a period not to exceed 12 months from the end of the plan year in which such termination occurred. [ Such amount shall be payable within 12 months of such notification. The department will approve the payment of said adverse experience adjustment by a terminating local employer beyond a period of one year but not for a period longer than three years only in rare and unusual circumstances. In the event a payment period exceeds 12 months, the department may add a commercially competitive interest rate on any extended payments. The experience adjustment shall be payable by the local employer in 12 equal monthly installments beginning 30 days after the date of notification by the department. In the event that a terminating local employer requests in writing an extension beyond a period of 12 months, the department may approve an extension up to 36 months provided the local employer agrees to pay interest at the statutory rate on any extended payments. ]

## § 2.5. Information to local employers.

The department will provide guidance and support to local administrators in the adoption, implementation and administration of the health benefits program.

The department shall furnish local employers with any and all information necessary for any reports the local employer is required to file with any federal or state agency as well as any information necessary for meeting the qualification or nondiscrimination rules under the Internal Revenue Code which may be applicable to such plans.

## § 2.6. Information to local employees.

The department shall inform local employees when their coverage terminates by reason of nonpayment of premiums for the local employee group by the local employer. The form of the [ first ] notice shall be a notice in a newspaper of general circulation in the locality of the local employer. Such notice shall be prospective with respect to the date of termination. [ The form of the second notice shall be a letter to each contractholder at the contractholder's address of record. ]

## § 2.7. Confidentiality.

The department will not disclose identifiable individual health data without the consent of the individual being provided coverage. The department may rely on the representations of any parent or guardian regarding such parent or guardian's consent to the release of information regarding a child of such parent or any other person to which such guardianship shall apply. Data may be compiled into statistical reports provided that the identity of individual persons is not ascertainable by the reader or disclosed by the department.

## § 2.8. Reports.

The department, on an annual basis, shall provide a report to the General Assembly. Such report shall discuss the overall objectives of the health benefits program, including enrollment, income and expense, participation by local employers and additional matters of general concern.

## § 2.9. Oversight.

The department has the responsibility and authority to maintain the health benefits program and take any action it deems necessary to maintain the financial and administrative integrity of the program.

A. The department shall review local administration, including state agency administration of the health benefits program to determine compliance with these regulations, law, and administrative directives. Deficiencies shall be reported to the governing body or agency administrator, who shall take prompt action to remedy the noted deficiencies. To this end, the department shall provide guidance to responsible parties regarding their duties and responsibilities in the administration of the program. Failure to correct noted deficiencies may result in the unilateral termination of participation (in the case of a local employer) in the health benefits program, or a revocation of the agency's administrative responsibility for the health benefits program (in the case of a state agency) and the imposition of a special employer contribution on the state agency to pay for the cost of direct administration of the program by the department. The cost of direct administration shall be determined by the department.

B. The department may exclude from coverage [ ; ] any person who is not eligible for coverage notwithstanding the participation [ if of ] the state agency or local

employer in the health benefits program or the payment of contributions or the previous payment of claims on behalf of such person.

If a person is determined to be ineligible for coverage, contributions paid by that person shall be returned to said person for the six months prior to such determination. Contributions for periods preceding this six-month period shall not be returned. Claims paid by the program during this same six-month period shall be recouped by the program from providers of care and from the ineligible employee to the extent practicable as determined by the department. Additional claims need not be recouped unless, in the sole discretion of the department, such recoupment, coupled with the return of additional contributions to the employee, is required to prevent material damage to the group (see classification in § 2.4 [ A ] and as subsequently expanded by administrative direction).

Employer contributions on behalf of ineligible persons shall not be returned to the participating employer in as much as the employer agrees by participating in the health benefits program that the amount of such contributions constitute liquidated damages for enrolling an ineligible employee.

C. The department may exclude from coverage for a period of three years any employee (and dependent) who is found by the department to have enrolled in the health benefits program through fraud, deceit or misrepresentation [ of ] a dependent who is [ not eligible ] for the program. A signed enrollment form shall be deemed prima facie evidence of misrepresentation.

D. The department may refuse, notwithstanding any agreement or assignment from a participant or third party, to make a payment on behalf of a participant for covered services to a provider of care who has been determined by the department to be abusing or defrauding the program. A pattern of billing for services not rendered, misrepresenting the complexity or length of the procedures or services actually rendered, or similar abuses shall compel the department to make such a determination. For the purposes of this section, a "pattern" constitutes a number of instances over a period of at least three months which are so similar as to suggest that the abuse is present in 5.0% or more of the services or procedures billed.

[ E. In the event the financial reserves of the program fall to an unacceptably low level as determined by the department, it shall have the authority to secure from the State Treasurer a loan sufficient to raise the reserve level to one which is considered adequate. Pursuant to § 2.1-20.1:02 D of the Code of Virginia the State Treasurer is authorized to make such a loan, to be made on such terms and conditions as established by him. ]

### PART III. LOCAL EMPLOYER PARTICIPATION.

#### § 3.1. Eligible employers.

Pursuant to § 2.1-20.1:02 of the Code of Virginia, local employers may, by making proper application and complying with these regulations, participate in the health benefits program.

#### § 3.2. Entrance into the health benefits program.

[ A. ] Any local employer desiring to participate in the health benefits program shall complete an employer application provided by the department and execute an adoption agreement acknowledging the rights, duties and responsibilities of the department and the local employer.

As a condition of participation, the department may require the local employer to complete the application in its entirety and deliver it to the department no less than 120 days prior to the effective date of coverage under the health benefits program. The application shall include the designation of a local administrator and include a list of other individuals whose responsibilities may be such that the department may have cause to contact them.

The application of a local employer may be withdrawn without penalty any time within the first [ 60 30 ] days after [ submission the department's delivery of rates to the employer. A 15-day extension will be available upon written request by the employer ] . Thereafter, the department may levy a processing charge not to exceed \$500 to cover the cost of processing the application.

[ B. ] Except in unusual circumstances to be determined by the department, neither evidence of insurability nor the completion of any required waiting periods will be required of employees of local employers joining the program at the time of a local employer's initial participation. [ Waiting periods will apply to employees with fewer than 12 months' service if the local employer, at any time during the 12 months prior to the initial application to join the program, had a waiting period or required proof of insurability in any of the health plans offered through the employer to its employees by payroll deduction or salary reduction, even if the employer made no contribution. ]

[ C. ] Local employers may include in the program their active employees, or their active employees and their retirees. Local employers may not elect to cover only retirees. The local employer's qualified beneficiaries under [ COBRA the Comprehensive Omnibus Budget Reconciliation Act of 1985 (COBRA) ] may also participate in the program. [ Coverage will not be available to a new employee unless the employee is on the payroll a minimum of 16 calendar days. ]

#### § 3.3. Payment of contributions.

##### A. Contributions due.

It is the sole responsibility of the local employer to

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remit local employer and local employee contributions to the department or its designee. The local employer is responsible for remitting such contributions for both active and retired employees. Health benefits program contributions are to be made monthly, in advance, and are due at the department on the first of each month. If the first day of the month falls on a weekend or holiday, the payment is due at the department on the first business day of the month.

## B. Nonpayment of contributions.

A 10-day grace period for the nonpayment of contributions is hereby provided. If the full and complete payment of contributions is not received by the 10th of the month, a notice will be sent to the local employer by the department [ or its designee ]. Additionally, there shall be imposed an interest penalty of 12% per annum of the outstanding balance unpaid as of the 10th.

In the event that payment is not received by the 20th of the month, the department shall place a notice of nonpayment of contributions in a newspaper of general circulation in the locality of the local employer notifying the employees of such local employer that claims incurred after the end of the current month will not be paid until all outstanding contributions and interest have been paid.

Furthermore, the department reserves the right to collect from a local employer the greater of the monthly contribution or any amounts incurred for claims during a period of nonpayment as well as any other costs related thereto.

## C. Nonpayment as breach.

The nonpayment of contributions by a local employer shall be considered a breach of the adoption agreement and the local employer may be obligated to pay damages. In the event that the local employer terminates participation, such termination can only be prospective and the employer shall be obligated to pay the greater of past contributions or actual claims incurred during such period and any interest and damages that may be associated with such nonpayment.

## D. Coverage and contribution period.

In the event a local employee should elect to enroll in the health benefits program in his first month of employment, such coverage shall begin on the first day of the month next following commencement of employment. Should a local employee commence employment on the first working day of the month and coverage is elected within that month, then such coverage shall commence on the local employee's date of hire or the first day of the month of hire, whichever is earlier [ but see § 4.6 B ] .

Contributions shall always be for full calendar months. Local employees who terminate employment within a calendar month shall have coverage through the end of

the month in which they terminate. In the event that a terminating local employee becomes covered under an accident or health plan of another employer prior to the end of the month in which the local employee terminates, the health benefits program shall be a secondary payor to the former local employee's new coverage.

## § 3.4. Enrollment.

The local employer is responsible for providing local employees with enrollment forms for participation in the health benefits program. Such forms shall be provided to the local employer by the department [ or its designee ]. It is the responsibility of the local employer to provide information to local employees concerning the benefits offered in each of the plans comprising the health benefits program at such time and in such manner that it can be expected that the local employee can make an informed decision regarding the types of coverage that are being offered.

The local employer is responsible for ensuring that enrollment forms for participation made by local employees are fully completed on a timely basis, signed and certified. Thirty days prior to the effective date of coverage the local employer shall forward the enrollment forms to the department or its designee, as may be appropriate. The department shall be responsible to notify the local employer as to the location and manner of delivery of all such local employee enrollment forms. Further, the local employer shall be responsible for reporting any changes in benefit coverage in a manner similar to the reporting of an initial application with the department having the ability to waive the 30-day notice requirement.

## § 3.5. Minimum local employer contributions.

[ A. ] The department shall require as a condition of local employer participation in the health benefits program that a local employer pay a minimum portion of the plan contribution attributable to an active local employee's coverage. Contributions toward the cost of retiree coverage are permitted but not required. Unless otherwise specified in a local employer's adoption agreement, participating local employers shall contribute as a condition of participation the following percentages of total required plan contributions on behalf of active participating employees:

Minimum Local Employer Contributions		Contribution Percentage	
In Years	Single	Attributable to Additional Coverage	
1990 - 1991	50%	[ 10% ]	0% ]
1991 - 1992	60%	[ 20% ]	10% ]
1992 - 1993	70%	[ 30% ]	10% ]
1993 - 1994	80%	[ 40% ]	20% ]
1994 - 1995	80%	[ 50% ]	20% ]
[ and after ]			

For example, in the [ ~~1990 - 1991~~ 1991-1992 ] plan year, a local employer would contribute, at a minimum, [ ~~50%~~ 60% ] of a single employee's membership. If an employee elects dual or family membership, a local employer would contribute, at a minimum, [ ~~50%~~ 60% ] of the single cost and 10% of any additional costs. [ In the event that an employer enrolls 75% or more of all eligible employees, the employer will not be required to contribute the above amounts for additional coverage. ]

[ B. ] Local employers allowing part-time employees to participate in the program must contribute a minimum of 50% of [ ~~these the~~ ] amounts [ listed in § 3.5 A ] on behalf of their participating part-time employees. For example, in the [ ~~1990-1991~~ 1991-1992 ] plan year, a local employer would contribute, at a minimum, [ ~~25%~~ 30% ] of a single employee's membership and, if applicable, 5.0% of any additional cost of dual or family membership.

[ Pursuant to § 3-5, For purposes of this section, ] amounts contributed on behalf of an employee who has requested a reduction in salary pursuant to a plan qualified under § 125 of the Internal Revenue Code [ (Tax Treatment of Cafeteria Plans) ] will not be counted as an employer contribution.

### § 3.6. Selection of plans.

Local employers electing to participate in the health benefits program must, as a condition of participation, agree to offer exclusively one or more plans constituting such program. Notwithstanding the above, a local employer, with the approval of the department may offer another accident or health plan provided that such other plan does not duplicate the coverage offered by the health benefits program. Such permission shall not be unreasonably withheld.

Local employers participating in the health benefits program who desire to offer a health maintenance organization (HMO) must offer the HMOs included in the health benefits program and only those HMOs.

### § 3.7. Commencement of local employer participation

Local employers may join initially at any time upon the timely submission of an employer application, but, thereafter, renewals must be as of July 1 of each year. Initial participation by a local employer at any time other than on July 1 shall be for the short year ending on the June 30 following initial participation.

There shall be no specified time for local employee enrollment coincident with the local employer's initial participation in the health benefits program provided the department or its designee shall have knowledge of the local employee elections at least 30 days prior to the effective date of coverage. Thereafter the open enrollment period for local employees shall take place during the month of April of each year with the effective date of coverage then being July 1 of such year.

### § 3.8. Reparticipation of local employers.

Local employers having withdrawn from the health benefits program may reenter the program only with the consent of the department, and only on the July 1 following the timely submission of an employer application. Normally, employees of local employers seeking reparticipation will be required to furnish evidence of insurability or to serve a waiting period, whichever the department requires.

Department consent shall not be granted until all pending contributions, penalties and other assessments have been paid by a local employer and there is no outstanding litigation pending between the department and the local employer. A pending appeal will not prohibit a local employer from reparticipating in the health benefits program.

### § 3.9. Ceasing participation in the health benefits program.

A local employer who desires to terminate participation in the health benefits program may do so at any time, as of the last day of any calendar month, with 90 days notice to the department. The local employer shall be obligated to pay any and all contributions otherwise required through the date of termination of participation and interest related thereto. Additionally, a terminating local employer shall be responsible for any adverse experience adjustment which may apply with respect to the year termination occurred and any prior year within which the terminating local employer participated in the program.

Upon the local employer's cessation of participation in the program, all of the local employers' participants, including retirees, dependents of retirees and COBRA beneficiaries will cease to be covered under the program.

### § 3.10. Compliance.

The department shall oversee the local employers and state agencies and shall assist the employees thereof in the pursuit of all rights and benefits. The department shall hold the employee harmless for [ ~~the any~~ ] errors [ ~~of the made by~~ ] local employers and state agencies [ ~~charging the~~ ]. The [ ] cost of [ any ] such errors, where applicable, [ ~~to shall be borne by~~ ] the local employer or state agency [ ~~, and not the employee~~ ].

Nothing in these regulations shall affect the rights of any local employee to bring a cause of action against a local employer for action taken hereunder with respect to such local employer's willful disregard of these regulations. In the event a local employee brings a cause of action against the department due to a local employer's willful disregard for the requirements of these regulations, the local employer as a condition of initial participation in the program shall reimburse the department for any such settlement required by a court of law.



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## PART IV. EMPLOYEE PARTICIPATION.

### § 4.1. Eligible employees.

#### A. State employees.

[ 1. ] Only full-time salaried, classified employees and faculty [ as defined in § 1.2 ] are eligible for membership in the health benefits program. [ A full-time salaried employee is one who is scheduled to work at least 40 hours per week or carries a faculty teaching load considered to be full time at his institution. ]

[ 2. ] A state employee is one who receives a salaried paycheck from the Commonwealth. Certain full-time employees in auxiliary enterprises (such as food services, bookstores, laundry services, etc.) at the University of Virginia, Virginia Military Institute and the College of William and Mary are also considered state employees even though they do not receive a salaried state paycheck. The Athletic Department of Virginia Polytechnic Institute and State University is a local auxiliary whose members are eligible for the program.

Medical College of Virginia house staff members are eligible for the program as long as they are on the state payroll and remain in the [ program with family membership health benefits premiums ] even if they rotate to the Veterans' Administration Hospital or other acute care facility.

[ A full-time salaried employee is one who is scheduled to work at least 40 hours per week or carries a faculty teaching load considered to be full time at his institution. ]

A salaried employee is one who receives a paycheck no more often than biweekly and who is not paid on an hourly basis.

[ A ~~classified position includes~~ 3. Classified positions include ] employees who are fully covered by the Virginia Personnel Act, employees excluded from the Virginia Personnel Act by § 2.1-116(16) of the Virginia Code, and employees on a restricted appointment. A restricted appointment is a classified appointment to a position that is funded at least 10% from gifts, grants, donations, or other sources that are not identifiable as continuing in nature. An employee on a restricted appointment must receive a state paycheck in order to be eligible.

#### B. Local employees.

1. Full-time employees. Full-time employees of participating local employers are eligible to participate in the program. A full-time employee is one who

meets the definition set forth by the local employer in the employer application.

2. Part-time employees. [ Some or all classifications of ] Part-time employees of local employers may participate in the plan if the local employer elects. [ The conditions of participation for these employees shall be decided by the local employer. However, all part-time employees in the same classification shall be treated similarly. ]

In the event of a leave of absence without pay, the local employer shall not be obligated to continue contributions toward coverage [ for a part-time employee ] .

The department reserves the right to establish a separate plan for part-time employees.

#### C. Unavailability of employer-sponsored coverage.

[ 1. ] Employees, officers and teachers without access to employer-sponsored health care coverage may participate in the plan. The employers of such employees, officers and teachers must apply for participation and certify that other employer-sponsored health care coverage is not available. The employers shall collect contributions from such individuals and timely remit them to the department or its designee, act as a channel of communication with the covered employee and otherwise assist the department as may be necessary. The employer shall act as fiduciary with respect to such contributions and shall be responsible for any interest or other charges imposed by the department in accordance with these regulations.

[ 2. ] Local employees living outside the service area of the plan offered by their local employer shall not be considered as local employees whose local employers do not offer a health benefits plan. For example, a local employee who lives in North Carolina and works in Virginia may live outside the service area of the HMO offered by his employer; however, he may not join the program individually.

[ 3. ] Employer sponsorship of a health benefits plan will be broadly construed. For example, an employer will be deemed to sponsor health care coverage for purposes of this section and § 3.5 if it utilizes § 125 of the Internal Revenue Code or any similar provision to allow employees, officers or teachers to contribute their portion of the health care contribution on a pretax basis.

[ 4. ] Individual employees and dependents who are eligible to join the program under the provisions of this subsection must meet all of the eligibility requirements pertaining to state employees except the identity of the employer.

## D. Retirees.

[ 1. ] Retirees are not eligible [ for coverage to enroll in the state retiree health benefits group ] outside of the [ one-time opportunity opportunities ] provided in this section.

[ 2. Retirees are eligible for membership in the state retiree group if a completed enrollment form is received within 31 days of separation for retirement. Retirees who remain in the health benefits group through a spouse's state employee membership may enroll in the retiree group at one of three later times: (i) future open enrollment, (ii) within 31 days of an eligibility status change, or (iii) within 31 days of being removed from the active state employee spouse's membership.

3. Membership in the retiree group may be provided to an employee's spouse or dependents who were covered in the active employee group at the time of the employee's death in service, in accordance with the provisions of the Health Insurance Manual. ]

[ 4. ] Retirees who are over age 65 or are otherwise covered or eligible for Medicare may enroll in certain plans as determined by the department provided that they apply for such coverage within 31 days of their separation from active service for retirement. Medicare will be the primary payor and the program shall serve as a supplement to Medicare's coverage.

[ 5. ] Retirees who are ineligible for Medicare must apply for coverage within 31 days of their separation from active service for retirement. In order to receive coverage, the individual must [ have been covered under the program at the time of separation from service and be 55 years of age with 10 years of service with a participating employer meet the retirement requirements of his employer and receive an immediate annuity ] .

## E. Dependents.

1. The following family members may be covered if the employee elects:

- a. The employee's spouse;
- b. The employee's unmarried natural or legally adopted children;
- c. Unmarried stepchildren living with the employee in a parent-child relationship and dependent on the employee for federal tax purposes;

[ d. Other children on an exception basis. Generally, an exception will not be granted unless:

(1) A court orders the eligible employee to assume permanent custody of the child, and

(2) Both of the child's natural parents are deceased, missing or incarcerated.

d. Adult disabled children of new employees, provided the enrollment form is submitted within 31 days of hire and the child has been covered continuously since the disability first occurred. The enrollment form must be accompanied by a letter from a physician explaining the nature of the handicap, date of onset and certifying that the dependent is not capable of self-support.

e. Other children on an exception basis. Generally, an exception will not be granted unless:

(1) A court orders the eligible employee to assume permanent custody of the child, and

(2) Both of the child's natural parents are deceased, missing or incarcerated or a court order has found the parents incapable of caring for the child. ]

Local employers and state agencies do not have the authority to grant exceptions. If the circumstances appear to meet the criteria, the facts of the case must be sent in writing to the department for a determination. Minor children who are adopted, regardless of relationship to the [ state ] employee, enjoy the same benefits as natural children. Natural or adopted children who are otherwise eligible for coverage may be covered by the employee whether or not they live with the employee.

Children of the spouse of an eligible employee may not be covered as a dependent in the health benefits program unless they live with the employee and meet the criteria for family membership, as given in previous paragraphs.

A child who is self-supporting [ for federal income tax purposes ] is ineligible to be covered under the employee's family membership. A child who is otherwise eligible to be covered by family membership may be covered until such time as they become self-supporting.

Coverage for a dependent child stops at the end of the month in which the child marries.

[ e. f. ] Special rules.

(1) There are certain categories of persons who may not be covered as dependents under the program. These include: dependent siblings, grandchildren, nieces, nephews, and most other children except where the criteria for "other children" are satisfied [ (see § 4.1 (e)(iv)) (see § 4.1 E 1 e) ] . Parents, grandparents, aunts and uncles are not eligible for coverage regardless of dependency status.

(2) Under the basic plan and [ alternative health

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*benefits plans, HMOs, ] eligible children may be covered to the end of the year in which they turn age 19 if not a full-time student. Children who are full-time students may be covered to the end of the month in which they turn 23, or cease to be full-time students, whichever occurs first.*

*Children may be covered regardless of the age if incapable of self-support because of a severe physical or mental handicap which was diagnosed while coverage was in force. An [ application enrollment form ] for continued coverage for a disabled child is required within 31 days of the child's age attainment (above) to maintain coverage (see § 4.2.)*

*(3) Under the PPO [ alternative ] plan(s), eligible children may be covered to the end of the [ month year ] in which they turn age 23, regardless of student status, if the child lives at home and is not self-supporting. Living at home is characteristic of the child who is not self-supporting. In the case of natural or adopted children, living at home may mean living with the other parent. Also, a child who is away at school may be covered.*

*Children may be covered regardless of age if incapable of self-support because of a severe physical or mental handicap which was diagnosed while coverage was in force. An [ application enrollment form ] for continued coverage for a disabled child is required within 31 days of the child's age attainment (above) to maintain coverage (see § 4.2.)*

## § 4.2. Enrollment form.

*[ A. ] No coverage is available unless an employee files an enrollment form. No changes in coverage are effective unless an employee files an enrollment form. Employees alone are responsible for knowing when an enrollment form is required, for completing the enrollment form, and for certifying that the information contained therein is complete and true.*

*[ B. ] The employer is responsible for checking that the employee fills in the form completely and accurately. The employer will certify each enrollment form in the space provided on the form.*

*[ C. ] The effective date of coverage shall be determined from the date the [ application enrollment form ] is stamped as received by a designee of the department.*

## § 4.3. Payment of contributions.

*[ A. ] Active employees shall pay their portion, if any, of contributions through payroll deduction.*

*[ B. ] State retirees who retired prior to January 1, [ 1990 1991 ], will have their contributions deducted from [*

*VRS VRS ] or other retirement system. If the retirement payment is not sufficient to pay the entire contribution, they may pay their contributions directly to the department's designee. State retirees retiring after January 1, 1990, shall have their contributions deducted from benefits payable from the Virginia [ Supplemental ] Retirement System [ VRS VRS ] or other retirement system. If the payment is not made by the retirement plan, the retirees may make payment directly to the department's designee. There will be an administrative fee of \$10 per bill for direct payment. Such fee may be waived by the department if payment is made monthly by bank draft.*

*[ A credit toward the cost of coverage is made by the Commonwealth on behalf of retired state employees as provided in § 2.1-20.1:20 of the Code of Virginia. ]*

*[ C. ] Retired employees of local employers shall pay contributions by either of two methods. The retired employee may authorize contributions to be deducted from the retiree's pension payment, whether it be through the [ VRS VRS ] or otherwise. Alternatively, if the employer so provides, the retiree may pay his contribution to the employer who shall be responsible for remitting the contributions to the department [ or its designee ] .*

## § 4.4. Membership.

### A. Type of membership.

*Participants have a choice of three types of membership under the program:*

*1. Single (employee only). If a participant chooses employee only membership, the health benefits program does not cover the employee's dependents (spouse or children). A woman with single membership under the program does have maternity coverage. However, the newborn child is covered only for routine hospital nursery care, unless the mother changes to dual or family membership [ ; . ]*

*2. Dual (employee and one eligible dependent) [ ; and . This type of membership is available to local employer plans July 1, 1990, and to state employees January 1, 1991. ]*

*3. Family membership (employee and eligible dependents).*

### B. Changing type of membership.

*[ 1. ] Employees may change from family or dual membership to single membership at any time subject to § 4.6 A of these regulations. Also, employees may change from family to dual membership at any time subject to § 4.6 A.*

*[ 2. ] The change from single to dual or family membership or the change from dual to family*

membership may be made only at the following times:

- [ ~~1~~ a. ] Within 31 days of employment;
  - [ ~~2~~ b. ] Within 31 days of return from a leave without pay, but only if all coverage or dual or family membership was dropped during the leave;
  - [ ~~3~~ c. ] During the open enrollment period; [ ~~or~~ ]
  - [ 4 d. ] Within 31 days of a change in eligibility status. If a change in eligibility status occurs during a leave without pay, dual or family membership may be elected within 31 days of returning from the leave; [ and or ]
  - [ 5 e. ] Infrequently, an employee is hired from a foreign country and the spouse or eligible children remain for a period of time in that country. The employee may enroll in single membership initially and submit an [ ~~application~~ enrollment form ] for dual or family membership within 31 days of the family's arrival in this country. Coverage will be effective the first of the month after the family's arrival.
- [ 3. ] If the change is from single to dual or family membership because of a change in eligibility status, the employee must certify on the [ ~~application~~ enrollment form ] the type of status change and the date of the change.

#### § 4.5. Choice of plans.

[ A. ] During the annual open enrollment period, state employees eligible to participate in the health benefits program have a choice of enrolling in any plan offered by their employer, which may often include the basic plan or an alternative health benefits plan offered by the department. To be eligible for membership in the health benefits program, the employee or retiree must live within the service area of the particular plan.

[ B. ] Employees of other participating employers have a choice of enrolling in the plans offered by their respective employers. [ Local employers have the option of requiring that employees live within the service area of the plan the employee chooses to join or of allowing employees to join a plan if they live or work in the service area. ]

[ C. ] An [ ~~application~~ enrollment form ] will not be accepted outside of open enrollment except for an employee whose employment status or personal status changes in specified ways as addressed in the Health Insurance Manual [ /Local Administrative Manual ] published by the department.

[ D. ] The employer's contribution toward coverage, if any, shall be determined by the employer except with respect to the minimum contribution rate applicable to local employers.

#### § 4.6. Effective date of coverage.

##### A. General.

Coverage and changes in coverage or membership are generally prospective, effective on the first day of the month following the month in which the enrollment form is received by the department's designee.

##### B. Date coverage begins.

Coverage begins on the first day of the first full month of employment if the employee's [ ~~application~~ enrollment form ] for coverage is received within 31 days of employment. Employees who begin work on the first working day of the month are considered employed effective the first of the month. Coverage will not be available to the new employee unless the employee is on the payroll for a minimum of 16 calendar days.

##### C. Exceptions.

[ ~~The department may allow coverage~~ With prior approval from the department, coverage may be allowed ] to commence on an earlier date in limited circumstances when prior coverage is unavailable, for example, a new employee who has moved out of the service area of an HMO.

##### D. Eligibility changes.

In the event of an eligibility change as addressed under § 4.4 B, coverage may be retroactive to the date of the event provided an [ ~~application~~ enrollment form ] for the change is submitted to the department's designee within 31 days of the event.

#### § 4.7. Leaves of absence.

[ Note: This section addresses various aspects of employee leave and may or may not be applicable to a local employer. ]

##### A. Leave of absence with full pay.

As long as an employee is still receiving full pay, health benefits coverage continues automatically with the employer making its contribution. Nothing must be done to maintain coverage.

Local employers are not required to contribute toward coverage for any part-time employee granted any type of leave of absence.

##### B. Educational leave - full or partial pay.

An official educational leave is a leave for educational reasons with partial or full pay maintained for the leave, not for work rendered. It is possible to maintain health coverage on an educational leave even when less than full pay is given provided that at least half pay is given.

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Coverage may continue for the duration of the leave up to 24 months. [ ~~The employer's contribution continues.~~ ]

## C. Leave of absence without pay.

[ 1. ] Coverage with the employer contribution continues to the end of the month in which the leave without pay begins provided the first day of the leave is after the first work day of the month. If the leave without pay begins on or before the first work day of the month, coverage with the employer contribution ceases on the first calendar day of that month.

If the person returns from leave the following month and works at least half of the work days in the month, coverage will be continuous.

[ 2. ] If the leave without pay extends beyond the end of the month when coverage would cease, it is possible for an employee to maintain coverage (except on a military leave). Arrangements to continue coverage must be made with the employer. Employees should contact their benefits administrator for more information.

[ 3. ] Employees who do not want to continue coverage will be asked to sign a waiver.

[ 4. ] The conditions under which coverage may continue, the length of time coverage may extend while on leave without pay and whether the employer contribution continues are set forth in the Health Insurance Manual [ /Local Administrative Manual ] published by the department.

## D. Changing coverage while on leave.

Coverage changes may be made while on leave in the same manner that changes may be made while actively employed. The same procedures and rules apply.

An employee enrolled in an alternative health benefits plan who moves out of the plan's service area while on a leave of absence may change to another plan offered by the department in his new location by filing an [ ~~application~~ enrollment form ] within 31 days of the date of the move. The employee may change back to an alternative health benefits plan within 31 days of returning to the plan's service area. A new [ ~~application~~ enrollment form ] must be completed.

## E. Returning from leave without pay.

1. Employees who have maintained coverage while on leave without pay. If the employee has maintained coverage while on leave, the employee's coverage in the health benefits program (with the employer making its contribution) will begin on the first of the month in which the employee returns to work if he works at least half of the working days in the month. It is not necessary for the employee to file a new [

~~application~~ enrollment ] form.

Employees may change from single to dual or family membership within 31 days of returning from leave without pay if the employee dropped dual or family membership during the leave or if there was a change in eligibility status during the leave. A new [ ~~application~~ enrollment ] form must be filed. In the case of an eligibility status change, the effective date would follow the rule on initiating dual or family membership at the time of the particular eligibility status change.

2. Employees who have not maintained coverage while on leave without pay. Employees who have not maintained coverage while on leave will be treated in the same manner as new employees:

a. It shall be necessary to file a new enrollment form to receive coverage. The enrollment form shall indicate the date the employee returned to work as the date that the employee's continuous full-time employment commenced. If the employee remained continuously eligible, waiting periods must be credited accordingly. Family members will have to serve new waiting periods as prescribed in § 4.11 of these regulations.

b. The employee has a choice of type of membership and plan.

c. The usual deadlines for filing apply. Coverage begins according to the rules and procedures for new employees.

3. Employees returning from military leave for active service. Employees returning from military leave of six months or more have the same choice of coverage as a new employee. If the employee returning from a military leave applies for coverage within 31 days of discharge, the coverage will begin on either the first day of the month of discharge or the first of the following month, whichever is necessary to effect continuous coverage. If the employee chooses a plan with waiting periods, the employee should be given credit toward the waiting periods for the amount of time on military leave. Dependents also are credited if they were covered under the state program prior to the leave.

4. Employees returning from leave in a country with national health coverage. These employees must apply for coverage within 31 days of returning to the United States to have waiting periods credited and to have a choice of effective dates. The effective date for coverage will be the first of the month that the person returned to the United States or the first of the following month, whichever is necessary to effect continuous coverage.

5. Taking a second leave without pay. If an employee

returns from a leave without pay and [ works is employed ] full-time [ on every scheduled work day ] for at least one full [ calendar ] month before taking another leave without pay, the second leave will be treated as a new leave.

If there is less than one [ calendar ] month of full-time employment between leaves without pay, the leaves will be treated as one, regardless of the types of leave. The length of time that coverage may be continued will depend on the current type of leave.

#### § 4.8. Termination of coverage.

[ A. ] Coverage ends at the end of the month in which an employee terminates the employment relationship, otherwise loses group eligibility, or on the last day of the month for which premiums are paid.

[ B. ] Coverage ends on the date of a participant's death. [ Coverage for family members continues until the end of the month in which the participant died. ]

[ C. ] In the event that an employee on leave without pay notifies the employer that he is terminating employment, coverage ends on the last day of the month in which the leave without pay ceases.

#### § 4.9. Termination of employment.

[ A. ] Coverage continues to the end of the month in which an employee terminates. Each terminating employee may elect continuation of coverage pursuant to Internal Revenue Code section 4980B and accompanying regulations.

[ B. ] Terminating employees also have the option of converting to a non-group policy. The carrier will send the employee a letter offering non-group coverage. The employee will have 30 days after the date of the letter to reply in order for coverage to be continuous.

#### § 4.10. Suspension and reinstatement.

##### A. General.

[ 1. ] Coverage generally continues through the end of the month in which the suspension began. However, if the suspension was effective on or before the first work day of the month, there will be no coverage for that month unless the employee is reinstated in time to work half of the work days in the month. For example, if a suspension is effective on April 19, the employee will have coverage through the end of April. If the suspension is effective April 1, the employee will have no coverage in April. By the same token, if the suspension is effective April 2 and the employee's first work day in April is April 3, the employee will not have coverage in April. If the employee is reinstated in time to work half of the work days in the [ month ] following [ the ] month [ in which the

suspension began ] , there will be continuous coverage.

[ 2. ] If the employee is suspended pending court action or pending an official investigation, the suspension may go beyond one pay period. In these cases, coverage will continue to the end of the month in which the suspension began. If the employee is reinstated in time to work half of the work days of the [ month ] following [ the ] month [ in which the suspension began ] , there would be no break in coverage. Suspension beyond that period should be handled in the same way as a leave without pay with no employer contribution. The employee may remain in the group by paying monthly contributions to the employer in advance. Group coverage may continue until a court decision is issued or the official investigation is completed, or up to a period of 12 months, whichever is less.

[ 3. ] If the employee is reinstated with back benefits, the employer should refund the employee the amount of the employer contribution during the period the employee paid the full premium. Single membership should be reinstated retroactive to the date the employee was removed from the group up to a limit of three months. Retroactive dual or family membership will be available up to a maximum period of three months. Appropriate contributions must be made to cover the retroactive period. Alternatively, the family membership may begin the first full month of reinstatement if the employee applies within 31 days of reinstatement. If there is a lapse in dual or family membership, waiting periods, where applicable, will be in force on dependent coverage unless the reinstated employee chooses the three months' retroactive family coverage.

##### B. Termination and grievance reinstatement.

[ 1. ] Employees who are terminated and file a grievance shall be treated as terminated employees and may elect extended coverage or nongroup coverage. In the event such an employee is reinstated with back pay, they will be given single membership retroactive up to three months. Retroactive dual or family membership will be available up to a maximum period of three months. Appropriate contributions must be made to cover the period.

[ 2. ] If the employee is reinstated without full back pay, no retroactive coverage is available, and both the reinstated employee and the dependents must serve waiting periods, unless the reinstatement order specifically addresses health benefits.

#### § 4.11. Waiting periods.

##### A. General.

With the exception of coverage under HMO's, waiting

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periods apply for certain services and preexisting conditions.

There is a 12-month waiting period for the following services:

- [ 1. ] Pregnancy, if conception occurred prior to the effective date of coverage; ]
- [ ~~2.~~ ] Hernias of any type or location;
- [ ~~3.~~ ] Tonsil or adenoid operations;
- [ ~~4.~~ ] Sterilizations;
- [ 4. 5. ] Tuberculosis;
- [ ~~5.~~ 6. ] Acquired Immune Deficiency Syndrome;
- [ ~~6.~~ 7. ] Elective surgical services. This is nonemergency surgery. "Elective" means that the surgery can safely be postponed for 72 hours.
- [ 7. 8. ] Preexisting conditions (the waiting period also applies to complications or increases in severity of the preexisting condition).

B. Twelve-month waiting period for major medical services.

There is also a 12-month waiting period for services paid for under the major medical provisions of the plans or under the comprehensive plan. This waiting period begins on the participant's effective date. However, this waiting period is only for preexisting conditions and there is one exception. After 90 consecutive days during which the participant has not received any health care services or supplies for a preexisting condition, major medical services for that preexisting condition will be covered. The 90-day period may begin before the participant's effective date of coverage but must end on or after the participant's effective date.

C. Preexisting conditions.

- [ 1. ] These waiting periods do not apply to a participant's child who has been covered under the program since birth.
- [ 2. ] Participants will not be required to serve waiting periods if enrolling under the program directly from an HMO in which the participant is enrolled as a state or local employee or as a spouse or dependent of a state or local employee.
- [ 3. ] Dependents of reinstated employees may not have to serve waiting periods if the employee elects retroactive coverage in accordance with § 4.10 A.

§ 4.12. Coordination of benefits.

A. General.

All covered services a participant receives are subject to this section. If a participant is eligible for coverage under two or more health plans (as defined below), benefits will be coordinated to avoid duplicate payments. The health plans involved will share the responsibility for benefits according to the priority rules listed below. Except as otherwise provided, benefits under this section will not be increased by virtue of this section.

B. Special rules.

The following rules apply when participants have a claim for a coordinated service:

1. If the other health plan does contain a coordination of benefits provision of similar purpose to the one in this section, the following will apply in the order of priority listed:

a. Primary coverage will be the health plan which lists the person receiving services as the participant, not as a dependent.

b. Primary coverage for an enrolled child will be the health plan which lists the parent whose month and day of birth occurs earliest in the calendar year as a participant, except in the following circumstances:

(1) When the parents are separated or divorced and the parent with custody of the child has not remarried. Primary coverage will be the health plan which covers the child as a dependent of the parent with custody.

(2) When the parents are divorced and the parent with custody of the child has remarried, primary coverage will be the health plan which covers the child as a dependent of the parent with custody. In this case, the health plan of the husband or wife of the remarried parent with custody may provide primary coverage if the remarried parent with custody does not have a health plan which covers the child.

c. Notwithstanding subdivisions (1) and (2) of this § 4.12 B 1 b, if there is a court order which requires one parent to provide medical or hospital coverage for the child, primary coverage will be that parent's health plan.

2. If subdivisions a and b of this § 4.12 B 1 do not apply, primary coverage will be the health plan which has covered the participant for the longest uninterrupted period of time, except when both health plans have the same priority rules for retired or laid-off employees. In this case, primary coverage will be the health plan which covers the participant as a working employee or dependent of a working

employee. Secondary coverage will be the health plan which covers the participant as a retired or laid-off employee or dependent of such an employee.

3. If a health plan does not have a coordination of benefits provision of similar purpose to the one in this [ article Part IV ], that health plan will be the primary coverage.

#### C. Payment of coordinated benefits.

1. At the option of the health plan, payments may be made to anyone who paid for coordinated services received. These benefit payments by the health plan are ones which normally would have been made to the participant or on his behalf to a covered facility or provider. The benefit payments made by the health plan will satisfy the obligation of the health plan for covered services.

2. A participant is required to notify the health plan that he is enrolled under another health plan. The health plan is not required to investigate to determine whether or not a participant is covered by another health plan. The health plan will determine coordinated services when the health plan is made aware of enrollment under another health plan.

#### D. Right of recovery.

1. If the health plan provided primary coverage and discovers later that it should have provided secondary coverage, the health plan has the right to recover any excess payment from any person or organization, including the participant. If the plan requests a refund, it will send a written notice to the participant.

2. If excess benefit payments are made, the participant must cooperate with the plan in exercising its right of recovery.

#### E. Right to receive and release necessary information.

1. As a condition of coverage under the program, the participant is obligated to supply the health plan the information needed to administer this section. This must be done before the participant is entitled to receive benefits under this section.

2. The health plan has the right to obtain or release information about covered services or benefits received. This right will be used when working with another person or organization to settle payments for coordinated services. Prior consent of the participant is not required.

#### [ F. Definitions.

These definitions are added to those set forth in § 1-2 of these regulations:

#### 1. Health plan.

a. A plan or program offering benefits for, or as a result of, any type of health care service is considered a health plan when it is:

(1) Group or blanket insurance (including school insurance programs);

(2) Blue Cross, Blue Shield, group practice (including HMOs and PPOs), individual practice (IPAs), or any other prepayment arrangement (including this program) when:

(a) An employer contributes any portion of the premium or

(b) An employer contracts for the group coverage on behalf of employees; or

(3) Is any labor-management trustee plan, union welfare plan, employer organization plan, or employee benefit organization plan.

b. The term health plan refers to each plan or program separately. It also refers to any portion of a plan or program which reserves the right to take into account benefits of other health plans when determining its own benefits. If a health plan has a coordination of benefits provision which applies to only part of its services, the terms of this section will be applied separately to that part and to any other part.

c. A prepaid health care services contract or accident or health plan meeting all the following conditions is not a health plan:

(1) One that is individually underwritten;

(2) One that is individually issued;

(3) One that provides only for accident and sickness benefits; and

(4) One that is paid for entirely by the subscriber.

A contract or policy of the type described in subdivision c of this § 4-12 F 1 is not subject to coordination of benefits.

2. Coordinated service. This is a health care service or supply covered under both the program and another health plan. The coordinated service will be provided under the program only to the extent it is not excluded or limited in this benefits section.

3. Primary coverage. This means the health plan which will provide benefits first. It does not matter whether or not a claim has been filed for benefits with the primary health plan.



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4. *Secondary coverage.* This is the health plan under which the benefits may be reduced to prevent duplicate or overlapping coverage.

## § 4.13. Claims.

Claims must be filed no later than the end of the calendar year after the year in which the claim is incurred. Claims not filed in a timely fashion will not be considered.

## PART V. BENEFITS PLANS.

### § 5.1. Basic plan.

The department provides a medical and hospitalization plan (the "basic plan"). This plan is available to eligible participants wherever they reside. The coverage is divided into two major parts:

*Hospital and physician coverage* - pays for covered hospital expenses; pays for covered doctor's care and other medical services up to the usual, customary and reasonable allowance (UCR).

*Major Medical* - supplements the basic plan with a lifetime maximum for services such as local ambulance services, private duty nursing, and other services. Major medical payments for covered services are made subject to a deductible and coinsurance. When a participant's covered expenses exceed a specified amount in a calendar year, major medical pays 100% UCR for the balance of the calendar year. This 100% payment does not apply to outpatient mental and nervous services. Employees are also eligible for an outpatient prescription drug program.

### § 5.2. Alternative health benefit plans.

The department also offers several health maintenance organization and preferred provider organization plans which are available to participants residing in the service area of the HMO or PPO. [ The HMOs and PPOs offered on the effective date of these regulations are: A list of these plans is available upon request to the department. ]

[ *KeyCare Plus Dental Health Benefits Plan;*

*Cost Awareness Plus Dental Health Benefits Plan;*

*Kaiser Permanente Health Benefits Plan;*

*Partners Health Benefits Plan;*

*PruCare Health Benefits Plan;*

*Equicor Health Benefits Plan;*

*Sentara Health Benefits Plan;*

*Medicare Complementary Plan (Option I);*

*Medicare Supplemental Plan (Option II);*

*Accidental Death and Dismemberment Insurance (through the Virginia Supplemental Retirement System); and*

*State Employee Assistance Service.*

The department reserves the right to add or delete any alternative health benefits plan or modify the terms and conditions of existing plans without modifying these regulations. ]

### § 5.3. Benefits coverage.

[ A. ] Interpretations of covered services will be made in the following manner, listed in order of priority:

1. The contract documents, including the request for proposal;

2. Member handbooks [ or contract booklets ] ;

3. The interpretation of the department;

4. The interpretation of the department's contractors [ ; . ]

[ B. ] The benefit provisions of the contract documents are contained in the contract booklets or member handbooks distributed to employees by their benefits administrators.

[ C. ] The benefits administrators have copies of the contract booklets and member handbooks for all plans offered by that employer. By appointment, any employee or citizen may inspect the entire contract(s) at the offices of the department.

[ Any employee or citizen may obtain copies of the contract(s) by writing to the department, describing as precisely as possible the document(s) requested, and promising to pay the cost of collecting, collating, copying and mailing (first class U.S. postage) the requested documents.

Based on actual costs for collecting (etc.), the department may charge \$0.07 per page, including blank pages, furnished to employees or citizens. ]

### § 5.4. Department discretion.

The department reserves the right to change the plans offered and benefits provided thereunder at its sole discretion based upon [ reasonable ] market and department considerations.



## Adoption Agreement HEALTH BENEFITS PROGRAM

WHEREAS, the Department of Personnel and Training of the Commonwealth of Virginia (hereinafter referred to as the "Department"), has established the Health Benefits Program (hereinafter referred to as the "Program") effective \_\_\_\_\_, 19\_\_\_\_, and

WHEREAS, the Governor has approved such Program; and

WHEREAS, pursuant to 2.1-20.1:02 of the Code of Virginia, local employers may, by making proper application and complying with the regulations governing the Program, participate in the Program; and

WHEREAS, \_\_\_\_\_ (hereinafter called the "Employer") is eligible to participate in the Program and become a party to any agreements established to carry out the funding of the Program, and wishes to adopt said Program for the benefit of its eligible employees, and to become a party to said agreements;

NOW, THEREFORE, by this instrument of writing, effective as of \_\_\_\_\_, 19\_\_\_\_, the Employer, acting herein by and through its duly authorized representatives, hereby adopts the Program for all of its eligible employees and subscribes to the provisions of the regulations and all agreements related thereto by and between the Department and any third party, effective \_\_\_\_\_, 19\_\_\_\_, all in accordance with the following:

- (1) The Employer agrees to comply with the regulations governing the Program and the duties of Employers set forth therein. These duties include but are not limited to the following:
  - Complete an employer application and execute an adoption agreement;
  - Remit employer and employee contributions to the Department or its designee as set forth in regulations;
  - Provide employees with enrollment forms, process and certify the same;
  - Serve as a channel of communication between the Department and employees;
  - Otherwise assist in administration of the Program as requested by the Department.
- (2) The employer agrees to be bound by all of the terms, provisions, conditions and limitations of the Program and any agreements which are pertinent to any entity defined as an "Employer" therein, with respect to its employees eligible for participation in the Program.
- (3) The Employer agrees that the Department of Personnel and Training shall act as Plan Administrator for the Employer and its employee-participants under the Program in the same manner in which the Department acts for state employee-participants.
- (4) The Employer agrees to provide 90 days notice to the Department in the event it wishes to cease participation in the Program. The Employer shall be obligated to pay any and all contributions otherwise required through the date of termination and interest related thereto as well as any adverse experience adjustment which may apply with respect to the year the termination occurred.

(5) The Employer understands and agrees that non-payment of contributions shall be considered a breach of the adoption agreement and the employer may be obligated to pay damages. In the event that the Employer terminates participation, such termination can only be prospective and the employer shall be obligated to pay the greater of past contributions or actual claims incurred during such period and any interest and damages that may be associated with such non-payment. In no event will the Department return to the Employer contributions made for ineligible employees.

(6) The Employer agrees to furnish from time to time such information with reference to its employee-participants as may be required by the Plan Administrator.

(7) The Employer agrees to reimburse the Department for any expenses or settlement incurred by the Department as a result of any employee's bringing a cause of action based on the Employer's disregard of the regulations or violation of this adoption agreement.

(8) The Effective Date of the Program shall mean, in regard to the Employer and its employee-participants.

IN WITNESS WHEREOF, this agreement has been executed on behalf of the Employer, and its seal hereto affixed by its duly authorized representatives on this day of \_\_\_\_\_, 19\_\_\_\_.

Attest: \_\_\_\_\_ By: \_\_\_\_\_

It is hereby certified that the Employer is eligible to become signatory to the Health Benefits Program and that its participation in the Program has been approved.

Department of Personnel and Training

Dated: \_\_\_\_\_ By: \_\_\_\_\_



Commonwealth of Virginia  
Health Benefits Program Application

This form shall be used by local employers to apply for coverage under The Local Choice Health Benefits Program sponsored by the Commonwealth of Virginia.  
**YOUR CURRENT HEALTH CARE COVERAGE SHOULD NOT BE TERMINATED UNTIL THIS APPLICATION HAS BEEN APPROVED AND ACCEPTED IN WRITING BY THE COMMONWEALTH OF VIRGINIA.**

Date: \_\_\_\_\_

**I. General Information**

1. Full name of local employer \_\_\_\_\_

Type of group (check both if applicable)  
 Local government     School district     Other (Please indicate) \_\_\_\_\_

2. Street Address \_\_\_\_\_

Mailing Address/P. O. Box \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Plan administration executive correspondent\*, address and telephone number \_\_\_\_\_

\* This person will receive renewal and contractual information.

4. Plan administration routine correspondent, address and telephone number \_\_\_\_\_

5. Applicable only for employers who offer no health care coverage to their employees and whose employees elect to individually join the Health Benefits Program.

It is hereby certified that \_\_\_\_\_ (the "Employer") offers no health care plan to employees. The Employer will, on behalf of employees who elect to individually join the Program, collect and remit contributions and assist the Department of Personnel and Training as necessary.

By: \_\_\_\_\_  
(Name) (Title) (Dept Agency)

(These Employers do not need to complete the remainder of the form except for Section IV.)

**II. Eligibility Requirements**

In questions 1-7, please describe the criteria for eligibility for active employee coverage in the upcoming year.

1. Define permanent full-time employees to be eligible for coverage. \_\_\_\_\_

2. Are any permanent full-time employees to be excluded from eligibility?  Yes  No

If yes, please define: \_\_\_\_\_

3. Are permanent part-time employees to be eligible?  Yes  No

If yes, please define: \_\_\_\_\_

Form DPT-2/90

4. Are temporary employees to be eligible?  Yes  No  
 If yes, please define: \_\_\_\_\_

5. Are other employees to be eligible?  Yes  No  
 If yes, please define: \_\_\_\_\_

6. Please describe any employees to be specifically excluded from coverage, in addition to those listed in Section II, #2.  
 \_\_\_\_\_

7. Please specify whether the information in questions 1-6 in this section differs in any way from the eligibility criteria for your current program.  
 \_\_\_\_\_

8. Are Retirees to be offered coverage?  Yes  No  
 If yes, please explain terms and conditions including definition of retiree eligibility: \_\_\_\_\_

9. Please specify whether the information in question 8 in this section differs in any way from eligibility criteria for the current program.  
 \_\_\_\_\_

10. Are Dependents to be offered coverage?  Yes  No  
 If yes, eligibility requirements will be outlined in benefits material.

11. Will Employees be required to contribute (either before-tax or after-tax) to obtain employee coverage?  Yes  No  
 If yes, please explain your current and future policy with regard to the amounts of employer and employee contributions: \_\_\_\_\_

12. Will Employees be required to contribute (either before-tax or after-tax) to obtain dependent coverage?  Yes  No  
 If yes, please explain your current and future policy with regard to the amounts of employer and employee contributions: \_\_\_\_\_

13. Will retirees be required to contribute (either before-tax or after-tax) to obtain retiree coverage?  Yes  No  
 If yes, please explain your current and future policy with regard to the amounts of employer and retiree contributions: \_\_\_\_\_

14. Will retirees be required to contribute (either before-tax or after-tax) to obtain dependent coverage?  Yes  No  
 If yes, please explain your current and future policy with regard to the amounts of employer and retiree contributions: \_\_\_\_\_

15. Please indicate below the plans you intend to offer your employees:  
 Full service     Comprehensive     Preferred Provider Organization (PPO)  
 Do you plan to offer the Health Maintenance Organizations (HMO's) offered by the State in your area?  Yes  No

16. Proposed effective date of participation: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**III. Financial and Statistical Information**

*For Blue Cross and Blue Shield of Virginia groups only*

Sign below only if you are now enrolled under a Blue Cross and Blue Shield of Virginia group plan. It will still be necessary to complete Section III of this application.

I authorize the release of the financial and statistical information from Blue Cross and Blue Shield of Virginia in order to provide rates for this plan.

Signature \_\_\_\_\_ Title \_\_\_\_\_

1. Current insurance carrier(s) and Policy No.(s): \_\_\_\_\_

2. Please furnish current rates (This is mandatory), renewal rates (if available), and "experience" analysis provided by the incumbent carriers for the past three years. \_\_\_\_\_

3. Full explanation of any special financial arrangement, i.e., if holding any reserve funds, provide amount and three-year history of the fund, or any deficit recovery agreements in effect.

4. A certificate or booklet outlining the present medical plan. Please note any coverage modifications for the past three years.

5. Current census information as listed below:

Please provide this information separately for each group of covered employees (local government employees or school system employees).

- Name and type of plan (indemnity, HMO, etc.)
- Employee identification number
- Coverage category (active, retiree, COBRA, all other employee who are not actively at work)
- Gender and date of birth.
- Type of membership (no coverage, employee only, employee plus one dependent, family coverage, etc.)
- Job classification (permanent full-time, permanent part-time, temporary, etc.)

For your convenience, use the following two sample formats to furnish current census information. Chart #1 lists individual data and Chart #2 lists summary information.

**CHART #1**

Name of plan \_\_\_\_\_

Type of coverage:  Indemnity  HMO  PPO

Covered employees:  Local government employees  
 School system employees  
 Other (Please Indicate): \_\_\_\_\_

*(For coverage status, use "A" for Active employee, "R" for retired employee, "C" for COBRA, and "O" for others)*

I.D.#	Birthdate	Sex	Coverage Category	Type of Membership	Job Classification

**CHART #2**

*Note: If, as asked in question 1.1, this application covers both local government employees and school system employees, please provide the information requested separately for each group.*

If you maintain more than one medical plan (indemnity, HMO or PPO) provide separate information (by copying this form) for each type of coverage.

Name of plan \_\_\_\_\_

Type of coverage:  Indemnity  HMO  PPO

Covered employees:  Local government employees  
 School system employees  
 Other (Please Indicate): \_\_\_\_\_

**ACTIVE COVERAGE**

Age Range	EMPLOYEE ONLY	EMPLOYEE+1 DEP.	FAMILY
	Male/Female	Male/Female	Male/Female
0-29			
30-39			
40-44			
45-49			
50-54			
55-59			
60-64			
Over 65			

**RETIREE COVERAGE**

Age Range	RETIREE ONLY	RETIREE+SPOUSE (FAMILY)
	Male/Female	Male/Female
0-55		
55-59		
60-64		
65-69		
70-74		
75-79		
Over 80		

**IV. CERTIFICATION**

I certify that the information supplied by me on this application is accurate to the best of my knowledge.

Application prepared by \_\_\_\_\_  
(Name) (Title) (Date)

Telephone number ( ) \_\_\_\_\_ Fax number (if applicable) ( ) \_\_\_\_\_

The Local Choice Health Benefits Program  
 Department of Personnel & Training  
 101 North 14th Street  
 Richmond, VA 23219

Commonwealth of Virginia  
Health Benefits Plan

## Enrollment Application/ Waiver Form

For active employees, retiring/retired employees, and for those no longer eligible for coverage who wish to select Extended Coverage.

**PART A — TO WAIVE OR CANCEL COVERAGE**      **PART B — TO CHANGE MEMBERSHIP OR ENROLL**  
**PART C — FAMILY MEMBERSHIP FOR TWO ACTIVE, ELIGIBLE EMPLOYEES**      **PART D — APPLICATION**

### GENERAL

- To Enroll or Change**  
Complete Part B, and Part D.
- To Waive Enrollment or Cancel Coverage**  
Complete Part A.
- Active Employees**
  - If your spouse is also eligible to enroll as an active state employee and Family Membership is needed complete Part C as well as Parts B and D. New employees must be employed at least 16 calendar days in order to join the group.
- Retiring/Retired Employees**
  - Your application should be completed three months before the date of your retirement.
  - If you are eligible for a monthly benefit from the Virginia Supplemental Retirement System (VSRS) or Teachers Insurance and Annuity Association/College Retirement Equities Fund (TIAA/CREF), you are eligible to enroll. You

will have the advantage of group rates and benefits. If your spouse is an active State employee, compare the rate for retiree coverage with the rate your spouse pays or would pay for Family Membership.

You make no payment now. After your retiree application is processed by the plan you have selected, you will be billed at your home address. You will continue to be billed by your selected plan until deductions can be made from your VSRS retirement check. Deductions for health benefits cannot be made from your TIAA/CREF retirement check, so you will continue to receive a bill at home.

### Employees/Dependents No Longer Eligible

- You must use this application if you wish to select Extended Coverage. The period of time for which you are eligible for Extended Coverage depends on the event which qualified you for this option. You will be responsible for the entire cost of the plan you select. You will be billed at your home address after your selected plan has processed your application.

### Health Care Plans Available

Check information you have received. HMO and PPO coverage is offered in specific areas. Make sure you select a Plan that is available to you:

#### State-Wide:

- Blue Cross and Blue Shield Basic Coverage
- Blue Cross and Blue Shield Medicare Complementary Coverage Option I (eligible retirees only)
- Blue Cross and Blue Shield Option II (eligible retirees only)

#### State-Wide:

- Preferred Provider Organization (PPO)
- KeyCare OR CostAwareness, depending on the area

#### Northern Virginia

- Health Maintenance Organizations (HMO):
  - Kaiser Permanente
  - Partners Health Plan

#### Richmond Metropolitan Area

- Health Maintenance Organizations (HMO):
  - PruCare
  - Equicor

#### Tidewater (Greater Hampton Roads) Area

- Health Maintenance Organizations (HMO):
  - Equicor
  - Sentara Health Plan

Write the name of your selected plan in the space indicated on your Enrollment Application

### Part A: To Waive Or Cancel Coverage

Print Name (FIRST NAME) (M.I.) (LAST NAME)  
Social Security Number \_\_\_\_\_ Employing Agency \_\_\_\_\_  
Home Address: \_\_\_\_\_

IF RETIRING: Date of Retirement \_\_\_\_\_  
I do NOT wish to enroll or to continue enrollment for myself and my eligible family members in the State Health Benefits Program. I understand that I will not have another opportunity to enroll unless I am actively employed by a State Agency. I also understand that active employees may elect Family Membership only during Open Enrollment or as a result of an eligibility status change.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
If you have elected to waive all rights to enrollment at this time, return this form to your Agency Representative.

### Part B: To Change Membership Or Enroll

Print Name (FIRST NAME) (M.I.) (LAST NAME) Social Security Number \_\_\_\_\_  
I have selected: \_\_\_\_\_  
NAME OF PLAN \_\_\_\_\_

My type of Membership will be (check the same box you check on the Application)  
 Single     Family     Family Membership for Two Active Employees

WITH MEDICARE (CHECK WITH YOUR AGENCY HEALTH BENEFITS GROUP ADMINISTRATOR TO LEARN IF YOU ARE ELIGIBLE TO ENROLL):

- Single—Employee w/Medicare and Dependent with Regular coverage
- Employee with Regular coverage and dependent with Medicare
- Both employee and dependent with Medicare

The current monthly cost to me for the Plan and type of membership I have selected is \$ \_\_\_\_\_ effective (date) \_\_\_\_\_

I want to enroll in the State Health Benefits Program. The current and future cost (if any) of coverage may be deducted from my pay check/retirement check until I notify the state that I no longer want coverage by completing Part A of an application. I understand that notice of cancellation does not relieve me from payment for any month already begun. In addition, if I am eligible for Medicare Part B reimbursement, I agree to make notification of retirement or termination to my payroll office not less than 30 days before my last working day.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part C: Family Membership for Two Eligible Active Employees

If you are eligible to participate in the State Health Benefits Plan and your spouse is also eligible to participate, and you need Family Membership, this section MUST be completed to gain maximum State contribution toward the plan you have selected.

#### HUSBAND

Name (FIRST NAME) (M.I.) (LAST NAME)  
Social Security Number \_\_\_\_\_

Employing Agency \_\_\_\_\_

#### AGENCY COMPLETES THE FOLLOWING:

I hereby certify that the employee has been continuously eligible for the state Health Benefits Program since

(date) \_\_\_\_\_

Agency Payroll Number \_\_\_\_\_

Agency Representative's Signature: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

#### WIFE

Name (FIRST NAME) (M.I.) (LAST NAME)  
Social Security Number \_\_\_\_\_

Employing Agency \_\_\_\_\_

#### AGENCY COMPLETES THE FOLLOWING:

I hereby certify that the employee has been continuously eligible for the state Health Benefits Program since

(date) \_\_\_\_\_

Agency Payroll Number \_\_\_\_\_

Agency Representative's Signature: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Deduct the cost of coverage from (check one)  Husband  Wife

Special Reduced Family Rate is requested to begin on (date) \_\_\_\_\_

\* Spouse paying for Family Membership must read and sign this acknowledgement: I acknowledge full responsibility to repay any state contribution paid in error on my behalf due to my spouse's termination of state employment or divorce. (This spouse should also complete and sign PART B.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Spouse NOT paying for Family Membership must read and sign this waiver: I do not want separate coverage of my own. I will be covered by my spouse's Family Membership. I understand that I will not have coverage if my spouse's Family Membership stops, unless I apply within the appropriate deadlines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part D Application**

Effective Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Name (FIRST NAME) (M I) (LAST NAME)  
 Payroll # 110 \_\_\_\_\_  
 Employee Status (circle one) \_\_\_\_\_  
 Active Retired Extended Coverage \_\_\_\_\_  
 Sex:  Male  Female / Birth date: \_\_\_\_\_ / Office Phone: ( ) \_\_\_\_\_ / Home Phone: ( ) \_\_\_\_\_

**1. I wish to choose the following plan**

IF YOU SELECT ANY HMO, you agree to the following when you sign the application:  
 If the HMO I have selected requires selection of a Primary Care Physician or Medical Center, I understand that I am obligated to make the selection for myself and enrolled family members and further understand that only services provided, directed, or arranged by my selected Primary Care Physician or Medical Center will be covered, except in an emergency or by prior plan authorization. I understand that all services except emergency services are provided only within the HMO service area. I further agree to pay applicable copayments.

NAME OF YOUR PRIMARY CARE PHYSICIAN \_\_\_\_\_

**2. Current Enrollment:** IF you or any member of your family are now covered by one of the State Health Benefits Plans give the name of the plan \_\_\_\_\_ and your Identification Number \_\_\_\_\_

**3. Dependent Information** (Must be completed to enroll under Family Membership)  
 (RELATIONSHIP CODES: H-Husband W-Wife S-Son D-Daughter SS-Stepson SD-Stepdaughter O-Other (attach explanation))

Name (include last name if different)	Birth date mo. day yr	Soc. Sec. Number	Relation- ship CODE	Dependent Over 19 Student? Disabled?	IF HMO, Name of Primary Care Physician
Spouse				Check if yes	
Children					

**4. Medicare Information** (complete if you or enrolled family members are also Medicare beneficiaries)

Name \_\_\_\_\_ Name \_\_\_\_\_  
 HIB (Claim Number) \_\_\_\_\_ HIB (Claim Number) \_\_\_\_\_  
 Effective Date: HOSPITAL (PART A) \_\_\_\_\_ Effective Date: HOSPITAL (PART A) \_\_\_\_\_  
 MEDICAL (PART B) \_\_\_\_\_ MEDICAL (PART B) \_\_\_\_\_

**5. Type of Membership**

Single  Family  Family Membership for Two State Employees  
 (WITH w/MEDICARE)  Single  Employee w/Medicare and  Employee, Regular coverage and  Both Employee &  
 Dependent with Regular coverage  Dependent w/Medicare  Dependent w/Medicare

**6. Reason application is being submitted** (check one)

New employee, retiree, or selecting Extended Coverage  Transfer to Medicare Care-Out  
 Change in Coverage Selection  Transfer from another State Agency  
 Change in Family Membership; (check one)  Add or  Drop (give dependent's name) \_\_\_\_\_  
 as of (effective date) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

3

**7. Change in Status**—If Family Membership is selected any time other than 31 days from the date of employment or during the open enrollment period, check one of the following reasons and give the effective date of the change in status. In most cases, Family Coverage is effective the first of the month following submission of an application.

- Marriage  Spouse's employer discontinuing health care plan (\*)
- Divorce  Transfer to another State agency. (\*)
- Birth of a child  Loss of coverage due to spouse's termination of employment (\*)
- Adoption of a child  Death of Spouse
- Loss of student status  Other (explain) \_\_\_\_\_

EFFECTIVE DATE OF STATUS CHANGE: \_\_\_\_\_  
 (\*)NAME AND ADDRESS OF SPOUSE'S EMPLOYER \_\_\_\_\_

**8. Other Coverage** (Complete carefully This information is subject to verification)  
 Are you, your spouse, or dependent child(ren)—whether or not they are enrolled under the State Health Benefits Program—covered by any other group hospital, medical surgical, dental, or drug program?  Yes  No  
 IF YES, complete the following:

Name of policy holder: \_\_\_\_\_  
 Contract or policy number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Name of insurance Company: \_\_\_\_\_  
 Address of insurance Company: \_\_\_\_\_  
 Name of employer or organization providing the group program: \_\_\_\_\_  
 Who does the policy cover? (check all that apply):  You  Your Spouse  Your Children  
 What does the policy include? (check all that apply):  Hospital and medical-surgical services  Drug  Dental

**9. Authorization**—I authorize any medical professional, medical care institution or any other provider of health care services or supplies to furnish to the plan I have selected information concerning services or supplies provided to me, or persons covered, for the purposes of review, investigation, or payment of a claim.  
 A copy of this authorization is available upon request. This authorization is valid for the duration of coverage.  
 I hereby authorize the State of Virginia to review and/or examine my records as necessary in auditing and administering the State Health Benefits Program.

**10. Certification**—I certify that I have read and fully understand the authorization and have reviewed the information on this application and found it to be complete and accurate to the best of my knowledge. I understand that by signing this application I give the plan I have selected the right to receive and release information needed to administer the Coordination of Benefits provision of the State Health Benefits Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Approval/Verification**

Agency Name \_\_\_\_\_ Group Number \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 I certify that I have reviewed this application and that it is complete and accurate to the best of my knowledge.  
 Agency Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name and Title \_\_\_\_\_

**IF NEW COVERAGE:** Date employee's continuous, full-time, permanent salaried employment began \_\_\_\_\_  
 If employee is a faculty member on a 9, 10, or 11-month contract, coverage begins \_\_\_\_\_

**IF RETIREE:** This employee is retiring under:  Virginia Supplemental Retirement Act and has submitted a VSRS retirement application through this office  TIAA-CREF  State Police Officer's Retirement Act  Judicial Retirement Act  
 The retiring employee has been told that the first premium would be in the amount of \$ \_\_\_\_\_ and will be billed directly by the selected plan until VSRS deductions begin. Effective date of  Service  Disability Retirement is \_\_\_\_\_

**IF DEDUCTIONS FROM THE RETIREMENT CHECK CANNOT BE MADE, VSRS COMPLETES AND RETURNS TO AGENCY:**  
 Deduction cannot be made BECAUSE:  Not on record as VSRS/SPORS/JRS member  Lump-Sum settlement  
 PLAN SHOULD COLLECT PREMIUM BECAUSE:  Check is insufficient OR  Workers' Compensation is involved

HBP (Rev. 8/89)

4

COMMONWEALTH OF VIRGINIA  
BLUE CROSS AND BLUE SHIELD OF VIRGINIA  
STANDARD PLAN

NOTIFICATION OF  
**STUDENT STATUS**

After an unmarried dependent child reaches age 19, but is a full-time student, this notification should be sent to Blue Cross and Blue Shield of Virginia once each year until the dependent reaches age 23, marries, or stops going to school full-time, whichever occurs first.

Coverage for your dependent child will end:

- the end of the year the child reaches age 19 if not a full-time student
- the end of the month that the child marries
- the end of the month the child stops going to school full-time if under 23
- the end of the month the full-time student reaches age 23.

My unmarried dependent student \_\_\_\_\_  
(First) (Middle Initial) (Last)

is over age 19, but is still eligible for coverage through my Blue Cross and Blue Shield Standard Plan because he/she is enrolled as a full-time student at:

\_\_\_\_\_  
(Name and address of school)

Student's Birthdate \_\_\_\_\_

Student's Social Security No. \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Subscriber Identification Number \_\_\_\_\_

Group Number \_\_\_\_\_

Signature of Subscriber \_\_\_\_\_ Date \_\_\_\_\_

.....(Fold here).....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place Stamp Here  
Will not be  
delivered  
without postage

**Blue Cross and Blue Shield of Virginia**  
Attn: Subscriber Accounting State of Virginia Unit  
P.O. Box 27401  
Richmond, Va 23279

.....(Fold here).....

Please complete this form and mail to the address shown on the reverse side.

Form No. 110534 (4/86)

# NAME/ADDRESS CHANGE

IN BLUE CROSS AND BLUE SHIELD SUBSCRIBER RECORDS FOR

Group \_\_\_\_\_ # \_\_\_\_\_  
Group Name Group Number

My Subscriber Identification Number is \_\_\_\_\_  
(as shown on your membership card)

The name shown on my Blue Cross and Blue Shield membership card is:  
\_\_\_\_\_

This form is being used to CHANGE  NAME of Subscriber (complete section #1)  
 ADDRESS of Subscriber (complete section #2)

**1**

Complete for a change in subscriber's name.

Mr.  Mrs.  
 Ms.  Miss \_\_\_\_\_  
(first name) (middle initial) (last name)

**2**

Complete for a change in subscriber's address.

New Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Please give the date on which the change was or will be effective: \_\_\_\_\_

Complete this form and give to the administrator of your Blue Cross and Blue Shield group program, or fold and mail to the address shown on the reverse side.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

110517 (R 5/85)

.....(Fold here).....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place Stamp Here  
Will not be delivered without postage

Blue Cross and Blue Shield of Virginia  
Attn: Name & Address Change Coordinator  
P.O. Box 27401  
Richmond, Virginia 23279

.....(Fold here).....



RECORD OF PRESCRIPTION DRUGS

If you use this form to file for prescription drugs, both sides must be completed before your claim can be processed.

Subscriber Identification Number (include any letters) \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. A Separate Record of Prescription Drugs must be kept for each person enrolled.
2. This record should be used for:
  - Drugs and medicines which, by Federal or State law, can be dispensed only by prescription order;
  - Insulin, syringes
3. Other medications which do not require a prescription should not be recorded. Your pharmacist can tell you if the medicine can be purchased without a prescription.

Date of Purchase	Name and Strength of Drug	Prescription No.	Quantity	Prescribing Doctor	Charge	Pharmacist Signature

TOTAL \$ \_\_\_\_\_

PLEASE DO NOT WRITE IN THIS AREA

FOR OFFICE USE ONLY

**Blue Cross  
Blue Shield**  
of Virginia

**CLAIM FORM**  
(Please Print or Type)

Attach information and mail to:  
Blue Cross and Blue Shield of Virginia  
Box 27287  
Richmond, Virginia 22261

**PATIENT INFORMATION**

Patient Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ Subscriber I.D. Number (including letters if any) \_\_\_\_\_

Street) \_\_\_\_\_ Patient's Birthday \_\_\_\_\_ Patient's Sex \_\_\_\_\_  
Mo. Day Year Male  Female

City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Patient's Relationship To Subscriber \_\_\_\_\_  
Self  Spouse  Dependent Child

**CONDITION AND TREATMENT**

Was Condition Related To \_\_\_\_\_ Treatment Was \_\_\_\_\_  
Employment  Auto Accident  Neither  Required For \_\_\_\_\_  
Illness  Injury

If Injury Give Date \_\_\_\_\_ Date Doctor First Consulted \_\_\_\_\_  
Mo. Day Year Mo. Day Year

All Diagnoses Or Symptoms For Which Patient Was Treated \_\_\_\_\_ Have You Paid For Itemized Services? \_\_\_\_\_  
Yes  No

**OTHER HEALTH INSURANCE INFORMATION**

Are you, your spouse, dependent child(ren) covered by any other health care program including Medicare, Medicaid and any other Blue Cross and Blue Shield program?  
Yes  No  If yes, the following should be completed.

Check One: \_\_\_\_\_ Name Of Employer Providing Group Coverage \_\_\_\_\_  
Group  Individual Policy

Whom Does It Cover? \_\_\_\_\_ Insurance Company \_\_\_\_\_  
Subscriber  Spouse  Children

Name Of Policy Holder \_\_\_\_\_ Street \_\_\_\_\_

Policy Number \_\_\_\_\_ City \_\_\_\_\_ Street \_\_\_\_\_ Zip Code \_\_\_\_\_

**AUTHORIZATION**

I certify that the information I have given is accurate to the best of my knowledge and that I, as the Subscriber, am claiming benefits only for the charges incurred by the patient identified above. I authorize the release of any medical information necessary to process this claim.

Subscriber's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT Subscriber's name here: \_\_\_\_\_

**INSTRUCTIONS**

This claim form is designed to help you, the Subscriber, file itemized health care related bills for you or an enrolled family member. If your doctor or hospital files directly with Blue Cross and Blue Shield of Virginia, please do not file claims for the same services. Please review your health care bills at least once a month to assure timely filing of claims.

**1** Assemble All Itemized Health Care Bills      **2** Separate Your Bills For Each Family Member      **3** Complete A Separate Claim Form For Each Family Member

Attach itemized bills for the patient named above. Each itemized bill must include the patient's name; the Health Care Provider's name, address, and professional status; the date of each service; dates worked; (if private duty nurse); descriptions and charge for each service.

**USE THE BACK OF THIS FORM FOR PRESCRIPTION DRUGS.**

**NOTE:** If you have Medicare coverage you must attach your Medicare explanation of benefits along with your itemized bills.

When filing for these services, include itemized bill or one of the following:  
Doctors, ..... Local Blue Shield or AMA form  
Dentists, ..... Local Blue Shield or ADA form  
Hospital, ..... Local Blue Cross, Hospital, or UBS2 form

When filing for Private Duty Nurses or Home Care Equipment include **BOTH** an Itemized bill AND a letter of Medical Necessity from your doctor.

Virginia Register of Regulations

EXC

**CLAIMS EXCEPTION FORM**  
 FILE ONE EXCEPTION PER FORM  
 COMPLETE AND RETURN TO GROUP ADMINISTRATOR



The following are examples of situations where this claims exemption form is required:

- 1. Out-of-area dependent**
  - A dependent is enrolled in college outside the Key Care area
  - Children live outside the Key Care service area with another parent
  - Employee has recently moved to Virginia and has yet to relocate his or her family
- 2. Maternity-in-progress (Initial Enrollment Only)**

**THIS FORM MUST BE COMPLETED TO ASSURE ACCURATE CLAIMS PAYMENT.**

DO NOT FILL IN SHADED AREAS

DO NOT FILL IN SHADED AREA

TRANSACTION CODE	CONTRACT EFFECTIVE DATE MO DAY YEAR	YOUR IDENTIFICATION NUMBER	RECORD ID
FIRST 3 LETTERS OF YOUR LAST NAME	NAME (OUT-OF-AREA DEPENDENT OR PERSON EXPECTING BABY) (FIRST) (MIDDLE/INITIAL) (LAST)		EO CODE
EXCEPTION TYPE	PURGE DATE MO DAY YEAR	BIRTHDAY OF YOUR DEPENDENT MO DAY YEAR	

**EXPLANATION OF EXCEPTION**  
(CHECK ONLY ONE)

- OUT OF AREA DEPENDENT**  
 ADDRESS OF DEPENDENT LIVING OUTSIDE OF KEY CARE AREA
- MATERNITY-IN-PROGRESS**  
 TO BE COMPLETED ONLY UPON INITIAL ENROLLMENT (IF APPLICABLE)

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EXPECTED DATE OF DELIVERY  
 MO DAY YEAR

EXPLANATION IF REQUIRED \_\_\_\_\_

GROUP NUMBER \_\_\_\_\_

GROUP NAME \_\_\_\_\_

GROUP ADMINISTRATOR \_\_\_\_\_ SIGNATURE

PLEASE RETURN TO \_\_\_\_\_

GROUP PAYMENT TRANSMITTAL

GROUP NUMBER

DUES FOR PERIOD TO

TOTAL DUE

BILLING DATE

PAYMENT DUE

PLEASE INDICATE CHANGES IN COMPANY INFORMATION BELOW:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

GROUP ADMINISTRATOR



Blue Cross, Blue Shield.

- A - ADD Please attach application
- C - CHANGE Please attach application
- N - NOT PAID AS BILLED
- D - CANCEL Please enter reason



POSSIBLE CANCEL REASONS

Let Organization (O) Please get current address. Send new Payment - Please attach instructions with Original - Please give date and family address. O/E - Please attach student correspondence.

PLEASE MAIL WHITE COPY WITH CHECK FOR \_\_\_\_\_

To: \_\_\_\_\_ From: Agency 10. \_\_\_\_\_  
(agency payroll number)

Subject: Extended Coverage For Eligibles Listed Below Date: \_\_\_\_\_

Medical Hospitalization Payment Summary

The following State Health Benefit Plan participants should be placed in Direct Pay Extended Coverage groups as indicated. Applications for each participant have been attached to this form.

Coverage for the Month of \_\_\_\_\_ Plan \_\_\_\_\_

(PLEASE PRINT OR TYPE)		(PLEASE PRINT OR TYPE)	
IDENTIFICATION NUMBER (SOCIAL SECURITY #)	NAME OF ELIGIBLE PERSON LAST FIRST	GROUP NUMBER LAST 3 DIGITS	EFFECTIVE DATE 1ST OF MONTH (*)
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____
_____	_____	80888 _____	_____

FROM: \_\_\_\_\_  
(Agency Name) Agency - Group # \_\_\_\_\_

TO: Department of Accounts  
Employee Health Care Accounting Unit  
P.O. Box 6-N  
Richmond, Virginia 23215

- 1) Amount charged agency cash per the Summary of Payroll Expenditures for withholdings from employee \$ \_\_\_\_\_
- 2) Amount charged agency per the Summary of Payroll Expenditures for employer cost \_\_\_\_\_
- 3) Total amount charged agency (Employee and Employer) \$ \_\_\_\_\_
- 4) Total amount adjusted bill by Agency \_\_\_\_\_
- 5) Item Number 3 less Item Number 4 - adjustments due agency or Department of Accounts \$ \_\_\_\_\_

I have reviewed this bill and approve payment of \$ \_\_\_\_\_ (Item Number 4). An IAT is attached for the adjusted amount (Item Number 5).

\_\_\_\_\_  
(Signature of Approving Officer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Date)

(\*) THE EFFECTIVE DATE IS THE FIRST OF THE MONTH FOLLOWING THE PARTICIPANT'S QUALIFYING EVENT.

WHEN PARTICIPANT IS ELIGIBLE FOR EXTENDED COVERAGE FOR: GROUP NUMBER IS:  
18 MONTHS 80888 000  
36 MONTHS 80888 001  
SPECIAL DEPENDENTS (OF 18 OR 36 MONTH ELIGIBLES) 80888 002

I certify that all those listed above are eligible for Extended Coverage and that a completed application has been attached to this page for each person listed.

AUTHORIZED BY \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

AGENCY REPRESENTATIVE

Phone No. ( ) \_\_\_\_\_

DA-000 (REV. 7/86)  
 COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ACCOUNTS

**INTERAGENCY TRANSFER INVOICE**

SUPPLIER TO: \_\_\_\_\_ CHARGE: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 VOUCHER NUMBER: \_\_\_\_\_ DATE (MM/DD/YY): \_\_\_\_\_  
 REQUESTOR NUMBER: \_\_\_\_\_ AGENCY REFERENCE NO.: \_\_\_\_\_  
 SUPPLIED BY: \_\_\_\_\_ CREDIT: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 VOUCHER NUMBER: \_\_\_\_\_ DATE (MM/DD/YY): \_\_\_\_\_  
 REQUESTOR NUMBER: \_\_\_\_\_ AGENCY REFERENCE NO.: \_\_\_\_\_

DATE OF SERVICE	DESCRIPTION OF ARTICLES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT

**NOTE:**  
 SECTION 9 OF THE COMMONWEALTH OF VIRGINIA ACCOUNTING POLICIES AND PROCEDURES MANUAL LISTS TRANSACTION CODES AUTHORIZED FOR USE ON THIS DOCUMENT.

I certify that this voucher is in agreement with the invoice and that the payments and disbursements are correct and discounts taken are proper.

INITIAL \_\_\_\_\_

VOUCHER NUMBER	DATE (MM/DD/YY)
TOTAL THIS SHEET	
TOTAL SHEET 2	
TOTAL SHEET 3	
TOTAL SHEET 4	
AMOUNT COVERED FOR PAYMENT	

**TRANSFER DISTRIBUTION**

TRANS AGENCY	DLA	TRAC	FFY	PROG	OBJ	REV	AMOUNT

TRANS AGENCY	DLA	TRAC	FFY	PROG	OBJ	REV	AMOUNT

# Final Regulations

## DEPARTMENT OF TAXATION

**Title of Regulation:** VR 630-6-4006. Virginia Income Tax Withholding: Lottery Winnings.

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

**Effective Date:** November 21, 1990.

### Summary:

*This regulation sets forth the application of the income tax withholding requirements on lottery prizes of the Virginia State Lottery Department. The Lottery Department will be required to withhold Virginia income tax at the rate of 4.0% on the proceeds from each lottery prize in excess of \$5,000. The tax will be withheld on the entire amount of the prize, not merely the amount in excess of \$5,000.*

*Each lottery prize of \$600 or more will be subject to Virginia income tax. However, to the extent included in federal adjusted gross income, any lottery prize of less than \$600 may be subtracted in determining Virginia taxable income. No subtraction is allowed for the first \$599 of the prize of \$600 or more. All resident, part-year residents, or nonresidents will be subject to the withholding and income tax provisions of this regulation.*

*The final regulation does not differ drastically from the proposed regulation. Several minor nonsubstantive changes were made as requested by the Department of Planning and Budget. The retroactive date was changed to September 20, 1988, to coincide with the beginning date of the lottery as requested by the Lottery Department. Other minor nonsubstantive changes were also made.*

VR 630-6-4006. Individual Income Tax Withholding: Lottery Winnings.

### § 1. Definitions.

*The following words and terms, when used in this regulation, shall have the following meaning, unless the context clearly indicates otherwise:*

*"Lottery Department" means the Virginia State Lottery Department.*

*"Lottery prize" means any [ single ] cash or noncash prize awarded by the Lottery Department as a result of winning any authorized lottery game.*

*"Virginia source income" includes, but is not limited to, (i) items of income, gain, loss, and deduction attributable to ownership of any interest in real or tangible personal property or a business, trade, profession, or occupation carried on in the Commonwealth; (ii) income attributable to intangible personal property, to the extent that such*

*property is employed by the taxpayer in a business, trade, profession, or occupation carried on in the Commonwealth; and (iii) prizes awarded by the Lottery Department.*

### § 2. Income taxation of lottery prizes.

#### A. Lottery prizes subject to taxation.

*Any lottery prize of \$600 or more shall be subject to Virginia income tax. To the extent included in federal adjusted gross income, any lottery prize of less than \$600 shall be subtracted from federal adjusted gross income in determining Virginia taxable income. No subtraction is allowed for the first \$599 of a prize of \$600 or more.*

#### B. Persons subject to taxation.

*The following persons shall be subject to Virginia income taxation at the current applicable rate as determined in Chapter 3 of Title 58.1 of the Code of Virginia on lottery prizes subject to taxation under subsection A above:*

- 1. Residents;*
- 2. Nonresidents; and*
- 3. Part-year residents.*

#### C. Multiple winners.

*When a lottery prize is claimed by a group, family unit, club or other organization, the [ multiple ] winners [ may file Internal Revenue Service Form 5754, "Statement by Person(s) Receiving Gambling Winnings" with the Lottery Department or will be required to attach a statement to their federal income tax return indicating the name, social security number, or employer's federal identification number, and amount of the winnings each individual person or entity received from the lottery prize. [ will be required to (i) file an Internal Revenue Service form 5754, "Statement by Person(s) Receiving Gambling Winnings" with the Lottery Department, or (ii) attach a statement to their federal income tax return. The statement should include the following information for each individual, person, or entity who receives a portion of the lottery prize:*

- 1. The name;*
- 2. Social security number, or employer's federal identification number; and*
- 3. Amount of the winnings each individual person or entity received from the lottery prize. ]*

*The amount of the lottery prize included in federal adjusted gross income for each individual person or entity shall be subject to state income taxation. Each individual person's or entity's share of \$599 or less shall be subject*

to state income taxation if the aggregate amount of the prize prior to distribution among the group, family unit, club or organization is \$600 or more.

#### D. Estimated tax.

Taxpayers may be required to pay estimated taxes in the event that a lottery prize is not subject to withholding or if withholding is insufficient. In accordance with §§ 58.1-490 through 58.1-496 of the Code of Virginia, estimated tax is due if the estimated tax liability on all income subject to state taxation exceeds a taxpayer's total withholding and other credits by more than \$150.

### § 3. [ Prizes subject to ] Withholding [ on lottery prizes ]

#### [ A. Generally.

Withholding is required on (i) any payment of proceeds in excess of \$5,000; (ii) any installment payment of \$5,000 or less, if the aggregate proceeds from a wager exceed or will exceed \$5,000; or (iii) any periodic payment of \$5,000 or less, when payments are to be made for the life of a person (or for the lives of more than one person), if it is actuarially determined that the aggregate proceeds from a wager are expected to exceed \$5,000.

The provisions of this section may be illustrated as follows:

*Example 1:* "A" purchases a lottery ticket for \$1.00 in the state lottery from an authorized agent. The drawing is held and "A" wins \$5,000. Since the proceeds of the wager are not greater than \$5,000, the Lottery Department is not required to withhold or deduct any amount from "A's" prizes.

*Example 2:* Assume the same facts as in Example 1 except that "A" wins \$5,001. The Lottery Department must deduct and withhold tax at a rate of 4.0% from \$5,001 or \$200.04.

*Example 3:* "B" purchases a lottery ticket for \$1.00 in the state lottery from an authorized agent. The lottery drawing is held and "B" wins the grand prize, \$50,000, payable at the rate of \$1,000 a month. The Lottery Department must deduct and withhold at the rate of 4.0% on each monthly payment.

*Example 4:* "C" purchases a ticket for \$1.00 in the state lottery from an authorized agent. The drawing is held and "C" wins \$1,000 a year for the rest of "C's" life. It is actuarially determined that "C's" life expectancy is 10 years. Based on that determination, the proceeds from the wager paid to "C" will exceed \$5,000. Therefore, the Lottery Department must deduct and withhold 4.0% x \$1,000 = \$40.00 from each year's payment. ]

[ B. A. ] Amount to be withheld.

The Lottery Department shall withhold Virginia income tax at the rate of 4.0% on the proceeds from any lottery prize in excess of \$5,000. The tax shall be withheld on the entire amount of the prize, not merely the amount in excess of \$5,000. The tax must be withheld by the Lottery Department on the date of actual or constructive payment, whichever is earlier, as prescribed in federal Treasury Regulation [ § ~~31.3402(a)-1~~ § 31.3402(a)-1 ] . [ Constructive payment means when the amount awarded is credited to the account of the taxpayer or set apart for future withdrawals, although not actually reduced to possession. ]

#### [ B. Prizes subject to withholding.

Withholding is required on (i) any payment of proceeds in excess of \$5,000; (ii) any installment payment of \$5,000 or less, if the aggregate proceeds from a wager exceed or will exceed \$5,000 or (iii) any periodic payment of \$5,000 or less, when payments are to be made for the life of a person (or for the lives of more than one person), if it is actuarially determined that the aggregate proceeds from a wager are expected to exceed \$5,000.

The provisions of this section may be illustrated as follows:

*Example 1:* "A" purchases a lottery ticket of \$1.00 in the state lottery from an authorized agent. The drawing is held and "A" wins \$5,000. Since the proceeds of the wager are not greater than \$5,000, the Lottery Department is not required to withhold or deduct any amount from "A's" prizes.

*Example 2:* Assume the same facts as in Example 1 except that "A" wins \$5,001. The Lottery Department must deduct and withhold tax at a rate of 4.0% from \$5,000 or \$200.04.

*Example 3:* "B" purchases a lottery ticket for \$1.00 in the state lottery from an authorized agent. The lottery drawing is held and "B" wins the grand prize, \$50,000, payable at the rate of \$1,000 a month. The Lottery Department must deduct and withhold at the rate of 4.0% on each monthly payment.

*Example 4:* "C" purchases a ticket for \$1.00 in the state lottery from an authorized agent. The drawing is held and "C" wins \$1,000 a year for the rest of "C's" life. It is actuarially determined that "C's" life expectancy is 10 years. Based on that determination, the proceeds from the wager paid to "C" will exceed \$5,000. Therefore, the Lottery Department must deduct and withhold 4.0% x \$1,000 = \$40 from each year's payment.

#### C. Persons subject to withholding.

1. Residents and part-year residents. All persons who qualify as residents and part-year residents of Virginia as defined under Chapter 3 of Title 58.1 of the Code of Virginia are subject to withholding for lottery

# Final Regulations

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prizes in the amount designated in subsection [ B A ] above.

2. *Nonresidents.* Withholding will be required for all nonresident lottery winners. Nonresidents will be required to file a nonresident return when Virginia gross income, including lottery prizes, exceeds the thresholds in [ ~~§ 58.1-321~~ § 58.1-321 ] of the Code of Virginia. Any nonresident who has become liable to his state of residence for income tax on Virginia source income may become eligible for a credit as provided in § 58.1-332 of the Code of Virginia.

## § 4. Forms and reporting.

### A. Federal.

The Lottery Department shall report every lottery prize of \$600 or more on Form W-2G. Form W-2G must be prepared and filed in accordance with the regulations promulgated by the Internal Revenue Service.

### B. State.

The Lottery Department shall file Virginia state income tax withholding returns in accordance with § 58.1-472 of the Code of Virginia. The Lottery Department shall report state withholding amounts on proceeds in excess of \$5,000. The Lottery Department shall not be required to report any prize of less than \$600.

## § 5. Provisions of Chapter 3 of Title 58.1 to apply.

The [ income tax ] provisions of Chapter 3 of Title 58.1 of the Code of Virginia and the regulations promulgated thereunder shall apply to the amounts withheld by the Lottery Department, except as otherwise provided by law and this regulation.

\* \* \* \* \*

**Title of Regulation:** VR 630-10-31. Retail Sales and Use Tax: Dealer's Returns and Payment of the Tax.

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

**Effective Date:** November 21, 1990.

### Summary:

*This amendment reflects the 1989 law change that replaced the flat 3.0% dealers discount with a sliding scale discount that ranges from 2.0% to 4.0% based upon a dealer's monthly sales volume. The final regulation setting forth changes to the formula for computation of the dealer's discount and examples illustrating the same is substantially identical to the proposed regulation.*

VR 630-10-31. Retail Sales and Use Tax: Dealer's Returns and Payment of the Tax.

## § 1. Generally.

Except as otherwise provided in this section, every dealer is required to file a return on or before the 20th day of the month following each reporting period even if no tax is due. Returns are prescribed and furnished by the Department of Taxation.

In the case of dealers regularly keeping books and accounts on the basis of an annual period that varies 52 to 53 weeks, reporting consistent with such accounting period is acceptable, provided a satisfactory explanatory statement is attached to the dealer's first return filed under such annual accounting period. Each return filed by these dealers must include all accounting periods which end during the period covered by the return.

## § 2. Quarterly filing.

A dealer may be notified by the Department of Taxation to file sales or use tax returns on a basis other than monthly. A new dealer will not be placed on a basis other than monthly until the dealer has been in business sufficient time to determine that he should fall into another reporting category. If a dealer is required to file other than monthly, returns will be due on or before the 20th day of the month following the close of the reporting period. The change of a dealer's filing status from monthly to quarterly will be made automatically by the department; dealers should not request a conversion of filing status.

## § 3. Temporary filing.

Any person who has been granted a temporary certificate of registration must file a return in accordance with the requirements set out in VR 630-10-21.

## § 4. Seasonal filing.

Any person whose business operates only during certain months during the year, may request that his registration be set up on a seasonal basis (see VR 630-10-21). Taxpayers who hold a seasonal registration must file returns in the manner set forth in § 1 of this regulation only for the months in which the business operates. However, the fact that a business is registered on a seasonal basis does not relieve such dealer from the filing of a return and the remittance of tax for any other period in which a retail sale may be made.

## § 5. Consolidated returns.

Any dealer who has been granted permission to file a consolidated sales and use tax return (see VR 630-10-21) must file such return in accordance with the provisions set forth when permission is granted. Both the return and the accompanying schedule of local taxes must be filed. Failure to comply with these requirements may result in a revocation of consolidated filing status.

§ 6. Payment to accompany dealer's return.

At the time of filing the return, the dealer must pay the amount of tax due after making appropriate adjustments for purchases returned, repossessions, and accounts uncollectible and charged off. Failure to pay the tax will cause it to become delinquent.

§ 7. Dealer's compensation or discount.

*A. Generally.*

As compensation for accounting for and paying the state tax, a dealer is allowed ~~2.0%~~ a discount of 2.0%, 3.0%, or 4.0%, depending on the volume of monthly taxable sales, of the first 3.0% of the state tax due in the form of a deduction, provided the amount due was not delinquent at the time of payment. No compensation is allowed on the additional 0.5% state tax levied effective January 1, 1987 or on the local tax. *Dealers must compute the discount without regard to the number of certificates of registration that they hold (see subsection C below).*

~~Thus, to~~ To compute the dealer's discount, a dealer (other than a vending machine dealer) would multiply the 3.5% state tax listed on his return by ~~2.57%~~ (or .0257):

1. 3.43% (or .0343) if monthly taxable sales are less than \$62,501; or
2. 2.57% (or .0257) if monthly sales are at least \$62,501 but are less than \$208,001; or
3. 1.71% (or .0171) if monthly taxable sales equal or exceed \$208,001.

*Examples:*

~~For example, a dealer making Dealer A who makes~~ taxable sales of \$10,000 during the month would report state and local tax of \$450 (\$350 state tax and \$100 local tax), from which he would retain a dealer's discount of ~~\$9.00~~ \$12.01, provided that his return is timely filed and the state and local tax is timely paid. The ~~\$9.00~~ \$12.01 discount is computed by multiplying the 3.5% state tax (\$350) by ~~2.57%~~ 3.43% since the dealer's monthly taxable sales volume is less than \$62,501.

Dealer B who makes taxable sales of \$250,000 during the month would report state and local tax of \$11,250 (\$8,750 state tax and \$2,500 local tax), from which he would retain a dealer's discount of \$149.63, provided that his return is timely filed and the state and local tax is timely paid. The \$149.63 discount is computed by multiplying the 3.5% state tax (\$8,750) by 1.71% since the dealer's monthly taxable sales volume is greater than \$208,001.

*B. Vending machine sales.*

In the case of a vending machine dealer who pays

combined state and local tax at the rate of 5.5% on his wholesale purchases for resale, the dealer's discount would be computed by multiplying the [ - 4.5% 4.5% ] state tax listed on his return by ~~2.66%~~ (or .0266):

1. 3.56% (or .0356) if monthly taxable sales are less than \$62,501; or
2. 2.67% (or .0267) if monthly taxable sales are at least \$62,501 but are less than \$208,001; or
3. 1.78% (or .0178) if monthly taxable sales equal or exceed \$208,001.

*Examples:*

~~For example, a vending~~ Vending machine dealer A with \$15,000 in wholesale purchases for resale during the month would report state and local tax of \$825 (\$675 state tax and \$150 local tax), from which he would retain a dealer's discount of ~~\$17.06~~ \$24.03, provided that his return is timely filed and the state and local tax is timely paid. The ~~\$17.06~~ \$24.03 discount is computed by multiplying the 4.5% state tax (\$675) by ~~2.66%~~ 3.56% since the dealer's monthly taxable sales volume is less than \$62,501.

Vending machine dealer B with \$200,000 in wholesale purchases for resale during the month would report state and local tax of \$11,000 (\$9,000 state tax and \$2,000 local tax) from which he would retain a dealer's discount of \$240.30, provided that his return is timely filed and the state and local tax is timely paid. The \$240.30 discount is computed by multiplying the 4.5% state tax (\$9,000) by 2.67% since the dealer's monthly taxable sales volume is at least \$62,501 but is less than \$208,001.

*C. Multiple registrations.*

Dealers holding two or more certificates of registration must compute the dealer's discount based upon taxable sales from all business locations. This requirement applies to dealers filing consolidated returns and those filing separate returns for each business location.

*Example:*

Dealer C holds separate certificates of registration for five business locations. Each location has monthly taxable sales of less than \$62,501, but total taxable sales for all five locations are \$300,000 for the month. Because total taxable sales exceed \$208,001, the dealer's discount is computed using the 1.71% discount rate.

Dealers with multistate business locations must compute the discount based upon taxable sales from all business locations in Virginia and on Virginia taxable sales from out-of-state business locations.

*Example:*

Dealer A, with business locations in Virginia, also has



# Final Regulations

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*business locations in other states, all of which are registered for collection and remittance of the tax. The out-of-state business locations sell goods to Virginia customers located in Virginia. The total monthly taxable sales for all Dealer A's Virginia business locations are \$200,000, and the total Virginia taxable sales from Dealer A's out-of-state business locations are \$100,000. Because total taxable sales exceed \$208,001, the dealer's discount is computed using the 1.71% discount rate.*

*The department will perform a reconciliation, on an annual basis or more frequently, of dealers holding multiple certificates of registration in order to ensure that the dealer's discount is computed properly by those dealers.*

#### *D. Quarterly filers.*

*Dealers filing quarterly returns may determine the appropriate dealer's discount rate by dividing their quarterly taxable sales by 3.*

#### *Example:*

*Dealer D has quarterly taxable sales of \$100,000. His average monthly taxable sales for the quarter ( $\$100,000 \div 3$ ) are \$33,333.33. Because his average monthly taxable sales are less than \$62,501, Dealer D would compute the dealer's discount using the 3.43% rate.*

#### *E. Refund requests.*

*Any amount of tax refunded by the department to a dealer will be reduced by any dealer's discount claimed on the transaction to which the refund relates. For example, if a dealer sells an item for \$1,000, timely files a return reporting the \$45 tax on the transaction and claims the discount, the amount refunded would be ~~\$44.10~~ *\$43.80* ( $\$45$  less ~~2.57%~~ *3.43%* of the \$35 state tax =  $\$45 - .00 =$   ~~$\$44.10$~~   *$\$43.80$* ) (assuming the dealer's taxable sales during the month of the sale were less than \$62,501).*

*For extensions, see VR 630-10-36; for penalties and interest, see VR 630-10-80. Section revised 7/69; 1/79; 1/85; 1/87; 1/90.*

NOTICE: NEW DEALER'S DISCOUNT RATES - SEE ITEM 9

**Form ST-9A**

Preserve this Work Sheet as part of your Sales Tax Records

**DEALER'S WORK SHEET FOR COMPUTING STATE AND LOCAL RETAIL SALES AND USE TAX**

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF TAXATION  
P.O. BOX 1103  
RICHMOND, VIRGINIA 23208-1103

Read Instructions on reverse side before preparing this Work Sheet

DEALER'S NAME \_\_\_\_\_ ACCT. NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ FILING PERIOD \_\_\_\_\_

	A. ITEM		B. STATE	C. LOCAL
	1.	2.	3.	4.
1. Gross sales and/or rentals.	1.		1.	1.
2. Personal Use. Cost price of tangible personal property purchased without payment of sales tax and withdrawn from inventory for use or consumption and/or cost price of tangible personal property purchased either in or outside this State for dealer's own use or consumption on which no sales or use tax has been paid.	2.		2.	2.
3. Item 1 plus item 2.	3.		3.	3.
4. Amount of exempt sales.	4.		4.	4.
5. Item 3 less item 4.	5.		5.	5.
6. Allowable deductions:	6a.		6a.	6a.
a. Sales price of items of tangible personal property sold during the period covered by this return, and returned by the purchaser during such period, if such sales are included in item 1.	6a.		6a.	6a.
b. Any part of sales price of items of tangible personal property returned or repossessed during period on which State tax and local tax was paid to State for a prior period.	6b.		6b.	6b.
c. That part of sales price of items of tangible personal property charged on during period as add debts on which State tax and local tax was paid to State for a prior period.	6c.		6c.	6c.
d. Other deductions (Attach Schedule to Work Sheet).	6d.		6d.	6d.
e. Total deductions (Sum of items 6a through 6d).	6e.		6e.	6e.
7. Item 5 less item 6e. (This is the amount on which the tax must be computed).	7.		7.	7.
8. Tax (State — 3 1/2% of item 7, Col. B; Local — 1% of item 7, Col. C).	8.		8.	8.
9a. Dealer's Discount. Add the taxable sales (Item 7, Column B) from each return you are required to file for this period. Use this total taxable sales figure and the chart below to determine the appropriate discount rate. Enter the discount rate on Line 9a.	9a.		9a.	9a.
TOTAL MONTHLY TAXABLE SALES FROM ALL LOCATIONS		DEALER'S DISCOUNT RATE		
IS AT LEAST	BUT LESS THAN			
\$0	\$22,501	.0343		
\$22,501	\$208,001	.0257		
\$208,001		.0171		
9b. Multiply item 9, Column B by the applicable discount rate determined above.	9b.		9b.	9b.
10. Item 8 less item 9b.	10.		10.	10.
11. Penalty for late filing and payment (See Instructions)	11.		11.	11.
12. Interest for late filing and payment (See Instructions)	12.		12.	12.
13. Total tax, penalty and interest (Sum of items 10, 11 and 12).	13.		13.	13.
14. Combined State and local tax, penalty and interest due and payable (item 13, Col. B plus item 13, Col. C)	14.		14.	14.

COMPLETE THIS WORK SHEET AND TRANSFER ITEMS INDICATED BY THE ARROWS TO CORRESPONDING ITEM NUMBERS ON RETAIL SALES AND USE TAX RETURN (FORM ST-9).  
DEALER'S DISCOUNT ALLOWABLE ONLY WHEN RETURN AND PAYMENT ARE FILED ON TIME

**INSTRUCTIONS**

**GENERAL:** You MUST use this work sheet to compute the sales and use tax liability of your place of business shown on the Dealer's Retail Sales and Use Tax Return, Form ST-9. Form ST-9 is used to report and pay the tax to the Department of Taxation. A return must be filed for each reporting period even if no tax is due. If you do not receive a return, contact the Taxpayer Assistance Section at the address shown at the bottom of this work sheet before the due date to avoid late filing penalties.

**A. CHANGE OF OWNERSHIP:** If there has been a change of ownership, do not use the return with the name and account number of the former owner. Send the return with notice of change to the VA Department of Taxation, Processing Services Division, P.O. Box 1103, Richmond, Virginia 23208-1103. A Combined Registration Application, Form R-1, should also be requested to register the new dealer and location.

**B. CHANGE OF ADDRESS/OUT-OF-BUSINESS:** If you change your business or mailing address or discontinue business, complete Form R-3, Registration Change or Delete Request in your booklet and mail it to the department. If you do not have this form, please notify the department by letter and send it to the address shown in item A above.

**C. PREPARATION OF WORK SHEET (FORM ST-9A):** Items not specifically mentioned below are self-explanatory on the work sheet.

1. Enter in item 1 the total gross dollar amount of items of tangible personal property and/or taxable services sold or leased during the period, whether for cash or on credit, including any services that were a part of a sale, but excluding the cost price of tangible personal property defined in item 2.

2. Enter in item 2 the cost price of all items of tangible personal property purchased without payment of the tax and withdrawn from inventory for use or consumption. Also include the cost price of all items of tangible personal property purchased either inside or outside Virginia for use or consumption and on which no Virginia sales or use tax was paid at the time of purchase. (Section 530-10-109, Virginia Retail Sales and Use Tax Regulations.)

3. Enter in item 4 the total amount of all exempt sales made during the period covered by the return. Effective October 1, 1991, sales for fuels for domestic consumption are not subject to state sales tax; however, these fuels are subject to the local tax unless the locality in which your place of business is located has specifically exempted these fuels. If you have any sales of these fuels, exempt sales figures in Columns B and C may be different.

4. Enter in item 6a any part of the sales price of items of tangible personal property sold during the period and returned by a customer during the same period, (and on which you have not paid the tax to the state) resulting in a refund to the purchaser or a credit to his account, if such sales are included in item 1 and not deducted in item 4. (Section 530-10-93, Virginia Retail Sales and Use Tax Regulations.)

5. Enter in item 6b any part of the sales price of items of tangible personal property sold under a returning use, conditional sale, or similar contract that were repossessed by you during the period and on which you have paid state tax and local tax. (Section 530-10-91, Virginia Retail Sales and Use Tax Regulations.)

6. Enter in item 6c that part of the sales price of tangible personal property that was charged off during the period as a bad debt on which you have paid the state tax and local tax. (Section 530-10-11, Virginia Retail Sales and Use Tax Regulations.)

7. Enter in item 6d any other deduction allowed by law. For example, if for a prior period you paid the state tax and the local tax on a \$100 sale, and during the period covered by the current return the purchaser claimed a 4 1/2% monthly cash discount (2 1/2% of \$100 = \$2.00), you may recover the tax paid the state for a prior period on the \$2.00 cash account so taken by the customer by entering in Column B and Column C the amount of \$2.00. **IMPORTANT:** 6e total deductions must be less than or equal to item 5, carry any excess forward.

8. Enter in item 8, Column B the state tax computed on the amount in item 7, Column B. Enter in item 8, Column C the local tax computed on the amount in item 7, Column C.

9. Dealer's discount rate must be based on total monthly taxable sales from all locations. If you file only one return (including a consolidated return) simply find the taxable sales reported on Line 7, Column B and refer to the chart on the reverse side to determine your discount rate. For businesses that file more than one return, the monthly taxable sales for all locations must be totaled to determine the correct dealer's discount rate.

Quarterly dealers must take total quarterly taxable sales from all locations and divide by three to find average monthly taxable sales. Use average monthly taxable sales to find the correct discount rate on Line 9a.

Enter in item 9a, Column B, the appropriate discount rate. The dealer's discount cannot be taken unless you file the return and pay the tax by the due date. No discount is allowable on the local tax.

10. Enter in item 9b, Column B, the dealer's discount by multiplying the amount of state tax in item 8, Column B, by the applicable discount rate determined by item 9a.

11. Enter in item 11, Column B and Column C, penalty if you file the return and/or pay the tax after the due date. The penalty is 5% of the tax due in item 8 for each month or fraction of a month, not to exceed 25%. However, in no case will the penalty be less than \$7.50 in Column B and \$2.50 in Column C even if no tax is due.

12. Enter in item 12 interest if you file the return and/or pay the tax after the due date. Interest is computed on the tax due in item 8 at the rate established in Section 6621 of the Internal Revenue Code of 1954, as amended.

**D. PREPARATION OF DEALER'S RETAIL SALES AND USE TAX RETURN (FORM ST-9).**

1. Transfer the items indicated by the arrows on the work sheet to the corresponding item numbers on Form ST-9.

2. Make a check or money order for the amount in item 14 payable to the VA Department of Taxation. (Checks returned by the bank will be subject to a penalty of \$25.00 in addition to other penalties.)

3. Mail Form ST-9 with your payment to the VA Department of Taxation, Processing Services Division, P.O. Box 1103, Richmond, Virginia 23208-1103 as soon as possible after the close of the reporting period but not later than the twentieth day of the following month.

4. Retain this work sheet as a part of your tax records. Do not file it with Form ST-9.

If you have any questions about this return, please call 604-357-8037 or write the Virginia Department of Taxation, P.O. Box 64, Richmond, Virginia 23202.

INSTRUCTIONS FOR COMPLETING FORMS VM-2A AND VM-2

**Form VM-2A**

**DEALER'S WORKSHEET FOR COMPUTING TAX ON SALES THROUGH VENDING MACHINES**

Prepare this worksheet as part of your Sales Tax Records

For use by dealers engaged in the business of placing vending machines through which they sell tangible personal property.

Read Instructions on reverse side before preparing this Work Sheet.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF TAXATION  
P.O. BOX 1103  
RICHMOND, VIRGINIA 23208-1103

DEALER'S NAME \_\_\_\_\_ ACCT. NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ FILING PERIOD \_\_\_\_\_

A. ITEM B. STATE C. LOCAL

1. Cost of one and/or manufactured cost of tangible personal property sold through vending machines (See instructions) 1 1 1

2. Allowable deductions:

a. Cost price and/or manufactured cost of tangible personal property sold through vending machines during this period and returned by purchaser during this period, if included in item 1. (See instructions) 2a 2a 2a

b. Cost price and/or manufactured cost of tangible personal property sold through vending machines and returned during this period on which tax was paid in a prior period (See instructions) 2b 2b 2b

c. Other deductions 2c 2c 2c

d. Total deductions (Sum of items 2a, 2b and 2c) 2d 2d 2d

3. Item 1, less item 2d (Compute tax on this amount) 3 3 3

4. Tax (State — 4 1/2% of Item 3, Col. B, Local — 1% of Item 3, Col. C) 4 4 4

5a Dealer's Discount. Add the cost of goods sold (Item 3, Column B) from each return you are required to file for this period. Use this total cost of goods sold figure and the chart below to determine the appropriate discount rate. Enter the discount rate on Line 5a.

TOTAL MONTHLY COST OF GOODS SOLD FROM ALL LOCATIONS		DEALER'S DISCOUNT RATE	ENTER DEALER'S DISCOUNT RATE ABOVE	DEALER'S DISCOUNT APPLIES TO STATE TAX ONLY
IS AT LEAST	BUT LESS THAN			
50	562.501	0356		
562.501	2208.001	0267		
2208.001		0178		

5b Multiply item 4, Column B by the applicable discount rate determined above 5b 5b 5b

6. Item 4 less item 5b 6 6 6

7. Penalty for late filing and payment (See instructions) 7 7 7

8. Interest for late filing and payment (See instructions) 8 8 8

9. Total tax, penalty and interest (Sum of items 6, 7 and 8) 9 9 9

10. Amount due (Sum of item 9, Columns B and C) 10 10 10

Signature \_\_\_\_\_

Date \_\_\_\_\_

COMPLETE THIS WORK SHEET AND TRANSFER ITEMS INDICATED BY THE ARROWS TO THE CORRESPONDING ITEM NUMBERS ON TAX RETURN (FORM VM-2)

DEALER'S DISCOUNT ALLOWABLE ONLY WHEN RETURN AND PAYMENT ARE FILED ON TIME

A. General: These forms should be used to compute and report the sales tax on tangible personal property sold through vending machines for the locality shown on the Vending Machine Dealer's Sales Tax Return, Form VM-2. Form VM-2 must be filed for each reporting period even if you have no tax to report.

Do not report on these forms nonvending machine sales or use tax on non-taxed purchases. Nonvending machine sales (such as wholesale sales, over-the-counter sales, etc.) must be reported separately on the Dealer's Retail Sales and Use Tax Return, Form ST-3 along with use tax for the locality shown on the return. Use tax accrued in a locality for which you do not hold a sales tax registration must be reported on a Consumer's Use Tax Return, Form ST-7.

B. Explanation of "Cost Price" and "Cost of Manufactured Tangible Personal Property":

If you acquire items for sale through vending machines and resell without further manufacturing or processing, you must compute the tax at 5 1/2% (4 1/2% State, 1% local) of cost price. If you manufacture or process the items sold through vending machines, you must compute the tax at the rate of 5 1/2% of manufactured/processed cost.

Manufactured/processed cost includes raw material cost plus labor and overhead attributable to the manufacture of the items being sold. The method of accounting used for federal income tax purposes is used to determine manufactured cost. For example, if a first-in, first-out is used for federal income tax purposes, this accounting method is used each month in computing cost price and manufactured cost of goods. Proper records must be maintained each month to substantiate cost price and cost of goods manufactured.

C. Preparation of Worksheet, Form VM-2A:

1. Enter in Item 1, Columns B and C, the total cost price and/or manufactured cost of tangible personal property sold through vending machines during the period.

2. Deductions:

a. Enter in Item 2a, Columns B and C, the cost price and/or manufactured cost of tangible personal property sold through vending machines and returned by purchasers, if included in item 1.

b. Enter in Item 2b, Columns B and C, the cost price and/or manufactured cost of tangible personal property sold through vending machines and returned during the period on which the tax was paid in a prior period.

c. Enter in Item 2c, Columns B and C, any other deduction allowed by the Virginia Sales and Use Tax Act.

d. Enter in Item 2d, Columns B and C, the sum of items 2a, 2b and 2c.

3. Enter in Item 3 the amount on which tax is computed (Item 1 less item 2d).

4. Enter in Item 4, Column B, the tax of 4 1/2% computed on the amount in item 3. Enter in item 4, Column C, the tax of 1% computed on the amount in item 3.

5. Dealer's discount rate is based on total monthly cost of goods sold from all locations. You cannot take the dealer's discount unless you file the return and pay the tax by the due date. No dealer's discount is allowed on local tax.

Figure your dealer's discount as follows:

If you file only one return (including a consolidated return), find your cost of goods sold on Line 3, Column B. Use this number to figure your discount rate from the table on Line 5a, Column A.

If you file more than one return, add the total monthly cost of goods sold from all locations. Use this number to figure your discount rate from the table on Line 5a, Column A.

If you file quarterly, add the total quarterly cost of goods sold from all locations. Divide by three to find average monthly cost of goods sold. Use this number to figure your discount rate from the table on Line 5a, Column A.

Enter your dealer's discount rate in Column B, Line 5a.

6. Enter in Item 5b, Column B, the dealer's discount by multiplying the amount of state tax in item 4, Column B, by the applicable discount rate determined by item 5a.

7. Enter in item 6 the amount of tax due (item 4 less item 5b).

8. Enter in item 7, Columns B and C, penalty for late filing, if applicable. Penalty is computed on the tax in item 4 at the rate of 5% per month, or fraction thereof, not to exceed 25%. However, in no case shall the penalty be less than \$7.50 in Column B and \$2.50 in Column C. The minimum penalty applies whether or not any tax is due for the period.

9. Enter in item 8, Columns B and C, interest for late filing, if applicable. Interest is calculated on the amount in item 4 at the rate established in Section 6521 of the Internal Revenue Code of 1954, as amended.

10. Enter in Item 9 the sum of items 6, 7, and 8.

11. Enter in Item 10 the sum of item 9 Columns B and C.

D. Preparation of Vending Machine Dealer's Sales Tax Return, Form VM-2.

1. Transfer the items indicated by the arrows on this worksheet to the corresponding item numbers on Form VM-2.

2. If you are allowed to file a consolidated return, attach the "Schedule of Local Vending Machine Sales Tax," Form VM-2B, to the dealer's return.

3. Make a check or money order for the amount in item 10 payable to the VA Department of Taxation. Do not include payment for any other tax in the remittance.

NOTE: Any person who tenders a bad check will be subject to a penalty of \$25.00 in addition to other penalties imposed by law.

4. Mail Form VM-2 and Form VM-2B, if required with payment to the VA Department of Taxation, Vending Machine Sales Tax, P.O. Box 1103, Richmond, Virginia 23208-1103 as soon as possible after the close of the reporting period, but no later than the twentieth of the following month. Please use the enclosed envelope to expedite the processing of your tax payment.

5. Retain this worksheet as a part of your tax records; do not file it with Form VM-2.

E. Additional information: If there has been a change in ownership, do not use the return with the name and registration number of the former owner. Send the return with notice to the VA Department of Taxation, Processing Services Division, P.O. Box 6-L, Richmond, Virginia 23232-0001. A Dealer's Application, Form VM-1, must be used to obtain a registration number for each city or county in which you have vending machines.

If you have any questions about this return, please call (804) 367-2037 or write the Virginia Department of Taxation, Taxpayer Assistance Section, P.O. Box 6-L, Richmond, Virginia 23282-0001.

# EMERGENCY REGULATIONS

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

**Title of Regulation:** VR 460-02-4.1920. Methods and Standards for Establishing Payment Rates - Other Types of Care.

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

**Effective Dates:** October 1, 1990 through September 30, 1991.

### Summary:

1. **REQUEST:** The Governor's approval is hereby requested to adopt the emergency regulation entitled Estimated Acquisition Cost Pharmacy Reimbursement Methodology which will redefine current reimbursement methodology to pharmacy providers as mandated by the Health Care Financing Administration and better reflect estimated acquisition costs (EAC).

2. **RECOMMENDATION:** Recommend approval of the Department's request to take an emergency adoption action regarding the Estimated Acquisition Cost Reimbursement Methodology. The Department intends to initiate the public notice and comment requirements contained in the Code of Virginia § 9-6.14:7.1.

/s/ Patricia C. Watt  
for Bruce U. Kozlowski  
Director  
Date: September 16, 1990

### 3. CONCURRENCES:

Concur  
/s/ Howard M. Cullum  
Secretary of Health and Human Resources  
Date: September 19, 1990

### 4. GOVERNOR'S ACTION:

Approve  
/s/ Lawrence Douglas Wilder  
Governor  
Date: September 27, 1990

### 5. FILED WITH:

/s/ Ann M. Brown  
Deputy Registrar of Regulations  
Date: September 27, 1990

### DISCUSSION

6. **BACKGROUND:** The State Plan for Medical Assistance section affected by this action is "Methods and Standards For Establishing Payment Rates - Other Types of Care" (Attachment 4.19 B). The U.S. Department of Health and Human Services (DHHS) Health Care Financing Administration (HCFA) has directed that state Medicaid agencies reimburse

pharmacies for drug products based on the agency's best estimate of providers' actual drug acquisition costs.

DHHS has determined, through its Office of the Inspector General's nationwide study of pharmacy costs, that pharmacies often obtain 13% to 17% savings over the Average Wholesale Price (AWP) in their pharmaceutical purchases from wholesalers. Therefore, HCFA has determined that a state's strict reliance upon the AWP as a pricing reference fails to recognize these potential savings.

Currently, DMAS reimburses pharmacies their usual and customary charges which are based upon the AWP, or their direct costs. This nationwide reference information (AWP and direct costs) is supplied electronically to DMAS, under contract, by First Data Bank.

In response to HCFA's invalidating the use of the AWP, the Department is surveying pharmacies statewide to determine their incurred costs of pharmaceutical purchases. It is anticipated that this Virginia-specific survey will also determine the degree of variance from the AWP which is appropriate for the Commonwealth.

Pending the survey's results, DMAS and the pharmacy community have agreed to implement a variant of the AWP policy which will still ensure that Medicaid recipients have the same access to services as that of the general population (42 CFR 447.204) and enable pharmacies with large Medicaid businesses to continue operation. The policy to be implemented is the Estimated Acquisition Cost (EAC) which is 9% less than the AWP, plus a dispensing fee.

In addition, a technical language change is being made in section f(7) to remove references to skilled and intermediate care facilities. OBRA 87 changed the Social Security Act to remove these two nursing home levels of care and replace them with the term 'nursing facility'.

7. **AUTHORITY TO ACT:** The Code of Virginia (1950) as amended, § 32.1-324, 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 adoption of emergency regulations subject to the Governor's approval. Subsequent to the emergency adoption action and filing with the Registrar of Regulations, the Code requires this agency to initiate the public notice and comment process as contained in Article 2 of the APA.

Effective October 1, 1990, a State Plan amendment must be implemented, pursuant to Chapter 972 item

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466 (L), that changes the reimbursement formula to better reflect pharmacy providers' drug product acquisition costs and the cost to dispense such products.

Without an emergency regulation, this amendment to the State Plan cannot become effective until the publication and concurrent comment and review period requirements of the APA's Article 2 are met. Therefore, an emergency regulation is needed to meet the October 1, 1990 effective date.

**8. FISCAL/BUDGETARY IMPACT:** Most pharmaceuticals that are billable to Medicaid are reimbursed at the Average Wholesale Price (AWP). This published price is utilized in some form by most third party payers. To comply with HCFA's recent requirement that state agencies reimburse pharmacies based on the agency's best estimate of the price generally and currently paid by providers for drugs purchased from wholesalers or suppliers, the Department has recommended the adoption of AWP -9% plus a professional fee of \$4.40.

Adoption of this revised pharmacy reimbursement plan is expected to result in cost savings to the Department. DMAS already caps the reimbursed cost of some sole source and multi-source drugs. The existing price caps are known as the HCFA Upper Limit drugs (federally mandated) and the state-mandated Virginia Allowable Costs (MACs). The remaining sole source and multi-source drugs not otherwise capped will be affected by this new policy.

The Department projects the following savings from this pharmacy reimbursement methodology amendment:

	FY '91	FY '92	Total
GP	\$ 578,000.	\$ 631,000.	\$1,209,000.
NGF	578,000.	631,000.	1,209,000.
	\$1,256,000.	\$1,262,000.	\$2,418,000.

**9. RECOMMENDATION:** Recommend approval of this request to take an emergency adoption action to become effective October 1, 1990, once adopted and filed with the Registrar of Regulations. From its effective date, this regulation is to remain in force for one full year or until superseded by final regulations promulgated through the APA. Without an effective emergency regulation, the Department would lack the authority to modify its pharmacy reimbursement methodology in conformance with HCFA's requirements.

## 10. APPROVAL SOUGHT FOR VR 460-02-4.1920.

Approval of the Governor is sought for an emergency modification of the Medicaid State Plan in accordance with the Code of Virginia § 9-6.14:4.1(C)(5) to adopt

the following regulation:

VR 460-02-4.1920. Methods and Standards for Establishing Payment Rates - Other Types of Care.

f. Payment for pharmacy services shall be the lowest of items (1) through (5) (except that items (1) and (2) will not apply when prescriptions are certified as brand necessary by the prescribing physician in accordance with the procedures set forth in 42 CFR 447.331 (c) if the brand cost is higher greater than the HCFA upper limit or VMAC cost) subject to the conditions, where applicable, set forth in items (6) and (7) below:

(1) the upper limit established by the Health Care Financing Administration (HCFA) for multiple source drugs which are included both on HCFA's list of multiple source drugs and on the Virginia Voluntary Formulary (VVF), unless specified otherwise by the Agency; the upper limit established by the Health Care Financing Administration (HCFA) for multiple source drugs pursuant to 42 CFR §§ 447.331 and 447.332, as determined by the HCFA Upper Limit List plus a dispensing fee. If the agency provides payment for any drugs on the HCFA Upper Limit List, the payment shall be subject to the aggregate upper limit payment test.

(2) the Virginia Maximum Allowable Cost (VMAC) established by the Agency plus a dispensing fee, if a legend drug, for multiple source drugs listed on the VVF;

(3) the estimated acquisition cost established by the Agency plus a dispensing fee established by the Agency for legend drugs except oral contraceptives; the Estimated Acquisition Cost (EAC) shall be based on the published Average Wholesale Price (AWP) minus a percent discount established by the following methodology.

(a) percent discount shall be determined by a statewide survey of providers' acquisition cost.

(b) the survey shall reflect statistical analysis of actual provider purchase invoices.

(c) the agency will conduct surveys at intervals deemed necessary by DMAS, but no less frequently than triennially.

Determination of EAC was the result of an analysis of FY'89 paid claims data of ingredient cost used to develop a matrix of cost using 0 to 10% reductions from AWP as well as discussions with pharmacy providers. As a result of this analysis, AWP minus 9% was determined to represent prices currently paid by providers effective 10-1-90.

The same methodology used to determine AWP

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minus 9% was utilized to determine a dispensing fee of \$4.40 per prescription as of 10-1-90. A periodic review of dispensing fee using Employment Cost Index - wages and salaries, professional and technical workers will be done with changes made in dispensing fee when appropriate. As of 10-1-90, the Estimated Acquisition Cost will be AWP minus 9% and dispensing fee will be \$4.40.

(4) a mark-up allowance determined by the Agency for covered non-legend drugs and oral contraceptives; or a mark-up allowance (150 percent) of the Estimated Acquisition Cost (EAC) for covered non-legend drugs and oral contraceptives; or

(5) the providers' usual and customary charge to the public, as identified by the claim.

(6) Payment for pharmacy services will be as described above; however, payments for legend drugs (except oral contraceptives) will include the allowed cost of the drug plus only one dispensing fee per month for each specific drug. Payments will be reduced by the amount of the established co-payment per prescription by non-institutionalized clients with exceptions as provided in federal law and regulation.

(7) The Program recognizes the 24-hour unit dose delivery system of dispensing drugs only for patients residing in skilled or intermediate care nursing facilities. Reimbursements are based on the allowed payments described above plus the unit dose add on fee and an allowance for the cost of unit dose packaging established by the State Agency. The maximum allowed drug cost for specific multiple source drugs will be the lesser of: either the VMAC based on the 60th percentile cost level identified by the State Agency or HCFA's upper limits. All other drugs will be reimbursed at drug costs not to exceed the estimated acquisition cost determined by the State Agency.

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Title of Regulation: VR 460-04-3.1100. Community Mental Health Services - Amount, Duration, and Scope of Services.

VR 460-03-3.1120. Case Management Services.

VR 460-02-3.1300. Standards Established and Methods Used to Assure High Quality of Care.

VR 460-02-4.1920. Methods and Standards for Establishing Payment Rates - Other Types of Care.

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

Effective Dates: October 1, 1990, through September 30, 1991.

## Summary:

1. REQUEST: The Governor's approval is hereby requested to adopt the emergency regulation entitled Community Mental Health Services. This Community Mental Health and Mental Retardation Services policy will provide Title XIX payments, with 50% federal financial participation, for services previously reimbursed with 100% state dollars.

2. RECOMMENDATION: Recommend approval of the Department's request to take an emergency adoption action regarding Community Mental Health and Mental Retardation Services. The Department intends to initiate the public notice and comment requirements contained in the Code of Virginia § 9-6.14:7.1.

/s/ Patricia C. Watt  
for Bruce U. Kozlowski  
Director  
Date: September 19, 1990

## 3. CONCURRENCES:

Concur  
/s/ Howard M. Cullum  
Secretary of Health and Human Resources  
Date: September 19, 1990

## 4. GOVERNOR'S ACTION:

Approve  
/s/ Lawrence Douglas Wilder  
Governor  
Date: September 27, 1990

## 5. FILED WITH:

/s/ Ann M. Brown  
Deputy Registrar of Regulations  
Date: September 27, 1990

## DISCUSSION

6. BACKGROUND: The 1990 Appropriation Act (Item 466) directed the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and the Department of Medical Assistance Services (DMAS) to provide Medicaid coverage for community mental health, mental retardation, and substance abuse services in Virginia. The purpose of this expansion of the Medicaid program is to obtain federal financial participation for some current programs and services as well as to meet future demand for treatment services. At a time of increasing fiscal constraints on state dollars, federal funding through Title XIX is the only mechanism available for addressing significant unmet service needs and continuing the Phase I Community Services initiative. In addition, this action enables the Commonwealth to make effective use of federal funds.

The scope and coverage of this emergency regulation and accompanying amendments to the State Plan for

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Medical Assistance include Medicaid options for mental health and mental retardation services. The service definitions, provider requirements and qualifications, and utilization review requirements included in the emergency regulation and Plan changes were developed by a task force of DMAS, DMHMRSAS, and local Community Services Board representatives.

Covered mental health services include targeted case management and rehabilitation services (e.g. emergency services, partial hospitalization/day treatment for adults, psychosocial rehabilitation for adults, therapeutic day treatment for children and adolescents).

Covered mental retardation services include targeted case management, and rehabilitation services such as day health and rehabilitation services.

The 1990 Appropriations Act specifically dictated controls upon the providers who would be eligible to provide these services. These new covered services will be limited to providers who meet the specified qualifications.

Programs must:

- Be in accordance with the DMHMRSAS Comprehensive State Plan, 1990-96
- Be licensed under regulations promulgated by DMHMRSAS
- Guarantee client access to emergency services on a 24 hour basis
- Demonstrate willingness and ability to serve all in need, regardless of ability to pay, or eligibility for Medicaid
- Have the necessary administrative and financial management capabilities
- Have the capacity to document individual case records to meet state and federal requirements

For patients to be eligible to receive Community Mental Health and Mental Retardation services, they must meet the standard Medicaid eligibility criteria. In addition, they must meet other service-specific criteria. Mental health targeted case management services will be limited to adults with serious mental illness and children with serious emotional disturbances, as determined by diagnosis, level of disability, and duration of illness. Patient eligibility for mental health rehabilitation services will be determined by specific utilization criteria.

Adult developmental or work activity (day habilitation) for the mentally retarded will be limited to individuals

who earn no more than 50% of the minimum wage. Targeted case management services will be directed to those Medicaid eligibles who are mentally retarded. The mental retardation services will be provided based on plans of care, developed by the case managers, which are to be approved and reviewed by DMHMRSAS staff every six months.

7. AUTHORITY TO ACT: The Code of Virginia (1950) as amended, § 32.1-324, 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 adoption of emergency regulations subject to the Governor's approval. Subsequent to the emergency adoption action and filing with the Registrar of Regulations, the Code requires this agency to initiate the public notice and comment process as contained in Article 2 of the APA.

Title 42 of the Code of Federal Regulations § 440.130 (d) provides for the coverage of rehabilitative services to mean "any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level."

Without an emergency regulation, these amendments to the State Plan cannot become effective until the publication and concurrent comment and review period requirements of the APA's Article 2 are met. Due to the substantial program development activities necessary to implement these new services, it was not possible to meet the time schedule of the APA public comment requirements. Therefore, an emergency regulation is needed to meet the October 1, 1990, effective date established by the General Assembly for mental health and mental retardation services. Substance abuse services coverage will not be effective until July 1, 1991, and therefore is not included in this package.

8. FISCAL/BUDGETARY IMPACT: This initiative is not expected to result in any new General Fund expenditures by DMAS. All new General Fund dollars necessary to cover both services and growth will be transferred to DMAS by DMHMRSAS. DMAS will use the transferred General Funds to draw down federal matching dollars.

The 1990 Appropriations Act designated \$17,423,839 and \$34,756,467 in federal match for the first and second years of the FY 91-92 biennium respectively. In addition, the Appropriations Act designated General Fund dollars to transfer from community ICF/MRs to this initiative in the amounts of \$787,500 and \$3,150,000 for the first and second years of the

# Emergency Regulations

biennium respectively. The remaining General Fund dollars will be transferred from the DMHMRSAS budget.

9. **RECOMMENDATION:** Recommend approval of this request to take an emergency adoption action to become effective upon October 1, 1990. From its effective date, this regulation is to remain in force for one full year or until superseded by final regulations promulgated through the APA. Without an effective emergency regulation, the Department would lack the authority to reimburse enrolled providers for rendered mental health or mental retardation services.

10. Approval Sought for VR 460-03-3.1100, 460-03-3.1120, 460-02-3.1300, 460-02-4.1920.

Approval of the Governor is sought for an emergency modification of the Medicaid State Plan in accordance with the Code of Virginia § 9-6.14:4.1(C)(5) to adopt the following regulations:

**VR 460-04-3.1100. Community Mental Health Services - Amount, Duration and Scope of Services.**

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

13a. Diagnostic services.

A. Not provided.

13b. Screening services.

A. Not provided.

13c. Preventive services.

A. Not provided.

13d. Rehabilitative services.

A. Intensive medical rehabilitation.

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.

B 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.

Đ 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.

*B. Community Mental Health and Mental Retardation Services.*

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

*"Board or BMAS" means the Board of Medical Assistance Services.*

*"Code" means the Code of Virginia.*

*"Consumer service plan" means that document addressing the needs of the client of mental retardation case management services, in all life areas. Factors to be considered when this plan is developed are, but not limited to, the client's age, primary disability, level of functioning and other relevant factors.*

*"DMAS" means the Department of Medical Assistance Services consistent with the Code of Virginia Chapter 10, Title 32.1, §§ 32.1-323 et seq.*

*"DMHMRSAS" means the Department of Mental Health, Mental Retardation and Substance Abuse Services consistent with the Code of Virginia Chapter 1, Title 37, §§ 37.1-39 et seq.*

*"Developmental disability" means a severe, chronic disability that (i) is attributable to a mental or physical impairment (attributable to mental retardation, cerebral palsy, epilepsy, autism, or neurological impairment or related conditions) or combination of mental and physical impairments; (ii) is manifested before that person attains the age of 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major areas: self-care, language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency; and (v) results in the person's need for special care, treatment or services that are individually planned and coordinated and that are of lifelong or extended duration.*



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*"HCFA" means the Health Care Financing Administration as that unit of the federal Department of Health and Human Services which administers the Medicare and Medicaid programs.*

*"Individual Service Plan or ISP" means that which is defined in DMHMRSAS licensing regulations VR 470-02-09.*

*"Medical or clinical necessity" means an item or service that must be consistent with the diagnosis or treatment of the individual's condition. It must be in accordance with the community standards of medical or clinical practice.*

*"Mental retardation" means the diagnostic classification of significant subaverage general intellectual functioning (defined as an intelligence quotient of 69 or less on an individually administered standardized assessment instrument of intellectual functioning) existing concurrently with deficits in adaptive behavior, and manifested prior to the individual's 18th birthday.*

*"Preauthorization" means the approval necessary for specified services for a specified recipient by a specified provider before the requested services may be performed and payment made.*

*"Qualified case managers for mental health case management services" means individuals possessing a combination of mental health work experience or relevant education which indicates that the individual possesses the knowledge, skills, and abilities, as established by DMHMRSAS, necessary to perform case management services.*

*"Qualified case managers for mental retardation case management services" means individuals possessing a combination of mental retardation work experience and relevant education which indicates that the individual possesses the knowledge, skills, and abilities, as established by DMHMRSAS, necessary to perform case management services.*

*"Significant others" means persons related to or interested in the individual's health, well being, and care. Significant others may be but are not limited to a spouse, friend, relative, guardian, priest, minister, rabbi, physician, neighbor.*

*"State Plan for Medical Assistance or Plan" means the document listing the covered groups, covered services and their limitations, and provider reimbursement methodologies as provided for under Title XIX of the Social Security Act.*

*1. Mental health services. The following services shall be covered: intensive in-home services; therapeutic day treatment for children and adolescents; day treatment/partial hospitalization; psychosocial rehabilitation; crisis intervention. These covered services are further defined below:*

*a. Intensive in-home services for children and adolescents under age 21 shall be time-limited interventions provided primarily but not solely in the home of an individual who is at risk of being moved into a residential placement or who is being transitioned to home from residential care due to an emotional disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders-III-R (DSM-III-R). These services provide crisis treatment; individual and family counseling; life, parenting, and communication skills; case management activities and coordination with other required services; and 24-hour emergency response. These services shall be limited annually in the short-term to 12 weeks and in the long-term to 26 weeks. General program requirements shall be as follows.*

*(1) The provider of intensive in-home services must be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.*

*(2) An appropriate assessment is made and documented that service needs can best be met through intervention provided in the home; service must be recommended on an Individual Service Plan (ISP).*

*(3) The short-term model shall be used when removal of a child from the home is imminent (within approximately 72 hours), when services that are far more intensive than outpatient clinic care are required to stabilize the family situation, and when the home as the setting for counseling is more likely to be successful than a clinic.*

*(4) The longer term model shall be used when out-of-home placement is not imminent (within approximately 72 hours), but is a risk, and when assessment indicates in-home services could prevent such a costly outcome. The longer term model shall also be used to facilitate the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful.*

*(5) At least one parent or responsible adult with whom the child is living must be willing to participate in in-home services, with the goal of keeping the child in the home.*

*(6) Since case management services are an integral and inseparable part of this service, individuals receiving intensive in-home services may not receive case management services that are billed separately.*

*b. Therapeutic day treatment for children and adolescents shall be provided in sessions of two or more consecutive hours per day, to groups of seriously emotionally disturbed children and adolescents or children at risk of serious emotional*

disturbance in order to combine psychotherapeutic interventions with education and mental health treatment. Day treatment programs, limited annually to 260 days, provide evaluation, medication education and management, opportunities to learn and use daily living skills and to enhance social and interpersonal skills, and individual, group and family counseling. General program requirements shall be as follows:

(1) The provider of therapeutic day treatment for children and adolescents services must be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

(2) The minimum staff to youth ratio is one staff to 4 youth. One of the staff may be a teacher, funded by the school, or other appropriate personnel, funded by the city or county.

(3) The program must operate a minimum of two consecutive hours per day and may offer flexible program hours (i.e. before and/or after school and/or during the summer). One-third day of service is defined as a minimum of two hours but less than three hours in a given day. Two-thirds of a day's service is defined as a minimum of 3 but less than 5 hours in a given day; and a full day's service equals 5 or more hours of service. Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be billable. These restrictions apply only to transportation to and from the program site. Other program related transportation may be included in the program day as indicated by scheduled activities.

(4) Academic instruction provided within these programs for school aged youth shall not be reimbursable by Medicaid.

c. Day treatment/partial hospitalization shall be provided in sessions of three or more consecutive hours per day, which may be scheduled multiple times per week, to groups of individuals in a nonresidential setting. These services, limited annually to 260 days, include the major diagnostic, medical, psychiatric, and psychosocial treatment modalities designed for individuals with serious mental disorders who require coordinated, intensive, comprehensive, and multidisciplinary treatment. General program requirements shall be as follows.

(1) The provider of day treatment/partial hospitalization shall be licensed by DMHMRSAS.

(2) The program must operate a minimum of three

(3) continuous hours in a 24 hour period. A half day of service shall be defined as a minimum of 3

but less than 5 hours on a given day. A full day of service shall be defined as 5 or more hours in a given day. Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions shall apply only to transportation to and from the program site. Other program related transportation may be included in the program day as indicated by scheduled program activities.

(3) Individuals receiving psychosocial rehabilitation may not receive day treatment/partial hospitalization services simultaneously.

(4) Individuals shall be discharged from this service when they are no longer in an acute psychiatric state and/or when other less intensive services may achieve stabilization. Admission and services longer than 90 continuous days must be authorized based upon a face-to-face evaluation by a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, or certified psychiatric nurse.

d. Psychosocial rehabilitation shall be provided in sessions of three or more consecutive hours per day to groups of individuals in a nonresidential setting. These services, limited annually to 312 days, include assessment, medication education, opportunities to learn and use independent living skills and to enhance social and interpersonal skills, family support, and/or education within a supportive and normalizing program structure and environment.

(1) The provider of psychosocial rehabilitation must be licensed by DMHMRSAS.

(2) The program must operate a minimum of three (3) continuous hours in a 24 hour period. A half day of service is defined as a minimum of 3 but less than 5 hours on a given day. A full day is defined as 5 or more hours in a given day. Transportation time to and from the program site may be included as part of the reimbursement unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions apply to transportation to and from the program site. Other program related transportation may be included in the program day as indicated by scheduled program activities.

(3) Individuals receiving psychosocial rehabilitation may not receive day treatment/partial hospitalization services simultaneously.

(4) Reimbursement for field trips is allowed if (a) the trip is conducted away from the program site,

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(b) the goal is to provide training in an integrated setting, and to increase the client's understanding or ability to access community resources, and (c) the field trip is related to a specific goal on the individual service plan.

e. Crisis intervention shall provide immediate mental health care, available 24 hours a day, seven days per week, to assist individuals who are experiencing acute mental health dysfunction requiring immediate clinical attention. This service's objectives shall be to prevent exacerbation of a condition, to prevent injury to the client or others, and to provide treatment in the context of the least restrictive setting. Crisis intervention activities, limited annually to 180 hours, shall include assessing the crisis situation, providing short-term counseling designed to stabilize the individual and/or the family unit, providing access to further immediate assessment and follow-up, and linking the individual and family with ongoing care to prevent future crises. Crisis intervention services may include, but are not limited to, office visits, home visits, pre-admission screenings and other activities for the prevention of institutionalization. General program requirements are as follows:

(1) The provider of crisis intervention services must be licensed by DMHMRSAS.

(2) Only face-to-face crisis intervention services shall be reimbursable.

(3) An Individual Service Plan (ISP) shall not be required for newly admitted individuals to receive this service. Inclusion of crisis intervention as a service on the ISP shall not be required for the service to be provided on an emergency basis.

(4) For individuals receiving scheduled, short-term counseling as part of the crisis intervention service, an ISP must be developed or revised to reflect the short-term counseling goals by the second scheduled face-to-face contact.

(5) Reimbursement shall be provided for short-term crisis counseling contacts scheduled within a 21-day period from the time of the first face-to-face crisis contact. Other than the annual service limits, there are no restrictions (regarding number of contacts or a given time period to be covered) for reimbursement for unscheduled crisis contacts.

(6) Crisis intervention services may be provided to eligible individuals outside of the clinic and billed provided the provision of out-of-clinic services is clinically/programmatically appropriate. Crisis intervention may involve the family or significant others.

(7) If a second visit or service contact is required

during a 24-hour period due to an emergency situation, DMAS shall reimburse for the crisis intervention service provided there is documented face-to-face contact.

2. Mental retardation services. Day health and rehabilitation services shall be covered and the following definitions shall apply:

a. Day health and rehabilitation services (limited to 440 units per year) shall provide individualized activities, supports, training, supervision, and transportation based on a written plan of care to eligible persons for three or more hours per day scheduled multiple times per week. These services are intended to improve the recipient's condition or to retain an optimal level of functioning as well as to ameliorate the recipient's disabilities or deficits by reducing the degree of impairment or dependency. Therapeutic consultation to service providers, family, and friends of the client around implementation of the plan of care may be included as part of the services provided by the day treatment program. The provider must be licensed by DMHMRSAS as a Day Support Program. Specific components of day health and rehabilitation services include the following as needed:

(1) Self care and hygiene skills: training in personal appearance and cleanliness; clothing selection/use; dental care;

(2) Eating skills: training in sitting at table, using utensils, and eating in a reasonable manner; using restaurants;

(3) Toilet training skills: training in all steps of toilet process; practice of skills in a variety of public/private environments;

(4) Task learning skills: training in eye/hand coordination tasks with varying levels of assistance by supervisors; developing alternative training strategies; providing training and reinforcement in appropriate community settings where such tasks occur;

(5) Community resource utilization skills: training in time, telephone, basic computations, money, warning sign recognition, and personal identification such as personal address and telephone number; use of community services, resources and cultural opportunities;

(6) Environmental skills: training in punctuality, self-discipline, care of personal belongings, respect for property, remaining on task and adequate attendance; training in actual sites where the skills will be performed;

(7) Behavior skills: training in appropriate

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interaction with supervisors and other trainees, self control of disruptive behaviors, attention to program rules and coping skills, developing/enhancing social skills in relating to the general population, peer groups;

(8) Medication management: awareness of importance of prescribed medications, identification of medications, the role of proper dosage and schedules, providing assistance in medication administration, signs of adverse effects;

(9) Transportation: to and from the training sites and service and support activities;

(10) Skills related to the above areas, as appropriate that will enhance or retain the recipient's functioning: training in appropriate manners, language, home care, clothing care, physical awareness and community awareness; opportunities to practice skills in community settings among the general population.

(11) Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions apply only to transportation to and from the program site. Other program related transportation may be included in the program day as indicated by scheduled program activities.

b. There shall be two levels of Day Health and Rehabilitation services: Level I and Level II.

(1) Level I services shall be provided to individuals who meet the basic program eligibility requirements.

(2) Level II services may be provided to individuals who meet the basic program eligibility requirements and for whom one or more of the following indicators are present.

(a) The individual requires physical assistance to meet basic personal care needs (toilet training, feeding, medical conditions that require special attention).

(b) The individual has extensive disability-related difficulties and requires additional, ongoing support to fully participate in programming and to accomplish individual service goals.

(c) The individual requires extensive personal care and/or constant supervision to reduce or eliminate behaviors which preclude full participation in programming. A formal, written behavioral program is required to address behaviors such as, but not limited to, severe depression, self injury, aggression, or self-stimulation.

3. Provider Qualification Requirements. To qualify as a provider of services through DMAS for rehabilitative mental health or mental retardation the provider of the services must meet certain criteria. These criteria shall be:

a. The provider must guarantee that clients have access to emergency services on a 24 hour basis;

b. The provider must demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement;

c. The provider must have the administrative and financial management capacity to meet state and federal requirements;

d. The provider must have the ability to document and maintain individual case records in accordance with state and federal requirements;

e. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and

f. In addition to those requirements stated above, a provider must meet the following requirements specific to each disability area:

(1) Mental Health.

(a) Intensive in-home: licensure by DMHMRSAS as an outpatient program.

(b) Therapeutic day treatment for children/adolescents: licensure by DMHMRSAS as a day support program.

(c) Day Treatment/partial hospitalization: licensure by DMHMRSAS as a day support program.

(d) Psychosocial rehabilitation: licensure by DMHMRSAS as a day support program.

(e) Crisis Intervention: licensure by DMHMRSAS as an Outpatient Program

(f) Case Management: certified by DMHMRSAS

(2) Mental retardation.

(a) Day Health and Rehabilitation Services: licensure by DMHMRSAS as a day support program

(b) Case Management: Certified by DMHMRSAS

VR 460-03-3.1120. Case Management Services.

§ 1. High Risk Pregnant Women and Children.

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A. Target Group: To reimburse case management services for high-risk Medicaid eligible pregnant women and children up to age 1.

B. Areas of State in which services will be provided:

Entire State

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: The case management services will provide maternal and child health coordination to minimize fragmentation of care, reduce barriers, and link clients with appropriate services to ensure comprehensive, continuous health care. The Maternity Care Coordinator will provide:

1. Assessment. Determining clients' service needs, which include psychosocial, nutrition, medical, and educational factors.

2. Service Planning. Developing an individualized description of what services and resources are needed to meet the service needs of the client and help access those resources.

3. Coordination & Referral. Assisting the client in arranging for appropriate services and ensuring continuity of care.

4. Follow-up & Monitoring. Assessing ongoing progress and ensuring services are delivered.

5. Education & Counseling. Guiding the client and developing a supportive relationship that promotes the service plan.

E. Qualifications of Providers: Local departments of social services, community health centers, rural health clinics, home health agencies, physicians and outpatient hospitals who have signed an agreement with Department of Medical Assistance Services to deliver Maternity Care Coordination services. Qualified service providers will provide case management regardless of their capacity to provide any other services under the Plan. A Maternity Care Coordinator is the Registered Nurse or Social Worker employed by a qualified service provider who provides care coordination services to eligible clients. The RN must be licensed in Virginia and should have a minimum of

one year of experience in community health nursing and experience in working with pregnant women. The Social Worker (MSW, BSW) must have a minimum of one year of experience in health and human services, and have experience in working with pregnant women and their families. The Maternity Care Coordinator assists clients in accessing the health care and social service system in order that outcomes which contribute to physical and emotional health and wellness can be obtained.

*§ 2. Seriously mentally ill adults and emotionally disturbed or at-risk children.*

*A. Target Group: The Medicaid eligible individual shall meet the DMHMRSAS definition for "serious mental illness", "serious emotional disturbance in children and adolescents", or "youth at risk of serious emotional disturbance."*

*1. There shall be two levels of case management services, level one and level two (intensive case management (ICM)). Reimbursement shall be provided only for "active" case management clients, as defined below:*

*(a) For level one service, active case management clients shall be defined as those individuals who receive a minimum of one face-to-face case management service contact every 60 days, as indicated in the ISP and documented in the client record.*

*(b) For level two services, active case management clients are defined as those individuals who receive a minimum of 10 face-to-face case management service contacts every 60 days, as indicated by the ISP and documented in the client record. In cases where the level two client is a seriously emotionally disturbed child/youth, the face-to-face contacts may be either with the client or parent/guardian.*

*2. For case management services at both levels one and two, the client meets the DMHMRSAS criteria for serious mental illness, serious emotional disturbance in children and adolescents, or youth at risk of serious emotional disturbance.*

*3. To receive intensive case management (ICM), an adult client must not only meet the criteria for serious mental illness, but also must meet one of the following criteria:*

*(a) be homeless; or*

*(b) be a high utilizer of emergency services (i.e., local hospital emergency rooms, crisis intervention services); or*

*(c) have a history of lengthy and repeated hospitalizations; or*

(d) have a diagnosed substance abuse disorder that is not in remission.

4. To receive intensive case management (ICM), a child or adolescent must not only meet the criteria for serious emotional disturbance or at risk of serious emotional disturbance, but also must meet one of the following criteria:

(a) be presently residing in a state hospital or post-discharge from a state hospital;

(b) be in imminent danger of out-of-home placement or in out-of-home placement;

(c) have a history of two or more hospitalizations; or

(d) have been referred to the local interagency case planning team.

5. There shall be no maximum service limits for case management services.

B. Areas of State in which services will be provided:

Entire State

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Mental health services. Case management services assist individual children, adults, and their families in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include:

1. Assessment and planning services, to include developing an Individual Service Plan;

2. Linking the individual directly to services and supports specified in the treatment/services plan;

3. Assisting the individual directly for the purpose of locating, developing or obtaining needed service and resources;

4. Coordinating services and treatment planning with other agencies and providers involved with the

individual.

5. Enhancing community integration by developing increased opportunities for community access and involvement, including community living skills, vocational, civic, and recreational services;

6. Making collateral contacts which are nontherapy contacts with an individual's significant others to promote treatment and/or community adjustment; and

7. Monitoring service delivery to assess the individual's receipt of and participation in appropriate types and levels of services.

E. Qualifications of Providers:

1. Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and serious/chronic mental illness to the Community Services Boards only to enable them to provide services to serious/chronically mentally ill or mentally retarded individuals without regard to the requirements of § 1902(a)(10)(B) of the Act. Section 1915(g)(1) does not apply for "youth at risk" for mental health case management.

2. Providers of case management services must meet the qualifications to render community mental health and mental retardation services as specified in Virginia regulations VR 460-03-3.1100 13d.

3. Providers may bill Medicaid for mental health case management only when the services are provided by qualified mental health case managers. The case manager must possess a combination of mental health work experience or relevant education which indicates that the individual possesses the knowledge, skills, and abilities, as established by the DMHMRSAS, necessary to perform case management services.

§ 3. Mentally retarded individuals.

A. Target Group. Medicaid eligible individuals who are mentally retarded as defined in the Code of Virginia § 37.1-1 (substantial subaverage general intellectual functioning which originates during the developmental period and is associated with an impairment in adaptive behavior). An active client for mental retardation case management shall mean an individual who receives a minimum of one face-to-face contact every three months and monthly on-going case management interactions.

B. Areas of State in which services will be provided:

Entire State

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide

# Emergency Regulations

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services less than Statewide:

## C. Comparability of Services

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Mental retardation services to be provided include:

1. Assessing needs and planning services, determining the appropriateness of, and need for, mental retardation services, evaluating individual needs, reevaluating individual needs periodically, and developing consumer service plan;

2. Linking the individual to services and supports specified in the consumer service plan;

3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources, including crisis services;

4. Coordinating services with other agencies and providers involved with the individual (e.g., Departments of Social Services, Rehabilitative Services and Health, school division, Area Agency on Aging, Social Security Administration);

5. Enhancing community integration by developing increased opportunities for community access and involvement, including community living skills, vocational, civic and recreational services;

6. Making collateral contacts with the individual's significant others to promote implementation of the service plan and community adjustment; and

7. Monitoring service delivery to assure implementation of the consumer service plan and to assess the individual's receipt of and participation in appropriate types and levels of services.

## E. Qualifications of Providers:

1. Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and serious/chronic mental illness to the Community Services Boards only to enable them to provide services to serious/chronically mentally ill or mentally retarded individuals without regard to the requirements of § 1902(a)(10)(B) of the Act.

2. Providers of case management services must meet

the qualifications to render community mental health and mental retardation services as specified in Virginia regulations VR 460-03-3.1100 13d.

3. Providers may bill for Medicaid mental retardation case management only when the services are provided by qualified mental retardation case managers. The case manager must possess a combination of mental retardation work experience or relevant education which indicates that the individual possesses the knowledge, skills, and abilities, as established by the DMHMRSAS, necessary to perform case management services.

## VR 460-02-3.1300. Standards Established and Methods Used to Assure High Quality of Care.

### § 10.0 Community mental health services.

#### A. Utilization review general requirements.

1. On-site utilization reviews shall be conducted, at a minimum annually at each enrolled provider, by the state Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). During each on-site review, an appropriate sample of the provider's total Medicaid population will be selected for review. An expanded review shall be conducted if an appropriate number of exceptions or problems are identified.

B. The DMHMRSAS review shall include the following items:

1. medical or clinical necessity of the delivered service;

2. the admission to service and level of care were appropriate;

3. the services were provided by appropriately qualified individuals as defined in the Amount, Duration, and Scope of Services found in Attachment 3.1 A and B, Supplement 1 § 13d Rehabilitative services;

4. delivered services as documented are consistent with recipients' Individual Service Plans, invoices submitted, and specified service limitations.

C. Mental health services utilization criteria. Utilization reviews shall include determinations that providers meet all the requirements of Virginia state regulations found at VR 460-03-3.1100.

1. Intensive in-home services for children and adolescents:

a. At admission, an appropriate assessment is made and documented that service needs can best be met through intervention provided in the home; service

must be recommended in the Individual Service Plan (ISP).

b. Services must be delivered primarily in the family's home. Some services may be delivered while accompanying family members to community agencies.

c. The short-term model shall be used when removal of a child from the home is imminent (within approximately 72 hours); and when services that are far more intensive than outpatient clinic care are required to stabilize the family situation; and when the home as the setting for counseling is more likely to be successful than a clinic.

d. The short-term model is not appropriate for a family in which a child has run away or a family for which the goal is to keep the family together only until an out-of-home placement can be arranged.

e. The longer term model shall be used when out-of-home placement is not imminent (within approximately 72 hours), but is a risk, and when assessment indicates in-home services could prevent such a costly outcome. The longer term model shall also be used to facilitate the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful.

f. At least one parent or responsible adult with whom the child is living must be willing to participate in in-home services, with the goal of keeping the child in the home.

g. The provider of intensive in-home services for children and adolescents must be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

h. The caregiver's caseload size for the short term model shall be no more than an average of 3 families and for the longer term model shall be no more than an average of 6 families.

i. The caregiver or backup caregiver shall be available 24 hours per day, seven days a week and a supervisor shall be available to the caregiver 24 hours per day, seven days a week.

## 2. Therapeutic day treatment for children and adolescents.

a. Therapeutic day treatment for children and adolescents is appropriate for the following:

(1) Children and adolescents who require year round treatment in order to sustain behavior gains.

(2) Children and adolescents whose behavior and emotional problems are so severe they cannot be handled in self-contained or resource emotionally disturbed (ED) classrooms without:

(a) this programming during the school day; or

(b) this programming to supplement the school day and school year.

(3) Children and adolescents who would otherwise be placed on homebound instruction because of severe emotional/behavior problems that interfere with learning.

(4) Children and adolescents who have deficits in social skills, peer relations, dealing with authority, are hyperactive, have poor impulse control, are extremely depressed or marginally connected with reality.

(5) Children in preschool enrichment and early intervention programs when the children's emotional/behavioral problem is so severe that they cannot function in day care and head start programs, or need additional structure beyond these programs.

b. The provider of therapeutic day treatment for children and adolescents services must be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

c. The minimum staff to youth ratio is one staff to 4 youth. One of the staff may be a teacher, funded by the school, or other appropriate personnel, funded by the city or county.

d. The program must operate a minimum of two consecutive hours per day and may offer flexible program hours (i.e. before and/or after school and/or during the summer). One-third day of service is defined as a minimum of two hours but less than three hours in a given day. Two-thirds of a day's service is defined as a minimum of 3 but less than 5 hours in a given day; and a full day's service equals 5 or more hours of service. Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be billable. These restrictions apply only to transportation to and from the program site. Other program related transportation may be included in the program day as indicated by scheduled activities.

e. Academic instruction provided within these programs for school aged youth shall not be reimbursable by Medicaid.



# Emergency Regulations

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*f. Services shall be provided following a diagnostic assessment when authorized by the physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker or certified psychiatric nurse and in accordance with an ISP.*

*3. Day treatment/partial hospitalization services shall be provided following diagnostic assessment when authorized by the physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, or certified psychiatric nurse. The service may be initiated without an Individual Service Plan (ISP) modification or goal in a crisis situation. When this occurs, an ISP must be completed within 10 working days of service initiation.*

*a. The provider of day treatment/partial hospitalization shall be licensed by DMHMRSAS.*

*b. The program must operate a minimum of three continuous hours in a 24 hour period. A half day of service shall be defined as a minimum of 3 but less than 5 hours on a given day. A full day of service shall be defined as 5 or more hours in a given day. Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions shall apply only to transportation to and from the program site. Other program related transportation may be included in the program day as indicated by scheduled program activities.*

*c. Individuals receiving psychosocial rehabilitation may not receive day treatment/partial hospitalization services simultaneously.*

*d. Individuals shall be discharged from this service when they are no longer in an acute psychiatric state and/or when other less intensive services may achieve stabilization. Admission and services longer than 90 continuous days must be authorized based upon a face-to-face evaluation by a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, or certified psychiatric nurse.*

*4. Psychosocial rehabilitation services shall be provided to those individuals who have experienced long term and/or repeated hospitalization, who lack daily living skills and interpersonal skills, whose support system is limited or nonexistent, and who are unable to function in the community without intensive intervention. Services may also be provided to individuals when long term care is needed to maintain the individual in the community.*

*a. The provider of psychosocial rehabilitation must be licensed by DMHMRSAS.*

*b. The program must operate a minimum of three (3) continuous hours in a 24 hour period. A half day of service is defined as a minimum of 3 but less than 5 hours on a given day. A full day is defined as 5 or more hours in a given day. Transportation time to and from the program site may be included as part of the reimbursement unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions apply only to transportation to and from the program site. Other program related transportation may be included in the program day as indicated by scheduled program activities.*

*c. Individuals receiving psychosocial rehabilitation may not receive day treatment/partial hospitalization services simultaneously.*

*d. Reimbursement for field trips is allowed if (a) it is conducted away from the program site, (b) the goal is to provide training in an integrated setting, and to increase the client's understanding or ability to access community resources, and (c) the field trip is related to a specific goal on the individual service plan.*

*5. Admission to crisis intervention services is indicated following a marked reduction in the individual's psychiatric, adaptive or behavioral functioning or an extreme increase in personal distress. Crisis intervention may be the initial contact with a client.*

*a. The provider of crisis intervention services must be licensed as an Outpatient Program by DMHMRSAS.*

*b. Only face-to-face crisis intervention services shall be reimbursable.*

*c. An Individual Service Plan (ISP) shall not be required for newly admitted individuals to receive this service. Inclusion of crisis intervention as a service on the ISP shall not be required for the service to be provided on an emergency basis.*

*d. For individuals receiving scheduled, short-term counseling as part of the crisis intervention service, an ISP must be developed or revised to reflect the short-term counseling goals by the second scheduled face-to-face contact.*

*e. Reimbursement shall be provided for short-term crisis counseling contacts scheduled within a 21-day period from the time of the first face-to-face crisis contact. Other than the annual service limits, there are no restrictions (regarding number of contacts or a given time period to be covered) for reimbursement for unscheduled crisis contacts.*

# Emergency Regulations

f. Crisis intervention services may be provided to eligible individuals outside of the clinic and billed provided the provision of out-of-clinic services is clinically/programmatically appropriate. Crisis intervention may involve the family or significant others.

g. If a second visit or service contact is required during a 24-hour period due to an emergency situation, DMAS shall reimburse for the crisis intervention service provided there is documented face-to-face contact.

## 6. Case management.

a. There shall be two levels of case management services, level one and level two (intensive case management [ICM]). Reimbursement shall be provided only for "active" case management clients, as defined below:

1. For level one service, active case management clients shall be defined as those individuals who receive a minimum of one face-to-face case management service contact every 60 days, as indicated in the ISP and documented in the client record.

2. For level two services, active case management clients are defined as those individuals who receive a minimum of 10 face-to-face case management service contacts every 60 days, as indicated by the ISP and documented in the client record. In cases where the level two client is a seriously emotionally disturbed child/youth, the face-to-face contacts may be either with the client or parent/guardian.

b. For case management services at both levels one and two, the client meets the DMHMRSAS criteria for serious mental illness, serious emotional disturbance in children and adolescents, or youth at risk of serious emotional disturbance.

c. To receive intensive case management (ICM), an adult client must not only meet the criteria for serious mental illness, but also must meet one of the following criteria:

- (1) be homeless;
- (2) be a high utilizer of emergency services (i.e., local hospital emergency rooms, crisis intervention services);
- (3) have a history of lengthy and repeated hospitalizations; OR
- (4) have a diagnosed substance abuse disorder that is not in remission.

d. To receive intensive case management (ICM), a

child or adolescent must not only meet the criteria for serious emotional disturbance or at risk of serious emotional disturbance, but also must meet one of the following criteria:

- (1) be presently residing in a state hospital or post-discharge from a state hospital;
- (2) be in imminent danger of out-of-home placement or in out-of-home placement;
- (3) have a history of two or more hospitalizations; or
- (4) have been referred to the local interagency case planning team.

e. There shall be no maximum service limits for case management services.

f. The ISP must document the need for case management, and the case manager must review the ISP every 90 days.

D. Mental retardation utilization criteria. Utilization reviews shall include determinations that providers meet all the requirements of Virginia state regulations found at VR 460-03-3.1100.

1. Appropriate use of day health and rehabilitation services requires the following conditions must be met:

a. The service is provided by a program with an operational focus on skills development, social learning and interaction, support, and supervision.

b. The individual shall be assessed and deficits must be found in 2 or more of the following areas to qualify for services:

- (1) managing personal care needs,
- (2) understanding verbal commands and communicating needs and wants,
- (3) earning wages without intensive, frequent and ongoing supervision or support,
- (4) learning new skills without planned and consistent or specialized training and applying skills learned in a training situation to other environments,
- (5) exhibiting behavior appropriate to time, place and situation that is not threatening or harmful to the health or safety of self or others without direct supervision,
- (6) making decisions which require informed consent,

# Emergency Regulations

(7) caring for other needs without the assistance or personnel trained to teach functional skills,

(8) functioning in community and integrated environments without structured, intensive and frequent assistance, supervision or support.

c. Services for the individual must be preauthorized every 6 months by DMHMRSAS.

d. Each individual must have a written plan of care developed by the provider, with review of the plan of care quarterly and modification as appropriate.

e. The provider must update the plan of care annually.

f. The individual's record must contain adequate documentation concerning progress or lack thereof in meeting plan of care goals.

g. The program must operate a minimum of three continuous hours in a 24 hour period. A half day of service shall be defined as a minimum of 3 but less than 5 hours on a given day. A full day of service shall be defined as 5 or more hours in a given day. Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions shall apply only to transportation to and from the program site. Other program related transportation may be included in the program day as indicated by scheduled program activities.

h. The provider must be licensed by DMHMRSAS.

2. Appropriate use of case management services for mentally retarded persons requires the following conditions to be met:

a. The program must be provided through an identifiable unit which shall be responsible for the direction, supervision, and coordination of services.

b. The individual must require case management as documented on the plan of care which is developed based on appropriate assessment and supporting data. Authorization for case management services must be obtained from DMHMRSAS Care Coordination Unit every 6 months.

c. An active client shall be defined as one who has a minimum of one face-to-face contact once a quarter in addition to regularly scheduled and unscheduled contact or communication with the client, families, service providers, and other organizations.

d. The plan of care shall address the individual's

needs in all life areas with consideration of the individual's age, primary disability, level of functioning and other relevant factors.

(1) The plan of care shall be reviewed by the case manager at least quarterly to ensure the identified needs are met and the required services are provided.

(2) The need for case management service shall be assessed and justified through the development of an annual plan of care. Continued service justification shall be documented at the six month review.

e. The individual's record must contain adequate documentation concerning progress or lack thereof in meeting plan of care goals.

## VR 460-02-4.1920. Methods and Standards for Establishing Payment Rates - Other Types of Care.

g. All reasonable measures will be taken to ascertain the legal liability of third parties to pay for authorized care and services provided to eligible recipients including those measures specified under 42 USC 1396(a)(25).

h. The single state agency will take whatever measures are necessary to assure appropriate audit of records whenever reimbursement is based on costs of providing care and services, or on a fee-for-service plus cost of materials.

i. Payment for transportation services shall be according to the following table:

TYPE OF SERVICE	PAYMENT METHODOLOGY
Taxi services	Rate set by the single state agency
Wheelchair van	Rate set by the single state agency
Nonemergency ambulance	Rate set by the single state agency
Emergency ambulance	Rate set by the single state agency
Volunteer drivers	Rate set by the single state agency
Air ambulance	Rate set by the single state agency
Mass transit	Rate charged to the public
Transportation agreements	Rate set by the single state agency
Special emergency transportation	Rate set by the single state agency

j. Payments for Medicare coinsurance and deductibles for noninstitutional services shall not exceed the allowed charges determined by Medicare in accordance with 42 CFR 447.304(b) less the portion paid by Medicare, other third party payors, and recipient copayment requirements of this Plan.

k. Payment for eyeglasses shall be the actual cost of the frames and lenses not to exceed limits set by the single state agency, plus a dispensing fee not to exceed limits set by the single state agency.

1. Expanded prenatal care services to include patient

education, homemaker, and nutritional services shall be reimbursed at the lowest of: State Agency fee schedule, Actual Charge, or Medicare (Title XVIII) allowances.

m. Targeted case management for high-risk pregnant women and infants up to age 2 *and for community mental health and mental retardation services* shall be reimbursed at the lowest of: State Agency fee schedule, Actual Charge, or Medicare (Title XVIII) allowances.

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# STATE CORPORATION COMMISSION

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## BUREAU OF INSURANCE

October 1, 1990

Administrative Letter 1990-15

TO: ALL HEALTH MAINTENANCE ORGANIZATIONS  
LICENSED IN VIRGINIA

RE: ALLOCATION OF GROUP PREMIUMS FOR  
MULTIJURISDICTIONAL HEALTH MAINTENANCE  
ORGANIZATIONS

Virginia Code § 38.2-400 states that the annual assessment for maintaining the Bureau of Insurance shall be in proportion to the direct gross premium income on business done in Virginia. This assessment is due on or before March 1 of each year for deposit into the state treasury.

Multijurisdictional health maintenance organizations are using several different methods to determine how their subscriber income should be allocated to the various jurisdictions in which they do business. The method of allocation may have a direct impact on the amount of income subject to assessment by the Bureau of Insurance. The Bureau is, therefore, requiring all multijurisdictional health maintenance organizations to allocate their premium income for group policies according to the location of the group contract holder. This means that, for the purpose of calculating the amounts due to the Bureau of Insurance for its annual maintenance assessment, the subscriber income allocated to Virginia should be those premiums received for direct group business generated from Virginia employers and other Virginia group policyholders. This amount should be the same as that reported in Schedule N of the Annual Statement.

For purposes of uniformity, all health maintenance organizations licensed in Virginia are now required to use this method of premium allocation. Should you have any questions, please direct them, in writing, to:

Brian P. Gaudiose  
Administrative Services Manager  
Bureau of Insurance  
State Corporation Commission  
P. O. Box 1157  
Richmond, VA 23209

/s/ Steven T. Foster  
Commissioner of Insurance

# GOVERNOR

## MEMORANDUM

September 19, 1990

TO: All State Agency Heads

FROM: Lawrence Douglas Wilder, Governor

RE: Executive Order Number Eight (90) On Divestment In Firms Operating In South Africa

Executive Order Number Eight (90) prohibits agencies and institutions of the Commonwealth from investing in companies that are not substantively free of interests in South Africa. The Order reads in pertinent part as follows:

". . . to the extent of the authority vested in me by Article V of the Constitution, the Code and the Common Law of Virginia, and subject always to my continuing authority and responsibility to act in such matters, and to reserve powers, I do hereby direct all agencies and institutions of this Commonwealth to implement a policy that:

1) will allow absolutely no further investments in companies that are not substantively free of interests in South Africa, and

2) will immediately take steps to begin the divestment of those interests in companies with such substantive interests that are presently owned by agencies and institutions of the Commonwealth.

This program of investment and divestment is to be carried out with full adherence to fiduciary principles and fiscal responsibility."

When the Order was issued I appointed a committee to recommend certain definitions and conditions for its implementation. The Committee's work is complete.

Accordingly, the following definitions and procedures will apply to Executive Order Number Eight (90):

### Definitions:

Investments In Companies That Are Not Substantively Free Of Interest In South Africa - Investments (stocks or bonds) in U.S. domestic companies with direct equity ties to South Africa as defined by the Investor Responsibility Research Council (IRRC). Investments in which agencies hold direct beneficial ownership, and so listed by the IRRC, are considered "restricted investment" for purposes of Executive Order Number Eight (90).

Divestment - The fiscally responsible disposal of restricted investment. Agencies, institutions, and boards shall divest of restricted investments with full adherence to fiduciary principles. Restricted investments should be divested in the normal course

of business unless the respective agency, institution, or board determines that a loss in prospective investment earnings would result, and that loss would jeopardize its fiduciary responsibility. The disposal of restricted investments shall be evaluated against this standard on a case-by-case basis. A portfolio's proportion of total investments (as measured by market value) classified as restricted is expected to gradually decline over a reasonable period of time.

## DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

Title of Regulation: **VR 115-04-09. Rules and Regulations for the Enforcement of the Virginia Seed Law.**

Governor's Comment:

These regulations ban the sale of seed contaminated with the serrated tussock weed, a toxic and uncontrollable plant. I recommend approval of the regulations.

/s/ Lawrence Douglas Wilder  
Governor  
Date: September 21, 1990

## DEPARTMENT OF CONSERVATION AND RECREATION

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

Governor's Comment:

The promulgation of these regulations is intended to help protect the water quality and quantity of the Commonwealth by regulating stormwater runoff into waterways. Pending public comment, I recommend approval of these regulations.

/s/ Lawrence Douglas Wilder  
Governor  
Date: September 27, 1990

## 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.**

Governor's Comment:

I concur with the form and content of this proposal.

/s/ Lawrence Douglas Wilder  
Governor  
Date: September 27, 1990

# Governor

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## DEPARTMENT OF HEALTH (BOARD OF)

Title of Regulation: **VR 355-17-01. Sanitary Regulations for Marinas and Boat Moorings.**

Governor's Comment:

I concur with the form and content of this proposal.

/s/ Lawrence Douglas Wilder

Governor

Date: September 27, 1990

## BOARD OF MEDICINE

Title of Regulation: **VR 465-02-01. Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, Clinical Psychology, and Acupuncture.**

Governor's Comment:

I concur with the form and content of this proposal.

/s/ Lawrence Douglas Wilder

Governor

Date: September 27, 1990

## DEPARTMENT OF MINORITY BUSINESS ENTERPRISE

Title of Regulation: **VR 486-01-01. Public Participation Guidelines.**

Governor's Comment:

These regulations establish public participation guidelines to be followed by the Department of Minority Business Enterprise in developing and revising regulations. Pending public comment, I recommend approval of the regulations.

/s/ Lawrence Douglas Wilder

Governor

Date: September 29, 1990

## DEPARTMENT FOR RIGHTS OF VIRGINIANS WITH DISABILITIES (BOARD FOR)

Title of Regulation: **VR 602-01-2. Nondiscrimination Under State Grants and Programs.**

Governor's Comment:

I approve of the form and content of this regulation.

/s/ Lawrence Douglas Wilder

Governor

Date: September 20, 1990

## BOARD OF SOCIAL WORK

Title of Regulation: **VR 620-01-2. Regulations Governing the Practice of Social Work.**

Governor's Comment:

I concur with the form and content of this proposal. I applaud the Board for its fine efforts. It has reduced the regulatory burden for persons seeking licenses without reducing public protection. I encourage, however, further discussion about mandatory hours for continuing education.

The Board of Social Work has, perhaps, set a new standard for all of Virginia's Boards.

/s/ Lawrence Douglas Wilder

Governor

Date: September 28, 1990

## DEPARTMENT OF TAXATION

Title of Regulation: **VR 630-6-4006. Virginia Income Tax Withholding: Lottery Winnings.**

Governor's Comment:

Pending public comment, I concur with the substance of these regulations. However, I recommend that the Department of Taxation consider the suggestions made by the Department of Planning and Budget to clarify language in the proposal.

/s/ Lawrence Douglas Wilder

Governor

Date: September 20, 1990

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# GENERAL NOTICES/ERRATA

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<b>Symbol Key †</b>
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† Indicates entries since last publication of the Virginia Register
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## BOARD FOR ACCOUNTANCY

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Accountancy intends to consider amending regulations entitled: **VR 105-01-02. Board for Accountancy Regulations.** The purpose of the proposed action is to initiate a review process to consider adjusting fees charged by the board.

Statutory Authority: § 54.1-201(5) of the Code of Virginia.

Written comments may be submitted until November 8, 1990.

**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).

## BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND LANDSCAPE ARCHITECTS

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects intends to consider amending regulations entitled: **VR 130-01-2. Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects Rules and Regulations.** The purpose of the proposed action is to amend regulations to implement the statutes dealing with the certification of interior designers which went into effect July 1, 1990, and to adjust fees for all professions.

Statutory Authority: § 54.1-404 of the Code of Virginia.

Written comments may be submitted until November 21, 1990.

**Contact:** Bonnie S. Salzman, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or toll-free 1-800-552-3016.

## 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 190-01-1. Rules and Regulations Governing Employment Agencies.** The purpose of the proposed action is to solicit public comment regarding adjustments to its fee structure and to bring its application in line with these adjustments.

Statutory Authority: § 54.1-1302 of the Code of Virginia.

Written comments may be submitted until November 8, 1990.

**Contact:** Gerald W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016.

## BOARD FOR GEOLOGY

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Geology intends to consider amending regulations entitled: **VR 335-01-2. Rules and Regulations of the Board for Geology.** The purpose of the proposed action is to review fees.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Written comments may be submitted until November 8, 1990.

**Contact:** Nelle P. Hotchkiss, Acting Assistant Director, Asbestos Licensing Program, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8597.

## 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 State Board of Health intends to consider amending regulations entitled: **VR 355-34-01. Private Well Regulations.** The purpose of the proposed action is to amend the Private Well



# General Notices/Errata

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Regulations which establish a permitting process for the construction and location of all private drilled wells.

Statutory Authority: §§ 32.1-176.1 through 32.1-176.7 of the Code of Virginia.

Written comments may be submitted until November 8, 1990.

Contact: Donald J. Alexander, Director, Bureau of Sewage and Water Services, Madison Building, 109 Governor St., Suite 500, Richmond, VA 23219, telephone (804) 786-1750.

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Health Services Cost Review Council intends to consider amending regulations entitled: **VR 370-01-001. Rules and Regulations of the Virginia Health Services Cost Review Council.** The purpose of the proposed action is to allow investor-owned institutions organized as proprietorships, partnerships, or S-corporations to have their income tax imputed into the aggregate cost of operating the facility thereby allowing them to be treated similarly to corporations.

Statutory Authority: §§ 9-158 and 9-164 of the Code of Virginia.

Written comments may be submitted until October 23, 1990.

Contact: G. Edward Dalton, Deputy Director, Virginia Health Services Cost Review Council, 805 E. Broad Street, 6th Floor, Richmond, VA 23219, telephone (804) 786-6371.

## BOARD FOR HEARING AID SPECIALISTS

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Hearing Aid Specialists intends to consider amending regulations entitled: **VR 375-01-02. Board for Hearing Aid Specialists.** The purpose of the proposed action is to solicit public comment regarding adjustments to its fee structure and to bring its application in line with these adjustments.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Written comments may be submitted until November 8, 1990.

Contact: Gerald W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534 or toll-free 1-800-552-3016.

## VIRGINIA STATE LIBRARY AND ARCHIVES

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Library and Archives intends to consider amending regulations entitled: **VR 440-01-137.1 Standards for the Microfilming of Public Records for Archival Retention.** The purpose of the proposed action is to update the current standard as part of the general five-year review.

Statutory Authority: § 42.1-82 of the Code of Virginia.

Written comments may be submitted until February 1, 1991.

Contact: Dr. Louis Manarin, State Archivist, 11th St. at Capitol Square, Richmond, VA 23219, telephone (804) 786-5579.

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Library and Archives intends to consider amending regulations entitled: **VR 440-01-137.2. Archival Standards for Recording Deeds and other Writings by a Procedural Microphotographic Process.** The purpose of the proposed action is to update the current standard as part of the general five-year review.

Statutory Authority: § 42.1-82 of the Code of Virginia.

Written comments may be submitted until February 1, 1991.

Contact: Dr. Louis Manarin, State Archivist, 11th St. at Capitol Square, Richmond, VA 23219, telephone (804) 786-5579.

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Library and Archives intends to consider amending regulations entitled: **VR 440-01-134.4. Standards for the Microfilming of Ended Law Chancery and Criminal Cases the Clerks of the Circuit Courts prior to Disposition.** The purpose of the proposed action is to update the current standard as part of the general five-year review.

Statutory Authority: § 42.1-82 of the Code of Virginia.

Written comments may be submitted until February 1, 1991.

Contact: Dr. Louis Manarin, State Archivist, 11th St. at

Capitol Square, Richmond, VA 23219, telephone (804) 786-5579.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Library and Archives intends to consider amending regulations entitled: **VR 440-01-137.5. Standards for Computer Output Microfilm (COM) for Archival Retention.** The purpose of the proposed action is to update the current standard as part of the general five-year review.

Statutory Authority: § 42.1-82 of the Code of Virginia.

Written comments may be submitted until February 1, 1991.

**Contact:** Dr. Louis Manarin, State Archivist, 11th St. at Capitol Square, Richmond, VA 23219, telephone (804) 786-5579.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Library and Archives intends to consider amending regulations entitled: **VR 440-01-137.6. Standards for Plats.** The purpose of the proposed action is to update the current standard as part of the general five-year review.

Statutory Authority: § 42.1-82 of the Code of Virginia.

Written comments may be submitted until February 1, 1991.

**Contact:** Dr. Louis Manarin, State Archivist, 11th St. at Capitol Square, Richmond, VA 23219, telephone (804) 786-5579.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Library and Archives intends to consider amending regulations entitled: **VR 440-01-137.7. Standards for Recorded Instruments.** The purpose of the proposed action is to update the current standard as part of the general five-year review.

Statutory Authority: § 42.1-82 of the Code of Virginia.

Written comments may be submitted until February 1, 1991.

**Contact:** Dr. Louis Manarin, State Archivist, 11th St. at Capitol Square, Richmond, VA 23219, telephone (804)

786-5579.

## † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Library and Archives intends to consider amending regulations entitled: **VR 440-02-01. Requirements Which Must Be Met in Order to Receive Grants-In-Aid.** The purpose of the proposed action is to consider changes to the local minimum expenditure requirement and to other criteria libraries must meet in order to receive grants-in-aid.

Statutory Authority: § 42.1-52 of the Code of Virginia.

Written comments may be submitted until November 26, 1990.

**Contact:** Anthony Yankus, Director of Public Library Development, Virginia State Library and Archives, 11th St. at Capitol Square, Richmond, VA 23219-3491, telephone (804) 786-2320.

## STATE LOTTERY DEPARTMENT (STATE LOTTERY BOARD)

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Lottery Board intends to consider amending regulations entitled: **VR 447-01-2. Administration Regulations.** The purpose of the proposed action is to clarify department procurement regulations.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Written comments may be submitted until January 23, 1991.

**Contact:** Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 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 State Lottery Board intends to consider amending regulations entitled: **VR 447-02-1. Instant Game Regulations.** The purpose of the proposed action is to clarify standards for licensing; authorize issuance of lottery retailer license on a perpetual basis subject to an annual determination of continued retailer eligibility and the payment of an annual fee fixed by the board.

Other Pertinent Information: Section 1.7 was adopted on

## General Notices/Errata

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an emergency basis on May 14, 1990.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Written comments may be submitted until January 23, 1991.

**Contact:** Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 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 State Lottery Board intends to consider amending regulations entitled: **VR 447-02-2. On-Line Game Regulations**. The purpose of the proposed action is to authorize issuance of lottery retailer license on a perpetual basis subject to an annual determination of continued retailer eligibility and the payment of an annual fee fixed by the board. For free on-line tickets only, reduce the prize redemption period from 180 days to 60 days. Provide for additional game features.

Other Pertinent Information: Section 2.7 was adopted on an emergency basis on May 14, 1990; § 3.7 was adopted on September 18, 1990.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Written comments may be submitted until January 23, 1991.

**Contact:** Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433.

## DEPARTMENT OF MEDICAL ASSISTANCE 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 Medical Assistance Services intends to consider amending regulations entitled: **Amount, Duration, and Scope of Services: Coverage of Hospice Services**. The purpose of the proposed action is to promulgate permanent rules for the coverage of hospice services. The agency is presently providing this service under the authority of an emergency regulation.

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

Written comments may be submitted until October 22, 1990, to Marjorie Jernigan, Analyst, Division of Quality Care Assurance, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond,

Virginia.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medical Assistance Services intends to consider amending regulations entitled: **Community Based Care for the Elderly and Disabled Individuals**. The purpose of the proposed action is to modify existing community services to reduce the frequency of site visits by Department of Medical Assistance Services staff. This rule making procedure will supersede effective emergency regulations.

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

Written comments may be submitted until October 22, 1990, to Chris Pruett, Analyst, Community Based Care, Division of Quality Care Assurance, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medical Assistance Services intends to consider amending regulations entitled: **Community Based Care Ventilator Services for Technology Dependent Children**. The purpose of the proposed action is to modify existing community services to provide services for children with various physical dependencies on technological services. This rule making procedure will supersede effective emergency regulation.

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

Written comments may be submitted until October 22, 1990, to Chris Pruett, Analyst, Community Based Care, Division of Quality Care Assurance, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medical Assistance Services intends to consider amending regulations entitled: **Nursing Home Reimbursement Methodology: 3 Cost Savings Initiatives**. The purpose of the proposed action is to revise new PIRS nursing facilities payment methodology to incorporate three cost savings initiatives: management fees, inhouse pharmacies, and coverage of speech/occupational therapies.

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

Written comments may be submitted until October 22, 1990, to William R. Blakely, Jr., Director, Division of Cost Settlement and Audit, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medical Assistance Services intends to consider amending regulations entitled: **Pharmacy Reimbursement Methodology (Estimated Acquisition Cost)**. The purpose of the proposed action is to revise the agency's method of paying for pharmacy services, to conform to federal requirements, to be based on the estimated acquisition cost to pharmacists of obtaining pharmaceuticals from distributors or manufacturers.

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

Written comments may be submitted until October 22, 1990, to David Shepherd, RPh., Division of Quality Care Assurance, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

## 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 465-02-01. Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, Clinical**

**Psychology and Acupuncture**. The purpose of the proposed action is to amend the regulations for compliance with § 54.1-2962 of the Code of Virginia, relating to solicitation or receipt of remuneration in exchange for referral prohibited.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until November 9, 1990, to the Board of Medicine, 1601 Rolling Hills Drive, Richmond, Virginia.

**Contact:** Eugenia K. Dorson, Deputy Executive Director, Department of Health Professions, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925.

## DEPARTMENT OF MINES, MINERALS, AND ENERGY

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Mines, Minerals, and Energy intends to consider amending regulations entitled: **VR 480-01-1. Public Participation Guidelines for the Formation and Promulgation of Regulations by the Virginia Department of Mines, Minerals and Energy**. The purpose of the proposed action is to allow participation by the public in the formulation of regulations that are written to carry out the legislative mandates of the department and its associated boards and commissions.

The department is considering amendments to comply with changes in the Virginia Administrative Process Act.

Statutory Authority: § 45.1-230 of the Code of Virginia.

Written comments may be submitted until November 20, 1991.

**Contact:** Bill Edwards, Policy Analyst, Department of Mines, Minerals, and Energy, 2001 W. Broad St., Richmond, VA 23220, telephone (804) 367-0330 or toll-free 1-800-552-3831/TDD ☎

## Virginia Gas and Oil Board

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Gas and Oil Board intends to consider promulgating regulations entitled: **VR 480-05-22.2. Virginia Gas and Oil Board Regulations**. The purpose of the proposed action is to establish requirements addressing field rules, drilling units and forced pooling, and to govern administrative matters such as application fees and petitions.

Statutory Authority: § 45.1-361.15 of the Code of Virginia.

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Written comments may be submitted until November 20, 1990.

**Contact:** B. Thomas Fulmer, Gas and Oil Inspector, Division of Gas and Oil, P.O. Box 1416, 239 Charwood Drive, Abingdon, VA 24210, telephone (804) 628-8115, 676-5501 or toll-free 1-800-552-3831.

## BOARD FOR PROFESSIONAL SOIL SCIENTISTS

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Professional Soil Scientists intends to consider amending regulations entitled: **VR 627-02-1. Board for Professional Soil Scientists Regulations.** The purpose of the proposed action is to review fees.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Written comments may be submitted until November 8, 1990, to Assistant Director, Board for Professional Soil Scientists, Department of Commerce, 3600 West Broad Street, Richmond, Virginia.

**Contact:** Nelle P. Hotchkiss, Acting Assistant Director, Asbestos Licensing Program, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595.

## REAL ESTATE BOARD

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Real Estate Board intends to consider amending regulations entitled: **VR 585-01-1. Real Estate Board Regulations.** The purpose of the proposed action is to amend license fees.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Written comments may be submitted until November 8, 1990.

**Contact:** Joan L. White, Assistant Director, Department of Commerce, Real Estate Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552 or toll-free 1-800-552-3016.

## 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 630-7-905. Filing Returns and Payment of Tax.** The purpose of the proposed action is to set forth the application of the revised statutory provision conforming Virginia's estate tax extension to federal law, allowing an extension of time for payment of Virginia estate taxes equal to the federal payment extension granted by the Internal Revenue Service.

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

Written comments may be submitted until October 22, 1990.

**Contact:** Janie E. Bowen, Director, Tax Policy Division, Department of Taxation, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-8010.

## VIRGINIA RACING COMMISSION

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Racing Commission intends to consider promulgating regulations entitled: **VR 662-05-01. Conduct of Flat Racing.** The purpose of the proposed action is to establish conditions under which horses, ridden by jockeys over flat surfaces, shall race.

Statutory Authority: § 59.1-369 of the Code of Virginia.

Written comments may be submitted until November 21, 1990, to Donald R. Price, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208.

**Contact:** William H. Anderson, Senior Policy Analyst, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Racing Commission intends to consider promulgating regulations entitled: **VR 662-05-02. Conduct of Standardbred Racing.** The purpose of the proposed action is to establish the specialized conditions under which trotting and pacing horses, hitched to sulkies, shall be driven in races.

Statutory Authority: § 59.1-369 of the Code of Virginia.

Written comments may be submitted until November 21, 1990, to Donald R. Price, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208.

**Contact:** William H. Anderson, Senior Policy Analyst, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Racing Commission intends to consider promulgating regulations entitled: **VR 662-05-03. Conduct of Steeplechase Racing.** The purpose of the proposed action is to establish the specialized conditions under which horses, ridden by jockeys and racing over fences, shall be conducted.

Statutory Authority: § 59.1-369 of the Code of Virginia.

Written comments may be submitted until November 21, 1990, to Donald R. Price, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208.

Contact: William H. Anderson, Senior Policy Analyst, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Racing Commission intends to consider promulgating regulations entitled: **VR 662-05-04. Conduct of Quarter Horse Racing.** The purpose of the proposed action is to establish the specialized conditions under which Quarter Horses, ridden by jockeys, shall be raced.

Statutory Authority: § 59.1-369 of the Code of Virginia.

Written comments may be submitted until November 21, 1990, to Donald R. Price, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208.

Contact: William H. Anderson, Senior Policy Analyst, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

## DEPARTMENT OF WASTE MANAGEMENT (VIRGINIA WASTE MANAGEMENT BOARD)

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Waste Management Board intends to consider amending regulations entitled: **VR 672-30-01. Regulations Governing the Transportation of Hazardous Materials.** The purpose of the proposed action is to incorporate by reference changes that were made by U.S. DOT to Title 49 Code of Federal Regulations from July 1, 1989, to June 30, 1990.

Statutory Authority: §§ 10.1-1402(11) and 10.1-1450 of the Code of Virginia.

Written comments may be submitted until November 7, 1990, to Mr. William F. Gilley, 11th Floor, Monroe

Building, 101 North 14th Street, Richmond, Virginia.

Contact: C. Ronald Smith, Hazardous Waste Enforcement Chief, 11th Floor, Monroe Building, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2667 or toll-free 1-800-552-2075.

## 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: **VR 675-01-02. Board for Waterworks and Wastewater Works Operators.** The purpose of the proposed action is to initiate a review process to consider adjusting fees charged by the board.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Written comments may be submitted until November 22, 1990.

Contact: Gerald W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8534 or toll-free 1-800-552-3016.

## GENERAL NOTICES

### NOTICES TO STATE AGENCIES

#### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

##### † Notice to the Public

RECORD HELD OPEN ON PROPOSED AMENDMENTS TO VR 115-04-12, REGULATIONS FOR THE ENFORCEMENT OF THE VIRGINIA GASOLINE AND MOTOR FUELS LAW.

The Board of Agriculture and Consumer Services has decided to hold the record open until 5 p.m., January 22, 1991, for the purpose of receiving comment on three issues relating to proposed amendments to VR 115-04-12, Regulations for the Enforcement of the Virginia Gasoline and Motor Fuels Law:

1) Whether the end date each year for enforcement of a stricter Reid vapor pressure standard or standards for gasoline contained in the current regulation should apply only through September 15 of each year, rather than

## General Notices/Errata

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September 30 of each year. REASON: Comment received by the agency has suggested establishing a terminal date of September 15 each year to make the period of applicability of the stricter standard consistent with that enforced at all levels in the distribution network by the United States Environmental Protection Agency and other states;

2) Whether the proposed Reid vapor pressure standard for gasoline distributed in Virginia during the months of May through September contained in the proposed amendment should be further restricted for the months of May through September (June through September for certain end users, such as retail outlets and wholesale purchaser-consumer facilities), beginning in 1992, and annually thereafter, with the standard being 9.0 psi from May 1 to May 31 and 7.8 psi from June 1 to September 15. REASON: The United States Environmental Protection Agency has adopted a stricter Reid vapor pressure standard for gasoline distributed in Virginia, effective May, 1992 (effective June, 1992 for retail outlets and wholesale purchaser-consumer facilities). Furthermore, the United States Environmental Protection Agency applies the stricter standards for certain end users, such as retail outlets and wholesale purchaser-consumer facilities, to the months of June through September 15. The purpose of further restricting Reid vapor pressure under Virginia regulation would be to establish in Virginia a standard consistent with the federal standard. The Virginia standard would be implemented contemporaneously with the federal standard; and

3) Whether any stricter Reid vapor pressure in effect in 1991 for retail outlets and wholesale purchaser-consumer facilities should be in effect for the period from June 1 through September 15 only. REASON: The United States Environmental Protection Agency applies the stricter standards for certain end users, such as retail outlets and wholesale purchaser-consumer facilities, to the months of June through September 15.

Contact: W. Penn Zentmeyer, Supervisor, Department of Agriculture and Consumer Services, P.O. Box 1163, Richmond, VA 23209, telephone (804) 786-3511.

### DEPARTMENT OF LABOR AND INDUSTRY

#### † Notice to the Public

The Virginia State Plan for the enforcement of occupational safety and health laws (VOSH) commits the Commonwealth to adopt regulations identical to, or as effective as those promulgated by the U.S. Department of Labor, Occupational Safety and Health Administration.

Accordingly, public participation in the formulation of such regulations must be made during the adoption of such regulations at the Federal level. Therefore, the Virginia Department of Labor and Industry is issuing the following notice:

### DEPARTMENT OF LABOR

#### Occupational Safety Health Administration

(Docket No. S-760-B)

RIN 1218-AB27

#### Accreditation of Training Programs for Hazardous Waste Operations

AGENCY: Occupational Safety and Health Administration

ACTION: Proposed rule; cancellation and rescheduling of informal public hearings, extension of comment period; extension of time to notify of intention to appear.

SUMMARY: On July 27, 1990, the Occupational Safety and Health Administration (OSHA) published a notice in the Federal Register (55FR 30720) scheduling informal public hearings and reopening the written comment period for its proposed Accreditation of Training Programs for Hazardous Waste Operations. It has become necessary for OSHA to cancel and reschedule the informal public hearings announced in that notice. The written comment period and the time to submit notices of intention to appear, evidence and testimony have been extended to coincide with the rescheduled public hearings.

DATES: The informal public hearings scheduled for October 2, 1990, in Washington, DC, are cancelled and rescheduled for February 5, 1991, through February 8, 1991, in Washington, DC. The informal public hearings scheduled for October 10, 1990, through October 11, 1990, in Cincinnati, OH (Covington, KY), are cancelled and rescheduled for February 12, 1990, through February 14, 1991, in Cincinnati, OH. The hearings will begin at 9:30 a.m. on any succeeding day. A tentative schedule of appearances will be prepared and distributed to parties who have submitted notices of intention to appear so parties will know when issues which concern them are likely to be raised at the hearing.

Notices of intention to appear must be postmarked by December 17, 1990. Written comments, testimony and all other evidence which will be offered into the hearing record must be postmarked by January 21, 1991.

ADDRESSES: Four copies of the notice of intention to appear, testimony, and documentary evidence which will be introduced into the hearing record must be sent to Mr. Thomas Hall, Division of Consumer Affairs, Occupational Safety and Health Administration, U.S. Department of Labor, Room N-3649, 200 Constitution Avenue, NW., Washington, DC; 202-523-8615.

Written comments on the proposed standard should be sent in quadruplicate to the Docket Office, Docket No. S-760-B, Occupational Safety and Health Administration, OSHA Room N-2625, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210.

An additional copy should be submitted to the Director of Enforcement Policy, Virginia Department of Labor and Industry, P.O. Box 12064, Richmond, Virginia 23241-0064.

Previously submitted comments in response to OSHA's July 27, 1990, notice (55FR 30720) scheduling the October hearings need not be resubmitted and will be considered and used in scheduling the February hearings.

Those parties who have previously filed notices of intention to appear at the October hearings need only let OSHA know if and when they will appear at the new hearings. They do not need to resubmit all of their supporting data unless it has changed.

The location of the informal public hearing to be held in Washington, DC, is the auditorium of the Francis Perkins Building, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. The location of the informal public hearing to be held in Cincinnati, OH, is the Omni Netherland Plaza, 35 West Fifth Street, Cincinnati, OH 45202, (513) 421-9100.

FOR FURTHER INFORMATION CONTACT: Mr. Thomas Hall, Division of Consumer Affairs, Occupational Safety and Health Administration, U.S. Department of Labor, Room N-3649, 200 Constitution Avenue, NW, Washington, DC; 202-523-8615.

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**† Notice to the Public**

**EXTENSION OF ADMINISTRATIVE STAY TO THE  
GENERAL INDUSTRY STANDARD:  
OCCUPATIONAL EXPOSURE TO  
FORMALDEHYDE**

On September 18, 1990, the Virginia Safety and Health Codes Board adopted Federal OSHA's Extension of Administrative Stay to the General Industry Standard for Occupational Exposure to Formaldehyde, 29 CFR 1910.1048(m)(1)(i) through (m)(4)(ii); as published in the Federal Register on August 10, 1990 (55 Fed. Reg. 32616).

The effective date of the stay is September 19, 1990, and will remain in effect until the expiration of the Federal stay on December 11, 1990.

The change extends the administrative stay of Sections 1910.1048(m)(1)(i) through (m)(4)(ii), which are Hazard Communication provisions of the Formaldehyde Standard. The purpose of the Federal stay is to allow Federal OSHA to conduct rulemaking on the issue.

During the period of the Stay, employers must continue to comply with the provisions of the Hazard Communication Standard.

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**† Notice to the Public**

**EXTENSION OF ADMINISTRATIVE STAY TO THE  
GENERAL INDUSTRY STANDARD FOR AIR  
CONTAMINANTS:**

**8 HOUR TIME WEIGHTED AVERAGE FOR  
ACETONE**

On September 18, 1990, the Virginia Safety and Health Codes Board adopted an extension of the administrative stay for the 8 hour Time Weighted Average (TWA) for Acetone - 1910.1000.

The effective date of the stay is September 19, 1990, and will remain in effect until January 8, 1991.

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**† Notice to the Public**

**AMENDMENT TO THE BYLAWS OF THE VIRGINIA  
SAFETY AND HEALTH CODES BOARD**

On September 18, 1990, the Virginia Safety and Health Codes Board amended its bylaws to incorporate the following changes:

1. establish public comment guidelines for the Board by requiring an opportunity for public participation in its regulatory activities through the solicitation of public comment on such activities at meetings of the Board;
2. require all meetings of the Board to be governed by parliamentary procedure as defined in Robert's Rules of Order; and,
3. excludes the Chairperson from making a motion concerning any item on the agenda which is pending.

**BYLAWS OF THE SAFETY AND HEALTH CODES  
BOARD**

**Section 1: Officers**

There shall be elected annually from the membership of the Safety and Health Codes Board a Chairperson and Vice Chairperson. The Chairperson and Vice Chairperson shall be elected by majority vote of the Board on an open ballot taken at the Board's Annual Meeting.

The Chairperson shall be the presiding officer at all meetings of the Board. The Chairperson shall be responsible for calling meetings as set out in these Bylaws. The Vice Chairperson shall, in the absence of the Chairperson, perform the duties of the Chairperson.

The Chairperson shall appoint a Secretary who shall be responsible for keeping a faithful copy of the minutes of the meeting. Any parts of the meeting designated as public



# General Notices/Errata

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hearings shall be taken down stenographically or by such other method that will assure a complete and accurate copy of the remarks made at the hearing.

The Chairperson shall make all rulings on procedure and points of order. Such rulings shall be final unless overruled by a majority of the Board.

## Section 2: Meetings

The Board shall meet at least once every six months with other meetings called by the Chairperson or any three member of the Board. The first meeting held after the first of July of each year shall be designated at the annual meeting.

## Section 3: Quorum

Five members of the Board shall constitute a quorum.

## Section 4: Agenda

Unless circumstances otherwise dictate, the Commissioner of Labor and Industry shall send a proposed agenda to each member of the Board at least two weeks prior to the time for meeting. Any member of the Board may notify the Commissioner of any item they wish placed on the agenda, and the Commissioner shall place it on the agenda for the Board. Unless otherwise directed by the Chairperson or the Board, the Commissioner of Labor and Industry shall set the proposed agenda in the following order:

1. Call to order.
2. Approval of the agenda for the meeting.
3. Approval of the minutes of any previous meetings.
4. Opportunity for Public Comment to the Board.
- 4 5. Old business.
- 5 6. New business.
- 6 7. Items of interest from the Commissioner of Labor and Industry.
- 7 8. Items of interest from any member of the Board.
- 8 9. Adjournment.

## Section 5: Conduct of Meeting

The Chairperson or, in his or her absence, the Vice Chairperson shall preside over the meetings. If both the Chairperson and the Vice Chairperson are absent, the meeting shall be chaired temporarily by the Commissioner of Labor and Industry and the first order of business shall be the election of a Chairperson for the meeting.

All meetings of the Board shall be governed by parliamentary procedure as defined in Robert's Rules of order.

All decisions of the Board shall be by open ballot. Actions of the Board shall be by majority vote of a quorum of those present. Each member, including the Chairperson, shall have one vote on any matter coming before the Board, and each vote shall be recorded by the Secretary.

## Section 6: Motions

Any member excluding the Chairperson may make a motion concerning any item on the agenda which is pending before the Commission. The Chairperson shall require the movant to either reduce the motion to writing or to state it clearly. In case of oral motions, the Chairperson shall require the Secretary to repeat the motion after it is made. All motions are required to have a second. The Chairperson shall allow reasonable time to debate any motion and, at his or her discretion, may set time limits and the order of debate. The Chairperson's limitation on debate can be over-ridden by a majority vote of a quorum of those present. All motions may be amended provided there is a second, and an amended motion shall take precedence over the main motion. Amendments to amended motions shall either be accepted or voted upon without debate.

## Section 7: Designated Representatives

If the Commissioner of Health or the Commissioner of Labor and Industry authorizes a representative to sit in his or her place on the Board, that authorization shall be made in writing to the Chairperson of the Board. The designation shall state the name of the authorized representative, and the letter of appointment shall be made a part of the permanent minutes of the Board. The authorized representative for the Commissioner of Health or Commissioner of Labor and Industry will have full membership status. Any other members may authorize a representative to sit in his or her place in the same manner as is provided for the Commissioner of Health and Commissioner of Labor and Industry, except the authorized representative will not be entitled to vote on matters before the Board or be counted as part of a quorum.

## Section 8: Executive Sessions

No executive session of the Board shall be held unless a majority of those present vote in open session to hold such meeting. The reason for such meeting shall be one designated in the Virginia Freedom of Information Act. The general subject matter and the purpose of the executive session shall be fully stated in the agenda or in the minutes of the Board. Minutes of an executive meeting shall be taken only as the Chairperson shall direct.

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## † Notice to the Public

In accordance with this agency's Public Participation Guidelines, comments on the proposed changes to the Proposed Amendment to the Boiler and Pressure Vessel Regulations (VR 425-01-75) will be accepted at the Open Meetings listed.

November 1, 1990 - 7 p.m. - Open Meeting Fairfax City Council Chambers, 10455 Armstrong Street, Fairfax, Virginia

November 8, 1990 - 7 p.m. - Open Meeting Roanoke County Administration Building, 3738 Brambleton Avenue, S.W., Roanoke, Virginia.

November 14, 1990 - 7 p.m. - Open Meeting Department of Motor Vehicles, Military Circle Branch Office, 5754 Poplar Hall Drive, Norfolk, Virginia.

November 28, 1990 - 7 p.m. - Open Meeting General Assembly Building, 910 Capitol Street, House Room D, Richmond, Virginia.

This proposed amendment to the standard can be found in the proposed regulations section of this issue of the Virginia Register. Oral comments to be presented must be accompanied by a written copy. Written copies will be accepted at the meetings or by mail prior to the meeting date. Send to Anna Johnson, Senior Statistical Analyst, Office of Enforcement Policy, Department of Labor and Industry, P.O. Box 12064, Richmond, Virginia 23241.

\* \* \* \* \*

## † Notice to the Public

The Virginia Safety and Health Codes Board adopted the following Federal OSHA Standards at their meeting on September 18, 1990:

1. Extension of Administrative Stay to the General Industry Standard for Occupational Exposure to Formaldehyde - 1910.1048.

Effective date is September 19, 1990.

2. Amendment to the General Industry Standards Concerning Welding, Cutting and Brazing: Technical Corrections.

Effective date is December 1, 1990.

3. Amendment to the General Industry Standard for Hazardous Waste Operations and Emergency Response: Technical Corrections - 1910.120.

Effective date is December 1, 1990.

4. Grant of Petition for Reconsideration and Administrative Stays for Two Substances Concerning the

General Industry Standard for Air Contaminants - 1910.1000.

Effective date is September 19, 1990.

Other action included adoption of:

1. Amendment to the General Industry Standard for the Control of Hazardous Energy Sources (Lockout/Tagout) - 1910.147.

Effective date is November 21, 1990.

2. Amendment to the Construction Industry Standard for Sanitation - 1926.51.

Effective date is November 21, 1990.

3. Amendment to the Bylaws of the Virginia Safety and Health Codes Board.

Effective date is September 19, 1990.

4. Extension of Administrative Stay to the General Industry Standard for Air Contaminants - 1910.1000, Occupational Exposure to Acetone.

Effective date is September 19, 1990.

5. Proposed amendment to the Boiler and Pressure Vessel Rules and Regulations.

Proposed effective date is July 1, 1991.

Contact person for further information: John J. Crisanti, Director of Enforcement Policy, 804/786-2384.

## DEPARTMENT OF MINES, MINERALS AND ENERGY

### † Notice of Petition

The Virginia Department of Mines, Minerals and Energy's Division of Mined Land Reclamation has received a petition requesting the Director to declare approximately 97 acres in the Honey Camp area of Dickenson County, Virginia, unsuitable for surface (strip) coal mining. The petition is authorized under procedures contained in the Virginia Coal Surface Mining Reclamation Act (Section 45.1-252) and Part 480-03-19.764 of the Virginia Coal Surface Mining Reclamation Regulations. It was submitted by Mrs. Corbett Boggs, Route 2, Box 118H, Clintwood, VA 24228, and received in the Department of Mines, Minerals and Energy's Big Stone Gap office on August 24, 1990.

Copies of the petition are available on request to the public and interested government agencies, intervenors, persons with an ownership of record in the petition area property, and to any other persons known to have an interest in the property. A copy of the petition is on file for public review at the Dickenson County Building

# General Notices/Errata

Inspector's office in Clintwood. Opportunities for public comment on the nature of the petition will be announced later. Anyone who has questions or would like to review the petition documents may contact Bob Herron or Richard Meade at the Virginia Division of Mined Land Reclamation, 622 Powell Avenue, P.O. Drawer U, Big Stone Gap, VA 24219 (703-523-8200).

## 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

### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Title of Regulation: VR 115-06-01. Rules Governing the Solicitation of Contributions.

Publication: 6:24 VA.R. 4045-4047 August 7, 1990

#### Correction to the Calendar of Events:

The deadline of December 6, 1990, for receipt of written comments originally published in The Virginia Register for August 27, 1990, is in error. The correct deadline for receipt of written comments on VR 115-06-01, Rules Governing the Solicitation of Contributions, is 5:00 p.m., November 12, 1990.

\* \* \* \* \*

Title of Regulation: VR 115-02-17. Rules and Regulations Establishing a Monitoring Program for Avian Influenza and Other Poultry Diseases.

Publication: 6:26 VA.R. 4204-4205 September 24, 1990

#### Correction to the Final Regulation:

Page 4205, § 2. Inventory, last line should read:

"...classification of poultry identified..."

### BOARD OF FUNERAL DIRECTORS AND EMBALMERS

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

Publication: 6:26 VA.R. 4224-4250 September 24, 1990

#### Correction to the Final Regulations:

Page 4224, § 1.1, definition of "applicant" should read:

*"Applicant" means a person applying for examination [ and , ] licensure [ , traineeship, or registration [ by the board.*

Page 4224, § 1.1, definition of "cash advance item" should read:

*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 ] certificates.*

Page 4225, § 1.1, definition of "registration" should read:

*"Registration" means the process of applying to the board to seek approval to serve as a trainee, supervisor, or to operate a [ service surface ] transportation and removal service.*

Page 4229, § 5.14 should read:

"...requirement in §§ 5.11 and 5.12 for the..."

Page 4230, § 6.1 2 should read:

*"Obtain a [ ~~trainer~~ supervisor ] approved..."*

Page 4237, section 12.11 C should read:

*"...arranges direct cremations. [ It may be placed under the heading of direct cremations on the container price list. ]*

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# CALENDAR OF EVENTS

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## 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 OF ACCOUNTANCY

October 22, 1990 - 10 a.m. - Open Meeting  
October 23, 1990 - 8 a.m. - Open Meeting  
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia. ☒

A meeting to (i) review applications for certificate, license and endorsement; (ii) review correspondence; (iii) review enforcement cases; (iv) conduct regulatory review; and (v) conduct routine board business.

Contact: Roberta L. Banning, Assistant Director, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or toll-free 1-800-552-3016 (VA only).

#### VIRGINIA AGRICULTURAL COUNCIL

† October 22, 1990 - 9 a.m. - Open Meeting  
† October 23, 1990 - 9 a.m. - Open Meeting  
Holiday Inn - Airport, 5203 Williamsburg Road, Sandston, Virginia.

A meeting to (i) elect officers of the council; (ii) review progress reports on approved research projects; (iii) hear new project proposals which are properly supported by the board of directors of a commodity group; (iv) review year end financial statements; and (v) consider any other business that may come before the members of the council.

Contact: Henry H. Budd, Assistant Secretary, 7th Fl., Washington Building, 1100 Bank Street, Richmond, VA 23219, telephone (804) 371-0266.

#### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

Title of Regulations: VR 115-04-12. Rules and Regulations for the Enforcement of the Virginia Gasoline and Motor Fuels Law.

NOTICE: The Board of Agriculture and Consumer Services has decided to hold the record open until 5 p.m., January 22, 1991, on the referenced proposed regulation published July 16, 1990, for the purpose of receiving further public comment. See General Notices in this Register for details.

\* \* \* \* \*

December 6, 1990 - 2 p.m. - Public Hearing  
1100 Bank Street, Room 204, Washington Building, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Agriculture and Consumer Services intends to amend regulations entitled: VR 115-06-01. Rules Governing the Solicitation of Contributions. The proposed amendments to the regulation are for the purpose of bringing the regulation into conformity with amendments in the statute; to define certain terms contained in the statute regarding exemption from annual registration; to specify, pursuant to § 57-55.2(i) of the Code of Virginia, the name or names by which a professional solicitor may identify himself and his employer; to standardize documentation required for filing with the Commissioner of the Department of Agriculture and Consumer Services; to establish procedures for compliance with the statute; to consider other measures to enforce laws governing the solicitation of contributions in Virginia (§ 57-48 et seq. of the Code of Virginia), hereinafter referred to as the "Virginia Solicitation of Contributions Law"; and to assure uniform regulation of charitable solicitations throughout the Commonwealth.

#### PLEASE NOTE:

"The statement of basis, purpose, substance, issues, and impact on proposed regulation VR 115-06-01, Rules Governing the Solicitation of Contributions, published

on August 27, 1990, in the Virginia Register (pp. 4045-4047 (Volume 6, issue 24)), states as one of the proposed regulation's purposes the establishment of certain evidence deemed adequate to lift a suspension of registration. This is not one of the purposes of the proposed regulation, and the proposed regulation does not address this matter."

Statutory Authority: § 57-66 of the Code of Virginia.

**NOTE: CORRECTION IN WRITTEN COMMENT DATE.**

Written comments may be submitted until November 12, 1990.

**Contact:** Jo Freeman, Chair, Revisions Committee, Virginia Department of Agriculture and Consumer Services, Division of Consumer Affairs, P.O. Box 1163, Richmond, VA 23209 or 1100 Bank Street, Room 204, Richmond, VA 23219, telephone (804) 786-1343 or toll-free 1-800-552-9963.

## Virginia Pesticide Control Board

† November 12, 1990 - 6:00 p.m. - Open Meeting  
† November 13, 1990 - 7:30 a.m. - Open Meeting  
Radisson Hotel Wilmington, 700 King Street, Customs House Plaza, Wilmington, Delaware. ☒

November 12, 1990 - Dinner at Radisson Hotel Wilmington.

November 13, 1990 - Depart Radisson Hotel Wilmington for tour of DuPont's Research Facilities, Wilmington, DE. 1:00 p.m. Return to Radisson Hotel and begin Pesticide Control Board Committee Meetings.

† November 14, 1990 - 10 a.m. - Open Meeting  
Northern Virginia Community College, Brault Building, 4001 Wakefield Chapel Road, Annandale, Virginia. ☒

The Pesticide Control Board will conduct a general business meeting. The public will have an opportunity to comment on any matter not on the Pesticide Control Board's agenda at 10 a.m., November 14, 1990.

**Contact:** Dr. Marvin A. Lawson, Program Manager, Office of Pesticide Management, Department of Agriculture and Consumer Services, P.O. Box 1163, Room 403, 1100 Bank Street, Richmond, VA 23219, telephone (804) 371-6558.

## DEPARTMENT OF AIR POLLUTION CONTROL

### Region V

October 22, 1990 - 7 p.m. - Public Hearing  
Pamplin Administration Building, Dinwiddie, Virginia. ☒

A public hearing to discuss issuance of an air pollution control permit to allow construction and

operation of a coal fired cogeneration plant by Cogentrix of Dinwiddie located 1 kilometer southeast of the intersection of Route 672 and the Norfolk and Southern Railway.

**Contact:** Mark Williams, Senior Environmental Engineer, 8205 Hermitage Road, Richmond, VA 23228, telephone (804) 371-3067.

† October 29, 1990 - 10 a.m. - Public Hearing  
Westover Hills Public Library, 1408 Westover Hills Boulevard, Richmond, Virginia. ☒

A public hearing to consider application from Chippenham Hospital to install and operate an incinerator at 7101 Jahnke Road.

**Contact:** Ms. Gail Taber, Environmental Engineer, 8205 Hermitage Road, Richmond, VA 23228, telephone (804) 371-3067.

## ALCOHOLIC BEVERAGE CONTROL BOARD

† October 29, 1990 - 9:30 a.m. - Open Meeting  
† November 14, 1990 - 9:30 a.m. - Open Meeting  
† November 26, 1990 - 9:30 a.m. - Open Meeting  
† December 10, 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 to the Board, 2901 Hermitage Road, P.O. Box 27491, Richmond, VA 23261, telephone (804) 367-0616.

## BOARD FOR ARCHITECTS, LAND SURVEYORS, PROFESSIONAL ENGINEERS AND LANDSCAPE ARCHITECTS

† November 29, 1990 - 9 a.m. - Open Meeting  
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to (i) approve minutes of October 3, 1990, meeting; (ii) review correspondence; (iii) review enforcement files; and (iv) review applications.

**Contact:** Bonnie S. Salzman, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or toll-free 1-800-552-3016.

### Board for Architects

† November 8, 1990 - 9:30 a.m. - Open Meeting  
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

# Calendar of Events

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A meeting to (i) approve minutes of August 23, 1990; (ii) review correspondence; (iii) review applications; and (iv) review enforcement files.

**Contact:** Bonnie S. Salzman, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or toll-free 1-800-552-3016.

## Board for Land Surveyors

† **November 16, 1990 - 9 a.m. - Open Meeting**  
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to (i) approve minutes from September 14, 1990, meeting; (ii) review enforcement files; (iii) review correspondence; and (iv) review applications.

**Contact:** Bonnie S. Salzman, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or toll-free 1-800-552-3016.

## Board of Professional Engineers

† **November 14, 1990 - 9 a.m. - Open Meeting**  
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to (i) approve minutes from August 9, 1990, meeting; (ii) review correspondence; (iii) review applications; and (iv) review enforcement files.

**Contact:** Bonnie S. Salzman, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or toll-free 1-800-552-3016.

## ATHLETIC BOARD

**NOTE: CHANGE IN DATE AND LOCATION**  
**November 30, 1990 - 10 a.m. - Open Meeting**  
3600 West Broad Street, Room 580, Richmond, Virginia. ☒

A meeting to discuss rules and regulations.

**Contact:** Doug Beavers, Assistant Director, 3600 W. Broad St., Room 580, Richmond, VA 23230, telephone (804) 367-8507.

## BOARD FOR BRANCH PILOTS

**November 13, 1990 -** Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for Branch Pilots intends to amend regulations entitled: **VR 535-01-2. Branch Pilot Regulations.** The proposed

amendment is to maintain standards for initial licensure, renewal of license, and conduct of licensed branch pilots in the Commonwealth.

Statutory Authority: § 54.1-902 of the Code of Virginia.

Written comments may be submitted until November 13, 1990.

**Contact:** Florence R. Brassier, Deputy Director for Regulatory Programs, Virginia Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-2194.

## DEPARTMENT FOR CHILDREN

### Teen Pregnancy Prevention Task Force

**October 24, 1990 - 10 a.m. - Open Meeting**  
Virginia Department for Children, 805 East Broad Street, Richmond, Virginia. ☒

A regular business meeting.

**Contact:** Martha J. Frickert, Staff, Virginia Department for Children, 805 East Broad Street, Richmond VA 23219, telephone (804) 786-5994.

## BOARD OF COMMERCE

† **January 10, 1991 - 1 p.m. - Open Meeting**  
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒ (Interpreter for deaf provided upon request)

This meeting is scheduled to coincide with convening of the General Assembly short session. Members will meet in the morning with legislators; the afternoon meeting will address legislation expected to have an impact upon the department.

**Contact:** Alvin D. Whitley, Staff Assistant to the Board of Commerce, Department of Commerce, 3600 W. Broad St., Fifth Floor, Richmond, VA 23230, telephone (804) 367-8564, SCATS 367-8519 or toll-free 1-800-552-3016.

## DEPARTMENT OF COMMERCE

**October 25, 1990 - 10 a.m. - Public Hearing**  
Department of Commerce, 3600 West Broad Street, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Commerce intends to adopt regulations entitled: **VR 190-06-01. Regulations Governing Athlete Agents.** The proposed Regulations Governing Athlete Agents will establish the licensing requirements and standards of

practice and conduct for athlete agents in the Commonwealth of Virginia.

Statutory Authority: § 54.1-525 of the Code of Virginia.

Written comments may be submitted until December 8, 1990.

**Contact:** Pamela M. Templin, Regulatory Programs Intern, Department of Commerce, 3600 West Broad Street, Richmond, VA 23230-4917, telephone (804) 367-8531.

## STATE BOARD FOR COMMUNITY COLLEGES

**November 7, 1990 - Time to be determined. - Open Meeting**  
Board Room, 15th Floor, Monroe Building, 101 North 14th Street, Richmond, Virginia.

Committee meetings.

**November 8, 1990 - 10 a.m. - Open Meeting**  
Board Room, 15th Floor, Monroe Building, 101 North 14th Street, Richmond, Virginia.

A regularly scheduled meeting. (Agenda available by November 1, 1990).

† **November 8, 1990 - To Be Determined. - Open Meeting**  
Board Room, 15th Floor, Monroe Building, 101 North Street, Richmond, Virginia.

Committee meetings. The state board meeting will convene in the board room following the committee meetings. (Agenda will be available by November 1, 1990.)

**Contact:** Joy Graham, Monroe Building, 101 N. 14th Street Richmond, VA 23230, telephone (804) 225-2126.

## COMPENSATION BOARD

† **October 30, 1990 - 5 p.m. - Open Meeting**  
Ninth Street Office Building, 202 North Ninth Street, 9th Floor, Room 913/913A, Richmond, Virginia. ☒ (Interpreter for deaf provided upon request)

Routine meeting to conduct business of the Compensation Board.

**Contact:** Bruce W. Haynes, Executive Secretary, P.O. Box 3-F, Richmond, VA 23206-0686, telephone (804) 786-3886 or (804) 786-3886/TDD ☎

## BOARD ON CONSERVATION AND DEVELOPMENT OF PUBLIC BEACHES

**October 31, 1990 - 10:30 a.m. - Open Meeting**

King James Motor Hotel, Queen Ann Room, 6045 Jefferson Avenue, Newport News, Virginia.FT1203 5

A meeting to discuss proposals from localities requesting matching grant funds from the board.

**Contact:** Jack E. Frye, Shoreline Programs Bureau Manager, P.O. Box 1024, Gloucester Point, VA 23062, telephone (804) 642-7121.

## BOARD FOR CONTRACTORS

† **October 24, 1990 - 9 a.m. - Open Meeting**  
Department of Agriculture and Consumer Affairs, Board Room, Cassell Road, Wytheville, Virginia.

The board will meet to conduct a formal hearing: File Number 87-00248 Board for Contractors v. Stanley Houchins, t/a Houchins Building Account.

**Contact:** Gayle Eubank, Hearing Coordinator, Department of Commerce, 3600 West Broad St., Richmond, VA 23230, telephone (804) 367-8524.

## BOARD OF CORRECTIONS

**November 14, 1990 - 10 a.m. - Open Meeting**  
† **December 12, 1990 - 10 a.m. - Open Meeting**  
Board of Corrections Board Room, 6900 Atmore Drive, Richmond, Virginia. ☒

A regular monthly meeting to consider such matters as may be presented.

**Contact:** Ms. Vivian Toler, Secretary of the Board, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235.

## BOARD OF DENTISTRY

**November 7, 1990 - Extended written comment period**

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Dentistry intends to amend regulations entitled: **VR 255-01-01. Virginia Board of Dentistry Regulations.** The board voted on September 16, 1990 to extend the comment period for an additional 30 days from October 8 through November 7, 1990. Specifically, the board wishes to allow the public additional time to comment on only (i) the licensure by endorsement for dentists and dental hygienists, and (ii) the application fees for endorsement candidates. The proposals are found in §§ 1.4 L and 2.3 of the proposed regulation, which was published in Volume 6, Issue 18 (June 4, 1990), pages 2814-2686.

Statutory Authority: § 54.1-2400 and Chapter 27 (§ 54.1-2700)



# Calendar of Events

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et seq.) of Title 54.1 of the Code of Virginia.

Written comments may be submitted until November 7, 1990.

**Contact:** Nancy T. Feldman, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9906.

## BOARD OF EDUCATION

**October 25, 1990 - 9 a.m. - Open Meeting**

**October 26, 1990 - 9 a.m. - Open Meeting**

**NOTE: CHANGE IN MEETING LOCATION**

University of Richmond, Trustee's Board Room, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

† **November 27, 1990 - 9 a.m. - Open Meeting**

† **November 28, 1990 - 9 a.m. - Open Meeting**

James Montroe Building, Conference Rooms D and E, 101 North Fourteenth Street, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The Board of Education and the Board of Vocational Education will hold its regularly scheduled meeting. Business will be conducted according to items listed on the agenda. The agenda is available upon request.

**Contact:** Margaret Roberts, Executive Director, Board of Education, Department of Education, P.O. Box 6-1, Richmond, VA 23216, telephone (804) 225-2540.

## STATE EDUCATION ASSISTANCE AUTHORITY AND VIRGINIA EDUCATION LOAN AUTHORITY

### Boards of Directors

† **November 16, 1990 - 10 a.m. - Open Meeting**

Virginia Education Loan Authority, Lunchroom, 701 North Fifth Street, Richmond, Virginia. ☒

A board meeting to (i) review fiscal structure, (ii) consider revised budgets, (iii) review audits, and (iv) consider other matters of general business.

**Contact:** Lyn Hammond, Executive Assistant, 701 North Fifth Street, Richmond, VA 23219, telephone (804) 775-4620, SCATS 786-2035 or toll-free 1-800-937-0032.

## GOVERNOR'S COMMISSION ON EDUCATIONAL OPPORTUNITY FOR ALL VIRGINIANS

**October 31, 1990 - 4 p.m. - Public Hearing**  
Southampton High School, Courtlund, Virginia. ☒

Commission public hearing.

**Contact:** Kris Ragan, Staff, P.O. Box 1422, Room 329,

Richmond, VA 23211, telephone (804) 786-1688.

**NOTE: CHANGE IN MEETING LOCATION**

**December 5, 1990 - 9:30 a.m. - Open Meeting**  
Monroe Building, Conference Rooms D & E, 1st Floor, Richmond, Virginia. ☒

A full commission meeting.

**Contact:** Kris Ragan, Staff, P.O. Box 1422, Ninth Street Office Bldg., Room 329, Richmond, VA 23211, telephone (804) 786-1688.

## LOCAL EMERGENCY PLANNING COMMITTEE - CHESTERFIELD COUNTY

† **November 1, 1990 - 5:30 p.m. - Open Meeting**

† **December 6, 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 Coordination, Chesterfield Fire Department, P.O. Box 40, Chesterfield, VA 23832, telephone (804) 748-1236.

## LOCAL EMERGENCY PLANNING COMMITTEE - GATE CITY

† **November 27, 1990 - 1:30 p.m. - Open Meeting**

County Office Building, 112 Water Street, Gate City, Virginia. ☒

Update of proposed changes to Sara, Title III Annex to Scott County's Emergency Plan.

**Contact:** Barbara Edwards, 112 Water Street, Suite 1, Gate City, VA 24251, telephone (703) 386-6521.

## LOCAL EMERGENCY PLANNING COMMITTEE - GOOCHLAND

† **October 24, 1990 - 7:30 p.m. - Open Meeting**

General District Courtroom, Goochland Courthouse Complex, Virginia. ☒

A regularly scheduled meeting (now semi-annual).

**Contact:** Gregory K. Wolfrey, P.O. Box 10, Goochland, VA 23063, telephone (804) 556-5300.

## LOCAL EMERGENCY PLANNING COMMITTEE - CITY OF PORTSMOUTH

**November 14, 1990 - 9 a.m. - Open Meeting**

Portsmouth General Hospital, 850 Crawford Parkway, Portsmouth, Virginia.

Portsmouth LEPC conducts business as authorized and required by the provisions of SARA Title III "Superfund Amendments and Reauthorization Act of 1986," also referred to as Title III - Emergency Planning and Community Right-to-Know Act of 1986."

**Contact:** Don Brown, LEPC Coordinator Director, EOC, 801 Crawford St., Portsmouth, VA 23705, telephone (804) 393-8551.

## FAMILY AND CHILDREN'S TRUST FUND OF VIRGINIA

### Board of Trustees

**November 9, 1990 - 10 a.m. - Open Meeting**

**December 7, 1990 - 10 a.m. - Open Meeting**

Koger Executive Center, West End, Blair Building, Conference Room C, 8007 Discovery Drive, Richmond, Virginia. ☐

The board will plan and evaluate its fund raising campaign. It will carry out all the activities necessary for implementation of this project.

**Contact:** Molly Moncure Jennings, Executive Director, Family and Children's Trust Fund, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9217.

## VIRGINIA FARMERS' MARKET BOARD

**November 1, 1990 - 1 p.m. - Open Meeting**

State Capitol, House Room 1, Capitol Square, Richmond, Virginia.

A regular board meeting.

**Contact:** Nancy L. Israel, Farmers' Market Network Program Director, 1100 Bank St., Richmond, VA 23219, telephone (804) 371-6157.

## VIRGINIA FIRE SERVICES BOARD

**October 25, 1990 - 7:30 p.m. - Public Hearing**

Galax Fire Department, 106 Adams Street, Galax, Virginia.

A public hearing to discuss fire training and fire policies. This public hearing is for comments and questions relating to the fire services in the Commonwealth and the area in which the hearing is held.

**October 26, 1990 - 9 a.m. - Open Meeting**

Galax Fire Department, 106 Adams Street, Galax, Virginia.

A regular business meeting. This meeting is open to

the public for their input and comments.

**Contact:** Anne J. Bales, Executive Secretary Senior, James Monroe Building, 17th Floor, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2681.

## Fire Prevention and Control Committee

**October 25, 1990 - 9 a.m. - Open Meeting**

Galax Fire Department, 106 Adams Street, Galax, Virginia.

A meeting to discuss fire training and fire policies. The committee meeting is open to the public for their input.

**Contact:** Anne J. Bales, Executive Secretary Senior, James Monroe Building, 17th Floor, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2681.

## Fire Training/EMS Education Committee

**October 25, 1990 - 1 p.m. - Open Meeting**

Galax Fire Department, 106 Adams Street, Galax, Virginia.

A meeting to discuss fire training and fire policies. The committee meeting is open to the public for their input.

**Contact:** Anne J. Bales, Executive Secretary Senior, James Monroe Building, 17th Floor, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2681.

## Legislative Committee

**October 25, 1990 - 1 p.m. - Open Meeting**

Galax Fire Department, 106 Adams Street, Galax, Virginia.

A meeting to discuss fire training and fire policies. The committee meeting is open to the public for their input.

**Contact:** Anne J. Bales, Executive Secretary Senior, James Monroe Building, 17th Floor, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2681.

## BOARD OF FUNERAL DIRECTORS AND EMBALMERS

**November 27, 1990 - 9 a.m. - Open Meeting**

1601 Rolling Hills Drive, Conference Room 3, Richmond, Virginia. ☐

FDE Informals.

**November 28, 1990 - 9 a.m. - Open Meeting**

1601 Rolling Hills Drive, Conference Rooms 3 and 4, Richmond, Virginia. ☐

At 9 a.m. - FDE Examinations given.

At 1 p.m. - FDE Board Meeting.

# Calendar of Events

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**Contact:** Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9111.

\* \* \* \* \*

**November 9, 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 Funeral Directors and Embalmers intends to adopt regulations entitled: **VR 320-01-03. Regulations for Preneed Funeral Planning.** The proposed regulations establish standards for the sale of preneed funeral arrangements by licensing of the Board of Funeral Directors and Embalmers in Virginia.

Statutory Authority: §§ 54.1-2400 and 54.1-2803(10) of the Code of Virginia.

Written comments may be submitted until November 9, 1990.

**Contact:** Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9941.

## VIRGINIA GAS AND OIL BOARD

† **November 20, 1990 - 9 a.m.** – Open Meeting  
University of Virginia, Southwest Center, U.S Highway 19, two miles north of Abingdon, Virginia. ☒

The board will receive comments on its intention to consider adoption of regulations to establish requirements addressing field rules, drilling units and forced pooling, and to govern administrative matters such as application fees and the filing of petitions. The board also will consider pending applications for forced pooling, and to establish drilling units and field rules.

**Contact:** B. Thomas Fulmer, Gas and Oil Inspector, Division of Gas and Oil, P.O. Box 1416, 230 Charwood Drive, Abingdon, VA 24210, telephone (703) 628-8115, SCATS 676-5501 or toll-free 1-800-552-3831/TDD ☎

## GEORGE MASON UNIVERSITY

### Board of Visitors

† **November 28, 1990 - 4 p.m.** – Open Meeting  
George Mason University, Mason Hall, Board Room #23, Fairfax, Virginia. ☒

A regular meeting of the Board of Visitors of George Mason University whereby the board will hear reports of recommendations presented by the standing

committees. An agenda will be available seven days prior to the board meeting for those individuals or organizations who request it.

Standing Committees will meet during the day November 28.

**Contact:** Ann Wingblade, Office of the President, George Mason University, Fairfax, VA 22030-4444, telephone (703) 764-7904.

## HAZARDOUS MATERIALS TRAINING COMMITTEE

† **October 25, 1990 - 10 a.m.** – Open Meeting  
Philip Morris U.S.A., Research and Development Center, 4201 Commerce Road, Richmond, Virginia.

The purpose of this meeting will be to discuss curriculum course development, and review existing hazardous materials courses.

**Contact:** Larry Logan, Deputy Chief, Fire and Emergency Services, 3568 Peters Creek Road, N.W., Roanoke, VA 24019.

## STATE BOARD OF HEALTH

**October 29, 1990 - 10 a.m.** – Open Meeting  
Contact the Health Commissioner's office for location.

A work session to discuss health policy issues.

**October 30, 1990 - 9 a.m.** – Open Meeting  
Main Floor Conference Room, Madison Building, 109 Governor Street, Richmond, Virginia. ☒ (Interpreter for deaf provided upon request)

A business meeting.

**Contact:** Susan R. Rowland, M.P.A., Assistant to the Commissioner, Virginia Department of Health, 109 Governor St., Suite 400, Richmond, VA 23219, telephone (804) 786-3561.

## BOARD OF HEALTH PROFESSIONS

† **October 25, 1990 - 10 a.m.** – Open Meeting  
Department of Health Professions, 1601 Rolling Hills Dr., Room 1, Richmond, Virginia. ☒

The Task Force on the Practice of Nurse Practitioners will meet to continue its study of access and barriers to the appropriate use of nurse practitioner sources in Virginia.

**Contact:** Richard D. Morrison, Executive Director, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9918.

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

**October 23, 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 ☎

\* \* \* \* \*

† **December 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 Virginia Health Services Cost Review Council intends to amend regulations entitled: **VR 370-01-001. Rules and Regulations of the Virginia Health Services Cost Review Council.** The proposed amendments will allow investor-owned institutions organized as proprietorships, partnerships, or S-corporations to have their income tax imputed into the aggregate cost of operating the facility to allow them to be treated similarly to corporations.

### STATEMENT

**Basis and authority:** Section 9-164(2) of the Code of Virginia provides that the council shall "from time to time make such rules and regulations as may be necessary to carry out its responsibilities." Section 9-158(C) states "the council, where appropriate, shall provide for modification consistent with the purposes of this chapter, of reporting requirements to reflect correctly these differences among health care institutions and to avoid otherwise unduly burdensome costs in meeting the requirements of the uniform system of financial reporting."

**Summary:** The definition of "aggregate cost" in § 1.1 of the rules and regulations is being amended so that investor-owned institutions organized as proprietorships, partnerships, or S-corporations will have their income tax imputed into the aggregate cost of operating the facility.

**Analysis:** This amendment is consistent with the council's statutory authority to provide for modifications in reporting requirements to reflect differences among health care institutions.

The proposed regulatory change will resolve the problem that arose when nursing homes and certified nursing facilities began submitting financial filings to the Virginia Health Services Cost Review Council on

July 1, 1989. Unlike hospitals, a significant number of such facilities are privately owned and not incorporated. Therefore, the personal income taxes for such facilities were not being reported in the filings submitted to the council as part of the aggregate costs of operating these privately-owned facilities.

The proposed change will allow these types of facilities to be treated similarly to facilities operated as corporate entities.

**Estimated impact:** The proposed change will provide equitable treatment to all facilities reporting to the Virginia Health Services Cost Review Council. The additional cost to properly report the imputed tax will be minuscule.

**Forms:** There will be no new forms needed to implement this regulatory change.

**Assurance:** The council worked closely with the Virginia Health Care Association and the Virginia Nonprofit Homes for the Aging to develop the proposed regulation. Both of those groups enthusiastically support the proposed regulation.

Statutory Authority: §§ 9-158 and 9-164 of the Code of Virginia.

Written comments may be submitted until December 21, 1990.

**Contact:** G. Edward Dalton, Deputy Director, 805 E. Broad St., 6th Floor, Richmond, VA 23219, telephone (804) 786-6371.

## STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

**November 7, 1990 - 9:30 a.m. – Open Meeting**  
Council Conference Room, 9th Floor, Monroe Building, 101 North 14th Street, Richmond, Virginia. ☒

A general business meeting. (Contact Council for more information.)

**Contact:** Barry M. Dorsey, Deputy Director, 9th Floor, Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2629.

## VIRGINIA HISTORIC PRESERVATION FOUNDATION

**October 22, 1990 - 4 p.m. – Open Meeting**  
221 Governor Street, Richmond, Virginia.

A general business meeting.

**Contact:** Margaret Peters, Information Director, 221 Governor St., Richmond, VA 23219, telephone (804)

# Calendar of Events

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786-3143 or (804) 786-1934/TDD ☎

## BOARD OF HISTORIC RESOURCES

October 23, 1990 - 2 p.m. - Open Meeting

October 24, 1990 - 9 p.m. - Open Meeting

Virginia House, 4301 Sulgrave Road, Richmond, Virginia.

A workshop for board members.

Contact: Margaret Peters, Information Director, 221 Governor St., Richmond, VA 23219, telephone (804) 786-3143 or 786-1934/TDD ☎

## HOPEWELL INDUSTRIAL SAFETY COUNCIL

November 6, 1990 - 9 a.m. - Open Meeting

December 4, 1990 - 9 a.m. - Open Meeting

Hopewell Community Center, Second and City Point Road, Hopewell, Virginia. ☎ (Interpreter for deaf provided upon request)

Local Emergency Preparedness Committee 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.

## VIRGINIA HOUSING DEVELOPMENT AUTHORITY

† November 9, 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 Virginia Housing Development Authority intends to adopt regulations entitled: **VR 400-02-0016. Rules and Regulations for Allocation of Elderly and Disabled Low-Income Housing Tax Credits.** The purpose of the proposed regulation is to provide for the allocation of state tax credits to owners of housing for occupancy by low-income elderly and disabled persons and families.

### STATEMENT

Basis: Sections 36-55.30:3 and 58.1-339 of the Code of Virginia.

Subject, substance, and issues: The Code of Virginia was amended by adding a section numbered 58.1-339 relating to a tax credit for landlords providing rent reduction for low-income elderly and disabled persons or households.

Beginning January 1, 1991, through December 31, 1993, any individual or corporation receiving an

allocation of tax credits pursuant to the proposed rules and regulations shall, subject to the provisions of the Code of Virginia and the proposed rules and regulations, be entitled to a credit against the tax levied pursuant to § 58.1-320 or § 58.1-400 of the Code of Virginia, provided that the following requirements are satisfied:

1. The individual or corporation is engaged in the business of the rental of dwelling units and subject to the Virginia Residential Landlord and Tenant Act, § 55-248.2, et seq. of the Code of Virginia;
2. The landlord provides a reduced rent to income eligible elderly or disabled persons or households; and
3. The rent charged to the income eligible elderly or disabled persons or households is at least 15% less than the rent charged to other tenants for comparable units in the same property.

The allowable tax credit amount shall be 50% of the total rent reductions allowed during the taxable year to the income eligible elderly or disabled persons or households occupying the tax credit units.

The amount of credit for each individual or corporation for each taxable year shall not exceed \$10,000 or the total amount of tax imposed by Chapter 3 of Title 58.1 of the Code of Virginia, whichever is less. If the amount of such credit exceeds the taxpayer's tax liability for such taxable year, the amount which exceeds the tax liability may be carried over for credit against income taxes of such individual or corporation in the next five taxable years until the total amount of the tax credit has been taken.

Credits granted to a partnership or an electing small business corporation (S corporation) shall be passed through to the individual partners or shareholders in proportion to their ownership or interest in the partnership or S corporation.

The total amount of tax credits which may be approved by the authority in any fiscal year shall not exceed \$1,000,000. The \$1,000,000 of tax credits shall be allocated among nine geographical areas, as required by the Code of Virginia. The executive director of the authority may further divide these allocations into subpools.

The proposed rules and regulations provide for the authority to solicit and receive applications for the state tax credits. Applications shall be selected on a first-come, first-served basis. An applicant to whom an allocation is made under the proposed regulations shall be entitled to tax credits annually beginning in the year for which such allocation is made and ending December 31, 1993, unless terminated or reduced pursuant to the proposed regulations for failure to

qualify for the tax credits or to utilize fully the allocation. The authority shall have the right to inspect the tax credit units and to require necessary repairs or improvements as a condition for receiving or qualifying for an allocation of tax credits or for certification to the Department of Taxation as described below.

Occupancy of tax credit units is limited to elderly or disabled persons or households whose annual gross incomes do not exceed 80% of the median income for the area. Preference in occupancy of the tax credit units must be given to elderly or disabled persons or households whose annual gross incomes do not exceed 50% of the median income for the area. Verification of income and of the tenant's status as elderly or disabled will be required to be obtained and delivered to the authority, together with other records and documents set forth in the proposed regulations to evidence compliance therewith.

The proposed rules and regulations also provide for the certifications by the authority to the Department of Taxation on or before February 15 of each calendar year as to the amount of tax credits which each applicant can claim for the preceding calendar year. The proposed regulations also require the authority to notify the Department of Taxation as to any noncompliance by the applicant subsequent to such certification.

**Impact:** The authority estimates that approximately 500 units may be assisted annually by state tax credits under the program. The authority does not expect that any significant costs (other than the rent reductions) will be incurred for the implementation of and compliance with the proposed regulations.

Statutory Authority: §§ 36-55.30:3 and 58.1-339 of the Code of Virginia.

Written comments may be submitted until November 9, 1990.

**Contact:** J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere St., Richmond, VA 23220, telephone (804) 782-1986.

## DEPARTMENT OF LABOR AND INDUSTRY

### Safety and Health Codes Board

**January 8, 1991 - 10 a.m. - Public Hearing**  
Virginia Housing and Development Authority Conference Center, 601 South Belvidere Street, 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 425-01-74. **Licensed Asbestos Contractor Notification,**

**Asbestos Project Permits and Permit Fees.** The proposed regulation provides a procedure for notification to the Department of Labor and Industry of asbestos projects and establishes permit fees for those projects.

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

Written comments may be submitted until October 15, 1990.

**Contact:** John J. Crisanti, Director, Office of Enforcement Policy, P.O. Box 12064, Richmond, VA 23241-0064, telephone (804) 786-2384.

† **January 8, 1991 - 10 a.m. - Public Hearing**  
Virginia Housing Development Authority, Conference Center #1, 601 South Belvidere Street, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Safety and Health Codes Board intends to amend regulations entitled: VR 425-01-75. **Boiler and Pressure Vessel Rules and Regulations.** Included in these proposed amendments are changes due to required departmental regulatory review and a requirement for the National Board "R" Stamp for organizations performing repairs and alterations to boilers and pressure vessels.

### STATEMENT

Statement of subject, substance, issues, basis and purpose: This proposal was developed by the department to address changes in the Code of Virginia approved by the 1990 session of the Virginia General Assembly, issues raised by the required departmental regulatory review process and changes requested by the department stemming from an American Society of Mechanical Engineers (ASME) Code change.

During the 1990 session, the General Assembly amended the Code of Virginia with its approval of Chapter 226 on March 24, 1990. This statutory amendment makes minor changes to the Boiler and Pressure Vessel Safety Act and grants the commissioner the authority to issue variances.

In addition, this regulatory amendment will incorporate a number of previous legislative changes adopted into current practice by the department but require incorporation into regulation. This update of the standard will assure uniformity between the Boiler and Pressure Vessel Rules and Regulations and the Boiler and Pressure Vessel Safety Act.

Also included in these proposed regulations are changes suggested by the departmental regulatory review and a request by the department to require National Board "R," "VR," or "NR" stamp certification for organizations performing repairs and

# Calendar of Events

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alterations to boilers and pressure vessels, repair or resetting of safety valves, or performing repairs to nuclear components.

Current regulation requires that all boilers and pressure vessels be designed, constructed and installed in accordance with the ASME Boiler and Pressure Vessel Code. This code assures that the objects have been welded by certified welders, tested and installed to established standards of safety. However, the ASME Code does not establish standards for repair or alteration of these objects once they have been code stamped and installed.

The holding of a National Board certification attests that the repair organization has demonstrated an acceptable level of skill and competence regarding matters such as: stress analysis, welding, metallurgy and quality control as well as their unique applications to boilers and pressure vessels. Current regulation already requires that all welded repairs be done in accordance with the NBIC.

The requirement of a National Board stamp certification will aid the department in its efforts to reduce the number of unreported boiler and pressure vessel repairs as well as to help eliminate the potentially catastrophic problem of incorrect repair.

Current regulation requires that an object in need of repair be previewed by an inspector who must then authorize a welded repair. Upon completion of the welded repair, the inspector must approve the work. The repair organization must then complete a repair report (National Board Form: NB 4-1) and forward it to the chief inspector.

In practice, this procedure is not always followed. In such cases, what may result is that an improper, unauthorized, and unsafe repair may exist undetected for months until an explosion occurs or an inspector happens to find it during a routine inspection.

The department believes that requiring the use of this nationally recognized qualification system is needed to reduce the frequency of unauthorized and unreported repairs and to assure a high level of compliance with the National Board Inspection Code standards for boiler and pressure vessel repair which are currently required in regulation.

Statutory Authority: § 40.1-51.6 of the Code of Virginia.

Written comments may be submitted until December 28, 1990, to Anna Bradley, Department of Labor and Industry, P.O. Box 12064, Richmond, VA 23241.

Contact: Jim Hicks, Director of Boiler and Pressure Vessel Safety, Department of Labor and Industry, P.O. Box 12064, Richmond, VA 23241, telephone (804) 786-3262.

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## LIBRARY BOARD

† November 8, 1990 - 9:30 a.m. — Open Meeting  
Virginia State Library and Archives, 3rd Floor, Supreme Court Room, 11th Street at Capitol Square, Richmond, Virginia. ☒

A meeting to discuss administrative matters of the Virginia State Library and Archives.

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

† November 5, 1990 - 10 a.m. — Open Meeting  
State Capitol, House Room 1, Richmond, Virginia.

A regular meeting of the Commission on Local Government to consider such matters as may be presented.

Contact: Barbara Bingham, Administrative Assistant, 702 8th St. Office Building, Richmond, VA 23219, telephone (804) 786-6508 or (804) 786-1860/TDD ☎

## STATE LOTTERY BOARD

October 24, 1990 - 10 a.m. — Open Meeting  
NOTE: CHANGE IN MEETING LOCATION  
State Lottery Department, Harrisonburg Regional Office, Conference Room, 1709-26 East Market Street, Harrisonburg, Virginia. ☒

November 28, 1990 - 10 a.m. — Open Meeting  
December 19, 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.

## MARINE RESOURCES COMMISSION

October 23, 1990 - 9:30 a.m. — Open Meeting  
2600 Washington Avenue, 4th Floor, Room 403, Newport News, Virginia. ☒

The Commission will hear and decide marine

environmental matters at 9:30 a.m.: permit applications for projects in wetlands, bottom lands, coastal primary sand dunes and beaches; appeals of local wetland board decisions; policy and regulatory issues.

The Commission will hear and decide fishery management items at approximately 2:00 p.m.: regulatory proposals; fishery management plans; fishery conservation issues; licensing; shellfish leasing.

Meetings are open to the public. Testimony is taken under oath from parties addressing agenda items on permits, licensing. Public comments are taken on resource matters, regulatory issues, and items scheduled for public hearing.

The Commission is empowered to promulgate regulations in the areas of marine environmental management and marine fishery management.

**Contact:** Cathy W. Everett, Secretary to the Commission, P.O. Box 756, Room 1006, Newport News, VA 23607, telephone (804) 247-8088.

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

**November 23, 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 460-04-8.7. Client Appeals**. This proposed regulation will govern the appeal process of Medicaid recipients.

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

Written comments may be submitted until 4:30 p.m., November 23, 1990, to Marsha Vandervall, Director Division of Client Appeals, DMAS, 600 E. Broad St., Suite 1300, Richmond, VA 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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**December 7, 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 adopt regulations entitled: **VR 460-04-8.11. Home and Community-Based Services to Individuals with Acquired Immune Deficiency Syndrome and Aids Related Complex**.

This regulation will provide for home and community based services for individuals with AIDS/ARC.

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

Written comments may be submitted until 4:30 p.m., December 7, 1990, to Chris Pruett, Manager, Division of Quality Care Assurance, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

## GOVERNOR'S ADVISORY BOARD ON MEDICARE AND MEDICAID

† **October 30, 1990** - 2 p.m. – Open Meeting  
Hyatt Hotel, I-64 and West Broad Street, Richmond, Virginia.

Health Policy Formulation for Virginia - Charles L. Breindel, PHD.

**Contact:** Paige Jones, Executive Secretary Senior, DMAS, 600 E. Broad St., Richmond, VA 23219, telephone (804) 786-8099 or toll-free 1-800-343-0634.

## BOARD OF MEDICINE

† **October 26, 1990** - 9 a.m. – Open Meeting  
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

The Informal Conference Committee composed of three members of the board will inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and close sessions pursuant to § 2.1-344 of the Code of Virginia.

Public comment will not be received.

**Contact:** Karen D. Waldron, Deputy Executive Director, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9908 or (804) 662-9943/TDD ☎

**November 15, 1990** - 8 a.m. – Open Meeting  
**November 16, 1990** - 8 a.m. – Open Meeting  
**November 17, 1990** - 8 a.m. – Open Meeting  
**November 18, 1990** - 8 a.m. – Open Meeting  
Department of Health Professions, Board Room 1, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

The full board will meet on Thursday, November 15, 1990, in open session to conduct general board



# Calendar of Events

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business and discuss any other items which may come before the board. The board will also meet on Friday, Saturday, and Sunday, November 16, 17 and 18, 1990, to review reports, interview licensees and make decisions on discipline matters.

† December 8, 1990 - 9 a.m. - Open Meeting  
† December 9, 1990 - 9 a.m. - Open Meeting  
The Boar's Head Inn, Charlottesville, Virginia. ☒

The board and its staff will meet to plan for accomplishing the work as assigned to it. No public comments will be received. No regular business of the board will be conducted.

Contact: Eugenia K. Dorson, Deputy Executive Director, Department of Health Professions, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9925

## Advisory Committee on Acupuncture

NOTE: CHANGE IN MEETING DATE  
October 26, 1990 - noon - Open Meeting  
Department of Health Professions, Board Room 3, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

A meeting to (i) review the statistical information on patient treatment, (ii) review proposed training program petition, (iii) review regulations and other matters which may come before the Advisory Committee.

Public comment will be received upon invitation of the Chairman at the conclusion of the meeting.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925.

## Credentials Committee

November 3, 1990 - 8:15 a.m. - Open Meeting  
Department of Health Professions, Board Room 3, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

A meeting 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.

The committee will not receive public comments.

Contact: Eugenia K. Dorson, Deputy Executive Director, Department of Health Professions, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925.

## Legislative Committee

November 8, 1990 - 2 p.m. - Open Meeting  
Department of Health Professions, Board Room 4, 1601

Rolling Hills Drive, Richmond, Virginia. ☒

A meeting to (i) consider amendments to VR 465-02-01, (ii) further define § 54.1-2919 of the Code of Virginia, for the purpose of restructuring the membership or appointees to serve on Informal Conferences before the board, and (iii) make recommendations to the full board.

Public comments may be entertained at the conclusion of the meeting.

Contact: Eugenia K. Dorson, Deputy Executive Director, Department of Health Professions, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925.

## Advisory Committee on Physician's Assistants

November 9, 1990 - 10 a.m. - Open Meeting  
Department of Health Professions, Board Room 3, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

The Advisory Committee on Physician's Assistants will review Protocol Forms as required by VR 465-04-01 § 2.2 and other such business that requires action and recommendations to the Board of Medicine.

Public comments may be received at the conclusion of the meeting.

Contact: Eugenia K. Dorson, Deputy Executive Director, Department of Health Professions, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9925.

## Advisory Board on Respiratory Therapy

October 30, 1990 - 2 p.m. - Open Meeting  
Department of Health Professions, Board Room 2, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

A meeting to (i) elect officers, (ii) review the current bylaws and regulations (VR 465-04-01) and (iii) to consider any other matters that may come before it.

Public comment may be entertained at the conclusion of the business meeting.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9923.

## DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

### Substance Abuse Advisory Council

October 25, 1990 - 10 a.m. - Open Meeting  
13th Floor Board Room, James Madison Building, 109 Governor Street, Richmond, Virginia. ☒

A meeting to discuss issues related to the planning and delivery of substance abuse services in Virginia.

**Contact:** Wayne Thacker, Director, Office of Substance Abuse Services, Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, 109 Governor St., Richmond, VA 23219, telephone (804) 786-3906 or (804) 786-2991/TDD ☎ .

## STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

**October 24, 1990 - 10 a.m. - Open Meeting**  
James Madison Building, 13th Floor Conference Room, Central Office, 109 Governor Street, Richmond, Virginia. ☒

A regular monthly meeting. The agenda will be published on October 17 and may be obtained by calling Jane Helfrich.

**Contact:** Jane Helfrich, Board Administrator, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3921.

## VIRGINIA MILITARY INSTITUTE

### Board of Visitors

**November 10, 1990 - 8:30 a.m. - Open Meeting**  
Virginia Military Institute, Lexington, Virginia. ☒

A regular meeting of the VMI Board of Visitors. Committee reports.

**Contact:** Colonel Edwin L. Dooley, Jr., Secretary, Virginia Military Institute, Lexington, VA 24450, telephone(703) 464-7206.

## VIRGINIA MUSEUM OF NATURAL HISTORY

### Personnel Committee

**October 26, 1990 - 8 p.m. - Open Meeting**  
Key Bridge Marriott, 1401 Lee Highway, Arlington, Virginia.

A meeting to discuss budget reduction, lay-offs and grievance hearings.

**Contact:** Rhonda J. Knighton, Executive Secretary, Virginia Museum of Natural History, 1001 Douglas Avenue, Martinsville, VA 24112, telephone (703) 666-8616, SCATS 857-6950 or (703) 666-8638/TDD ☎

### Planning and Facilities Committee

**October 26, 1990 - 7 p.m. - Open Meeting**  
Key Bridge Marriott, 1401 Lee Highway, Arlington, Virginia. ☒

A meeting to discuss renovation freeze and long-range facility plans.

**Contact:** Rhonda J. Knighton, Executive Secretary, Virginia Museum of Natural History, 1001 Douglas Avenue, Martinsville, VA 24112, telephone (703) 666-8616, SCATS 857-6950 or (703) 666-8638/TDD ☎

### Board of Trustees

**October 27, 1990 - 10 a.m. - Open Meeting**  
Smithsonian Institute, National Museum of National History, Constitution Avenue and 10th Street, Washington, D.C. ☒

The meeting will include reports from the executive finance, development, education and exhibits, marketing, personnel, planning/facilities, and research and collections committees.

Public comment will be received following approval of the minutes of the July meeting.

**Contact:** Rhonda J. Knighton, Executive Secretary, Virginia Museum of Natural History, 1001 Douglas Avenue, Martinsville, VA 24112, telephone (703) 666-8616, SCATS 857-6950 or (703) 666-8638/TDD ☎

## BOARD OF NURSING

### Special Conference Committee

**October 22, 1990 - 8:30 a.m. - Open Meeting**  
Department of Health Professions, Conference Room 2, 1601 Rolling Hills Drive, Richmond, Virginia. ☒  
(Interpreter for deaf provided upon request)

A meeting to inquire into allegations that certain licensees may have violated laws and regulations governing the practice of nursing in Virginia.

Public comment will not be received.

**Contact:** Corinne F. Dorsey, R.N., Executive Director, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9909 or toll-free 1-800-533-1560.

### Education Advisory Committee

**October 23, 1990 - 10 a.m. - Open Meeting**  
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

A meeting to consider matters related to educational programs approved by the board and make recommendations to the board as needed. Public comment will be accepted at 1 p.m.

**Contact:** Corinne F. Dorsey, R.N., Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804)

# Calendar of Events

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662-9909 or (804) 662-7197/TDD ☎

## BOARD OF NURSING HOME ADMINISTRATORS

**December 5, 1990 - 9 a.m. – Open Meeting**  
1601 Rolling Hills Drive, Conference Room 1, Richmond, Virginia. ☎

NHA Examinations.

**December 6, 1990 - 8:30 a.m. – Open Meeting**  
1601 Rolling Hills Drive, Conference Rooms 3 and 4, Richmond, Virginia. ☎

NHA regularly scheduled board meeting.

**Contact:** Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9907.

## POLYGRAPH EXAMINERS ADVISORY BOARD

† **October 29, 1990 - 10:30 a.m. – Open Meeting**  
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☎

A meeting to discuss adjustment to its fee structure and bringing its application in line with the adjustments.

**Contact:** Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8534 or toll-free 1-800-552-3016.

## BOARD OF PROFESSIONAL COUNSELORS

† **October 23, 1990 - 10 a.m. – Open Meeting**  
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☎

Disciplinary hearing.

**Contact:** Evelyn B. Brown, Executive Director, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9912.

## PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ADVISORY COUNCIL

**October 25, 1990 - 10 a.m. – Open Meeting**  
Virginia Housing Development Authority, 601 South Belvidere Street, 4th Floor, Richmond, Virginia. ☎  
(Interpreter for deaf provided upon request)

A regularly scheduled meeting for the conduct of business. Public participation welcomed. For directions please call 804/225-2042 or toll free 1-800-552-3962.

**Contact:** Barbara Hoban, PAMI Program Manager, Department for Rights of Virginians with Disabilities, James Monroe Building, 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 225-2042/TDD ☎ or 1-800-552-3962/TDD ☎

## BOARD OF PSYCHOLOGY

**November 15, 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) discuss results of national and state written examinations; and (iii) discuss regulatory review.

Public comment will be received at the beginning of the meeting.

Written comments may be submitted until November 2, 1990, for distribution to the board members.

**Contact:** Evelyn B. Brown, Executive Director, 1601 Rolling Hills Drive, Suite 200, Richmond, Virginia, 23229-3005, telephone (804) 662-9913.

## REAL ESTATE BOARD

**November 27, 1990 - 10 a.m. – Open Meeting**  
**November 28, 1990 - 10 a.m. – Open Meeting**  
Council Chambers, Municipal Building, 4th Floor, 215 Church Street, Roanoke, Virginia.

The board will conduct a formal hearing: File Numbers 86-00183, 87-01417, 8801102, Real Estate Board v. Floyd Earl Frith and Kenneth Guster, Jr.

**Contact:** Gayle Eubank, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8524.

## BOARD OF REHABILITATIVE SERVICES

† **October 25, 1990 - 9:30 p.m. – Open Meeting**  
4901 Fitzhugh Avenue, Richmond, Virginia. ☎ (Interpreter for deaf provided upon request)

A meeting to (i) receive department reports, (ii) consider regulatory matters and (iii) conduct the regular business of the board.

## Finance Committee

† **October 24, 1990 - 2 p.m. – Open Meeting**  
4901 Fitzhugh Avenue, Richmond, Virginia. ☎ (Interpreter for deaf provided upon request)

The committee will review monthly financial reports

# Calendar of Events

and budgetary projections.

## Program Committee

† **October 24, 1990 - 3 p.m. - Open Meeting**  
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided upon request)

The committee will review the Case Service Budget System Report and review regulations package.

## Legislation and Evaluation Committee

† **October 24, 1990 - 4 p.m. - Open Meeting**  
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided upon request)

Program evaluation and legislative update.

**Contact:** Susan L. Urofsky, Commissioner, 4901 Fitzhugh Avenue, Richmond, VA 23230, telephone (804) 367-0319, toll-free 1-800-552-5019/TDD and Voice or (804) 367-0280/TDD ☎

## DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

**November 23, 1990 -** Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Social Services, intends to adopt regulations entitled: **VR 615-01-28. Aid to Dependent Children (ADC) Program - Entitlement Date.** The purpose of the proposed amendment is to revise the entitlement date policy to require that when an application is approved in the month of application, entitlement will begin with the date of authorization.

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

Written comments may be submitted until November 23, 1990, to Mr. Guy Lusk, Director, Division of Benefit Programs, 8007 Discovery Dr., Richmond, VA 23229-8699.

**Contact:** Peggy Friedenber, Legislative Analyst, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9217.

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**November 24, 1990 -** Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Social Services intends to adopt regulations entitled: **VR 615-53-01. Child Day Care Services Policy.** The proposed regulation establishes child day care policy that the department must have to implement federal requirements related to welfare reform pursuant to Federal Public Law 100-485.

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

Written comments may be submitted until November 24, 1990.

**Contact:** Margaret Friedenber, Legislative Analyst, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9182.

## BOARD OF SOCIAL WORK

**November 1, 1990 - 9 a.m. - Open Meeting**  
**November 2, 1990 - 9 a.m. - Open Meeting**  
1601 Rolling Hills Drive, Richmond, Virginia. ☒

A meeting to (i) conduct general board business; (ii) review applications for licensure and supervision of trainees; (iii) review regulations; and (iv) respond to correspondence.

**Contact:** Stephanie Sivert, Executive Director, 1601 Rolling Hills Drive, Suite 200, Richmond, VA 23229, telephone (804) 662-9214.

## STATE CORPORATION COMMISSION

### Bureau of Insurance Special Advisory Commission on Mandated Health Insurance Benefits

† **November 5, 1990 - 11 a.m. - Public Hearing**  
General Assembly Building, Senate Room B, 910 Capitol Street, Richmond, Virginia. ☒

The Special Advisory Commission on Mandated Health Insurance Benefits will host a public hearing on proposed legislation that would require health insurance policies to include coverage for infertility treatment.

The bill (HB 271) proposes that individual or group health policies or health services plans must include coverage for medically necessary expenses of diagnosis and treatment of infertility.

**Contact:** Ann Colley, Supervisor, Life and Health Research, State Corporation Commission, Bureau of Insurance, P.O. Box 1157, Richmond, VA 23209, telephone (804) 786-7691, toll-free 1-800-552-7945 or (804) 225-3806/TDD ☎

## DEPARTMENT OF TAXATION

**November 8, 1990 - 10 a.m. - Public Hearing**  
General Assembly Building, House Room C, 9th and Broad Streets, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of

# Calendar of Events

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Taxation intends to adopt regulations entitled: **VR 630-2-322.02 Individual Income Tax: Age Subtraction.** This proposed regulation sets forth the age 62 and over income subtraction available to taxpayers.

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

Written comments may be submitted until December 7, 1990.

Contact: Janie E. Bowen, Director, Tax Policy, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-8010.

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**November 8, 1990 - 10 a.m. - Public Hearing**  
General Assembly Building, House Room C, 9th and Broad Streets, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Taxation intends to amend regulations entitled: **VR 630-3-323.1 Corporation Income Tax: Excess Cost Recovery.** The amendment to the statutory recovery period and percentages for the outstanding balance of ACRS depreciation affects the subtraction claimed by corporate taxpayers. The adoption of this regulation will make the regulation consistent with the changes made to the law.

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

Written comments may be submitted until December 7, 1990.

Contact: Janie E. Bowen, Director, Tax Policy, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-8010.

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**November 8, 1990 - 10 a.m. - Public Hearing**  
General Assembly Building, House Room C, 9th and Broad Streets, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Taxation intends to amend regulations entitled: **VR 630-2-492. Declaration of Estimated Income Tax: Failure by Individual to Pay Estimated Tax.** This regulation sets forth the \$150 tax threshold on the underpayment of estimated taxes by an individual.

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

Written comments may be submitted until December 7, 1990.

Contact: Janie E. Bowen, Director, Tax Policy, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-8010.

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**November 8, 1990 - 10 a.m. - Public Hearing**  
General Assembly Building, Capitol Square, House Room C, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Taxation intends to amend regulations entitled: **VR 630-3-302. Corporation Income Tax: Definitions - "Sales"** and **VR 630-3-414. Corporation Income Tax: Sales Factor.** The amendment to the statutory definition of "sales" affects the computation of the sales factor for multistate corporations with sales of intangible property. The adoption of these regulations will make the regulations consistent with the revised statutory definition and set forth the method for computing net gain from the sale of intangible property for multistate corporations required to compute the Virginia sales factor.

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

Written comments may be submitted until December 7, 1990.

Contact: Janie E. Bowen, Director, Tax Policy, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-8010.

## COMMONWEALTH TRANSPORTATION BOARD

† **October 24, 1990 - 1:30 p.m. - Open Meeting**  
Natural Bridge Hotel, Meeting Room, Natural Bridge, Virginia. (Interpreter for deaf provided if requested)

Monthly meeting of the Commonwealth Transportation Board to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval.

Public comment will be received at the outset of the meeting, on items on the meeting agenda for which the opportunity for public comment has not been afforded the public in another forum. Remarks will be limited to five minutes. Large groups are asked to select one individual to speak for the group. The board reserves the right to amend these conditions.

Contact: Albert W. Coates, Jr., Assistant Commissioner, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-9950.

## TREASURY BOARD

**November 21, 1990 - 9 a.m. - Open Meeting**  
101 North 14th Street, James Monroe Building, 3rd Floor, Treasury Board Conference Room, Richmond, Virginia. ☒

A regular meeting.

Contact: Laura Wagner-Lockwood, Senior Debt Manager,

Department of the Treasury, P.O. Box 6-H, Richmond, VA 23215, telephone (804) 225-4931.

## BOARD ON VETERANS' AFFAIRS

† **October 24, 1990 - 10 a.m.** - Open Meeting  
State Capitol Building, House Room 1, Richmond, Virginia. ☒

Topics of discussion will include the state veterans' home and other items of interest to Virginia's veterans.

The public is invited to speak on items of interest to the veteran community; however, presentations should be limited to 15 minutes. Speakers are requested to register with the aide present at the meeting and should leave a copy of their remarks for the record. Service organizations are asked to select one person to speak on behalf of the entire organization in order to give ample time to accommodate all who may wish to speak.

**Contact:** Arlene Smith, Staff Assistant to the Board, 633 Ninth Street Office Bldg., P.O. Box 1475, Richmond, VA 23212, telephone (804) 786-1201 or (804) 786-7765/TDD ☎

## DEPARTMENT FOR THE VISUALLY HANDICAPPED

**Interagency Coordinating Council on Delivery of Related Services to Handicapped Children**

**October 23, 1990 - 2 p.m.** - Open Meeting  
Virginia Housing Development Authority, 601 South Belvidere Boulevard, Richmond, Virginia. ☒

A regular monthly meeting of the 13 agency representatives that comprise the council.

The council is designed to facilitate the timely delivery of appropriate services to handicapped children and youth in Virginia.

**Contact:** Glen R. Slonneger, Jr., Program and Policy Specialist, Program for Infants, Children and Youth, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3140.

## VIRGINIA COUNCIL ON VOCATIONAL EDUCATION

**November 7, 1990 - 8:30 a.m.** - Open Meeting  
**November 8, 1990 - 8:30 a.m.** - Open Meeting  
Ramada Inn, 57th Street, Oceanfront, Virginia Beach, Virginia.

November 7, 1990:

8:30 a.m. - Orientation session for program visits in

area.

9:30 a.m. - Program visits in the area.

1:30 p.m. - Committee meetings.  
State Plan and Private Sector Involvement Committee  
Evaluation and Access Committee

3:30 p.m. - Executive Committee

November 8, 1990:

8:30 a.m. - Business session.

Reports will be received from council committees, Virginia Department of Education, Governor's Job Training Coordinating Council, Virginia Community College System, and Department of Correctional Education.

**Contact:** George S. Orr, Jr., Executive Director, Virginia Council on Vocational Education, 7420-A Whitepine Road, Richmond, VA 23237, telephone (804) 275-6218.

## DEPARTMENT OF WASTE MANAGEMENT

**November 7, 1990 - 7:30 p.m.** - Public Hearing  
Circuit Court Room, Municipal Building, 619 Second Street, Radford, Virginia.

Pursuant to the requirements of Part VII of the Solid Waste Management Regulations (§ 7.E., VR 672-20-1), the Draft Solid Waste Disposal Facility permit for the southern expansion of the Ingles Mountain Interim Sanitary Landfill, proposed by the New River Resource Authority, is available for public review and comment. This new permit will effectively supercede the existing solid waste disposal facility permit (No. 479), which will be revoked upon issuance of the new permit and incorporated within the new permit.

**Contact:** E. D. Gillespie, Environmental Engineering Consultant, Virginia Department of Waste Management, 101 N. 14th St., 11th Fl., Monroe Bldg., Richmond, VA 23219, telephone (804) 761-0514.

## VIRGINIA WASTE MANAGEMENT BOARD

† **November 6, 1990 - 10 a.m.** - Open Meeting  
General Assembly Building, House Room C, 910 Capitol Street, Richmond, Virginia. ☒

A general business meeting.

**Contact:** Loraine Williams, Secretary, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2667, toll-free 1-800-552-2075 or (804) 225-3753/TDD ☎

# Calendar of Events

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## STATE WATER CONTROL BOARD

† November 5, 1990 - 7 p.m. -- Public Meeting  
Parry McCluer Middle School, 2329 Chestnut Avenue,  
Buena Vista, Virginia. ☐

The State Water Control Board, at its September 24, 1990, meeting, voted to reopen the hearing record and hold a public hearing to receive additional comments on the proposed 401 Certification for Hadson Development Corporation 14-A Joint Venture, 16845 Von Karman Avenue, Irvine, California 92714. This hearing is to receive comments only on the potential interference with groundwater and surface water and the interrelationship between the two, and the potential impact on wells which may result from issuance of the certificate.

Contact: Lori A. Freeman, Office of Policy Analysis, State Water Control Board, 2111 N. Hamilton St., P.O. Box 11143, Richmond, VA 23230-1143, telephone (804) 367-6815.

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† November 26, 1990 - 7 p.m. - Public Hearing  
Virginia Beach City Council Chambers, City Hall Building,  
Second Floor, Courthouse Drive, Virginia Beach, Virginia.

† November 28, 1990 - 7 p.m. - Public Hearing  
Roanoke County Administration Center Community Room,  
3738 Brambleton Avenue, S.W., Roanoke, Virginia.

† December 4, 1990 - 7 p.m. - Public Hearing  
Spotsylvania County Board of Supervisors Room, County  
Administration Building, Route 208 at Spotsylvania  
Courthouse, Spotsylvania, Virginia.

† December 5, 1990 - 7 p.m. - Public Hearing  
Virginia War Memorial Auditorium, 621 South Belvidere  
Street, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to adopt regulations entitled: **VR 680-15-02. Virginia Water Protection Permit Regulation.** The proposed regulation delineates the procedures and requirements to be followed for issuance of a Virginia Water Protection Permit.

### STATEMENT

Basis: Under the authority of 62.1-44.15:5 of the Code of Virginia the State Water Control Board (SWCB) is authorized to adopt regulations to issue permits for an activity requiring § 401 certification under the Federal Clean Water Act, 33 USC 1251 et seq.

Substance and purpose of proposed regulation: The proposed regulations delineate the procedures and requirements to be followed for issuance of a Virginia Water Protection Permit (VWPP). The proposed

regulations would require a permit to be issued for activities that result in a discharge to state waters, that require a federal permit or license and are not permitted under the Virginia Pollutant Discharge Elimination System. Conditions of the permit would be designed to protect the beneficial uses of state waters.

Impact: Approximately 1,000 applicants per year currently apply for permits under the joint permit application system used by Virginia Marine Resources Commission, the Army Corps of Engineers and the State Water Control Board. Of these, approximately 50 applications per year are for activities covered by Nationwide Permit No. 26 involving the filling of one to 10 acres of headwater wetlands. Approximately one per year is for a hydroelectric facility in the process of obtaining its federal licenses. Approximately 120 are for state highway projects involving stream crossings or the filling of wetlands.

All of the above are currently required to obtain a water quality certification under § 401 of the Clean Water Act. However, some impacts on the regulated community will result from adoption of the proposed regulations. Applicants for VWPPs would have to certify local government approval of a proposed activity in accordance with § 62.1-44.15:3 of the Code of Virginia before an application could be considered complete. The proposed incorporation of expiration dates in VWPPs would result in certain permittees having to reapply periodically for a new VWPP. The degree of protection to be provided for wetlands would also have an impact.

Issues: Issues under consideration include, but are not limited to, the incorporation of expiration dates in VWPPs; the degree of protection to be provided for wetlands; and any perceived duplication among existing regulatory programs administered by other agencies.

Statutory Authority: §§ 62.1-44.15:5 and 62.1-44.15(10) of the Code of Virginia.

Written comments may be submitted until December 24, 1990, to Doneva Dalton, Hearing Reporter, State Water Control Board, P.O. Box 11143, Richmond, Virginia.

Contact: Martin G. Ferguson, Jr., Office of Water Resources Management, State Water Control Board, P.O. Box 11143, Richmond, VA 23230, telephone (804) 367-1868.

## BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

December 3, 1990 - 8:30 a.m. -- Open Meeting  
December 4, 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.

## THE COLLEGE OF WILLIAM AND MARY IN VIRGINIA

### Board of Visitors

† November 1, 1990 - 3 p.m. - Open Meeting  
† November 2, 1990 - 8 a.m. - Open Meeting  
Campus Center, Jamestown Road, Williamsburg, Virginia.

A regularly scheduled meeting to receive reports from several committees of the board and to act on those resolutions that are presented by the administrations of William and Mary and Richard Bland College.

An informational release will be available four days prior to the board meeting for those individuals or organizations who request it.

Contact: William N. Walker, Director, Office of University Relations, James Blair Hall, Room 308, College of William and Mary, Williamsburg, VA 23185, telephone (804) 221-1004.

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## LEGISLATIVE

### JOINT SUBCOMMITTEE TO STUDY DIVORCEMENT AND REPRESENTATIVE OFFERING FOR INCLUSION IN THE VIRGINIA PETROLEUM FRANCHISE ACT

October 23, 1990 - 10 a.m. - Open Meeting  
General Assembly Building, 6th Floor Conference Room, Richmond, Virginia.

A working session to consider HJR 120.

Contact: Maria Everett, Staff Attorney, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

### VIRGINIA CODE COMMISSION

November 20, 1990 - 10 a.m. - Open Meeting  
General Assembly Building, Sixth Floor Conference Room, 910 Capitol St., Richmond, Virginia. ☐

The commission will continue with its revision of Title 65.1.

Contact: Joan W. Smith, Virginia Code Commission, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

### JOINT SUBCOMMITTEE TO STUDYING EARLY INTERVENTION SERVICES TO INFANTS AND TODDLERS WITH HANDICAPPING CONDITIONS

November 7, 1990 - 1 p.m. - Open Meeting  
House Room D, General Assembly Building, Richmond, Virginia.

A meeting to continue its study. HJR 164.

Contact: Jessica F. Bolecek, Staff Attorney, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

### JOINT SUBCOMMITTEE STUDYING ELECTION LAWS

October 24, 1990 - 10 a.m. - Open Meeting  
November 27, 1990 - 10 a.m. - Open Meeting  
General Assembly Building, Senate Room A, 910 Capitol Street, Richmond, Virginia. ☐

An open meeting to consider SJR 82.

Contact: Mary Spain, Staff Attorney, Division of Legislative Services, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591 or John McE. Garrett, Deputy Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-4638.

### JOINT SUBCOMMITTEE STUDYING THE ENVIRONMENTAL IMPACT OF OIL AND GAS DRILLING UNDER THE CHESAPEAKE BAY

October 24, 1990 - 1:30 p.m. - Public Hearing  
House Room D, General Assembly Building, Richmond, Virginia.

A public hearing to receive testimony from the public and industry regarding oil drilling under the Chesapeake. HJR 251.

Contact: Martin G. Farber, Research Associate, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

### JOINT SUBCOMMITTEE STUDYING HUMAN IMMUNODEFICIENCY VIRUSES (AIDS)

November 7, 1990 - 10 a.m. - Open Meeting  
November 27, 1990 - 10 a.m. - Open Meeting



# Calendar of Events

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House Room C, General Assembly Building, Richmond, Virginia.

A meeting to continue their study. HJR 129.

**Contact:** Norma Szakal, Staff attorney, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

## LOCAL AND STATE GOVERNMENT INFRASTRUCTURE AND REVENUE RESOURCES COMMISSION

**October 25, 1990 - 10 a.m. - Open Meeting**  
State Capitol, House Room 4, Richmond, Virginia.

The commission will continue its meetings to study local and state government infrastructure and revenue resources.

**Contact:** John Garka, Manager, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

## JOINT SUBCOMMITTEE STUDYING THE NECESSITY AND DESIRABILITY OF REVISING THE COMMONWEALTHS "COMPARATIVE PRICE ADVERTISING" STATUTE

**November 8, 1990 - 10 a.m. - Public Hearing**  
Northern Virginia, Location to be announced.

**December 5, 1990 - 10 a.m. - Public Hearing**  
Tidewater - Location to be announced.

A public hearing in a continuation of its study of the necessity and desirability of revising the Commonwealth's "Comparative Price Advertising" Statute. HJR 184.

**December 19, 1990 - 10 a.m. - Public Hearing**  
General Assembly Building, House Room C, Richmond, Virginia.

A work session and public hearing in a continuation of its study of the necessity and desirability of revising the Commonwealth's "Comparative Price Advertising" Statute. HJR 184.

**Contact:** Mary Geisen, Research Associate, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

## COMMISSION ON POPULATION GROWTH AND DEVELOPMENT

**October 23, 1990 - 10 a.m. - Open Meeting**  
**November 29, 1990 - 10 a.m. - Open Meeting**  
**December 20, 1990 - 10 a.m. - Open Meeting**

Richmond, Location to be announced.

Statutory Commission, §§ 9-145.11 through 9-145.15 (c.833, 1990).

Agendas have not been set.

Each meeting will be held in Richmond; however, the exact location of the meetings has not been determined. You will be notified once meeting rooms have been established.

**Contact:** Jeff Finch, Assistant Clerk for Projects and Research, House of Delegates, P.O. Box 406, Richmond, VA 23203, telephone (804) 786-2227.

## JOINT SUBCOMMITTEE STUDYING MEANS OF REDUCING PREVENTABLE DEATH AND DISABILITY IN THE COMMONWEALTH AND TO EXAMINE THE FEASIBILITY OF IMPLEMENTING A COMPREHENSIVE PREVENTION PLAN IN VIRGINIA

**October 30, 1990 - 10 a.m. - Open Meeting**  
General Assembly Building, House Room C, Richmond, Virginia.

A meeting to study means of reducing preventable death and disability in the Commonwealth. HJR 179.

**Contact:** Kathleen G. Harris, Staff Attorney, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

## JOINT SUBCOMMITTEE STUDYING SCHOOL DROPOUTS AND WAYS TO PROMOTE THE DEVELOPMENT OF SELF-ESTEEM IN YOUTH

**October 24, 1990 - 10 a.m. - Open Meeting**  
State Capitol, House Room 4, Richmond, Virginia.

Agenda for this meeting has not been set.

**Contact:** Brenda Edwards, Senior Research Associate, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

## JOINT SUBCOMMITTEE STUDYING USE OF VEHICLES POWERED BY CLEAN TRANSPORTATION FUELS

**October 23, 1990 - 2 p.m. - Open Meeting**  
State Capitol, House Room 4, Richmond, Virginia.

Members of the committee will hold a working session. HJR 113.

**Contact:** Dr. Alan Wambold, Research Associate, Division of Legislative Services, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

## CHRONOLOGICAL LIST

### OPEN MEETINGS

#### October 22

Accountancy, Board for  
† Agricultural Council, Virginia  
Air Pollution Control, Department of  
- Region V  
Historic Preservation Foundation, Virginia  
Nursing, Board of  
- Special Conference Committee

#### October 23

Accountancy, Board for  
† Agricultural Council, Virginia  
Divorcement and Representative Offering for Inclusion  
in the Virginia Petroleum Franchise Act, Joint  
Subcommittee to Study  
† Hazardous Materials Training Committee  
Health Services Cost Review Council, Virginia  
Historic Resources, Board of  
Marine Resources Commission  
Nursing, Board of  
- Education Advisory Committee  
Population Growth and Development, Commission on  
† Professional Counselors, Board of  
Use of Vehicles Powered by Clean Transportation  
Fuels, Joint Subcommittee Studying  
Visually Handicapped, Department for the  
- Interagency Coordinating Council on Delivery of  
Related Services to Handicapped Children

#### October 24

Children, Department for  
- Teen Pregnancy Prevention Task Force  
† Contractors, Board for  
Election Laws, Joint Subcommittee Studying  
† Emergency Planning Committee, Local- Goochland  
Historic Resources, Board of  
Lottery Board, State  
Mental Health, Mental Retardation and Substance  
Abuse Services Board, State  
† Rehabilitative Services, Board of  
- Finance Committee  
- Legislation and Evaluation Committee  
- Program Committee  
School Dropouts and Ways to Promote the  
Development of Self-Esteem in Youth, Joint  
Subcommittee Studying  
† Transportation Board, Commonwealth  
† Veterans' Affairs, Board on

#### October 25

Education, Board of  
Fire Services Board, Virginia  
- Fire Prevention and Control Committee  
- Fire Training/EMS Education Committee  
- Legislative Committee  
† Health Professions, Board of

Infrastructure and Revenue Resources Commission,  
Local and State Government  
Protection and Advocacy for Mentally Ill Individuals  
Advisory Council  
Mental Health, Mental Retardation and Substance  
Abuse Service, Department of  
- Substance Abuse Advisory Council  
† Rehabilitative Services, Board of

#### October 26

Education, Board of  
Fire Services Board, Virginia  
† Medicine, Board of  
- Advisory Committee on Acupuncture  
Museum of Natural History, Virginia  
- Personnel Committee  
- Planning and Facilities Committee

#### October 27

Museum of Natural History, Virginia  
- Board of Trustees

#### October 29

† Alcoholic Beverage Control Board  
Health, State Board of  
† Polygraph Examiners Advisory Board

#### October 30

† Compensation Board  
Health, State Board of  
† Medicare and Medicaid, Governor's Advisory Board  
on  
Medicine, Board of  
- Advisory Board on Respiratory Therapy  
Reducing Preventable Death and Disability in the  
Commonwealth and to Examine the Feasibility of  
Implementing a Comprehensive Prevention Plan in  
Virginia, Joint Subcommittee Studying

#### October 31

Conservation and Development of Public Beaches,  
Board on  
Educational Opportunity for All Virginians, Governor's  
Commission

#### November 1

Corrections Resources Board, Community - Middle  
Virginia  
† Emergency Planning Committee, Local - Chesterfield  
County  
Farmers' Market Board, Virginia  
Social Work, Board of  
† William and Mary in Virginia, College of  
- Board of Visitors

#### November 2

Social Work, Board of  
† William and Mary in Virginia, College of  
Board of Visitors

#### November 3

# Calendar of Events

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Medicine, Board of  
- Credentials Committee

**November 5**

† Local Government, Commission on

**November 6**

Hopewell Industrial Safety Council  
† Waste Management Board, Virginia

**November 7**

Community Colleges, State Board for  
Early Intervention Services to Infants and Toddlers  
with Handicapping Conditions, Joint Subcommittee  
Studying  
Higher Education for Virginia, State Council on  
Human Immunodeficiency Viruses (AIDS), Joint  
Subcommittee Studying  
Vocational Education, Virginia Council on

**November 8**

† Architects, Professional Engineers, Land Surveyors  
and Landscape Architects, Board for  
- Board for Architects  
† Community Colleges, State Board for  
† Library Board  
Medicine, Board of  
- Legislative Committee  
Vocational Education, Virginia Council on

**November 9**

Family and Children's Trust Fund of Virginia  
- Board of Trustees  
Medicine, Board of  
- Advisory Committee on Physician's Assistants

**November 10**

Military Institute, Virginia  
- Board of Visitors

**November 12**

† Agriculture and Consumer Services, Department of  
- Pesticide Control Board, Virginia

**November 13**

† Agriculture and Consumer Services, Department of  
- Pesticide Control Board, Virginia

**November 14**

† Agriculture and Consumer Services, Department of  
- Pesticide Control Board, Virginia  
† Architects, Professional Engineers, Land Surveyors  
and Landscape Architects, Board for  
- Board for Professional Engineers  
† Alcoholic Beverage Control Board  
Corrections, Board of  
Emergency Planning Committee, Local - City of  
Portsmouth

**November 15**

Medicine, Board of

Psychology, Board of

**November 16**

† Architects, Profession/Engineering, Land Surveyors  
and Landscape Architects, Board for  
- Board for Land Surveyors  
† Education Assistance Authority and Virginia  
Education Loan Authority  
- Boards of Directors  
Medicine, Board of

**November 17**

Medicine, Board of

**November 18**

Medicine, Board of

**November 20**

Code Commission, Virginia  
† Gas and Oil Board, Virginia

**November 21**

Treasury Board

**November 26**

† Alcoholic Beverage Control Board

**November 27**

† Education, Board of  
Election Laws, Joint Subcommittee Studying  
† Emergency Planning Committee, Local- Gate City  
Funeral Directors and Embalmers, Board of  
Human Immunodeficiency Viruses (AIDS), Joint  
Subcommittee Studying  
Real Estate Board

**November 28**

† Education, Board of  
Funeral Directors and Embalmers, Board of  
Lottery Board, State  
Real Estate Board  
† George Mason University  
- Board of Visitors

**November 29**

† Architects, Professional Engineers, Land Surveyors  
and Landscape Architects, Board for  
Population Growth and Development, Commission on

**November 30**

† Athletic Board

**December 3**

Waterworks and Wastewater Works Operators, Board  
for

**December 4**

Hopewell Industrial Safety Council  
Waterworks and Wastewater Works Operators, Board  
for

## Calendar of Events

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- December 5**  
Educational Opportunity for All Virginians, Governor's Commission on  
Nursing Home Administrators, Board of
- December 6**  
† Emergency Planning Committee, Local - Chesterfield County  
Nursing Home Administrators, Board of
- December 7**  
Family and Children's Trust Fund of Virginia  
- Board of Trustees
- December 8**  
† Medicine, Board of
- December 9**  
† Medicine, Board of
- December 10**  
† Alcoholic Beverage Control Board
- December 12**  
† Corrections, Board of
- December 19**  
Lottery Board, State
- December 20**  
Population Growth and Development, Commission on
- January 10**  
† Commerce, Board of
- November 26**  
† Water Control Board, State
- November 28**  
† Water Control Board, State
- December 4**  
† Water Control Board, State
- December 5**  
Necessity and Desirability of Revising the Commonwealth's "Comparative Price Advertising" Statute, Joint Subcommittee Studying  
Taxation, Department of
- December 5**  
Necessity and Desirability of Revising the Commonwealth's "Comparative Price Advertising" Statute, Joint Subcommittee Studying  
† Water Control Board, State
- December 6**  
Agriculture and Consumer Services, Department of
- December 19**  
Necessity and Desirability of Revising the Commonwealth's "Comparative Price Advertising" Statute, Joint Subcommittee Studying
- January 8, 1991**  
† Labor and Industry, Department of  
- Safety and Health Codes Board

### PUBLIC HEARINGS

- October 24**  
Environmental Impact of Oil and Gas Drilling under the Chesapeake Bay, Joint Subcommittee Studying
- October 25**  
Commerce, Department of  
Fire Services Board, Virginia
- October 29**  
† Air Pollution Control, Department of
- November 5**  
† State Corporation Commission, Bureau of Insurance  
- Special Advisory Commission on Mandated Health Insurance Benefits  
† Water Control Board, State
- November 7**  
Waste Management, Department of
- November 8**

## Calendar of Events

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