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CUMULATIVE TABLE OF VIRGINIA ADMINISTRATIVE CODE SECTIONS ADOPTED, AMENDED, OR REPEALED

The table printed below lists regulation sections, by Virginia Administrative Code (VAC) title, that have been amended, added or repealed in the *Virginia Register* since the regulations were originally published or last supplemented in VAC (the Spring 2001 VAC Supplement includes final regulations published through *Virginia Register* Volume 17, Issue 11, dated February 12, 2001). Emergency regulations, if any, are listed, followed by the designation "emer," and errata pertaining to final regulations are listed. Proposed regulations are not listed here. The table lists the sections in numerical order and shows action taken, the volume, issue and page number where the section appeared, and the effective date of the section.

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 1. Administration			
1 VAC 17-20-10	Amended	17:24 VA.R. 3556	9/12/01
1 VAC 17-20-40	Amended	17:24 VA.R. 3557	9/12/01
1 VAC 17-20-70	Amended	17:24 VA.R. 3557	9/12/01
1 VAC 17-20-110	Amended	17:24 VA.R. 3557	9/12/01
1 VAC 17-20-180	Amended	17:24 VA.R. 3557	9/12/01
1 VAC 17-20-210	Amended	17:24 VA.R. 3557	9/12/01
1 VAC 17-20-250	Amended	17:24 VA.R. 3558	9/12/01
1 VAC 17-20-270	Amended	17:24 VA.R. 3558	9/12/01
1 VAC 17-20-280	Amended	17:24 VA.R. 3558	9/12/01
1 VAC 17-20-310	Amended	17:24 VA.R. 3558	9/12/01
1 VAC 30-60-10 et seq.	Repealed	17:19 VA.R. 2731	7/4/01
1 VAC 30-70-10 et seq.	Repealed	17:19 VA.R. 2731	7/4/01
Title 2. Agriculture			
2 VAC 15-20-81	Amended	17:14 VA.R. 2179	3/1/01
Title 4. Conservation and Natural Resources			
4 VAC 15-20-80	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 15-20-160	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 15-40-20	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 15-40-150	Repealed	17:19 VA.R. 2729	7/4/01
4 VAC 15-40-280	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 15-50-90	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 15-90-20	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 15-90-21	Added	17:19 VA.R. 2729	7/4/01
4 VAC 15-90-70	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 15-90-80	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-85	Added	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-100	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-110	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-141	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-160	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-170	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-190	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-195	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-200	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-210	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-220	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-90-240	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-110-75	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-190-60	Added	17:19 VA.R. 2729	7/4/01
4 VAC 15-240-20	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-240-31	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-240-90	Amended	17:19 VA.R. 2730	7/4/01
4 VAC 15-270-20	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 15-290-140	Amended	17:19 VA.R. 2729	7/4/01

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
4 VAC 15-320-100	Amended	17:19 VA.R. 2729	7/4/01
4 VAC 20-40-20	Amended	17:18 VA.R. 2576	5/1/01
4 VAC 20-252-70	Amended	17:12 VA.R. 2024	1/26/01
4 VAC 20-252-90	Amended	17:12 VA.R. 2024	1/26/01
4 VAC 20-252-100	Amended	17:12 VA.R. 2024	1/26/01
4 VAC 20-252-110	Amended	17:12 VA.R. 2025	1/26/01
4 VAC 20-252-140	Amended	17:12 VA.R. 2025	1/26/01
4 VAC 20-270-40	Amended	17:14 VA.R. 2179	3/1/01
4 VAC 20-270-40	Amended	17:18 VA.R. 2576	5/1/01
4 VAC 20-380-20	Amended	17:23 VA.R. 3455	7/1/01
4 VAC 20-380-50	Amended	17:23 VA.R. 3455	7/1/01
4 VAC 20-450-30	Amended	17:18 VA.R. 2576	5/1/01
4 VAC 20-561-10 through 4 VAC 20-561-50	Added	17:16 VA.R. 2332	8/16/01
4 VAC 20-610-30	Amended	17:23 VA.R. 3456	7/1/01
4 VAC 20-620-30	Amended	17:14 VA.R. 2180	3/1/01
4 VAC 20-620-50	Amended	17:14 VA.R. 2180	3/1/01
4 VAC 20-620-70	Amended	17:14 VA.R. 2180	3/1/01
4 VAC 20-620-70	Amended	17:20 VA.R. 2880	6/1/01
4 VAC 20-670-20	Amended	18:1 VA.R. 31	9/15/01
4 VAC 20-670-25	Added	17:18 VA.R. 2577	5/1/01
4 VAC 20-670-30	Amended	18:1 VA.R. 31	9/15/01
4 VAC 20-670-40	Amended	18:1 VA.R. 31	9/15/01
4 VAC 20-720-20	Amended	18:3 VA.R. 354	10/1/01
4 VAC 20-720-40 through 4 VAC 20-720-80	Amended	18:3 VA.R. 354-357	10/1/01
4 VAC 20-751-10	Amended	17:16 VA.R. 2333	4/1/01
4 VAC 20-751-20	Amended	17:16 VA.R. 2333	4/1/01
4 VAC 20-890-10 emer	Amended	17:20 VA.R. 2932	5/25/01-6/24/01
4 VAC 20-890-20 emer	Amended	17:20 VA.R. 2932	5/25/01-6/24/01
4 VAC 20-890-25 emer	Amended	17:20 VA.R. 2932	5/25/01-6/24/01
4 VAC 20-890-25	Amended	17:23 VA.R. 3457	7/1/01
4 VAC 20-890-30	Amended	17:16 VA.R. 2333	4/1/01
4 VAC 20-890-40 emer	Amended	17:20 VA.R. 2933	5/25/01-6/24/01
4 VAC 20-910-30	Amended	17:14 VA.R. 2181	3/1/01
4 VAC 20-910-45	Amended	17:18 VA.R. 2577	5/1/01
4 VAC 20-910-45	Amended	18:3 VA.R. 357	10/1/01
4 VAC 20-950-30	Amended	17:14 VA.R. 2181	3/1/01
4 VAC 20-950-45	Amended	17:14 VA.R. 2181	3/1/01
4 VAC 20-950-45	Amended	17:16 VA.R. 2334	4/1/01
4 VAC 20-950-45 emer	Amended	17:18 VA.R. 2673	4/24/01-5/23/01
4 VAC 20-950-45	Amended	17:20 VA.R. 2880	5/25/01
4 VAC 20-950-45	Amended	18:3 VA.R. 357	10/1/01
4 VAC 20-995-20	Amended	17:12 VA.R. 2025	1/26/01
4 VAC 20-995-20	Amended	17:14 VA.R. 2182	3/1/01
4 VAC 20-1040-20	Amended	17:20 VA.R. 2881	5/26/01
4 VAC 25-90-10 through 4 VAC 25-90-100	Amended	17:20 VA.R. 2882-2885	7/18/01
4 VAC 25-90-120	Repealed	17:20 VA.R. 2885	7/18/01
4 VAC 25-90-270	Repealed	17:20 VA.R. 2885	7/18/01
4 VAC 25-90-300	Repealed	17:20 VA.R. 2885	7/18/01
4 VAC 25-90-340	Repealed	17:20 VA.R. 2885	7/18/01
4 VAC 25-90-360	Repealed	17:20 VA.R. 2885	7/18/01
4 VAC 25-90 (Forms)	Added	17:21 VA.R. 3119	--
4 VAC 25-100-10 et seq.	Repealed	17:20 VA.R. 2885	7/18/01
4 VAC 25-101-10 through 4 VAC 25-101-220	Added	17:20 VA.R. 2886	7/18/01
4 VAC 25-101 (Forms)	Added	17:21 VA.R. 3119	--
4 VAC 25-130 (Forms)	Amended	17:23 VA.R. 3473	--

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 5. Corporations			
5 VAC 5-10-10 et seq.	Repealed	17:18 VA.R. 2577	6/1/01
5 VAC 5-20-10 through 5 VAC 5-20-280	Amended	17:18 VA.R. 2581-2587	6/1/01
5 VAC 5-30-10 through 5 VAC 5-30-70	Added	17:22 VA.R. 3312-3315	7/1/01
Title 6. Criminal Justice and Corrections			
6 VAC 20-200-10 through 6 VAC 20-200-180	Amended	17:19 VA.R. 2731-2735	7/4/01
Title 8. Education			
8 VAC 20-110-10	Amended	17:12 VA.R. 2026	3/28/01
8 VAC 20-110-20	Repealed	17:12 VA.R. 2026	3/28/01
8 VAC 20-110-40	Amended	17:12 VA.R. 2026	3/28/01
8 VAC 20-110-50	Amended	17:12 VA.R. 2026	3/28/01
8 VAC 20-110-60	Repealed	17:12 VA.R. 2026	3/28/01
8 VAC 20-110-70	Repealed	17:12 VA.R. 2026	3/28/01
8 VAC 20-110-140	Repealed	17:12 VA.R. 2026	3/28/01
8 VAC 20-540-10 et seq.	Repealed	17:16 VA.R. 2334	5/23/01
8 VAC 20-541-10 through 8 VAC 20-541-60	Added	17:16 VA.R. 2335-2342	5/23/01
8 VAC 20-650-10 through 8 VAC 20-650-20 emer	Added	17:14 VA.R. 2202	3/7/01-3/6/02
Title 9. Environment			
9 VAC 5-40-240	Amended	18:4 VA.R. 586	1/1/02
9 VAC 5-40-250	Amended	18:4 VA.R. 586	1/1/02
9 VAC 5-40-310	Amended	18:4 VA.R. 587	1/1/02
9 VAC 5-40-311	Amended	18:4 VA.R. 587	1/1/02
9 VAC 5-40-890	Amended	18:4 VA.R. 588	1/1/02
9 VAC 5-50-400	Amended	17:15 VA.R. 2248	6/1/01
9 VAC 5-60-60	Amended	17:15 VA.R. 2248	6/1/01
9 VAC 5-60-90	Amended	17:15 VA.R. 2248	6/1/01
9 VAC 5-60-100	Amended	17:15 VA.R. 2249	6/1/01
9 VAC 5-80-310 through 9 VAC 5-80-350	Amended	17:20 VA.R. 2887-2890	7/18/01
9 VAC 5-80-355	Repealed	17:20 VA.R. 2891	7/18/01
9 VAC 5-210-10 through 9 VAC 5-210-160	Added	17:16 VA.R. 2342-2344	7/1/01
9 VAC 15-30-20	Amended	17:21 VA.R. 3029	8/1/01
9 VAC 15-30-40 through 9 VAC 15-30-110	Amended	17:21 VA.R. 3030-3031	8/1/01
9 VAC 15-30-130	Amended	17:21 VA.R. 3031	8/1/01
9 VAC 15-30-150	Repealed	17:21 VA.R. 3031	8/1/01
9 VAC 15-30-160	Amended	17:21 VA.R. 3031	8/1/01
9 VAC 15-30-170	Amended	17:21 VA.R. 3031	8/1/01
9 VAC 20-15-10 through 9 VAC 20-15-160	Added	17:16 VA.R. 2344-2346	7/1/01
9 VAC 20-60-18	Amended	18:3 VA.R. 359	11/21/01
9 VAC 20-70 Appendices I through VI	Repealed	18:3 VA.R. 377-388	11/21/01
9 VAC 20-70-10	Amended	18:3 VA.R. 359	11/21/01
9 VAC 20-70-41	Repealed	18:3 VA.R. 361	11/21/01
9 VAC 20-70-50 through 9 VAC 20-70-75	Amended	18:3 VA.R. 362-363	11/21/01
9 VAC 20-70-81	Amended	18:3 VA.R. 363	11/21/01
9 VAC 20-70-90	Amended	18:3 VA.R. 363	11/21/01
9 VAC 20-70-111	Amended	18:3 VA.R. 364	11/21/01
9 VAC 20-70-112	Amended	18:3 VA.R. 364	11/21/01
9 VAC 20-70-113	Amended	18:3 VA.R. 365	11/21/01
9 VAC 20-70-150 through 9 VAC 20-70-230	Amended	18:3 VA.R. 366-376	11/21/01
9 VAC 20-70-240	Repealed	18:3 VA.R. 376	11/21/01
9 VAC 20-70-250	Amended	18:3 VA.R. 376	11/21/01
9 VAC 20-70-260	Amended	18:3 VA.R. 377	11/21/01
9 VAC 20-70-280	Repealed	18:3 VA.R. 377	11/21/01
9 VAC 20-70-290	Added	18:3 VA.R. 377	11/21/01
9 VAC 20-80-10	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-40	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-60	Amended	17:16 VA.R. 2349	5/23/01

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
9 VAC 20-80-80	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-100	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-110	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-113	Added	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-115	Added	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-120	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-140 through 9 VAC 20-80-290	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-310 through 9 VAC 20-80-340	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-360 through 9 VAC 20-80-380	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-400	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-450	Added	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-460	Added	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-470	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-480	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-485	Added	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-500 through 9 VAC 20-80-560	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-620 through 9 VAC 20-80-650	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-670	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-700	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-730	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-80-750 through 9 VAC 20-80-790	Amended	17:16 VA.R. 2349	5/23/01
Appendices 2.1 and 2.2	Added	17:16 VA.R. 2349	5/23/01
Appendix 4.1	Repealed	17:16 VA.R. 2349	5/23/01
Appendix 5.1	Amended	17:16 VA.R. 2349	5/23/01
Appendices 5.2 and 5.3	Repealed	17:16 VA.R. 2349	5/23/01
Appendix 5.5	Amended	17:16 VA.R. 2349	5/23/01
Appendix 5.6	Added	17:16 VA.R. 2349	5/23/01
Appendices 7.4 and 9.1	Amended	17:16 VA.R. 2349	5/23/01
9 VAC 20-130-10 through 9 VAC 20-130-70	Amended	17:21 VA.R. 3033-3037	8/1/01
9 VAC 20-130-80	Repealed	17:21 VA.R. 3037	8/1/01
9 VAC 20-130-90	Amended	17:21 VA.R. 3037	8/1/01
9 VAC 20-130-110 through 9 VAC 20-130-150	Amended	17:21 VA.R. 3037-3040	8/1/01
9 VAC 20-130-160	Repealed	17:21 VA.R. 3040	8/1/01
9 VAC 20-130-165	Added	17:21 VA.R. 3040	8/1/01
9 VAC 20-130-170	Repealed	17:21 VA.R. 3040	8/1/01
9 VAC 20-130-175	Added	17:21 VA.R. 3040	8/1/01
9 VAC 20-130-180	Amended	17:21 VA.R. 3041	8/1/01
9 VAC 20-130-190	Amended	17:21 VA.R. 3041	8/1/01
9 VAC 20-130-220	Amended	17:21 VA.R. 3041	8/1/01
9 VAC 20-130-230	Amended	17:21 VA.R. 3041	8/1/01
9 VAC 20-130-240	Repealed	17:21 VA.R. 3041	8/1/01
9 VAC 20-130 (Forms)	Added	17:26 VA.R. 3758-3759	--
9 VAC 20-190-10 through 9 VAC 20-190-80	Added	18:3 VA.R. 389-390	11/21/01
9 VAC 25-15-10 through 9 VAC 25-15-160	Added	17:16 VA.R. 2347-2349	7/1/01
9 VAC 25-31-10	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-30	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-50	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-100	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-110	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-120	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-170	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-220	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-280	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-370	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-390	Amended	17:13 VA.R. 2076	4/11/01
9 VAC 25-31-410	Amended	17:13 VA.R. 2076	4/11/01

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
9 VAC 25-110-10	Amended	17:16 VA.R. 2350	8/1/01
9 VAC 25-110-20	Amended	17:16 VA.R. 2351	8/1/01
9 VAC 25-110-40	Repealed	17:16 VA.R. 2351	8/1/01
9 VAC 25-110-50	Repealed	17:16 VA.R. 2351	8/1/01
9 VAC 25-110-60	Amended	17:16 VA.R. 2351	8/1/01
9 VAC 25-110-70	Amended	17:16 VA.R. 2351	8/1/01
9 VAC 25-110-70	Amended	17:21 VA.R. 3044	8/1/01
9 VAC 25-110-80	Amended	17:16 VA.R. 2353	8/1/01
9 VAC 25-115-10 through 9 VAC 25-115-50	Amended	17:16 VA.R. 2367-2380	7/24/01
9 VAC 25-192-50	Amended	17:21 VA.R. 3044	8/1/01
9 VAC 25-192-60	Amended	17:21 VA.R. 3045	8/1/01
9 VAC 25-210-10	Amended	17:21 VA.R. 3049	8/1/01
9 VAC 25-210-20	Repealed	17:21 VA.R. 3052	8/1/01
9 VAC 25-210-30	Repealed	17:21 VA.R. 3052	8/1/01
9 VAC 25-210-40	Repealed	17:21 VA.R. 3052	8/1/01
9 VAC 25-210-45	Added	17:21 VA.R. 3052	8/1/01
9 VAC 25-210-50 through 9 VAC 25-210-110	Amended	17:21 VA.R. 3052-3063	8/1/01
9 VAC 25-210-80	Erratum	17:24 VA.R. 3604	--
9 VAC 25-210-115	Added	17:21 VA.R. 3063	8/1/01
9 VAC 25-210-120 through 9 VAC 25-210-180	Amended	17:21 VA.R. 3064-3067	8/1/01
9 VAC 25-210-185	Added	17:21 VA.R. 3067	8/1/01
9 VAC 25-210-190 through 9 VAC 25-210-260	Amended	17:21 VA.R. 3067-3069	8/1/01
9 VAC 25-260-50	Amended	17:16 VA.R. 2381	*
9 VAC 25-260-55	Added	17:16 VA.R. 2381	*
9 VAC 25-430-20	Amended	17:25 VA.R. 3657	9/26/01
9 VAC 25-430-30	Amended	17:25 VA.R. 3657	9/26/01
9 VAC 25-430-60	Amended	17:25 VA.R. 3657	9/26/01
9 VAC 25-650-10 through 9 VAC 25-650-200	Added	18:4 VA.R. 590-604	12/5/01
9 VAC 25-660-10 through 9 VAC 25-660-100	Added	17:22 VA.R. 3316-3327	10/1/01
9 VAC 25-670-10 through 9 VAC 25-670-100	Added	17:22 VA.R. 3328-3344	10/1/01
9 VAC 25-680-10 through 9 VAC 25-680-100	Added	17:21 VA.R. 3070-3087	8/1/01
9 VAC 25-680-30	Erratum	17:24 VA.R. 3604	--
9 VAC 25-680-50	Erratum	17:24 VA.R. 3604	--
9 VAC 25-680-100	Erratum	17:24 VA.R. 3604	--
9 VAC 25-690-10 through 9 VAC 25-690-100	Added	17:21 VA.R. 3088-3107	8/1/01
9 VAC 25-690-30	Erratum	17:24 VA.R. 3604	--
9 VAC 25-690-40	Erratum	17:24 VA.R. 3604	--
Title 10. Finance and Financial Institutions			
10 VAC 5-10-10	Amended	17:22 VA.R. 3345	7/1/01
10 VAC 5-20-30	Amended	17:22 VA.R. 3346	6/27/01
Title 11. Gaming			
11 VAC 10-60 (Forms)	Amended	17:15 VA.R. 2259	--
11 VAC 10-130-10	Amended	17:19 VA.R. 2736	5/7/01
11 VAC 10-130-60	Amended	17:19 VA.R. 2736	5/7/01
11 VAC 10-130-70	Amended	17:19 VA.R. 2737	5/7/01
Title 12. Health			
12 VAC 5-218-10 through 12 VAC 5-218-90 emer	Added	18:4 VA.R. 634-637	11/1/01-10/31/02
12 VAC 30-10-20	Amended	17:19 VA.R. 2737	8/1/01
12 VAC 30-10-160	Amended	17:13 VA.R. 2077	4/11/01
12 VAC 30-10-1000	Added	17:19 VA.R. 2741	7/4/01
12 VAC 30-20-80	Amended	17:13 VA.R. 2077	4/11/01
12 VAC 30-20-290 through 12 VAC 30-20-490	Added	17:19 VA.R. 2741	7/4/01
12 VAC 30-20-500 through 12 VAC 30-20-560	Added	17:19 VA.R. 2741	7/4/01

* 30 days after notice in *Virginia Register* of EPA approval

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
12 VAC 30-30-10	Amended	17:13 VA.R. 2077	4/11/01
12 VAC 30-30-10	Amended	17:19 VA.R. 2737	8/1/01
12 VAC 30-30-20	Amended	17:13 VA.R. 2081	4/11/01
12 VAC 30-30-20	Amended	17:18 VA.R. 2588	7/1/01
12 VAC 30-30-20	Amended	17:18 VA.R. 2589	7/1/01
12 VAC 30-30-40	Amended	17:13 VA.R. 2082	4/11/01
12 VAC 30-30-50	Amended	17:13 VA.R. 2082	4/11/01
12 VAC 30-40-80	Amended	17:13 VA.R. 2087	4/11/01
12 VAC 30-40-100	Amended	17:13 VA.R. 2083	4/11/01
12 VAC 30-40-220	Amended	17:18 VA.R. 2590	7/1/01
12 VAC 30-40-220	Amended	17:18 VA.R. 2593	7/1/01
12 VAC 30-40-220	Erratum	17:21 VA.R. 3124	--
12 VAC 30-40-240	Amended	17:13 VA.R. 2083	4/11/01
12 VAC 30-40-250	Amended	17:13 VA.R. 2085	4/11/01
12 VAC 30-40-280	Amended	17:13 VA.R. 2085	4/11/01
12 VAC 30-40-290	Amended	17:13 VA.R. 2085	4/11/01
12 VAC 30-40-350	Amended	17:13 VA.R. 2087	4/11/01
12 VAC 30-50-210	Amended	18:4 VA.R. 605	12/5/01
12 VAC 30-50-300	Amended	17:12 VA.R. 2026	6/1/01**
12 VAC 30-50-490	Added	17:18 VA.R. 2595	7/1/01
12 VAC 30-50-530	Amended	17:12 VA.R. 2026	6/1/01**
12 VAC 30-70-140	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-70-141	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-70-142	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-70-143	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-70-144	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-70-145	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-80-110	Amended	17:18 VA.R. 2597	7/1/01
12 VAC 30-90-19	Added	17:18 VA.R. 2623	7/1/01
12 VAC 30-90-20	Amended	17:18 VA.R. 2624	7/1/01
12 VAC 30-90-29	Added	17:18 VA.R. 2624	7/1/01
12 VAC 30-90-30	Amended	17:18 VA.R. 2625	7/1/01
12 VAC 30-90-31	Amended	17:18 VA.R. 2626	7/1/01
12 VAC 30-90-33	Amended	17:18 VA.R. 2626	7/1/01
12 VAC 30-90-34	Amended	17:18 VA.R. 2628	7/1/01
12 VAC 30-90-35	Amended	17:18 VA.R. 2630	7/1/01
12 VAC 30-90-36	Amended	17:18 VA.R. 2630	7/1/01
12 VAC 30-90-37	Amended	17:18 VA.R. 2632	7/1/01
12 VAC 30-90-38	Amended	17:18 VA.R. 2632	7/1/01
12 VAC 30-90-39	Amended	17:18 VA.R. 2633	7/1/01
12 VAC 30-90-40	Amended	17:18 VA.R. 2633	7/1/01
12 VAC 30-90-41	Amended	17:18 VA.R. 2633	7/1/01
12 VAC 30-90-42	Repealed	17:18 VA.R. 2635	7/1/01
12 VAC 30-90-43	Repealed	17:18 VA.R. 2636	7/1/01
12 VAC 30-90-50	Amended	17:18 VA.R. 2636	7/1/01
12 VAC 30-90-51	Amended	17:18 VA.R. 2636	7/1/01
12 VAC 30-90-55	Amended	17:18 VA.R. 2637	7/1/01
12 VAC 30-90-60	Amended	17:18 VA.R. 2638	7/1/01
12 VAC 30-90-65	Amended	17:18 VA.R. 2638	7/1/01
12 VAC 30-90-70	Amended	17:18 VA.R. 2638	7/1/01
12 VAC 30-90-80	Amended	17:18 VA.R. 2639	7/1/01
12 VAC 30-90-110	Amended	17:18 VA.R. 2639	7/1/01
12 VAC 30-90-120	Amended	17:18 VA.R. 2639	7/1/01
12 VAC 30-90-123	Amended	17:18 VA.R. 2640	7/1/01

** Effective date changed in 17:17 VA.R. 2443.

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
12 VAC 30-90-130	Repealed	17:18 VA.R. 2640	7/1/01
12 VAC 30-90-130	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-90-131	Repealed	17:18 VA.R. 2640	7/1/01
12 VAC 30-90-131	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-90-132	Repealed	17:18 VA.R. 2640	7/1/01
12 VAC 30-90-132	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-90-133	Repealed	17:18 VA.R. 2641	7/1/01
12 VAC 30-90-133	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-90-135	Repealed	17:18 VA.R. 2641	7/1/01
12 VAC 30-90-135	Repealed	17:19 VA.R. 2741	7/4/01
12 VAC 30-90-136	Added	17:18 VA.R. 2641	7/1/01
12 VAC 30-90-160	Amended	17:18 VA.R. 2641	7/1/01
12 VAC 30-90-165	Added	17:18 VA.R. 2641	7/1/01
12 VAC 30-90-170	Amended	17:18 VA.R. 2642	7/1/01
12 VAC 30-90-221	Amended	17:18 VA.R. 2642	7/1/01
12 VAC 30-90-240	Amended	17:18 VA.R. 2642	7/1/01
12 VAC 30-90-250	Amended	17:18 VA.R. 2643	7/1/01
12 VAC 30-90-253	Amended	17:18 VA.R. 2643	7/1/01
12 VAC 30-90-260	Repealed	17:18 VA.R. 2643	7/1/01
12 VAC 30-90-264	Amended	17:18 VA.R. 2643	7/1/01
12 VAC 30-90-266	Amended	17:18 VA.R. 2646	7/1/01
12 VAC 30-90-270	Amended	17:18 VA.R. 2646	7/1/01
12 VAC 30-90-272	Amended	17:18 VA.R. 2646	7/1/01
12 VAC 30-90-280	Amended	17:18 VA.R. 2648	7/1/01
12 VAC 30-110-630	Amended	17:13 VA.R. 2096	4/11/01
12 VAC 30-110-650	Amended	17:13 VA.R. 2096	4/11/01
12 VAC 30-110-660	Amended	17:13 VA.R. 2096	4/11/01
12 VAC 30-110-670	Amended	17:13 VA.R. 2096	4/11/01
12 VAC 30-110-700	Amended	17:13 VA.R. 2097	4/11/01
12 VAC 30-110-710	Amended	17:13 VA.R. 2097	4/11/01
12 VAC 30-110-720	Amended	17:13 VA.R. 2088	4/11/01
12 VAC 30-110-730	Amended	17:13 VA.R. 2090	4/11/01
12 VAC 30-110-740	Repealed	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-741	Added	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-744	Added	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-747	Added	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-751	Added	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-760	Amended	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-780	Amended	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-790	Amended	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-800	Amended	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-810	Amended	17:13 VA.R. 2091	4/11/01
12 VAC 30-110-813	Added	17:13 VA.R. 2092	4/11/01
12 VAC 30-110-815	Added	17:13 VA.R. 2092	4/11/01
12 VAC 30-110-820	Repealed	17:13 VA.R. 2092	4/11/01
12 VAC 30-110-830	Amended	17:13 VA.R. 2092	4/11/01
12 VAC 30-110-840	Amended	17:13 VA.R. 2092	4/11/01
12 VAC 30-110-850	Amended	17:13 VA.R. 2092	4/11/01
12 VAC 30-110-853	Added	17:13 VA.R. 2092	4/11/01
12 VAC 30-110-856	Added	17:13 VA.R. 2093	4/11/01
12 VAC 30-110-860	Amended	17:13 VA.R. 2093	4/11/01
12 VAC 30-110-870	Amended	17:13 VA.R. 2093	4/11/01
12 VAC 30-110-880	Amended	17:13 VA.R. 2093	4/11/01
12 VAC 30-110-890	Repealed	17:13 VA.R. 2093	4/11/01
12 VAC 30-110-900	Amended	17:13 VA.R. 2093	4/11/01
12 VAC 30-110-910	Amended	17:13 VA.R. 2094	4/11/01

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
12 VAC 30-110-920	Amended	17:13 VA.R. 2094	4/11/01
12 VAC 30-110-921	Added	17:13 VA.R. 2094	4/11/01
12 VAC 30-110-930	Amended	17:13 VA.R. 2094	4/11/01
12 VAC 30-110-940	Amended	17:13 VA.R. 2094	4/11/01
12 VAC 30-110-950	Amended	17:13 VA.R. 2094	4/11/01
12 VAC 30-110-960	Amended	17:13 VA.R. 2095	4/11/01
12 VAC 30-110-970	Amended	17:13 VA.R. 2095	4/11/01
12 VAC 30-110-980	Amended	17:13 VA.R. 2095	4/11/01
12 VAC 30-110-990	Amended	17:13 VA.R. 2095	4/11/01
12 VAC 30-110-1010	Amended	17:13 VA.R. 2095	4/11/01
12 VAC 30-110-1011	Added	17:13 VA.R. 2095	4/11/01
12 VAC 30-120-700 through 12 VAC 30-120-790	Added	17:18 VA.R. 2597-2622	7/1/01
12 VAC 30-120-770	Erratum	17:21 VA.R. 3124	--
12 VAC 30-141-10 et seq. emer	Added	17:25 VA.R. 3660-3670	8/1/01-7/31/02
12 VAC 30-141-100 emer	Amended	17:26 VA.R. 3757	8/22/01-7/31/02
12 VAC 35-110	Repealed	18:3 VA.R. 391	11/21/01
12 VAC 35-115-10 through 12 VAC 35-115-250	Added	18:3 VA.R. 392-414	11/21/01
12 VAC 35-115-50	Erratum	17:22 VA.R. 3371	--
12 VAC 35-115-70	Erratum	17:22 VA.R. 3371	--
12 VAC 35-120	Repealed	18:3 VA.R. 414	11/21/01
12 VAC 35-130	Repealed	18:3 VA.R. 415	11/21/01
Title 13. Housing			
13 VAC 10-40-30	Amended	17:22 VA.R. 3347	6/20/01
13 VAC 10-40-110	Amended	17:22 VA.R. 3347	6/20/01
13 VAC 10-40-130	Amended	17:22 VA.R. 3347	6/20/01
13 VAC 10-40-190	Amended	17:22 VA.R. 3347	6/20/01
13 VAC 10-40-230	Amended	17:22 VA.R. 3347	6/20/01
13 VAC 10-180-10	Amended	17:17 VA.R. 2444	4/9/01
13 VAC 10-180-40	Amended	17:17 VA.R. 2444	4/9/01
13 VAC 10-180-60	Amended	17:17 VA.R. 2444	4/9/01
13 VAC 10-180-70	Amended	17:17 VA.R. 2452	4/9/01
13 VAC 10-180-90	Amended	17:17 VA.R. 2452	4/9/01
13 VAC 10-180-100	Amended	17:17 VA.R. 2452	4/9/01
Title 14. Insurance			
14 VAC 5-170-20	Amended	17:24 VA.R. 3559	9/1/01
14 VAC 5-170-30	Amended	17:24 VA.R. 3559	9/1/01
14 VAC 5-170-70	Amended	17:24 VA.R. 3559	9/1/01
14 VAC 5-170-90	Amended	17:24 VA.R. 3559	9/1/01
14 VAC 5-170-105	Amended	17:24 VA.R. 3562	9/1/01
14 VAC 5-170-120	Amended	17:24 VA.R. 3563	9/1/01
14 VAC 5-170-130	Amended	17:24 VA.R. 3565	9/1/01
14 VAC 5-170-150	Amended	17:24 VA.R. 3566	9/1/01
14 VAC 5-170-180	Amended	17:24 VA.R. 3566	9/1/01
Appendix D	Added	17:24 VA.R. 3566	9/1/01
14 VAC 5-215 (Forms)	Amended	17:19 VA.R. 2753-2758	7/4/01
14 VAC 5-300-90	Amended	17:22 VA.R. 3347	8/1/01
14 VAC 5-300-130	Amended	17:16 VA.R. 2382	5/1/01
14 VAC 5-330-10	Repealed	18:3 VA.R. 415	12/31/01
Title 16. Labor and Employment			
16 VAC 25-90-1910.1030	Amended	17:23 VA.R. 3459	9/15/01
16 VAC 25-90-1910.1043	Amended	17:23 VA.R. 3458	9/15/01
Title 17. Libraries and Cultural Resources			
17 VAC 15-20-20 through 17 VAC 15-20-50	Amended	17:14 VA.R. 2183	5/1/01
17 VAC 15-20-70 through 17 VAC 15-20-120	Amended	17:14 VA.R. 2183	5/1/01
17 VAC 15-20-150 through 17 VAC 15-20-170	Amended	17:14 VA.R. 2183	5/1/01
17 VAC 15-30-10 et seq.	Repealed	17:14 VA.R. 2183	5/1/01

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
17 VAC 15-40-10 et seq.	Repealed	17:14 VA.R. 2183	5/1/01
17 VAC 15-50-20 through 17 VAC 15-50-50	Amended	17:14 VA.R. 2184	5/1/01
17 VAC 15-50-70	Amended	17:14 VA.R. 2184	5/1/01
17 VAC 15-50-90 through 17 VAC 15-50-110	Amended	17:14 VA.R. 2184	5/1/01
17 VAC 15-50-130	Amended	17:14 VA.R. 2184	5/1/01
17 VAC 15-50-140	Repealed	17:14 VA.R. 2184	5/1/01
17 VAC 15-50-150	Amended	17:14 VA.R. 2184	5/1/01
17 VAC 15-50-160	Amended	17:14 VA.R. 2184	5/1/01
Title 18. Professional and Occupational Licensing			
18 VAC 5-20-10 et seq.	Repealed	17:14 VA.R. 2184	4/25/01
18 VAC 5-21-10 through 18 VAC 5-21-170	Amended	17:14 VA.R. 2184-2198	4/25/01
18 VAC 30-10-10	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 30-10-20	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 30-10-30	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 30-10-40	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 30-10-60	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 30-10-70	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 30-10-80	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 30-10-100	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 30-20-10	Amended	17:16 VA.R. 2383	5/23/01
18 VAC 30-20-80	Amended	17:16 VA.R. 2383	5/23/01
18 VAC 30-20-160	Amended	17:16 VA.R. 2383	5/23/01
18 VAC 30-20-300	Added	17:16 VA.R. 2384	5/23/01
18 VAC 30-20-310	Added	17:16 VA.R. 2384	5/23/01
18 VAC 30-20-320	Added	17:16 VA.R. 2384	5/23/01
18 VAC 50-22-10 through 18 VAC 50-22-60	Amended	17:21 VA.R. 3108-3113	9/1/01
18 VAC 50-22-80	Amended	17:21 VA.R. 3113	9/1/01
18 VAC 50-22-100 through 18 VAC 50-22-270	Amended	17:21 VA.R. 3113-3115	9/1/01
18 VAC 50-30-10	Amended	17:26 VA.R. 3756	11/1/01
18 VAC 50-30-20	Amended	17:26 VA.R. 3756	11/1/01
18 VAC 50-30-40	Amended	17:26 VA.R. 3756	11/1/01
18 VAC 50-30-50	Amended	17:26 VA.R. 3756	11/1/01
18 VAC 50-30-50	Erratum	18:4 VA.R. 658	--
18 VAC 50-30-90	Amended	17:26 VA.R. 3756	11/1/01
18 VAC 50-30-90	Erratum	18:4 VA.R. 658	--
18 VAC 50-30-200	Amended	17:26 VA.R. 3756	11/1/01
18 VAC 60-10-10 through 18 VAC 60-10-40	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 60-10-60	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 60-10-70	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 60-10-80	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 60-10-100	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 65-10-10	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 65-10-20	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 65-10-30	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 65-10-40	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 65-10-60	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 65-10-70	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 65-10-80	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 65-10-100	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 75-10-10	Amended	17:26 VA.R. 3756	10/10/01
18 VAC 75-10-20	Amended	17:26 VA.R. 3756	10/10/01
18 VAC 75-10-30	Amended	17:26 VA.R. 3756	10/10/01
18 VAC 75-10-40	Amended	17:26 VA.R. 3756	10/10/01
18 VAC 75-10-60	Amended	17:26 VA.R. 3756	10/10/01
18 VAC 75-10-70	Amended	17:26 VA.R. 3756	10/10/01
18 VAC 75-10-80	Amended	17:26 VA.R. 3756	10/10/01

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
18 VAC 75-10-100	Amended	17:26 VA.R. 3756	10/10/01
18 VAC 85-10-10	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-10-20	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-10-30	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-10-40	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-10-60	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-10-70	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-10-80	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-10-100	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-20-131	Amended	18:4 VA.R. 607	12/5/01
18 VAC 85-40-61	Added	17:13 VA.R. 2097	4/11/01
18 VAC 85-50-10	Amended	17:21 VA.R. 3116	8/1/01
18 VAC 85-50-58	Added	17:13 VA.R. 2098	4/11/01
18 VAC 85-50-101	Amended	17:21 VA.R. 3117	8/1/01
18 VAC 85-50-130	Amended	17:21 VA.R. 3117	8/1/01
18 VAC 85-50-140	Amended	17:21 VA.R. 3117	8/1/01
18 VAC 85-50-150	Amended	17:21 VA.R. 3117	8/1/01
18 VAC 85-80-10	Amended	17:17 VA.R. 2452	6/6/01
18 VAC 85-80-70	Amended	17:17 VA.R. 2452	6/6/01
18 VAC 85-80-71	Added	17:17 VA.R. 2452	6/6/01
18 VAC 85-80-72	Added	17:17 VA.R. 2452	6/6/01
18 VAC 85-80-80	Amended	17:17 VA.R. 2452	6/6/01
18 VAC 85-101-150	Amended	17:17 VA.R. 2452	6/6/01
18 VAC 85-101-151	Added	17:17 VA.R. 2452	6/6/01
18 VAC 85-101-152	Added	17:17 VA.R. 2452	6/6/01
18 VAC 85-110-100	Amended	18:4 VA.R. 607	12/5/01
18 VAC 85-110-150	Amended	17:17 VA.R. 2452	6/6/01
18 VAC 85-110-155	Added	17:17 VA.R. 2452	6/6/01
18 VAC 85-110-160	Amended	17:17 VA.R. 2452	6/6/01
18 VAC 85-120-10 et seq.	Added	17:17 VA.R. 2453	6/6/01
18 VAC 90-10-10	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-10-20	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-10-30	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-10-40	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-10-60	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-10-70	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-10-80	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-10-100	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-20-210	Amended	17:20 VA.R. 2921	7/18/01
18 VAC 90-30-50	Amended	17:13 VA.R. 2098	4/11/01
18 VAC 90-30-110	Amended	17:13 VA.R. 2098	4/11/01
18 VAC 90-40-60	Amended	17:13 VA.R. 2098	4/11/01
18 VAC 90-40-70	Amended	17:13 VA.R. 2098	4/11/01
18 VAC 95-10-10 through 18 VAC 95-10-40	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 95-10-60	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 95-10-70	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 95-10-80	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 95-10-100	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 105-10-10 through 18 VAC 105-10-40	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 105-10-60	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 105-10-70	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 105-10-80	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 105-10-100	Amended	17:24 VA.R. 3566	9/12/01
18 VAC 105-20-60	Amended	17:17 VA.R. 2453	6/6/01
18 VAC 110-10-10	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 110-10-20	Amended	17:21 VA.R. 3118	8/1/01

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
18 VAC 110-10-30	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 110-10-40	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 110-10-60	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 110-10-70	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 110-10-80	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 110-10-100	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 112-20-10	Amended	17:25 VA.R. 3657	9/12/01
18 VAC 112-20-10 emer	Amended	18:3 VA.R. 429	11/1/01-10/31/02
18 VAC 112-20-90	Amended	17:25 VA.R. 3658	9/12/01
18 VAC 112-20-130 emer	Amended	18:3 VA.R. 430	11/1/01-10/31/02
18 VAC 112-20-131 emer	Added	18:3 VA.R. 430	11/1/01-10/31/02
18 VAC 112-20-135 emer	Amended	18:3 VA.R. 431	11/1/01-10/31/02
18 VAC 112-20-136 emer	Added	18:3 VA.R. 431	11/1/01-10/31/02
18 VAC 112-20-140 emer	Amended	18:3 VA.R. 431	11/1/01-10/31/02
18 VAC 115-10-10	Amended	18:1 VA.R. 32	10/24/01
18 VAC 115-10-20	Amended	18:1 VA.R. 32	10/24/01
18 VAC 115-10-30	Amended	18:1 VA.R. 32	10/24/01
18 VAC 115-10-40	Amended	18:1 VA.R. 32	10/24/01
18 VAC 115-10-60	Amended	18:1 VA.R. 32	10/24/01
18 VAC 115-10-70	Amended	18:1 VA.R. 32	10/24/01
18 VAC 115-10-80	Amended	18:1 VA.R. 32	10/24/01
18 VAC 115-10-100	Amended	18:1 VA.R. 32	10/24/01
18 VAC 115-60-20	Amended	17:18 VA.R. 2651	6/20/01
18 VAC 115-60-40	Amended	17:18 VA.R. 2651	6/20/01
18 VAC 115-60-50	Amended	17:18 VA.R. 2651	6/20/01
18 VAC 115-60-120	Amended	17:18 VA.R. 2651	6/20/01
18 VAC 115-60-150	Amended	17:18 VA.R. 2651	6/20/01
18 VAC 125-20-10	Amended	17:12 VA.R. 2026	3/28/01
18 VAC 125-20-30	Amended	17:12 VA.R. 2027	3/28/01
18 VAC 125-20-30	Amended	17:18 VA.R. 2652	6/20/01
18 VAC 125-20-43	Added	17:12 VA.R. 2027	3/28/01
18 VAC 125-20-120	Amended	17:18 VA.R. 2652	6/20/01
18 VAC 125-20-121	Added	17:18 VA.R. 2653	6/20/01
18 VAC 125-20-122	Added	17:18 VA.R. 2653	6/20/01
18 VAC 125-20-123	Added	17:18 VA.R. 2653	6/20/01
18 VAC 125-20-130	Amended	17:18 VA.R. 2654	6/20/01
18 VAC 125-20-160	Amended	17:18 VA.R. 2654	6/20/01
18 VAC 140-10-10	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 140-10-20	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 140-10-30	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 140-10-40	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 140-10-60	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 140-10-70	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 140-10-80	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 140-10-100	Amended	17:21 VA.R. 3118	8/1/01
18 VAC 140-20-100	Amended	17:14 VA.R. 2198	4/25/01
18 VAC 140-20-105	Added	17:14 VA.R. 2198	4/25/01
18 VAC 140-20-106	Added	17:14 VA.R. 2199	4/25/01
18 VAC 140-20-110	Amended	17:14 VA.R. 2199	4/25/01
18 VAC 140-20-160	Amended	17:14 VA.R. 2199	4/25/01
18 VAC 150-10-10 through 18 VAC 150-10-40	Amended	17:24 VA.R. 3567	9/12/01
18 VAC 150-10-60	Amended	17:24 VA.R. 3567	9/12/01
18 VAC 150-10-70	Amended	17:24 VA.R. 3567	9/12/01
18 VAC 150-10-80	Amended	17:24 VA.R. 3567	9/12/01
18 VAC 150-10-100	Amended	17:24 VA.R. 3567	9/12/01

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 19. Public Safety			
19 VAC 30-40-30	Amended	17:15 VA.R. 2252	5/9/01
19 VAC 30-70-160	Amended	17:15 VA.R. 2252	5/9/01
19 VAC 30-70-530	Amended	17:15 VA.R. 2255	5/9/01
19 VAC 30-150-5	Added	17:15 VA.R. 2257	5/9/01
19 VAC 30-150-10	Amended	17:15 VA.R. 2257	5/9/01
19 VAC 30-150-20	Repealed	17:15 VA.R. 2257	5/9/01
19 VAC 30-150-30	Amended	17:15 VA.R. 2257	5/9/01
19 VAC 30-150-50	Amended	17:15 VA.R. 2257	5/9/01
19 VAC 30-160-5	Added	17:15 VA.R. 2257	5/9/01
19 VAC 30-160-20	Repealed	17:15 VA.R. 2257	5/9/01
19 VAC 30-160-30	Amended	17:15 VA.R. 2257	5/9/01
19 VAC 30-160-40	Amended	17:15 VA.R. 2257	5/9/01
19 VAC 30-160-45	Added	17:15 VA.R. 2257	5/9/01
19 VAC 30-165-10 et seq.	Amended	17:15 VA.R. 2258	5/9/01
Title 20. Public Utilities and Telecommunications			
20 VAC 5-309-10	Amended	17:18 VA.R. 2657	7/1/01
20 VAC 5-309-15	Added	17:18 VA.R. 2657	7/1/01
20 VAC 5-309-20	Amended	17:18 VA.R. 2657	7/1/01
20 VAC 5-309-30	Amended	17:18 VA.R. 2657	7/1/01
20 VAC 5-309-40	Amended	17:18 VA.R. 2657	7/1/01
20 VAC 5-309-50	Amended	17:18 VA.R. 2658	7/1/01
20 VAC 5-309-70	Amended	17:18 VA.R. 2658	7/1/01
20 VAC 5-309-90 through 20 VAC 5-309-180	Added	17:18 VA.R. 2658-2660	7/1/01
20 VAC 5-312-10 through 20 VAC 5-312-110	Added	17:22 VA.R. 3351-3364	8/1/01
20 VAC 5-312-10	Amended	18:4 VA.R. 613	10/10/01
20 VAC 5-312-70	Amended	18:4 VA.R. 614	10/10/01
20 VAC 5-312-80	Amended	18:4 VA.R. 615	10/10/01
20 VAC 5-325-10 through 20 VAC 5-325-110	Added	17:23 VA.R. 3464-3466	7/1/01
20 VAC 5-400-10 through 20 VAC 5-400-60	Repealed	18:4 VA.R. 619-628	10/17/01
20 VAC 5-400-100 through 20 VAC 5-400-170	Repealed	18:4 VA.R. 629	10/17/01
20 VAC 5-400-190	Repealed	18:4 VA.R. 630	10/17/01
20 VAC 5-400-200	Repealed	18:4 VA.R. 632	10/17/01
20 VAC 5-401-10 through 20 VAC 5-401-50	Added	18:4 VA.R. 619-620	10/17/01
20 VAC 5-403-10 through 20 VAC 5-403-70	Added	18:4 VA.R. 621-627	10/17/01
20 VAC 5-409-10 through 20 VAC 5-409-70	Added	18:4 VA.R. 627-628	10/17/01
20 VAC 5-411-10 through 20 VAC 5-411-90	Added	18:4 VA.R. 628-629	10/17/01
20 VAC 5-413-10 through 20 VAC 5-413-40	Added	18:4 VA.R. 629	10/17/01
20 VAC 5-415-10	Added	18:4 VA.R. 629	10/17/01
20 VAC 5-415-20	Added	18:4 VA.R. 629	10/17/01
20 VAC 5-419-10 through 20 VAC 5-419-40	Added	18:4 VA.R. 630-632	10/17/01
20 VAC 5-421-10	Added	18:4 VA.R. 632	10/17/01
20 VAC 5-421-20	Added	18:4 VA.R. 632	10/17/01
Title 21. Securities and Retail Franchising			
21 VAC 5-10 (Forms)	Amended	17:20 VA.R. 2925	7/1/01
21 VAC 5-20-10	Amended	17:20 VA.R. 2925	7/1/01
21 VAC 5-20-30	Amended	17:20 VA.R. 2925	7/1/01
21 VAC 5-20-40	Amended	17:20 VA.R. 2925	7/1/01
21 VAC 5-20-60 through 21 VAC 5-20-80	Amended	17:20 VA.R. 2925	7/1/01
21 VAC 5-20-85	Added	17:20 VA.R. 2925	7/1/01
21 VAC 5-20-90	Amended	17:20 VA.R. 2926	7/1/01
21 VAC 5-20-120	Amended	17:20 VA.R. 2926	7/1/01
21 VAC 5-20-130	Amended	17:20 VA.R. 2926	7/1/01
21 VAC 5-20-155	Added	17:20 VA.R. 2926	7/1/01
21 VAC 5-20-220	Amended	17:20 VA.R. 2926	7/1/01
21 VAC 5-20-240	Amended	17:20 VA.R. 2926	7/1/01

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
21 VAC 5-20-280	Amended	17:20 VA.R. 2926	7/1/01
21 VAC 5-20-290	Amended	17:20 VA.R. 2931	7/1/01
21 VAC 5-30-30	Repealed	17:20 VA.R. 2931	7/1/01
21 VAC 5-30-60	Repealed	17:20 VA.R. 2931	7/1/01
21 VAC 5-30-80	Amended	17:20 VA.R. 2931	7/1/01
21 VAC 5-30-90	Amended	17:20 VA.R. 2931	7/1/01
21 VAC 5-80-10	Amended	17:20 VA.R. 2931	7/1/01
21 VAC 5-80-30 through 21 VAC 5-80-70	Amended	17:20 VA.R. 2931	7/1/01
21 VAC 5-80-90 through 21 VAC 5-80-110	Amended	17:20 VA.R. 2931	7/1/01
21 VAC 5-80-160	Amended	17:20 VA.R. 2931	7/1/01
21 VAC 5-80-200	Amended	17:20 VA.R. 2931	7/1/01
21 VAC 5-80-210	Amended	17:20 VA.R. 2931	7/1/01
Title 22. Social Services			
22 VAC 20-30-10 through 22 VAC 20-30-60	Amended	17:23 VA.R. 3466-3468	***
22 VAC 20-30-70	Repealed	17:23 VA.R. 3468	***
22 VAC 20-30-80 through 22 VAC 20-30-140	Amended	17:23 VA.R. 3468-3469	***
22 VAC 20-30-150	Added	17:23 VA.R. 3469	***
22 VAC 40-71-10 emer	Amended	17:24 VA.R. 3568	10/9/01-10/8/02
22 VAC 40-71-20 emer	Amended	17:24 VA.R. 3571	10/9/01-10/8/02
22 VAC 40-71-30 emer	Amended	17:24 VA.R. 3572	10/9/01-10/8/02
22 VAC 40-71-50 emer	Amended	17:24 VA.R. 3572	10/9/01-10/8/02
22 VAC 40-71-60 emer	Amended	17:24 VA.R. 3572	10/9/01-10/8/02
22 VAC 40-71-80 emer	Amended	17:24 VA.R. 3573	10/9/01-10/8/02
22 VAC 40-71-90 emer	Amended	17:24 VA.R. 3573	10/9/01-10/8/02
22 VAC 40-71-110 emer	Amended	17:24 VA.R. 3573	10/9/01-10/8/02
22 VAC 40-71-130 emer	Amended	17:24 VA.R. 3574	10/9/01-10/8/02
22 VAC 40-71-150 through 22 VAC 40-71-180 emer	Amended	17:24 VA.R. 3574-3579	10/9/01-10/8/02
22 VAC 40-71-210 emer	Amended	17:24 VA.R. 3579	10/9/01-10/8/02
22 VAC 40-71-270 emer	Amended	17:24 VA.R. 3579	10/9/01-10/8/02
22 VAC 40-71-275 emer	Added	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-280 emer	Amended	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-290 emer	Amended	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-310 emer	Amended	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-330 emer	Amended	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-360 emer	Amended	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-410 emer	Amended	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-440 emer	Amended	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-450 emer	Amended	17:24 VA.R. 3580	10/9/01-10/8/02
22 VAC 40-71-460 emer	Amended	17:24 VA.R. 3581	10/9/01-10/8/02
22 VAC 40-71-480 emer	Amended	17:24 VA.R. 3581	10/9/01-10/8/02
22 VAC 40-71-490 emer	Amended	17:24 VA.R. 3581	10/9/01-10/8/02
22 VAC 40-71-530 through 22 VAC 40-71-600 emer	Amended	17:24 VA.R. 3582-3584	10/9/01-10/8/02
22 VAC 40-71-630 through 22 VAC 40-71-700 emer	Amended	17:24 VA.R. 3584-3589	10/9/01-10/8/02
22 VAC 40-130-10 et seq.	Withdrawn	17:17 VA.R. 2456	--
22 VAC 40-230-10 et seq.	Repealed	17:18 VA.R. 2660	6/20/01
22 VAC 40-480-10 et seq.	Repealed	17:18 VA.R. 2661	6/20/01
22 VAC 40-690-10	Amended	17:18 VA.R. 2661	9/1/01
22 VAC 40-690-15	Added	17:18 VA.R. 2662	9/1/01
22 VAC 40-690-20	Amended	17:18 VA.R. 2662	9/1/01
22 VAC 40-690-30	Amended	17:18 VA.R. 2662	9/1/01
22 VAC 40-690-35	Added	17:18 VA.R. 2663	9/1/01
22 VAC 40-690-40	Amended	17:18 VA.R. 2663	9/1/01
22 VAC 40-690-50	Repealed	17:18 VA.R. 2664	9/1/01

*** Effective date suspended in 18:1 VA.R. 32.

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
22 VAC 40-690-55	Added	17:18 VA.R. 2664	9/1/01
22 VAC 40-690-55	Erratum	17:21 VA.R. 3124	--
22 VAC 40-690-60	Amended	17:18 VA.R. 2664	9/1/01
22 VAC 40-690-65	Added	17:18 VA.R. 2664	9/1/01
22 VAC 40-690-70	Repealed	17:18 VA.R. 2664	9/1/01
22 VAC 40-730-10 emer	Amended	17:13 VA.R. 2103	4/1/01-3/31/02
22 VAC 40-730-10	Erratum	17:25 VA.R. 3679	--
22 VAC 40-730-40 through 22 VAC 40-730-100 emer	Amended	17:13 VA.R. 2103-2104	4/1/01-3/31/02
22 VAC 40-900-10 et seq.	Repealed	17:18 VA.R. 2671	6/20/01
22 VAC 40-901-10 through 22 VAC 40-901-30	Added	17:18 VA.R. 2671	6/20/01
Title 24. Transportation and Motor Vehicles			
24 VAC 20-70-30 emer	Amended	18:3 VA.R. 433	9/21/01-9/20/02
24 VAC 30-40	Repealed	18:3 VA.R. 416	11/21/01
24 VAC 30-41-10 through 24 VAC 30-41-760	Added	18:3 VA.R. 416-427	11/21/01
24 VAC 30-61-20	Amended	17:17 VA.R. 2456	6/6/01
24 VAC 30-61-40	Amended	17:17 VA.R. 2456	6/6/01
24 VAC 30-240-10	Amended	17:18 VA.R. 2671	5/1/01
24 VAC 30-260-10 et seq.	Repealed	17:25 VA.R. 3658	7/26/01
24 VAC 30-280-10	Amended	17:13 VA.R. 2099	2/15/01
24 VAC 30-280-20 through 24 VAC 30-280-70	Added	17:13 VA.R. 2099-2102	2/15/01
24 VAC 30-370-10 et seq.	Repealed	17:24 VA.R. 3567	9/12/01
24 VAC 30-440-10 et seq.	Repealed	17:14 VA.R. 2200	3/6/01
24 VAC 30-450-10 et seq.	Amended	17:14 VA.R. 2200	3/6/01
24 VAC 30-460-10	Repealed	17:14 VA.R. 2201	3/6/01
24 VAC 30-520-10	Amended	17:25 VA.R. 3658	7/26/01
24 VAC 30-520-20	Amended	17:25 VA.R. 3658	7/26/01
24 VAC 30-540-10	Added	17:23 VA.R. 3472	6/29/01
24 VAC 30-540-20	Added	17:23 VA.R. 3472	6/29/01
24 VAC 30-540-30	Added	17:23 VA.R. 3472	6/29/01
24 VAC 30-540-40	Added	17:23 VA.R. 3472	6/29/01
24 VAC 30-561-10	Amended	17:18 VA.R. 2672	5/2/01

NOTICES OF INTENDED REGULATORY ACTION

Symbol Key

† Indicates entries since last publication of the *Virginia Register*

TITLE 6. CRIMINAL JUSTICE AND CORRECTIONS

STATE BOARD OF JUVENILE JUSTICE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Juvenile Justice intends to consider amending regulations entitled: **6 VAC 35-140. Standards for Juvenile Residential Facilities.** The purpose of the proposed action is to provide standards for post-dispositional detention in accordance with the 2000 Appropriations Act, item 476 A 3 and to reinstate certain historical standards that conform closely to nationally accepted standards.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 16.1-309.9, 66-10 and 66-25.1 of the Code of Virginia.

Public comments may be submitted until December 7, 2001.

Contact: Donald R. Carignan, Regulatory Coordinator, 700 E. Franklin St., 4th Floor, P.O. Box 1110, Richmond, VA 23208-1110, telephone (804) 371-0743 or FAX (804) 371-0773.

VA.R. Doc. No. R02-43; Filed October 10, 2001, 1:37 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Juvenile Justice intends to consider promulgating regulations entitled: **6 VAC 35-160. Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System.** The purpose of the proposed action is to establish standards for the form and content of information submitted to the Virginia Juvenile Justice Information System, protect the integrity and the confidentiality of the information, and ensure the security and dissemination of information in accordance with law.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 16.1-223 and 66-10 of the Code of Virginia.

Public comments may be submitted until December 7, 2001.

Contact: Donald R. Carignan, Regulatory Coordinator, 700 E. Franklin St., 4th Floor, P.O. Box 1110, Richmond, VA 23208-1110, telephone (804) 371-0743 or FAX (804) 371-0773.

VA.R. Doc. No. R02-42; Filed October 10, 2001, 1:38 p.m.

TITLE 9. ENVIRONMENT

STATE WATER CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to consider regulations entitled: **9 VAC 25-760. James River (Richmond Regional West) Surface Water Management Area.** The purpose of the proposed action is to designate the James River near Richmond as a surface water management area. The area would encompass the James River upstream from the southeastern toe of the I-95 Bridge in the City of Richmond to the southwest toe of the U.S. Route 522 Bridge in Goochland and Powhatan Counties. After designation the requirements of the Surface Water Management Area Regulation (9 VAC 25-220) would apply. (More detailed information on this regulatory action may be found in 18:3 VA.R. 242-244 October 22, 2001.)

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 62.1-246 of the Code of Virginia.

Public comments may be submitted until 5 p.m., November 30, 2001, to Erlinda Patron, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240.

Contact: Erlinda Patron, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4047, FAX (804) 698-4032 or e-mail elpatron@deq.state.va.us.

VA.R. Doc. No. R02-14; Filed September 26, 2001, 7:59 a.m.

TITLE 12. HEALTH

STATE BOARD OF HEALTH

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 that the State Board of Health intends to consider promulgating regulations entitled: **12 VAC 5-218. Rules and Regulations Governing Outpatient Data Reporting.** The purpose of the proposed action is to make emergency regulations addressing this matter into permanent regulations. The intended regulations are required by Virginia law, and will collect aggregate information on outpatient surgical procedures.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Notices of Intended Regulatory Action

Statutory Authority: §§ 32.1-276.6 of the Code of Virginia.

Public comments may be submitted until December 7, 2001.

Contact: Ivy Cole, Director, OIM, Department of Health, 1500 E. Main St., Richmond, VA 23230, telephone (804) 786-6272 or FAX (804) 692-0698.

VA.R. Doc. No. R02-51; Filed October 16, 2001, 3:36 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 that the State Board of Health intends to consider repealing regulations entitled: **12 VAC 5-390. Rules and Regulations for the Licensure of Hospices** and promulgating regulations entitled: **12 VAC 5-391. Regulations for the Licensure of Hospices**. The purpose of the proposed action is to replace the current hospice organization regulation (12 VAC 5-390) with a new regulation (12 VAC 5-391). The intent of the revised regulation is to clarify issues of practice and reflect the changes that have occurred in the industry in the last several years while providing the necessary consistency in the provision of hospice services in order to assure safe, adequate and efficient hospice program operation.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 32.1-12 and 32.1-162.5 of the Code of Virginia.

Public comments may be submitted until November 26, 2001.

Contact: Carrie Eddy, Senior Policy Analyst, Department of Health, Center for Quality Health Care Services, 3600 W. Broad St., Suite 216, Richmond, VA 23230, telephone (804) 367-2102 or FAX (804) 367-2149.

VA.R. Doc. No. R02-40; Filed October 2, 2001, 10:22 a.m.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled: **12 VAC 30-120-220. Waivered Services (Home- and Community-Based Care Services for Individuals with Mental Retardation)**. The purpose of the proposed action is to provide new requirements and restrict the application of the previously existing regulations to a small population of individuals for this community-based care program for persons with mental retardation in response to requirements from the Centers for Medicare and Medicaid Services, recommendations from the Governor's and Secretary's Task Force, and mandates from the 2000 General Assembly session.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

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

Public comments may be submitted until December 19, 2001, to Tammy Whitlock, Manager, Division of Long Term Care and QA, Department of Medical Assistance Services, 600 East Broad Street, 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) 786-7959.

VA.R. Doc. No. R02-53; Filed October 17, 2001, 2:48 p.m.

TITLE 16. LABOR AND EMPLOYMENT

DEPARTMENT OF LABOR AND INDUSTRY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Labor and Industry intends to consider amending regulations entitled: **16 VAC 15-10. Public Participation Guidelines**. The purpose of the proposed action is to conform language to current Administrative Process Act requirements, include references to agency website and Town Hall, and remove redundant language.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 2.2-4007 and 40.1-6 (3) of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Contact: Bonnie R. Hopkins, Regulatory Coordinator, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 371-2631 or FAX (804) 371-6524.

VA.R. Doc. No. R02-15; Filed September 19, 2001, 1:59 p.m.

Apprenticeship Council

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Apprenticeship Council intends to consider amending regulations entitled: **16 VAC 20-10. Public Participation Guidelines**. The purpose of the proposed action is to conform language to current Administrative Process Act requirements, include references to agency website and Town Hall, and remove redundant language.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 2.2-4007 and 40.1-117 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Notices of Intended Regulatory Action

Contact: Bonnie R. Hopkins, Regulatory Coordinator, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 371-2631 or FAX (804) 371-6524.

VA.R. Doc. No. R02-15; Filed September 19, 2001, 1:59 p.m.

Safety and Health Codes Board

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Safety and Health Codes Board intends to consider amending regulations entitled: **16 VAC 25-10. Public Participation Guidelines**. The purpose of the proposed action is to conform language to current Administrative Process Act requirements, include references to agency website and Town Hall, and remove redundant language.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 2.2-4007 and 40.1-22 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Contact: Bonnie R. Hopkins, Regulatory Coordinator, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 371-2631 or FAX (804) 371-6524.

VA.R. Doc. No. R02-17; Filed September 19, 2001, 1:59 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Safety and Health Codes Board intends to consider amending regulations entitled: **16 VAC 25-50. Boiler and Pressure Vessel Rules and Regulations**. The purpose of the proposed action is to decrease the frequency of inspections for certain pressure vessels, update references to national standards, and make housekeeping changes to facilitate electronic reporting.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

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

Public comments may be submitted until November 21, 2001.

Contact: Fred P. Barton, Director, Boiler Safety Compliance, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-3169 or FAX (804) 371-2324.

VA.R. Doc. No. R02-16; Filed September 19, 2001, 1:59 p.m.



TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF DENTISTRY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Dentistry intends to consider amending regulations entitled: **18 VAC 60-20. Regulations Governing the Practice of Dentistry and Dental Hygiene**. The purpose of the proposed action is to increase fees to cover expenses for essential functions of the licensing of dentists and dental hygienists, investigate complaints against licensees, and adjudicate disciplinary cases.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: Chapter 27 (§ 54.1-2700 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Contact: Sandra Reen, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906 or FAX (804) 662-9943.

VA.R. Doc. No. R02-24; Filed September 21, 2001, 11:39 a.m.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Dentistry intends to consider amending regulations entitled: **18 VAC 60-20. Regulations Governing the Practice of Dentistry and Dental Hygiene**. The purpose of the proposed action is to promulgate regulations for the registration and profiling of oral and maxillofacial surgeons and for the certification of such persons who want to perform certain cosmetic procedures. The new regulations will replace emergency regulations in effect from December 1, 2001, to November 30, 2002.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 54.1-2400 and Chapter 27 (§ 54.1-2700 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until December 19, 2001.

Contact: Sandra Reen, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906 or FAX (804) 662-9943.

VA.R. Doc. No. R02-55; Filed October 23, 2001, 1:42 p.m.

Notices of Intended Regulatory Action

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Funeral Directors and Embalmers intends to consider amending regulations entitled: **18 VAC 65-30. Regulations for Preneed Funeral Planning.** The purpose of the proposed action is to correctly define appointee and designee and to eliminate a confusing and unnecessary requirement for a number to be placed on the preneed contract. It will also consider any other issues raised during public comment.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: Chapter 28 (§ 54.1-2800 et seq.) of 54.1 of the Code of Virginia.

Public comments may be submitted until 5 p.m., December 5, 2001.

Contact: Elizabeth Young Tisdale, Executive Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone 804-662-9907, FAX 804-662-9943, or e-mail etisdale@dhp.state.va.us.

VA.R. Doc. No. R02-46; Filed October 16, 2001, 4:35 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Funeral Directors and Embalmers intends to consider amending regulations entitled: **18 VAC 65-40. Resident Trainee Program for Funeral Service.** The purpose of the proposed action is to specify that information and training about preneed funeral contracts must be included in the resident trainee program. It will also consider any other issues raised during public comment on the Notice of Intended Regulatory Action.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: Chapter 28 (§ 54.1-2800 et seq.) of 54.1 of the Code of Virginia.

Public comments may be submitted until 5 p.m., December 5, 2001.

Contact: Elizabeth Young Tisdale, Executive Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone 804-662-9907, FAX 804-662-9943, or e-mail etisdale@dhp.state.va.us.

VA.R. Doc. No. R02-47; Filed October 16, 2001, 4:35 p.m.

BOARD OF MEDICINE

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Medicine intends to consider amending regulations entitled: **18 VAC 85-20.**

Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic. The purpose of the proposed action is to amend the regulations concerning the use of certain anesthesia for outpatient surgery in physicians' office.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-2400 and Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until 5 p.m. on December 19, 2001.

Contact: William L. Harp, M.D., Executive Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908, FAX (804) 662-9943, e-mail wharp@dhp.state.va.us.

VA.R. Doc. No. R02-69; Filed October 30, 2001, 10:57 a.m.

BOARD OF NURSING

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Nursing intends to consider amending regulations entitled: **18 VAC 90-20. Regulations Governing the Practice of Nursing.** The purpose of the proposed action is to promulgate regulations to establish a career advancement certification for certified nurse aides.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 54.1-2400 and Chapter 30 (§ 54.1-300 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909 or FAX (804) 662-9512.

VA.R. Doc. No. R02-21; Filed September 21, 2001, 11:39 a.m.

BOARD OF NURSING HOME ADMINISTRATORS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Nursing Home Administrators intends to consider amending regulations entitled: **18 VAC 95-20. Regulations Governing the Practice of Nursing Home Administrators.** The purpose of the proposed action is to amend the regulation to increase fees to cover expenses for essential functions of approving preceptorships, licensing administrators, investigation of complaints, and disciplinary actions.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 54.1-2400 and Chapter 31 (§ 54.1-3100 et seq.) of Title 54.1 of the Code of Virginia.

Notices of Intended Regulatory Action

Public comments may be submitted until November 21, 2001.

Contact: Sandra Reen, Executive Director, Board of Nursing Home Administrators, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-7457 or FAX (804) 662-9943.

VA.R. Doc. No. R02-20; Filed September 21, 2001, 11:39 a.m.

BOARD OF OPTOMETRY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Optometry intends to consider amending regulations entitled: **18 VAC 105-20. Regulations of the Virginia Board of Optometry.** The purpose of the proposed action is to revise certain requirements of licensure by endorsement, to reduce the burden of reinstatement, to add some miscellaneous fees consistent with other boards, and to clarify certain provisions related to the provision of prescriptions for contact lenses, the use of professional designations and continuing education. The board recommended increasing by two the number of continuing education hours but expanding the scope of course work for which optometrists may receive credit. It will also consider establishment of an inactive license and any other issues raised during public comment.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: Chapter 32 (§ 54.1-3200 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until 5 p.m., December 5, 2001.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910, FAX (804) 662-7098 or e-mail ecarter@dhp.state.va.us.

VA.R. Doc. No. R02-49; Filed October 16, 2001, 4:36 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Optometry intends to consider amending regulations entitled: **18 VAC 105-30. Regulations on Certification of Optometrists to Use Therapeutic Pharmaceutical Agents.** The purpose of the proposed action is to specify that some of the required hours of continuing education be directed to the use of therapeutic pharmaceutical agents, to require licensees who have allowed TPA certification to lapse to submit a reinstatement application with evidence of continued competency, and to revise the fees for consistency with the principles established by the department. It will also consider any other issues raised during the public comment period.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: Chapter 32 (§ 54.1-3200 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until 5 p.m., December 5, 2001.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910, FAX (804) 662-7098 or e-mail ecarter@dhp.state.va.us.

VA.R. Doc. No. R02-50; Filed October 16, 2001, 4:36 p.m.

BOARD OF PHARMACY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Pharmacy intends to consider amending regulations entitled: **18 VAC 110-20. Regulations Governing the Practice of Pharmacy.** The purpose of the proposed action is to increase fees to cover expenses for essential functions of licensing, investigation of complaints against pharmacists, adjudication of disciplinary cases, and pharmacy inspections.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: Chapters 33 (§ 54.1-3300 et seq.) and 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9911 or FAX (804) 662-9913.

VA.R. Doc. No. R02-22; Filed September 21, 2001, 11:39 a.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Pharmacy intends to consider amending regulations entitled: **18 VAC 110-30. Regulations for Practitioners of the Healing Arts to Sell Controlled Substances.** The purpose of the proposed action is to increase fees to cover expenses for essential functions of licensing, investigation of complaints against pharmacists, adjudication of disciplinary cases, and pharmacy inspections.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 54.1-2400 and 54.1-3304 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9911 or FAX (804) 662-9913.

VA.R. Doc. No. R02-22; Filed October 4, 2001, 4:02 p.m.

Notices of Intended Regulatory Action

BOARD OF PHYSICAL THERAPY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Physical Therapy intends to consider amending regulations entitled: **18 VAC 112-20. Regulations Governing the Practice of Physical Therapy.** The purpose of the proposed action is to establish continuing competency requirements for renewal of licensure.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 54.1-2400, 54.1-3474 and 54.1-3480 of the Code of Virginia.

Public comments may be submitted until November 21, 2001, to Elaine J. Yeatts, Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, VA 23230-1717.

Contact: Elizabeth Young Tisdale, Executive Director, Board of Physical Therapy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9924 or (804) 662-9943.

VA.R. Doc. No. R02-29; Filed September 26, 2001, 1:53 p.m.

BOARD OF COUNSELING

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Counseling intends to consider amending regulations entitled: **18 VAC 115-30. Regulations Governing the Certification of Substance Abuse Counselors.** The purpose of the proposed action is to promulgate regulations for certification of substance abuse counselors with a bachelor's degree and substance abuse assistants with a high school or GED degree.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 54.1-2400 and 54.1-3505 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Contact: Evelyn B. Brown, Executive Director, Board of Counseling, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9133 or FAX (804) 662-9943.

VA.R. Doc. No. R01-23; Filed September 21, 2001, 11:39 a.m.

BOARD OF PSYCHOLOGY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Psychology intends to consider amending regulations entitled: **18 VAC 125-20. Regulations Governing the Practice of Psychology.** The purpose of the proposed action is to increase fees to cover

expenses for essential functions of the approving, licensing, investigation of complaints against licensees, and adjudication of disciplinary cases.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 54.1-2400 and Chapter 36 (§ 54.1-3600 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Contact: Evelyn B. Brown, Executive Director, Board of Counseling, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9912 or FAX (804) 662-9943.

VA.R. Doc. No. R02-25; Filed September 21, 2001, 11:39 a.m.

BOARD OF VETERINARY MEDICINE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Veterinary Medicine intends to consider amending regulations entitled: **18 VAC 150-20. Regulations Governing the Practice of Veterinary Medicine.** The purpose of the proposed action is to address issues that have arisen during the periodic review of regulations, to update facility requirements, and to clarify certain provisions that have been confusing or problematic to licensees and applicants.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: Chapter 38 (§ 54.1-3800 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until 5 p.m., December 5, 2001.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910, FAX (804) 662-7098 or e-mail ecarter@dhp.state.va.us.

VA.R. Doc. No. R02-50; Filed October 16, 2001, 4:35 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Veterinary Medicine intends to consider amending regulations entitled: **18 VAC 150-20. Regulations Governing the Practice of Veterinary Medicine.** The purpose of the proposed action is to increase fees in compliance with the statutory mandate to levy fees sufficient to cover expenditures of the board.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 54.1-2400 and Chapter 38 (§ 54.1-3800 et seq.) of Title 54.1 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

Notices of Intended Regulatory Action

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Veterinary Medicine, 6606 W. Broad St, 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9915 or FAX (804) 662-7098.

VA.R. Doc. No. R02-19; Filed September 21, 2001, 11:39 a.m.

Contact: Steve D. Edwards, Transportation Engineer Senior, Department of Transportation, Traffic Engineering Division, 1401 E. Broad St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-0121 or FAX (804) 225-4978.

VA.R. Doc. No. R02-36; Filed October 2, 2001, 9:59 a.m.

TITLE 22. SOCIAL SERVICES

STATE BOARD OF SOCIAL SERVICES

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to consider amending regulations entitled: **22 VAC 40-705. Child Protective Services.** The purpose of the proposed action is to implement Chapter 500, 2000 Acts of Assembly (House Bill 1360) that requires a statewide child protective services differential response system.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 63.1-25, 63.1-248.3 and 63.1-248.6 of the Code of Virginia.

Public comments may be submitted until December 19, 2001.

Contact: Betty Jo Zarris, CPS Policy Consultant, Department of Social Services, 730 E. Broad St., 2nd Floor, Richmond, VA 23219, telephone (804) 692-1220 or FAX (804) 692-2215.

VA.R. Doc. No. R02-54; Filed October 17, 2001, 2:15 p.m.

TITLE 24. TRANSPORTATION AND MOTOR VEHICLES

COMMONWEALTH TRANSPORTATION BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Commonwealth Transportation Board intends to consider amending regulations entitled: **24 VAC 30-71. Minimum Standards of Entrances to State Highways.** The purpose of the proposed action is to amend the text for clarity and update text for documents incorporated by reference, illustrations or tables.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: §§ 33.1-12 (3), 33.1-197 and 33.1-198 of the Code of Virginia.

Public comments may be submitted until November 21, 2001.

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.

TITLE 9. ENVIRONMENT

VIRGINIA WASTE MANAGEMENT BOARD

REGISTRAR'S NOTICE: Due to its length, the proposed regulation filed by the Virginia Waste Management Board is not being published. However, in accordance with § 2.2-4031 of the Code of Virginia, the summary is being published in lieu of the full text. The full text of the regulation is available for public inspection at the office of the Registrar of Regulations and at the Virginia Waste Management Board, 629 E. Main Street, Richmond, VA 23219, and is accessible at <http://legis.state.va.us/codecomm/register/vol18/iss05/welcom e.htm>.

Title of Regulation: 9 VAC 20-120. Regulated Medical Waste Management Regulations (amending 9 VAC 20-120-10, 9 VAC 20-120-40 through 9 VAC 20-120-100, 9 VAC 20-120-120, 9 VAC 20-120-130, 9 VAC 20-120-150 through 9 VAC 20-120-180, 9 VAC 20-120-200 through 9 VAC 20-120-310, 9 VAC 20-120-330, 9 VAC 20-120-340, 9 VAC 20-120-360, 9 VAC 20-120-380, 9 VAC 20-120-390, 9 VAC 20-120-410 through 9 VAC 20-120-480, 9 VAC 20-120-500, 9 VAC 20-120-530, 9 VAC 20-120-540, 9 VAC 20-120-560, 9 VAC 20-120-590, 9 VAC 20-120-640, 9 VAC 20-120-680 through 9 VAC 20-120-760, 9 VAC 20-120-810, 9 VAC 20-120-840, and 9 VAC 20-120-880; adding 9 VAC 20-120-835; repealing 9 VAC 20-120-20, 9 VAC 20-120-770 through 9 VAC 20-120-800, Appendix 10.1, and Appendix 10.4).

Statutory Authority: § 10.1-1402 of the Code of Virginia.

Public Hearing Date:

January 4, 2002 - 1:30 p.m. (Roanoke)
January 7, 2002 - 1:30 p.m. (Virginia Beach)
January 8, 2002 - 10 a.m. (Richmond)

Public comments may be submitted until 5 p.m. on January 23, 2002.

(See Calendar of Events section for additional information)

Agency Contact: John E. Ely, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4249, FAX (804) 698-4327 or e-mail jeely@deq.state.va.us.

Basis: The Virginia Waste Management Act contained in Chapter 14 (§ 10.1-1400 et seq.) of Title 10.1 of the Code of Virginia requires owners and operators of all facilities for the treatment, storage, and disposal of solid waste to hold a permit from the director of the Virginia Department of Environmental Quality. Regulated medical waste (RMW) is a type of solid waste. Pursuant to § 10.1-1402 of the Code of Virginia, the Waste Management Board is authorized to promulgate and maintain regulations for the permitting

process and is further authorized to issue regulations necessary to supervise and control solid waste management to abate nuisances and threats to public health, safety, or the environment. In fulfillment of these responsibilities, the board adopted Regulated Medical Waste Management Regulations (9 VAC 20-120).

Purpose: Certain waste resulting from medical services requires more prudent care and has been defined as "regulated medical waste" in the regulations. The regulations establish specific treatment and handling requirements for regulated medical waste to continue this prudent care during waste management activities.

Comments received during the three-year review and the NOIRA comment periods indicated that some of the requirements should be clearer and less vague. In particular, commenters suggested revisions to the definition of regulated medical waste as well as to packaging, labeling and transportation requirements. Further clarity can be achieved by elimination of several redundant sections. The regulations protect public health, safety and welfare and the environment from the harmful results of mismanagement of regulated medical waste by its generators, transporters, storers, treaters or disposers with the least possible costs and intrusiveness to the citizens and businesses of the Commonwealth. The proposal also provides consistency with other bodies of regulation such as the Virginia Department of Labor and Industry bloodborne pathogen standard and U.S. Department of Transportation regulations governing the transportation of hazardous materials.

Substance: During the three-year periodic review, the department determined that several areas of the regulation needed amendment, including:

1. Definition of the concepts of generation, storage and accumulation;
2. Exemption of items used for personal hygiene;
3. Requirements for the temporary storage of regulated medical waste (RMW);
4. Requirements related to the transportation of hazardous materials; and
5. Consolidation of the text of regulation and elimination of redundant requirements.

Comments received in response to the NOIRA or the advice of the technical advisory committee (TAC) lead to substantive modifications to the regulation including:

- The definition of regulated medical waste, including the definitions of "blood" and "body fluids," was updated. The department based the concept of the regulation of human blood and human body fluids on the Bloodborne Pathogen Standard administered by the Virginia Department of Labor and Industry. Items that are saturated with human blood or

human body fluids are considered regulated medical waste. An item is considered saturated if it is capable of releasing human blood or human body fluids in a liquid or semiliquid state if compressed.

- Provisions of the regulation related to "limited small clinics" have been eliminated in lieu of regulation based on the volume of waste generated at a facility. Facilities generating less than 100 gallons per week of regulated medical waste and storing 200 gallons or less of regulated medical waste are subject to reduced regulatory requirements. The provisions are designed to allow smaller facilities handling low volumes of waste to comply with specific requirements rather than obtain a permit-by-rule for on-site storage.
- Changes to the requirements for on-site regulated medical waste storage facilities have eliminated the requirement for a permit by rule in lieu of complying with specific on-site storage requirements. Facilities generating 100 gallons per week or more of regulated medical waste must provide a designated storage area for all areas of the facility storing greater than 200 gallons of regulated medical waste. Designated storage areas must meet specific requirements in the proposed regulation.
- Modifications of regulated medical waste packaging requirements have been made so that requirements are consistent with other bodies of regulation including the Bloodborne Pathogen Standard, administered by the Department of Labor and Industry and the Regulations Governing the Transportation of Hazardous Materials, 9 VAC 20-110, administered by the Virginia State Police.
- Modifications to the regulation were made to coordinate the proposed regulation with the Regulations Governing the Transportation of Hazardous Materials, 9 VAC 20-110.
- Modification of the permitting standards of Part X have been made eliminating the requirements for obtaining a full permit for off-site regulated medical waste management facilities. Permit by rule has always been an option and will now be the only permitting mechanism for off-site facilities.

Issues: There are no anticipated disadvantages to the public or the Commonwealth resulting from the proposed amendment of the regulation. The definition of regulated medical waste has been clarified to the benefit of the public, the regulated community and the Commonwealth. Improved regulated medical waste identification could result in improved compliance with the requirements of the regulation. Since items that are not saturated or capable of releasing blood or body fluids in a liquid or semiliquid state are no longer considered regulated medical waste, the volume of waste requiring treatment is anticipated to decrease. Reducing the volume of wastes requiring treatment could save health care facilities treatment/disposal costs.

The reduced requirements for a "limited small clinic" in the current Regulated Medical Waste Management Regulations focus on a narrow range of facilities because of the way a "limited small clinic" is defined. The proposed regulations provide reduced requirements for storage areas based on the weekly volume of waste handled by the facility as well as the total volume stored without regard to the type of facility

producing the waste. The proposed requirements are more understandable and consistent with other bodies of regulation. As a result of this change of focus, Commonwealth resources can be applied to those facilities that handle larger volumes of waste and have greater potential for impacting human health and the environment.

Exemptions from permit by rule requirements have been provided for those facilities meeting certain site-specific conditions. This allows facilities to operate if they meet certain design and operation requirements without having to obtain an on-site permit by rule. The proposed language of the regulation provides clear requirements for the design and operation of these "designated storage areas" and clarifies when regulated medical waste becomes subject to regulation. The proposed removal of the permit by rule requirement provides the same protective requirements for design construction and operation as a permitted operation.

Modifications of the regulations are proposed to make the regulations consistent with regulations of other agencies including the Regulations Governing the Transportation of Hazardous Materials and the Bloodborne Pathogen Standard. Relying on recognized standards will help to reduce confusion regarding regulatory requirements, will reduce the duplication of regulations and will eliminate unnecessary regulations. In addition, the modifications will eliminate potential conflict with federal requirements that may "preempt" the requirements of any conflicting state provisions.

Locality Particularly Affected: No locality bears a disproportionate material impact due to this regulatory revision.

Public Participation: In addition to any other comments, the Waste Management Board is seeking comments on the costs and benefits of the proposal. Anyone wishing to submit written comments for the public comment file may do at the public hearing, by mail, by fax at 804-698-4327, or e-mail to mjdieter@deq.state.va.us. Written comments shall include the name and address of the commenter. In order to guarantee that comments will be considered, the comments must be received by the close of the comment period. Oral comments may be submitted at the public hearing.

Detail of Changes:

9 VAC 20-120-10. This section has been modified to eliminate unnecessary definitions and add additional definitions where clarification is necessary. Major changes to this section include the addition of definitions for "blood" and "generate" as well as modifications to the definitions of "body fluids" and "storage."

9 VAC 20-120-40. This section has been simplified to state that all procedures under the law may be used in enforcement rather than citing specific procedures under the law.

9 VAC 20-120-50. This section has been updated to eliminate passed deadlines, to require submission of certain new information required by the proposed regulation, and to replace existing permits issued under this regulation with a permit by rule.

9 VAC 20-120-60. This section has been modified to state that this modification of the Regulated Medical Waste

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Management Regulations replaces all previous versions of the regulation including the regulations effective June 29, 1994.

9 VAC 20-120-70. This section has been modified to include all applicable regulatory references related to this regulation.

9 VAC 20-120-120. This section has been modified to eliminate obsolete requirements. This section originally specified regulations for smaller facilities or "limited small clinics." The proposed provisions of 9 VAC 20-120-170 include provisions for regulation based on the volume of waste produced rather than the size of the facility itself.

9 VAC 20-120-130. This section has been modified to exempt items from consideration as regulated medical waste: items that have been used for personal hygiene; certain empty items used to collect fluids from or administer fluids to patients; particular items that may have contacted a patient's mucous membranes; and certain absorbent materials contaminated with blood and body fluids.

9 VAC 20-120-150. The list of regulated medical wastes has been modified to recognize the new definitions of blood and body fluids. The definition of sharps has also been modified to include needles, syringes with attached needles, suture needles, and scalpels regardless of whether they have been used in patient care.

9 VAC 20-120-170. This section has been modified to recognize the proper storage of regulated medical wastes on loading docks, in facilities generating 100 gallons per week or more, and in facilities generating less than 100 gallons per week of regulated medical waste (RMW).

9 VAC 20-120-210. This section has been modified to be consistent with the packaging requirements of the Department of Labor and Industry (OSHA Bloodborne Pathogen Standard), and federal requirements for the packaging of hazardous materials.

9 VAC 20-120-220. Labeling requirements have been updated to consider the federal requirements for packaging hazardous materials and new procedures for labeling during storage.

9 VAC 20-120-230. Requirements on the transportation of etiologic agents have been updated to be consistent with federal requirements for the transportation of hazardous materials.

9 VAC 20-120-240. Requirements regarding the packaging of sharps have been modified to incorporate the requirements for the packaging of sharps from the Bloodborne Pathogen Standard administered by the Department of Labor and Industry.

9 VAC 20-120-250. This section has been modified to remove specific requirements for protective equipment.

9 VAC 20-120-260. Labeling requirements have been updated. Cart cleaning has been modified to remove the requirement for a disinfectant effective against mycobacteria. The technical advisory committee indicated that thorough cleaning would be as effective for the removal of any contaminants from reusable containers and that cleaning

solutions would be straightforward to dispose. The section stating that unloading should be accomplished by mechanical means has also been eliminated.

9 VAC 20-120-280. This section was modified to provide a more generalized approach to cleanup. The original language was viewed as being too prescriptive and did not allow appropriate flexibility.

9 VAC 20-120-300. This section was modified to clarify that properly constructed grinding or compaction devices may be used to reduce the volume of waste at the point of generation.

9 VAC 20-120-330. This section was modified to clarify the applicability of storage requirements to various types of facilities and circumstances.

9 VAC 20-120-340. This section was modified to clarify that seams in a tile floor are allowed in a storage area, as long as the floor has been appropriately sealed.

9 VAC 20-120-360. The beginning of the seven-day timeframe until refrigeration is required was clarified in this section. Placement of regulated medical waste in a designated storage area begins the seven-day timeframe. In addition, rather than requiring 30 days until waste is treated, 15 days of storage is allowed at a generating facility and 15 days of storage prior to treatment is allowed at a treatment facility. These requirements will be more enforceable and place responsibility for tracking independent storage timeframes with the facility in control of the waste.

9 VAC 20-120-380. This section references 9 VAC 20-120-260 rather than reiterating the requirements for reusable carts here.

9 VAC 20-120-390. This section has been modified to remove specific requirements for protective equipment.

9 VAC 20-120-410. This section was modified to clarify that cracked or damaged floor coverings may not be used in transport vehicles. In addition, cleaning requirements have been clarified. Rather than requiring cleaning after every 24-hour period of use, cleaning is required when wastes are spilled.

9 VAC 20-120-430. The beginning of the seven-day timeframe until refrigeration is required was clarified in this section. Placement of regulated medical waste in a designated storage area begins the seven-day timeframe. Allowing 24 hours for storage during transport has been placed in this section, having been removed from the definition of "storage."

9 VAC 20-120-450. This section has been modified to have a specific letter size requirement, which is more enforceable than "large" lettering previously required.

9 VAC 20-120-460. This section references 9 VAC 20-120-270 rather than reiterating the requirements for spill containment and cleanup kits here. In addition, this section references 9 VAC 20-120-280 rather than reiterating the requirements for spill cleanup here.

9 VAC 20-120-480. The requirement for transporter registration has been modified from 30 days prior to transport to prior to transport. In addition, the requirements for a

change of legal name, corporate ownership or the chief executive officer of a transporter have been clarified.

9 VAC 20-120-500. This section references 9 VAC 20-120-260 rather than reiterating the requirements for reusable carts here.

9 VAC 20-120-530. This section has been modified to eliminate the requirement to exclude the heat value of the waste in maintaining the secondary chamber temperature. This requirement was modified to be consistent with the air regulations for medical waste incinerators.

9 VAC 20-120-560. This section has been modified to remove specific requirements for protective equipment.

9 VAC 20-120-680. This section has been modified to eliminate references to permitting procedures consistent with a full permit and add procedures for permit by rule. Procedures for full permits have been eliminated throughout Part X.

9 VAC 20-120-690 through 9 VAC 20-120-720. These sections have been modified to eliminate references to permitting procedures and terminology consistent with a full permit and add procedures for permit by rule. Procedures for full permits have been eliminated throughout Part X.

9 VAC 20-120-730. This section has been modified to eliminate references to permitting procedures consistent with a full permit and add procedures for permit by rule. In addition, rather than requiring 30 days until waste is treated, 15 days of storage is allowed at a generating facility and 15 days of storage prior to treatment is allowed at a treatment facility. This particular section of the regulation provides the requirements allowing tracking of the waste once it has been received at an off-site treatment facility. These requirements will be more enforceable and place responsibility for tracking independent storage timeframes with the appropriate facility.

9 VAC 20-120-740 through 9 VAC 20-120-810. These sections have been modified to eliminate references to permitting procedures and terminology consistent with a full permit and add procedures for permit by rule. Procedures for full permits have been eliminated throughout Part X.

Appendices 10.1 and 10.4. These sections have been eliminated since they reference amendment procedures consistent with full permits. Procedures for full permits have been eliminated throughout Part X.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 G of the Administrative Process Act and Executive Order Number 25 (98). Section 2.2-4007 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The Virginia Waste Management Board (the board) proposes (i) to exempt certain medical waste from regulations, (ii) to change the on-site storage permit requirements for small facilities, (iii) to eliminate full permits for off-site medical waste storage, and (iv) to replace medical waste packaging and transportation standards with those of other regulatory agencies.

Estimated economic impact. Medical wastes generated at facilities such as hospitals, doctor's offices, dentist's offices, and veterinary clinics are subject to specific treatment, storage, and disposal requirements because of public health concerns. These regulations establish standards and procedures for treatment, storage, and disposal of medical waste. Four of the proposed changes may have a significant economic impact.

First, the proposed regulations modify the definition of medical waste. The proposed medical waste regulations employ definitions that are consistent with the Bloodborne Pathogen Standard established by the Occupational Safety and Health Administration (OSHA) and administered by the Virginia Department of Labor and Industry to regulate the medical waste containing human blood and body fluids. Under the proposed regulations, items that are less likely to release blood and body fluids such as items that have been used for personal hygiene, certain empty items used to collect fluids from or administer fluids to patients, particular items that may have contacted a patient's mucous membranes, and certain absorbent materials containing blood and body fluids but are not saturated are no longer considered as medical waste and are exempted from regulations.

The exemptions of the medical waste specified above from regulations will reduce the amount of waste that must be treated. The Department of Environmental Quality (DEQ) does not know with certainty the amount of reduction in regulated medical waste that will be experienced by the regulated community. However, DEQ expects that the exemptions will amount to a small, but non-negligible amount of medical waste that is no longer required to be treated.

The treatment of medical waste is costly. Facilities can choose to treat their medical waste on-site or they can contract with a private treatment facility. In either case, the medical facility has to incur costs. The treatment costs of medical wastes charged by private treatment facilities in Virginia vary from \$400 to \$640 per ton.¹ By reducing the amount of waste that must be regulated, the proposed regulations are expected to benefit regulated hospitals, doctor's offices, dentist's offices, and veterinary clinics. At the same time, revenues of the firms providing medical waste disposal services are expected to decrease by a smaller magnitude since some of the medical waste has been treated by the generating facilities themselves. Since the amount of reduction in regulated medical waste is not known, the size of the expected benefits to the regulated facilities cannot be estimated.

A potential concern with the exemption of certain medical wastes from regulations is the possibility of an increased

¹ Source: DEQ

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chance of citizens' exposure to these medical wastes, and consequently, contracting certain diseases. Exposure to bloodborne pathogens increases the risk of contracting hepatitis B, non-A hepatitis, non-B hepatitis, acquired immune deficiency syndrome (AIDS), and other bloodborne diseases.² Under the current regulations, only medical waste management personnel are exposed to the proposed exempt medical waste. The proposed regulations are likely to increase the public's exposure, particularly landfill workers, to the proposed exempt medical waste since these wastes are likely to be placed in regular trashcans or dumpsters and sent to landfills instead of being treated at incinerators. However, the proposed exempt materials may have a low chance of transmitting disease. Since these materials are not saturated with blood or body fluids, they are not likely to release blood or body fluids, and consequently, contract diseases to public or landfill workers. Therefore, the public and landfill workers may not be in significantly greater danger. According to a member of the University of Virginia Health Sciences Center, "no health risks to the public are likely to take place" because of the proposed exemptions of specified materials from current medical waste regulations.³ In short, the proposed exemptions of certain medical waste probably will not increase public health risks significantly based on the information currently available. Given that the amount of proposed exempt medical waste is not known, it cannot be determined if the proposed changes will produce net economic benefits to the Commonwealth.

Another potentially significant change involves the way small facilities are regulated. Under the current regulations, limited small clinics and facilities storing less than 64 gallons of medical waste are not required to have a permit by rule for on-site storage. The "limited small clinic" definition is based on the size of the facility itself, i.e., the number of healthcare professionals working. The limited small clinic definition will no longer be used to determine if a small facility is subject to regulations. The proposed regulations use weekly volume of waste generated at the facility as well as the total volume stored to determine if a facility is required to have a permit by rule for storage.

The proposed changes will increase the 64-gallon storage limit for exemption for permit by rule to 200 gallons. A facility generating less than 100 gallons of waste per week and storing less than 200 gallons of waste will be allowed to operate under minimal requirements without obtaining a permit by rule for on-site storage. Additionally, facilities generating more than 100 gallons per week and storing more than 200 gallons of waste on site will be exempt from obtaining a permit by rule if they provide a designated storage area for all areas of the facility storing greater than 200 gallons of medical waste.

There are different requirements for facilities that are required to obtain a permit by rule and facilities that are not. For example, permitted facilities are required to store the waste in a storage area that is designed in accordance with the

regulations, that has access control and signage consistent with the regulation, and that has emergency clean up equipment and materials on hand. Permitted facilities are required to keep specific records indicating that waste has been treated and the records also track storage timeframes. Storage at small facilities will simply require the facility to keep the waste stored in a safe and secure manner ensuring the waste cannot spill, or contact workers or the public. In that sense, the proposed regulations are less prescriptive than the current regulations on storage of medical waste. The economic impact of this proposed change will differ between current small facilities and the facilities that are expected to be established in the future.

DEQ estimates that about 60 existing facilities storing waste on site will no longer be required to have a permit by rule under the proposed regulations. Thus, these less prescriptive requirements are likely to reduce the recordkeeping costs and other operating costs of about 60 existing facilities by a small margin. However, the proposed changes are not likely to affect these existing permit by rule holders through associated permit costs and designated storage area requirements. The facilities with permit by rule will not save any permit related costs since the permits are issued permanently and not renewed over the years. Their permits will be void. Also, permit holders are already required to have designated storage areas under the current regulations and are not likely to incur additional costs because of storage area requirements so they will not incur any additional costs under these provisions.

The main effect of this proposed change will be on the small facilities that are expected to be established in the future. DEQ has been receiving one permit application for on-site storage over about every one- to two-year period. Under the proposed regulations, no facility is expected to apply for permit by rule for on-site storage. Thus, one facility every one- or two-year period may benefit from the proposed changes in the sense that they will not be required to have a permit by rule for storage, and consequently, will not incur associated permit costs. A permit by rule is issued after certain reports are prepared and evaluated. Permit applicants usually hire a private consultant to prepare reports for the permit. Certifications that the facilities meet the siting and design standards in the regulation, an operations plan, and an emergency contingency plan are required. Consultants charge about \$10,000 to \$12,000 to prepare reports for an application for a permit by rule.⁴ DEQ does not charge any fee for a permit by rule. Thus, one facility over every one- or two-year period will avoid costs associated with obtaining a permit. Additionally, by eliminating the permit by rule for onsite storage facilities, DEQ will save a small amount of administrative costs associated with evaluating about one permit application every one- or two-year period. Thus, this proposed change is expected to benefit regulated facilities and DEQ. No additional costs to society are expected.

Third, the proposed regulations will eliminate a specific type of permit for off-site storage/treatment. Currently, DEQ mostly issues a type of permit known as permit by rule. Another type

² *Occupational Exposure to Bloodborne Pathogens*, OSHA Preambles, Section 7, Regulatory Impact and Regulatory Flexibility Analysis, 1992.

³ Source: Telephone conversation with Dr. Barry Farr on February 5, 2001.

⁴ Source: DEQ

of permit is a full permit. A permit by rule is issued if the applicant demonstrates that a standard set of requirements is fulfilled. The full permit is issued on a case-by-case basis. Currently, off-site facilities are given the option to apply for either of the two permits. The board is proposing to eliminate the full permit option. A full permit has more extensive requirements than the permit by rule. For example, a lot more detail is required in a full permit application particularly in the area of design plans detailing existing site conditions, profiling views of proposed features and utilities and roadways. A full permit is one way to enhance public perception among many other ways. For example, facilities may voluntarily choose to provide the information on the safety measures taken to the public to enhance public perception even if it is not required. DEQ indicates that only one off-site facility holds a full permit whereas the two other off-site facilities chose to apply for a permit by rule. Thus, the removal of full permit option will apply to only one current off-site facility. This one facility will lose its option to keep its full permit, but will not incur monetary costs. Additionally, the proposed changes will help DEQ to achieve more standardized permit procedures and reduce regulatory language.

This proposed change will force all of the future off-site permit applicants to obtain a permit by rule which is less costly than a full permit.⁵ Consultant costs of preparing an application package for a permit by rule for off-site storage vary from \$10,000 to \$12,000. Consultant costs for the preparation of an application for a full permit for off-site storage vary from \$50,000 to \$70,000. Also, a full permit applicant must pay for an application fee. The full permit fee for medical waste off-site storage is \$3,300 and there is no fee for a permit by rule. Thus, the costs associated with preparing an application package are lower by \$43,300 to \$61,300 for a permit by rule than the costs for a full permit.

Fourth, the board proposes to replace medical waste packaging and transportation standards with the current standards of other regulatory agencies by referencing their standards. Currently, packaging requirements for medical waste differ from the other standards enforced by the Virginia Department of Labor and Industry. The differences in packaging requirements relate to the bag specification standards as well as the labeling requirements for the bags. By referencing these other standards in the proposed regulations, the regulated community will have to comply with only one set of packaging regulations. In addition, there are minor differences between the state transportation standards established in this regulation and the federal transportation standards established by the U.S. Department of Transportation. The federal Department of Transportation requirements preempt any state requirements that are not the same as the federal requirements. Because of the proposed changes, reported confusion experienced by the regulated community relating to the different packaging and transportation standards are likely to be eliminated in the future. Thus, incorporating other agency standards for packaging and transportation of medical waste by reference is expected to benefit the regulated facilities.

⁵ *ibid.*

Businesses and entities affected. The proposed regulations are likely to affect approximately 175 hospitals, 784 animal hospitals, all doctors and dentists offices, and three firms providing private medical waste disposal services to the regulated facilities in Virginia. The total number of doctors and dentists offices is not known, but there are approximately 26,728 medical doctors and 5,274 dentists in Virginia. In addition, about 250 to 350 landfill workers at approximately 67 landfills in Virginia may be affected. Moreover, about 60 current on-site storage permit by rule holders, and one current off-site storage full permit holder are expected to be affected. It is also likely that about one potential on-site medical waste storage facility over every one- or two-year period will be affected by the proposed regulations.

Localities particularly affected. All localities are expected to be affected throughout the Commonwealth.

Projected impact on employment. The proposed regulations may have a small negative impact on employment in the waste disposal industry due to decreased business volume of medical waste disposal services. However, since the rule will lower the costs associated with collecting and disposing of medical waste, it will increase profits of certain firms in the medical industry. The net effect of these two changes is not known.

Effects on the use and value of private property. The value of three private medical waste disposal facilities may decrease by a very small amount due to decreased demand for medical waste disposal. But, the value of regulated medical firms is likely to increase as their profits increase due to lower disposal costs. The net economic impact of these two changes is unclear.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The department has reviewed the economic impact analysis prepared by the Department of Planning and Budget and has no comment.

Summary:

The Regulated Medical Waste Management Regulations establish permit requirements for the storage, treatment and disposal of regulated medical wastes (RMW). Rules for packaging, labeling and transporting RMW, as well as exemptions from regulation, are also included. Five approved treatment processes are provided for as well as provisions for establishing alternate treatment technologies.

The proposed amendments (i) exempt certain medical waste from regulations, (ii) change the on-site storage permit requirements for small facilities, (iii) eliminate full permits for off-site medical waste storage, and (iv) replace medical waste packaging and transportation standards with those of other regulatory agencies.

VA.R. Doc. No. R00-174; Filed October 25, 2001; 8:53 a.m.



Proposed Regulations

TITLE 12. HEALTH

STATE BOARD OF HEALTH

Title of Regulation: 12 VAC 5-65. Rules and Regulations Governing Emergency Medical Services Do Not Resuscitate Program (REPEALING).

Title of Regulation: 12 VAC 5-66. Regulations Governing Durable Do Not Resuscitate Orders (adding 12 VAC 5-66-10 through 12 VAC 5-66-110).

Statutory Authority: § 54.1-2987.1 of the Code of Virginia.

Public Hearing Date: N/A--Public comments may be submitted until January 18, 2002.

(See Calendar of Events section for additional information)

Agency Contact: David E. Cullen, Jr., Regulation and Compliance Manager, State Board of Health, 1538 East Parham Road, Richmond, Virginia 23228, telephone (804) 371-3500, FAX (804) 371-3543 or toll-free 800-523-6019.

Basis: Section 54.1-2991 of the Code of Virginia contains mandatory language authorizing the State Board of Health to promulgate emergency regulations. Specifically, the Code states "[t]hat the Board of Health shall promulgate regulations to implement the provisions of this act related to Durable Do Not Resuscitate Orders to be effective within 280 days of its enactment."

Section 54.1-2987.1 C of the Code of Virginia specifies that qualified emergency medical services personnel and licensed health care practitioners in any facility, program or organization operated or licensed by the Board of Health or by the Department of Mental Health, Mental Retardation and Substance Abuse Services or operated, licensed or owned by another state agency are authorized to follow Durable Do Not Resuscitate Orders that are issued in accordance with statute and regulations promulgated by the Board of Health and available to them in a form approved by the board.

Purpose: The purpose of these regulations is to provide required oversight of the use of the Durable DNR Order. The goal of these regulations is to provide a consistent manner throughout the health care system for physicians and qualified health care personnel to use and honor DNR's. By providing for this consistency throughout the health care system, the health, safety and welfare of patients are ensured. These new regulations are required as the previous Code section authorizing EMS Do Not Resuscitate Orders has been repealed and replaced with § 54.1-2897.1 of the Code of Virginia. The emergency regulations for the Durable Do Not Resuscitate Orders expired on January 3, 2001.

Substance: Section 54.1-2987 C of the Code of Virginia specifies that qualified emergency medical services personnel and licensed health care practitioners in any facility, program or organization operated or licensed by the Board of Health or by the Department of Mental Health, Mental Retardation and Substance Abuse Services or operated, licensed or owned by another state agency are authorized to follow Durable Do Not

Resuscitate Orders that are issued in accordance with statute and regulations promulgated by the Board of Health.

The proposed regulations establish a Durable Do Not Resuscitate (DDNR) Order that follows the patient throughout the entire health care setting. Once issued by a physician for his patient, the DDNR Order would apply wherever that patient may be - home, emergency vehicle, adult care residence, nursing home or hospital.

Issues: An advantage to citizens with this regulation is the ability of a citizen, in advance of an emergent or immediate need, to decide whether to request that life-sustaining measures be taken. It allows the citizen to make the choice instead of qualified health care providers. This regulation also advantages the health care system and health care personnel as it allows the desire of the patient to be known in cases where the patient cannot express his opinion.

There are no identified disadvantages to the public or the agency in this regulation.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 G of the Administrative Process Act and Executive Order Number 25 (98). Section 2.2-4007 G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the proposed regulation. The Virginia Department of Health proposes to promulgate permanent regulations to replace emergency regulations that implemented the provisions of Senate Bill 1174 (1999) regarding the creation of a Durable Do Not Resuscitate Order (DDNR). DDNR orders will replace Emergency Medical Services DNR (EMS/DNR) orders that only applied in emergency settings outside of a hospital. The DDNR orders, by contrast, will apply wherever a patient happens to be: in one's home, an emergency vehicle, adult care residence, nursing home, hospital, or elsewhere, and are intended to be honored by physicians and other medical practitioners, in addition to EMS personnel. Significant changes from the past EMS/DNR regulations include the following:

1. Addition of new definitions consistent with the Code of Virginia to address key terms covered in the regulation, such as DDNR order, informed consent, persons authorized to consent on the patient's behalf, persistent vegetative state, and qualified medical personnel;
2. Replacement of the requirement that an "attending physician" must issue DNR orders with new language specifying that a DDNR Order may be issued by "a physician for his patient with whom he has a bona fide physician/patient relationship as defined in the guidelines of the Board of Medicine";

3. Removal of the requirement that the patient be diagnosed as terminal in order to initiate a DDNR order;
4. Elimination of annual expiration dates, allowing DDNR orders to be valid until revoked by the patient;
5. Addition of a provision allowing the issuance of DDNR orders for minors; and
6. Authorization of alternate forms of DDNR order identification.¹

Estimated economic impact. Do Not Resuscitate orders allow individuals, in advance of emergency situations, to make decisions regarding life-extending treatment and care. The Commonwealth created the EMS/DNR program in the early 1990s in order to provide an official, state-approved form for notifying emergency response personnel of do-not-resuscitate wishes. The proposed changes to this regulation are intended to improve the program by creating a standardized form for use in all health care settings to be honored by all qualified health care providers.

VDH reports that approximately \$21,000 per year was spent for the EMS/DNR order program. This includes the cost of printing forms and staff time devoted to providing information and processing orders of the form.² The proposed changes to the program are expected to increase orders by 35,000 to 40,000 forms annually, resulting in an additional cost of approximately \$1,500 per year.³ Aside from an initial increase in information requests, staff time required for the program is not expected to change.

The DDNR order program will give citizens the ability to choose how they are to be cared for in certain medical situations, regardless of where they occur. This benefits not only the patient, by allowing their desires to be known in cases where they cannot express their own opinion, but also provides clear guidelines for health care providers to follow in emergency situations. Savings in medical expenditures associated with the avoidance of unwanted resuscitation efforts are likely significant for the health care system, but are, at present, not quantifiable to any reliable degree.

In conclusion, while it is not possible to estimate the monetary value of the benefits expected from the proposed changes to the DNR program, they are likely to outweigh the expected costs.

¹ Currently, individuals must carry the DDNR order with them at all times. This document must be viewed by the health care provider prior to withholding any treatment. The alternate forms of identification approved by the Board of Health include identification bracelets and necklaces and will be available from vendors approved by the Department of Health.

² Gary Brown, Director, Office of Emergency Services, Virginia Department of Health.

³ VDH pays \$.04 for the printing of each form.

Table 1: Estimated Economic Impact of the Proposed Changes to 12 VAC 5-65

	Total Annual Costs	Total Annual Benefits	Annual Net Benefit
Implementing and enforcing the changes to the regulations	\$0		
Increase in number of forms requested	(\$1,500)		
Improvement in the program: Standardized form for use in all health care settings Allowing alternative forms of identification Patient's wishes may be more likely to be honored		Not monetarily quantifiable	
Savings from avoidance of unwanted resuscitation efforts		Unknown but possibly very significant	
	(\$1,500)	Not monetarily quantifiable	Unknown but most likely positive

Businesses and entities affected. Any individual in the Commonwealth may choose to establish a DDNR order. Approximately 20,000 forms were completed each year under the EMS/DNR program. VDH expects that number to increase to approximately 60,000 per year under the proposed regulation.

Localities particularly affected. No localities are particularly affected by the proposed changes to this regulation.

Projected impact on employment. The proposed changes to this regulation are not anticipated to have any effect on employment in Virginia.

Effects on the use and value of private property. The proposed changes to this regulation are not anticipated to have any effect on the use and value of private property.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The Department of Health, Office of Emergency Medical Services (EMS) concurs with the Economic Impact Analysis from the Department of Planning and Budget regarding the proposed 12 VAC 5-66, Regulations Governing Durable Do Not Resuscitate Orders.

Essentially, while it is not possible to estimate the monetary value of the benefits expected from the proposed changes to the Do Not Resuscitate program, the benefits are likely to outweigh the expected costs.

Summary:

The Virginia General Assembly adopted new legislation creating a Durable Do Not Resuscitate Order to replace the Emergency Medical Services Do Not Resuscitate Order. The proposed action repeals the Emergency Medical

Proposed Regulations

Services Do Not Resuscitate Order and establishes a Durable Do Not Resuscitate (DDNR) Order that follows the patient throughout the entire health care setting. This creates a document that will depend less on the situation in which declarants find themselves and will be more likely to be honored. Once issued by a physician for his patient, the DDNR Order would apply wherever that patient may be - home, emergency vehicle, adult care residence, nursing home or hospital.

Patients in consultation with physicians determine advanced directives concerning terminal illness and/or life sustaining measures. With a Durable Do Not Resuscitate Order, the affected patient is allowed to have some measure of control over his or her illness and/or injury through determination not to employ life-sustaining measures. These regulations establish a process that enables qualified health care providers to respond more appropriately to the expressed desires and needs of certain patients. The regulations will also provide an appropriate framework to guide the operation of this important program.

CHAPTER 66.

REGULATIONS GOVERNING DURABLE DO NOT RESUSCITATE ORDERS.

PART I. DEFINITIONS.

12 VAC 5-66-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Agent" means an adult appointed by the declarant under an advance directive, executed or made in accordance with the provisions of § 54.1-2983 of the Code of Virginia to make health care decisions for him.

"Board" means the State Board of Health.

"Cardiac arrest" means the cessation of a functional heartbeat.

"Commissioner" means the State Health Commissioner.

"Durable Do Not Resuscitate Order" or "Durable DNR Order" means a written physician's order issued pursuant to § 54.1-2987.1 of the Code of Virginia in a form authorized by the board to withhold cardiopulmonary resuscitation from an individual in the event of cardiac or respiratory arrest. For purposes of this chapter, cardiopulmonary resuscitation shall include cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, and defibrillation and related procedures. As the terms "advance directive" and "Durable Do Not Resuscitate Order" are used in this article, a Durable Do Not Resuscitate Order is not and shall not be construed as an advance directive. When used in these regulations, the term "Durable DNR Order" shall include any authorized alternate form of identification issued in conjunction with an original Durable DNR Order form.

"Emergency Medical Services" or "EMS" means the services rendered by an agency licensed by the Virginia Office of Emergency Medical Services, an equivalent agency licensed

by another state or a similar agency of the federal government when operating within this Commonwealth.

"Emergency medical services agency" or "EMS agency" means any person, licensed to engage in the business, service, or regular activity, whether or not for profit, of transporting and/or rendering immediate medical care to such persons who are sick, injured, wounded or otherwise incapacitated or helpless.

"Incapable of making an informed decision" means the inability of an adult patient, because of mental illness, mental retardation, or any other mental or physical disorder that precludes communication or impairs judgment and that has been diagnosed and certified in writing by his physician with whom he has a bona fide physician/patient relationship and a second physician or licensed clinical psychologist after personal examination of such patient, to make an informed decision about providing, withholding or withdrawing a specific medical treatment or course of treatment because he is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. For purposes of this article, persons who are deaf, dysphasic or have other communication disorders, who are otherwise mentally competent and able to communicate by means other than speech, shall not be considered incapable of making an informed decision.

"Person authorized to consent on the patient's behalf" means any person authorized by law to consent on behalf of the patient incapable of making an informed decision or, in the case of a minor child, the parent or parents having custody of the child or the child's legal guardian or as otherwise provided by law.

"Physician" means a person licensed to practice medicine in the Commonwealth of Virginia or in the jurisdiction where the treatment is to be rendered or withheld.

"Qualified emergency medical services personnel" means personnel as defined by § 32.1-111.1 of the Code of Virginia when acting within the scope of their certification.

"Qualified health care personnel" means any qualified emergency medical services personnel and any licensed healthcare provider or practitioner functioning in any facility, program or organization operated or licensed by the State Board of Health, or by the Department of Mental Health, Mental Retardation and Substance Abuse Services or operated, licensed or owned by another state agency.

"Respiratory arrest" means cessation of breathing.

PART II.

PURPOSE AND APPLICABILITY.

12 VAC 5-66-20. Authority for regulation.

Section 54.1-2987.1 of the Code of Virginia vests authority for the regulation of Durable DNR Orders in the State Board of Health and directs the board to prescribe by regulation the procedures, including the requirements for forms to authorize qualified health care personnel to follow Durable DNR Orders. All EMS DNR Orders issued or in effect between July 1, 1999,

and the effective date of this regulation are to be considered Durable DNR Orders and shall remain valid until revoked.

12 VAC 5-66-30. Purpose of regulations.

The board has promulgated these regulations in order to carry out the intent of Virginia law that a person shall have the opportunity to execute a Durable DNR Order that comports with his wishes.

PART III.
REQUIREMENTS AND PROVISIONS.

12 VAC 5-66-40. The Durable Do Not Resuscitate Order Form.

The Durable DNR Order Form shall be a unique document printed on distinctive paper, as approved by the board, and consistent with these regulations. The following requirements and provisions shall apply to the approved Durable DNR Order Form.

1. Content of the Form – A Durable DNR Order Form shall contain, from a physician with whom the patient has a bona fide physician/patient relationship, a do not resuscitate determination, signature and the date of issue, the signature of the patient or, if applicable, the person authorized to consent on the patient's behalf.
2. Effective Period for a Signed Durable DNR Order Form – A signed Durable DNR Order shall remain valid until revoked.
3. Original Durable DNR Order Form – An original Durable DNR Order or an alternate form that complies with 12 VAC 5-66-50 shall be valid for purposes of withholding or withdrawing cardiopulmonary resuscitation by qualified health care personnel in the event of cardiac or respiratory arrest. The original Durable DNR Order or an alternate form that complies with 12 VAC 5-66-50 shall be maintained and displayed at the patient's current location or residence in one of the places designated on the form, or should accompany the patient, if traveling. Photocopies of the Durable DNR Order may be given to other providers or persons for information, with the express consent of the patient or the patient's designated agent or the person authorized to consent on the patient's behalf. However, such photocopies of the Durable DNR Order are not valid for withholding cardiopulmonary resuscitation.
4. Revocation of a Durable DNR Order – A Durable DNR Order may be revoked at any time by the patient (i) by physical cancellation or destruction by the patient or another in his presence and at his direction of the Durable DNR Order Form and/or any alternate form of identification; or (ii) by oral expression of intent to revoke. The Durable DNR Order may also be revoked by the patient's designated agent or the person authorized to consent on the patient's behalf.
5. Distribution of Durable DNR Order Forms - Authorized Durable DNR Forms, with instructions, shall be available only to physicians.

12 VAC 5-66-50. Authorized alternate forms of Durable DNR Order identification.

The board authorizes the issuance of alternate forms of Durable DNR Order identification in conjunction with the issuance of Durable DNR Orders. These alternate forms shall be uniquely-designed and uniquely-identifiable bracelets and necklaces that are available from a vendor approved by the Virginia Department of Health. These alternate forms of identification must be purchased from the approved vendor by the person to whom a Durable DNR Order applies, or that person authorized to consent on the patient's behalf, and in conjunction with a Durable DNR Order. Such a necklace or bracelet may be utilized either to validate the Durable DNR Order or in place of an original Durable DNR Order in the event that the original order is not readily available at the site where the person to whom the order applies is found. In order to be honored by qualified health care personnel in place of the original Durable DNR Order, this alternate form of identification must contain the minimum information approved by the State Board of Health.

12 VAC 5-66-60. Other DNR Orders.

- A. Nothing in these regulations shall be construed to preclude licensed health care practitioners from following any other written orders of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest.
- B. Additionally, nothing in these regulations or in the definition of Durable DNR Orders provided in § 54.1-2982 of the Code of Virginia shall be construed to limit the authorization of qualified health care personnel to follow Do Not Resuscitate Orders other than Durable DNR Orders that are written by a physician, with whom the patient has a bona fide physician/patient relationship, for the duration of the patient's transfer to another facility. Such other DNR Orders issued in this manner shall be valid until a Durable DNR Order or other valid DNR Order is issued by the physician assuming responsibility for the treatment and care of the patient, but not to exceed 24 hours. Such other DNR Orders issued in this manner shall contain the information listed in subdivision 1 of 12 VAC 5-66-40 and the time of issuance by the physician.
- C. Nothing in these regulations shall prohibit qualified health care personnel from following any direct verbal order issued by a licensed physician not to resuscitate a patient in cardiac or respiratory arrest when such physician is physically present in attendance of such patient.

PART IV.
IMPLEMENTATION PROCEDURES.

12 VAC 5-66-70. Issuance of a Durable DNR Order.

- A. A Durable DNR Order may be issued to a patient by a physician, with whom the patient has established a bona fide physician/patient relationship, as defined by the Board of Medicine in their current guidelines, only with the consent of the patient or, if the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order, upon the request of and with the consent of the person authorized to consent on the patient's behalf.
- B. The physician shall explain to the patient or the person authorized to consent on the patient's behalf, the alternatives

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available, including issuance of a Durable DNR Order. If the option of a Durable DNR Order is agreed upon, the physician shall have the following responsibilities:

1. Obtain the signature of the patient or the person authorized to consent on the patient's behalf.
2. Execute and date the Physician Order on the Durable DNR Order Form.
3. Issue the original Durable DNR Order Form.
4. Explain how to, and who may revoke the Durable DNR Order.

C. The person to whom a Durable DNR order applies or the person authorized to consent on the patient's behalf must present the following information to the approved vendor in order to purchase and be issued an approved Durable DNR necklace or bracelet. The necklace or bracelet must contain the following information:

1. The patient's full legal name;
2. The Durable DNR number on the Virginia Durable DNR form or a number unique to the patient that is assigned by the vendor;
3. The physician's name and phone number; and
4. The Virginia Durable DNR effective date.

12 VAC 5-66-80. Durable DNR Order implementation procedures.

A. Qualified health care personnel shall comply with the following general procedures and published Virginia Durable DNR Order Implementation Protocols when caring for a patient who is in cardiac or respiratory arrest and who is known or suspected to have a Durable DNR Order in effect.

B. Initial assessment and intervention. Perform routine patient assessment and resuscitation or intervention until the Durable DNR Order or other DNR Order validity status is confirmed, as follows:

1. Determine the presence of a Durable DNR Order Form or an approved alternate form of Durable DNR identification.
2. Determine that the Durable DNR item is not altered.
3. Verify, through driver's license or other identification with photograph and signature or by positive identification by a family member or other person who knows the patient, that the patient in question is the one for whom the Durable DNR Order or other DNR Order was issued.
4. If no Durable DNR Order or approved alternate form of identification is found, ask a family member or other person to look for the original Durable DNR Order Form or other written DNR order.
5. If the Durable DNR Order or approved alternate form of identification is not intact or has been altered or other DNR Order is produced, the qualified health care personnel shall consider the Durable DNR Order to be invalid.

C. Resuscitative measures to be withheld or withdrawn. In the event of cardiac or respiratory arrest of a patient with a valid Durable DNR Order under the criteria set forth above, the following procedures should be withheld or withdrawn by qualified health care personnel unless otherwise directed by a physician physically present at the patient location:

1. Cardiopulmonary Resuscitation (CPR);
2. Endotracheal Intubation or other advanced airway management;
3. Artificial ventilation;
4. Defibrillation;
5. Cardiac resuscitation medications; or
6. Continuation of related procedures, as prescribed by the patient's physician or medical protocols.

D. Procedures to provide comfort care or to alleviate pain. In order to provide comfort care or to alleviate pain for a patient with a valid Durable DNR Order or other DNR Order, the following interventions may be provided, depending on the needs of the particular patient:

1. Airway management (excluding intubation or advanced airway management);
2. Suctioning;
3. Supplemental oxygen delivery devices;
4. Pain medications or intravenous fluids;
5. Bleeding control;
6. Patient positioning; or
7. Other therapies deemed necessary to provide comfort care or to alleviate pain.

E. Revocation.

1. These regulations shall not authorize any qualified health care personnel to follow a Durable DNR Order for any patient who is able to, and does, express to such qualified health care personnel the desire to be resuscitated in the event of cardiac or respiratory arrest.

If the patient is a minor or is otherwise incapable of making an informed decision, the expression of the desire that the patient be resuscitated by the person authorized to consent on the patient's behalf shall so revoke the qualified health care personnel's authority to follow a Durable DNR Order or other DNR Order.

2. The expression of such desire to be resuscitated prior to cardiac or respiratory arrest shall constitute revocation of the order; however, a new order may be issued upon consent of the patient or the person authorized to consent on the patient's behalf.

3. The provisions of this section shall not authorize any qualified emergency medical services personnel or licensed health care provider or practitioner who is attending the patient at the time of cardiac or respiratory arrest to provide, continue, withhold or withdraw treatment if such provider or practitioner knows that taking such action is

protested by the patient incapable of making an informed decision. No person shall authorize providing, continuing, withholding or withdrawing treatment pursuant to this section that such person knows, or upon reasonable inquiry ought to know, is contrary to the religious beliefs or basic values of a patient incapable of making an informed decision or the wishes of such patient fairly expressed when the patient was capable of making an informed decision.

F. Documentation. When following a Durable DNR Order or other DNR Order for a particular patient, qualified health care personnel shall document in the patient's medical record the care rendered or withheld in the following manner:

- 1. Use standard patient care reporting documents (i.e. patient chart, pre-hospital patient care report).*
- 2. Describe assessment of patient's status.*
- 3. Document which identification (Durable DNR Order Form or other DNR Order or alternate form of identification) was used to confirm Durable DNR status and that it was intact, not altered, not canceled or not officially revoked.*
- 4. Record the Durable DNR Order Number and name of patient's physician.*
- 5. If the patient is being transported, keep the Durable DNR Order with the patient.*

G. General considerations. The following general principles shall apply to implementation of Durable DNR Orders.

- 1. If there is misunderstanding with family members or others present at the patient's location or if there are other concerns about following the Durable DNR Order or other DNR Order, contact the patient's physician or EMS medical control for guidance.*
- 2. If there is any question about the validity of a Durable DNR Order, resuscitative measures should be administered until the validity of the Durable DNR Order is established.*

FORMS

Durable Do Not Resuscitate Order Form, eff. 1/01.

DURABLE DO NOT RESUSCITATE ORDER FORM
VIRGINIA DEPARTMENT OF HEALTH

Printed Name _____ Signature of Physician _____
Emergency Telephone Number: _____

Order Number: _____

Date Order Written: _____

Patient's Full Legal Name _____

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify: [must check 1 or 2]

1. The patient is CAPABLE of making and informed decision about providing, withholding or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required; **see reverse**).
2. The patient is incapable of making an informed decision about providing, withholding or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, (the patient is incapable of making an informed decision), check 1, 2 or 3 below:

1. The patient has executed a written advance directive which directs that life-prolonging procedures be withheld or withdrawn.
2. The patient has executed a written advanced directive which appoints a Person Authorized to Consent on the Patient's Behalf with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of Person Authorized to Consent on the Patient's Behalf is required, **see reverse**).

3. The patient has not executed a written advance directive (living will or durable power of attorney for health care). (Signature of Person Authorized to Consent on the Patient's Behalf is required, **see reverse**).

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen or other therapies deemed necessary to provide comfort care or alleviate pain.

PATIENT'S SIGNATURE

I, the undersigned, hereby direct that in case of my cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated. I understand that I may revoke these directions at any time by physical cancellation or destruction of this form or by orally expressing a desire to be resuscitated to qualified health care personnel. I also understand that if qualified health care personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation.

Signature of Patient

Signature of Person Authorized to Consent on the Patient's Behalf

I, the undersigned, hereby certify that I am authorized to provide consent of the patient's behalf by virtue of my relationship to the patient as _____ (in order of priority: designated agent, guardian or committee, spouse, adult child, parent, adult brother or sister, other relative in descending order of blood relationship). In that capacity, I hereby direct that in case of the patient's cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated. I understand that I may revoke these directions at any time by physical cancellation or destruction of this form or by orally expressing a desire to be resuscitated to qualified health care personnel. I also understand that if qualified health care personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation of the patient.

Signature of Person Authorized to Consent on the Patient's Behalf

EMS PERSONNEL WILL LOOK FOR THIS ORDER IN THE FOLLOWING PLACES:

- 1 On the back of the door leading to the patient's bedroom.
- 2 On the bedside table, beside the patient's bed.
- 3 On the refrigerator, or
- 4 In the patient's wallet

(Effective 1/1/2001)

TITLE 14. INSURANCE

STATE CORPORATION COMMISSION

REGISTRAR'S NOTICE: The State Corporation Commission is exempt from the Administrative Process Act in accordance with § 2.2-4002 A 2 of the Code of Virginia, which exempts courts, any agency of the Supreme Court, and any agency which by the Constitution is expressly granted any of the powers of a court of record.

Title of Regulation: 14 VAC 5-210. Rules Governing Health Maintenance Organizations (amending 14 VAC 5-210-70).

Statutory Authority: §§ 12.1-13 and 38.2-223 of the Code of Virginia.

Agency Contact: Jacqueline Cunningham, Bureau of Insurance, State Corporation Commission, 1300 E. Main Street, 5th Floor, Richmond, VA 23219 (mailing address: P.O. Box 1157, Richmond, VA 23218), telephone (804) 371-9074 or e-mail jcunningham@scc.state.va.us.

Summary:

The proposed amendments exclude certain Family Access to Medical Insurance Security Plans that are underwritten by health maintenance organizations from the copayment provisions set forth in 14 VAC 5-210-70 C.

AT RICHMOND, OCTOBER 26, 2001

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

CASE NO. INS010270

Ex Parte: In the matter of Adopting Revisions to the Rules Governing Health Maintenance Organizations

ORDER TO TAKE NOTICE

WHEREAS, § 12.1-13 of the Code of Virginia provides that the Commission shall have the power to promulgate rules and regulations in the enforcement and administration of all laws within its jurisdiction, and § 38.2-223 of the Code of Virginia provides that the Commission may issue any rules and regulations necessary or appropriate for the administration and enforcement of Title 38.2 of the Code of Virginia;

WHEREAS, the rules and regulations issued by the Commission pursuant to § 38.2-223 of the Code of Virginia are set forth in Title 14 of the Virginia Administrative Code;

WHEREAS, the Bureau of Insurance has submitted to the Commission a proposed revision to Chapter 210 of Title 14 of the Virginia Administrative Code entitled "Rules Governing Health Maintenance Organizations," which amends the rule at 14 VAC 5-210-70;

WHEREAS, the proposed revision clarifies that the provisions of subsection C of 14 VAC 5-210-70 do not apply to certain

Family Access to Medical Insurance Security ("FAMIS") Plans that are underwritten by a health maintenance organization; and

WHEREAS, the Commission is of the opinion that the proposed revision should be considered for adoption with a proposed effective date of December 1, 2001;

THEREFORE, IT IS ORDERED THAT:

(1) The proposed revision to the "Rules Governing Health Maintenance Organizations," which amends the rule at 14 VAC 5-210-70, be attached hereto and made a part hereof;

(2) All interested persons who desire to comment in support of or in opposition to, or to request a hearing to oppose the adoption of, the proposed revision shall file such comments or hearing request on or before November 26, 2001, in writing with the Clerk of the Commission, Document Control Center, P.O. Box 2118, Richmond, Virginia 23218 and shall refer to Case No. INS010270;

(3) If no written request for a hearing on the proposed revision is filed on or before November 26, 2001, the Commission, upon consideration of any comments submitted in support of or in opposition to the proposed revision, may adopt the revision proposed by the Bureau of Insurance;

(4) AN ATTESTED COPY hereof, together with a copy of the proposed revision, shall be sent by the Clerk of the Commission to the Bureau of Insurance in care of Deputy Commissioner Gerald A. Milsky, who forthwith shall give further notice of the proposed adoption of the revision to the rules by mailing a copy of this Order, together with a draft of the proposed revision, to all persons licensed by the Commission to transact the business of a health maintenance organization in the Commonwealth of Virginia; and by forwarding a copy of this Order, together with a draft of the proposed revision, to the Virginia Registrar of Regulations for appropriate publication in the Virginia Register of Regulations; and

(5) The Bureau of Insurance shall file with the Clerk of the Commission an affidavit of compliance with the notice requirements of paragraph (4) above.

14 VAC 5-210-70. General requirements.

A. Conversion of coverage.

1. Each health care plan shall offer to its enrollees, upon termination of coverage under a group or individual contract, the right to convert coverage, within 31 days after such termination of coverage, to an individual contract. Such converted coverage:

a. Shall provide benefits which, at a minimum, meet the requirements set forth in subsection B of 14 VAC 5-210-90 of this chapter; and

b. Shall not be refused on the basis that the enrollee no longer resides or is employed in the health maintenance organization's service area.

2. The conversion contract shall cover the enrollee covered under the group or individual contract as of the date of

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termination of the enrollee's coverage under such contract. Coverage shall be provided without additional evidence of insurability, and no preexisting condition limitations or exclusions may be imposed other than those remaining unexpired under the contract from which conversion is exercised. Any probationary or waiting period set forth in the conversion contract shall be deemed to commence on the effective date of coverage under the original contract.

3. A conversion contract shall not be required to be made available when:

- a. The enrollee is covered by or is eligible for benefits under Title XVIII of the ~~United States~~ Social Security Act (Public Law 89-97, 79 Stat 286 (July 30, 1965));
- b. The enrollee is covered by or is eligible for substantially the same level of hospital, medical, and surgical benefits under state or federal law;
- c. The enrollee is covered by substantially the same level of hospital, medical, and surgical benefits under any policy, contract, or plan for individuals in a group;
- d. The enrollee has not been continuously covered during the three-month period immediately preceding that enrollee's termination of coverage; or
- e. The enrollee was terminated by the health care plan for any of the reasons stated in 14 VAC 5-210-80 B 1 a, b, c, and f ~~of this chapter~~.

B. Coordination of benefits.

1. A health care plan may include in its group contract or individual contract a provision that the value of any benefit or service provided by the health maintenance organization may be coordinated with any other health insurance or health care benefits or services that are provided by any other group policy, group contract, or group health care plan, including coverage provided under governmental programs, so that no more than 100% of the eligible incurred expenses is paid.

2. A health care plan shall not be relieved of its duty to provide a covered health care service to any enrollee because the enrollee is entitled to coverage under any other policy, contract, or health care plan. In the event that benefits are provided by both a health care plan and another policy, contract, or health care plan, the determination of the order of benefits shall in no way restrict or impede the rendering of services required to be provided by the health care plan. The health maintenance organization shall be required to provide or arrange for the service first and then, at its option, seek coordination of benefits with any other health insurance or health care benefits or services that are provided by any other group policy, group contract, or group plan.

C. Copayments.

1. A health maintenance organization may require a copayment of enrollees as a condition for the receipt of specific basic health care services described in subsection B of 14 VAC 5-210-90 ~~of this chapter~~. Such copayments shall be shown in the evidence of coverage as a specified

dollar amount or as a percentage of the cost of providing such service for each specific basic health care service for which the health maintenance organization requires a copayment. The maximum amount of copayment the health maintenance organization may require in any contract or calendar year shall not exceed 200% of the total annual premium per single member or family unit. The maximum copayment amount shall be based upon the actual premium charged, including any employer contributions, for that member or family's coverage. The maximum copayment amount shall be shown in the evidence of coverage as a specified dollar amount.

2. A health maintenance organization may impose other copayments for supplemental health care services than those specified in this subsection.

3. Each health maintenance organization shall keep accurate records of each enrollee's copayment expenses and notify the enrollee when his copayment maximum is reached. Such notification shall be given no later than 30 days after the copayment maximum is reached. The health maintenance organization shall not charge additional copayments for the remainder of the contract or calendar year, as is appropriate. The health maintenance organization shall also promptly refund to the enrollee any copayments charged after the copayment maximum is reached. The evidence of coverage shall clearly state the health maintenance organization's procedure for meeting the requirements of this subsection.

4. *The provisions of this subsection shall not apply to any Family Access to Medical Insurance Security (FAMIS) Plan (i) authorized by the United States Centers for Medicare and Medicaid Services pursuant to Title XXI of the Social Security Act (42 USC § 1397aa et seq.) and the state plan established pursuant to Chapter 13 (§ 32.1-351 et seq.) of Title 32.1 of the Code of Virginia and (ii) underwritten by a health maintenance organization.*

D. Description of providers. A list of the names and locations of all affiliated providers shall be required to be provided to subscribers by the health maintenance organization at the time of enrollment or at the time the contract or evidence of coverage is issued and shall be made available upon request or at least annually.

E. Description of service area. A description of the service area within which the health maintenance organization shall provide health care services shall be required to be provided to subscribers by the health maintenance organization at the time of enrollment or at the time the contract or evidence of coverage is issued and shall be made available upon request or at least annually.

F. Extension of benefits.

1. Every group contract issued by a health maintenance organization shall contain a reasonable extension of benefits upon discontinuance of the group contract with respect to members who become totally disabled while enrolled under the contract and who continue to be totally disabled at the date of discontinuance of the contract.

2. Upon payment of premium, coverage shall remain in full force and effect for a reasonable period of time not less than 180 days, or until such time as the member is no longer totally disabled, or until such time as a succeeding carrier elects to provide replacement coverage to that member without limitation as to the disabling condition.

3. Upon termination of the extension of benefits, the enrollee shall have the right to convert coverage as provided for in subsection A of this section.

G. Freedom of choice.

1. At the time of enrollment each enrollee shall have the right to select a primary care physician from among the health maintenance organization's affiliated primary care physicians, subject to availability.

2. Any enrollee who is dissatisfied with his primary care physician shall have the right to select another primary care physician from among the health maintenance organization's affiliated primary care physicians, subject to availability. The health maintenance organization may impose a reasonable waiting period for this transfer.

H. Grievance procedure.

1. Each health maintenance organization shall establish and maintain a grievance or complaint system to provide reasonable procedures for the prompt and effective resolution of written complaints. A record of all written complaints shall be maintained for a period of at least three years.

2. Every health maintenance organization shall provide complaint forms and/or written procedures to be given to enrollees who wish to register written complaints. Such forms or procedures shall include the address and telephone number to which complaints must be directed and shall also specify any required time limits imposed by the health maintenance organization.

3. The grievance system shall provide for complaints to be resolved within a reasonable period of time, not more than 180 days from the date the complaint is registered. This period may be extended (i) in the event of a delay in obtaining the documents or records necessary for the resolution of the complaint, or (ii) by the mutual written agreement of the health maintenance organization and the enrollee registering the complaint.

4. Pending the resolution of a written complaint filed by a subscriber or enrollee, coverage may not be terminated for the subscriber or enrollee for any reason which is the subject of the written complaint, except where the health maintenance organization has, in good faith, made an effort to resolve the complaint and coverage is being terminated as provided for in subsection B of 14 VAC 5-210-80 of this chapter.

5. Where enrollee complaints and grievances may be resolved through a specified arbitration agreement, the enrollee shall be advised in writing of his rights and duties under the agreement at the time the complaint is registered. No contract or evidence of coverage that entitles enrollees to resolve complaints and grievances

through an arbitration agreement shall limit or prohibit such arbitration for any claims asserted having a monetary value of \$250 or more. If the enrollee agrees to binding arbitration his written acceptance of the arbitration agreement shall not be executed prior to the time the complaint is registered nor subsequent to the time an initial resolution is made, and the agreement must be accompanied by a statement setting forth in writing the terms and conditions of binding arbitration.

VA.R. Doc. No. R02-68; Filed October 30, 2001, 4:07 p.m.



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 change from the proposed text of the regulation.

TITLE 4. CONSERVATION AND NATURAL RESOURCES

MARINE RESOURCES COMMISSION

REGISTRAR'S NOTICE: The following regulations filed by the Marine Resources Commission are exempt from the Administrative Process Act in accordance with § 2.2-4006 A 12 of the Code of Virginia; however, the commission is required to publish the full text of final regulations.

Title of Regulation: 4 VAC 20-70. **Pertaining to the Harvesting of Clams (amending 4 VAC 20-70-120).**

Statutory Authority: § 28.2-201 of the Code of Virginia.

Effective Date: December 1, 2001.

Summary:

The amendment establishes protection for submerged aquatic vegetation in the Chincoteague Bay and Assateague Bay and Channel area from the use of dredges and provides an exemption to dredging prohibition for any leased ground.

Agency Contact: Deborah Cawthon, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607, telephone (757) 247-2248.

4 VAC 20-70-120. Conventional dredge.

A. It shall be unlawful to take or catch hard shell clams from any public or unassigned grounds in the tidal waters of the Commonwealth by the use of a conventional dredge except as provided in subsection B of this section.

B. It shall be lawful only between December 1 and April 1, to take or catch hard shell clams by the use of a conventional dredge from unassigned ground on the seaside of Accomack and Northampton counties where the water is more than four feet in depth at mean low water, provided each person complies with all the provisions of this chapter.

C. It shall be unlawful to operate a conventional dredge as permitted in subsection B of this section between one hour before sunset and one hour after sunrise, or on Sunday.

D. Any person who may desire to take or catch hard shell clams from leased ground by the use of a conventional dredge shall comply with all provisions of §§ 28.2-515, 28.2-516, and 28.2-517 of the Code of Virginia, except the provisions thereof relating to planting of seed oysters or shells and the use of said ground for cultivation of oysters.

E. It shall be unlawful for any person to use or have overboard any dredge within the following defined areas: all public waters of Chincoteague Bay and Assateague Bay and Channel lying east of a line that begins at the

Virginia/Maryland state line marker "D" at latitude 38°01'10.00" N and longitude 75°19'50.90" W, thence southerly to the boundary marker located at latitude 38°00'19.00"N and longitude 75°20'09.90" W, thence southwesterly to the next boundary marker located at latitude 37°59'52.76" N and longitude 75°20'42.52" W, thence southwesterly to the next boundary marker located at latitude 37°59'35.13" N and longitude 75°21'40.28" W, thence southwesterly to channel marker R "14" thence southerly to channel marker R "12" located adjacent to corner 627 of the Public Clamming Ground, thence southeasterly to channel marker R "10," thence southeasterly to channel marker G "9," thence southerly to channel marker R "8," thence southerly to channel marker R "6," thence southerly to channel marker R "4," thence southerly to channel marker G "1," thence due east to the shoreline to a point located at latitude 37°56'19.95," and longitude 75°22'17.44".

All public waters lying west of a line that begins at Cockle Point at latitude 37°59'09.54" N and longitude 75°24'25.82" W, thence northeasterly to the next boundary marker located at latitude 37°59'34.09" N and longitude 75°24'03.27" W, thence northeasterly to the next boundary marker located at latitude 38°00'02.69" N and longitude 75°23'36.38" W, thence northeasterly to channel marker FI G "3."

F. All leased ground within the defined boundaries of subsection E of this section and meeting the provisions of subsection D of this section shall be exempt from the prohibition on dredging.

VA.R. Doc. No. R02-66; Filed October 30, 2001, 9:14 a.m.

Title of Regulation: 4 VAC 20-510. **Pertaining to Amberjack and Cobia (amending 4 VAC 20-510-20).**

Statutory Authority: § 28.2-201 of the Code of Virginia.

Effective Date: January 1, 2002.

Summary:

The amendment reduces the possession limit for cobia for recreational fishermen.

Agency Contact: Deborah Cawthon, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607, telephone (757) 247-2248.

4 VAC 20-510-20. Possession limits.

A. It shall be unlawful for any person fishing ~~commercially or~~ recreationally to possess more than two amberjack or more than ~~two~~ one cobia at any time. Any amberjack or cobia caught after the possession limit has been reached shall be returned to the water immediately. When fishing from any boat or vessel where the entire catch is held in a common hold or container, the possession limit shall be for the boat or

vessel and shall be equal to the number of persons on board legally eligible to fish multiplied by ~~two~~ one for cobia or two for amberjack. The captain or operator of the boat or vessel shall be responsible for any boat or vessel possession limit.

B. It shall be unlawful for any person fishing commercially to possess more than two amberjack or more than two cobia at any time. Any amberjack or cobia caught after the possession limit has been reached shall be returned to the water immediately. When fishing from any boat or vessel where the entire catch is held in a common hold or container, the possession limit shall be for the boat or vessel and shall be equal to the number of persons on board legally eligible to fish multiplied by two. The captain or operator of the boat or vessel shall be responsible for any boat or vessel possession limit.

B. C. Nothing in this section shall affect the possession of amberjack or cobia by licensed seafood buyers or wholesale and retail seafood establishments when operating in their capacity as a buyer or wholesaler or retailer.

VA.R. Doc. No. R02-67; Filed October 30, 2001, 9:15 a.m.

Title of Regulation: 4 VAC 20-970. Pertaining to Spadefish (amending 4 VAC 20-970-30).

Statutory Authority: § 28.2-201 of the Code of Virginia.

Effective Date: January 1, 2002.

Summary:

The amendment reduces the possession limit of spadefish per recreational fisherman.

Agency Contact: Deborah Cawthon, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607, telephone (757) 247-2248.

4 VAC 20-970-30. Spadefish possession limit.

A. It shall be unlawful for any person fishing with recreational hook and line, rod and reel, hand line, spear, gig or other recreational gear to possess more than ~~six~~ four spadefish. Any spadefish taken after the possession limit of ~~six~~ four fish has been reached shall be returned to the water immediately.

B. When fishing from a boat or vessel where the entire catch is held in a common hold or container, the possession limit shall be for the boat or vessel and shall be equal to the number of persons on board legally eligible to fish multiplied by ~~six~~ four. The captain or operator of the boat or vessel shall be responsible for any boat or vessel possession limit.

C. It shall be unlawful for any person fishing with a licensed commercial hook and line to possess more than six spadefish. Any spadefish taken by a licensed commercial hook-and-line fisherman after the possession limit of six fish has been reached shall be returned to the water immediately.

VA.R. Doc. No. R02-65; Filed October 30, 2001, 9:16 a.m.



TITLE 8. EDUCATION

STATE BOARD OF EDUCATION

Title of Regulation: 8 VAC 20-160. Regulations Governing Secondary School Transcripts (amending 8 VAC 20-160-10, 8 VAC 20-160-30 and 8 VAC 20-160-40).

Statutory Authority: §§ 22.1-16 and 22.1-253.13:3 of the Code of Virginia.

Effective Date: December 19, 2001.

Summary:

The amendments establish new graduation requirements for students earning high school diplomas in Virginia. Beginning with the ninth grade class of 2000-2001 (graduating class of 2003-2004), students will be required to earn a prescribed number of verified units of credit. This requirement for verified credits affects students who are currently taking high school credit-bearing courses in grade 7 or earlier. Each student in middle and secondary schools shall take all applicable end-of-course Standards of Learning (SOL) tests following course instruction. Students who achieve a passing score on an end-of-course Standards of Learning test shall be awarded a verified unit of credit in that course. In keeping with the changes in the Standards of Accreditation, a revision is necessary to account for and denote verified units of credit on the students' transcripts.

The following changes have been made since the proposed regulations were published:

- 1. The definition of "secondary school transcript" is amended to provide that secondary school transcripts exclude those courses purged from middle school records in accordance with 8 VAC 20-131.*
- 2. In compliance with Chapter 673 of the 2001 Acts of Assembly, language was added to prohibit including the accreditation status of a high school on the school profile data sheet.*
- 3. The definitions of "credit" and "type of diploma" have been clarified.*
- 4. The requirement for "total verified credits earned" was added.*
- 5. The inclusion of "passing score" was eliminated.*
- 6. Items to be included on the test record were clarified.*

Summary of Public Comments and Agency's Response: A summary of comments made by the public and the agency's response may be obtained from the promulgating agency or viewed at the office of the Registrar of Regulations.

Agency Contact: Vernon Wildy, Board of Education, P.O. Box 2120, Richmond, VA 23218-2120, telephone (804) 225-2877.

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CHAPTER 160.
REGULATIONS GOVERNING SECONDARY SCHOOL
~~TRANSCRIPT~~ TRANSCRIPTS.

8 VAC 20-160-10. Definitions.

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

"Accelerated course" means a course that can be completed in less than the normal amount of time; the process of progressing through the school grades at a rate faster than that of the average student, either by skipping grades or by rapidly mastering the work of one course and moving on to the next higher course.

"Advanced course" means a course that presents material and concepts beyond the introductory or the elementary; a course that carries on from an introductory or elementary course given in the same school.

"Advanced placement (AP) course" means a course with a syllabus equivalent to the relevant advanced placement syllabus disseminated by the Educational Testing Service.

"Assessment component" means any of the means by which one obtains information on the progress of the learner and the effectiveness of instruction; quantitative data, objective measures, subjective impressions, tests, and observations may all serve as instruments for deciding whether instructional objectives have been attained.

"Credit" means [~~official certification of the completion of a course of study; a unit for expressing quantitatively the amount of content of a course of instruction, especially with reference to the value of the course in relation to the total requirements for a degree or certificate~~ *a standard or a verified credit as specified in Regulations Establishing Standards for Accrediting Public Schools in Virginia (8 VAC 20-131 [-10 et seq.])*).

"Curriculum" means an official guide prepared for use by administrators, supervisors, and teachers of a particular school or school system as an aid to teaching in a given subject or area of study for a given grade; includes the goals and objectives of the course, the expected outcomes, assessment component, and the scope and nature of the materials to be studied.

"Grade point average" means a measure of average scholastic success in all school subjects taken by a student during a certain term or semester, or accumulated for several terms or semesters; obtained by dividing grade points by hours of course work taken.

"Honors course" means a course, at the high school level, that limits enrollment to exceptionally capable students; provides for independent or tutorial work, places the responsibility for student progress more on the student than on the teachers, emphasizes reading and self-instruction.

"Secondary school profile data" means information given in a summary format of a particular secondary school, such as location, description, achievement data, definition of curriculum, grading scale, grade distribution, weighted

grades, rank in class, graduation requirements, and explanation of advanced, accelerated, advanced placement, honors courses.

"Secondary course" means a course of study planned especially for people of ages approximately 12 to 17, in which the emphasis tends to shift from mastery of basic tools of learning, expression, and understanding to the use and extension of the tools in exploring areas of thought and living, and in exploring and acquiring information, concepts, intellectual skills, attitudes, social, physical, and intellectual ideas, and habits, understanding, and appreciation.

"Secondary school transcript" means an official list of ~~all~~ secondary courses taken by a student, *except those purged from a middle school record in accordance with 8 VAC 20-131 [-10 et seq.], Regulations Establishing Standards for Accrediting Public Schools in Virginia*, showing the final grade received for each course, with definitions of the various grades given.

"Weighted course" means advanced placement, advanced or honors level courses in which credit is increased usually by reason of quality of work accomplished.

8 VAC 20-160-30. Format options.

Localities have two options for the secondary school transcript format. They may use the Department of Education model or develop their own following board regulations. Transcripts developed locally shall be approved by the Department of Education. No standard format is required. *The accreditation status of a high school shall not be included on the student transcript provided to colleges, university universities, or employers.*

The required information is as follows:

1. Name of school division;
2. Student legal name;
3. Student number;
4. Birthdate;
5. Sex;
6. Home address;
7. Home telephone number;
8. Graduation date;
9. Type of diploma [, *to include "Advanced Studies" or "Other Diplomas Authorized by the Board of Education"*];
10. Name of schools student attended each year;
11. Number of days absent within given school year;
12. Course work listed by year with grades;
13. Total credits earned by year;
14. *Total verified credits earned*;
- ~~44.~~ 15. Credits to date;
- ~~45.~~ 16. Grade point average;

- 16. 17. Credit summary for entire school experience;
- 17. 18. Key to symbols and abbreviations used to denote accelerated, advanced, advanced placement, honors, and summer school courses;
- 18. ~~Passing score;~~
- 19. Rank in class with given number of semesters used for computation;
- 20. Final driver education grade;
- 21. Test record, to include results on college performance-related standardized tests such as College Entrance Examination Board or equivalent, *excluding Standards of Learning (SOL) test scores. [Beginning Spring 2004, the transcript shall show the scores for SOL end-of-course tests. The transcript shall show only the highest SOL test score for each test if taken more than once;]*
- 22. Signature and title of school official;
- 23. Date of school official signature;
- 24. School name;
- 25. Telephone number of school;
- 26. Department of Education code number.

8 VAC 20-160-40. Profile data sheet.

A secondary school profile data sheet, that includes the required information, shall be attached to each student transcript sent to colleges, universities, and prospective employers. Schools may furnish additional information. *The accreditation status of a high school shall not be included on the school profile data sheet.* No standard format is required. The required information is as follows:

- 1. Name of guidance director or counselor;
- 2. Name, address, and telephone number of school;
- 3. Description - school/community;
- 4. Achievement data to include College Entrance Examination Board/Scholastic Aptitude Test code, mean Scholastic Aptitude Test score for the graduating class, average Scholastic Aptitude Test/American College Test scores for the school in comparison with Virginia and nation;
- 5. Definition of curriculum;
- 6. Grading scale;
- 7. Grade distribution;
- 8. Explanation of advanced placement, advanced, accelerated, and honors courses;
- 9. Weighted grades, explanation of weighting courses and the computation;
- 10. Rank in class:
 - a. List courses excluded from computation;
 - b. Explanation of computation of pass/fail courses;

c. Student groups included/excluded from ranking in class;

11. Graduation requirements.

VA.R. Doc. No. R99-185; Filed October 30, 2001, 10:35 a.m.

TITLE 16. LABOR AND EMPLOYMENT

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

REGISTRAR'S NOTICE: The following regulations are exempt from the Administrative Process Act in accordance with § 2.2-4006 A 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 Safety and Health Codes Board will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: **16 VAC 25-60. Administrative Regulation for the Virginia Occupational Safety and Health Program (repealing 16 VAC 25-60-50, 16 VAC 25-60-60 and 16 VAC 25-60-70).**

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

Effective Date: December 31, 2001.

Summary:

The repealed sections cover accident reporting, occupational illness and injury records, and the annual survey. With the adoption of the federal identical Recording and Reporting Occupational Injuries and Illnesses, 16 VAC 25-85-1904.0 through 16 VAC 25-85-1904.46, these sections will be in conflict and, therefore, are being repealed.

Agency Contact: Regina P. Cobb, Department of Labor and Industry, 13 South 13th Street, Richmond, VA 23219, telephone (804) 786-0610.

16 VAC 25-60-50. Accident reports. (Repealed.)

~~A. All employers, regardless of the number of their employees, shall report to the commissioner within eight hours any work-related incident which results in the death of any employee or the inpatient hospitalization of three or more employees.~~

~~B. If an employer does not learn of a reportable incident at the time it occurs, and the incident would otherwise be reportable under this section, the employer shall report to the department within eight hours of the time the incident is reported to any agent or employee of the employer. Whether or not an incident is immediately reportable, if an employee dies of the effects of a reportable incident within 30 days of that incident, the employer shall report to the department~~

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within eight hours after learning of such death. Reports required by this section shall be submitted by telephone or in person to the department.

~~C. Each report required by this section shall relate the following information: establishment name, location of incident, time of the incident, the number of fatalities or hospitalized employees, the extent of any injuries, a brief description of the incident, contact person and phone number. The commissioner may require additional reports in writing or otherwise, as deemed necessary, concerning the incident.~~

16 VAC 25-60-60. Occupational injury and illness records. (Repealed.)

~~A. Every employer subject to the safety and health provisions of Title 40.1 of the Code of Virginia, except those employers exempted under the current OSHA Recordkeeping Program, shall maintain an occupational injury and illness log and summary in each individual establishment and may use for this purpose Occupational Safety and Health Administration Form, OSHA No. 200, or a substitute that is as detailed, easily readable, and understandable as the OSHA No. 200.~~

~~B. Each recordable injury and illness shall be entered on the log and summary as early as is practicable but no later than six working days after receiving information that a recordable injury or illness has occurred.~~

~~C. Employers may maintain the log and summary at a place other than the establishment or by means of data processing equipment if:~~

~~1. There is available at the place that the log and summary is maintained sufficient information to bring the log and summary to date within six working days after receiving information that a recordable case has occurred, and~~

~~2. At each employer's establishments, there is available a copy of the log and summary reflecting complete and current (within 45 calendar days) the injury and illness experience of that establishment.~~

~~D. The log shall be established on a calendar year basis.~~

~~E. Every employer required to maintain a log shall also maintain a supplementary record of occupational injuries and illnesses and may use for this purpose Occupational Safety and Health Administration Form, OSHA No. 101, Employer's First Report of Accident, VWC Form No. 3 (Virginia Workers' Compensation Commission), is acceptable as a substitute for OSHA No. 101. Other forms will be acceptable if they contain the information required by OSHA Form No. 101.~~

~~F. Every employer who is required by the provisions of subsection A to maintain a log shall also compile an annual summary of occupational injuries and illnesses based on the information contained in the log. The summary for the previous calendar year must be posted in accordance with 16 VAC 25-60-40 by February 1 and remain posted until March 1. Occupational Safety and Health Form No. 200 shall be used for this purpose.~~

~~1. The employer or the employee who prepares the log and summary shall certify that the summary is accurate and complete. This certification shall be indicated by the~~

~~signature at the bottom of the summary or by attaching a separate verifying statement to the summary.~~

~~2. For employees who do not report to any fixed establishment on a regular basis, the annual summary shall be presented or mailed during the month of February to each employee who receives a paycheck during that month.~~

~~3. It is not necessary for multi-establishment employers to post summaries for those operations which have been closed down.~~

~~G. All safety and health records at each establishment shall be available for inspection and copying by the commissioner, officials from the Occupational Safety and Health Administration or the Bureau of Labor Statistics of the U.S. Department of Labor, and representatives of the U.S. Department of Health and Human Services conducting investigations under the Occupational Safety and Health Act.~~

~~H. The log and summary of all recordable occupational injuries and illnesses (OSHA No. 200) provided for in this section shall, upon request, be made available by the employer to any employee, former employee, and to his representatives for examination and copying in a reasonable manner and at reasonable times. The employee, former employee, and his representatives shall have access to the log for any establishment in which the employee is or has been employed.~~

~~I. Every employer shall prepare and maintain any other records determined by the commissioner to be necessary and submit, upon request of the commissioner, records pertaining to occupational safety and health.~~

~~J. All records required to be maintained in accordance with this section shall be retained in each establishment for five years after the year to which they pertain.~~

~~K. Where an employer has conveyed his ownership interests, both the new and the prior employers are responsible for maintaining records only for that period of the year during which he had any ownership interests. The new owner shall preserve those records, if any, of the previous owner required to be kept under this section. These records shall be retained for the remainder of the five year period required under subsection J of this section.~~

~~L. Employers of employees engaged in physically dispersed operations such as occur in construction, installation, repair, or service activities who do not report to any fixed establishment on a regular basis but are subject to common supervision may satisfy the provisions of this section with respect to such employees by:~~

~~1. Maintaining the required records for each operation or group of operations which is subject to common supervision, e.g., field superintendent, field supervisor, et cetera, in an established central place;~~

~~2. Having the address and telephone number of the central place to provide information from such records during normal business hours in response to requests by telephone or by mail from the authorized parties listed in this section; and~~

~~3. Having personnel available during normal business hours at the central place to provide by telephone or by mail requested information from such records maintained there.~~

16 VAC 25-60-70. Annual survey. (Repealed.)

~~As required by the U.S. Department of Labor and the Bureau of Labor Statistics, any employer shall complete an annual survey data form as required by the commissioner. This form shall be submitted to the commissioner and used for the compilation of statistical and other information.~~

VA.R. Doc. No. R02-60; Filed October 22, 2001, 9:41 a.m.

* * * * *

Title of Regulation: 16 VAC 25-85. Recording and Reporting Occupational Injuries and Illnesses (amending 16 VAC 25-85-1904.0 through 16 VAC 25-85-1904.46).

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

Effective Dates:

The following sections will become effective on January 1, 2002:

- 16 VAC 25-85-1904.0 through 16 VAC 25-85-1904.09
- 16 VAC 25-85-1904.10 (c)
- 16 VAC 25-85-1904.11
- 16 VAC 25-85-1904.13 through 16 VAC 25-85-1904.28
- 16 VAC 25-85-1904.29 except (b)(7)(vi) second sentence
- 16 VAC 25-85-1904.30 through 1904.46.

The following sections will become effective on January 1, 2003:

- 16 VAC 25-85-1904.10 (a)&(b)
- 16 VAC 25-85-1904.12
- 16 VAC 25-85-1904.29 (b)(7)(vi) second sentence.

Summary:

This rulemaking completed a larger overall effort to revise, update and simplify requirements in Part 1904 of Title 29 of the Code of Federal Regulations, dealing with recording and reporting occupational injuries and illness.

Federal OSHA uses the Occupational Injury and Illness Recording and Reporting ("Recordkeeping") survey results to target federal and state plan compliance officers to the most hazardous work sites as well as to direct its compliance assistance resources in the most efficient manner. With this revision, Federal OSHA has updated its rule on recording and reporting of occupational injuries and illnesses (29 CFR Part 1904), including the forms employers use to record those injuries and illnesses. The revisions to the final rule will produce more useful injury and illness records in the following ways: by collecting better information about the incidence of occupational injuries and illnesses on a national basis; by promoting improved employee awareness and involvement in the recording and reporting of job-related injuries and illnesses; by simplifying the injury and illness recordkeeping system for employers; and by permitting increased use of

computers and telecommunications technology for OSHA recordkeeping purposes.

Like the former rule, under the new rule employers with 10 or fewer employees would continue to be exempt from most recordkeeping requirements, as are a number of industries classified as low-hazard retail, service, finance, insurance and real estate sectors. The new regulation updates the list of exempted industries. (All employers covered by the Occupational Safety and Health Act must continue to report any workplace incident resulting in a fatality or the hospitalization of three or more employees).

The revised rule also includes a provision for recording needlestick and sharp injuries that is consistent with recently-passed federal legislation requiring OSHA to revise its bloodborne pathogens standard to address such injuries. This provision is expected to result in a significant increase in recordable cases annually.

This regulation is written in plain language and uses a question and answer format. For the first time, the regulation uses checklists and flowcharts to provide easier interpretations of recordkeeping requirements.

The effective dates for the following sections have been delayed until January 1, 2003. The provisions delayed are 16 VAC 25-85-1904.10(a)&(b), which specifies criteria for cases involving occupational hearing loss; and 16 VAC 25-85-1904.12, which defines "musculoskeletal disorder (MSD)" and requires employers to check the MSD column on the OSHA Log if an employee experiences a work-related musculoskeletal disorder; and the second sentence of 16 VAC 25-85-1904.29(b)(7)(vi) covering forms, which states that MSDs are not considered privacy concern cases. The first sentence of 16 VAC 25-85-1904.29(b)(7)(vi) is effective on January 1, 2002. The second sentence is effective beginning on January 1, 2003.

Agency Contact: Regina P. Cobb, Department of Labor and Industry, 13 South 13th Street, Richmond, VA 23219, telephone (804) 786-0610.

Note on Incorporation by Reference

Pursuant to § 2.2-4103 of the Code of Virginia, Recording and Reporting Occupational Injuries and Illnesses (29 CFR Part 1904) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason the 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, 13 South 13th Street, Richmond, Virginia 23219, and in the office of the Registrar of Regulations, General Assembly Building, 9th and Broad Streets, Richmond, Virginia 23219.

On October 18, 2001, the Safety and Health Codes Board adopted an identical version of federal OSHA's final rule for the Recording and Reporting Occupational Injuries and Illnesses, Revised Final Rule, §§1904.0 through 1904.46.

The effective date for 16 VAC 25-85-1904.0 through 16 VAC 25-85-1904.09, 16 VAC 25-85-1904.10(c), 16 VAC 25-85-1904.11, 16 VAC 25-85-1904.13 through 16 VAC 25-85-1904.28, 16 VAC 25-85-1904.30 through 16 VAC 25-85-1904.46, and all of 16 VAC 25-85-1904.29 except the second

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sentence of 16 VAC 25-85-1904.29(b)(7)(vi) is January 1, 2002.

The effective date for 16 VAC 25-85-1904.10(a)&(b), 16 VAC 25-85-1904.12, and the second sentence of 16 VAC 25-85-1904.29 (b)(7)(vi) is January 1, 2003.

The text of the amendments to 16 VAC 25-85-1904.0 through 16 VAC 25-85-1904.46, Recording and Reporting Occupational Injuries and Illnesses, can be found in the January 19, 2001 issue of the Federal Register, Volume 66, Number 13, pages 5915-6135. The delays in effective dates can be found in the July 3, 2001 issue, Volume 66, Issue 128, pages 35113-35115 and the October 12, 2001 issue, Volume 66, Issue 198, pages 52031-52034.

When the regulations, as set forth in the revised final rule for the Recording and Reporting Occupational Injuries and Illnesses, 16 VAC 25-85-1904.0 through 25-85-1904.46, are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, the following federal terms shall be considered to read as below:

<u>Federal Terms</u>	<u>VOSH Equivalent</u>
29 CFR	VOSH Standard
Assistant Secretary	Commissioner of Labor and Industry
Agency	Department
29 CFR 1904.0 through 1904.46	16 VAC 25-85-1904.0 through 16 VAC 25-85-1904.46

Implementation Schedule

The following sections will become effective on January 1, 2002:

16 VAC 25-85-1904.0 through 16 VAC 25-85-1904.09
16 VAC 25-85-1904.10 (c)
16 VAC 25-85-1904.11
16 VAC 25-85-1904.13 through 16 VAC 25-85-1904.28
16 VAC 25-85-1904.29 except (b)(7)(vi) second sentence
16 VAC 25-85-1904.30 through 1904.46.

The following sections will become effective on effective on January 1, 2003:

16 VAC 25-85-1904.10 (a)&(b)
16 VAC 25-85-1904.12
16 VAC 25-85-1904.29 (b)(7)(vi) second sentence.

VA.R. Doc. No. R02-59; Filed October 22, 2001, 9:41 a.m.

* * * * *

Title of Regulation: 16 VAC 25-175. Construction Industry Standards - Steel Erection and Fall Protection (amending 16 VAC 25-175-1926.750 through 16 VAC 25-175-1926.759, 16 VAC 25-175-1926.760 (d) and (e), 16 VAC 25-175-1926.761, and 16 VAC 25-175-1926.500.)

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

Effective Date: January 18, 2002.

Summary:

Federal OSHA revised Subpart R of the Construction Industry Standards (29 CFR Part 1926) to enhance occupational protections provided to workers engaged in steel erection and to update the general provisions that address steel erection. The regulation sets performance-oriented criteria, where possible, to protect employees from steel erection related hazards in the areas of hoisting and rigging, structural steel assembly, beam and column connections, joist erection, systems-engineered metal building erection, fall protection and training.

The revised final steel erection standard modifies and strengthens the standard it replaces in a number of areas. Key provisions of the revised steel erection standard include:

Site Layout and Construction Sequence

Requires certification of proper curing of concrete in footings, piers, etc. for steel columns.

Requires controlling contractor to provide erector with a safe site layout including pre-planning routes for hoisting loads.

Site Specific Erection Plan

Requires pre-planning of key erection elements, including coordination with controlling contractor before erection begins, in certain circumstances.

Hoisting and Rigging

Provides additional crane safety for steel erection.

Minimizes employee exposure to overhead loads through pre-planning and work practice requirements.

Prescribes proper procedure for multiple lifts (Christmas-treeing).

Structural Steel Assembly

Provides safer walking/working surfaces by eliminating tripping hazards and minimizes slips through new slip resistance requirements.

Provides specific work practices regarding safely landing deck bundles and promoting the prompt protection from fall hazards in interior openings.

Column Anchorage

Requires 4 anchor bolts per column along with other column stability requirements.

Requires procedures for adequacy of anchor bolts that have been modified in the field.

Beams and Columns

Eliminates extremely dangerous collapse hazards associated with making double connections at columns.

Open Web Steel Joists

Requirements minimizing collapse of lightweight steel joists by addressing need for erection bridging and method of attachment.

Requirements for bridging terminus anchors with illustrations and drawings in a non-mandatory appendix (provided by Steel Joist Institute)

New requirements to minimize collapse in placing loads on steel joists.

Systems-Engineered Metal Buildings

Requirements to minimize collapse in the erection of these specialized structures which account for a major portion of steel erection in this country.

Falling Object Protection

Performance provisions that address hazards of falling objects in steel erection.

Training

Requires qualified person to train exposed workers in fall protection.

Requires qualified person to train exposed workers engaged in special, high risk activities.

Paragraph (d) of §1926.760 provides criteria for fall protection equipment to meet criteria in 1926.502 and paragraph 1926.760 (e) requires that custody of fall protection equipment remain in the area where steel erection activity has been completed.

The Fall Protection standard in subpart M of the Construction Industry Standards was also amended to (i) clarify that steel erection is covered exclusively by Subpart R, with the exception of towers and tanks; (ii) explain that 16 VAC 25-175-1926.105 covers employees engaged in the erection of tanks and communication and broadcast towers; and (iii) specifically exclude the erection of tanks and communication and broadcast towers from the scope of 16 VAC 25-175-1926.502. The erection of tanks and communication and broadcast towers will continue to be covered by 16 VAC 25-175-1926.104.

Agency Contact: Regina P. Cobb, Department of Labor and Industry, 13 South 13th Street, Richmond, VA 23219, telephone (804) 786-0610.

Note on Incorporation by Reference

Pursuant to § 2.2-4103 of the Code of Virginia, Safety Standards for Steel Erection, Construction Industry (29 CFR Part 1926) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason the 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, 13 South 13th Street, Richmond, Virginia 23219, and in the office of the Registrar of Regulations, General Assembly Building, 9th and Broad Streets, Richmond, Virginia 23219.

On October 18, 2001, the Safety and Health Codes Board adopted an identical version of federal OSHA's revised final Rule for the Safety Standards for Steel Erection, Subpart R, amending 16 VAC 25-175-1926.750 through 16 VAC 25-175-1926.759, 16 VAC 25-175-1926.760 (d) and (e) and 16 VAC 25-175-1926.761; and Fall Protection, Subpart M, 16 VAC 25-175-1926.500. The Safety and Health Codes Board did not

adopt 16 VAC 25-175-1926.760 (a), (b), and (c) of the federal standard.

The text of the amendments to 16 VAC 25-175-1926.750 through 16 VAC 25-175-1926.759, 16 VAC 25-175-1926.760(d) and (e) and 16 VAC 25-175-1926.761; and 16 VAC 25-175-1926.500. Fall Protection, Subpart M, 16 VAC 25-175-1926.500 can be found in the January 18, 2001, issue of the Federal Register, Volume 66, Number 12, pages 5195-5280. The delay in effective date can be found in the July 17, 2001, issue of the Federal Register, Volume 66, Number 137, pages 37137-37139.

When the regulations, as set forth in the Safety Standards for Steel Erection, 16 VAC 25-175-1926.750 through 16 VAC 25-175-1926.759, 16 VAC 25-175-1926.760(d) and (e) and 16 VAC 25-175-1926.761; and in the amendment to Fall Protection, Subpart M, 16 VAC 25-175-1926.500, are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, or both, the following federal terms shall be considered to read as below:

<u>Federal Terms</u>	<u>VOSH Equivalent</u>
29 CFR	VOSH Standard
Assistant Secretary	Commissioner of Labor and Industry
Agency	Department
January 18, 2002	January 18, 2002

VA.R. Doc. No. R02-61; Filed October 22, 2001, 9:41 a.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF PHYSICAL THERAPY

Title of Regulation: **18 VAC 112-10. Public Participation Guidelines.**

Statutory Authority: §§ 2.2-4007, 54.1-2400 and 54.1-3475 of the Code of Virginia.

Effective Date: December 19, 2001.

Summary:

The regulations provide guidelines for public participation in the regulatory process of the board. These regulations replace emergency regulations that are currently in effect and are intended to further enable electronic communication, notification and comment in the development of regulations.

Summary of Public Comments and Agency's Response: No public comments were received by the promulgating agency.

Agency Contact: Elizabeth Young Tisdale, Executive Director, Board of Physical Therapy, 6606 West Broad Street, 4th Floor, Richmond, VA 23230, telephone (804) 662-9924.

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REGISTRAR'S NOTICE: The proposed regulation was adopted as published in 17:23 VA.R. 3443-3446 July 30, 2001, without change. Therefore, pursuant to § 2.2-4031 A of the Code of Virginia, the text of the final regulation is not set out.

VA.R. Doc. No. R01-35; Filed October 23, 2001, 1:44 p.m.

◆ ————— ◆

TITLE 20. PUBLIC UTILITIES AND TELECOMMUNICATIONS

STATE CORPORATION COMMISSION

REGISTRAR'S NOTICE: The State Corporation Commission is exempt from the Administrative Process Act in accordance with § 2.2-4002 A 2 of the Code of Virginia, which exempts courts, any agency of the Supreme Court, and any agency which by the Constitution is expressly granted any of the powers of a court of record.

The distribution lists that are referenced as Appendices A, B and C in the following order are not being published. However, these lists are available for public inspection at the State Corporation Commission, Document Control Center, Tyler Building, 1st Floor, 1300 East Main Street, Richmond, Virginia 23219, from 8:15 a.m. to 5 p.m., Monday through Friday; or may be viewed at the Virginia Code Commission, General Assembly Building, 2nd Floor, 910 Capitol Street, Richmond, Virginia 23219, during regular office hours.

Title of Regulation: 20 VAC 5-405. Rules for Alternative Dispute Resolution Process (adding 20 VAC 5-405-10 through 20 VAC 5-405-130).

Statutory Authority: § 12.1-13 of the Code of Virginia.

Effective Date: October 23, 2001.

Summary:

The procedural rules establish an Alternative Dispute Resolution Process to accommodate the expeditious resolution of disputes between competing telecommunications carriers, competitive, incumbent, or otherwise. These rules address the need for telecommunications carriers to be heard promptly with regard to certain issues that may affect the development of telephone competition.

Agency Contact: Allison L. Held, Office of General Counsel, State Corporation Commission, P.O. Box 1197, Richmond, VA 23218, telephone (804) 371-9671, e-mail aheld@scc.state.va.us.

AT RICHMOND, OCTOBER 22, 2001

COMMONWEALTH OF VIRGINIA *ex rel.*

STATE CORPORATION COMMISSION

CASE NO. PUC010100

Ex Parte: In the matter of

establishing rules governing
an Alternative Dispute Resolution
Process for telecommunications
carriers

ORDER ADOPTING RULES

With the advent of competition in the telecommunications marketplace in Virginia, it is likely that disputes will arise between carriers that require expedited resolution to prevent an adverse impact on a carrier's ability to serve its customers. The State Corporation Commission ("Commission") recognizes the need for such an expedited procedure and herein promulgates rules governing an Alternative Dispute Resolution Process ("ADRP") to help support effective competition in Virginia.

On May 15, 2001, the Commission entered an Order inviting comments and requests for hearing on proposed rules ("Proposed Rules") for an ADRP. The Proposed Rules were developed with input from the Dispute Resolution Subcommittee¹ ("Subcommittee") established as part of our collaborative effort in Case No. PUC000026.

By June 13, 2001, the Commission had received comments on the Proposed Rules only from Verizon Virginia Inc. and Verizon South Inc. (collectively "Verizon"), and Cox Virginia Telecom, Inc. ("Cox").

Verizon notes that the Proposed Rules represent a fair balance of the interests of all carriers and recommends the Commission adopt them. In addition, Verizon raises one point of clarification regarding the application of the rules of evidence to ADRP proceedings.

Cox observes that although it was satisfied with the content of the rules at the time the last draft was circulated to the Subcommittee, a revision is necessary to one rule due to recent events that occurred since then. It also suggests clarifying language in another rule.

On September 5, 2001, Verizon filed a motion for leave to file reply comments and its reply comments to Cox's June 13, 2001, filing. In its motion, Verizon states that it has been in discussions with Cox, trying to resolve the issues raised by the changes sought by Cox. Verizon suggests minor wording revisions to the specific rules enumerated by Cox.

NOW THE COMMISSION, having considered the Proposed Rules and the comments thereto, finds that we should adopt the rules appended to this Order as Attachment A, effective October 23, 2001.

The rules we adopt herein contain only several minor modifications to those originally proposed by the Subcommittee and published in the Virginia Register of Regulations on June 4, 2001. These modifications were made after our consideration of the changes proposed by Verizon and Cox.

¹ The Dispute Resolution Subcommittee was established as a Subcommittee of the Collaborative Committee and consisted of representatives from numerous telephone companies, including both incumbent and competitive local exchange carriers and members of our Staff.

First, Verizon requests that the Commission clarify that the rules of evidence that apply to other on-the-record Commission proceedings will also apply to ADRP proceedings. We believe it was the Subcommittee's intent in drafting these rules to make them subject to 5 VAC 5-20-190. This rule requires that the common law and statutory rules of evidence, as observed and administered by the courts of record of the Commonwealth, apply to all proceedings in which the Commission is called upon to decide or render judgment in its capacity as a court of record. The rule also states that in other proceedings, evidentiary rules shall not be unreasonably used to prevent the receipt of evidence having substantial probative effect. We, therefore, affirm that the rules of evidence that apply to all formal Commission proceedings likewise apply to ADRP proceedings conducted pursuant to 20 VAC 5-405-10 et seq.

Next, we address Cox's suggestion that the last sentence of 20 VAC 5-405-10 B be revised to include directory listings and directory assistance in the definition of "scheduled service." Cox states that although it initially had accepted the language contained in the Proposed Rules regarding this section, upon further consideration and in light of recent events involving a telephone directory, it believes the Commission should consider adding language to specifically include directory assistance issues as within the scope of ADRP. In Verizon's reply to Cox's comments, it states that it believes that the existing language of the rule is broad enough to address Cox's concerns but suggests a minor modification to Cox's proposal if the Commission believes a change is needed. Verizon recommends replacing "directory assistance" with "directory assistance databases." We agree with Verizon and have modified 20 VAC 5-405-10 B accordingly.

Cox also suggests clarifying language for the last sentence of 20 VAC 5-405-20, which discusses the obligation of a party filing a petition under the ADRP to have first attempted to resolve the issue via negotiations. Cox proposes alternative language to clarify that such negotiations would not necessarily consume 30 individual days of negotiations but would represent good faith attempts at negotiation over a 30-day period. Verizon recommends further clarification to this section to read as follows: "The written notice shall include a request for negotiations with the Respondent with respect to the dispute in question, and both parties shall engage in good faith negotiations over the ensuing 30-day period; however, if the parties' interconnection agreement provides for a longer period during which negotiations with respect to the dispute in question must take place, the parties must engage in negotiations for the period specified in such interconnection agreement provision." We agree that, together, the changes suggested by Cox and Verizon clarify the intent of the rule, and we therefore adopt these changes.

Accordingly, IT IS ORDERED THAT:

(1) We hereby adopt the Rules for an Alternative Dispute Resolution Process for telecommunications carriers, appended hereto as Attachment A.

(2) A copy of this Order and the rules adopted herein shall be forwarded promptly for publication in the Virginia Register of Regulations.

(3) This case is dismissed, and the papers herein shall be placed in the file for ended causes.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to: John F. Dudley, Esquire, Senior Assistant Attorney General, Division of Consumer Counsel, Office of the Attorney General, 900 East Main Street, Second Floor, Richmond, Virginia 23219; all local exchange carriers certificated in Virginia as set out in Appendix A; all interexchange carriers certificated in Virginia as set out in Appendix B; all other telecommunications carriers in Virginia as set out in Appendix C; Virginia Cable Telecommunications Association, 1001 East Broad Street, Suite 210, Richmond, Virginia 23219; Virginia Telephone Industry Association, 11 South 12th Street, Suite 310, Richmond, Virginia; and the Commission's Offices of General Counsel and Hearing Examiners, and the Division of Communications.

REGISTRAR'S NOTICE: The proposed regulation was adopted as published in 17:19 VA.R. 2723-2727 June 4, 2001, with the additional changes shown below. Therefore, pursuant to § 2.2-4031 A of the Code of Virginia, the text of the final regulation is not set out at length; however, the changes from the proposed regulation are printed below.

**CHAPTER 405.
RULES FOR ALTERNATIVE DISPUTE RESOLUTION
PROCESS.**

20 VAC 5-405-10. Scope of Alternative Dispute Resolution Process.

A. *The Alternative Dispute Resolution Process ("ADRP") is limited to disputes between telecommunications carriers that arise from action or inaction by a telecommunications carrier that allegedly: (i) compromises the ability of a carrier to provide uninterrupted service, (ii) unreasonably delays the provisioning of scheduled service, (iii) violates a provision of an enforceable interconnection agreement, including nonexemption specific collocation disputes, or (iv) constitutes unfair competition.*

B. *For purposes of the ADRP, the term "scheduled service" includes scheduled installation, connection, provisioning, maintenance and repair, and disconnection, intervals for telecommunications services, unbundled network elements and other services, facilities and arrangements, provided by one carrier to another carrier that are necessary for the provision of telecommunications service to an end user. Such services, facilities, and arrangements include, but are not limited to, local number portability with and without loops, coordinated loop cut-overs, updates to databases, such as 911 databases [and ,] line information databases [and directory assistance databases, directory listings], and lines that one carrier provides to another carrier.*

C. *A carrier unreasonably delays the provisioning of a scheduled service when the carrier misses the commitment time (if any) and date for the provisioning of the scheduled service, without good cause, as determined by the hearing examiner.*

D. *ADRP is not designed to be a substitute for any dispute resolution procedures that may be specified in the carriers' interconnection agreements; nor is the process designed to*

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handle disputes that involve generic policy issues, consumer complaints against carriers, requests for damages such as under any performance assurance plan, or any issues that the hearing examiner finds cannot be reasonably tried or the record developed on an expedited basis.

20 VAC 5-405-20. Notice and good faith negotiations.

The petitioning carrier (petitioner) shall give the answering carrier (respondent) and the Office of Hearing Examiners at least 30 days' written notice of its intent to file an Alternative Dispute Resolution Petition. Each ADRP notice shall be so identified in bold typeface at the top of the first page, as follows: "Notice of Intention to File an Alternative Dispute Resolution Petition with the Virginia State Corporation Commission." [~~In addition to~~] The written notice [~~, and before a petition is filed under the ADRP, the petitioner shall engage in good faith~~ shall include a request for] negotiations with the respondent with respect to the dispute in question [~~for the longer of either: (i) 30 calendar days or (ii) the period agreed to in their interconnection agreement~~ , and both parties shall engage in good faith negotiations over the ensuing 30-day period; however, if the parties' interconnection agreement provides for a longer period during which negotiations with respect to the dispute in question must take place, the parties shall engage in negotiations for the period specified in such interconnection agreement provision].

20 VAC 5-405-30. Collocation disputes not involving a request for exemption from physical collocation.

Collocation disputes are within the scope of the ADRP, provided that disputes concerning exemption from a requirement to provide physical collocation shall not be handled in the ADRP but shall be handled in accordance with [~~20 VAC 5-400-220~~ 20 VAC 5-400-200] and other commission rules specifically intended to apply to such disputes.

20 VAC 5-405-40. [No change from proposed.]

20 VAC 5-405-50. [No change from proposed.]

20 VAC 5-405-60. [No change from proposed.]

20 VAC 5-405-70. [No change from proposed.]

20 VAC 5-405-80. [No change from proposed.]

20 VAC 5-405-90. [No change from proposed.]

20 VAC 5-405-100. [No change from proposed.]

20 VAC 5-405-110. [No change from proposed.]

20 VAC 5-405-120. [No change from proposed.]

20 VAC 5-405-130. [No change from proposed.]

VA.R. Doc. No. R01-204; Filed October 23, 2001, 1:37 p.m.

TITLE 22. SOCIAL SERVICES

STATE BOARD OF SOCIAL SERVICES

Title of Regulation: **22 VAC 40-560. Monthly Reporting in the Food Stamp Program (REPEALED).**

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

Effective Date: December 19, 2001.

Summary:

This action repeals the regulation that identifies which households must receive monthly report forms for the Food Stamp Program. Federal regulations and the Food Stamp Act of 1977, as amended, previously mandated that almost all recipient households must receive, complete, and return to the department a report each month.

In 1990, Congress enacted legislation that allowed monthly reporting to be optional for state agencies. At the point that monthly reporting became a state option, the department opted to align the food stamp reporting requirement with the cash assistance program, the Aid to Families with Dependent Children (AFDC) Program. This alignment resulted in monthly report forms being sent only to those households that were required to submit the forms for the AFDC program. Monthly reporting ceased for the AFDC program in 1991 and this termination resulted in the termination of monthly reporting in the Food Stamp Program.

Summary of Public Comments and Agency's Response: No public comments were received by the promulgating agency.

Agency Contact: Celestine Jackson, Human Services Program Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1716, FAX (804) 692-1704.

VA.R. Doc. No. R00-187; Filed October 18, 2001, 11:53 a.m.

* * * * *

Title of Regulation: **22 VAC 40-790. Minimum Standards for Local Agency Operated Volunteer Respite Child Care Programs (REPEALED).**

Statutory Authority: §§ 63.1-25 and 63.1-55 of the Code of Virginia.

Effective Date: December 19, 2001.

Summary:

The repeal of this regulation will eliminate regulations that were originally promulgated to provide standards for local departments of social services that chose to operate volunteer respite child care programs. The Department of Social Services has not received any requests to operate this type of program since the regulation became effective in 1988 and does not anticipate receiving any such requests in the future.

Summary of Public Comments and Agency's Response: No public comments were received by the promulgating agency.

Agency Contact: Phyl Parrish, Department of Social Services, 730 East Broad Street, Richmond, VA 23219, telephone (804) 692-1895.

VA.R. Doc. No. R00-62; Filed October 18, 2001, 11:52 a.m.



TITLE 24. TRANSPORTATION AND MOTOR VEHICLES

COMMONWEALTH TRANSPORTATION BOARD

REGISTRAR'S NOTICE: The Commonwealth Transportation Board is claiming an exemption from the Administrative Process Act in accordance with § 2.2-4006 A 3 of the Code of Virginia, which excludes regulations that consist only of changes in style or form or corrections of technical errors. The Commonwealth Transportation Board will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: **24 VAC 30-71. Minimum Standards of Entrances to State Highways (amending 24 VAC 30-71-160).**

Statutory Authority: §§ 33.1-12, 33.1-197 and 33.1-198 of the Code of Virginia.

Effective Date: December 19, 2001.

Summary:

This regulation contains entrance design illustrations containing the following note: "Entrance details shown on this sheet may be modified to meet specific site requirements as directed or approved by the Resident Engineer, when based on sound engineering principles." When the regulation was last amended in 1998, one of the main purposes for the action was to give flexibility to resident engineers at the field level in reviewing and approving entrance permit applications. To achieve this purpose, it was decided during the 1998 action that the note should be added to all entrance design illustrations. At the same time, it was also determined that the regulation should contain an entrance design illustration for standard private subdivision road entrances. The two private entrance illustrations differ only in the units specified: one is in English units and the other is in metric units.

This note was intended to be included on all entrance design illustrations in the regulation but inadvertently was left off the Standard Private Subdivision Road/Street Entrance illustrations. This action is intended to correct the regulation to include the notes as intended.

Agency Contact: Steve D. Edwards, Department of Transportation, Traffic Engineering, 1401 East Broad Street, 2nd Floor, Richmond, VA 23219, telephone (804) 786-1021.

24 VAC 30-71-160. Commercial/private entrance illustrations.

EDITOR'S NOTE: There are no changes to the first 14 commercial/private entrance illustrations contained in this section; therefore, the unchanged illustrations are not set out. The last two illustrations, Standard Private Subdivision, Road/Street Entrance, are amended and are printed below.

STANDARD PRIVATE SUBDIVISION ROAD/STREET ENTRANCE

(English Units)

Note: Entrance details shown on this sheet may be modified to meet specific site requirements as directed or approved by the Engineer, when based on sound engineering principles.

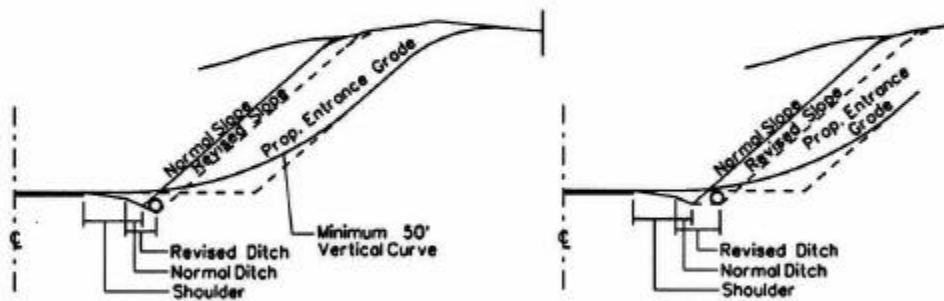
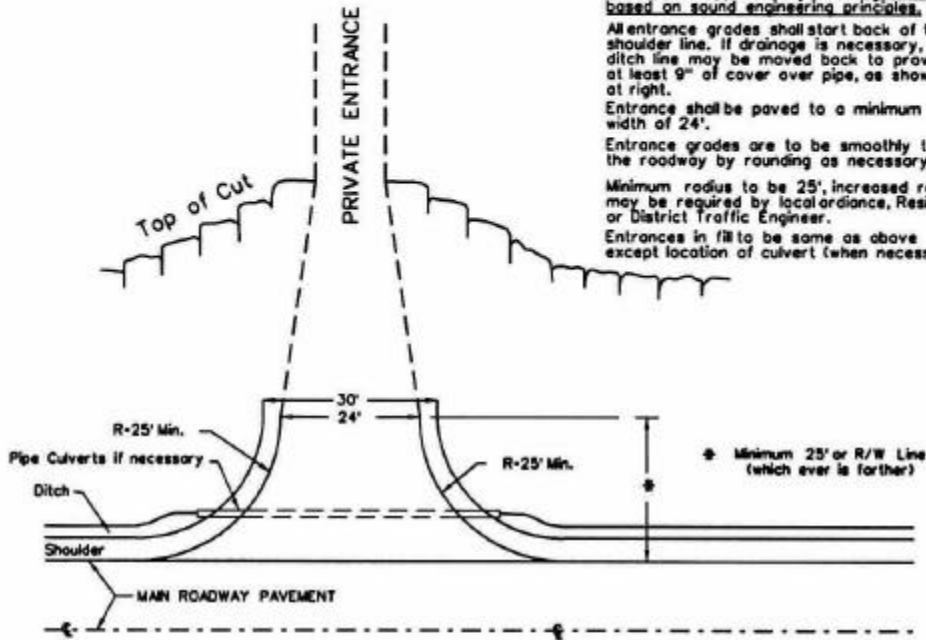
All entrance grades shall start back of the shoulder line. If drainage is necessary, the ditch line may be moved back to provide at least 9" of cover over pipe, as shown at right.

Entrance shall be paved to a minimum width of 24'.

Entrance grades are to be smoothly tied into the roadway by rounding as necessary.

Minimum radius to be 25', increased radius may be required by local ordinance, Resident or District Traffic Engineer.

Entrances in fill to be same as above except location of culvert (when necessary).



ALTERNATE METHODS FOR PLACING PIPES UNDER ENTRANCES

STANDARD PRIVATE SUBDIVISION ROAD/STREET ENTRANCE

(Metric Units)

Note:

Entrance details shown on this sheet may be modified to meet specific site requirements as directed or approved by the Engineer, when based on sound engineering principles.

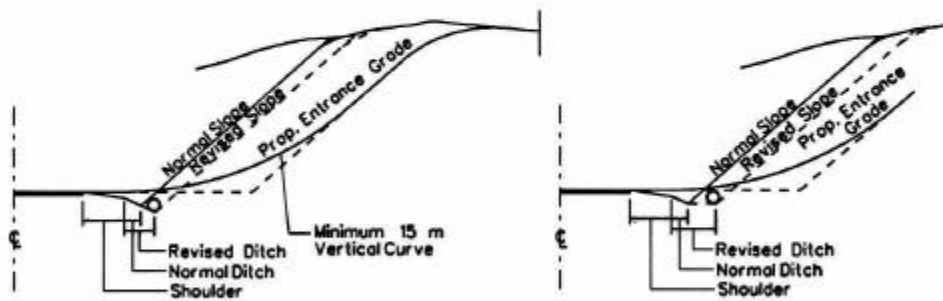
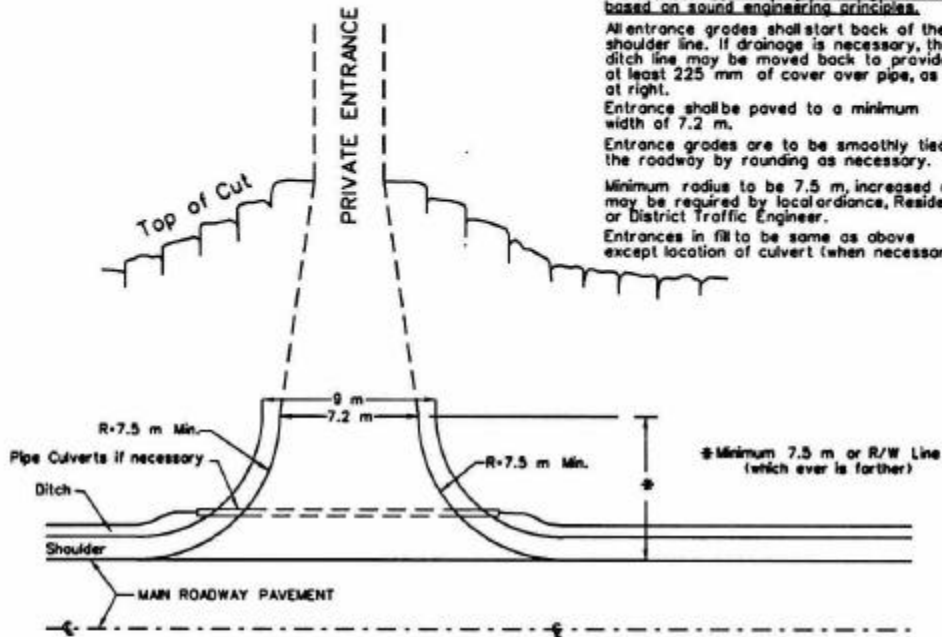
All entrance grades shall start back of the shoulder line. If drainage is necessary, the ditch line may be moved back to provide at least 225 mm of cover over pipe, as shown at right.

Entrance shall be paved to a minimum width of 7.2 m.

Entrance grades are to be smoothly tied into the roadway by rounding as necessary.

Minimum radius to be 7.5 m, increased radius may be required by local ordinance, Resident or District Traffic Engineer.

Entrances in fill to be same as above except location of culvert (when necessary).



ALTERNATE METHODS FOR PLACING PIPES UNDER ENTRANCES

VA.R. Doc. No. R02-63; Filed October 30, 2001, 11:22 a.m.

EMERGENCY REGULATIONS

TITLE 4. CONSERVATION AND NATURAL RESOURCES

MARINE RESOURCES COMMISSION

Title of Regulation: 4 VAC 20-620. Pertaining to Summer Flounder (amending 4 VAC 20-620-10, 4 VAC 20-620-20 and 4 VAC 20-620-40).

Statutory Authority: §§ 28.2-201 and 28.2-210 of the Code of Virginia.

Effective Date: November 1, 2001, through December 1, 2001.

Summary:

The amendments provide for a more equitable distribution of Summer Flounder among industry participants during the fourth quarter offshore fishery.

Agency Contact: Deborah Cawthon, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607, telephone (757) 247-2248.

4 VAC 20-620-10. Purpose.

The purpose of this *emergency* chapter is to reduce commercial and recreational fishing mortality in order to rebuild the severely depleted stocks of Summer Flounder.

4 VAC 20-620-20. Definition.

The following words and terms when used in this *emergency* chapter shall have the following meanings unless the context indicates otherwise:

"*Land*" or "*landing*" means to enter port with finfish, shellfish, crustaceans or other marine seafood on board any boat or vessel, to begin offloading finfish, shellfish, crustaceans or other marine seafood, or to offload finfish, shellfish, crustaceans, or other marine seafood.

"*Potomac River tributaries*" means all the tributaries of the Potomac River that are within Virginia's jurisdiction beginning with, and including, Flag Pond, thence upstream to the District of Columbia boundary.

4 VAC 20-620-40. Commercial vessel possession limitations.

A. From the first Monday following January 1 through March 31 of each year, it shall be unlawful for any person harvesting Summer Flounder outside of Virginia waters to do any of the following:

1. Possess aboard any vessel in Virginia waters an amount of Summer Flounder in excess of 10,000 pounds.
2. Land Summer Flounder in Virginia for commercial purposes more than twice within each consecutive 10-day period, with the first 10-day period beginning on the first Monday following January 1.
3. Land in Virginia more than a total of 10,000 pounds of Summer Flounder during each consecutive 10-day period,

with the first 10-day period beginning on the first Monday following January 1.

B. When it is projected and announced that 85% of the quota for the period from the first Monday following January 1 through March 31 has been taken, it shall be unlawful for any person harvesting Summer Flounder outside of Virginia's waters to possess aboard any vessel in Virginia any amount of Summer Flounder in excess of 10% by weight of all other landed species on board the vessel.

C. During the period of April 1 through June 30 of each calendar year, it shall be unlawful for any person harvesting Summer Flounder outside of Virginia's waters to possess aboard any vessel in Virginia any amount of Summer Flounder in excess of 2,500 pounds, except that when it is projected and announced that 85% of the quota for this period has been taken, it shall be unlawful for any person harvesting Summer Flounder outside of Virginia's waters to possess aboard any vessel in Virginia any amount of Summer Flounder in excess of 10% by weight of all other landed species on board the vessel.

D. During the period of July 1 through October 31 of each calendar year, it shall be unlawful for any person harvesting Summer Flounder outside of Virginia's waters to possess aboard any vessel in Virginia any amount of Summer Flounder in excess of 10% by weight of all other landed species on board the vessel.

~~E. During the period November 1 through December 31 of each calendar year, it shall be unlawful for any person harvesting Summer Flounder outside of Virginia's waters to possess aboard any vessel in Virginia any amount of Summer Flounder in excess of 7,500 pounds, except that when it is projected and announced that 85% of the quota for this period has been taken, it shall be unlawful for any person harvesting Summer Flounder outside of Virginia's waters to possess aboard any vessel in Virginia any amount of Summer Flounder in excess of 10% by weight of all other landed species on board the vessel.~~

E. From November 1 through December 31 of each year, it shall be unlawful for any person harvesting Summer Flounder outside of Virginia waters to do any of the following:

1. Possess aboard any vessel in Virginia waters an amount of Summer Flounder in excess of 7,500 pounds.
2. Land Summer Flounder in Virginia, for commercial purposes, more than twice within each consecutive 10-day period, with the first 10-day period beginning on November 1.
3. Land in Virginia more than a total of 7,500 pounds of Summer Flounder during each consecutive 10-day period, with the first 10-day period beginning on November 1.

F. For each of the time periods set forth in subsections A, B, C and E of this section, the Marine Resources Commission will give timely notice of any changes in possession limits.

G. Each possession limit described in subsections A, B, C, D and E of this section shall be determined by the net weight of Summer Flounder as customarily packed, boxed and weighed

by the seafood buyer or processor. The net weight of any Summer Flounder found in excess of this possession limit described in subsections A, B, C, D and E of this section shall be prima facie evidence of violation of this chapter. Persons in possession of Summer Flounder, aboard any vessel, in excess of the possession limit shall be in violation of this chapter. Any buyer or processor offloading or accepting any quantity of Summer Flounder from any vessel in excess of the possession limit shall be in violation of this chapter.

H. If a person violates the possession limits described in this section, the entire amount of Summer Flounder in that person's possession shall be confiscated. Any confiscated Summer Flounder shall be considered as a removal from the appropriate commercial harvest or landings quota. Upon confiscation, the marine patrol officer shall inventory the confiscated Summer Flounder and, at a minimum, secure two bids for purchase of the confiscated Summer Flounder from approved and licensed seafood buyers. The confiscated fish will be sold to the highest bidder and all funds derived from such sale shall be deposited for the Commonwealth pending court resolution of the charge of violating the possession limits established by this chapter. All of the collected funds will be returned to the accused upon a finding of innocence or forfeited to the Commonwealth upon a finding of guilty.

I. It shall be unlawful for a licensed seafood buyer or federally permitted seafood buyer to fail to contact the Marine Resources Commission Operation Station prior to a vessel offloading Summer Flounder harvested outside of Virginia. The buyer shall provide to the Marine Resources Commission the name of the vessel and its captain and the anticipated or approximate offloading time. Once offloading of any vessel is complete and the weight of the landed Summer Flounder has been determined, the buyer shall contact the Marine Resources Commission Operations Station and report the vessel name and corresponding weight of Summer Flounder landed. It shall be unlawful for any person to offload from a boat or vessel for commercial purposes any Summer Flounder during the period of 10 p.m. to 7 a.m.

J. Any boat or vessel possessing more than the lawful limit of Summer Flounder that has entered Virginia waters for safe harbor shall not offload any Summer Flounder.

K. After any commercial harvest or landing quota as described in 4 VAC 20-620-30 has been attained and announced as such, any boat or vessel possessing Summer Flounder on board may enter Virginia waters for safe harbor but shall contact the Marine Resources Commission Operation Center in advance of such entry into Virginia waters.

VA.R. Doc. No. R02-64; Filed October 30, 2001, 9:17 a.m.



TITLE 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: **12 VAC 30-120. Waivered Services (amending 12 VAC 30-120-210, 12 VAC 30-120-220, 12 VAC 30-120-230, 12 VAC 30-120-240, and 12 VAC 30-120-250; adding 12 VAC 30-120-211 through 12 VAC 30-120-215, 12 VAC 30-120-241 through 12 VAC 30-120-249, 12 VAC 30-120-251 through 12 VAC 30-120-255, 12 VAC 30-120-258, and 12 VAC 30-120-259).**

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

Effective Dates: October 17, 2001, through October 16, 2002.

Preamble:

Section 2.2-4011 of the Code of Virginia provides for regulations which an agency finds are necessitated by an emergency situation. To enable the Director, in lieu of the Board of Medical Assistance Services, to comply with programmatic changes mandated by the General Assembly and the Centers for Medicare and Medicaid Services (CMS) (formerly the Health Care Financing Administration), he must adopt these changes as an emergency regulation. This issue qualifies as an emergency regulation as provided for in § 2.2-4011 because it concerns an imminent threat to public health or safety. If these regulatory changes are not made, DMAS will be unable to proceed with securing federal approval of the parallel waiver changes. Such loss of federal approval of the waiver, and subsequent loss of the related federal funding, would result in the termination of these services to the individuals who have become dependent on them in order to avoid institutionalization. As such, this regulation may be adopted without public comment with the prior approval of the Governor.

Since this emergency regulation will be effective for no more than 12 months and the Director wishes to continue regulating the subject entities, the Department is initiating the Administrative Process Act Article 2 procedures by requesting approval to submit its Notice of Intended Regulatory Action.

This action is needed to allow for regulations for the new Mental Retardation (MR) waiver and to address the following concerns: (i) to add coverage of consumer-directed personal attendant and respite services (presently only agency-directed personal attendant and respite services are covered); (ii) to add new coverage of personal emergency response systems; (iii) to add back the prevocational service that was deleted in 1994; (iv) to increase the work allowance for individuals on this waiver pursuant to the 2000 Appropriation Act; and (v) to address the Centers for Medicare and Medicaid (CMS) (formerly HCFA) concerns about the health and welfare of waiver recipients.

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Basis:

DMAS' original home and community based care waiver for individuals with mental retardation first became effective in 1990. Since that time, HCFA (now CMS) has granted successive renewal approvals. In the summer of 1999, HCFA conducted an audit review of Virginia's waiver and cited numerous problems that the Commonwealth was required to address before further waiver approval would be granted. Loss of federal approval, and the concomitant loss of federal funding dollars, would mean the re-institutionalization of the individuals who have been served in the community through these waiver services. For those individuals who could be expected to refuse to enter an institution, it would mean serious threats to their health, safety, and welfare as well as significant disruptions to their families and support systems.

Substance:

The Governor announced in October 2000 that the Commonwealth would develop a new MR Waiver to replace the waiver that is currently in effect. Consequently, the Secretary of Health and Human Resources appointed an MR Waiver Task Force to advise DMAS on the development of this new waiver.

CMS' concerns addressed issues of health and welfare of the waiver recipients as follows: (i) coverage of consumer-directed personal attendant and respite services (presently only agency-directed personal attendant and respite services are covered); (ii) coverage of personal emergency response systems; (iii) restoration of prevocational services that were deleted in 1994; and (iv) enforcing adequate provider standards to address concerns about the health and welfare of waiver recipients. In addition, this package also increases the work allowance for individuals on this waiver pursuant to the 2000 Appropriation Act.

The MR Waiver Task Force is comprised of family members and consumers, as well as, staff of DMAS, DMHMRSAS, and other state agencies and advocacy groups. The work of this task force resulted in a new waiver application to CMS on April 30, 2001, for which federal approval is expected to be effective September 17, 2001. The recommended changes are enumerated as follows:

1. Personal care and respite services, covered in the current MR waiver, are now offered only by personal care agencies. For a variety of reasons, it has become difficult for such agencies to provide these needed services to waiver recipients. As a result, many recipients who need personal and respite services are not receiving them at risk to their personal welfare, leaving such recipients at increased risk for institutionalization in Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The Task Force recommended that caregivers be permitted to hire the needed attendants themselves, thereby making services more readily available. Due to the current success of this care model in the Consumer-Directed Personal Assistant Services and the Developmentally Disabled waiver programs, DMAS supports this Task Force recommendation.

2. The increased work allowance for waiver recipients, mandated for implementation by the 2000 General Assembly in the 2000 Acts of Assembly, Item 319 #24c, is also contained in these emergency regulations. This provision permits those waiver recipients who are capable of paid employment to retain more of their earnings, rather than having to contribute more to their costs of care, to defray some of the costs of such employment (clothing, transportation, food expenses, etc.) Employment of such disabled individuals greatly enhances self esteem and generally contributes to their overall sense of well-being.

3. The additional coverage of personal emergency response systems (to promote improved safety in situations of reduced supervision in order to encourage community integration consistent with the federal Americans with Disabilities Act).

4. Enhanced utilization review procedures.

5. The change in licensure of group homes (also known as Adult Living Facilities (ALFs)) from licensure by the Department of Social Services to the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) are the result of the MR waiver review by CMS and recent conversations with CMS. CMS has clearly indicated that the new waiver would not be approved unless these group home providers' licensure status is changed by the Commonwealth.

DMAS has proposed to CMS in its waiver application that these affected ALFs be required to initiate the DMHMRSAS licensing process effective with the date of these emergency regulations. Without these regulations, DMAS lacks the regulatory authority to require this action by these providers. This new licensing action is to be complete within one year from its initiation in order for these providers to continue to receive Medicaid reimbursement for these waiver individuals. ALFs failing to secure this new licensing within this time period will lose its provider agreement with DMAS and the affected residents will be moved to other facilities. To reflect this change in licensing requirements and to permit the residents in these ALFs coverage under the old waiver, DMAS has noted in each of the old waiver sections (12 VAC 30-120-210, 220, 230, etc.) that these sections only apply to these residents until the September 15, 2002, deadline for change of licensure.

Alternatives:

Consumer direction of personal attendant and respite care services and the personal emergency response systems are the least intrusive methods of providing these services under the MR waiver. Because of the federal health and welfare concerns, DMAS is not permitted to continue to offer services and to conduct utilization reviews in the previous manner. DMAS is faced with changing the way services are provided and monitored or not having the federal authority (and dollars) to provide the waiver services at all.

To date, the Commonwealth has been very successful in serving people in the community as opposed to institutions, at less than half the institutional cost per person. Currently, far more people are receiving services from the waiver than

are in institutions. Indeed, the community programs have been so successful that the Commonwealth does not even have the bed space that would be required were all of the waiver program recipients to be institutionalized. With over 5,000 recipients depending on the MR waiver alone for needed services, not providing services would result in far greater health and welfare concerns, as well as huge increases in the numbers of individuals in the Commonwealth's training centers. Such cost increases for the Commonwealth would be astronomical.

Family Impact Statement:

Consumer-directed services will strengthen the authority and rights of parents and caretakers to direct the care of their family members. Consumer-directed services and the increase in the amount of earned income that waiver recipients can keep will encourage self-sufficiency, self-pride, and the assumption of responsibility to the greatest levels possible. It has been DMAS' experience that individuals who use consumer-directed services require no more services than they were offered by an agency and sometimes use fewer hours because they can tailor the services to their individual needs.

By providing services to families to help care for their child, waiver services could help strengthen the marital commitment. About 40 percent of all individuals with developmental disabilities live in households headed by a single parent. Individuals with developmental disabilities are twice as likely to live in a single parent household than is true for the general population (Fugiara, 1998). The households of individuals with developmental disabilities who live with their families are more likely to have incomes below the poverty line than is the case for other households. This poverty rate is three times higher than in households that do not have a family member with a developmental disability (Larson, 1999). It is well known that caring for a child with a developmental disability can put undue stress on a marriage.

Agency Contact: Tammy Whitlock, Manager, Long Term Care and Quality Assurance Division, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-0569.

PART V.

~~HOME AND COMMUNITY-BASED CARE SERVICES FOR INDIVIDUALS WITH MENTAL RETARDATION WAIVER.~~

Subpart 1.

12 VAC 30-120-210. Definitions.

This regulation shall only apply to those individuals who are receiving congregate residential services in DSS-licensed assisted living facilities that are seeking DMHMRSAS licensure pursuant to 12 VAC 30-120-230 C. This regulation shall only be in effect through September 15, 2002.

The following words and terms as used in this part shall have the following meanings unless the context indicates otherwise:

"Assistive technology" means specialized medical equipment and supplies including those devices, controls, or appliances

specified in the plan of care but not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control or communicate with the environment in which they live or which are necessary to the proper functioning of such items.

"Case management" means the assessment, planning, linking and monitoring for individuals referred for mental retardation community-based care waiver services. Case management (i) ensures the development, coordination, implementation, monitoring, and modification of the individual service plan; (ii) links the individual with appropriate community resources and supports; (iii) coordinates service providers; and (iii) monitors quality of care.

"Case managers" 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.

"Community based care waiver services" or "waiver services" means the range of community support services approved by the Health Care Financing Administration pursuant to § 1915(c) of the Social Security Act to be offered to mentally retarded and developmentally disabled individuals who would otherwise require the level of care provided in an intermediate care facility for the mentally retarded.

"Community services board" or "CSB" means the public organization authorized by the Code of Virginia to provide services to individuals with mental illness or retardation, operating autonomously but in partnership with the DMHMRSAS.

"Consumer Service Plan" or "CSP" means that document addressing the needs of the recipient of home and community-based care mental retardation services, in all life areas. The Individual Service Plans developed by service providers are to be incorporated in the CSP by the case manager. Factors to be considered when this plan is developed may include, but are not limited to, the recipient's age, primary disability, and level of functioning.

"Crisis stabilization" means direct intervention to persons with mental retardation who are experiencing serious psychiatric or behavioral problems, or both, which jeopardize their current community living situation by providing temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional admission or prevent other out of home placement. This service shall be designed to stabilize the individual and strengthen the current living situation so that the individual can be maintained in the community during and beyond the crisis period. Services will include, as appropriate, psychiatric, neuropsychiatric, and psychological assessment and other functional assessments and stabilization techniques; medication management and monitoring; behavior assessment and positive behavioral support; intensive care coordination with other agencies and providers to assist planning and delivery of services and supports to maintain community placement of the recipient; training of family members, other care givers, and service

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providers in positive behavioral supports to maintain the individual in the community; and temporary crisis supervision to ensure the safety of the individual and others.

"*DMAS*" means the Department of Medical Assistance Services.

"*DMHMRSAS*" means the Department of Mental Health, Mental Retardation and Substance Abuse Services.

"*DMHMRSAS staff*" means individuals employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services to perform utilization review, recommendation of preauthorization for service type and intensity, and review of individual level of care criteria.

"*DRS*" means the Department of Rehabilitative Services.

"*DSS*" means the Department of Social Services.

"*Day support*" means training in intellectual, sensory, motor, and affective social development including awareness skills, sensory stimulation, use of appropriate behaviors and social skills, learning and problem solving, communication and self-care, physical development, transportation to and from training sites, services and support activities, and prevocational services aimed at preparing an individual for paid or unpaid employment.

"*Developmental risk*" means the presence before, during or after an individual's birth of conditions typically identified as related to the occurrence of a developmental disability and for which no specific developmental disability is identifiable through diagnostic and evaluative criteria.

"*Environmental modifications*" means physical adaptations to a house, place of residence, vehicle, or work site, when the modification exceeds reasonable accommodation requirements of the Americans with Disabilities Act, necessary to ensure the individual's health and safety or enable functioning with greater independence when the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards and is of direct medical or remedial benefit to the individual.

"*EPSDT*" means the Early Periodic Screening, Diagnosis and Treatment program administered by the Department of Medical Assistance Services for children under the age of 21 according to federal guidelines which prescribe specific preventive and treatment services for Medicaid-eligible children.

"*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 the service plan developed by the individual service provider related solely to the specific tasks required of that service provider. ISPs help to comprise the overall Consumer Service Plan of care for the individual. The ISP is defined in DMHMRSAS licensing regulations 12 VAC 35-102-10 et seq.

"*Mental retardation*" means the diagnostic classification of substantial subaverage general intellectual functioning which

originates during the developmental period and is associated with impairment in adaptive behavior.

"*Nursing services*" means skilled nursing services listed in the plan of care which are ordered by a physician and required to prevent institutionalization, not available under the State Plan for Medical Assistance, are within the scope of the state's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in the state.

"*Personal assistance*" means assistance with activities of daily living, medication and/or other medical needs and monitoring health status and physical condition for individuals who do not receive residential support services and for whom training and skills development are not primary objectives or are provided through another program or service.

"*Persons with related conditions served by this waiver*" means persons residing in nursing facilities who have been determined through annual resident review to require specialized services and who, consistent with 42 CFR 435.1009, are individuals who have severe, chronic disabilities that meet all of the following conditions:

1. It is attributable to:
 - a. Cerebral palsy or epilepsy; or
 - b. Any other condition other than mental illness found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons and requires treatment or services similar to those required for these persons.
2. It is manifested before the person reaches age 22.
3. It is likely to continue indefinitely.
4. It results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. Self-care.
 - b. Understanding and use of language.
 - c. Learning.
 - d. Mobility.
 - e. Self-direction.
 - f. Capacity for independent living.

"*Prevocational services*" means services aimed at preparing an individual for paid or unpaid employment. The services do not include activities that are specifically job or task oriented but focus on goals such as attention span and motor skills. Compensation, if provided, would be for persons whose productivity is less than 50% of the minimum wage.

"*Qualified mental retardation professional*" means individuals possessing (i) at least one year of documented experience working directly with individuals who have mental retardation or developmental disabilities; (ii) a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, and

psychology; and (iii) the required Virginia or national license, registration or certification in accordance with his profession.

"Residential support services" means support provided in a licensed or certified residence or in the individual's home. This service is one in which support and supervision is routinely provided. Support includes training, assistance, and supervision in enabling individuals to maintain or improve their health, to develop skills in activities of daily living, and safety, in the use of community resources, and adapting their behavior to community and home-like environments. Reimbursement for residential support shall not include the cost of room, board, and general supervision.

"Respite care" means services given to individuals unable to care for themselves provided on a short-term basis because of the absence or need for relief of those persons normally providing the care.

"State Plan for Medical Assistance" or "Plan" means the regulations identifying the covered groups, covered services and their limitations, and provider reimbursement methodologies as provided for under Title XIX of the Social Security Act.

"Supported employment" means training in specific skills related to paid employment and provision of ongoing or intermittent assistance or specialized supervision to enable a consumer to maintain paid employment provided to mentally retarded individuals.

"Therapeutic consultation" means consultation provided by members of psychology, social work, behavioral analysis, speech therapy, occupational therapy, therapeutic recreation, physical therapy disciplines, or behavior consultation to assist the individual, parents/family members, Part H early intervention providers, residential support, day support and any other providers of support services in implementing an individual service plan.

12 VAC 30-120-211. Definitions.

"Activities of daily living (ADL)" means personal care tasks, e.g., bathing, dressing, toileting, transferring, and eating/feeding. An individual's degree of independence in performing these activities is a part of determining appropriate level of care and services.

"Assistive technology" means specialized medical equipment and supplies including those devices, controls, or appliances, specified in the consumer service plan but not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live or which are necessary to their proper functioning.

"CMS" means the Center for Medicare and Medicaid Services, which is the unit of the federal Department of Health and Human Services, which administers the Medicare and Medicaid programs.

"Case management" means the assessment, planning, linking, and monitoring for individuals referred for mental retardation community-based care waiver services. Case management: (i) ensures the development, coordination,

implementation, monitoring, and modification of the individual service plan; (ii) links individuals with appropriate community resources and supports; (iii) coordinates service providers; and (iv) monitors quality of care.

"Case managers" 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.

"Community-based care waiver services" or "waiver services" means the range of community support services approved by the Center for Medicare and Medicaid Services (CMS) pursuant to § 1915(c) of the Social Security Act to be offered to persons with mental retardation and children younger than age 6 who are at developmental risk who would otherwise require the level of care provided in an Intermediate Care Facility for the Mentally Retarded (ICF/MR.)

"Community services board" or "CSB" means the public organization authorized by the Code of Virginia to provide services to individuals with mental illness or retardation, operating autonomously but in partnership with DMHMRSAS.

"Companion aide" means, for the purpose of these regulations, a domestic servant who is also exempt from Worker's Compensation.

"Companion services" means non-medical care, supervision and socialization, provided to an adult. The provision of companion services does not entail hands-on nursing care and is provided in accordance with a therapeutic goal in the consumer service plan. This shall not be the sole service used to divert individuals from institutional care.

"Consumer-directed attendant care/personal assistance" means hands-on care, of both a supportive and health-related nature. The individual will be responsible for hiring, training, supervising, and firing the personal assistant. If the individual is unable to independently manage his own assistant care, a family caregiver may serve as the employer on behalf of the individual.

"Consumer-directed companion care" means non-medical care, supervision, and socialization, provided to an adult. The provision of companion services does not entail hands-on nursing care and is provided in accordance with a therapeutic goal in the consumer service plan. This shall not be the sole service used to divert individuals from institutional care. The individual will be responsible for hiring, training, supervising, and firing the personal assistant. If the individual is unable to independently manage his own consumer-directed companion care, a family caregiver can serve as the employer on behalf of the individual.

"Consumer-directed respite care" means services given to caretakers of eligible individuals who are unable to care for themselves that are provided on an episodic or routine basis because of the absence or need for relief of those caretakers-residing-with-the-individual who normally provide the care. The individual will be responsible for hiring, training, supervising, and firing the personal assistant. If the individual is unable to independently manage his own consumer-

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directed respite care, a family caregiver can serve as the employer on behalf of the individual.

"Consumer directed (CD) Services Facilitator" means the provider contracted with DMAS that is responsible for ensuring development and monitoring of the Consumer Service Plan, management training, and review activities as required by DMAS for consumer-directed companion, personal assistance, and respite care services.

"Consumer service plan" or "CSP" means that document addressing all needs of individuals who receive home and community-based care mental retardation services, in all life areas, and is comprised of several various Individual Service Plans as dictated by the individual's health care and support needs. The Individual Service Plans developed by service providers are to be incorporated in the CSP by the case manager. Factors to be considered when these plans are developed may include, but are not limited to, individuals' ages and levels of functioning.

"Crisis stabilization" means direct intervention to persons with mental retardation who are experiencing serious psychiatric or behavioral problems, or both, that jeopardize their current community living situation by providing temporary intensive services and supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement. This service shall be designed to stabilize individuals and strengthen the current living situations so that individuals can be maintained in the community during and beyond the crisis period. Services will include, as appropriate, psychiatric, neuropsychiatric, and psychological assessment and other functional assessments and stabilization techniques; medication management and monitoring; behavior assessment and positive behavioral support; intensive care coordination with other agencies and providers to assist planning and delivery of services and supports to maintain community placement of the individual; training of family members, other care givers, and service providers in positive behavioral supports to maintain the individual in the community; and temporary crisis supervision to ensure the safety of the individual and others.

"DMAS" means the Department of Medical Assistance Services.

"DMAS staff" means individuals hired by the Department of Medical Assistance Services who perform utilization review, or other DMAS personnel.

"DMHMRSAS" means the Department of Mental Health, Mental Retardation and Substance Abuse Services.

"DMHMRSAS staff" means individuals employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services to pre-authorize services and review of individual level of care criteria.

"DRS" means the Department of Rehabilitative Services.

"DSS" means the Department of Social Services.

"Day support" means training in intellectual, sensory, motor, and affective social development including awareness skills, sensory stimulation, use of appropriate behaviors and social skills, learning and problem solving, communication and self

care, physical development, transportation to and from training sites, services and support activities.

"Developmental risk" means the presence before, during or after an individual's birth of conditions typically identified as related to the occurrence of a developmental disability and for which no specific developmental disability is identifiable through existing diagnostic and evaluative criteria.

"Environmental modifications" means physical adaptations to a house, place of residence, vehicle or work site, when the work site modification exceeds reasonable accommodation requirements of the Americans with Disabilities Act, necessary to ensure the individual's health and safety or enable functioning with greater independence when the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards and is of direct medical or remedial benefit to the individual.

"EPSDT" means the Early Periodic Screening, Diagnosis and Treatment program administered by DMAS for children under the age of 21 according to federal guidelines which prescribe preventive and treatment services for Medicaid-eligible children.

"Fiscal agent" means an agency or organization within DMAS or contracted by DMAS to handle employment, payroll, and tax responsibilities on behalf of individuals who are receiving consumer-directed personal assistance, respite, and companion services.

"Home and community-based care" means a variety of in-home and community-based services reimbursed by DMAS as authorized under the Social Security Act § 1915(c) waiver designed to offer individuals alternatives to institutionalization. Individuals may be preauthorized to receive one or more of these services either solely or in combination, based on the documented need for the service or services in order to avoid ICF/MR placement.

"ICF/MR" means a facility or distinct part of another facility certified by the Virginia Department of Health, as meeting the federal certification regulations for an intermediate care facility for the mentally retarded and persons with related conditions. These facilities must address the total needs of the residents which include physical, intellectual, social, emotional, and habilitation and must provide active treatment.

"Immediate family" means spouse, parents, legal guardians, siblings, children, grandparents, and grandchildren.

"Individual" means the person receiving the services and evaluations established in these regulations.

"Individual Service Plan" or "ISP" means the service plan developed by the specific service provider related solely to the specific tasks required of that service provider. Multiple ISPs help to comprise the overall Consumer Service Plan of care for the individual. The ISP is defined in DMHMRSAS licensing regulations 12 VAC 35-102-10 et seq.

"Instrumental Activities of Daily Living" or "IADLs" means social tasks, i.e., meal preparation, shopping, housekeeping, laundry, and money management.

"Mental retardation" or "MR" means, in accordance with the American Association on Mental Retardation (AAMR), being substantially limited in present functioning that is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests itself before age 18. A diagnosis of mental retardation is made if the person's intellectual functioning level is approximately 70-75 or below, as diagnosed by a licensed clinical professional; and there are related limitations in two or more applicable adaptive skill areas; and the age of onset is 18 or below. If a valid IQ score is not possible, significantly sub-average intellectual capabilities means a level of performance that is less than that observed in the vast majority of persons of comparable background. In order to be valid, the assessment of the intellectual performance must be free from errors caused by motor, sensory, emotional, language, or cultural factors.

"Nursing services" means skilled nursing services listed in the plan of care which are ordered by a physician and required to prevent institutionalization, not otherwise available under the State Plan for Medical Assistance, are within the scope of Chapters 30 and 34 of Subtitle III of Title 54.1 of the Code of Virginia, and are provided by a registered professional nurse or by a licensed practical nurse under the supervision of a registered nurse who is licensed to practice in the Commonwealth.

"Part C" means 20 USC 1431 Part 303 et seq.

"Participating provider" means an institution, facility, agency, partnership, corporation, or association that meets the standards and requirements set forth by DMAS and DMHMRSAS, and has a current, signed contract with DMAS.

"Personal assistant" means, for purposes of this regulation, a domestic servant who is also exempt from Worker's Compensation.

"Personal assistance" means assistance with activities of daily living, medication, or other medical needs and the monitoring of health status and physical condition for individuals who do not receive residential support services and for whom training and skills development are not primary objectives or are provided through another program or service.

"Personal emergency response system (PERS)" is a device that enables certain individuals at high risk of institutionalization to secure help in an emergency. PERS services are limited to those individuals who live alone or are alone for significant parts of the day and who have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

"Prevocational services" means services aimed at preparing an individual for paid or unpaid employment. The services do not include activities that are specifically job or task oriented but focus on goals such as attention span and motor skills. Compensation, if provided, would be for persons whose productivity is less than 50% of the minimum wage.

"Qualified mental retardation professional" means a professional possessing: (i) at least one year of documented experience working directly with individuals who have mental retardation or developmental disabilities; (ii) a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, or psychology; and (iii) the required Virginia or national license, registration, or certification in accordance with his profession.

"Residential support services" means support provided in a licensed residence or in the individual's home. This service is one in which training, assistance, and specialized supervision is routinely provided to enable individuals to maintain or improve their health, to develop skills in activities of daily living, and safety, in the use of community resources, and adapting their behavior to community and home-like environments. Reimbursement for residential support shall not include the cost of room, board, and general supervision.

"Respite care" means services specifically designed to provide a temporary but periodic or routine relief to the primary unpaid caregiver of an individual who is incapacitated or dependent due to disability.

"Screening" means the process to evaluate the medical and social needs of individuals referred for evaluation, determine Medicaid eligibility for an ICF/MR level of care and authorize Medicaid-funded ICF/MR care or community-based care for those individuals who meet ICF/MR level of care and require that level of care.

"State Plan for Medical Assistance" or "Plan" means the regulations identifying the covered groups, covered services and their limitations, and provider reimbursement methodologies as provided for under Title XIX of the Social Security Act.

"Supported employment" means training in specific skills related to paid employment and the provision of ongoing or intermittent assistance and specialized supervision to enable an individual to maintain paid employment which may be provided to individuals with mental retardation.

"Therapeutic consultation" means consultation provided by members of the disciplines of psychology, social work, behavioral consultation, speech therapy, occupational therapy, therapeutic recreation, physical therapy or behavior consultation to assist the individual, parents and family members, Part C early intervention providers, residential support, day support and any other providers of support services in implementing an individual service plan.

12 VAC 30-120-212. General coverage and requirements for all home and community-based care waiver services.

A. Waiver service populations. Home and community-based services shall be available through a § 1915(c) waiver for the following individuals who have been determined to require the level of care provided in an ICF/MR.

1. Individuals with mental retardation.
2. Individuals younger than the age of six who are at developmental risk. At the age of six years, these individuals must be determined to be mentally retarded to

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continue to receive home and community-based care services specifically under this program.

B. Covered services.

1. Covered services shall include residential support services, day support, supported employment, personal assistance (both consumer and agency-directed), respite care (both agency- and consumer-directed), assistive technology, environmental modifications, skilled nursing services, therapeutic consultation, crisis stabilization, prevocational services, personal emergency response systems (PERS), and companion care (both consumer and agency-directed.)

2. These services shall be clinically appropriate and necessary to maintain these individuals in the community. Federal waiver requirements provide that the average per capita fiscal year expenditures under the waiver must not exceed the average per capita expenditures for the level of care provided in Intermediate Care Facilities for the Mentally Retarded under the State Plan that would have been provided had the waiver not been granted.

3. Under this § 1915(c) waiver, DMAS waives the Social Security Act § 1902(a)(10)(B) of Act related to comparability.

C. All requests for increased services by MR waiver recipients will be reviewed under the health and safety standard. This standard assures that waiver recipients receive all services necessary to assure their health and safety in the community and avoid institutionalization.

D. Appeals. Individual appeals shall be considered pursuant to 12 VAC 30-110-10 through 12 VAC 30-110-380. Provider appeals shall be considered pursuant to 12 VAC 30-10-1000 and 12 VAC 30-20-500 through 12 VAC 30-20-599.

12 VAC 30-120-213. Individual eligibility requirements.

A. Individuals receiving services under this waiver must meet the following requirements. Virginia will apply the financial eligibility criteria contained in the State Plan for the categorically needy. Virginia has elected to cover the optional categorically needy groups under 42 CFR §§ 435.211, 435.217, and 435.230. The income level used for §§ 435.211, 435.217 and 435.230 is 300% of the current Supplemental Security Income payment standard for one person.

1. Under this waiver, the coverage groups authorized under § 1902(a)(10)(A)(ii)(VI) of the Social Security Act will be considered as if they were institutionalized for the purpose of applying institutional deeming rules. All recipients under the waiver must meet the financial and non-financial Medicaid eligibility criteria and meet the institutional level of care criteria. The deeming rules are applied to waiver eligible individuals as if the individual were residing in an institution or would require that level of care.

2. Virginia shall reduce its payment for home and community-based services provided to an individual who is eligible for Medicaid services under 42 CFR § 435.217 by that amount of the individual's total income (including amounts disregarded in determining eligibility) that remains after allowable deductions for personal maintenance needs,

deductions for other dependents, and medical needs have been made, according to the guidelines in 42 CFR § 435.735 and §1915(c)(3) of the Social Security Act as amended by the Consolidated Omnibus Budget Reconciliation Act of 1986. DMAS will reduce its payment for home and community-based waiver services by the amount that remains after the deductions listed below:

a. For individuals to whom § 1924(d) applies and for whom Virginia waives the requirement for comparability pursuant to § 1902(a)(10)(B), deduct the following in the respective order:

(1) The basic maintenance needs for an individual, which is equal to the SSI payment for one person. For the period beginning with the effective date of this emergency regulation through December 31, 2001, those individuals involved in a planned habilitation program carried out as a supported employment, prevocational, or vocational training shall be allowed to retain an additional amount not to exceed the first \$75 of gross earnings each month and up to 50 percent of any additional gross earnings up to a maximum earnings allowance of \$190 monthly. As of January 1, 2002, due to expenses of employment, a working individual shall have an additional income allowance. For an individual employed 20 hours or more per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 300% SSI; for an individual employed at least eight but less than 20 hours per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 200% of SSI. If the individual requires a guardian or conservator who charges a fee, the fee, not to exceed an amount greater than five percent of the individual's total monthly income, is added to the maintenance needs allowance. However, in no case shall the total amount of the maintenance needs allowance (basic allowance plus earned income allowance plus guardianship fees) for the individual exceed 300% of SSI.

(2) For an individual with only a spouse at home, the community spousal income allowance determined in accordance with § 1924(d) of the Social Security Act.

(3) For an individual with a family at home, an additional amount for the maintenance needs of the family determined in accordance with § 1924(d) of the Social Security Act

(4) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party including Medicare and other health insurance premiums, deductibles, or coinsurance charges and necessary medical or remedial care recognized under state law but not covered under the Plan.

b. For individuals to whom § 1924(d) does not apply and for whom Virginia waives the requirement for comparability pursuant to § 1902(a)(10)(B), deduct the following in the respective order:

(1) The basic maintenance needs for an individual, which is equal to the SSI payment for one person. For the period beginning with the effective date of this emergency regulation through December 31, 2001, those individuals involved in a planned habilitation program carried out as a supported employment, prevocational, or vocational training shall be allowed to retain an additional amount not to exceed the first \$75 of gross earnings each month and up to 50 percent of any additional gross earning up to a maximum earnings allowance of \$190 monthly. As of January 1, 2002, due to expenses of employment, a working individual shall have an additional income allowance. For an individual employed 20 hours or more per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 300% SSI; for an individual employed at least eight but less than 20 hours per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 200% of SSI. If the individual requires a guardian or conservator who charges a fee, the fee, not to exceed an amount greater than five percent of the individual's total monthly income, is added to the maintenance needs allowance. However, in no case shall the total amount of the maintenance needs allowance (basic allowance plus earned income allowance plus guardianship fees) for the individual exceed 300% of SSI.

(2) For an individual with a dependent child or children, an additional amount for the maintenance needs of the child or children which shall be equal to the Title XIX medically needy income standard based on the number of dependent children.

(3) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party including Medicare and other health insurance premiums, deductibles, or coinsurance charges and necessary medical or remedial care recognized under state law but not covered under the State Medical Assistance Plan.

(4) The following four criteria shall apply to all mental retardation waiver services:

a. Individuals qualifying for mental retardation waiver services must have a demonstrated clinical need for the service resulting in significant functional limitations in major life activities. The need for the service must arise from either (i) an individual has a diagnosed condition of mental retardation; OR (ii) a child younger than six years of age is at developmental risk of significant functional limitations in major life activities;

b. The CSP and services which are delivered must be consistent with the Medicaid definition of each service;

c. Services must be approved by the case manager based on a current functional assessment using a DMHMRSAS approved assessment instrument and a demonstrated need for each specific service; and

d. Individuals qualifying for mental retardation waiver services must meet the ICF/MR level of care criteria.

B. Assessment and authorization of home and community-based care services.

1. To ensure that Virginia's home and community-based care waiver programs serve only individuals who would otherwise be placed in an ICF/MR, home and community-based care services shall be considered only for individuals who are eligible for admission to an ICF/MR with a diagnosis of mental retardation, or who are under 6 years of age and at developmental risk. Home and community-based care services shall be the critical service that enables the individual to remain at home and in the community rather than being placed in an ICF/MR.

2. The individual's need for home and community-based care services shall be determined by the CSB case manager after completion of a comprehensive assessment of the individual's needs and available support. The case manager shall complete the assessment, determine whether the individual meets the ICF/MR criteria and develop the CSP with input from the recipient, family members, service providers and any other individuals involved in the individual's maintenance in the community. Completion of this screening process for home and community-based care services by the CSB case manager is mandatory before Medicaid will assume payment responsibility of home and community-based care services.

3. An essential part of the case manager's assessment process shall be determining the level of care required by applying the existing DMAS ICF/MR criteria (12 VAC 30-130-430 et seq.)

4. The case manager shall gather relevant medical, social, and psychological data, and identify all services received by the individual. Medical examinations shall be current, completed prior to the individual's entry to the waiver, no earlier than 12 months prior to beginning waiver services. Social assessments must have been completed no earlier than 12 months prior to beginning waiver services. Psychological evaluations or standardized developmental evaluations for children under the age of six years must reflect the current psychological status (diagnosis), current cognitive abilities, and current adaptive level of functioning of the individuals.

5. The case manager shall explore alternative settings and services to provide the care needed by the individual. Based on the individual's preference, preference of parents or guardian for minors, or preference of guardian or authorized representative for adults, and the assessment of needs, a CSP shall be developed for the individual. For the case manager to make a recommendation for waiver services, community-based services must be determined to be an appropriate service alternative to delay, avoid placement in an ICF/MR, or promote exiting from either an ICF/MR placement, or inappropriate nursing facility placement.

6. Medicaid will not pay for any home and community-based care services delivered prior to the authorization date approved by DMHMRSAS. Any plan of care for home

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and community-based care services must be pre-approved by DMHMRSAS prior to Medicaid reimbursement for waiver services.

7. The case manager must submit the results of the comprehensive assessment and a recommendation to the DMHMRSAS staff for final determination of ICF/MR level of care and authorization for community-based care services. DMHMRSAS authorization must be obtained prior to service initiation and Medicaid reimbursement for waiver services. DMHMRSAS will communicate in writing to the case manager whether the recommended service plan has been approved or denied and, if approved, the amounts and type of services authorized.

8. Community-based care waiver services may be recommended by the case manager only if:

a. The individual is Medicaid eligible as determined by the local office of the Department of Social Services;

b. The individual has a diagnosis of mental retardation as defined in § 37.1-1 of the Code of Virginia, or is a child under the age of six at developmental risk, who would in the absence of waiver services, require the level of care provided in an ICF/MR facility the cost of which would be reimbursed under the Plan;

c. The Consumer Service Plan and services which will be delivered are consistent with the Medicaid definition of each service; and

d. The individual requesting waiver services shall not receive such services while an inpatient of a nursing facility, an ICF/MR, or hospital.

9. All Consumer Service Plans are subject to approval by DMAS. DMAS shall be the single state agency authority responsible for the supervision of the administration of the community-based care waiver. DMAS has contracted with DMHMRSAS for recommendation of preauthorization of waiver services. DMAS will conduct utilization review of those services.

C. Waiver approval process: accessing services.

1. Once the CSB case manager has determined an individual meets the functional criteria for mental retardation (MR) waiver services and the individual has chosen this service, the case manager and the individual or individual's family will meet within 30 calendar days to discuss the individual's needs, existing supports, and to develop a CSP which will establish and document services needed.

2. The service providers will develop Individual Service Plans (ISP) for each service and will submit a copy of these plans to the case manager. The case manager will monitor the service providers' ISPs to ensure that all providers are working toward the identified goals of the affected individuals. The case manager will review and approve the ISPs, contact DMHMRSAS for prior authorization to enroll the individual in the MR waiver and prior authorize services. DMHMRSAS shall, within 10 working days of receiving all supporting documentation either approve or deny the CSP and a waiver slot for that individual. DMHMRSAS shall only

authorize the waiver slot for the individual if slots are available. Once this authorization has been received, the case manager shall submit a DMAS-122 to determine financial eligibility for participation in the Medicaid program and the individual's patient pay responsibilities. Once the case manager has received written authorization of Medicaid eligibility, the case manager shall inform the individual so that the individual can initiate services listed in the CSP. If DMHMRSAS does not have an available slot for this individual, the individual will be held on the waiting list until such time as a slot becomes available.

3. Once the individual has been authorized by DMHMRSAS for the waiver slot, the individual or case manager shall contact service providers so that the individual may receive services within 60 days. If services are not initiated by the provider within 60 days, the case manager must submit information to DMHMRSAS and copy the individual or individual's family demonstrating why more time is needed to initiate services. DMHMRSAS has the authority to approve or suspend the request in 30-day extensions or deny the request to retain the waiver slot.

4. Case managers will be required to conduct monthly on-site visits for all consumers residing in DSS-licensed facilities.

12 VAC 30-120-214. General requirements for home and community-based care participating providers.

A. Providers approved for participation shall, at a minimum, perform the following activities:

1. Immediately notify DMAS and DMHMRSAS, in writing, of any change in the information which the provider previously submitted to DMAS and DMHMRSAS.

2. Assure freedom of choice to individuals in seeking medical care from any institution, pharmacy, practitioner, or other provider qualified to perform the service or services required and participating in the Medicaid Program at the time the service or services were performed.

3. Assure the individual's freedom to refuse medical care and treatment.

4. Accept referrals for services only when staff is available to initiate services and perform such services on an ongoing basis.

5. Provide services and supplies to individuals in full compliance with Title VI of the Civil Rights Act of 1964, as amended (42 USC §§ 2000d through 2000d-4a), which prohibits discrimination on the grounds of race, color, or national origin; the Virginians with Disabilities Act (§§ 51.5-1 through 51.5-59 of the Code of Virginia), as amended; § 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), which prohibits discrimination on the basis of a disability; and the Americans with Disabilities Act, as amended (42 USC §§ 12101 through 12213), which provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.

6. Provide services and supplies to recipients of the same

quality and in the same mode of delivery as provided to the general public.

7. Submit charges to DMAS for the provision of services and supplies to individuals in amounts not to exceed the provider's usual and customary charges to the general public. The provider must accept as payment in full the amount established by DMAS payment methodology from the first day of the individual's eligibility for the waiver services.

8. Use program-designated billing forms for submission of charges.

9. Maintain and retain business and professional records sufficient to document fully and accurately the nature, scope, and details of the services provided.

a. In general, such records shall be retained for at least five years from the last date of service or as provided by applicable state laws, whichever period is longer. However, if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception resolved. Records of minors shall be kept for at least five years after such minor has reached the age of 18 years.

b. Policies regarding retention of records shall apply even if the provider discontinues operation. DMAS shall be notified in writing of storage location and procedures for obtaining records for review should the need arise. The location, agent, or trustee shall be within the Commonwealth of Virginia.

10. The provider agrees to furnish information on request and in the form requested to DMAS, DMHMRSAS, the Attorney General of Virginia or his authorized representatives, federal personnel, and the State Medicaid Fraud Control Unit. The Commonwealth's right of access to provider agencies and records shall survive any termination of the provider agreement.

11. Disclose, as requested by DMAS, all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions, or other legal entities providing any form of health care services to recipients of Medicaid.

12. All providers shall hold confidential and use for authorized DMAS or DMHMRSAS purposes only all medical assistance information regarding recipients served. A provider shall disclose information in his possession only when the information is used in conjunction with a claim for health benefits or the data is necessary for the functioning of DMAS.

13. Change of Ownership. When ownership of the provider agency changes, DMAS shall be notified at least 15 calendar days before the date of change.

14. All facilities covered by § 1616(e) of the Social Security Act in which home and community-based care services will be provided shall be in compliance with applicable standards that meet the requirements for board and care facilities. Health and safety standards shall be monitored

through the DMHMRSAS' licensure standards, 12 VAC 35-102-10 et seq. or through DSS approved standards for adult foster care providers and licensure standards 22 VAC 40-70-10 et seq.

15. Suspected Abuse or Neglect. Pursuant to § 63.1-55.3 of the Code of Virginia, if a participating provider knows or suspects that a home and community-based care recipient is being abused, neglected, or exploited, the party having knowledge or suspicion of the abuse, neglect, or exploitation shall report this immediately from first knowledge to the local DSS adult or child protective services worker and to DMHMRSAS.

16. Adherence to provider contract and the DMAS provider service manual. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in their individual provider contracts and in the DMAS provider manual.

12 VAC 30-120-215. Participation standards for home and community-based care participating providers.

A. Requests for participation will be screened to determine whether the provider applicant meets the basic requirements for participation.

B. For DMAS to approve contracts with home and community based care providers, the following standards shall be met:

1. For services that have licensure and certification requirements, licensure and certification requirements pursuant to 42 CFR 441.352;

2. Disclosure of ownership pursuant to 42 CFR 455.104 and 455.105;

3. Administrative and financial management capacity to meet state and federal requirements; and

4. The ability to document and maintain individual case records in accordance with state and federal requirements.

C. The waiver recipient shall be informed of all available providers in the community and shall have the option of selecting the provider agency of his choice from among those agencies which can appropriately meet the individual's needs.

D. DMAS shall be responsible for assuring continued adherence to provider participation standards. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies and periodically recertify each provider for contract renewal with DMAS to provide home and community-based services. A provider's non-compliance with DMAS policies and procedures, as required in the provider's contract, may result in a written request from DMAS for a corrective action plan which details the steps the provider must take and the length of time permitted to achieve full compliance with the plan to correct the deficiencies which have been cited.

E. A participating provider may voluntarily terminate his participation in Medicaid by providing 30 days' written notification. DMAS shall be permitted to administratively terminate a provider from participation upon 30 days' written notification. DMAS may also cancel a contract immediately or

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may give notification of cancellation in the event of a breach of the contract by the provider as specified in the DMAS contract. Such action precludes further payment by DMAS for services provided to individuals subsequent to the date specified in the termination notice.

F. A provider shall have the right to appeal adverse action taken by DMAS. Adverse actions may include, but shall not be limited to, termination of the provider agreement by DMAS, and retraction of payments from the provider by DMAS for noncompliance with applicable law, regulation, policy, or procedure. All disputes regarding provider reimbursement or termination of the agreement by DMAS for any reason shall be resolved through administrative proceedings conducted at the office of DMAS in Richmond, Virginia. These administrative proceedings and judicial review of such administrative proceedings shall be conducted pursuant to the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), the State Plan for Medical Assistance provided for in § 32.1-325 of the Code of Virginia, and duly promulgated regulations. Court review of final agency determinations concerning provider reimbursement shall be made in accordance with the Administrative Process Act.

G. Section 32.1-325(C), as amended, of the Code of Virginia, mandates that "any such [Medicaid] agreement or contract shall terminate upon conviction of the provider of a felony." A provider convicted of a felony in Virginia or in any other of the 50 states or Washington, D.C., must, within 30 days, notify the Medicaid Program of this conviction and relinquish its provider agreement. Reinstatement will be contingent upon provisions of state law. In addition, termination of a provider contract will occur as may be required for federal financial participation.

H. Case manager's responsibility for the Individual Information Form (DMAS-122). It shall be the responsibility of the case management provider to notify DMHMRSAS and DSS, in writing, when any of the following circumstances occur. Furthermore, it shall be the responsibility of DMHMRSAS to update DMAS when any of the following events occur:

1. Home and community-based care services are implemented.
2. A recipient dies.
3. A recipient is discharged or terminated from services.
4. Any other circumstances (including hospitalization) which cause home and community-based care services to cease or be interrupted for more than 30 days.
5. A change in community services board providing case management services.

I. Changes or termination of care. It is the DMHMRSAS staff's responsibility to authorize changes to a recipient's CSP based on the recommendations of the case management provider. Agencies providing direct service are responsible for modifying their individual service plan, if the individual or family caregiver agrees, and submitting it to the case manager any time there is a change in the recipient's condition or circumstances which may warrant a change in the amount or type of service rendered. The case manager

will review the need for a change and may recommend a change to the plan of care to the DMHMRSAS staff. DMHMRSAS will review and approve or deny the requested change to the individual's plan of care and communicate this authorization to the case manager within 10 working days of receipt of the request for change or in the case of an emergency, within 72 hours of receipt of the request for change. The DMAS staff has the final authority to approve or deny the requested change to individuals' plans of care. The individual will be notified, in writing, of the right to appeal the decisions to reduce or deny services pursuant to DMAS client appeals regulations (12 VAC 30-110-10 et seq.)

1. In a non-emergency situation, the participating provider shall give the recipient or family and case manager 10 days written notification of the intent to terminate services. The letter shall provide the reasons for such termination and the effective date of the termination. The effective date of services termination shall be at least 10 days from the date of the termination notification letter.

2. In an emergency situation when the health and safety of the recipient or provider agency personnel is endangered, the case manager and DMHMRSAS must be notified prior to termination. The 10-day written notification period shall not be required. If appropriate, the local DSS adult protective services or child protective services must be notified immediately.

3. In the case of termination of home and community-based care services by the DMHMRSAS staff, the effective date of termination shall be at least 10 days from the date of the termination notification letter. The case manager shall have the responsibility to identify those recipients who no longer meet the criteria for care or for whom home and community-based services are no longer an appropriate alternative. The DMHMRSAS staff shall have the authority to terminate home and community-based services.

4. DMAS shall have the ultimate responsibility for ensuring appropriate placement of the individual in home and community-based care services and the authority to terminate such services to the individual for the following reasons:

- a. The home and community-based care service is not the critical alternative to prevent or delay institutional (ICF/MR) placement;
- b. The individual no longer meets the institutional level of care criteria;
- c. The individual's environment does not provide for his health, safety, and welfare;
- d. An appropriate and cost-effective CSP cannot be developed; or
- e. The individual loses Medicaid eligibility.

12 VAC 30-120-220. General coverage and requirements for home and community-based care services.

A. Waiver service populations. Home and community-based services shall be available through a § 1915(c) waiver. Coverage shall be provided under the waiver for the following

individuals who have been determined to require the level of care provided in an intermediate care facility for the mentally retarded. *This regulation shall only apply to those individuals who are receiving congregate residential services in DSS-licensed assisted living facilities that are seeking DMHMRSAS licensure pursuant to 12 VAC 30-120-230 C. This regulation shall only be in effect through September 15, 2002.*

1. Individuals with mental retardation.
2. Individuals with related conditions currently residing in nursing facilities but who are being discharged to the community and determined to require specialized services.
3. Individuals under the age of six at developmental risk. At age six, these individuals must be determined to be mentally retarded to continue to receive home and community-based care services.

B. Covered services.

1. Covered services shall include: residential support, day support, supported employment, personal assistance, respite care, assistive technology, environmental modifications, nursing services, therapeutic consultation, and crisis stabilization.
2. These services shall be clinically appropriate and necessary to maintain these individuals in the community. Federal waiver requirements provide that the average per capita fiscal year expenditure under the waiver must not exceed the average per capita expenditures for the level of care provided in an intermediate care facility for the mentally retarded under the State Plan that would have been made had the waiver not been granted.

C. Patient eligibility requirements.

1. Virginia shall apply the financial eligibility criteria contained in the State Plan for the categorically needy. Virginia has elected to cover the optional categorically needy group under 42 CFR 435.211, 435.217 and 435.230. The income level used for 435.211, 435.217 and 435.230 is 300% of the current Supplemental Security Income payment standard for one person.
2. Under this waiver, the coverage groups authorized under §1902(a)(10)(A)(ii)(VI) of the Social Security Act will be considered as if they were institutionalized for the purpose of applying institutional deeming rules. All recipients under the waiver must meet the financial and nonfinancial Medicaid eligibility criteria and be Medicaid eligible in an institution. The deeming rules are applied to waiver eligible individuals as if the individual were residing in an institution or would require that level of care.
3. Virginia shall reduce its payment for home and community-based services provided to an individual who is eligible for Medicaid services under 42 CFR 435.217 by that amount of the individual's total income (including amounts disregarded in determining eligibility) that remains after allowable deductions for personal maintenance needs, deductions for other dependents, and medical needs have been made, according to the guidelines in 42 CFR 435.735 and §1915(c)(3) of the Social Security Act as amended by

the Consolidated Omnibus Budget Reconciliation Act of 1986. DMAS will reduce its payment for home and community-based waiver services by the amount that remains after deducting the following amounts in the following order from the individual's income:

- a. For individuals to whom §1924(d) applies, Virginia intends to waive the requirement for comparability pursuant to §1902(a)(10)(B) to allow for the following:

~~(1) An amount for the maintenance needs of the individual which is equal to the categorically needy income standard for a noninstitutionalized individual unless the individual is a working patient. Those individuals involved in a planned habilitation program carried out as a supported employment or prevocational or vocational training shall be allowed to retain an additional amount not to exceed the first \$75 of gross earnings each month and up to 50% of any additional gross earnings up to a maximum personal needs allowance of \$575 per month (149% of the SSI payment level for a family of one with no income).~~

(1) The basic maintenance needs for an individual, which is equal to the SSI payment for one person. For the period beginning with the effective date of this emergency regulation through December 31, 2001, those individuals involved in a planned habilitation program carried out as a supported employment, prevocational, or vocational training shall be allowed to retain an additional amount not to exceed the first \$75 of gross earnings each month and up to 50 percent of any additional gross earnings up to a maximum earnings allowance of \$190 monthly. As of January 1, 2002, due to expenses of employment, a working individual shall have an additional income allowance. For an individual employed 20 hours or more per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 300% SSI; for an individual employed at least eight but less than 20 hours per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 200% of SSI. If the individual requires a guardian or conservator who charges a fee, the fee, not to exceed an amount greater than five percent of the individual's total monthly income, is added to the maintenance needs allowance. However, in no case shall the total amount of the maintenance needs allowance (basic allowance plus earned income allowance plus guardianship fees) for the individual exceed 300% of SSI.

(2) For an individual with only a spouse at home, the community spousal income allowance determined in accordance with § 1924(d) of the Social Security Act, the same as that applied for the institutionalized patient.

(3) For an individual with a family at home, an additional amount for the maintenance needs of the family determined in accordance with §1924(d) of the Social Security Act, the same as that applied for the institutionalized patient.

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(4) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party including Medicare and other health insurance premiums, deductibles, or coinsurance charges and necessary medical or remedial care recognized under state law but covered under the Plan.

b. For all other individuals:

~~(1) An amount for the maintenance needs of the individual which is equal to the categorically needy income standard for a noninstitutionalized individual unless the individual is a working patient. Those individuals involved in a planned habilitation program carried out as a supported employment or prevocational or vocational training will be allowed to retain an additional amount not to exceed the first \$75 of gross earnings each month and up to 50% of any additional gross earnings up to a maximum personal needs allowance of \$575 per month (149% of the SSI payment level for a family of one with no income).~~

(1) The basic maintenance needs for an individual, which is equal to the SSI payment for one person. For the period beginning with the effective date of this emergency regulation through December 31, 2001, those individuals involved in a planned habilitation program carried out as a supported employment, prevocational, or vocational training shall be allowed to retain an additional amount not to exceed the first \$75 of gross earnings each month and up to 50 percent of any additional gross earnings up to a maximum earnings allowance of \$190 monthly. As of January 1, 2002, due to expenses of employment, a working individual shall have an additional income allowance. For an individual employed 20 hours or more per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 300% SSI; for an individual employed at least eight but less than 20 hours per week, earned income shall be disregarded up to a maximum of both earned and unearned income up to 200% of SSI. If the individual requires a guardian or conservator who charges a fee, the fee, not to exceed an amount greater than five percent of the individual's total monthly income, is added to the maintenance needs allowance. However, in no case shall the total amount of the maintenance needs allowance (basic allowance plus earned income allowance plus guardianship fees) for the individual exceed 300% of SSI.

(2) For an individual with a family at home, an additional amount for the maintenance needs of the family which shall be equal to the medically needy income standard for a family of the same size.

(3) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party including Medicare and other health insurance premiums, deductibles, or coinsurance charges and necessary medical or remedial care recognized under state law but covered under the state Medical Assistance Plan.

4. The following four criteria shall apply to all mental retardation waiver services:

a. Individuals qualifying for mental retardation waiver services must have a demonstrated clinical need for the service resulting in significant functional limitations in major life activities. The need for the service must arise from (i) a diagnosed condition of mental retardation; (ii) a child younger than six years of age who is at developmental risk of significant functional limitations in major life activities; or (iii) a person with a related condition as defined in these regulations;

b. The Plan of Care and services which are delivered must be consistent with the Medicaid definition of each service;

c. Services must be approved by the case manager based on a current functional assessment using the Inventory for Client and Agency Planning (ICAP) or other DMHMRSAS approved assessment and demonstrated need for each specific service; and

d. Individuals qualifying for mental retardation waiver services must meet the ICF/MR level of care criteria.

D. Assessment and authorization of home and community-based care services.

1. The individual's need for home and community-based care services shall be determined by the CSB case manager after completion of a comprehensive assessment of the individual's needs and available support. The case manager shall complete the assessment, determine whether the individual meets the intermediate care facility for the mentally retarded (ICF/MR) criteria and develop the Consumer Service Plan (CSP) with input from the recipient, family members, service providers and any other individuals involved in the individual's maintenance in the community.

2. An essential part of the case manager's assessment process shall be determining the level of care required by applying the existing DMAS ICF/MR criteria (12 VAC 30-130-430 et seq.).

3. The case manager shall gather relevant medical, social, and psychological data and identify all services received by the individual. Medical examinations shall be current, completed prior to the individual's entry to the waiver, no earlier than 12 months prior to beginning waiver services. Social assessments must have been completed within 12 months prior to beginning waiver services. Psychological evaluations or standardized developmental evaluations for children under the age of six years must reflect the current psychological status (diagnosis), current cognitive abilities, and current adaptive level of functioning of the individuals.

4. The case manager shall explore alternative settings to provide the care needed by the individual. Based on the individual's preference, preference of parents or guardian for minors, or preference of guardian or authorized representative for adults, and the assessment of needs, a plan of care shall be developed for the individual. For the case manager to make a recommendation for waiver services, community-based care services must be

determined to be an appropriate service alternative to delay, avoid placement in an ICF/MR, or promote exiting from either an ICF/MR placement or inappropriate nursing facility placement.

5. Community-based care waiver services may be recommended by the case manager only if:

a. The individual is Medicaid eligible as determined by the local office of the Department of Social Services,

b. The individual is either mentally retarded as defined in § 37.1-1 of the Code of Virginia, is a child under the age of six at developmental risk, or is a person with a related condition who would, in the absence of waiver services, require the level of care provided in an ICF/MR facility, the cost of which would be reimbursed under the Plan,

c. The individual requesting waiver services shall not receive such services while an inpatient of a nursing facility or hospital.

6. The case manager must submit the results of the comprehensive assessment and a recommendation to the DMHMRSAS staff for final determination of ICF/MR level of care and authorization for community-based care services. DMHMRSAS authorization must be obtained prior to referral for service initiation and Medicaid reimbursement for waiver services. DMHMRSAS will communicate in writing to the case manager whether the recommended service plan has been approved or denied and, if approved, the amounts and type of services authorized.

7. All Consumer Service Plans are subject to approval by DMAS. DMAS is the single state authority responsible for the supervision of the administration of the community-based care waiver. DMAS has contracted with DMHMRSAS for recommendation of preauthorization of waiver services and utilization review of those services.

8. Case managers will be required to conduct monthly on-site visits for all consumers who reside in DSS-licensed facilities.

12 VAC 30-120-230. General conditions and requirements for all home and community-based care participating providers.

This regulation shall only apply to those individuals who are receiving congregate residential services in DSS-licensed assisted living facilities that are seeking DMHMRSAS licensure pursuant to 12 VAC 30-120-230 C. This regulation shall only be in effect through September 15, 2002.

A. General requirements. Providers approved for participation shall, at a minimum, perform the following:

1. Immediately notify DMAS in writing of any change in the information which the provider previously submitted to DMAS.

2. Assure freedom of choice to recipients in seeking medical care from any institution, pharmacy, practitioner, or other provider qualified to perform the services required and participating in the Medicaid Program at the time the service was performed.

3. Assure the recipient's freedom to refuse medical care and treatment.

4. Accept referrals for services only when staff is available to initiate services.

5. Provide services and supplies to recipients in full compliance with Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the grounds of race, color, religion, or national origin and of Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of a handicap and both the Virginians with Disabilities Act and the Americans with Disabilities Act.

6. Provide services and supplies to recipients in the same quality and mode of delivery as provided to the general public.

7. Charge DMAS for the provision of services and supplies to recipients in amounts not to exceed the provider's usual and customary charges to the general public.

8. Accept Medicaid payment from the first day of the recipient's eligibility.

9. Accept as payment in full the amount established by DMAS.

10. Use program-designated billing forms for submission of charges.

11. Maintain and retain business and professional records sufficient to document fully and accurately the nature, scope, and details of the services provided.

a. Such records shall be retained for at least five years from the last date of service or as provided by applicable state laws, whichever period is longer. If an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception resolved. Records of minors shall be kept for at least five years after such minor has reached the age of 18 years.

b. Policies regarding retention of records shall apply even if the agency discontinues operation. DMAS shall be notified in writing of the storage location and procedures for obtaining records for review should the need arise. The location, agent, or trustee shall be within the Commonwealth of Virginia.

12. Furnish to authorized state and federal personnel, in the form and manner requested, access to records and facilities.

13. Disclose, as requested by DMAS, all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions, or other legal entities providing any form of health care services to recipients of Medicaid.

14. Hold confidential and use for authorized DMAS or DMHMRSAS purposes only all medical assistance information regarding recipients.

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15. When ownership of the provider agency changes, DMAS shall be notified within 15 calendar days of such change.
- B. Requests for participation. DMAS will screen requests to determine whether the provider applicant meets the following basic requirements for participation.
- C. Provider participation standards. For DMAS to approve contracts with home and community-based care providers the following standards shall be met:
1. The provider must have the ability to serve individuals in need of waiver services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement.
 2. The provider must have the administrative and financial management capacity to meet state and federal requirements.
 3. The provider must have the ability to document and maintain individual case records in accordance with state and federal requirements.
 4. The provider of residential and day support services must be licensed by DMHMRSAS as a provider of residential services, supportive residential services, or day support services. These licensing requirements address standards for personnel, residential and day program environments, and program and service content. They must also have training in the characteristics of mental retardation and appropriate interventions, training strategies, and support methods for persons with mental retardation and functional limitations. Residential support services may also be provided in programs licensed by DSS (~~adult care residences~~ *assisted living facilities*) or in adult foster care homes approved by local DSS offices pursuant to state DSS regulations, *for MR waiver recipients who reside in those facilities as of September 15, 2001. Services may continue to be provided for those recipients under the DSS license until September 15, 2002. The assisted living facilities must file an application for licensure by DMHMRSAS as a residential services provider by September 15, 2001. DSS-licensed providers who are providing residential services in assisted living facilities that do not file an application for licensure with DMHMRSAS by September 15, 2001, will be terminated as a provider of MR waiver residential support services. Assisted living facilities that are seeking licensure through DMHMRSAS to provide residential services will need to be licensed by September 15, 2002, in order to continue providing residential services to individuals in the MR waiver.* In addition to licensing requirements, persons providing residential support services are required to pass an objective, standardized test of skills, knowledge and abilities developed by DMHMRSAS and administered according to DMHMRSAS policies.
 5. Supported employment or prevocational training services shall be provided by agencies that are either licensed by DMHMRSAS as a day support service or are vendors of extended employment services, long-term employment support services or supportive employment services for DRS.
 6. Services provided by members of professional disciplines shall meet all applicable state licensure or certification requirements. Persons providing behavior consultation shall be certified by DMHMRSAS based on the individual's work experience, education and demonstrated knowledge, skills, and abilities. Persons providing rehabilitation engineering shall be contracted with DRS.
 7. All facilities covered by §1616(e) of the Social Security Act in which home and community-based care services will be provided shall be in compliance with applicable standards that meet the requirements of 45 CFR Part 1397 for board and care facilities. Health and safety standards shall be monitored through the DMHMRSAS's licensure standards, 12 VAC 35-102-10 et seq. or through DSS licensure standards 22 VAC 40-70-10 et seq.
 8. Personal assistance services shall be provided by a DMAS certified personal care provider whose staff has passed the DMHMRSAS objective standardized test for residential support services, or by a DMHMRSAS licensed residential support provider.
 9. Respite care services shall be provided by a DMAS certified personal care provider; a DMHMRSAS licensed supportive residential provider, respite care services provider (center based or out-of-home) or in-home respite care provider; an approved DSS foster care home for children or adult foster home provider; or be registered with the CSB as an individual provider of respite care as defined in 12 VAC 35-102-10.
 10. Nursing services shall be provided by a DMAS certified private duty nursing or home health provider or by a licensed registered nurse or licensed practical nurse contracted or employed by the CSB.
 11. Environmental modifications shall be provided in accordance with all applicable state or local building codes by contractors of the CSB or DRS who shall be reimbursed for the amount charged by said contractors.
 12. Assistive technology shall be provided by agencies under contract with DMAS as a durable medical equipment and supply provider. Any equipment/supplies/technology not available through a durable medical equipment provider may be purchased and billed to DMAS for Medicaid reimbursement as documented in the Plan of Care, approved by the case manager, and monitored by DMHMRSAS.
 13. Crisis stabilization services shall be provided by agencies licensed by DMHMRSAS as a provider of outpatient services or residential or supportive residential services or day support services. To provide the crisis supervision component, agencies must be licensed by DMHMRSAS as providers of residential services or supportive residential services. The provider agency must employ or utilize qualified mental retardation professionals, licensed mental health professionals or other qualified personnel competent to provide crisis stabilization and related activities to individuals with mental retardation who are experiencing serious psychiatric or behavioral problems. The qualified mental retardation professional shall have (i) at least one year of documented experience

working directly with individuals who have mental retardation or developmental disabilities; (ii) a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, or psychology; and (iii) the required Virginia or national license, registration, or certification in accordance with his profession.

D. Adherence to provider contract and DMAS provider service manual. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in their individual provider contracts and in the DMAS provider service manual.

E. Recipient choice of provider agencies. The waiver recipient shall be informed of all available providers in the community and shall have the option of selecting the provider agency of his choice from among those agencies which can appropriately meet the individual's needs.

F. Termination of provider participation. DMAS may administratively terminate a provider from participation upon 60 days' written notification. DMAS may also cancel a contract immediately or may give such notification in the event of a breach of the contract by the provider as specified in the DMAS contract. Such action precludes further payment by DMAS for services provided recipients subsequent to the date specified in the termination notice.

G. Reconsideration of adverse actions. Adverse actions may include, but are not limited to, disallowed payment of claims for services rendered which are not in accordance with DMAS policies and procedures, contract limitation or termination. The following procedures shall be available to all providers when DMAS takes adverse action which includes termination or suspension of the provider agreement.

1. The reconsideration process shall consist of three phases:

- a. A written response and reconsideration of the preliminary findings.
- b. The informal conference.
- c. The formal evidentiary hearing.

2. The provider shall have 30 days to submit information for written reconsideration, 15 days from the date of the notice to request the informal conference, and 15 days from the date of the notice to request the formal evidentiary hearing.

3. An appeal of adverse actions shall be heard in accordance with the Administrative Process Act (§ ~~9-6.14.4~~ 2.2-4000 et seq. of the Code of Virginia) and the State Plan for Medical Assistance provided for in § 32.1-325 of the Code of Virginia. Court review of the final agency determination shall be made in accordance with the Administrative Process Act.

H. Responsibility for sharing recipient information. It shall be the responsibility of the case management provider to notify DMHMRSAS and DSS, in writing, when any of the following circumstances occur. Furthermore, it shall be the

responsibility of DMHMRSAS to update DMAS when any of the following events occur:

1. Home and community-based care services are implemented.
2. A recipient dies.
3. A recipient is discharged or terminated from services.
4. Any other circumstances (including hospitalization) which cause home and community-based care services to cease or be interrupted for more than 30 days.

I. Changes or termination of care. It is the DMHMRSAS staff's responsibility to authorize any changes to a recipient's CSP based on the recommendation of the case management provider.

1. Agencies providing direct service are responsible for modifying their individual service plan and submitting it to the case manager any time there is a change in the recipient's condition or circumstances which may warrant a change in the amount or type of service rendered.

2. The case manager will review the need for a change and may recommend a change to the plan of care to the DMHMRSAS staff.

3. The DMHMRSAS staff will approve or deny the requested change to the recipient's plan of care and communicate this authorization to the case manager within 10 days of receipt of the request for change or in the case of an emergency, within 72 hours of receipt of the request for change.

4. The case manager will communicate in writing the authorized change in the recipient's plan of care to the individual service provider and the recipient, in writing, providing the recipient with the right to appeal the decision pursuant to DMAS Client Appeals Regulations (12 VAC 30-110-10 et seq.).

5. Nonemergency termination of home and community-based care services by the individual service provider. The individual service provider shall give the recipient and/or family and case manager 10 days written notification of the intent to terminate services. The letter shall provide the reasons for and effective date of the termination. The effective date of services termination shall be at least 10 days from the date of the termination notification letter.

6. Emergency termination of home and community-based care services by the individual services provider. In an emergency situation when the health and safety of the recipient or provider agency personnel is endangered, the case manager and DMHMRSAS staff must be notified prior to termination. The 10-day written notification to the individual shall not be required.

7. Termination of home and community-based care services for a recipient by the DMHMRSAS staff. The effective date of termination shall be at least 10 days from the date of the termination notification letter. The case manager has the responsibility to identify those recipients who no longer meet the criteria for care or for whom home

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and community-based services are no longer an appropriate alternative. The DMHMRSAS staff has the authority to terminate home and community-based care services.

J. Suspected abuse or neglect. Pursuant to § 63.1-55.3 of the Code of Virginia, if a participating provider agency knows or suspects that a home and community-based care recipient is being abused, neglected, or exploited, the party having knowledge or suspicion of the abuse/neglect/exploitation shall report this to the local DSS.

K. DMAS monitoring. DMAS is responsible for assuring continued adherence to provider participation standards. DMAS shall conduct ongoing monitoring of compliance with provider participation standards and DMAS policies and periodically recertify each provider for contract renewal with DMAS to provide home and community-based services. A provider's noncompliance with DMAS policies and procedures, as required in the provider's contract, may result in a written request from DMAS for a corrective action plan which details the steps the provider will take and the length of time required to achieve full compliance with deficiencies which have been cited.

12 VAC 30-120-240. Covered services and limitations.

This regulation shall only apply to those individuals who are receiving congregate residential services in DSS-licensed assisted living facilities that are seeking DMHMRSAS licensure pursuant to 12 VAC 30-120-230 C. This regulation shall only be in effect through September 15, 2002.

A. Residential support services shall be provided in the recipient's home (including the home of a relative or other person, a foster home or an adult family care home), in a licensed adult care residence or licensed group home. The service shall be designed to enable individuals qualifying for the mental retardation waiver to be maintained in living arrangements in the community and shall include: (i) training in or reinforcement of functional skills and appropriate behavior related to a recipient's health and safety, personal care, activities of daily living and use of community resources; (ii) assistance with medication management and monitoring health, nutrition and physical condition; and (iii) assistance with personal care activities of daily living and use of community resources. Service providers shall be reimbursed only for the amount and type of residential support services included in the individual's approved plan of care. Residential support services shall not be authorized in the plan of care unless the individual requires these services and these services exceed the care included in the individual's room and board arrangement for individuals residing in an adult care residence or group home, or, for other individuals, if these services exceed services provided by the family or other caregiver. In order to qualify for this service in an adult care residence or a group home, the individual shall have a demonstrated need for continuous training, assistance, and supervision for up to 24 hours in a residential setting provided by paid staff. For other individuals, services will not routinely be provided across a continuous 24-hour period.

1. All individuals must meet the following criteria in order for Medicaid to reimburse for mental retardation residential

support services. The individual must meet the eligibility requirements for this waiver service as herein defined. The individual shall have a demonstrated need for supports to be provided by paid staff by the residential support provider.

2. An individual's case manager shall not be the direct service staff person or the immediate supervisor of a staff person who provides supported living services to the individual.

3. This service must be provided on an individualized basis according to the plan of care and service setting requirements.

4. This service may not be provided to any individual who receives personal assistance services under the mental retardation community waiver or other residential program that provides a comparable level of care.

5. Room and board and general supervision shall not be components of this service.

6. This service shall not be used solely to provide routine or emergency respite care for parent or other care givers with whom the individual lives.

B. Day support services include a variety of training, support, and supervision offered in a setting which allows peer interactions and community integration. If prevocational services are offered, the plan of care must contain documentation regarding whether prevocational services are available in vocational rehabilitation agencies through § 110 of the Rehabilitation Act of 1973 or in special education services through § 602(16) and (17) of the Individuals with Disabilities Education Act. When services are provided through these sources, the plan of care shall not authorize them as a waiver funded expenditure. Compensation for prevocational services can only be made when the individual's productivity is less than 50% of the minimum wage. Service providers are reimbursed only for the amount and type of day support services included in the individual's approved plan of care based on the setting, intensity and duration of the service to be delivered. In order to qualify for prevocational service, the individual shall have a demonstrated need for support in skills which are aimed towards preparation of paid employment which may be offered in a variety of community settings. For day support services, individuals shall have demonstrated the need for functional training, assistance and specialized supervision offered in settings, other than the individual's own residence, which allow an opportunity for being productive and contributing members of their communities.

C. Supported employment services shall include training in specific skills related to paid employment and provision of ongoing or intermittent assistance or specialized supervision to enable a consumer to maintain paid employment. Each plan of care must contain documentation regarding whether supported employment services are available in vocational rehabilitation agencies through § 110 of the Rehabilitation Act of 1973 or in special education services through § 602(16) and (17) of the Individuals with Disabilities Education Act. When services are provided through these sources, the plan of care shall not authorize them as a waiver funded

expenditure. Service providers are reimbursed only for the amount and type of habilitation services included in the individual's approved plan of care based on the intensity and duration of the service delivered. Reimbursement shall be limited to actual interventions by the provider of supported employment, not for the amount of time the individual is in the supported employment environment. In order to qualify for these services, the individual shall have a demonstrated need for training, specialized supervision, or assistance in paid employment and for whom competitive employment at or above the minimum wage is unlikely without this support and who, because of the disability, needs ongoing support, including supervision, training and transportation to perform in a work setting.

D. Therapeutic consultation is available under the waiver for Virginia licensed or certified practitioners in psychology, social work, occupational therapy, physical therapy, therapeutic recreation, rehabilitation engineering, and speech therapy. Behavior consultation performed by persons certified by DMHMRSAS based on the individual's work experience, education and demonstrated knowledge, skills, and abilities may also be a covered waiver service. These services may be provided, based on the individual plan of care, for those individuals for whom specialized consultation is clinically necessary to enable their utilization of waiver services. Therapeutic consultation services, other than behavior consultation, may be provided in residential or day support settings or in office settings in conjunction with another waiver service. Behavior consultation may be offered in the absence of any other waiver service when the consultation provided to informal caregivers is determined to be necessary to prevent institutionalization. Service providers are reimbursed according to the amount and type of service authorized in the plan of care based on an hourly fee for service. In order to qualify for these services, the individual shall have a demonstrated need for consultation in any of these services. Documented need indicates that the Plan of Care could not be implemented effectively and efficiently without such consultation from this service.

E. Environmental modifications shall be available to individuals who are receiving at least one other waiver service. It is provided primarily in the individual's home or other community residence in accordance with all applicable state or local building codes. A maximum limit of \$5,000 may be reimbursed in a year. In order to qualify for these services, the individual shall have a demonstrated need for equipment or modifications of a remedial or medical benefit offered primarily in a consumer's home, vehicle, community activity setting, or day program to specifically serve to improve the individual's personal functioning. This service shall encompass those items not otherwise covered in the State Plan for Medical Assistance.

F. Personal assistance is available only for individuals who do not receive residential services or live in adult care residences and for whom training and skills development are not objectives or are provided through another program or service. In order to qualify for these services, the individual shall have demonstrated a need for personal assistance in activities of daily living, medication or other medical needs or monitoring health status or physical condition.

G. Respite care services are limited to a maximum of 30 days or 720 hours per year. In order to qualify for these services, the individual shall have a demonstrated need for substitute care/temporary care which is normally provided by a primary care giver to provide relief for the family or surrogate family/care giver. This care shall not be provided to relieve group home or adult care residence staff where residential care is provided in paid shifts.

H. Nursing services are for individuals with serious medical conditions and complex health care needs which require specific skilled nursing services which cannot be provided by non-nursing personnel. Skilled nursing is provided in the individual's home or other community setting on a regularly scheduled or intermittent need basis. The plan of care must indicate that the service is necessary to prevent institutionalization and is not available under the State Plan for Medical Assistance. In order to qualify for these services, the individual shall have demonstrated complex health care needs which require specific skilled nursing services which are ordered by a physician and which cannot be otherwise accessed under the Title XIX State Plan.

I. Assistive technology is available to individuals who are receiving at least one other waiver service and may be provided in a residential or nonresidential setting. A maximum limit of \$5,000 may be reimbursed in a year. In order to qualify for these services, the individual shall have a demonstrated need for equipment or modification for remedial or medical benefit primarily in a consumer's home, vehicle, community activity setting, or day program to specifically serve to improve the individual's personal functioning. This shall encompass those items not otherwise covered under the State Plan.

J. Crisis stabilization services shall provide, as appropriate, neuropsychological, psychiatric, psychological and other assessments and stabilization, functional assessments, medication management and behavior assessment, behavior support, intensive care coordination with other agencies and providers to assist planning and delivery of services and supports to maintain community placement of the recipient; training of family members and other care givers and service providers in positive behavioral supports to maintain the recipient in the community; and temporary crisis supervision to ensure the safety of the recipient and others. The unit for each component of the service shall equal one hour. This service may be authorized for provision of a maximum period of 15 days and during no more than 60 days in a calendar year. The actual service units per episode shall be based on the documented clinical needs of the individuals being served.

1. These services shall be available to individuals who meet at least one of the following criteria:

- a. Individual is experiencing a marked reduction in psychiatric, adaptive, or behavioral functioning;
- b. Individual is experiencing extreme increase in emotional distress;
- c. Individual needs continuous intervention to maintain stability; or
- d. Individual is causing harm to himself or others.

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2. This service shall be designed to stabilize the recipient and strengthen the current semi-independent living situation, or situation with family or other primary care givers so the recipient can be maintained during and beyond the crisis period. These services may be provided directly in, but not limited to, the following settings:

- a. The home of an individual who lives with family, friends, or other primary care giver or givers;
- b. The home of an individual who lives independently/semi-independently to augment any current services and supports;
- c. A community-based residential program to augment current services and supports;
- d. A day program or setting to augment current services and supports; or
- e. A respite care setting to augment current services and supports.

3. These services may be initiated following a documented face-to-face assessment by a qualified mental retardation professional. If appropriate, the assessment shall be conducted jointly with a licensed mental health professional or other appropriate professional or professionals. Crisis supervision, if provided as part of this service, shall be separately billed in hourly service units. The need for this service or an extension of the authorization for this service must be clearly documented following a documented face-to-face reassessment conducted by a qualified mental retardation professional. If appropriate, the reassessment will be conducted jointly with a licensed mental health professional or other appropriate professional or professionals.

4. An Individualized Service Plan (ISP) must be developed or revised within 72 hours of assessment or reassessment. Crisis supervision may be provided as a component of this service only if clinical/behavioral intervention allowable under this service also is provided during authorized period. Crisis supervision must be provided one-to-one and face-to-face with the recipient.

5. This service shall not be used for continuous long-term care beyond the service limits. Room and board and general supervision shall not be components of this service and shall not be included in reimbursement.

Subpart 2.

Covered services and limitations and related provider requirements.

12 VAC 30-120-241. Assistive technology.

A. Service description. Assistive technology shall mean the specialized medical equipment and supplies including those devices, controls, or appliances, specified in the consumer service plan but not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live or which are necessary to their proper functioning.

B. Criteria. In order to qualify for these services, the individual must have a demonstrated need for equipment or modification for remedial or medical benefit primarily in the individual's home, vehicle, community activity setting, or day program to specifically serve to improve the individual's personal functioning. This shall encompass those items not otherwise covered under the State Plan for Medical Assistance. AT shall be covered in the least expensive, most cost-effective manner.

C. Service units and service limitations. Assistive technology (AT) is available to individuals who are receiving at least one other waiver service and may be provided in a residential or nonresidential setting. A maximum limit of \$5,000 may be reimbursed per calendar year. Costs for assistive technology cannot be carried over from year to year and must be preauthorized each CSP year. AT shall not be approved for purposes of convenience of the caretaker or restraint of the individual. An independent consultation must be obtained for each AT request prior to approval by DMHMRSAS. All AT must be prior authorized by DMHMRSAS. Any equipment/supplies/technology not available through a durable medical equipment provider may be purchased and billed to DMAS for Medicaid reimbursement as documented in the Plan of Care, approved by the case manager, and authorized by DMHMRSAS.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, assistive technology shall be provided by agencies under contract with the DMAS as providers.

12 VAC 30-120-242. Companion care (agency-directed model of care).

A. Service description. Companion care is a covered service when its purpose is to provide non-medical care, socialization, or supervision to those individuals who require the physical presence of an aide to ensure their safety during times when no other supportive individuals are available. Companions may assist or supervise the individual with such tasks as meal preparation, community access, laundry and shopping, but do not perform these activities as a discrete services. Companions may also perform light housekeeping tasks.

B. Criteria.

1. The inclusion of companion care in the CSP is appropriate only when the individual cannot be left alone for extended periods of time or needs assistance or supervision to perform daily tasks. This includes individuals who cannot use a phone to call for help due to a physical or neurological disability;

2. Individuals who have a current, uncontrolled medical condition which would make them unable to call for help during a rapid deterioration of their health status can be approved for companion care if there is documentation that these individuals have had recurring episodes or health crises prior to the authorization of companion care;

3. There must be a clear and present danger to the individual as a result of being left unsupervised; or

4. Companion aide services must be necessary to ensure the individual's safety if the individual cannot be left unsupervised due to health and safety concerns. Companion care can be authorized when no one else is in the home who is competent to call for help in an emergency. Companion care shall not be covered if required only because the individual does not have a telephone in his home, because the individual does not speak English or for the individual whose only need for companion care is for assistance exiting the home in the event of an emergency.

C. Service units and service limitations.

1. The amount of companion care time included in the CSP may not exceed eight hours per 24-hour day.

2. A companion care aide shall not be permitted to supervise individuals who require ventilators, continuous tube feedings, or those who require suctioning of their airways.

3. Companion care may be authorized for family members to sleep either during the day or during the night when the individual cannot be left alone at any time, due to the individual's severe agitation and physically wandering behavior.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, providers must meet the following qualifications:

1. Companion aide qualifications. Agencies must employ individuals to provide companion care who meet the following requirements:

- a. Be at least 18 years of age;
- b. Possess basic reading, writing, and math skills;
- c. Be capable of following a plan of care with minimal supervision;
- d. Submit to a criminal history record check. The companion aide will not be compensated for services provided to the individual if the records check verifies the companion aide has been convicted of crimes described in §37.1-183.3 of the Code of Virginia;
- e. Possess a valid Social Security number; and
- f. Be capable of aiding in the activities of daily living or instrumental activities of daily living.

2. Companion care providers may not be the parents of minor children, the individuals' spouses, or the legally responsible relatives of the individuals. Payment may be made for services furnished by other family members of the individual being served when there is objective written documentation as to why there are no other providers available to provide the care.

3. Companions will be employees of agencies that will contract with DMAS to provide companion services. Agencies will be required to have a companion care supervisor to monitor companion care services. The

supervisor must have a bachelor's degree in a human services field and at least one year of experience working in the mental retardation field, or be a certified Home Health Aide, or an LPN or an RN. Home health aides, LPNs, and RNs must have a current license or certification to practice nursing in the Commonwealth within his or her profession.

4. The provider agency must conduct an initial home visit prior to initiating companion care services to document the efficacy and appropriateness of services and to establish a service plan for the individual. The agency must provide follow-up home visits to monitor the provision of services quarterly or as often as needed. The individual must be reassessed for services annually.

12 VAC 30-120-243. Consumer-directed services: personal assistance, companion care, and respite care.

A. Service definition.

1. Consumer-directed personal assistance services may include assistance with eating, bathing, dressing, personal hygiene, activities of daily living, access to the community; medication or other medical needs and monitoring health status and physical condition. When specified, such supportive services may include assistance with instrumental activities of daily living (IADLs). Personal assistance does not include either practical or professional nursing services or those practices regulated in Chapters 30 and 34 of Subtitle III of Title 54.1 of the Code of Virginia, as appropriate.

An additional component to consumer-directed personal assistance services shall be work-related personal assistance services. This service will extend the ability of the personal assistant to provide assistance to the individual in the workplace. These services may include filing, retrieving work materials that are out of reach; providing travel assistance for an individual with a mobility impairment; helping an individual with organizational skills; reading handwritten mail to an individual with a visual impairment; or ensuring that a sign language interpreter is present during staff meetings to accommodate an employee with a hearing impairment.

2. Consumer-directed respite care means services specifically designed to provide a temporary but periodic or routine relief to the primary unpaid caregiver of an individual. Respite care services includes assistance with personal hygiene, nutritional support, and environmental support authorized as either episodic, temporary relief, or as a routine periodic relief of the caregiver.

3. Consumer-directed companion care is a covered service when its purpose is to provide non-medical care, socialization, and supervision to those individuals who require the physical presence of an aide to ensure their safety during times when no other supportive individuals are available.

4. DMAS shall either provide for fiscal agent services or contract for the services of a fiscal agent for consumer-directed personal assistance services, companion care, and consumer-directed respite services. The fiscal agent

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will be reimbursed by DMAS to perform certain tasks as an agent for the individual/employer who is receiving consumer-directed services. The fiscal agent will handle responsibilities for the individual for employment taxes. The fiscal agent will seek and obtain all necessary authorizations and approvals of the Internal Revenue Services in order to fulfill all of these duties.

B. Criteria.

1. In order to qualify for consumer-directed personal assistance services, the individual must demonstrate a need for personal assistance in activities of daily living, medication, or other medical needs, or monitoring health status or physical condition.

2. Consumer-directed respite care may only be offered to individuals who have a primary unpaid caregiver living in the home. The primary caregiver may require temporary relief to avoid institutionalization of the individual. This service is designed to focus on the need of the caregiver for temporary or periodic relief.

3. The inclusion of consumer-directed companion care in the CSP shall be appropriate only when the individual cannot be left alone for extended periods of time or needs assistance or supervision to perform daily tasks.

4. Individuals who are eligible for consumer-directed services must have the capability to hire and train their own personal assistants or companions and supervise the assistant's or companion's performance. If an individual is unable to direct his own care, a family caregiver may serve as the employer on behalf of the individual. No more than two individuals are permitted to share the authorized work hours by the assistant or aide who lives in the same home.

5. Responsibilities as employer. The individual, or if the individual is unable, then a family caregiver, shall be the employer in this service, and therefore shall be responsible for hiring, training, supervising, and firing personal assistants and companions. Specific employer duties include checking references of personal assistants/companions, determining that personal assistants/companions meet basic qualifications, training personal assistants/companions, supervising the personal assistant's/ companion's performance, and submitting timesheets to the CD Services Facilitator and fiscal agent on a consistent and timely basis. The individual or family caregiver must have an emergency back-up plan in case the personal assistant/companion does not show up for work as expected or terminates employment without prior notice.

C. Service units and service limitations.

1. Consumer-directed respite care services are limited to a maximum of 720 hours per calendar year. Individuals who receive consumer-directed respite and agency-directed respite services cannot receive more than 720 hours combined.

2. The amount of consumer-directed companion care time included in the CSP must be no more than is necessary to prevent the physical deterioration or injury to the individual, to ensure the individual's health and safety, or for

individuals who have a current, uncontrolled medical condition which would make them unable to call for help during a rapid deterioration of their health status.

3. For consumer-directed personal assistance and consumer-directed respite care services, individuals or family caregivers will hire their own personal assistants and manage and supervise the assistants' performance.

a. The assistant/companion must meet the following requirements:

(1) Be 18 years of age or older;

(2) Have the required skills to perform consumer-directed services as specified in the individual's supporting documentation;

(3) Possess basic math, reading, and writing skills;

(4) Possess a valid Social Security number;

(5) Submit to a criminal records check and, if the individual is a minor, the child protective services registry review. The personal assistant/companion will not be compensated for services provided to the individual if either of these records checks verifies the personal assistant/companion has been convicted of crimes described in § 37.1-183.3 of the Code of Virginia or if the personal assistant/companion has a complaint confirmed by the DSS child protective services registry.

(6) Be willing to attend training at the individual's or family caregiver's request;

(7) Understand and agree to comply with the DMAS MR waiver requirements;

(8) Receive annual tuberculosis (TB) screening, cardiopulmonary resuscitation (CPR) training and an annual flu shot; and

(9) Be willing to register in a personal assistant registry which will be maintained by the consumer-directed services facilitator chosen by the individual or individual's family caregiver.

4. Restrictions. Assistants may not be the parents of minor children, the individuals' spouses, or legally responsible relatives of the individuals. Payment may be made for services furnished by other family members when there is objective written documentation as to why there are no other providers available to provide the care.

5. Retention, hiring, and substitution of assistants. Upon the individual's request, the CD services facilitation provider shall provide the individual or family caregiver with a list of persons on the personal assistant registry who can provide temporary assistance until the assistant returns or the individual is able to select and hire a new personal assistant. If an individual is consistently unable to hire and retain the employment of an assistant to provide consumer-directed personal assistance, companion, respite services, CD services facilitation provider must contact the case manager and DMHMRSAS to transfer the individual, at the individual's or family caregiver's choice, to a provider which

provides Medicaid-funded agency-directed personal assistance, companion care, or respite care services. The CD services facilitation provider will make arrangements with the case manager to have the individual transferred.

D. Provider qualifications. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, the CD services facilitation provider must meet the following qualifications:

1. To be enrolled as a Medicaid CD services facilitation provider and maintain provider status, the CD services facilitation provider must operate from a business office and have sufficient qualified staff who will function as CD services facilitators to perform the needed plans of care development and monitoring, reassessments, service coordination, and support activities as required. It is preferred that the employee of the CD services facilitation provider possess a minimum of an undergraduate degree in a human services field or be a registered nurse currently licensed to practice in the Commonwealth. In addition, it is preferable that the individual have two years of satisfactory experience in the human services field working with persons with mental retardation. The individual must possess a combination of work experience and relevant education that indicates possession of the following knowledge, skills, and abilities. Such knowledge, skills and abilities must be documented on the application form, found in supporting documentation, or be observed during the job interview. Observations during the interview must be documented. The knowledge, skills, and abilities include:

a. Knowledge of:

- (1) Types of functional limitations and health problems that are common to different disability types and the aging process as well as strategies to reduce limitations and health problems;
- (2) Physical assistance that may be required by people with mental retardation, such as transferring, bathing techniques, bowel and bladder care, and the approximate time those activities normally take;
- (3) Equipment and environmental modifications that may be required by people with mental retardation which reduces the need for human help and improves safety;
- (4) Various long-term care program requirements, including nursing home and ICF/MR, placement criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal assistance, respite, and companion services;
- (5) MR waiver requirements, as well as the administrative duties for which the individual will be responsible;
- (6) Conducting assessments (including environmental, psychosocial, health, and functional factors) and their uses in care planning;
- (7) Interviewing techniques;

(8) The individual's right to make decisions about, direct the provisions of, and control his assistant care and consumer-directed personal assistance, companion, and respite care services, including hiring, training, managing, approving time sheets, and firing an assistant;

(9) The principles of human behavior and interpersonal relationships; and

(10) General principles of record documentation.

b. Skills in:

- (1) Negotiating with individuals and service providers;
- (2) Observing, recording, and reporting behaviors;
- (3) Identifying, developing, or providing services to persons with mental retardation; and
- (4) Identifying services within the established services system to meet the individual's needs.

c. Abilities to:

- (1) Report findings of the assessment or onsite visit, either in writing or an alternative format for persons who have visual impairments;
- (2) Demonstrate a positive regard for individuals and their families;
- (3) Be persistent and remain objective;
- (4) Work independently, performing position duties under general supervision;
- (5) Communicate effectively, orally and in writing; and
- (6) Develop a rapport and communicate with different types of persons from diverse cultural backgrounds.

2. If the CD services facilitation staff employed by the CD services facilitation provider is not a RN, the CD services facilitation provider must have RN consulting services available, either by a staffing arrangement or through a contracted consulting arrangement. The RN consultant is to be available as needed to consult with individuals and CD services facilitation providers on issues related to the health needs of the individual.

3. Initiation of services and service monitoring.

a. For consumer-directed personal assistance services, the CD services facilitation provider must make an initial comprehensive home visit to assist in the development of the ISP with the individual or family caregiver and provide management training. The CD services facilitation provider will continue to monitor the ISP quarterly or on an as-needed basis. The initial comprehensive visit is done only once upon the individual's initial entry into the service. If a waiver individual changes CD-services-facilitation provider agencies, the new CD services facilitation provider must bill for a reassessment in lieu of a comprehensive visit.

b. For consumer-directed respite and companion services, the CD services facilitation provider must make

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an initial comprehensive home visit to assist with the development of the ISP with the individual or family caregiver and will provide management training. The initial comprehensive visit is done only once upon the individual's initial entry into the service. After the initial visit, the CD services facilitator will review the utilization of consumer-directed companion services quarterly or for respite services, either every six months or upon the use of 300 respite care hours, whichever comes first. If an individual changes CD services facilitation agencies, the new CD-services-facilitation provider must bill for a reassessment in lieu of a comprehensive visit. A face-to-face meeting with the individual must be conducted at least every six months to ensure appropriateness of services.

4. During visits to the individual's home, the CD services facilitation provider must observe, evaluate, and document the adequacy and appropriateness of consumer-directed services with regard to the individual's current functioning and cognitive status, medical, and social needs. The CD services facilitation provider's summary must include, but not necessarily be limited to:

- a. Whether the service is adequate to meet the individual's needs;
- b. Any special tasks performed by the assistant/companion and the assistant's/companion's qualifications to perform these tasks;
- c. Individual's satisfaction with the service;
- d. Hospitalization or change in medical condition, functioning, or cognitive status;
- e. Other services received and their amount; and
- f. The presence or absence of the assistant/companion in the home during the CD services facilitator's visit.

5. The CD services facilitation provider must be available to the recipient by telephone.

6. The CD services facilitation provider must submit a criminal record check pertaining to the personal assistant/companion on behalf of the recipient and report findings of the criminal record check to the recipient or the family caregiver and the program's fiscal agent. Personal assistants/companions will not be reimbursed for services provided to the individual effective with the date that the criminal record check confirms a personal assistant has been found to have been convicted of a crime as described in § 37.1-183.3 of the Code of Virginia or if the personal assistant/companion has a confirmed record on the DSS Child Protective Services Registry. If the individual is a minor, the personal assistant/companion must also be screened through the DSS child protective services registry. The criminal record check and DSS Child Protective Services registry finding must be submitted prior to beginning CD services.

7. The CD services facilitation provider shall verify bi-weekly timesheets signed by the individual or the family caregiver and the personal assistant/companion to ensure that the number of CSP approved hours are not exceeded.

If discrepancies are identified, the CD services facilitation provider must contact the individual to resolve discrepancies and must notify the fiscal agent. If an individual is consistently being identified as having discrepancies in his timesheets, the CD services facilitation provider must contact the case manager to resolve the situation. The CD services facilitation provider cannot verify timesheets for personal assistants/companions who have been convicted of crimes described in § 37.1-183.3 of the Code of Virginia or who have a confirmed case with the DSS Child Protective Services Registry and must notify the fiscal agent.

8. Personal assistant registry. The CD services facilitation provider must maintain a personal assistant registry.

9. Required documentation in individuals' records. The CD services facilitation provider must maintain all records of each individual. At a minimum these records must contain:

- a. All copies of the ISP and all DMAS-122 forms.
- b. CD services facilitation provider's notes recorded and dated documenting any contacts with the individual and visits to the individual's home.
- c. All correspondence to the individual, the case manager, and to DMHMRSAS.
- d. Reassessments made during the provision of services.
- e. Records of contacts made with family, physicians, DMAS, formal and informal service providers, and all professionals concerning the individual.
- f. All training provided to the personal assistant/companion or assistants/companions on behalf of the individual or family caregiver.
- g. All management training provided to the individuals or family caregivers, including the individual's or family caregiver's responsibility for the accuracy of the assistant's/companion's timesheets.
- h. All documents signed by the individual or the individual's family caregivers that acknowledge the responsibilities of the services.

12 VAC 30-120-244. Crisis stabilization services.

A. Service description. Crisis stabilization services shall provide, as appropriate, neuropsychological, psychiatric, psychological and other assessments and stabilization, functional assessments, medication management and behavior assessment, behavior support, and intensive care coordination with other agencies and providers. This service shall be designed to stabilize the individual and strengthen the current semi-independent living situation, or situation with family or other primary caregivers, so the individual can be maintained during and beyond the crisis period. These services shall be provided to:

1. Assist planning and delivery of services and supports to maintain community placement of the individual;
2. Train family members and other care givers and service providers in positive behavioral supports to maintain the recipient in the community; and

3. Provide temporary crisis supervision to ensure the safety of the individual and others.

B. Criteria.

1. In order to receive crisis stabilization services, the individual must meet at least one of the following criteria:

- a. The individual is experiencing a marked reduction in psychiatric, adaptive, or behavioral functioning;
- b. The individual is experiencing extreme increase in emotional distress;
- c. The individual needs continuous intervention to maintain stability; or
- d. The individual is causing harm to self or others.

2. The individual must be at risk of at least one of the following:

- a. Psychiatric hospitalization;
- b. Emergency ICF/MR placement;
- c. Disruption of community status (living arrangement, day placement, or school); or
- d. Causing harm to self or others.

C. Service units and service limitations. Crisis stabilization services must be authorized following a documented face-to-face assessment conducted by a qualified mental retardation professional.

1. The unit for each component of the service is one hour. This service may be authorized in 15-day increments but no more than 60 days in a calendar year may be used. The actual service units per episode shall be based on the documented clinical needs of the individuals being served. Extension of services, beyond the 15-day limit per authorization, must be authorized following a documented face-to-face reassessment conducted by a qualified professional.

2. Crisis stabilization services may be provided directly in the following settings (examples below are not exclusive):

- a. The home of an individual who lives with family, friends, or other primary caregiver or caregivers;
- b. The home of an individual who lives independently or semi-independently to augment any current services and support;
- c. A community-based residential program to augment current services and supports;
- d. A day program or setting to augment current services and supports; or
- e. A respite care setting to augment current services and supports.

3. Crisis supervision may be provided as a component of this service only if clinical or behavioral interventions allowed under this service are also provided during the authorized period. Crisis supervision, if provided as a part of this service, shall be separately billed in hourly service

units. The need for this service or an extension of the authorization for this service must be clearly documented following a documented face-to-face reassessment conducted by a qualified mental retardation professional.

4. Crisis supervision must be provided face-to-face with the individual. Crisis stabilization services shall not be used for continuous long-term care. Room and board and general supervision are not components of this service.

5. If appropriate, the assessment shall be conducted jointly with a licensed mental health professional or other appropriate professional or professionals. If appropriate, the reassessment will be conducted jointly with a licensed mental health professional or other appropriate professional or professionals.

D. Provider requirements. In addition to the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, the following specific provider qualifications apply:

1. Crisis stabilization services shall be provided by agencies licensed by DMHMRSAS as a provider of outpatient services or residential or supportive residential services, or day support services. To provide the crisis supervision component, agencies must be licensed by DMHMRSAS as providers of residential services or supportive residential services or day support services. The provider agency must employ or utilize qualified mental retardation professionals, licensed mental health professionals or other qualified personnel competent to provide crisis stabilization and related activities to individuals with mental retardation who are experiencing serious psychiatric or behavioral problems. The qualified mental retardation professional shall have: (i) at least one year of documented experience working directly with individuals who have mental retardation or developmental disabilities; (ii) a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, or psychology; and (iii) the required Virginia or national license, registration, or certification in accordance with his profession.

2. An ISP must be developed or revised and submitted to the case manager for submission to DMHMRSAS within 72 hours of assessment or reassessment.

3. Documentation indicating the dates and times of crisis stabilization services and amount and type of service provided must be recorded in the individual's record.

4. Documentation of qualifications of providers must be maintained for review by DMHMRSAS and DMAS staff.

12 VAC 30-120-245. Day support services.

A. Service description. Day support services shall include a variety of training, support, and specialized supervision offered in a non-residential setting which allows peer interactions and community and social integration.

B. Criteria. For day support services, individuals must demonstrate the need for functional training, assistance, and

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specialized supervision offered in settings other than the individual's own residence which allow an opportunity for being productive and contributing members of communities.

1. A functional assessment may be conducted by the provider to evaluate each individual in the day support environment and community settings.

2. Levels of day support. The amount and type of day support included in the individual's consumer service plan is determined according to the services required for that individual. There are two types of day support: center-based, which is provided partly or entirely in a segregated setting, or non-center-based, which is provided entirely in community settings. Both types of day support may be provided at either intensive or regular levels. To be authorized at the intensive level, the individual must have extensive disability-related difficulties and require additional, ongoing support to fully participate in programming and to accomplish his service goals; or the individual requires extensive constant supervision to reduce or eliminate behaviors that preclude full participation in the program. A formal, written behavioral program or objectives is required to address behaviors such as, but not limited to, withdrawal, self-injury, aggression, or self-stimulation.

C. Service units and service limitations. Day support cannot be regularly or temporarily (e.g., due to inclement weather or individual illness) provided in an individual's home or other residential setting without written prior approval from DMHMRSAS. Non-center-based day support services must be separate and distinguishable from either residential support services or personal assistance services. There must be separate supporting documentation for each service and each must be clearly differentiated in documentation and corresponding billing. The supporting documentation must provide an estimate of the amount of day support required by the individual. Service providers are reimbursed only for the amount and type of day support services included in the individual's approved CSP based on the setting, intensity, and duration of the service to be delivered.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, day support providers need to meet additional requirements.

1. The provider of day support services must be licensed by DMHMRSAS as a provider of day support services. These licensing requirements address standards for personnel, day program environments, and program and service content. Day support staff must also have training in the characteristics of mental retardation and appropriate interventions, training strategies, and support methods for persons with mental retardation and functional limitations.

2. An ISP which contains, at a minimum, the following elements:

a. The individual's strengths, desired outcomes, required or desired supports and training needs;

b. The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes;

c. Services to be rendered and the frequency of services to accomplish the above goals and objectives;

d. All individuals or organizations that will provide the services specified in the statement of services;

e. A timetable for the accomplishment of the individual's goals and objectives;

f. The estimated duration of the individual's needs for services; and

g. The individual or individuals responsible for the overall coordination and integration of the services specified in the ISP.

3. Documentation must confirm the individual's attendance and amount of time in services and provide specific information regarding the individual's response to various settings and supports as agreed to in the ISP objectives.

a. The ISP goals, objectives, and activities must be reviewed by the provider annually, or more often as needed with the individual receiving the services, and this review submitted to the case manager. In addition, the ISP goals, objectives, and activities must be reviewed by the provider quarterly, modified as appropriate and submitted to the case manager.

b. An attendance log or similar document must be maintained which indicates the date, type of services rendered, and the number of hours and units provided.

c. Documentation must indicate whether the services were center-based or non-center-based.

d. Documentation that billing for non-program related transportation does not exceed 25% of the total time billed that day.

e. If intensive day support services are requested, documentation must be present in the individual's record to indicate the specific supports and the reasons they are needed. For ongoing intensive day support services, there must be clear documentation of the ongoing needs and associated staff supports.

f. A copy of the most recently completed DMAS 122 form.

4. During the 60-day assessment period, documentation must confirm attendance and provide specific information regarding the individual's response to various settings and supports as agreed to in the ISP objectives. Assessment results should be available in at least a daily note or weekly summary.

12 VAC 30-120-246. Environmental modifications.

A. Service description. Environmental modifications shall be defined as those physical adaptations to the home, vehicle, or work site required by the individual's CSP, which are necessary to ensure the health, welfare, and safety of the individual, or which enable the individual to function with greater independence in the home and work site and without

which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. All services shall be provided in the individual's home or other community residence in accordance with applicable state or local building codes. Modifications can be made to an automotive vehicle if it is the primary vehicle being used by the individual.

B. Criteria. In order to qualify for these services, the individual must have a demonstrated need for equipment or modifications of a remedial or medical benefit offered primarily in an individual's home, vehicle, community activity setting, or day program to specifically improve the individual's personal functioning. This service shall encompass those items not otherwise covered in the State Plan for Medical Assistance or through another program.

C. Service units and service limitations. Environmental modifications shall be available to individuals who are receiving at least one other waiver service along with targeted case management. A maximum limit of \$5,000 may be reimbursed per CSP year. Costs for environmental modifications shall not be carried over from CSP year to year and must be prior authorized by DMHMRSAS for each CSP year. Modifications may not be used to bring a substandard dwelling up to minimum habitation standards. Excluded are those adaptations or improvements to the home which are of general utility and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repairs, central air conditioning, etc. Adaptations which add to the total square footage of the home shall be excluded from this benefit.

D. Provider requirements. In addition to meeting the general conditions and requirements for HCBC participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215. Environmental modifications must be provided in accordance with all applicable state or local building codes by contractors of the CSB or providers who contract with DMAS who shall be reimbursed for the amount charged by said contractors. The following are provider documentation requirements:

- 1. An ISP that documents the need for the service, the process to obtain the service, and the time frame during which the services are to be provided. The ISP must include documentation of the reason that a Rehabilitation Engineer or Specialist is needed, if one is to be involved;*
- 2. Documentation of the time frame involved to update the modification and the amount of services and supplies*
- 3. Any other relevant information regarding the modification;*
- 4. Documentation of notification by the consumer or consumer's representative of satisfactory completion of the service; and*
- 5. Instructions regarding any warranty, repairs, complaints, and servicing that may be needed.*

12 VAC 30-120-247. Personal assistance services.

A. Service description. Personal assistance shall provide care to individuals with activities of daily living, medication or other medical needs or the monitoring of health status or physical condition. It may be provided in residential and non-residential settings to enable an individual to maintain the health status and functional skills necessary to live in the community or participate in community activities.

B. Criteria. In order to qualify for these services, the individual must demonstrate a need for activities of daily living, medication or other medical needs or monitoring health status or physical condition. Personal assistance is only available for individuals who do not receive residential services or live in assisted living facilities and for whom training and skills development are not objectives or are provided through another program or service.

C. Service units and service limitations. The unit of service for personal assistance services is one hour. Each individual must have an emergency back-up caregiver in case the personal assistance aide does not show up for work as expected.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, personal assistance providers must meet additional provider requirements.

1. Personal assistance services shall be provided by an enrolled DMAS personal care provider or by a DMHMRSAS-licensed residential support provider and whose staff has passed the DMHMRSAS objective standardized test for residential support services.

2. For personal care providers who have a participation agreement with DMAS, the personal assistance provider must:

a. Employ or subcontract with and directly supervise an RN or an LPN who will provide ongoing supervision of all personal assistance aides. RNs must conduct the initial assessment and subsequent re-assessments.

(1) The supervising RN and LPN must be currently licensed to practice nursing in the Commonwealth and have at least 2 years of related clinical nursing experience which may include work in an acute care hospital, public health clinic, home health agency, ICF/MR or nursing facility.

(2) The RN supervisor must make an initial assessment comprehensive home visit prior to the start of care for all new individuals admitted to personal assistance. The RN supervisor must also perform any subsequent reassessments or changes to the supporting documentation.

(3) The RN or LPN must make supervisory visits as often as needed to ensure both quality and appropriateness of services. The minimum frequency of these visits is every 30 - 90 days depending on individual's needs.

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(4) *The supervising RN or LPN summary must note:*

- (a) *Whether personal assistance services continue to be appropriate;*
- (b) *Whether the plan is adequate to meet the need or changes are indicated in the plan;*
- (c) *Any special tasks performed by the aide and the aide's qualifications to perform these tasks;*
- (d) *The individual's satisfaction with the service;*
- (e) *A hospitalization or change in medical condition or functioning status;*
- (f) *Other services received and their amount; and*
- (g) *The presence or absence of the aide in the home during the RN's or LPN's visit.*

(5) *Employ and directly supervise personal assistance aides who will provide direct care to personal assistance individuals. Each aide hired by the provider agency shall be evaluated by the provider agency to ensure compliance with minimum qualifications as required by the DMAS. Each aide must:*

- (a) *Be able to read and write;*
- (b) *Completion of a training curriculum consistent with DMAS requirements. Prior to assigning an aide to a consumer, the provider agency must obtain documentation that the aide has satisfactorily completed a training program consistent with DMAS requirements. DMAS requirements may be met in one of three ways:*
 - (1) *Registration as a Certified Nurse Aide;*
 - (2) *Graduation from an approved educational curriculum which offers certificates qualifying the student as a nursing assistant, geriatric assistance, or home health aide;*
 - (3) *Provider-offered training, which is consistent with the basic course outline approved by DMAS;*
- (c) *Be physically able to do the work;*
- (d) *Have a satisfactory work record, as evidenced by two references from prior job experiences, including no evidence of possible abuse, neglect, or exploitation of aged or incapacitated adults or children; and*
- (e) *Personal assistance aides may not be the parents of minor children, the individuals' spouses, or legally responsible relatives of the individuals. Payment may be made for services furnished by other family members when there is objective written documentation as to why there are no other providers available to provide the care.*

3. *Provider inability to render services and substitution of aides.*

- a. *When a personal assistance aide is absent and the agency has no other aide available to provide services,*

the provider agency is responsible for ensuring that services continue to individuals. The agency may either obtain a substitute aide from another agency, if the lapse in coverage is to be less than two weeks in duration, or transfer the individual to another agency. The personal assistance agency that has the authorization to provide services to the individual must contact the case manager to determine if additional preauthorization is necessary.

b. *During temporary, short-term lapses in coverage not to exceed two weeks in duration, the following procedures must apply:*

- (1) *The personal assistance agency having individual responsibility must provide the RN or LPN supervision for the substitute aide.*
- (2) *The agency providing the substitute aide must send a copy of the aide's signed daily records signed by the individual to the personal assistance agency having individual care responsibility.*
- (3) *The provider agency having individual responsibility must bill DMAS for services rendered by the substitute aide.*

c. *If a provider agency secures a substitute aide, the provider agency is responsible for ensuring that all DMAS requirements continue to be met including documentation of services rendered by the substitute aide and documentation that the substitute aide's qualifications meet DMAS' requirements.*

4. *Required documentation in individuals' records. The provider agency must maintain all records of each personal assistance recipient. At a minimum these records must contain:*

- a. *The ISP goals, objectives, and activities must be reviewed by the provider annually, or more often as needed with the individual receiving the services, and this review submitted to the case manager. In addition, the ISP goals, objectives, and activities must be reviewed by the provider quarterly, modified as appropriate and submitted to the case manager;*
- b. *Initial assessment by the RN supervisory nurse completed prior to or on the date services are initiated and subsequent reassessments and changes to supporting documentation by the RN supervisory nurse;*
- c. *Nurses notes recorded and dated during any contacts with the personal assistance aide and during supervisory visits to the individual's home;*
- d. *All correspondence to the individual and to DMAS;*
- e. *Reassessments made during the provision of services;*
- f. *Contacts made with family, physicians, DMAS, formal and informal service providers, and all professionals concerning the individual;*
- g. *All personal assistance aide records. The personal assistance aide record must contain:*
 - (1) *The specific services delivered to the individual by the aide and the individual's responses;*

- (2) *The aide's arrival and departure times;*
- (3) *The aide's weekly comments or observations about the individual to include observations of the individual's physical and emotional condition, daily activities, and responses to services rendered; and*
- (4) *The aide's and individual's weekly signatures to verify that personal assistance services during that week have been rendered.*

h. Signatures, times, and dates shall not be placed on the aide record prior to the last date of the week that the services are delivered.

5. During the 60-day assessment period, documentation must confirm attendance and provide specific information regarding the individual's response to various settings and supports as agreed to in the ISP objectives. Assessment results should be available in at least a daily note or weekly summary.

12 VAC 30-120-248. Personal Emergency Response System (PERS).

A. Service description. PERS is a service which monitors individual safety in the home and provides access to emergency crisis intervention for medical or environmental emergencies through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the individual's home telephone line.

B. Criteria. PERS can be authorized when there is no one else in the home who is competent and continuously available to call for help in an emergency.

C. Service units and service limitations.

1. A unit of service shall include administrative costs, time, labor, and supplies associated with the installation, maintenance, and monitoring of the PERS. A unit of service is one-month rental price set by DMAS. The one time installation of the unit includes installation, account activation, individual and caregiver instruction, and removal of equipment.

2. PERS services must be capable of being activated by a remote wireless device and be connected to the individual's telephone line. The PERS console unit must provide hands-free voice-to-voice communication with the response center. The activating device must be waterproof, automatically transmit to the response center an activator low battery alert signal prior to the battery losing power, and be able to be worn by the individual.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, providers must also meet the following qualifications:

1. A PERS provider is a certified home health or personal assistance agency, a durable medical equipment provider, a hospital or a PERS manufacturer that has the ability to provide PERS equipment, direct services (i.e. installation,

equipment maintenance and service calls), and PERS monitoring.

2. The PERS provider must provide an emergency response center with fully trained operators who are capable of receiving signals for help from a individual's PERS equipment 24-hours a day, 365, or 366 days per year as appropriate; determining whether an emergency exists; and notifying an emergency response organization or an emergency responder that the PERS individual needs emergency help.

3. A PERS provider must comply with all applicable Virginia statutes and all applicable regulations of DMAS and all other governmental agencies having jurisdiction over the services to be performed.

4. The PERS provider has the primary responsibility to furnish, install, maintain, test, and service the PERS equipment, as required to keep it fully operational. The provider shall replace or repair the PERS device within 24 hours of the individual's notification of a malfunction of the console unit, activating devices or medication-monitoring unit while the original equipment is being repaired.

5. The PERS provider must properly install all PERS equipment into a PERS individual's functioning telephone line and must furnish all supplies necessary to ensure that the system is installed and working properly. The PERS provider must test the PERS device monthly or more frequently as needed to ensure that the device is operational.

6. The PERS installation includes local seize line circuitry, which guarantees that the unit will have priority over the telephone connected to the console unit should the phone be off the hook or in use when the unit is activated.

7. A PERS provider must maintain a data record for each PERS individual at no additional cost to DMAS. The record must document all of the following:

- a. Delivery date and installation date of the PERS;*
- b. Enrollee/caregiver signature verifying receipt of PERS device;*
- c. Verification by a test that the PERS device is operational, monthly or more frequently as needed;*
- d. Updated and current individual responder and contact information, as provided by the individual or the individual's care provider; and*
- e. A case log documenting individual system utilization and individual or responder contacts and communications.*

8. The PERS provider must have back-up monitoring capacity in case the primary system cannot handle incoming emergency signals.

9. Standards for PERS equipment. All PERS equipment must be approved by the Federal Communications Commission and meet the Underwriters' Laboratories, Inc. (UL) safety standard Number 1635 for Digital Alarm Communicator System Units and Number 1637, which is

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the UL safety standard for home health care signaling equipment. The UL listing mark on the equipment will be accepted as evidence of the equipment's compliance with such standard. The PERS device must be automatically reset by the response center after each activation, ensuring that subsequent signals can be transmitted without requiring manual reset by the individual.

10. A PERS provider must furnish education, data, and ongoing assistance to DMHMRSAS and case managers to familiarize staff with the service, allow for ongoing evaluation and refinement of the program, and must instruct the individual, caregiver, and responders in the use of the PERS service.

11. The emergency response activator must be activated either by breath, by touch, or by some other means, and must be usable by persons who are visually or hearing impaired or physically disabled. The emergency response communicator must be capable of operating without external power during a power failure at the individual's home for a minimum period of 24-hours and automatically transmit a low battery alert signal to the response center if the back-up battery is low. The emergency response console unit must also be able to self-disconnect and redial the back-up monitoring site without the individual resetting the system in the event it cannot get its signal accepted at the response center.

12. Monitoring agencies must be capable of continuously monitoring and responding to emergencies under all conditions, including power failures and mechanical malfunctions. It is the PERS provider's responsibility to ensure that the monitoring agency and the agency's equipment meets the following requirements. The monitoring agency must be capable of simultaneously responding to multiple signals for help from individuals' PERS equipment. The monitoring agency's equipment must include the following:

- a. A primary receiver and a back-up receiver, which must be independent and interchangeable;
- b. A back-up information retrieval system;
- c. A clock printer, which must print out the time and date of the emergency signal, the PERS individual's identification code, and the emergency code that indicates whether the signal is active, passive, or a responder test;
- d. A back-up power supply;
- e. A separate telephone service;
- f. A toll free number to be used by the PERS equipment in order to contact the primary or back-up response center; and
- g. A telephone line monitor, which must give visual and audible signals when the incoming telephone line is disconnected for more than 10 seconds.

13. The monitoring agency must maintain detailed technical and operations manuals that describe PERS elements, including the installation, functioning, and testing of PERS

equipment; emergency response protocols; and record keeping and reporting procedures.

14. The PERS provider shall document and furnish a written report to the case manager for each emergency signal which results in action being taken on behalf of the individual. This excludes test signals or activations made in error.

12 VAC 30-120-249. Prevocational services.

A. *Service description.* Prevocational services are aimed at preparing an individual for paid or unpaid employment, but which are not job task-oriented. Prevocational services are provided to individuals who are not expected to join the regular work force or transition into competitive employment within a year, excluding supported employment programs. They include activities that are primarily directed at habilitative goals.

B. *Criteria.* In order to qualify for prevocational services, the individual shall have a demonstrated need for support in skills which are aimed towards preparation of paid employment which may be offered in a variety of community settings. Prevocational services are available only for persons whose productivity is less than 50% of minimum wage.

C. *Service units and service limitations.* Services are billed in units with the maximum number of 780 covered in a CSP year. Prevocational services can be provided in center or non-center based settings.

The plan of care must contain documentation regarding whether prevocational services are available in vocational rehabilitation agencies through § 110 of the Rehabilitation Act of 1973 or in Special Education services through § 602 (16) and (17) of the Individuals with Disabilities Education Act. When services are provided through these sources, the plan of care shall not authorize them as a waiver expenditure. Compensation for prevocational services can only be made when the individual's productivity is less than 50 percent of the minimum wage.

D. *Provider requirements.* In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, providers must also meet the following qualifications:

1. The provider of prevocational services must be a vendor of extended employment services, long-term employment services, or supportive employment services for DRS or be licensed by DMHMRSAS as a provider of day support services. These licensing requirements address standards for personnel, day program environments, and program and service content. They must also have training in the characteristics of mental retardation and appropriate interventions, training strategies, and support methods for persons with mental retardation and functional limitations.
2. For DMHMRSAS licensed programs, an ISP shall be consistent with licensing regulations. For non-DMHMRSAS licensed programs, an ISP, which contains, at a minimum, the following elements:

a. *The individual's strengths, desired outcomes, required or desired supports and training needs;*

b. *The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes;*

c. *Services to be rendered and the frequency of services to accomplish the above goals and objectives;*

d. *All individuals or organizations that will provide the services specified in the statement of services;*

e. *A timetable for the accomplishment of the individual's goals and objectives;*

f. *The estimated duration of the individual's needs for services; and*

g. *The individual or individuals responsible for the overall coordination and integration of the services specified in the CSP.*

3. *For individuals receiving training in prevocational skills, the lack of DRS or Special Education funding for the service must be documented in the record, as applicable. If the individual is older than 22 years, and therefore, not eligible for Special Education funding, documentation is required only for lack of DRS funding.*

4. *Documentation must confirm the individual's attendance, amount of time spent in services, and type of services rendered, and provide specific information regarding the individual's response to various settings and supports as agreed to in the ISP objectives.*

5. *The ISP goals, objectives, and activities must be reviewed by the provider annually, or more often as needed with the individual receiving the services, and this review submitted to the case manager. In addition, the ISP goals, objectives, and activities must be reviewed by the provider quarterly, modified as appropriate and submitted to the case manager.*

6. *A copy of the most recently completed DMAS 122.*

12 VAC 30-120-250. Reevaluation of service need and utilization review.

This regulation shall only apply to those individuals who are receiving congregate residential services in DSS-licensed assisted living facilities that are seeking DMHMRSAS licensure pursuant to 12 VAC 30-120-230 C. This regulation shall only be in effect through September 15, 2002.

A. The Consumer Service Plan.

1. The Consumer Service Plan shall be developed by the case manager mutually with other service providers, the individual, consultants, and other interested parties based on relevant, current assessment data. The plan of care process determines the services to be rendered to individuals, the frequency of services, the type of service provider, and a description of the services to be offered. Only services authorized on the CSP by DMHMRSAS according to DMAS policies will be reimbursed by DMAS.

2. The case manager is responsible for continuous monitoring of the appropriateness of the individual's plan of care and revisions to the CSP as indicated by the changing needs of the recipient. At a minimum, the case manager shall review the plan of care every three months to determine whether service goals and objectives are being met and whether any modifications to the CSP are necessary.

3. DMHMRSAS staff shall review the plan of care every 12 months or more frequently as required to assure proper utilization of services. Any modification to the amount or type of services in the CSP must be authorized by DMHMRSAS staff or DMAS.

B. Review of level of care.

1. The case manager shall complete an annual comprehensive reassessment, in coordination with the consumer, family, and service providers. If warranted, the case manager shall coordinate a medical examination and a psychological evaluation for every waiver recipient. The reassessment shall include an update of the assessment instrument and any other appropriate assessment data.

2. A medical examination shall be completed for adults based on need identified by the provider, consumer, case manager, or DMHMRSAS staff. Medical examinations for children shall be completed according to the recommended frequency and periodicity of the EPSDT program.

3. A psychological evaluation or standardized developmental assessment for children under six years of age must reflect the current psychological status (diagnosis), adaptive level of functioning, and cognitive abilities. A new psychological evaluation shall be required whenever the individual's functioning has undergone significant change and is no longer reflective of the past psychological evaluation.

C. Documentation required.

1. The case management agency must maintain the following documentation for review by the DMHMRSAS staff and DMAS utilization review staff for each waiver recipient:

a. All assessment summaries and CSPs completed for the recipient maintained for a period not less than five years from the recipient's start of care.

b. All ISP's from any provider rendering waiver services to the recipient.

c. All supporting documentation related to any change in the plan of care.

d. All related communication with the providers, recipient, consultants, DMHMRSAS, DMAS, DSS, DRS or other related parties.

e. An ongoing log which documents all contacts made by the case manager related to the waiver recipient.

2. The individual service providers must maintain the following documentation for review by the DMHMRSAS

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staff and DMAS utilization review staff for each waiver recipient:

- a. All ISP's developed for that recipient maintained for a period not less than five years from the date of the recipient's entry to waiver services.
- b. An attendance log which documents the date services were rendered and the amount and type of service rendered.
- c. Appropriate progress notes reflecting recipient's status and, as appropriate, progress toward the goals on the ISP.

12 VAC 30-120-251. Residential support services.

A. Service description. Residential support services shall be provided in the recipient's home, including the home of a relative or other person, a foster home, an assisted living facility, or a licensed group home. The service shall be designed to enable individuals qualifying for the mental retardation waiver to be maintained in living arrangements in the community and shall include: (i) training in or reinforcement of functional skills and appropriate behavior related to an individual's health and safety, personal assistance, activities of daily living and use of community resources; (ii) assistance with medication management and monitoring the individual's health, nutrition, and physical condition; and (iii) assistance with personal assistance activities of daily living and use of community resources. Service providers shall be reimbursed only for the amount and type of residential support services included in the individual's approved CSP. Residential support services shall not be authorized in the CSP unless the individual requires these services and these services exceed the care included in the individual's room and board arrangements for individuals residing in group homes, or, for other individuals, if these services exceed services provided by the family or other caregiver. Services will not be routinely provided for a continuous 24-hour period.

B. Criteria.

- 1. In order for Medicaid to reimburse for residential support services, the individual shall have a demonstrated need for supports to be provided by staff who are paid by the residential support provider.*
- 2. In order to qualify for this service in a congregate setting, the individual shall have a demonstrated need for continuous training, assistance, and supervision for up to 24 hours provided by a licensed assisted living facility until September 15, 2002, or by a DMHMRSAS licensed residential setting provided by paid staff.*
- 3. A functional assessment may be conducted to evaluate each individual in his home environment and community settings.*
- 4. The residential support ISP must indicate the necessary amount and type of activities required by the individual, the schedule of residential support services, and the total number of hours per day of residential support.*

C. Service units and service limitations. Residential supports shall be reimbursed on an hourly basis for time the residential support staff is working directly with the individual. Total monthly billing cannot exceed the total hours authorized in the CSP. The provider must maintain documentation of the date and times that services were provided, and specific circumstances that prevented provision of all of the scheduled services.

- 1. This service must be provided on an individual-specific basis according to the CSP and service setting requirements.*
- 2. This service may not be provided to any individual who receives personal assistance or consumer-directed personal assistance services under the MR Waiver or other residential program that provides a comparable level of care.*
- 3. Room and board and general supervision shall not be components of this service.*
- 4. This service shall not be used solely to provide routine or emergency respite care for the parent or other caregivers with whom the individual lives.*
- 5. Medicaid reimbursement is available only for residential support services provided when the individual is present and when a qualified provider is providing the services.*
- 6. An individual's case manager shall not be the direct service staff person or the immediate supervisor of a staff person who provides residential support services to the individual.*

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, the provider of residential services must have the appropriate DMHMRSAS residential license. These licensing requirements address standards for personnel, residential program environments, and program and service content. They must also have training in the characteristics of mental retardation and appropriate interventions, training strategies, and support methods for persons with mental retardation and functional limitations.

Residential support services may also be provided in programs licensed by DSS (assisted living facilities) or in adult foster care homes approved by local DSS offices pursuant to state DSS regulations, for MR waiver recipients who reside in those facilities as of September 15, 2001. Services may continue to be provided for those recipients under the DSS license until September 15, 2002. The assisted living facilities must file an application for licensure by DMHMRSAS as a residential services provider by September 15, 2001. DSS-licensed providers who are providing residential services in assisted living facilities that do not file an application for licensure with DMHMRSAS by September 15, 2001, will be terminated as a provider of MR waiver residential support services. Assisted living facilities that are seeking licensure through DMHMRSAS to provide residential services will need to be licensed by September 15, 2002, in order to continue providing residential services to individuals in the MR waiver. In addition to licensing

requirements, persons providing residential support services are required to pass an objective, standardized test of skills, knowledge, and abilities developed by DMHMRSAS and administered according to DMHMRSAS policies.

1. For DMHMRSAS licensed programs, an ISP must be consistent with licensing regulations.

2. For non-DMHMRSAS licensed programs, an ISP must contain the following elements:

a. The individual's strengths, desired outcomes; required or desired supports, or both; and training needs;

b. The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes;

c. The services to be rendered and the schedule of services to accomplish the above goals and objectives;

d. A timetable for the accomplishment of the individual's goals and objectives;

e. The individual or individuals or organization or organizations that will provide the services specified in the statement of services;

f. The estimated duration of the consumer's needs for services; and

g. The individual or individuals responsible for the overall coordination and integration of the services specified in the plan.

3. Documentation must confirm attendance and the amount of time in services and provide specific information regarding the individual's response to various settings and supports as agreed to in the ISP objectives.

4. The ISP goals, objectives, and activities must be reviewed by the provider annually, or more often as needed with the individual receiving the services, and this review submitted to the case manager. In addition, the ISP goals, objectives, and activities must be reviewed by the provider quarterly, modified as appropriate and submitted to the case manager.

12 VAC 30-120-252. Respite care services.

A. *Service description.* Respite care services may include assistance with personal hygiene, nutritional support, and environmental maintenance authorized as either episodic, temporary relief, or as a routine periodic relief of the caregiver.

B. *Criteria.* Respite care may only be offered to individuals who have a primary unpaid caregiver living in the home who requires temporary relief to avoid institutionalization of the individual. Respite care is designed to focus on the need of the caregiver for temporary relief and to help prevent the breakdown of the caregiver due to the physical burden and emotional stress of providing continuous support and care to the dependent individual.

C. *Service units and service limitations.* Respite care services shall be limited to a maximum of 720 hours per year. This care shall not be provided to relieve group home or assisted

living facility staff where residential care is provided in shifts. Respite care shall not be provided by Adult Foster Care/Family Care providers for an individual residing in that home. Training of the individual cannot be provided with Respite Care services. Individuals who are receiving consumer-directed respite and respite services cannot exceed 720 hours per calendar year combined.

D. *Provider requirements.* In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, providers must meet the following qualifications:

1. Respite care services shall be provided by a DMAS enrolled personal care provider, a DMHMRSAS licensed-residential and supportive-residential provider of respite care services, a DMHMRSAS-licensed center based, in-home or out-of-home, respite care services provider; an approved DSS foster care home for children or adult foster home provider; or be registered with an organization licensed with DMHMRSAS as an individual provider of respite care services as defined in 12 VAC 35-102-10.

2. A personal care/respite care agency currently approved by DMAS to provide respite care services may provide MR waiver respite care services based in and from the home of the individual.

Individuals who provide care must meet the requirements of DMAS Personal/Respite Care Aides. Basic qualifications for Personal/Respite Care Aides include:

a. Physical ability to do the work;

b. Ability to read and write; and

c. Completion of a training curriculum consistent with DMAS requirements. Prior to assigning an aide to a consumer, the provider agency must obtain documentation that the aide has satisfactorily completed a training program consistent with DMAS requirements. DMAS requirements may be met in one of three ways:

(1) Registration as a Certified Nurse Aide;

(2) Graduation from an approved educational curriculum which offers certificates qualifying the student as a nursing assistant, geriatric assistance, or home health aide;

(3) Provider-offered training, which is consistent with the basic course outline approved by DMAS;

d. For personal or respite care providers who have a participation agreement with DMAS, the respite care provider must employ or subcontract with and directly supervise an RN or an LPN who will provide ongoing supervision of all respite care aides.

(1) The RN and LPN must be currently licensed to practice in the Commonwealth and have at least two years of related clinical nursing experience, which may include work in an acute care hospital, ICF/MR, public health clinic, home health agency, or nursing facility.

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- (2) Based on continuing evaluations of the aides' performance and individuals' needs, the RN or LPN supervisor shall identify any gaps in the aides' ability to function competently and shall provide training as indicated.
- (3) The RN supervisor must make an initial assessment visit prior to the start of care for any individual admitted to respite care. The RN supervisor must also perform any subsequent reassessments or changes to the supporting documentation.
- (4) The RN or LPN must make supervisory visits as often as needed to ensure both quality and appropriateness of services.
- (a) When respite care services are received on a routine basis, the minimum acceptable frequency of these supervisory visits shall be every 30-90 days based on the needs of the individual.
- (b) When respite care services are not received on a routine basis, but are episodic in nature, the RN or LPN is not required to conduct a supervisory visit every 30-90 days. Instead, the nurse supervisor must conduct the initial home visit with the respite care aide immediately preceding the start of care and make a second home visit within the respite care period.
- (c) When respite care services are routine in nature and offered in conjunction with personal assistance, the 30-90 day supervisory visit conducted for personal assistance may serve as the RN or LPN visit for respite care. However, the RN or LPN supervisor must document supervision of respite care separately. For this purpose, the same individual record can be used with a separate section for respite care documentation.
- e. The RN or LPN must document in a summary note:
- (1) Whether respite care services continue to be appropriate.
- (2) Whether the supporting documentation is adequate to meet the individual's needs or if changes need to be made.
- (3) The individual's satisfaction with the service.
- (4) Any hospitalization or change in medical condition or functioning status.
- (5) Other services received and the amount.
- (6) The presence or absence of the aide in the home during the nurse's visit.
- f. Inability to provide services and substitution of aides. When a respite care aide is absent and the respite care provider agency has no other aide available to provide services, the provider agency is responsible for ensuring that services continue to individuals.
- (1) If a provider agency cannot supply a respite care aide to render authorized services, the agency may either obtain a substitute aide from another agency, if

the lapse in coverage is to be less than two weeks in duration, or may transfer the individual's care to another agency. The personal assistance agency that has the authorization to provide services to the individual must contact the case manager to determine if additional preauthorization is necessary.

(2) If no other provider agency is available who can supply an aide, the provider agency shall notify the individual or family so that they may contact the case manager to find another available provider.

(3) During temporary, short-term lapses in coverage, not to exceed two weeks in duration, a substitute aide may be secured from another respite care provider agency or other home care agency. Under these circumstances, the following requirements apply:

(a) The respite care agency having individual responsibility is responsible for providing the supervision for the substitute aide.

(b) The respite care agency having individual care responsibility must obtain a copy of the aide's daily records signed by the individual and the substitute aide from the respite care agency providing the substitute aide. All documentation of services rendered by the substitute aide must be in the individual's record. The documentation of the substitute aide's qualifications must also be obtained and recorded in the personnel files of the agency having individual care responsibility. The two agencies involved are responsible for negotiating the financial arrangements of paying the substitute aide.

(c) Only the provider agency that is authorized for services may bill DMAS for services rendered by the substitute aide.

(4) Substitute aides obtained from other agencies may be used only in cases where no other arrangements can be made for individual respite care services coverage and may be used only on a temporary basis. If a substitute aide is needed for more than two weeks, the case must be transferred to another respite care provider agency that has the aide capability to serve the individual or individuals.

g. Required documentation for individuals' records. The provider agency must maintain all records of each respite care individual. These records must be separated from those of other services. At a minimum these records must contain:

(1) A consumer-focused ISP that includes the specific assistance that will be provided during the respite period and the approximate hours that will be allowed for each activity;

(2) Initial assessment completed prior to or on the date services are initiated and subsequent reassessments and changes to supporting documentation by the RN supervisory nurse;

(3) Nurse's notes recorded and dated during significant contacts with the respite care aide and during supervisory visits to the individual's home;

(4) All correspondence to the individual and to DMAS and DMHMRSAS;

(5) Reassessments made during the provision of services; and

(6) Significant contacts made with family, physicians, the DMAS, and all professionals concerning the individual.

h. Respite care aide record of services rendered and individual's responses. The aide record must contain:

(1) The specific services delivered to the individual by the respite care aide and the individual's response.

(2) The arrival and departure time of the aide for respite care services only.

(3) Comments or observations recorded weekly about the individual. Aide comments must include, at a minimum, observation of the individual's physical and emotional condition, daily activities, and the individual's response to services rendered.

(4) The signature of the aide or family member, as appropriate, and the individual once each week to verify that respite care services have been rendered.

3. Documentation indicating the dates and times of Respite Care and the amount and type of service provided must be in the consumer's record.

4. The appropriate request for authorization must be completed and submitted to the case manager with the ISP for authorization by DMHMRSAS to occur.

5. Respite care aides may not be the parents of minor children, the individuals' spouses, or legally responsible relatives for the individuals. Payment may be made for services furnished by other family members when there is objective written documentation as to why there are no other providers available to provide the care.

12 VAC 30-120-253. Skilled nursing services.

A. Service Description. Skilled nursing services shall be provided for individuals with serious medical conditions and complex health care needs which require specific skilled nursing services that cannot be provided by non-nursing personnel. Skilled nursing may be provided in the individual's home or other community setting on a regularly scheduled or intermittent need basis.

B. Criteria. In order to qualify for these services, the individual shall have demonstrated complex health care needs which require specific skilled nursing services ordered by a physician and which cannot be otherwise accessed under the Title XIX State Plan for Medical Assistance. The plan of care must indicate that the service is necessary in order to prevent institutionalization and is not available under the State Plan for Medical Assistance.

C. Service units and service limitations. Skilled nursing services to be rendered by either registered or licensed practical nurses are provided in hourly units. The services must be explicitly detailed in an ISP and must be certified by a physician as medically necessary to prevent institutionalization.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, participating skilled nursing providers must maintain the following documentation:

1. An ISP that notes the specific nursing services to be provided and the estimated amount of time required to perform these services. An ISP must specify any training of family or staff, or both, to be provided, including the recipient or recipients of the training and content of the training, consistent with the Nurse Practice Act;

2. Documentation of the determination of medical necessity by a physician prior to services being rendered;

3. Documentation of nursing license/qualifications of providers;

4. Documentation indicating the dates and times of nursing services and the amount and type of service or training provided;

5. The ISP must be reviewed by the provider with the individual receiving the services, and this review submitted to the case manager, at least annually or as needed. In addition, the ISP with goals, objectives, and activities modified as appropriate, must be reviewed quarterly and submitted to the case manager;

6. Documentation that the ISP has been reviewed by a physician within 30 days of initiation of services, when any changes are made to the ISP, and also reviewed and approved annually.

E. Skilled nursing services shall be provided by either a DMAS enrolled certified private duty nursing provider or a home health provider, by a registered nurse or licensed practical nurse, under the supervision of a registered nurse, licensed by the Commonwealth of Virginia and contracted or employed by DMHMRSAS-licensed day support or residential providers.

1. Skilled nursing services may not be the parents of minor children, the individuals' spouses, or legally responsible relatives for the individuals. Payment may be made for services furnished by other family members when there is objective written documentation as to why there are no other providers available to provide the care.

2. A foster care provider may not be the skilled nursing services provider for the same persons to whom they provide foster care.

12 VAC 30-120-254. Supported employment services.

A. Service description.

1. Supported employment services shall include training in specific skills related to paid employment and provision of

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ongoing or intermittent assistance or specialized supervision to enable an individual to maintain paid employment. Each CSP must contain documentation regarding whether supported employment services are available in vocational rehabilitation agencies through the Rehabilitation Act of 1973 or in special education services through 20 U.S.C. § 1401 of the Individuals with Disabilities Education Act. When services are provided through these sources, the CSP shall not authorize them as a waiver funded expenditure. Waiver service providers are reimbursed only for the amount and type of habilitation services included in the individual's approved plan of care based on the intensity and duration of the service delivered. Reimbursement shall be limited to actual interventions by the provider of supported employment, not for the amount of time the individual is in the supported employment environment.

2. Supported employment can be provided in one of two models. Individual supported employment shall be defined as intermittent support, usually provided one-on-one by a job coach to an individual in a supported employment position. Group supported employment shall be defined as continuous support provided by staff to eight or fewer individuals with disabilities in an enclave, work crew, or bench work/entrepreneurial model. The individual's assessment and CSP must clearly reflect the individual's need for training and supports.

B. Criteria.

1. Only job development tasks that specifically include the individual are allowable job search activities under the MR waiver supported employment and only after determining this service is not available from DRS.

2. In order to qualify for these services, the individual shall have a demonstrated need for training, specialized supervision, or assistance in paid employment. Competitive employment at or above the minimum wage is unlikely for the individual, as he without this service, needs ongoing support, including supervision, training and transportation to perform in a work setting.

3. A functional assessment may be conducted to evaluate the individual in his work environment and related community settings.

4. The CSP must provide the amount of supported employment required by the individual. Service providers are reimbursed only for the amount and type of supported employment included in the individual's CSP.

C. Service units and service limitations.

1. Supported employment for individual job placement will be billed on an hourly basis.

2. Group models of supported employment (enclaves, work crews and entrepreneurial model of supported employment) will be billed at the unit rate.

3. For the individual job placement model, reimbursement of supported employment will be limited to actual documented interventions or collateral contacts by the

provider, not the amount of time the individual is in the supported employment situation.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, specific provider qualifications are:

1. Supported employment shall be provided by agencies that are DRS vendors of supported employment services.

2. Individual ineligibility for supported employment services through DRS or Special Education services must be documented in the individual's record, as applicable. If the individual is older than 22 years, and therefore not eligible for Special Education funding, documentation is required only for lack of DRS funding. Acceptable documentation would include a copy of a letter from DRS or the local school system or a record of a phone call (name, date, person contacted) documented in the case manager's case notes, Consumer Profile/Social assessment or on the supported employment ISP. Unless the individual's circumstances change, the original verification can be forwarded into the current record or repeated on the ISP or revised Consumer Profile/Social Assessment on an annual basis.

3. There must be supporting documentation that contains, at a minimum, the following elements:

a. The individual's strengths, desired outcomes, required/desired supports and training needs;

b. The individual's goals and, for a training goal, a sequence of measurable objectives to meet the above identified outcomes;

c. Services to be rendered and the frequency of services to accomplish the above goals and objectives;

d. All individuals or organizations that will provide the services specified in the statement of services;

e. A timetable for the accomplishment of the individual's goals and objectives.

f. The estimated duration of the individual's needs for services; and

g. Individuals responsible for the overall coordination and integration of the services specified in the plan.

4. The ISP must be reviewed by the provider with the individual receiving the services, and this review submitted to the case manager, at least annually or as needed. In addition, the ISP with goals, objectives, and activities modified as appropriate, must be reviewed quarterly and submitted to the case manager.

12 VAC 30-120-255. Therapeutic consultation.

A. Service description. Therapeutic consultation is available under the waiver for Virginia licensed or certified practitioners in psychology, psychiatry, social work, occupational therapy, physical therapy, therapeutic recreation, rehabilitation, and speech/language therapy. Behavior consultation may be performed by professionals based on the professionals' work

experience, education, and demonstrated knowledge, skills, and abilities. These services may be provided, based on the individual's CSP, for those individuals for whom specialized consultation is clinically necessary to enable their utilization of waiver services. Therapeutic consultation services may be provided in the individual's home or any other community setting. Only behavior consultation may be offered in the absence of any other waiver service when the consultation is determined to be necessary to prevent institutionalization. Therapeutic consultation service providers are reimbursed according to the amount and type of service authorized in the CSP based on an hourly fee for service.

B. Criteria. In order to qualify for these services, the individual shall have a demonstrated need for consultation in any of these services. Documented need must indicate that the CSP cannot be implemented effectively and efficiently without such consultation from this service.

1. The individual's ISP must clearly reflect the individual's needs, as documented in the social assessment, for specialized consultation provided to caregivers in order to implement the ISP effectively.
2. Therapeutic consultation services may neither include direct therapy provided to waiver individuals nor duplicate the activities of other services that are available to the individual through the State Plan of Medical Assistance.

C. Service units and service limitations. The unit of service shall equal one hour. The services must be explicitly detailed in the ISP. Travel time, written preparation, and telephone communication are in-kind expenses within this service and are not billable as separate items. Therapeutic consultation may not be billed solely for purposes of monitoring.

D. Provider requirements. In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-214 and 12 VAC 30-120-215, professionals rendering therapeutic consultation services, shall meet all applicable state licensure or certification requirements. Persons providing rehabilitation consultation shall be rehabilitation engineers or certified rehabilitation specialists.

1. Documentation requirements for therapeutic consultation. The following information is required:
 - a. Identifying information: individual's name and Medicaid number; provider name and provider number; responsible person and telephone number; effective dates for the ISP; and quarterly review dates, if applicable;
 - b. Targeted objectives, time frames, and expected outcomes;
 - c. Specific consultation;
 - d. The ISP for therapeutic consultation; and
 - e. The expected outcomes.
2. Monthly notes shall include:
 - a. Summary of consultative activities for the month;
 - b. Dates, locations, and times of service delivery;

- c. ISP objective or objectives addressed;
 - d. Specific details of the activities conducted;
 - e. Services delivered as planned or modified; and
 - f. Effectiveness of the strategies and individuals' and caregivers' satisfaction with service.
3. Contact notes shall include date, location, and time of each consultative service contact; type of activities and hours of service provided; and persons to whom activities were directed.
 4. Quarterly reviews are required by the service provider if consultation extends three months or longer, are to be forwarded to the case manager, and must include:
 - a. Any revisions to the therapeutic consultation ISP;
 - b. Activities related to the therapeutic consultation supporting documentation;
 - c. Individual status and satisfaction with services; and
 - d. Consultation outcomes and effectiveness of support plan.
 5. If consultation services extend less than three months, the provider must forward monthly contact notes or a summary of them to the case manager for the quarterly review.
 6. A written support plan, detailing the interventions and strategies for staff, family, or caregivers to use to better support the individual in the service.
 7. A final disposition summary must be forwarded to the case manager within 30 days following end of this service and must include:
 - a. Strategies utilized;
 - b. Objectives met;
 - c. Unresolved issues; and
 - d. Consultant recommendations.

12 VAC 30-120-258. Urgent criteria.

The CSB will determine, from among the individuals included in the urgent category, who should be served first, based on the needs of the consumer at the time a slot becomes available and not on any predetermined numerical or chronological order.

A. The urgent category will be assigned when the individual is in need of services because he is determined to be at significant risk. Assignment to the urgent category may be requested by the individual, his legal guardian, or caregiver. The urgent category may be assigned only when the individual or legal guardian would accept his preferred service if it were offered. Only after all individuals in the Commonwealth who meet the urgent criteria have been served can individuals in the non-urgent category be served. In the event that a CSB has a vacant slot and does not have an individual who meets the urgent criteria, the slot can be held by the CSB for 90 days, in case someone in an urgent situation is identified. If no one who meets the urgent criteria

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is identified within 90 days, the slot will be made available for allocation to another CSB in the Health Planning Region (HPR). If there is no urgent need at the time that the HPR is to make a regional re-allocation of a waiver slot, the HPR shall notify DMHMRSAS. DMHMRSAS shall have the authority to re-allocate said slot to another HPR or CSB where there is unmet urgent need. Said authority must be exercised, if at all, within 30 days from receiving such notice.

B. Satisfaction of one or more of the following criteria shall create a presumption that the individual is at significant risk and indicate that the individual should be placed on the Urgent Need of Waiver Services List:

1. Both birth or adoptive parents are 55 years or older, or in the case of a single parent, that parent is 55 or older;
2. The individual is living with a person other than the birth or adoptive parent or parents who are providing the service voluntarily and without pay and the person who has been providing care indicates that he can no longer care for the person with mental retardation;
3. There is a clear risk of abuse, neglect, or exploitation;
4. Either of the birth or adoptive parents, or if the single parent has a chronic or long term physical or psychiatric condition or conditions which limit significantly his ability to care for the individual with mental retardation;
5. Individual is aging out of publicly funded residential placement or otherwise becoming homeless; (exclusive of children who are graduating from high school) or
6. The individual with mental retardation lives with the birth or adoptive parent or parents and there is a risk to the health or safety of the individual, parent, or other individual living in the home due to either of the following conditions:
 - a. The individual's behavior or behaviors present a risk to himself or others which cannot be effectively managed by the parents even with generic or specialized support arranged or provided by the CSB; or
 - b. There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the parent even with generic or specialized supports arranged or provided the CSB.

12 VAC 30-120-259. Reevaluation of service need and utilization review.

A. The Consumer Service Plan (CSP).

1. The CSP shall be developed by the case manager mutually with other service providers, the individual, the individual's family caregivers, consultants, and other interested parties based on relevant, current assessment data. The CSP process determines the services to be rendered to individuals, the frequency of services, the type of service provider or providers, and a description of the services to be offered. Only services authorized on the CSP by DMHMRSAS according to DMAS policies will be reimbursed by DMAS.

2. The case manager is responsible for continuous monitoring of the appropriateness of the individual's

supporting documentation and revisions to the CSP as indicated by the changing needs of the individual. At a minimum, the case manager must review the CSP every three months to determine whether service goals and objectives are being met and whether any modifications to the CSP are necessary.

3. Any modification to the amount or type of services in the CSP must be authorized by DMHMRSAS staff or DMAS.

B. Review of level of care.

1. The case manager shall complete an annual comprehensive reassessment, in coordination with the consumer, family, and service providers. If warranted, the case manager shall coordinate a medical examination and a psychological evaluation for the individual. The reassessment shall include an update of the assessment instrument and any other appropriate assessment data.

2. A medical examination must be completed for adults based on need identified by the provider, consumer, case manager, or DMHMRSAS staff. Medical examinations for children must be completed according to the recommended frequency and periodicity of the EPSDT program.

3. A psychological evaluation or standardized developmental assessment for children under six years of age must reflect the current psychological status (diagnosis), adaptive level of functioning, and cognitive abilities. A new psychological evaluation shall be required whenever the individual's functioning has undergone significant change and is no longer reflective of the past psychological evaluation.

C. Documentation required.

1. The case manager must maintain the following documentation for a period of not less than five years prior to the last day of service for review by the DMHMRSAS staff and DMAS utilization review staff for each waiver recipient:

a. All assessment summaries and all CSPs completed for the recipient.

b. All ISPs from any provider rendering waiver services to the recipient.

c. All supporting documentation related to any change in the CSP.

d. All related communication with the providers, recipient, consultants, DMHMRSAS, DMAS, DSS, DRS or other related parties.

e. An ongoing log which documents all contacts made by the case manager related to the waiver recipient.

2. The individual service providers must maintain documentation necessary to support services billed. Review of individual-specific documentation shall be conducted by DMHMRSAS staff and DMAS utilization review staff. This documentation shall contain, up to and including the last day of service, all of the following:

a. All ISP's developed for that recipient and maintained for a period of not less than five years.

b. An attendance log which documents the date services were rendered and the amount and type of services rendered.

c. Appropriate data or progress notes reflecting recipient's status and, as appropriate, progress toward the goals on the ISP.

d. Any documentation to support that services provided are appropriate and necessary to maintain the individual in the home and in the community.

/s/ James S. Gilmore, III
Governor
Date: October 17, 2001

VA.R. Doc. No. R02-56; Filed October 17, 2001, 2:48 p.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF DENTISTRY

Title of Regulation: 18 VAC 60-20. Regulations Governing the Practice of Dentistry and Dental Hygiene (amending 18 VAC 60-20-10; adding 18 VAC 60-20-250 through 18 VAC 60-20-330).

Statutory Authority: § 54.1-2400 and Chapter 27 (§ 54.1-2700 et seq.) of Title 54.1 of the Code of Virginia.

Effective Dates: December 1, 2001, through November 30, 2002.

Preamble:

Emergency regulations are required for compliance with an enactment clause in Chapter 662 of the 2001 Acts of Assembly requiring the board to promulgate regulations within 280 days of enactment to implement provisions of the act requiring the Board of Dentistry to establish requirements for the registration and profiling of oral and maxillofacial surgeons and for the certification of such persons to perform certain cosmetic procedures.

In mandating certification of oral and maxillofacial surgeons to perform cosmetic procedures on the head and neck, § 54.1-2709.1 of the Code of Virginia requires that regulations include six specific criteria – the first of which is the “promotion of patient safety.” Regulations establishing a profile of such surgeons (including disciplinary and malpractice history), standards for minimal competency in performing certain procedures, and a system for quality assurance review of their practice are all intended to protect the health, safety and welfare of citizens of Virginia who may elect to become cosmetic surgery patients. Similar requirements and oversight of practice by a regulatory board does not exist for any other health care professional, but were included to fulfill a statutory mandate in the interest of patient safety.

The specific provisions of emergency regulations are as follows:

18 VAC 60-20-10. *Definitions.* A definition for “proctored cases” is added to clarify the term as used in requirements for certification of oral and maxillofacial surgeons.

18 VAC 60-20-250. *Registration of oral and maxillofacial surgeons.* Pursuant to a statutory mandate in § 54.1-2709.2 of the Code of Virginia, the board is required to annually register all oral and maxillofacial surgeons and to report certain information to the public. Regulations implementing this mandate require an annual fee of \$175, which is intended to cover the cost of a public profile system for the surgeons. Fees for late renewal or reinstatement of a lapsed registration are also set.

18 VAC 60-20-260. *Profile of information for oral and maxillofacial surgeons.* This section lists the specific information the practitioner is required to submit and be included on a public profile. It also requires the submission to occur within 30 days of an initial request or of a change in the information.

18 VAC 60-20-270. *Reporting of malpractice paid claims.* Specifics about the reporting of malpractice claims are set forth in this section, including the period of time that is covered, the content of the report, and the definitions of relative amounts of the claims.

18 VAC 60-20-280. *Non-compliance or falsification of profile.* Failure to provide required information may constitute unprofessional conduct by the licensee; intentional falsification of information is unprofessional conduct and will subject the licensee to disciplinary action.

18 VAC 60-20-290. *Certification to perform cosmetic procedures; applicability.* Subsection A establishes the applicability for the need to be certified and the anatomical limitation for which surgeries may be performed under such certification. Subsection B lists the specific procedures for which a surgeon may be certified depending on the qualifications and competencies he demonstrates.

18 VAC 60-20-300. *Certification not required.* This section lists the specific procedures for which a surgeon need not be certified, but are considered within the current scope of practice for an oral and maxillofacial surgeon.

18 VAC 60-20-310. *Credentials required for certification.* This section sets forth the credentials required for certification to perform cosmetic procedures. Those credentials include an active, unrestricted license from the board, a fee of \$225, an oral and maxillofacial residency from an accredited dental program, board certification or eligibility in oral and maxillofacial surgery, current privileges in a hospital and documentation of education and experience in performance of cosmetic procedures.

18 VAC 60-20-320. *Renewal of certification.* Each oral and maxillofacial surgeon who wishes to renew his certification must pay a fee of \$100 by December 31 of each year.

18 VAC 60-20-330. *Quality assurance review for procedures performed by certificate holders.* Provisions are adopted for a quality assurance review as mandated in subdivision 6 of § 54.1-2709.1 A of the Code of Virginia. Certifying bodies, such as the Joint Commission on Accreditation of Healthcare Organizations, conduct quality

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assurance reviews on procedures performed in facilities they accredit. Therefore, the board will require a random audit of charts and quality assurance review for cosmetic procedures not performed in an accredited facility. Costs for the review will be covered by the certification and renewal fees paid by certified oral and maxillofacial surgeons. The board will use persons qualified to perform cosmetic procedures as reviewers and will require surgeons to maintain a separate system by which charts on those patients may be identified.

Agency Contact: Sandra Reen, Executive Director, Department of Health Professions, 6606 W. Broad Street, 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906, FAX (804) 662-9943 or e-mail sandra_reen@dhp.state.va.us.

18 VAC 60-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the content clearly indicates otherwise:

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale or use of dental methods, services, treatments, operations, procedures or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures or products.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"Approved schools" means those dental schools, colleges, departments of universities or colleges, or schools of dental hygiene currently accredited by the Commission on Dental Accreditation of the American Dental Association.

"Competent instructor" means any person appointed to the faculty of a dental school, college or department or a university or a college who holds a license or teacher's license to practice dentistry or dental hygiene in the Commonwealth.

"Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands, produced by a pharmacologic or nonpharmacologic method, or a combination thereof.

"Dental assistant" means any unlicensed person under the supervision of a dentist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely a secretarial or clerical capacity.

"Direction" means the presence of the dentist for the evaluation, observation, advice, and control over the performance of dental services.

"General anesthesia" means a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including inability to independently

maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or nonpharmacologic method, or combination thereof.

"Local anesthesia" means the loss of sensation or pain in the oral cavity or its contiguous structures generally produced by a topically applied agent or injected agent without causing the loss of consciousness.

"Monitoring general anesthesia and conscious sedation" includes the following: recording and reporting of blood pressure, pulse, respiration, and other vital signs to the attending dentist during the conduct of these procedures and after the dentist has induced a patient and established a maintenance level.

"Monitoring nitrous oxide oxygen inhalation analgesia" means making the proper adjustments of nitrous oxide machines at the request of the dentist during the administration of the sedation, and observing the patient's vital signs.

"Nitrous oxide oxygen inhalation analgesia" means the utilization of nitrous oxide and oxygen to produce a state of reduced sensibility to pain designating particularly the relief of pain without the loss of consciousness.

"Proctored cases" means surgical procedures proctored by a person who either: (i) has current privileges to perform cosmetic surgery in an accredited hospital; (ii) has current certification from the board to perform cosmetic surgical procedures; or (iii) is a member of a faculty in an accredited program offering advanced specialty education in oral and maxillofacial surgery.

"Radiographs" means intraoral and extraoral x-rays of the hard and soft oral structures to be used for purposes of diagnosis.

PART VII.

ORAL AND MAXILLOFACIAL SURGEONS.

18 VAC 60-20-250. Registration of oral and maxillofacial surgeons.

Within 60 days after the effective date of this section, every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in § 54.1-2700 of the Code of Virginia, shall register his practice with the board and pay a fee of \$175.

1. After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31 by payment of a fee of \$175.

2. An oral and maxillofacial surgeon who fails to register or to renew his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

3. Within one year of the expiration of a registration, an oral and maxillofacial surgeon may renew by payment of the renewal fee and a late fee of \$55.

4. After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the renewal fee

and a late fee of \$55 for every year the registration has been lapsed, not to exceed five years.

18 VAC 60-20-260. Profile of information for oral and maxillofacial surgeons.

A. In compliance with requirements of § 54.1-2709.2 of the Code of Virginia, an oral and maxillofacial surgeon registered with the board shall provide, upon initial request, the following information within 30 days or at a later date if so specified:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;
2. Names of dental or medical schools with dates of graduation;
3. Names of graduate medical or dental education programs attended at an institution approved by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, American Dental Association with dates of completion of training;
4. Names and dates of specialty board certification or board eligibility, if any, as approved by the Commission on Dental Accreditation, American Dental Association;
5. Number of years in active, clinical practice in the United States or Canada, following completion of medical or dental training and the number of years, if any, in active, clinical practice outside the United States or Canada;
6. Names of insurance plans accepted or managed care plans in which the oral and maxillofacial surgeon participates and whether he is accepting new patients under such plans;
7. Names of hospitals with which the oral and maxillofacial surgeon is affiliated;
8. Appointments within the past 10 years to dental school faculties with the years of service and academic rank;
9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;
10. Whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice; and
11. Whether the oral and maxillofacial surgeon participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients;

B. The oral and maxillofacial surgeon may provide additional information on hours of continuing education earned, subspecialties obtained, honors or awards received.

C. Whenever there is a change in the information on record with the profile system, the oral and maxillofacial surgeon shall provide current information in any of the categories in subsection A of this section within 30 days.

18 VAC 60-20-270. Reporting of malpractice paid claims.

A. All malpractice paid claims reported to the Board of Dentistry within the 10 years immediately preceding the report

shall be used to calculate the level of significance as required by § 54.1-2709.2 of the Code of Virginia. Each report of an award or settlement shall indicate:

1. The number of years the oral and maxillofacial surgeon has been licensed in Virginia.
2. The relative frequency of paid claims described in terms of the number of oral and maxillofacial surgeons who have made malpractice payments within the ten-year period.
3. The date of the paid claim.
4. The relative amount of the paid claim described as average, below average or above average, which shall be defined as follows:
 - a. "Average" if the amount of the award is within one standard deviation above or below the mean for the amount of all reported claims for oral and maxillofacial surgeons;
 - b. "Below average" if the amount of the award is below one standard deviation from the mean for the amount of all reported claims for oral and maxillofacial surgeons; and
 - c. "Above average" if the amount of the award is above one standard deviation from the mean for the amount of all reported claims for oral and maxillofacial surgeons.

B. The board shall make available as part of the profile information regarding disciplinary notices and orders as provide in § 54.1-2400.2 D of the Code of Virginia.

18 VAC 60-20-280. Noncompliance or falsification of profile.

A. The failure to provide the information required by subsection A of 18 VAC 60-20-260 may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

18 VAC 60-20-290. Certification to perform cosmetic procedures; applicability.

A. In order for an oral and maxillofacial surgeon to perform aesthetic or cosmetic procedures, he shall be certified by the board pursuant to § 54.1-2709.1 of the Code of Virginia. Such certification shall only entitle the licensee to perform procedures above the clavicle or within the head and neck region of the body.

B. Based on the applicant's education, training and experience, certification may be granted to perform one or more of these or similar procedures:

1. Rhinoplasty;
2. Blepharoplasty;
3. Rhytidectomy;
4. Submental liposuction;
5. Laser resurfacing or dermabrasion;

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6. Browlift (either open or endoscopic technique);
7. Platysmal muscle plication; and
8. Otoplasty.

18 VAC 60-20-300. Certification not required.

Certification shall not be required for performance of the following:

1. Treatment of facial diseases and injuries, including maxillofacial structures;
2. Facial fractures, deformity and wound treatment;
3. Repair of cleft lip and palate deformity;
4. Mentoplasty and facial augmentation procedures; and
5. Genioplasty.

18 VAC 60-20-310. Credentials required for certification.

A. An applicant for certification shall:

1. Hold an active, unrestricted license from the board;
2. Submit a completed application and fee of \$225;
3. Complete an oral and maxillofacial residency program accredited by the Commission on Dental Accreditation;
4. Hold board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) or board eligibility as defined by ABOMS;
5. Have current privileges on a hospital staff to perform oral and maxillofacial surgery; and
6. If his oral and maxillofacial residency was completed after July 1, 1996 and training in cosmetic surgery was a part of such residency, the applicant shall submit:
 - a. A letter from the director of the residency program documenting the training received in the residency or in the clinical fellowship to substantiate adequate training in the specific procedures for which the applicant is seeking certification.
 - b. Documentation of having performed as primary or assistant surgeon at least 10 proctored cases in each of the procedures for which he seeks to be certified.
7. If his oral and maxillofacial residency was completed prior to July 1, 1996, or if his oral and maxillofacial residency was completed after July 1, 1996 and training in cosmetic surgery was not a part of the applicant's residency, the applicant shall submit:
 - a. Documentation of having completed didactic and clinically-approved courses to include the dates attended, the location of the course, and a copy of the certificate of attendance. Courses shall provide training in the specific procedures requested for certification and shall be offered by:
 - (1) An advanced specialty education program in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation;

(2) A medical school accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association.

(3) The American Dental Association (ADA) or one of its constituent and component societies or other ADA Continuing Education Recognized Programs (CERP) approved for continuing dental education; or

(4) The American Medical Association and approved for category 1, continuing medical education.

b. Documentation of either:

(1) Holding current privileges to perform cosmetic surgical procedures within a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

(2) Having completed at least 10 cases as primary or secondary surgeon in the specific procedures for which the applicant is seeking certification, of which at least five shall be proctored cases as defined in this chapter.

18 VAC 60-20-320. Renewal of certification.

In order to renew his certification to perform cosmetic procedures, an oral and maxillofacial surgeon shall possess a current, active, unrestricted license to practice dentistry from the Virginia Board of Dentistry and shall submit along with the renewal application a fee of \$100 on or before December 31 of each year.

18 VAC 60-20-330. Quality assurance review for procedures performed by certificate holders.

1. On a schedule of no less than once every three years, a random audit of charts for patients receiving cosmetic procedures shall be performed by a certificate holder in a facility not accredited by Joint Commission on Accreditation of Healthcare Organizations or other nationally recognized certifying organizations as determined by the board.

2. Oral and maxillofacial surgeons certified to perform cosmetic procedures shall maintain separate files, an index, coding or other system by which such charts can be identified by cosmetic procedure.

3. Cases selected in a random audit shall be reviewed for quality assurance by a person qualified to perform cosmetic procedures according to a methodology determined by the board.

/s/ James S. Gilmore, III
Governor

Date: September 20, 2001

VA.R. Doc. No. R02-57; Filed October 23, 2001, 1:43 p.m.



TITLE 22. SOCIAL SERVICES

STATE BOARD OF SOCIAL SERVICES

Title of Regulation: **22 VAC 40-705. Child Protective Services (amending 22 VAC 40-705-10, 22 VAC 40-705-40 through 22 VAC 40-705-90, 22 VAC 40-705-110 through 22 VAC 40-705-160, 22 VAC 40-705-180 and 22 VAC 40-705-190).**

Statutory Authority: §§ 63.1-25 and 63.1-248.1 of the Code of Virginia.

Effective Dates: January 1, 2002, through December 31, 2002.

Preamble:

Chapter 500 of the 2000 Acts of Assembly made changes to Title 63.1 of the Code of Virginia in § 63.1-248.1 et seq. and required that regulations be promulgated to take effect within 280 days of enactment. This regulation is not otherwise exempt under the provisions of § 2.2-4006 A 4 of the Code of Virginia.

These emergency regulations are intended to provide guidance to local departments of social services as they implement statewide a child protective services differential response system that has been piloted in five localities.

Substance:

Overall: Changes to language are made wherever needed to incorporate family assessment as a response to a valid child protective services (CPS) report.

22 VAC 40-705-10: Provides definitions for "differential response" and "family assessment." (The definition of family assessment can easily be compared to investigation to see what is similar and different about these processes.)

22 VAC 40-705-50 B: Requires an additional decision at intake: which response to make to each report - an investigation or family assessment.

22 VAC 40-705-50 E: Encourages memoranda of understanding between local social services agencies and law-enforcement agencies.

22 VAC 40-705-50 H: Clarifies when an investigation is the required response.

22 VAC 40-705-50 H 2: Delineates the purpose of a family assessment.

22 VAC 40-705-60 3 b: Requires reassignment of a family assessment to investigation if the agency takes emergency custody of the child.

22 VAC 40-705-70 B: Emphasizes collaboration with the family in family assessments.

22 VAC 40-705-80 A: Outlines required contacts to be made by the local agency when completing family assessments.

22 VAC 40-705-90 A: Outlines the conditions in which a CPS worker in both family assessments and investigations

may enter a home if permitted by a person who resides in the home.

22 VAC 40-705-90 B: Requires the CPS worker to explain orally and in writing the responsibilities and authorities of CPS in order to make the parent or caretaker aware of the benefits and consequences of completing the family assessment.

22 VAC 40-705-110: Clarifies the types of assessments required in both family assessments and investigations.

22 VAC 40-705-120 B & C, 22 VAC 40-705-140 B 5 & D 3: These sections address required notifications for family assessments.

22 VAC 40-705-150 B: Addresses the right of families to refuse services offered as the result of a completed family assessment.

22 VAC 40-705-150 C: Notes that court intervention to mandate services may be requested to engage families in needed services to prevent abuse/neglect.

22 VAC 40-705-180 C: Requires local child protective services staff to receive training in order for the agency to become "designated" as a differential response agency.

This regulatory action is intended to promote the safety and well-being of children within their families in Virginia. Until the enactment of this legislation all valid reports of child abuse or neglect had to be investigated and a finding made as to abuse or neglect by an alleged abuser. The new legislation and these regulations allow for a response to valid reports of less serious abuse or neglect that is less adversarial and more likely to engage families in services, if needed, to protect their own children. These regulation changes are only those required by legislation.

The permanent final regulations are being developed and may need to provide more details regarding safety assessments and determining the most appropriate response to a valid report. A Notice of Intended Regulatory Action (NOIRA) to replace the emergency regulations and provide other needed changes is in development. Policy decisions will be made very soon that impact the permanent regulations; then the NOIRA will be submitted.

Alternatives:

Reform to the child protective services program is occurring across the nation. Virginia has looked at what other states are doing and has piloted reforms in five Virginia localities for the past five years. The current plan for implementing a differential response for child protective services appears to be the least intrusive and least burdensome method to meet the dual purpose of protecting children and supporting families whenever possible.

Family Impact Statement:

The implementation of these emergency regulations will allow for a less adversarial response to many families in allegations of child abuse or neglect. It was determined through evaluation of the pilots that families receiving family assessments, rather than investigations, felt more comfortable describing their needs related to keeping their

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children safe and more receptive to services to enable them to better care for their children. Thus, the emergency regulation strengthens the authority and rights of parents to nurture and supervise their children. It encourages or supports self-sufficiency, self-pride, and assumption of responsibility for one's children. It is not expected to significantly impact marital commitment or family income.

Agency Contact: Betty Jo Zarris, CPS Policy Consultant, Department of Social Services, 730 East Broad Street, 2nd Floor, Richmond, VA 23219, telephone (804) 692-1220, FAX (804) 692-2215, or e-mail bjz900@dss.state.va.us.

22 VAC 40-705-10. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Abuser or neglector" means any person who is found to have committed the abuse and/or neglect of a child pursuant to Chapter 12.1 (§ 63.1-248.1 et seq.) of Title 63.1 of the Code of Virginia.

"Administrative appeal rights" means the child protective services appeals procedures for a local level informal conference and a state level hearing pursuant to § 63.1-248.6:1 of the Code of Virginia, under which an individual who is found to have committed abuse and/or neglect may request that the local department's records be amended.

"Appellant" means anyone who has been found to be an abuser and/or neglector and appeals the founded disposition to the director of the local department of social services, an administrative hearing officer, or to circuit court.

"Assessment" means the process by which child protective services workers determine a child's and family's needs.

"Caretaker" means any individual having the responsibility of providing care for a child and includes the following: (i) parent or other person legally responsible for the child's care; (ii) any other person who has assumed caretaking responsibility by virtue of an agreement with the legally responsible person; (iii) persons responsible by virtue of their positions of conferred authority; and (iv) adult persons residing in the home with the child.

"Case record" means a collection of information maintained by a local department, including written material, letters, documents, tapes, photographs, film or other materials regardless of physical form about a specific child protective services investigation, family or individual.

"Central Registry" means a subset of the *child abuse and neglect* information system and is the name index with identifying information of individuals named as an abuser and/or neglector in founded child abuse and/or neglect complaints or reports not currently under administrative appeal, maintained by the department.

"Certified substance abuse counselor" means a person certified to provide substance abuse counseling in a state-approved public or private substance abuse program or facility.

"Child Abuse and Neglect Information System" means the computer system which collects and maintains information regarding incidents of child abuse and neglect involving parents or other caretakers. The computer system is composed of three parts: the statistical information system with nonidentifying information; the Central Registry, of *founded complaints not on appeal*; and a database that can be accessed only by the department and local departments ~~consisting of that contain~~ all nonpurged ~~investigation information~~ CPS reports.

"Child protective services" means the identification, receipt and immediate ~~investigation of response to~~ complaints and reports of alleged child abuse and/or neglect for children under 18 years of age. It also includes assessment, and arranging for and providing necessary protective and rehabilitative services for a child and his family when the child has been found to have been abused or neglected or is at risk of being abused or neglected.

"Child protective services worker" means one who is qualified by virtue of education, training and supervision and is employed by the local department to respond to child protective services complaints and reports of alleged child abuse and/or neglect.

"Chronically and irreversibly comatose" means a condition caused by injury, disease or illness in which a patient has suffered a loss of consciousness with no behavioral evidence of self-awareness or awareness of surroundings in a learned manner other than reflexive activity of muscles and nerves for low-level conditioned response and from which to a reasonable degree of medical probability there can be no recovery.

"Collateral" means a person whose personal or professional knowledge may help confirm or rebut the allegations of child abuse and/or neglect or whose involvement may help ensure the safety of the child.

"Complaint" means any information or allegation of child abuse and/or neglect made orally or in writing pursuant to § 63.1-248.2:5 of the Code of Virginia.

"Consultation" means the process by which the alleged abuser and/or neglector may request an informal meeting to discuss the investigative findings with the local department prior to the local department rendering a founded disposition of abuse and/or neglect against that person pursuant to § 63.1-248.6:1 A of the Code of Virginia.

"Controlled substance" means a drug, substance or marijuana as defined in § 18.2-247 of the Code of Virginia including those terms as they are used or defined in the Drug Control Act, Chapter 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia. The term does not include alcoholic beverages or tobacco as those terms are defined or used in Title 3.1 or Title 4.1 of the Code of Virginia.

"Department" means the Virginia Department of Social Services.

"Differential response system" means that local departments of social services, if designated to do so by the department, may respond to valid reports or complaints of child abuse or

neglect by conducting either a family assessment or an investigation.

"Disposition" means the determination of whether or not child abuse and/or neglect has occurred.

"Documentation" means information and materials, written or otherwise, concerning allegations, facts and evidence.

"Family Advocacy Program representative" means the professional employed by the United States Armed Forces who has responsibility for the program designed to address prevention, identification, evaluation, treatment, rehabilitation, follow-up and reporting of family violence, pursuant to 22 VAC 40-720-20.

"Family assessment" means the collection of information necessary to determine:

1. *The immediate safety needs of the child;*
2. *The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;*
3. *Risk of future harm to the child; and*
4. *Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker(s) of the child.*

"First source" means any direct evidence establishing or helping to establish the existence or nonexistence of a fact. Indirect evidence and anonymous complaints do not constitute first source evidence.

"Founded" means that a review of the facts shows by a preponderance of the evidence that child abuse and/or neglect has occurred. A determination that a case is founded shall be based primarily on first source evidence; in no instance shall a determination that a case is founded be based solely on indirect evidence or an anonymous complaint.

"He" means he or she.

"His" means his or her.

"Identifying information" means name, social security number, address, race, sex, and date of birth.

"Indirect evidence" means any statement made outside the presence of the child protective services worker and relayed to the child protective services worker as proof of the contents of the statement.

"Investigation" means the ~~formal~~ collection of information gathering process utilized by the local department in determining to determine:

1. *The immediate safety needs of the child;*
2. *The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;*
3. *Risk of future harm to the child;*

4. *Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services;*

5. *Whether or not child abuse or neglect has occurred-;*

6. *If abuse or neglect has occurred, who abused or neglected the child; and*

7. *A finding of either founded or unfounded based on the facts collected during the investigation.*

"Investigative narrative" means the written account of the investigation contained in the child protective services case record.

"Legitimate interest" means a lawful, demonstrated privilege to access the information as defined in § 63.1-209 of the Code of Virginia.

"Licensed substance abuse treatment practitioner" means a person who (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence and (ii) is licensed to provide advanced substance abuse treatment and independent, direct and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Local department" means the city or county local agency of social services or department of public welfare in the Commonwealth of Virginia responsible for conducting investigations of child abuse and/or neglect complaints or reports pursuant to § 63.1-248.6 of the Code of Virginia.

"Local department of jurisdiction" means the local department in the city or county in Virginia where the alleged victim child resides or in which the alleged abuse and/or neglect is believed to have occurred. If neither of these is known, then the local department of jurisdiction shall be the local department in the county or city where the abuse and/or neglect was discovered.

"Mandated reporters" means those persons who are required to report suspicions of child abuse and/or neglect pursuant to § 63.1-248.3 of the Code of Virginia.

"Monitoring" means contacts with the child, family and collaterals which provide information about the child's safety and the family's compliance with the service plan.

"Multidisciplinary teams" means any organized group of individuals representing, but not limited to, medical, mental health, social work, education, legal and law enforcement, which will assist local departments in the protection and prevention of child abuse and neglect pursuant to § 63.1-248.6 F K of the Code of Virginia. Citizen representatives may also be included.

"Notification" means informing designated and appropriate individuals of the local department's actions and the individual's rights.

"Preponderance of evidence" means the evidence as a whole shows that the facts are more probable and credible than not.

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It is evidence which is of greater weight or more convincing than the evidence offered in opposition.

"Purge" means to delete or destroy any reference data and materials specific to subject identification contained in records maintained by the department and the local department pursuant to §§ 63.1-248.5:1 and 63.1-248.5:1.01 of the Code of Virginia.

"Reasonable diligence" means the exercise of justifiable and appropriate persistent effort.

"Report" means either a complaint as defined in this section or an official document on which information is given concerning abuse and neglect and which is required to be made by persons designated herein and by local departments in those situations in which investigation of a complaint from the general public reveals suspected child abuse and/or neglect pursuant to subdivision 5 of the definition of abused or neglected child in § 63.1-248.2 of the Code of Virginia.

"Safety plan" means an immediate course of action designed to protect a child from abuse or neglect.

"Service plan" means a plan of action to address the service needs of a child and/or his family in order to protect a child and his siblings, to prevent future abuse and neglect, and to preserve the family life of the parents and children whenever possible.

"Substance abuse counseling or treatment services" are services provided to individuals for the prevention, diagnosis, treatment, or palliation of chemical dependency, which may include attendant medical and psychiatric complications of chemical dependency.

"Terminal condition" means a condition caused by injury, disease or illness from which to a reasonable degree of medical probability a patient cannot recover and (i) the patient's death is imminent or (ii) the patient is chronically and irreversibly comatose.

"Unfounded" means that a review of the facts does not show by a preponderance of the evidence that child abuse or neglect occurred.

"Valid report or complaint" means the local department of social services has evaluated the information and allegations of the report or complaint and determined that the local department shall conduct an investigation or family assessment because the following elements are present:

1. The alleged victim child or children are under the age of eighteen at the time of the complaint or report;
2. The alleged abuser is the alleged victim child's parent or other caretaker;
3. The local department receiving the complaint or report is a local department of jurisdiction; and
4. The circumstances described allege suspected child abuse or neglect.

"Withholding of medically indicated treatment" means the failure to respond to the infant's life-threatening condition by providing treatment (including appropriate nutrition, hydration, and medication) which in the treating physician's or

physicians' reasonable medical judgment will most likely be effective in ameliorating or correcting all such conditions.

22 VAC 40-705-40. Complaints and reports of suspected child abuse and/or neglect.

A. Persons who are mandated to report are those individuals defined in § 63.1-248.3 of the Code of Virginia.

1. Mandated reporters shall report immediately any suspected abuse or neglect that they learn of in their professional capacity.

2. Pursuant to § 63.1-248.3 A1 of the Code of Virginia, certain specified facts indicating that a newborn infant may have been exposed to controlled substances prior to birth are sufficient to suspect that a child is abused or neglected. A diagnosis of fetal alcohol syndrome is also sufficient. Any report made pursuant to § 63.1-248.3 A1 of the Code of Virginia constitutes a valid report of abuse or neglect and requires a child protective services investigation, unless the mother sought treatment or counseling as required in this section and pursuant to § 63.1-248.6 E 2 of the Code of Virginia.

a. The attending physician may designate a hospital staff person to make the report to the local department on behalf of the attending physician. That hospital staff person may include a nurse or hospital social worker.

b. Pursuant to § 63.1-248.3 B of the Code of Virginia, whenever a physician makes a finding pursuant to § 63.1-248.3 A1 of the Code of Virginia, then the physician or his designee must make a report to child protective services immediately. Pursuant to § 63.1-248.3 B of the Code of Virginia, a physician who fails to make a report pursuant to § 63.1-248.3 A1 of the Code of Virginia is subject to a fine.

c. When a report or complaint alleging abuse or neglect is made pursuant to § 63.1-248.3 A1 of the Code of Virginia, then the local department must immediately assess the infant's circumstances and any threat to the infant's health and safety. Pursuant to 22 VAC 40-705-110 A, the local department must conduct an initial assessment.

d. When a report or complaint alleging abuse or neglect is made pursuant to § 63.1-248.3 A1 of the Code of Virginia, then the local department must immediately determine whether to petition a juvenile and domestic relations district court for any necessary services or court orders needed to ensure the safety and health of the infant.

e. Within the first 14 days of receipt of a report made pursuant to § 63.1-248.3 A1 of the Code of Virginia, the local department shall invalidate the complaint if the following two conditions are met: (i) the mother of the infant sought substance abuse counseling or treatment during her pregnancy prior to the infant's birth and (ii) there is no evidence of child abuse and/or neglect by the mother after the infant's birth.

(1) The local department must notify the mother immediately upon receipt of a complaint made

pursuant to § 63.1-248.3 A1 of the Code of Virginia. This notification must include a statement informing the mother that, if the mother fails to present evidence within 14 days of receipt of the complaint that she sought substance abuse counseling/treatment during the pregnancy, the report will be accepted as valid and an investigation initiated.

(2) If the mother sought counseling or treatment but did not receive such services, then the local department must determine whether the mother made a substantive effort to receive substance abuse treatment before the child's birth. If the mother made a substantive effort to receive treatment or counseling prior to the child's birth, but did not receive such services due to no fault of her own, then the local department should invalidate the complaint or report.

(3) If the mother sought or received substance abuse counseling or treatment, but there is evidence, other than exposure to a controlled substance, that the child may be abused or neglected, then the local department may initiate the investigation.

f. Substance abuse counseling or treatment includes, but is not limited to, education about the impact of alcohol, controlled substances and other drugs on the fetus and on the maternal relationship; education about relapse prevention to recognize personal and environmental cues which may trigger a return to the use of alcohol or other drugs.

g. The substance abuse counseling or treatment should attempt to serve the purposes of improving the pregnancy outcome, treating the substance abuse disorder, strengthening the maternal relationship with existing children and the infant, and achieving and maintaining a sober and drug-free lifestyle.

h. The substance abuse counseling or treatment services must be provided by a professional. Professional substance abuse treatment or counseling may be provided by a certified substance abuse counselor or a licensed substance abuse treatment practitioner.

i. Facts indicating that the infant may have been exposed to controlled substances prior to birth are not sufficient, in and of themselves, to render a founded disposition of abuse or neglect. The local department must establish, by a preponderance of the evidence, that the infant was abused or neglected according to the statutory and regulatory definitions of abuse and neglect.

j. The local department may provide assistance to the mother in locating and receiving substance abuse counseling or treatment.

3. Mandated reporters shall disclose all information which is the basis for the suspicion of child abuse or neglect and shall make available, upon request, to the local department any records and reports which document the basis for the complaint and/or report.

4. A mandated reporter's failure to report within 72 hours of the first suspicion of child abuse or neglect shall result in a fine.

B. Persons who may report child abuse and/or neglect include any individual who suspects that a child is being abused and/or neglected pursuant to § 63.1-248.4 of the Code of Virginia.

C. Complaints and reports of child abuse and/or neglect may be made anonymously. An anonymous complaint, standing alone, shall not meet the preponderance of evidence standard necessary to support a founded determination.

D. Any person making a complaint and/or report of child abuse and/or neglect shall be immune from any civil or criminal liability in connection therewith, unless the court decides that such person acted in bad faith or with malicious intent pursuant to § 63.1-248.5 of the Code of Virginia.

E. When the identity of the reporter is known to the department or local department, these agencies shall make every effort to protect the reporter's identity.

F. If a person suspects that he is the subject of a report or complaint of child abuse and/or neglect made in bad faith or with malicious intent, that person may petition the court for access to the record including the identity of the reporter or complainant pursuant to § 63.1-248.5:1 of the Code of Virginia.

G. Any person age 14 years or older who makes or causes to be made a knowingly false complaint or report of child abuse and/or neglect and is convicted shall be guilty of a Class 4 misdemeanor for a first offense pursuant to § 63.1-248.5:1.01 of the Code of Virginia.

1. A subsequent conviction results in a Class 2 misdemeanor.

2. Upon receipt of notification of such conviction, the department will retain a list of convicted reporters.

3. The subject of the records may have the records purged upon presentation of proof of such conviction.

H. To make a complaint or report of child abuse and/or neglect, a person may telephone the department's toll-free child abuse and neglect hotline or contact a local department of jurisdiction pursuant to § 63.1-248.4 of the Code of Virginia.

1. The local department of jurisdiction that first receives a complaint or report of child abuse and/or neglect shall assume responsibility to ensure that ~~the complaint or report is investigated~~ a *family assessment or an investigation is conducted*.

2. A local department may ask another local department which is a local department of jurisdiction to assist in conducting the *family assessment or investigation*. If assistance is requested, the local department shall comply.

3. A local department may ask another local department through a cooperative agreement to assist in conducting the *family assessment or investigation*.

4. If a local department employee is suspected of abusing and/or neglecting a child, the complaint or report of child abuse and/or neglect shall be made to the juvenile and domestic relations district court of the county or city where the alleged abuse and/or neglect was discovered. The

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judge may assign the report for investigation to the court services unit or to a local department that is not the employer of the subject of the report pursuant to §§ 63.1-248.3 and 63.1-248.4 of the Code of Virginia.

22 VAC 40-705-50. Actions to be taken upon receipt of a complaint or report.

A. All complaints and reports of suspected child abuse and/or neglect shall be recorded in ~~writing on the intake document~~ *child abuse and neglect information system*. A record of all reports and complaints made to a local department or to the department, regardless of whether the report or complaint was found to be a valid complaint of abuse and/or neglect, shall be retained for one year from the date of the complaint.

B. *In all valid complaints or reports of child abuse and/or neglect shall be investigated the local department of social services shall determine whether to conduct an investigation, or if designated as a differential response agency by the department according to § 63.1-248.6:01, a family assessment.* A valid complaint or report is one in which:

1. The alleged victim child or children are under the age of 18 at the time of the complaint and/or report;
2. The alleged abuser is the alleged victim child's parent or other caretaker;
3. The local department receiving the complaint or report is a local department of jurisdiction; and
4. The circumstances described allege suspected child abuse and/or neglect.

C. The local department shall not *conduct a family assessment or investigate complaints or reports of child abuse and/or neglect that fail to meet all of the criteria in subsection B of this section.*

D. The local department shall report certain cases of suspected child abuse or neglect to the local attorney for the Commonwealth and the local law-enforcement agency pursuant to § 63.1-248.6 E 5 of the Code of Virginia.

E. Pursuant to § 63.1-248.6 L, local departments shall develop, where practical, memoranda of understanding for responding to reports of child abuse and neglect with local law enforcement and the local office of the Commonwealth's Attorney.

~~E. F.~~ The local department shall report to the following when the death of a child is involved:

1. When abuse and/or neglect is suspected in any case involving the death of a child, the local department shall report the case immediately to the regional medical examiner pursuant to § 63.1-248.6 E 9 of the Code of Virginia.
2. When abuse and/or neglect is suspected in any case involving the death of a child, the local department shall report the case immediately to the attorney for the Commonwealth and the local law-enforcement agency pursuant to § 63.1-248.6 E 5 of the Code of Virginia.

3. The local department shall contact the department immediately upon receiving a complaint involving the death of a child and at the conclusion of the investigation.

~~F. G.~~ *Valid complaints or reports which meet the criteria for investigation shall be screened for high priority based on the following:*

1. The immediate danger to the child;
2. The severity of the type of abuse or neglect alleged;
3. The age of the child;
4. The circumstances surrounding the alleged abuse or neglect;
5. The physical and mental condition of the child; and
6. Reports made by mandated reporters.

~~G. H.~~ *The local department shall initiate an immediate response. When a local department of social services has been designated as a differential response agency by the department, the response shall be family assessment or an investigation.*

Any valid report may be investigated, but in accordance with § 63.1-248.6:02 B, the following shall be investigated: (i) sexual abuse, (ii) child fatality, (iii) abuse or neglect resulting in a serious injury as defined in § 18.2-371.1, (iv) child has been taken into the custody of the local department of social services, or (v) cases involving a caretaker at a state-licensed child day care center, religiously exempt child day center, regulated family day home, private or public school, or hospital or any institution.

1. The purpose of an investigation is to collect the information necessary to determine or assess the following:

- a. Immediate safety needs of the child;
- b. Whether or not abuse or neglect has occurred;
- c. Who abused or neglected the child;
- d. To what extent the child is at risk of future harm, either immediate or longer term;
- e. What types of services can meet the needs of this child or family; and
- f. If services are indicated and the family appears to be unable or unwilling to participate in services, what alternate plans will provide for the child's safety.

2. *The purpose of a family assessment is to engage the family in a process to collect the information necessary to determine or assess the following:*

- a. *Immediate safety needs of the child;*
- b. *To what extent the child is at risk of future harm, either immediate or longer term;*
- c. *What types of services can meet the needs of this child or family; and*
- d. *If services are indicated and the family appears to be unable or unwilling to participate in services, what plans will be developed in consultation with the family to*

provide for the child's safety. These arrangements may be made in consultation with the caretaker(s) of the child.

~~2-~~ 3. The local department shall use reasonable diligence to locate any child for whom a report or complaint of suspected child abuse and/or neglect has been received and ~~is under investigation~~ *determined valid* or persons who are the subject of a *valid* report ~~that is under investigation~~ if the whereabouts of such persons are unknown to the local department pursuant to § 63.1-248.6 ~~E-10~~ G of the Code of Virginia.

~~3-~~ 4. The local department shall document its attempts to locate the child and family.

~~4-~~ 5. In the event the alleged victim child or children cannot be found, the 45-60-day time frame to complete the investigation, pursuant to § ~~63.1-248.6 E-7~~ 63.1-248.6:01 (5) of the Code of Virginia, is stayed.

22 VAC 40-705-60. Authorities of local departments.

When ~~conducting~~ *investigations responding to valid complaints or reports* local departments have the following authorities:

1. To talk to any child suspected of being abused and/or neglected, or child's siblings, without the consent of and outside the presence of the parent or other caretaker, as set forth by § 63.1-248.10 of the Code of Virginia.

2. To take or arrange for photographs and x-rays of a child who is the subject of a complaint without the consent of and outside the presence of the parent or other caretaker, as set forth in § 63.1-248.13 of the Code of Virginia.

3. To take a child into custody on an emergency removal for up to 72-96 hours under such circumstances as set forth in § 63.1-248.9 of the Code of Virginia.

a. A child protective services (CPS) worker planning to take a child into 72-96-hour emergency custody shall first consult with a supervisor. However, this requirement shall not delay action on the CPS worker's part if a supervisor cannot be contacted and the situation requires immediate action.

b. When circumstances warrant that a child be taken into emergency custody during a family assessment, the report shall be reassigned immediately to an investigation.

~~b-~~ c. Any person who takes a child into custody pursuant to § 63.1-248.9 of the Code of Virginia shall be immune from any civil or criminal liability in connection therewith, unless it is proven that such person acted in bad faith or with malicious intent.

~~e-~~ d. The local department shall have the authority to have a complete medical examination made of the child including a written medical report and, when appropriate, photographs and x-rays pursuant to § 63.1-248.13 of the Code of Virginia.

~~d-~~ e. When a child in 72-96-hour custody is in need of immediate medical or surgical treatment, the local director of social services or his designee(s) may consent

to such treatment when the parent does not provide consent and a court order is not immediately obtainable.

~~e-~~ f. When a child is not in the local department's custody, the local department cannot consent to medical or surgical treatment of the child.

22 VAC 40-705-70. Collection of evidence information.

A. When conducting an investigation the local department shall seek first-source information about the allegation of child abuse and/or neglect. When applicable, the local department shall include in the case record: police reports; depositions; photographs; physical, medical and psychological reports; and any tape recordings of interviews.

B. When completing a family assessment, the local department shall gather all relevant information in collaboration with the family, to the degree possible, in order to determine the child and family services needs related to current safety or future risk of harm to the child.

22 VAC 40-705-80. Family assessment and investigation contacts.

A. *During the course of the family assessment, the child protective services (CPS) worker shall make and record the following contacts and observations.*

1. The child protective services worker shall conduct a face-to-face interview with and observation of the alleged victim child and siblings.

2. The child protective services worker shall conduct a face-to-face interview with the alleged victim child's parents or guardians and/or any caretaker named in the report.

3. The child protective services worker shall observe the family environment, contact pertinent collaterals, and review pertinent records in consultation with the family.

B. During the course of the investigation, the child protective services (CPS) worker shall make and record in writing in the investigative narrative the following contacts and observations. When any of these contacts or observations is not made, the CPS worker shall record in writing in the investigative narrative why the specific contact or observation was not made.

1. The child protective services worker shall conduct a face-to-face interview with and observation of the alleged victim child. All interviews with alleged victim children must be audio tape recorded except when the child protective services worker determines that:

a. The child's safety may be endangered by audio taping;

b. The age and/or developmental capacity of the child makes audio taping impractical;

c. A child refuses to participate in the interview if audio taping occurs; or

d. In the context of a team investigation with law-enforcement personnel, the team or team leader determines that audio taping is not appropriate.

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In the case of an interview conducted with a nonverbal child where none of the above exceptions apply, it is appropriate to audio tape record the questions being asked by the child protective services worker and to describe, either verbally or in writing, the child's responses. A child protective services worker shall document in detail in the record and discuss with supervisory personnel the basis for a decision not to audio tape record an interview with the alleged victim child.

A child protective services finding may be based on the written narrative of the child protective services worker in cases where an audio recording is unavailable due to equipment failure or other cause.

2. The child protective services (CPS) worker shall conduct a face-to-face interview with the alleged abuser and/or neglector.

a. The CPS worker shall inform the alleged abuser and/or neglector of his right to tape record any communication pursuant to § 63.1-248.6:2 of the Code of Virginia.

b. The local department shall provide the necessary equipment in order to tape record the interview and retain a copy of the tape for the record.

3. The child protective services worker shall conduct a face-to-face interview with the alleged victim child's parents or guardians.

4. The child protective services worker shall observe the environment where the alleged victim child lives.

5. The child protective services worker shall observe the site where the alleged incident took place.

6. The child protective services worker shall conduct interviews with collaterals who have pertinent information relevant to the investigation and the safety of the child.

22 VAC 40-705-90. Family assessment and investigative protocol.

A. *In conducting a family assessment the child protective services (CPS) worker may enter the home if permitted to enter by a person who resides in the home. In conducting an investigation the CPS worker may enter the home if permitted to enter by a person who resides in the home after advising the person who resides in the home that he may refuse to permit entry. Only in those instances where the CPS worker has probable cause to believe that the life or health of the child would be seriously endangered within the time it would take to obtain a court order or the assistance of a law-enforcement officer, may a CPS worker enter the home without permission. A child protective services worker shall document in detail in the record and discuss with supervisory personnel the basis for the decision to enter the house without permission.*

B. *In conducting a family assessment, the child protective services worker shall, in the first contact with the alleged abuser/neglector, explain the responsibilities and authorities of CPS so that the parent or other caretaker can be made aware of the possible benefits and consequences of*

completing the family assessment. The explanation must be provided orally and in writing.

~~B-~~ C. The child protective services worker may transport a child with parental consent, when the local department has assumed custody of that child by virtue of 72-96-hour removal authority pursuant to § 63.1-248.9 of the Code of Virginia, by an emergency removal court order pursuant to § 16.1-251 of the Code of Virginia, or by a preliminary removal order pursuant to § 16.1-252 of the Code of Virginia.

~~C-~~ D. When a child protective services worker has reason to believe that the ~~alleged abuser and/or neglector~~ caretaker in a valid report of child abuse or neglect is abusing substances and such behavior may be related to the matter being investigated or assessed, the worker may request that person to consent to substance abuse screening or may petition the court to order such screening.

1. Local departments must develop guidelines for such screening.

2. Guidelines may include child protective services worker administration of urine screening.

22 VAC 40-705-110. Assessment Assessments in family assessments and investigations.

A. *In both family assessments and investigations the child protective services worker shall conduct an initial assessment of the child's circumstances and threat of danger or harm, and where appropriate shall make a safety plan to provide for the protection of the child.*

~~B. The child protective services worker shall make a dispositional assessment after collecting and synthesizing information about the alleged abuse or neglect.~~

~~C-~~ B. In all founded cases and in completed family assessments, the child protective services worker shall make a risk assessment to determine whether or not the child is in jeopardy of future abuse and/or neglect and whether or not intervention is necessary to protect the child.

C. *In investigations the child protective services worker shall make a dispositional assessment after collecting and synthesizing information about the alleged abuse or neglect.*

22 VAC 40-705-120. Complete the family assessment or investigation.

A. The local department shall promptly notify the alleged abuser and/or neglector and the alleged victim's parents or guardians of any extension of the deadline for the completion of the investigation pursuant to ~~§ 63.1-248.6 E-7~~ 63.1-248.6:02 A 3 or § 63.1-248.6:01 5 of the Code of Virginia. The child protective services worker shall document the notifications and the reason for the need for additional time in the case record.

B. *At the completion of the family assessment the subject of the report shall be notified orally and in writing of the results of the assessment.*

C. *The subject of the report shall be notified immediately if during the course of completing the family assessment it is reassessed and determined to meet the requirements, as*

specified in § 63.1-248.6:02 B of the Code of Virginia, to be investigated.

~~B~~. D. When completing an investigation, prior to rendering a founded disposition concerning a complaint of child abuse and/or neglect, the local department shall provide the alleged abuser and/or neglector with written notice of the options available to him pursuant to subdivisions ~~G E~~ 1 and ~~G E~~ 2 of this section. Whenever a criminal charge is also filed against the alleged abuser for the same conduct involving the same victim child as investigated by the local department, a predispositional conference is not an option.

~~G~~. E. Otherwise, an alleged abuser and/or neglector may elect to proceed under either subdivision 1 or 2 of this subsection. If the alleged abuser and/or neglector does not advise the local department of his decision within 10 days of receipt of the written notice, he will be deemed to have elected to proceed under subdivision 2 of this subsection.

1. Predispositional consultation. The purpose of the predispositional consultation shall be to allow a person suspected of committing child abuse and/or neglect the opportunity to meet with the local department conducting the investigation and discuss the local department's investigation findings prior to the disposition.

a. In order to participate in a predispositional consultation, the alleged abuser and/or neglector must agree to waive the 45-60-day time frame to conduct the investigation, not to exceed an additional 30 working days. Further, the alleged abuser and/or neglector must agree to waive his right to a local conference pursuant to § 63.1-248.6:1 of the Code of Virginia.

b. The alleged abuser and/or neglector shall be afforded the opportunity to informally present testimony, witnesses or documentation to representatives of the local department.

c. The local department shall consider any evidence presented by the alleged abuser and/or neglector prior to rendering a disposition.

d. Should the local department render a founded disposition following a predispositional consultation, the local department shall notify the abuser and/or neglector, in writing, of that person's right to appeal the local department's finding to the Commissioner of the Virginia Department of Social Services pursuant to 22 VAC 40-705-140 and § 63.1-248.6:1 A of the Code of Virginia.

2. Local conference.

a. If the alleged abuser and/or neglector elects not to participate in a predispositional consultation or does not advise the local department of his decision within 10 days of receiving written notification of the local department's findings pursuant to subsection ~~B D~~ of this section, he will be deemed to have elected to proceed under this subdivision 2. If the alleged abuser and/or neglector is found to have committed abuse or neglect, that alleged abuser and/or neglector may, within 30 days of being notified of that determination, submit a written request for an amendment of the determination and the local department's related records pursuant to § 63.1-248.6:1

A of the Code of Virginia. The local department shall conduct an informal conference in an effort to examine the local department's disposition and reasons for it and consider additional information about the investigation and disposition presented by the alleged abuser and/or neglector.

b. The local conference shall be conducted in accordance with 22 VAC 40-705-190.

22 VAC 40-705-130. Report findings family assessment or investigation conclusions.

A. Pursuant to § 63.1-248.5:1 of the Code of Virginia, the local department shall report all unfounded case dispositions to the child abuse and neglect information system (~~CANIS~~) when disposition is made.

1. The department shall retain unfounded complaints and/or reports in ~~CANIS~~ the child abuse and neglect information system to provide local departments with information regarding prior investigations.

2. This record shall be kept separate from the Central Registry and accessible only to the department and to local departments.

3. The record of the unfounded case or family assessment shall be purged one year after the date of the complaint or report if there are no subsequent founded or unfounded complaints and/or reports regarding the individual against whom allegations of abuse and/or neglect were made or regarding the same child in that one year.

4. If the individual against whom allegations of abuse and/or neglect were made or if the same child is involved in subsequent complaints and/or reports, the information from all complaints and/or reports shall be maintained until the last purge date has been reached.

5. The individual against whom allegations of abuse and/or neglect were made may request in writing that the local department retain the record for an additional period of up to two years.

6. The individual against whom allegations of abuse and/or neglect were made may request in writing that both the local department and the department shall immediately purge the record after a court rules that the report was made in bad faith or with malicious intent pursuant to § 63.1-248.5:1 of the Code of Virginia.

B. The local department shall report all founded case dispositions to the child abuse and neglect information system for inclusion in the Central Registry pursuant to ~~§ 63.1-248.6 E-7~~ 63.1-248.6:01 (5) of the Code of Virginia and 22 VAC 40-700-30. Identifying information about the abuser and/or neglector and the victim child or children reported include demographic information, type of abuse or neglect, and date of the complaint. The identifying information shall be retained based on the determined level of severity of the abuse or neglect pursuant to the regulation dealing with retention in the Central Registry, 22 VAC 40-700-30.

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22 VAC 40-705-140. Notification of findings.

A. Upon completion of the investigation the local child protective services worker shall make notifications as provided in this section.

B. Individual against whom allegations of abuse and/or neglect were made.

1. When the disposition is unfounded, the child protective services worker shall inform the individual against whom allegations of abuse and/or neglect were made of this finding. This notification shall be in writing with a copy to be maintained in the case record. The individual against whom allegations of abuse and/or neglect were made shall be informed that he may have access to the case record and that the case record shall be retained by the local department for one year unless requested in writing by such individual that the local department retain the record for up to an additional two years.

a. If the individual against whom allegations of abuse and/or neglect were made or the subject child is involved in subsequent complaints, the information from all complaints shall be retained until the last purge date has been reached.

b. The local worker shall notify the individual against whom allegations of abuse and/or neglect were made of the procedures set forth in § 63.1-248.5:1 of the Code of Virginia.

c. When an unfounded investigation involves a child death, the child protective services worker shall inform the individual against whom allegations of abuse and/or neglect were made that the case record will be retained for the longer of 12 months or until the State Child Fatality Review Team has completed its review of the case pursuant to § 32.1-283.1 D of the Code of Virginia.

2. Pursuant to 22 VAC 40-705-120 and 22 VAC 40-705-190, when a predispositional consultation results with the local department rendering a founded disposition of abuse and/or neglect, the child protective services worker shall notify the abuser and/or neglecter by letter, with a copy included in the case record. The letter shall include:

a. A clear statement that they are the abuser and/or neglecter;

b. The type of abuse and/or neglect;

c. The disposition, level and retention time;

d. The name of the victim child or children; and

e. A statement informing the abuser of the right to appeal to the commissioner of the department and to have access to the case record.

3. Pursuant to 22 VAC 40-705-120 and 22 VAC 40-705-190, if a predispositional consultation did not occur and the local department renders a founded disposition of abuse and/or neglect, the child protective services worker shall notify the abuser and/or neglecter by letter, with a copy included in the case record. The letter shall include:

a. A clear statement that they are the abuser and/or neglecter;

b. The type of abuse and/or neglect;

c. The disposition, level and retention time;

d. The name of the victim child or children; and

e. A statement informing the abuser and/or neglecter of his right to request the local department for a local conference and to have access to the case record.

4. When the abuser and/or neglecter in a founded complaint is a foster parent of the victim child, the local department shall place a copy of this notification letter in the child's foster care record and in the foster home provider record.

5. *No disposition of founded or unfounded shall be made in a family assessment. At the completion of the family assessment the subject of the report shall be notified orally and in writing of the results of the assessment.*

C. Subject child's parents or guardian.

1. When the disposition is unfounded, the child protective services worker shall inform the parents or guardian of the subject child in writing, when they are not the individuals against whom allegations of child abuse and/or neglect were made, that the complaint involving their child was determined to be unfounded and the length of time the child's name and information about the case will be maintained. The child protective services worker shall file a copy in the case record.

2. When the disposition is founded, the child protective services worker shall inform the parents or guardian of the child in writing, when they are not the abuser and/or neglecter, that the complaint involving their child was determined to be founded and the length of time the child's name and information about the case will be retained in the Central Registry. The child protective services worker shall file a copy in the case record.

D. Complainant.

1. When an unfounded disposition is made, the child protective services worker shall notify the complainant, when known, in writing that the complaint was investigated and determined to be unfounded. The worker shall file a copy in the case record.

2. When a founded disposition is made, the child protective services worker shall notify the complainant, when known, in writing that the complaint was investigated and necessary action was taken. The local worker shall file a copy in the case record.

3. *When a family assessment is completed, the child protective services worker shall notify the complainant, when known, that the complaint was assessed and necessary action taken.*

E. Family Advocacy Program. When a founded disposition is made, the child protective services worker shall notify the Family Advocacy Program representative in writing as set forth in 22 VAC 40-720-20.

22 VAC 40-705-150. Services.

~~A. When abuse or neglect is found~~ *At the completion of a family assessment or investigation, the local department shall consult with the family to provide or arrange for necessary protective and rehabilitative services to be provided to the child and his family pursuant to § 63.1-248.6 ~~E-3~~ 63.1-248.6:01 (3) or § 63.1-248.6:02 (4) of the Code of Virginia.*

B. Families may decline services offered as a result of family assessment. If the family declines services, the case shall be closed unless there is an existing court order or the local department determines that sufficient cause exists due to threat of harm or actual harm to the child to redetermine the case as one that needs to be investigated or brought to the attention of the court. In no instance shall these actions be taken solely because the family declines services.

C. At the completion of a family assessment, local departments of social services may petition the court for services deemed necessary including, but not limited to, the removal of the child or his siblings from their home.

~~B. D.~~ *Protective services also includes preventive services to children about whom no formal complaint of abuse or neglect has been made, but for whom potential harm or threat of harm exists, to be consistent with §§ 16.1-251, 16.1-252, 16.1-279.1, 63.1-248.6 ~~F K~~, and 63.1-248.7 of the Code of Virginia.*

~~G. E.~~ *Local departments shall support the establishment and functioning of multidisciplinary teams pursuant to § 63.1-248.6 ~~F K~~ of the Code of Virginia.*

~~D. F.~~ *The local department must use reasonable diligence to locate any child for whom a founded disposition of abuse or neglect has been made and a child protective services case has been opened pursuant to § 63.1-248.6 ~~E-10, 11 and/or 12~~ G (i) of the Code of Virginia. The local department shall document its attempts to locate the child and family.*

~~E. G.~~ *When an abused or neglected child and persons who are the subject of an open child abuse services case have relocated out of the jurisdiction of the local department, the local department shall notify the child protective services agency in the jurisdiction to which such persons have relocated, whether inside or outside of the Commonwealth of Virginia, and forward to such agency relevant portions of the case records pursuant to § 63.1-248.6 ~~E-14~~ H of the Code of Virginia.*

~~F. H.~~ *The receiving local department shall arrange necessary protective and rehabilitative services pursuant to § 63.1-248.6 H of the Code of Virginia.*

22 VAC 40-705-160. Releasing information.

A. In the following instances of mandatory disclosure the local department shall release child protective services information. The local department may do so without any written release.

1. Report to attorney for the Commonwealth and law enforcement pursuant to § 63.1-248.6 E ~~5~~ of the Code of Virginia.

2. Report to the medical examiner's office pursuant to §§ 32.1-283.1 C and 63.1-248.6 ~~E-9~~ F of the Code of Virginia.

3. If a court mandates disclosure of information from a child abuse and neglect case record, the local department must comply with the request. The local department may challenge a court action for the disclosure of the case record or any contents thereof. Upon exhausting legal recourse, the local department shall comply with the court order.

4. When a ~~disposition~~ family assessment or investigation is ~~made completed~~, the child protective services worker shall notify the complainant/reporter that either a complaint/report is unfounded or that necessary action is being taken.

5. Any individual, including an individual against whom allegations of child abuse and/or neglect were made, may exercise his Privacy Protection Act (§ 2.1-377 et seq. of the Code of Virginia) rights to access personal information related to himself which is contained in the case record including, with the individual's notarized consent, a search of the Central Registry pursuant to § 2.1-342 of the Code of Virginia.

6. When the material requested includes personal information about other individuals, the local department shall be afforded a reasonable time in which to redact those parts of the record relating to other individuals.

7. Pursuant to the Child Abuse Prevention and Treatment Act, as amended (42 USC § 5101 et seq.), and federal regulations (45 CFR Part 1340), the local department shall provide case-specific information about child abuse and neglect reports and investigations to citizen review panels when requested.

8. Pursuant to the Child Abuse Prevention and Treatment Act, as amended (42 USC § 5101 et seq.), the department shall develop guidelines to allow for public disclosure in instances of child fatality or near fatality.

9. An individual's right to access information under the Privacy Protection Act is stayed during criminal prosecution pursuant to § 2.1-384 7 of the Code of Virginia.

10. The local department shall disclose and release to the United States Armed Forces Family Advocacy Program child protective services information as required pursuant to 22 VAC 40-720-20.

11. Child protective services shall, on request by the Division of Child Support Enforcement, supply information pursuant to § 63.1-274.6 of the Code of Virginia.

12. The local department shall release child protective services information to a court appointed special advocate pursuant to § 9-173.12 of the Code of Virginia.

13. The local department shall release child protective services information to a court-appointed guardian ad litem pursuant to § 16.1-266 E of the Code of Virginia.

B. The local department may use discretion in disclosing or releasing child protective services case record information,

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investigative and on-going services to parties having a legitimate interest when the local department deems disclosure to be in the best interest of the child. The local department may disclose such information without a court order and without a written release pursuant to § 63.1-209 A of the Code of Virginia.

C. The local department shall not release the identity of persons reporting incidents of child abuse or neglect, unless court ordered, in accordance with § 63.1-248.6:1 of the Code of Virginia, 42 USC § 5101 et seq., and federal regulations (45 CFR Part 1340).

D. Prior to disclosing information to any individuals or organizations, and to be consistent with § 63.1-209 of the Code of Virginia, pursuant to § 63.1-248 of the Code of Virginia, the local department must be satisfied that:

1. The information will be used only for the purpose for which it is made available;
2. Such purpose shall be related to the goal of child protective or rehabilitative services; and
3. The confidential character of the information will be preserved to the greatest extent possible.

22 VAC 40-705-180. Training.

A. The department shall implement a uniform training plan for child protective services workers. The plan shall establish minimum standards for all child protective services workers in the Commonwealth of Virginia.

B. Workers shall complete skills and policy training specific to child abuse and neglect investigations within the first year of their employment.

C. *In order to comply with § 63.1-248.2:1, all local departments must ensure that staff involved in the differential response system attend the training provided by the department. An agency shall become designated as a CPS differential response agency by the department after staff have received the training.*

22 VAC 40-705-190. Appeals

A. Appeal is the process by which the abuser and/or neglector may request amendment of the record when the investigation into the complaint has resulted in a founded disposition of child abuse and/or neglect.

B. If the alleged abuser and/or neglector elects not to participate in a predispositional consultation or does not advise the local department of his decision within 10 days of receiving written notification of the local department's findings pursuant to 22 VAC 40-705-120 B, he will be deemed to have elected to proceed under 22 VAC 40-705-120 C 2.

If the alleged abuser and/or neglector is found to have committed abuse or neglect, that alleged abuser and/or neglector may, within 30 days of being notified of that determination, submit a written request for an amendment of the determination and the local department's related records, pursuant to § 63.1-248.6:1 A of the Code of Virginia. The local department shall conduct an informal conference in an effort to examine the local department's disposition and reasons for

it and consider additional information about the investigation and disposition presented by the alleged abuser and/or neglector. The local department shall notify the child abuse and neglect information system (~~CANIS~~) that an appeal is pending.

C. Whenever an appeal is requested and a criminal charge is also filed against the appellant for the same conduct involving the same victim child as investigated by the local department, the appeal process shall be stayed until the criminal prosecution in circuit court is completed pursuant to § 63.1-248.6:1 C of the Code of Virginia. During such stay, the appellant's right of access to the records of the local department regarding the matter being appealed shall also be stayed. Once the criminal prosecution in circuit court has been completed, the local department shall advise the appellant in writing of his right to resume his appeal within the time frames provided by law and regulation pursuant to § 63.1-248.6:1 C of the Code of Virginia.

D. The local department shall conduct an informal, local conference and render a decision on the appellant's request to amend the record within 45 days of receiving the request. If the local department either refuses the appellant's request for amendment of the record as a result of the local conference, or if the local department fails to act within 45 days of receiving such request, the appellant may, within 30 days thereafter and in writing, request the commissioner for an administrative hearing pursuant to § 63.1-248.6:1 A of the Code of Virginia.

E. The appellant may request, in writing, an extension of the 45-day requirement for a specified period of time, not to exceed an additional 60 days. When there is an extension period, the 30-day time frame to request an administrative hearing from the Commissioner of the Department of Social Services shall begin on the termination of the extension period pursuant to § 63.1-248.6:1 A of the Code of Virginia.

F. Upon written request, the local department shall provide the appellant all information used in making its determination. Disclosure of the reporter's name or information which may endanger the well-being of a child shall not be released. The identity of collateral witnesses or any other person shall not be released if disclosure may endanger their life or safety. Information prohibited from being disclosed by state or federal law or regulation shall not be released. In case of any information withheld, the appellant shall be advised of the general nature of the information and the reasons, of privacy or otherwise, that it is being withheld, pursuant to § 63.1-248.6:1 A of the Code of Virginia.

G. The director of the local department, or a designee of the director, shall preside over the local conference. With the exception of the director of the local department, no person whose regular duties include substantial involvement with child abuse and neglect cases shall preside over the local conference pursuant to § 63.1-248.6:1 A of the Code of Virginia.

1. The appellant may be represented by counsel pursuant to § 63.1-248.6:1 A of the Code of Virginia.
2. The appellant shall be entitled to present the testimony of witnesses, documents, factual data, arguments or other

submissions of proof pursuant to § 63.1-248.6:1 A of the Code of Virginia.

3. The director of the local department, or a designee of the director, shall notify the appellant, in writing, of the results of the local conference within 45 days of receipt of the written request from the appellant unless the time frame has been extended as described in subsection E of this section. The director of the local department, or the designee of the director, shall have the authority to sustain, amend, or reverse the local department's findings. Notification of the results of the local conference shall be mailed, certified with return receipt, to the appellant. The local department shall notify the child abuse and neglect information system (~~CANIS~~) of the results of the local conference.

H. If the appellant is unsatisfied with the results of the local conference, the appellant may, within 30 days of receiving notice of the results of the local conference, submit a written request to the commissioner for an administrative hearing pursuant to § 63.1-248.6:1 B of the Code of Virginia.

1. The commissioner shall designate a member of his staff to conduct the proceeding pursuant to § 63.1-248.6:1 B of the Code of Virginia.

2. A hearing officer shall schedule a hearing date within 45 days of the receipt of the appeal request unless there are delays due to subpoena requests, depositions or scheduling problems.

3. After a party's written motion and showing good cause, the hearing officer may issue subpoenas for the production of documents or to compel the attendance of witnesses at the hearing. The victim child and that child's siblings shall not be subpoenaed, deposed or required to testify, pursuant to § 63.1-248.6:1 B of the Code of Virginia.

4. Upon petition, the juvenile and domestic relations district court shall have the power to enforce any subpoena that is not complied with or to review any refusal to issue a subpoena. Such decisions may not be further appealed except as part of a final decision that is subject to judicial review pursuant to § 63.1-248.6:1 B of the Code of Virginia.

5. Upon providing reasonable notice to the other party and the hearing officer, a party may, at his own expense, depose a nonparty and submit that deposition at, or prior to, the hearing. The victim child and the child's siblings shall not be deposed. The hearing officer is authorized to determine the number of depositions that will be allowed pursuant to § 63.1-248.6:1 B of the Code of Virginia.

6. The local department shall provide the hearing officer a copy of the investigation record prior to the administrative hearing. By making a written request to the local department, the appellant may obtain a copy of the investigation record. The appellant shall be informed of the procedure by which information will be made available or withheld from him.

In any case of information withheld, the appellant shall be advised of the general nature of the information and the reasons that it is being withheld pursuant to § 63.1-248.6:1 B of the Code of Virginia.

7. The appellant and the local department may be represented by counsel at the administrative hearing.

8. The hearing officer shall administer an oath or affirmation to all parties and witnesses planning to testify at the hearing pursuant to § 63.1-248.6:1 B of the Code of Virginia.

9. The local department shall have the burden to show that the preponderance of the evidence supports the founded disposition. The local department shall be entitled to present the testimony of witnesses, documents, factual data, arguments or other submissions of proof.

10. The appellant shall be entitled to present the testimony of witnesses, documents, factual data, arguments or other submissions of proof.

11. The hearing officer may allow either party to submit new or additional evidence at the administrative hearing if it is relevant to the matter being appealed.

12. The hearing officer shall not be bound by the strict rules of evidence. However, the hearing officer shall only consider that evidence, presented by either party, which is substantially credible or reliable.

13. The hearing officer may allow the record to remain open for a specified period of time, not to exceed 14 days, to allow either party to submit additional evidence unavailable for the administrative hearing.

14. In the event that new or additional evidence is presented at the administrative hearing, the hearing officer may remand the case to the local department for reconsideration of the findings. If the local department fails to act within 14 days or fails to amend the findings to the satisfaction of the appellant, then the hearing officer shall render a decision, pursuant to § 63.1-248.6:1 B of the Code of Virginia.

I. Within 60 days of the close of receiving evidence, the hearing officer shall render a written decision. The hearing officer shall have the authority to sustain, amend, or reverse the local department's findings. The written decision of the hearing officer shall state the findings of fact, conclusions based on regulation and policy, and the final disposition. The decision will be sent to the appellant by certified mail, return receipt requested. Copies of the decision shall be mailed to the appellant's counsel, the local department and the local department's counsel. The hearing officer shall notify the child abuse and neglect information system (~~CANIS~~) of the hearing decision. The local department shall notify all other prior recipients of the record of the findings of the hearing officer's decision.

J. The hearing officer shall notify the appellant of the appellant's further right of review in circuit court in the event that the appellant is not satisfied with the written decision of the hearing officer. Appeals are governed by Part 2A of the Rules of the Supreme Court of Virginia. The local department shall have no further right of review pursuant to § 63.1-248.6:1 B of the Code of Virginia.

K. In the event that the hearing officer's decision is appealed to circuit court, the department shall prepare a transcript for

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that proceeding. That transcript or narrative of the evidence shall be provided to the circuit court along with the complete hearing record. If a court reporter was hired by the appellant, the court reporter shall prepare the transcript and provide the court with a transcript.

/s/ James S. Gilmore, III

Governor

Date: October 17, 2001

VA.R. Doc. No. R02-58; Filed October 17, 2001, 2:14 p.m.



GOVERNOR

EXECUTIVE ORDER NUMBER EIGHTY-FIVE (01)

ESTABLISHING THE VIRGINIA PREPAREDNESS AND SECURITY PANEL

The safety and protection of citizens is the primary function of government. As such, it is the policy of this Administration that the Commonwealth of Virginia will assess our current vulnerabilities and capabilities in order to protect our citizens, property, resources, and assets from acts of terrorism. As terrorism constitutes an unacceptable threat to our people, our property and our way of life, we must renew our efforts to prepare for, protect against, and respond to the possibility of future attacks.

Accordingly, by virtue of the authority vested in me by Section 44-146.17 of the Code of Virginia as Governor and as Director of Emergency Services, I hereby establish the Virginia Preparedness and Security Panel to assess and make suggestions regarding the level of preparedness and security necessary to protect the citizens, property, assets and resources of the Commonwealth from the effects or consequences of an actual terrorist act or the threat of such a violent act or actions in the Commonwealth.

Panel Responsibilities

The Panel will undertake a security assessment that will include a swift analysis of security threats within the state in order to identify risks to Virginians and vital properties. Following that analysis, the Panel will assess the Commonwealth's ability to prepare for and respond to the identified risks, and will make specific suggestions to improve our state of preparedness.

Panel responsibilities shall include:

1. conducting an analysis of target risks within the Commonwealth;
2. assessing the state's abilities and capabilities to prepare for and respond to identified threats and risks;
3. conducting public hearing(s) to enable first responders and other citizens to provide input into the Commonwealth's risk and capabilities assessments;
4. identifying necessary changes to policies, procedures, and/or funding priorities to address any gaps or threats to the state's preparedness;
5. suggesting legislation, if needed, to address gaps or threats to the state's preparedness;
6. submitting a full report and suggestions to the Governor by November 30, 2001;
7. and undertaking such other endeavors as the members deem necessary and appropriate to accomplish their task.

Panel Membership

Panel members shall include:

1. M. Wayne Huggins, President, Omnisec International – Chair
2. The Honorable John H. Hager, Lieutenant Governor

3. The Honorable Randolph A. Beales, Attorney General
4. Colonel Henry Stanley, Henrico County Chief of Police
5. Edward Plaughter, Arlington County Fire Chief
6. Dr. Charles Steger, President, Virginia Polytechnic Institute and State University
7. Robert W. Woltz, President, Verizon
8. Thomas F. Farrell, Chief Executive Officer, Dominion Energy
9. Leonard M. Pomata, Senior Vice President, Oracle Corporation
10. Robert Martinez, Vice President Marketing Svc & International, Norfolk Southern Corporation
11. Bobby Bray, Executive Director, Virginia Port Authority
12. George Adams, Bank Security Manager, Federal Reserve Bank of Richmond
13. Dr. Joseph Ornato, MD, Professor and Chair, Department of Emergency Medicine, Medical College of Virginia, Virginia Commonwealth University
14. Elmer Tippet, Jr., Vice President for Public Safety, Metropolitan Washington Airports Authority
15. The Honorable William T. "Bill" Bolling, Member, Senate of Virginia
16. The Honorable Charles J. "Chuck" Colgan, Member, Senate of Virginia
17. The Honorable Kenneth W. "Ken" Stolle, Member, Senate of Virginia
18. The Honorable James F. "Jim" Almand, Member, Virginia House of Delegates
19. The Honorable Thomas M. "Tom" Bolvin, Member, Virginia House of Delegates
20. The Honorable Robert D. "Bobby" Orrock, Sr., Member, Virginia House of Delegates
21. The Honorable Leon C. Wardrup, Jr., Member, Virginia House of Delegates
22. The Honorable Leroy R. Hassell, Sr., Justice, Supreme Court of Virginia
23. M. Caroline Martin, Executive Vice President, Riverside Health System.

Other members may be appointed to the Panel by the Governor as needed.

Such staff support as is necessary to support the Panel's work during the term of its existence shall be furnished by the Office of the Secretary of Public Safety, the Department of Emergency Management, the Department of State Police, and any other executive branch agencies having definitely and closely related purposes, as the Governor may designate. An estimated 2,500 hours of staff time will be required to support the work of the Panel.

Governor

Upon my approval, the costs incurred by the Panel in performing its mission as described herein shall be paid out of the sum sufficient appropriation for Disaster Planning and Operations contained in Item 45 of Chapter 1073, 2000 Virginia Acts of Assembly, or any other funds available for such purpose. The Department of Emergency Management shall coordinate the fiscal activities for any expenses related to the activities of the Panel.

Members of the Panel shall serve without compensation and shall receive reimbursement for expenses incurred in the discharge of their official duties.

Recognizing that the Governor's Domestic Preparedness Working Group (DPWG), established in 1999, has made significant progress in target, threat, and capability assessment and on preparedness issues, the Panel's activities will be coordinated by the DPWG. Its work will provide the foundation for the Panel's comprehensive preparedness and security assessment.

This Executive Order shall be effective upon its signing, retroactive to September 25, 2001, and shall remain in full force and effect until amended or rescinded, or as is otherwise provided by law.

Given under my hand and under the Seal of the Commonwealth of Virginia this 18th day of October, 2001.

/s/ James S. Gilmore, III, Governor

VA.R. Doc. No. R02-62; Filed October 24, 2001, 1:25 p.m.

GENERAL NOTICES/ERRATA

BOARD OF EDUCATION

Revision of the Guidance Standards of Learning

Notice is hereby given that the Board of Education intends to revise the Guidance Standards of Learning. A public hearing will be held prior to the final adoption by the Board of Education. Comments will be received until March 4, 2002.

For more information or to submit written comments, please contact H. Douglas Cox, Assistant Superintendent for Instructional Support Services, Virginia Department of Education, P.O. Box 2120, Richmond, VA 23218-2120, telephone (804) 225-3252, FAX (804) 225-2524 or e-mail dougcox@mail.vak12.va.us.

Revision of the Mathematics Standards of Learning Resource Guide

Notice is hereby given that the Board of Education intends to revise the Mathematics Standards of Learning Resource Guide. A public hearing will be held prior to the final adoption by the Board of Education. Comments will be received until February 7, 2002.

For more information or to submit written comments, please contact Maureen Hajar, Director of Middle School Instruction, Virginia Department of Education, P.O. Box 2120, Richmond, VA 23218-2120, telephone (804) 225-3616, FAX (804) 225-2524 or e-mail mhajar@mail.vak12ed.edu

DEPARTMENT OF ENVIRONMENTAL QUALITY

Citizen Nomination of Surface Waters for Water Quality Monitoring by the Virginia Department of Environmental Quality

In accordance with § 62.1-44.19:5 F of the Code of Virginia, Water Quality Monitoring Information and Restoration Act, the Virginia Department of Environmental Quality (DEQ) has developed guidance for requests from the public regarding specific segments that can be nominated for consideration to be included in the Virginia Department of Environmental Quality annual Water Quality Monitoring Plan. Any citizen of the Commonwealth who wishes to nominate a water body or stream segment for inclusion in DEQ's Water Quality Monitoring Plan should refer to the guidance in preparation and submittal of their requests. All nominations must be received by December 31, 2001, to be considered for the upcoming fiscal year. Copies of the guidance document and nomination form are available from Joyce Brooks, Virginia Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 698-4026 or (800) 592-5482, or by email at jfbrooks@deq.state.va.us.

Total Maximum Daily Load (TMDL) for Fecal Coliform Bacteria on an Approximate 2.62 Mile Segment of Dodd Creek

The Department of Environmental Quality (DEQ) and the Department of Conservation and Recreation (DCR) seek written and oral comments from interested persons on the development of a Total Maximum Daily Load (TMDL) for fecal coliform bacteria on an approximate 2.62 mile segment of Dodd Creek. The Dodd Creek impaired segment is located in Floyd County. It begins at the mouth of the West Fork of Dodd Creek and extends downstream to the Floyd County Public Service Authority's discharge outfall on Dodd Creek approximately 0.2 miles downstream of the Route 221 bridge over Dodd Creek. Dodd Creek is identified in Virginia's 1998 § 303(d) TMDL Priority List and Report as impaired due to violations of the state's water quality standard for fecal coliform bacteria.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's § 303(d) TMDL Priority List and Report.

The first public meeting on the development of the Dodd Creek fecal coliform TMDL will be held on Tuesday, November 27, 2001, at 7 p.m. at the auditorium at Floyd County High School located at 721 Baker Street, Floyd, Virginia.

The public comment period will end on December 18, 2001. A fact sheet on the development of the TMDL for fecal coliform bacteria on Dodd Creek is available upon request. Questions or information requests should be addressed to Jay Roberts. Written comments should include the name, address, and telephone number of the person submitting the comments and should be sent to Jay Roberts, Department of Environmental Quality, 3019 Peters Creek Road, Roanoke, VA 24019, telephone (540) 562-6785, FAX (540) 562-6860 or e-mail jaroberts@deq.state.va.us.

Total Maximum Daily Load (TMDL) for Fecal Coliform Bacteria on an Approximate 5.68 Mile Segment of Mill Creek

The Department of Environmental Quality (DEQ) and the Department of Conservation and Recreation (DCR) seek written and oral comments from interested persons on the development of a Total Maximum Daily Load (TMDL) for fecal coliform bacteria on an approximate 5.68 mile segment of Mill Creek. The Mill Creek impaired segment is located in Montgomery County. It begins south of Riner and 0.4 miles upstream of the Route 8 bridge crossing of Mill Creek and extends downstream to the point where Mill Creek enters Meadow Creek adjacent to the Route 600 bridge. Mill Creek is identified in Virginia's 1998 § 303(d) TMDL Priority List and Report as impaired due to violations of the state's water quality standard for fecal coliform bacteria.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia, require DEQ to develop TMDLs for

General Notices/Errata

pollutants responsible for each impaired water contained in Virginia's § 303(d) TMDL Priority List and Report.

The first public meeting on the development of the Mill Creek fecal coliform TMDL will be held on Tuesday, December 4, 2001, at 7 p.m. at the auditorium at Auburn High School located at 4163 Riner Road, Riner, Virginia.

The public comment period will end on December 18, 2001. A fact sheet on the development of the TMDL for fecal coliform bacteria on Mill Creek is available upon request. Questions or information requests should be addressed to Jay Roberts. Written comments should include the name, address, and telephone number of the person submitting the comments and should be sent to Jay Roberts, Department of Environmental Quality, 3019 Peters Creek Road, Roanoke, VA 24019, telephone (540) 562-6785, FAX (540) 562-6860 or e-mail jaroberts@deq.state.va.us.

Total Maximum Daily Load (TMDL) for Fecal Coliform Bacteria on an Approximate 27.97 Mile Segment of Gills Creek

The Department of Environmental Quality (DEQ) and the Department of Conservation and Recreation (DCR) seek written and oral comments from interested persons on the development of a Total Maximum Daily Load (TMDL) for fecal coliform bacteria on an approximate 27.97 mile segment of Gills Creek. The Gills Creek impaired segment is located in Franklin County. The segment begins 1.5 miles west of the Route 684 bridge in Franklin County and extends downstream to the confluence of Gills Creek and the Blackwater River within Smith Mountain Lake. Gills Creek is identified in Virginia's 1998 § 303(d) TMDL Priority List and Report as impaired due to violations of the state's water quality standard for fecal coliform bacteria.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia, require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's § 303(d) TMDL Priority List and Report.

The first public meeting on the development of the Gills Creek fecal coliform TMDL will be held on Thursday, December 6, 2001, at 7 p.m. at the gymnasium at Burnt Chimney Elementary School located at 80 Burnt Chimney Road (0.1 miles east of the intersection of Route 116 and 122), Burnt Chimney, Virginia.

The public comment period will end on December 18, 2001. A fact sheet on the development of the TMDL for fecal coliform bacteria on Gills Creek is available upon request. Questions or information requests should be addressed to Jay Roberts. Written comments should include the name, address, and telephone number of the person submitting the comments and should be sent to Jay Roberts, Department of Environmental Quality, 3019 Peters Creek Road, Roanoke, VA 24019, telephone (540) 562-6785, FAX (540) 562-6860, or e-mail jaroberts@deq.state.va.us.

Total Maximum Daily Load (TMDL) for Fecal Coliform Bacteria on Little Creek in the Middle Fork Holston River/Beaver Creek Watershed

The Department of Environmental Quality (DEQ) and the Department of Conservation and Recreation (DCR) seek written and oral comments from interested persons on the development of a Total Maximum Daily Load (TMDL) for fecal coliform bacteria on Little Creek in the Middle Fork Holston River/Beaver Creek Watershed. This impaired segment is located in Bristol and Washington County. It is 5.52 miles in length and extends from the Tennessee state line upstream to its headwaters. Little Creek flows near Route 641 in the county and near Commonwealth Avenue in Bristol. Tributaries include Mumpower Creek, near Route 640 or Benhams Road, and Susong Branch near Route 680 or Wagner Street. Little Creek was identified in Virginia's 1998 § 303(d) TMDL Priority List and Report as impaired due to violations of the state's water quality standard for fecal coliform bacteria.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's § 303(d) TMDL Priority List and Report. The purpose of a study is to identify sources and determine reductions of fecal coliform bacteria so that Little Creek can meet the water quality standard.

The first public meeting on the development of the fecal coliform bacteria TMDL for this stream will be held on Thursday, December 6, 2001, at 7 p.m. in the auditorium of the Bristol, Virginia Utilities Board, 300 Lee Street, Bristol, Virginia.

The public comment period will end on January 7, 2002. A fact sheet on the development of the TMDL for fecal coliform bacteria on the impaired stream is available upon request. Questions or information requests should be addressed to Nancy T. Norton, P.E. Written comments should include the name, address, and telephone number of the person submitting the comments and be addressed to Nancy T. Norton, P.E., Department of Environmental Quality, 355 Deadmore Street, P.O. Box 1688, Abingdon, VA 24212, telephone (540) 676-4807, FAX (540) 676-4899 or e-mail ntnorton@deq.state.va.us.

Total Maximum Daily Load (TMDL) to Address a Fecal Coliform Impairment in the Willis River

The Virginia Department of Environmental Quality (DEQ) and the Department of Conservation and Recreation (DCR) seek written and oral comments from interested persons on the development of a Total Maximum Daily Load (TMDL) to address a fecal coliform impairment in the Willis River. The stream segment is a 14.3 mile segment of the Willis River located in Buckingham and Cumberland counties. The segment begins at the confluence of Willis River with Reynolds Creek and extends downstream to its mouth at the confluence with the James River. The segment is identified in Virginia's 1998 § 303(d) TMDL Priority List as impaired due to violations of the state's water quality standard for fecal coliform.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for impaired waters contained in the state's § 303(d) TMDL Priority List.

The first public meeting on the development of the Fecal Coliform TMDL for the Willis River segment will be held on Tuesday, November 27, 2001, 7 p.m. at the Cumberland County Elementary School, 190 School Drive, Cumberland, VA.

The public comment period will end on December 12, 2001. A fact sheet on the development of the TMDL for fecal coliform in the Willis River is available upon request. Questions or information requests should be addressed to April Grippo. Written comments should include the name, address, and telephone number of the person submitting the comments and should be sent to April Grippo, Department of Environmental Quality, 7705 Timberlake Road, Lynchburg, VA 24502, telephone (434) 582-5120, FAX (434) 582-5125 or e-mail adgrippo@deq.state.va.us.

STATE WATER CONTROL BOARD

Proposed Consent Special Order Griffin Pipe Products Company

The State Water Control Board (SWCB) proposes to issue a Consent Special Order (CSO) to the Griffin Pipe Products Company - Lynchburg Facility, regarding settlement of a civil enforcement action related to compliance with VPDES Permit Regulation, 9 VAC 25-31. On behalf of the SWCB, the department will consider written comments relating to this settlement for 30 days after the date of publication of this notice. Comments should be addressed to Steven B. Wright, DEQ West Central Regional Office, 3019 Peters Creek Road, NW, Roanoke, VA 24019, telephone (540) 562-6792.

The final CSO may be examined at the department during regular business hours. Write or call Mr. Wright for copies.

Proposed Consent Special Order Concrete Precast Systems, Inc. Concrete Precast Systems – Chantilly Virginia

The State Water Control Board (board) proposes to issue a Consent Special Order (order) to Concrete Precast Systems, Inc. (permittee) regarding Concrete Precast Systems – Chantilly, Virginia (facility), located in Loudon County, Virginia.

The permittee is subject to VPDES Permit No. VA0090441. The order requires that the permittee submit an O&M manual and Conceptual Engineering Report; remove concrete debris; restore the stream bank; and complete construction of the settlement basins. The permittee has agreed to payment of a civil charge.

On behalf of the board, the Department of Environmental Quality's Northern Virginia Regional Office will receive written comments relating to the order through December 19, 2001. Please address comments to: Susan A. Oakes, Northern

Virginia Regional Office, Department of Environmental Quality, 13901 Crown Court, Woodbridge, VA 22193. Please address comments sent via e-mail to saoakes@deq.state.va.us. In order to be considered, comments provided by e-mail must include the commenter's name, address, and telephone number. Please write or visit the Woodbridge address, or call (703) 583-3863, in order to examine or to obtain a copy of the order.

VIRGINIA CODE COMMISSION

Notice Regarding The Legislative Record

The Legislative Record will no longer be published in the Virginia Register of Regulations beginning with Volume 18 of the Register. For information regarding subscriptions to The Legislative Record, please contact Special Projects, Division of Legislative Services, 910 Capitol Street, 2nd Floor, Richmond, VA 23219. The Legislative Record is also available on-line at <http://dls.state.va.us/pubs/legisrec/2001/>.

Notice to State Agencies

Mailing Address: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, FAX (804) 692-0625.

Forms for Filing Material for Publication in *The Virginia Register of Regulations*

All agencies are required to use the appropriate forms when furnishing material for publication in The Virginia Register of Regulations. The forms may be obtained from: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

Internet: Forms and other Virginia Register resources may be printed or downloaded from the Virginia Register web page: <http://legis.state.va.us/codecomm/register/regindex.htm>

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 OBJECTIONS - RR08

ERRATA

STATE BOARD OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Title of Regulation: 12 VAC 35-102. Rules and Regulations for the Licensure of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services (REPEALING).

Title of Regulation: 12 VAC 35-105. Rules and Regulations for the Licensing of Providers of Mental Health, Mental Retardation and Substance Abuse Services (adding 12 VAC 35-105-10 through 12 VAC 35-105-1440).

Title of Regulation: 12 VAC 35-170. Regulations for the Certification of Case Management (REPEALING).



Publication: 18:4 VA.R. 523-559 November 5, 2001.

Correction of agency contact:

The agency contact was incorrectly stated with the publication of the proposed regulation. The agency contact is Leslie Anderson, Office of Licensing, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 371-1747 or FAX (804) 692-0066.


CALENDAR OF EVENTS

Symbol Key

-  Location accessible to persons with disabilities
 Teletype (TTY)/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. If you are unable to find a meeting notice for an organization in which you are interested, please check the Commonwealth Calendar at www.vipnet.org or contact the organization directly.


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) 698-1500 or Senate Information and Constituent Services at (804) 698-7410 or (804) 698-7419/TTY , or visit the General Assembly web site's Legislative Information System (<http://leg1.state.va.us/lis.htm>) and select "Meetings."

VIRGINIA CODE COMMISSION

EXECUTIVE

BOARD OF AGRICULTURE AND CONSUMER SERVICES

December 6, 2001 - 9 a.m. -- Open Meeting

Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, 2nd Floor, Board Room, Richmond, Virginia. 

New board members will participate in an orientation on Wednesday, December 5, 2001, at 1 p.m. The board will meet on December 6 to discuss issues related to Virginia agriculture and consumer services. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Roy Seward at least five days before the meeting date so that suitable arrangements can be made.

Contact: Roy E. Seward, Board Secretary, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Richmond, VA 23219, telephone (804) 786-3538, FAX (804) 371-2945, e-mail jknight@vdacs.state.va.us.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

March 14, 2002 - 10 a.m. -- Public Hearing


Washington Building, 1100 Bank Street, 2nd Floor, Board Room, Richmond, Virginia.

February 8, 2002 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Agriculture and Consumer Services intends to amend regulations entitled: **2 VAC 5-400. Rules and Regulations for the Enforcement of the Virginia Fertilizer Law.** The purpose of the proposed amendments is to ensure that: (i) regulated products are properly formulated and labeled; (ii) the manufacturer's recommendations for use of these regulated products are in accordance with methods and

procedures that enhance the safety, quality and quantity of the food supply for both humans and animals; (iii) guidelines are established for the methods used to provide verification of labeling claims for regulated products; and (iv) assessments against the manufacturer of a product is deficient when compared to its guarantee, or that is not properly labeled and thus has caused a negative economic impact on a consumer, are paid to the consumer when he may be identified. The amendments also include changes needed to make the regulation compatible with the 1994 changes to the Virginia Fertilizer Act.

Statutory Authority: § 3.1-106.4 of the Code of Virginia.

Contact: J. Alan Rogers, Program Manager, Department of Agriculture and Consumer Services, P.O. Box 1163, Richmond, VA 23218, telephone (804) 786-2476, FAX (804) 786-1571 or (804) 828-1120/TTY 

* * * * *

March 14, 2002 - 10 a.m. -- Public Hearing

Washington Building, 1100 Bank Street, 2nd Floor, Board Room, Richmond, Virginia.

February 8, 2002 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 that the State Board of Agriculture and Consumer Services intends to amend regulations entitled: **2 VAC 5-610. Rules Governing the Solicitation of Contributions.** The purpose of the proposed regulatory action is to amend the regulation to conform with amendments to the Virginia Solicitation of Contributions Law relating to (i) the annual registration process and exemption to such registration, (ii) rules governing a professional solicitor, and (iii) general provisions relating to disclosure requirements by for-profit organizations and the use of private mailboxes by the regulated entities.

Statutory Authority: § 57-66 of the Code of Virginia.

Contact: Andy Alvarez, Program Manager, Office of Consumer Affairs, Department of Agriculture and Consumer Services, 1100 Bank St., Suite 1101, Richmond, VA 23219,

Calendar of Events

telephone (804) 786-1381, FAX (804) 786-5112, toll-free 1-800-9963 or 1-800-828-1120/TTY ☎

Consumer Affairs Advisory Committee

† **December 3, 2001 - 9:30 a.m.** -- Open Meeting
Washington Building, 1100 Bank Street, Second Floor, Board Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The advisory committee communicates the views and interests of Virginians on issues related to the Department of Agriculture and Consumer Services' consumer education and fraud prevention programs and their availability to citizens. Members will review the consumer education outreach efforts for the past six months and assist with planning for events in 2002. The committee will make recommendations for appointment to the citizen member positions whose terms are due to expire December 31, 2001, and will elect a chairperson for 2002. The members will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs accommodations in order to participate at the meeting should contact Evelyn A. Jez at least five days before the meeting date so that suitable arrangements can be made.

Contact: Evelyn A. Jez, Consumer Affairs Specialist, Department of Agriculture and Consumer Services, 1100 Bank St., Room, Suite 1101, Richmond, VA, telephone (804) 786-1308, FAX (804) 786-5112, toll-free (800) 552-9963, (800) 828-1120/TTY ☎

Virginia Corn Board

December 13, 2001 - 9 a.m. -- Open Meeting
Parker Ridge, 6311 Courthouse Road, Providence Forge, Virginia. (Interpreter for the deaf provided upon request)

A meeting to hear and approve previous meeting minutes, review checkoff revenues, and the financial status resulting from the sale of the 2001 Virginia corn crop. Reports will be heard from the chairman, board member representation to the U.S. Grains Council, the National Corn Growers Association, and the Virginia Corn Growers Association. In addition, the nomination and election of 2002 officers will take place at this meeting. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Philip Hickman at least five days before the meeting date so that suitable arrangements can be made.

Contact: Philip T. Hickman, Program Director, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 1005, Richmond, VA 23219, telephone (804) 371-6157, FAX (804) 371-7786.

Virginia Soybean Board

† **December 3, 2001 - 1 p.m.** -- Open Meeting
Radisson Fort Magruder Hotel and Conference Center, 6945 Pocahontas Trail, Williamsburg, Virginia. (Interpreter for the deaf provided upon request)

A meeting to discuss checkoff revenues resulting from the sale of the 2001 Virginia soybean crop and approve previous meeting minutes. Fairly good growing conditions coupled with low prices will be a major topic of discussion. In addition, reports will be heard from the Chairman, the Program Director, United Soybean Board representative, and the Virginia Soybean Association. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs accommodations in order to participate at the meeting should contact Philip T. Hickman at least five days before the meeting date so that suitable arrangements can be made.

Contact: Philip T. Hickman, Program Director, Department of Agriculture and Consumer Services, 1100 Bank St., Room 1005, Richmond, VA 23219, telephone (804) 371-6157, FAX (804) 371-7786.

STATE AIR POLLUTION CONTROL BOARD

November 27, 2001 - 9 a.m. -- Public Hearing
Department of Environmental Quality, 629 East Main Street, 1st Floor, Conference Room, Richmond, Virginia.

December 21, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Air Pollution Control Board intends to amend regulations entitled: **9 VAC 5-80. Permits for Stationary Sources (Rev. D00)**. The purpose of the proposed amendments is to (i) revise the emission reduction offset ratio, (ii) provide for state-only permit terms and conditions, (iii) clarify the regulation's applicability, and (iv) make the regulation consistent with the other new source review regulations.

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

Contact: Karen G. Sabasteanski, Policy Analyst, Office of Air Regulatory Development, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4426, FAX (804) 698-4510, toll-free 1-800-592-5482 or (804) 698-4021/TTY ☎

December 7, 2001 - 9 a.m. -- Public Hearing
Department of Environmental Quality, 600 East Main Street, Lower Level, Conference Room, Richmond, Virginia.

December 24, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Air Pollution Control Board intends to amend regulations entitled: **Regulations for the Control and Abatement of Air Pollution (Rev. G00)**.

9 VAC 5-40. Existing Stationary Sources (repealing 9 VAC 5-40-160 through 9 VAC 5-40-230).

9 VAC 5-50. New and Modified Stationary Sources (repealing 9 VAC 5-50-160 through 9 VAC 5-50-230).

9 VAC 5-60. Hazardous Air Pollutants (adding 9 VAC 5-60-200 through 9 VAC 5-60-270 and 9 VAC 5-60-300 through 9 VAC 5-60-370).

The purpose of the proposed amendments is to (i) reduce the number of regulated pollutants to those regulated under the federal program, and (ii) exempt from applicability those sources that are subject to a federal hazardous air pollutant standard. This action will integrate the state's program more logically with the federal Clean Air Act and transfers the standards from 9 VAC 5-40 and 9 VAC 5-50 into 9 VAC 5-60.

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

Contact: Dr. Kathleen Sands, Policy Analyst, Office of Air Regulatory Development, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4413, FAX (804) 698-4510, toll-free 1-800-592-5482 or (804) 698-4021/TTY ☎

January 7, 2002 - Public comments may be submitted this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Air Pollution Control Board intends to amend regulations entitled: **9 VAC 5-91. Regulation for the Control of Motor Vehicle Emissions in Northern Virginia (Rev. MG)**. The purpose of the proposed amendments is to conform the regulation to state law and federal Clean Air Act requirements for the testing of emissions from motor vehicles located or primarily operated in Northern Virginia.

Statutory Authority: § 46.2-1180 of the Code of Virginia.

Public comments may be submitted until November 13, 2001, to Director, Office of Air Regulatory Development, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240.

Contact: Mary E. Major, Environmental Program Manager, Office of Air Regulatory Development, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4423, FAX (804) 698-4510, toll-free 1-800-592-5482 or (804) 698-4021/TTY ☎

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, CERTIFIED INTERIOR DESIGNERS AND LANDSCAPE ARCHITECTS

† **November 19, 2001 - 9 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia. ♿

A meeting to adopt final regulations.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St. Richmond, VA 23230,

telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail oneal@dpor.state.va.us.

November 28, 2001 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting of the Landscape Architects Section. Persons desiring to participate in the meeting and requiring special accommodations or interpretative services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail apelsla@dpor.state.va.us.

December 5, 2001 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting of the Certified Interior Designers Section. Persons desiring to participate in the meeting and requiring special accommodations or interpretative services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail apelsla@dpor.state.va.us.

December 13, 2001 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting to conduct board business. Persons desiring to participate in the meeting and requiring special accommodations or interpretative services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail apelsla@dpor.state.va.us.

ART AND ARCHITECTURAL REVIEW BOARD

December 7, 2001 - 10 a.m. -- Open Meeting
Science Museum of Virginia, 2500 West Broad Street, Forum Room, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

Calendar of Events

A monthly meeting to review projects submitted by state agencies.

Contact: Richard L. Ford, AIA, Chairman, Art and Architectural Review Board, 1011 E. Main St., Room 221, Richmond, VA 23219, telephone (804) 643-1977, FAX (804) 643-1981, (804) 786-6152/TTY ☎

VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS

† **December 11, 2001 - 10 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A meeting to consider proposed regulations for home inspectors.

Contact: David Dick, Assistant Director, Virginia Board for Asbestos, Lead, and Home Inspectors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail asbestos@dpor.state.va.us.

COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND FAMILIES

State Executive Council

November 28, 2001 - 9 a.m. -- Open Meeting

December 19, 2001 - 9 a.m. -- Open Meeting
Department of Social Services, 730 East Broad Street, Lower Level, Training Room 1, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A regular meeting. An agenda will be posted on the web (<http://www.csa.state.va.us>) a week prior to the meeting.

Contact: Alan G. Saunders, Director, Comprehensive Services for At-Risk Youth and Families, 1604 Santa Rosa Rd., Suite 137, Richmond, VA 23229, telephone (804) 662-9815, FAX (804) 662-9831, e-mail AGS992@central.dss.state.va.us.

BOARD FOR BARBERS AND COSMETOLOGY

† **December 3, 2001 - 8:30 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A general business meeting to consider adoption of proposed regulations.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail oneal@dpor.state.va.us.

DEPARTMENT FOR THE BLIND AND VISION IMPAIRED

Statewide Rehabilitation Council for the Blind

December 1, 2001 - 10 a.m. -- Open Meeting
Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A quarterly meeting to advise the Department for the Blind and Vision Impaired on matters related to vocational rehabilitation services for the blind and visually impaired citizens of the Commonwealth.

Contact: James G. Taylor, Vocational Rehabilitation Program Director, Department for the Blind and Vision Impaired, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3111, FAX (804) 371-3390, toll-free (800) 622-2155, (804) 371-3140/TTY ☎, e-mail taylorjg@dbvi.state.va.us.

BOARD FOR BRANCH PILOTS

NOTE: CHANGE IN MEETING TIMES

December 4, 2001 - 8 a.m. -- Open Meeting

December 5, 2001 - 8 a.m. -- Open Meeting

December 11, 2001 - 9 a.m. -- Canceled

December 12, 2001 - 9 a.m. -- Canceled

Virginia Pilot Association, 3329 Shore Drive, Virginia Beach, Virginia. ♿ (Interpreter for the deaf provided upon request)

Meetings to conduct examinations and renewals. Persons who desire to participate in a meeting and require special accommodations or interpretive services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230--4917, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail branchpilots@dpor.state.va.us.


December 11, 2001 - 9:30 a.m. -- Open Meeting

Virginia Port Authority, 600 World Trade Center, Norfolk, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting to conduct board business. Persons who desire to participate in the meeting and require special accommodations or interpreter services should contact the department at least 10 days prior to this meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail branchpilots@dpor.state.va.us.


CHARITABLE GAMING COMMISSION

December 18, 2001 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House
Room C, Richmond, Virginia. 


A commission meeting; agenda to be announced.

Contact: Frances C. Jones, Administrative Staff Assistant,
Charitable Gaming Commission, 101 N. 14th St., 17th Floor,
Richmond, VA 23219, telephone (804) 786-3014, FAX (804)
786-1079, e-mail jones@cg.state.va.us.

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

† **December 10, 2001 - 10 a.m.** -- Open Meeting
James Monroe Building, Main Level, 101 North 14th Street,
Conference Room C, Richmond, Virginia.  (Interpreter for
the deaf provided upon request)

A meeting to conduct general business including review of
local Chesapeake Bay Preservation Area programs and to
consider final adoption of amendments to the Chesapeake
Bay Preservation Area Designation and Management
Regulations. Public comment will be taken during the
meeting. Following lunch, the board will receive
presentations from the agriculture and forestry industries on
what they are doing to protect the environment.

Contact: Carolyn J. Elliott, Administrative Assistant,
Chesapeake Bay Local Assistance Board, James Monroe
Bldg., 17th Floor, 101 N. 14th St., Richmond, VA 23219,
telephone (804) 371-7505, FAX (804) 225-2447, toll-free
(800) 243-7229, (800) 243-7229/TTY , e-mail
celliott@cblad.state.va.us.

CHILD DAY-CARE COUNCIL


December 7, 2001 - Public comments may be submitted until
this date.

Notice is hereby given in accordance with § 2.2-4007 of the
Code of Virginia that the Child Day-Care Council intends to
amend regulations entitled: **22 VAC 15-10. Public
Participation Guidelines**. The purpose of the proposed
amendments is to provide for electronic transmission of
information and make changes for clarity, especially
regarding the responsibilities of the Child Day-Care Council
and Department of Social Services.

Statutory Authority: § 63.1-202.1 of the Code of Virginia.

Contact: Arlene Kasper, Program Development Consultant,
Division of Licensing Programs, Department of Social
Services, 730 E. Broad St., Richmond, VA 23219, telephone
(804) 692-1791 or FAX (804) 692-2370.


COMPENSATION BOARD

November 27, 2001 - 11 a.m. -- Open Meeting
Compensation Board, 9th Street Office Building, 202 North
9th Street, 10th Floor, Richmond, Virginia. 

A monthly board meeting.

Contact: Cindy Waddell, Administrative Assistant,
Compensation Board, P.O. Box 710, Richmond, VA 23219,
telephone (804) 786-0786, FAX (804) 371-0235, e-mail
cwaddell@scb.state.va.us.


DEPARTMENT OF CONSERVATION AND RECREATION

† **November 29, 2001 - 7 p.m.** -- Open Meeting
Clarksville Community Center, 102 Willow Drive, Clarksville,
Virginia.  (Interpreter for the deaf provided upon request)

Department staff will present an overview of the current
Occoneechee State Park master planning process and will
receive public input on existing Occoneechee State Park
resources and future park facility development. Requests
for an interpreter for the deaf should be made two weeks
prior to the meeting.

Contact: Richard Gibbons, Environmental Program
Manager, Department of Conservation and Recreation, 203
Governor St., Suite 326, Richmond, VA 23219, telephone
(804) 786-4132, FAX (804) 371-7899, e-mail
rgibbons@dcr.state.va.us.


Falls of the James Scenic River Advisory Board

December 6, 2001 - Noon -- Open Meeting
Richmond City Hall, 900 East Broad Street, 5th Floor,
Planning Commission Conference Room, Richmond,
Virginia.  (Interpreter for the deaf provided upon request)

Discussion of river issues. Requests for an interpreter for
the deaf should be made two weeks prior to the meeting
date.

Contact: Richard Gibbons, Environmental Program Manager,
Department of Conservation and Recreation, 203 Governor
St., Suite 326, Richmond, VA 23219, telephone (804) 756-
4132, FAX (804) 371-7899, e-mail rgibbons@dcr.state.va.us.


Board on Conservation and Development of Public Beaches

† **January 5, 2002 - 10 a.m.** -- Open Meeting
Hampton City Council Chambers, City Hall, 22 Lincoln Street,
Hampton, Virginia.  (Interpreter for the deaf provided upon
request)

A regular business meeting. Requests for interpreter for the
deaf should be made two weeks prior to meeting.

Contact: Leon E. App, Acting Deputy Director, Department
of Conservation and Recreation, 203 Governor St., Suite 302,
Richmond, VA 23219, telephone (804) 786-6124, FAX (804)
786-6141, e-mail leonapp@dcr.state.va.us.

Virginia Soil and Water Conservation Board


December 12, 2001 - 9 a.m. -- Open Meeting
Sheraton Norfolk Waterside, 777 Waterside Drive, Norfolk,
Virginia.  (Interpreter for the deaf provided upon request)

Calendar of Events

A regular business meeting to include a joint meeting with the Virginia Association of Soil and Water Conservation Districts Board of Directors. Requests for an interpreter for the deaf should be made two weeks prior to the meeting.

Contact: Leon E. App, Acting Deputy Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-6124, FAX (804) 786-6141, e-mail leonapp@dcr.state.va.us.

Virginia State Parks Foundation


December 3, 2001 - 10 a.m. -- Open Meeting
Twin Lakes State Park, Cedar Crest Conference Center, Route 2, Green Bay, Virginia.  (Interpreter for the deaf provided upon request)

A regular business meeting. Requests for an interpreter for the deaf should be made two weeks prior to the meeting.


Contact: Leon E. App, Acting Deputy Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-6124, FAX (804) 786-6141, e-mail leonapp@dcr.state.va.us.

BOARD OF COUNSELING

Ad Hoc Committee on Substance Abuse Assistants and Counselors

† December 7, 2001 - 10 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia 

A meeting of the Ad Hoc Committee on Substance Abuse Assistants and Counselors to continue its work of developing regulations for the certification of substance abuse counseling assistants and amending requirements for certified substance abuse counselors. Public comment will be received at the beginning of the meeting.

Contact: Evelyn B. Brown, Executive Director, Board of Counseling, Southern States Bldg., 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9912, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail ebrown@dhp.state.va.us.

CRIMINAL JUSTICE SERVICES BOARD

† December 4, 2001 - 8:30 a.m. -- Open Meeting
Virginia State Police Academy, 7700 Midlothian Turnpike, Room 105, Richmond, Virginia.

A meeting of the Committee on Reciprocity to review other state licensing requirements to determine if reciprocity agreements may be signed.

Contact: Judith Kirkendall, Regulatory Coordinator, Criminal Justice Services Board, Eighth St. Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 786-8003, FAX (804) 786-0410, e-mail jkirkendall@dcjs.state.va.us.

† December 4, 2001 - 10 a.m. -- Open Meeting
Virginia State Police Academy, 7700 Midlothian Turnpike, Room 105, Richmond, Virginia.

A meeting of the Private Security Services Board.

Contact: Judith Kirkendall, Regulatory Coordinator, Criminal Justice Services Board, Eighth St. Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 786-8003, FAX (804) 786-0410, e-mail jkirkendall@dcjs.state.va.us.

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NOTE: CHANGE IN MEETING LOCATION


December 13, 2001 - 9 a.m. -- Public Hearing
Richmond Marriott Hotel, 500 East Broad Street, Capitol Ballroom, Salons 1 and 2, Richmond, Virginia.

November 23, 2001 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Criminal Justice Services Board intends to amend regulations entitled: **6 VAC 20-60. Rules Relating to Compulsory Minimum Training Standards for Dispatchers**. Current minimum training standards were not developed with data from a job task analysis. In November 1998 a job task analysis was conducted statewide to gather data relevant to the job of dispatcher. Minimum training standards were revised based on this data and advisory input.

Statutory Authority: § 9.1-102 of the Code of Virginia.


Contact: Judith Kirkendall, Job Task Analysis Administrator, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-8003 or FAX (804) 786-0410.

December 13, 2001 - 11 a.m. -- Open Meeting
Richmond Marriott Hotel, 500 E. Broad Street, Capitol Ballroom, Salons 1 and 2, Richmond, Virginia. 

A meeting to include the director's report, the report from the Committee on Training, an ICJIS Report, grant considerations, and other pertinent issues relating to public safety.

Contact: Christine Wiedemer, Administrative Staff Assistant to the Director, Criminal Justice Services Board, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-8718, FAX (804) 786-8981, e-mail cwiedemer@dcjs.state.va.us.

BOARD OF DENTISTRY

† November 30, 2001 - 9:30 a.m. -- Open Meeting
Holiday Inn Select, 2801 Plank Road, Fredericksburg, Virginia. 

An informal conference committee will convene to hear possible violations of the regulations governing the practice of dentistry.

Contact: Sandra K. Reen, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA

23230-1717, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY ☎, e-mail sandra.reen@dhp.state.va.us.

DESIGN-BUILD/CONSTRUCTION MANAGEMENT REVIEW BOARD

December 20, 2001 - 11 a.m. -- Open Meeting
Virginia War Memorial, 621 S. Belvidere Street, Auditorium, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A monthly meeting to review requests submitted by localities to use design/build or construction management-type contracts. Please contact the Division of Engineering and Buildings to confirm the meeting.

Contact: Freddie M. Adcock, Administrative Assistant, Department of General Services, 805 E. Broad St., Room 101, Richmond, VA 23219, telephone (804) 786-3263, FAX (804) 371-7934, (804) 786-6152/TTY ☎, e-mail fadcock@dgs.state.va.us.

BOARD OF EDUCATION

November 19, 2001 - 9:30 a.m. -- Open Meeting
Glen Allen Arts Center, 2880 Mountain Road, Glen Allen, Virginia. ♿ (Interpreter for the deaf provided upon request)

† **January 28, 2002 - 9:30 a.m.** -- Open Meeting
Richmond area; location to be announced.

A work session of the Advisory Board for Teacher Education and Licensure. No public comment will be received. Persons requesting the services of an interpreter for the deaf should do so in advance.

Contact: Dr. Margaret N. Roberts, Office of Policy, Board of Education, P. O. Box 2120, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, e-mail mroberts@mail.vak12ed.edu.

November 28, 2001 - 9 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia.

January 10, 2002 - 9 a.m. -- Open Meeting
The Library of Virginia, 800 East Broad Street, Main Floor Conference Room, Richmond, Virginia.

A regular business meeting. Public comment will be received. Persons requesting the services of an interpreter for the deaf should do so in advance.

Contact: Dr. Margaret N. Roberts, Office of Policy, Board of Education, P.O. Box 2120, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, e-mail mroberts@mail.vak12ed.edu.

December 4, 2001 - 9:30 a.m. -- Open Meeting
Henrico County School Board Office, 3820 Nine Mile Road, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A working session of the Accountability Advisory Committee. Public comment will not be received. Persons requesting the services of an interpreter for the deaf should do so in advance.

Contact: Ms. Cam Harris, Department of Education, P.O. Box 2120, 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2102, FAX (804) 225-2524.

December 7, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Education intends to amend regulations entitled: **8 VAC 20-21. Licensure Regulations for School Personnel.** The purpose of the proposed amendments is to conform the regulations to several recent changes in the Code of Virginia, to add a fourth option for obtaining a division superintendent license, and to expand the licensure and license renewal requirements.

Statutory Authority: § 22.1-298 of the Code of Virginia.

Contact: Dr. Thomas Elliott, Assistant Superintendent, Department of Education, P.O. Box 2120, Richmond, VA 23218-2120, telephone (804) 371-2522 or FAX (804) 225-2524.

STATE BOARD OF ELECTIONS

November 26, 2001 - 1 p.m. -- Open Meeting
State Capitol, House Room 1, Richmond, Virginia. ♿

Certification of November 6, 2001, election results.

Contact: Vanessa E. Archie, Executive Secretary Senior, State Board of Elections, 200 N. 9th St., Room 101, Richmond, VA 23219, telephone (804) 786-6551, FAX (804) 371-0194, toll-free (800) 552-9745, (804) 260-3466/TTY ☎, e-mail varchie@sbe.state.va.us.

DEPARTMENT OF ENVIRONMENTAL QUALITY

November 20, 2001 - 9 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, 1st Floor, Conference Room, Richmond, Virginia. ♿

A meeting of the Ground Water Protection Steering Committee. Anyone interested in ground water protection issues is welcome to attend. Meeting minutes and agenda are available from Mary Ann Massie.

Contact: Mary Ann Massie, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4042, FAX (804) 698-4032, (804) 698-4021/TTY ☎, e-mail mamassie@deq.state.va.us.

† **November 27, 2001 - 7 p.m.** -- Open Meeting
Floyd County High School, 721 Baker Street, Auditorium, Floyd, Virginia. ♿

Calendar of Events

A meeting on the development of a fecal coliform TMDL for an approximate 2.62 mile segment of Dodd Creek located in Floyd County.

Contact: Jay Roberts, Department of Environmental Quality, 3019 Peters Creek Rd., Roanoke, VA 24019, telephone (540) 562-6785, e-mail jaroberts@deq.state.va.us.

† **November 27, 2001 - 7 p.m.** -- Open Meeting
Cumberland County Elementary School, 190 School Drive, Cumberland, Virginia. ♿

A meeting on the development of a fecal coliform TMDL for a 14.3 mile segment of the Willis River located in Buckingham and Cumberland Counties.

Contact: April Grippo, Department of Environmental Quality, 7705 Timberlake Rd., Lynchburg, VA 24502, telephone (434) 582-5120, FAX (434) 582-5125, e-mail adgrippo@deq.state.va.us.

November 29, 2001 - 7 p.m. -- Public Hearing
Central Elementary School, RR1, Box 340, Palmyra, Virginia. ♿ (Interpreter for the deaf provided upon request)

A public hearing to receive comments on the proposed air permit for Tenaska Virginia Partners, L.P. to construct and operate a combined cycle power plant 1.0 mile southeast of the intersection of Route 619 and Route 680 in Fluvanna County. The official public comment period on this permit begins on October 30, 2001, and ends on December 14, 2001.

Contact: Kevin D. Gossett, Department of Environmental Quality, 806 Westwood Office Park, Fredericksburg, VA 22401, telephone (540) 899-4600, FAX (540) 899-4647, e-mail kdgossett@deq.state.va.us.

† **December 3, 2001 - 7 p.m.** -- Public Hearing
Regional Library, Kings Highway, King George, Virginia. ♿ (Interpreter for the deaf provided upon request)

A public hearing to receive comments on a draft permit amendment for the Old King George Sanitary Landfill.

Contact: Geoff Christe, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4283, e-mail gxchriste@deq.state.va.us.

† **December 4, 2001 - 7 p.m.** -- Open Meeting
Auburn High School, 4163 Riner Road, Auditorium, Riner, Virginia.

A meeting on the development of a fecal coliform TMDL for an approximate 5.68 mile segment of Mill Creek in Montgomery County.

Contact: Jay Roberts, Department of Environmental Quality, 3019 Peters Creek Rd., Roanoke, VA 24019, telephone (540) 562-6785, e-mail jaroberts@deq.state.va.us.

† **December 5, 2001 - 7 p.m.** -- Public Hearing
Charlotte County Courthouse Building, Charlotte Courthouse, Virginia. ♿ (Interpreter for the deaf provided upon request)

A public hearing to receive comments on a draft permit amendment for the Charlotte County Sanitary Landfill.

Contact: Geoff Christe, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4283, e-mail gxchriste@deq.state.va.us.

† **December 6, 2001 - 7 p.m.** -- Open Meeting
Burnt Chimney Elementary School, 80 Burnt Chimney Road, Gymnasium, Burnt Chimney, Virginia. ♿

A meeting on the development of a fecal coliform bacteria TMDL for an approximately 27.97 mile segment of Gills Creek located in Franklin County.

Contact: Jay Roberts, Department of Environmental Quality, 3019 Peters Creek Rd., Roanoke, VA 24019, telephone (540) 562-6785, e-mail jaroberts@deq.state.va.us.

† **December 6, 2001 - 7 p.m.** -- Open Meeting
Bristol, Virginia Utilities Board, 300 Lee Street, Auditorium, Bristol, Virginia. ♿

A meeting on the development of a fecal coliform bacteria TMDL for an approximate 5.52 mile segment of Little Creek in Bristol and Washington Counties.

Contact: Nancy T. Norton, Department of Environmental Quality, P.O. Box 1688, Abingdon, VA 24212, telephone (640) 676-4807, e-mail ntnorton@deq.state.va.us.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

† **November 27, 2001 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia. ♿

A meeting of the Legislative Committee to consider legislative issues that relate to the practice of funeral services. Public comment will be received at the beginning of the meeting.

Contact: Elizabeth Young Tisdale, Executive Director, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY ♿, e-mail etisdale@dhp.state.va.us.

December 4, 2001 - 1 p.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia. ♿

A meeting to hold formal hearings. There will not be a public comment period.


Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA, telephone (804) 662-9907, FAX (804) 662-9523, e-mail CEmma-Leigh@dhp.state.va.us.

December 12, 2001 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia. ♿

A meeting of the Special Conference Committee to hold informal hearings. There will not be a public comment period.

Contact: Cheri Emma-Leigh, Administrative Staff Assistant, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 4th Floor, Richmond, VA, telephone (804) 662-9907, FAX (804) 662-9523, e-mail CEmma-Leigh@dhp.state.va.us.


GEORGE MASON UNIVERSITY

November 28, 2001 - 3 p.m. -- Open Meeting
George Mason University, Mason Hall, Room D23, Fairfax, Virginia. 

A meeting of the Board of Visitors to hear reports of the standing committees and to act on recommendations presented by the committees. An agenda will be available seven days prior to the meeting.

Contact: Mary Roper, Administrative Staff Assistant, Office of the President, 4400 University Dr., Fairfax, VA 22030, telephone (703) 993-8703 or FAX (703) 993-8707.

GOVERNOR'S COMMISSION ON GOVERNMENT FINANCE REFORM

† **November 19, 2001 - 10 a.m.** -- Open Meeting
Williamsburg Inn, 136 Francis Street, Williamsburg, Virginia. 

A meeting of the Governor's Commission on Government Finance Reform.

Contact: John R. Broadway, Executive Director, Office of the Governor, State Capitol, Richmond, VA 23219, telephone (804) 786-2211, FAX (804) 786-3985, e-mail jrbroadway@gov.state.va.us.

STATE BOARD OF HEALTH


November 29, 2001 - 10 a.m. -- Public Hearing
Henrico County Government Center, 4301 East Parham Road, Henrico County Complex, Richmond, Virginia.

December 7, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to adopt regulations entitled: **12 VAC 5-615. Authorized Onsite Soil Evaluator Regulations.** These regulations will set forth a program by which the agency may accept private site evaluations and designs, in compliance with the board's regulations for onsite sewage systems, designed and certified by an authorized onsite soil evaluator (AOSE) or a licensed professional engineer (PE) in consultation with an AOSE.

Statutory Authority: §§ 32.1-163.5 and 32.1-164 of the Code of Virginia.

Contact: Donald J. Alexander, Director, Division Onsite Sewage Water Services, Department of Health, Office of Environmental Health Services, P.O. Box 2448, Room 115, Richmond, VA 23218, telephone (804) 786-1620 or FAX (804) 225-4003.

† **November 30, 2001 - 10 a.m.** -- Open Meeting
Natural Resources Building, 900 Natural Resources Drive, Fontaine Research Park, Charlottesville, Virginia. 

A meeting of the Biosolids Use Regulations Advisory Committee and the Biosolids Use Information Committee to discuss issues involving the regulation of the land application of biosolids and the agricultural use of biosolids, as governed by regulation.

Contact: Cal Sawyer, Director, Division of Wastewater, Department of Health, 1500 E. Main St., Richmond, VA 23219, telephone (804) 786-1755, e-mail csawyer@vdh.state.va.us.

December 21, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to adopt regulations entitled: **12 VAC 5-120. Regulations for Testing Children for Elevated Blood-Lead Levels.** The purpose of the proposed regulations is to establish a protocol, based on 1997 guidelines from the federal Centers for Disease Control and Prevention, for testing children for elevated blood-lead levels and reporting laboratory results to the department.

Statutory Authority: § 32.1-46.1 of the Code of Virginia.

Contact: Clayton Pape, Director, Lead Safe Program, Department of Health, 1500 E. Main St., Richmond, VA 23219, telephone (804) 225-4463, FAX (804) 371-6031 or toll-free 1-800-668-7987.

December 21, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to adopt regulations entitled: **12 VAC 5-475. Regulations Implementing the Virginia Organ and Tissue Donor Registry.** These regulations will create a statewide organ and tissue donor registry that will maintain limited information on Virginians who are willing to donate their organs, eyes and tissues for transplantation or research.

Statutory Authority: § 32.1-292.2 of the Code of Virginia.

Contact: Eileen Guertler, Director, Virginia Transplant Council, Department of Health, 1500 E. Main St., Richmond, VA 23219, telephone (804) 786-5589 or FAX (804) 786-0892.

December 21, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to amend regulations entitled: **12 VAC 5-520. Regulations Governing the Dental Scholarship and Loan**

Calendar of Events

Repayment Program. The purpose of the proposed action is to provide for administration of the dentist loan repayment program, which was recently established as a complement to the existing scholarship program. The repayment program will provide incentives for dentists to practice in underserved areas of Virginia.

Statutory Authority: §§ 32.1-122.9 and 32.1-122.9:1 of the Code of Virginia.

Contact: Karen Day, Department of Health, 1500 E. Main St., Richmond, VA 23219, telephone (804) 371-4000 or (804) 371-4004.

* * * * *


† **January 18, 2002** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to repeal regulations entitled: **12 VAC 5-65. Rules and Regulations Governing Emergency Medical Services Do Not Resuscitate Program**, and adopt regulations entitled: **12 VAC 5-66. Regulations Governing Durable Do Not Resuscitate Orders.** The proposed regulation establishes a Durable Do Not Resuscitate (DDNR) Order that follows the patient throughout the entire health care setting.


Statutory Authority: § 54.1-2987.1 of the Code of Virginia.

Contact: David E. Cullen, Jr., Regulation and Compliance Manager, 1538 E. Parham Rd., Richmond, VA 23228, telephone (804) 371-3500, FAX (804) 371-3543, toll-free 1-800-523-6019.


DEPARTMENT OF HEALTH PROFESSIONS

† **December 5, 2001 - 1 p.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia 

A meeting to consider a recommendation from the Ad Hoc Committee on Release of the Complaint Form. Public comment will be received at the beginning of the meeting.


Contact: Elizabeth A. Carter, Ph.D., Deputy Executive Director, Board of Health Professions, Southern States Bldg., 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-7691, FAX (804) 662-9504, (804) 662-7197/TTY , e-mail ecarter@dhp.state.va.us.

Health Practitioners' Intervention Program Committee


December 14, 2001 - 9 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia  (Interpreter for the deaf provided upon request)

A meeting to review reports, policies, and procedures. The committee will meet in open session for general discussion of the program, and may meet in executive session to


consider specific requests from applicants or participants in the program.

Contact: John W. Hasty, Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9424, FAX (804) 662-9114, (804) 662-9197/TTY 

BOARD FOR HEARING AID SPECIALISTS

† **December 10, 2001 - 8:30 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia 

A general business meeting to consider adoption of proposed regulations.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Board for Hearing Aid Specialists, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail oneal@dpor.state.va.us.

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA


November 20, 2001 - 10 a.m. -- Open Meeting
State Capitol, House Rooms 1 and 2, Richmond, Virginia.

Agenda materials will be available on the Web site approximately one week prior to the meeting at www.schev.edu.


Contact: Lee Ann Rung, State Council of Higher Education for Virginia, James Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2502, e-mail lrung@schev.edu.

DEPARTMENT OF HISTORIC RESOURCES

State Review Board and Historic Resources Board

† **December 5, 2001 - 10 a.m.** -- Open Meeting
Virginia Museum of Fine Arts, 2800 Grove Avenue at Boulevard, Auditorium, Richmond, Virginia 

A quarterly meeting to consider proposed nominations to the Virginia Landmarks Register and to the National Register of Historic Places. Register preliminary applications, state highway markers, and historic preservation easements will also be considered.


Contact: Marc C. Wagner, Register Manager, Department of Historic Resources, 2801 Kensington Ave., Richmond, VA 23221, telephone (804) 367-2323, FAX (804) 367-2391, (804) 367-2386/TTY , e-mail mwagner@dhr.state.va.us.

DEPARTMENT OF LABOR AND INDUSTRY


Virginia Apprenticeship Council

December 13, 2001 - 10 a.m. -- Open Meeting
Confederate Hills Recreation Building, 301 Lee Avenue,
Highland Springs, Virginia.  (Interpreter for the deaf provided
upon request)

A quarterly meeting.

Contact: Beverley Donati, Assistant Program Manager,
Department of Labor and Industry, Powers-Taylor Bldg., 13 S.
13th St., Richmond, VA 23219, telephone (804) 786-2382,
FAX (804) 786-8418, (804) 786-2376/TTY , e-mail
bgd@doli.state.va.us.

THE LIBRARY OF VIRGINIA

November 19, 2001 - 7:30 a.m. -- Open Meeting
January 25, 2002 - 7:30 a.m. -- Open Meeting
The Library of Virginia, 800 East Broad Street, Richmond,
Virginia. 


Meetings of the board to discuss matters pertaining to the
Library of Virginia and the board. Committees of the board
will meet as follows:

7:30 a.m. - Executive Committee, Conference Room B.


8:15 a.m. - Public Library Development Committee,
Orientation Room;
Publications and Educational Services Committee,
Conference Room B;
Records Management Committee, Conference Room C.

9:30 a.m. - Archival and Information Services Committee,
Orientation Room;
Collection Management Services Committee, Conference
Room B;
Legislative and Finance Committee, Conference Room C.

10:30 a.m. - Library Board, Conference Room 2M.

Contact: Jean H. Taylor, Executive Secretary to the
Librarian, The Library of Virginia, 800 E. Broad St., Richmond,
VA 23219-2000, telephone (804) 692-3535, FAX (804) 692-
3594, (804) 692-3976/TTY , e-mail jtaylor@lva.lib.va.us.

LONGWOOD COLLEGE


† **November 30, 2001 - 9 a.m.** -- Open Meeting
Longwood College, Stallard Board Room, 201 High Street,
Farmville, Virginia. 

Meetings of the following committees:

Institutional Advancement Committee - 9 a.m.
Administration, Finance and Facilities Committee - 10:15
a.m.
Academic and Student Affairs Committee - 1:45 p.m.
Audit Committee - 4 p.m.

Contact: Jeanne Hayden, Administrative Staff Assistant,
Longwood College, Office of the President, Longwood


College, 201 High St., Farmville, VA 23909, telephone (804)
395-2001.

† **December 1, 2001 - 9 a.m.** -- Open Meeting
Longwood College, Stallard Board Room, 201 High Street,
Farmville, Virginia. 


A meeting to conduct routine business.

Contact: Jeanne Hayden, Administrative Staff Assistant,
Longwood College, Office of the President, Longwood
College, 201 High St., Farmville, VA 23909, telephone (434)
395-2004, e-mail jhayden@longwood.lwc.edu.

MARINE RESOURCES COMMISSION

November 27, 2001 - 9:30 a.m. -- Open Meeting
December 18, 2001 - 9:30 a.m. -- Open Meeting
Marine Resources Commission, 2600 Washington Avenue,
4th Floor, Newport News, Virginia. 

A monthly meeting.

Contact: Ginny Chappell, Commission Secretary, Marine
Resources Commission, 2600 Washington Ave., Newport
News, VA 23607, telephone (757) 247-2206, FAX (757) 247-
2020, toll-free (800) 541-4646, (757) 247-2292/TTY , e-mail
gchappell@mrc.state.va.us.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

December 7, 2001 - Public comments may be submitted until
this date.

Notice is hereby given in accordance with § 2.2-4007 of the
Code of Virginia that the Department of Medical Assistance
Services intends to amend regulations entitled: **12 VAC 30-
110. Eligibility and Appeals (Married and
Institutionalized Individuals Eligibility and Patient Pay)**.
The purpose of the proposed amendments is to amend the
hardship rule definition used to determine Medicaid
eligibility for institutionalized individuals who have spouses
living in the community.

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

Public comments may be submitted until December 7, 2001,
to Pat Sykes, Manager, Policy Division, Department of
Medical Assistance Services, 600 East Broad Street, 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) 786-7959
or FAX (804) 786-1680.

December 7, 2001 - Public comments may be submitted until
this date.

Notice is hereby given in accordance with § 2.2-4007 of the
Code of Virginia that the Department of Medical Assistance
Services intends to adopt regulations entitled: **12 VAC 30-**

Calendar of Events

150. Uninsured Medical Catastrophe Fund. The purpose of the proposed regulation is to establish the requirements and criteria by which DMAS will administer the Uninsured Medical Catastrophe Fund.

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

Public comments may be submitted until December 7, 2001, to Jack Quigley, Division of Program Operations, Department of Medical Assistance Services, 600 East Broad Street, 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) 786-7959 or FAX (804) 786-1680.

BOARD OF MEDICINE

November 28, 2001 - 8:45 a.m. -- Open Meeting
Mimslyn Inn, 40 West Main Street, Luray, Virginia.

† **December 7, 2001 - 1:15 p.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, Richmond, Virginia.

A panel of the board will convene, pursuant to §§ 2.2-4020 and 54.1-2400 of the Code of Virginia, to inquire into allegations that a practitioner may have violated laws governing the practice of medicine. The panel will meet in open and closed sessions pursuant to § 2.2-3711 A 7 and A 15 of the Code of Virginia. Public comment will not be received.

Contact: Peggy Sadler/Renee Dixson, Staff, Board of Medicine, 6606 W. Broad St., Richmond, VA, telephone (804) 662-7332, FAX (804) 662-9517, (804) 662-7197/TTY ☎, e-mail Peggy.Sadler@dhp.state.va.us.

December 7, 2001 - 8 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.📍

A meeting of the Executive Committee held in open and closed session to review disciplinary files requiring administrative action, adopt amendments or take regulatory action as presented, and act on other issues that may come before the board. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Southern States Bldg., 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail wharp@dhp.state.va.us.

Informal Conference Committee

† **December 12, 2001 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, Richmond, Virginia.

† **December 13, 2001 - 9:15 a.m.** -- Open Meeting
Holiday Inn Select, 2801 Plank Road, Fredericksburg, Virginia.

† **December 19, 2001 - 8:45 a.m.** -- Open Meeting
Clarion Hotel, 3315 Ordway Drive, N.W. Roanoke, Virginia.

The informal conference committee, will inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions pursuant to the Code of Virginia. Public comment will not be received.

Contact: Peggy Sadler/Renee Dixson, Staff, Board of Medicine, 6606 W. Broad St., Richmond, VA, telephone (804) 662-7332, FAX (804) 662-9517, (804) 661-7197/TTY ☎, e-mail peggy.sadler@dhp.state.va.us.

STATE BOARD OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

December 4, 2001 - 4 p.m. -- Public Hearing
Southwest Virginia Higher Education Center, 1 Partnership Circle, Virginia Highlands Community College Campus, Abingdon, Virginia.

December 4, 2001 - 5 p.m. -- Public Hearing
Chesapeake City Hall Council Chamber, 306 Cedar Road, Chesapeake, Virginia.

December 5, 2001 - 4 p.m. -- Public Hearing
Augusta County Government Center, 4801 Lee Highway, Verona, Virginia.

December 5, 2001 - 6 p.m. -- Public Hearing
Fairfax County Government Center, 12000 Government Center Parkway, Fair, Virginia. ((Interpreter for the deaf provided upon request))

December 6, 2001 - 5 p.m. -- Public Hearing
Hollins Branch Library, 6624 Peters Creek Road, Roanoke, Virginia.

December 11, 2001 - 6 p.m. -- Public Hearing
Dumbarton Area Library, 6800 Staples Mill Road, Richmond, Virginia.

January 5, 2002 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Mental Health, Mental Retardation and Substance Abuse Services Board intends to repeal regulations entitled: **12 VAC 35-102. Rules and Regulations for the Licensure of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse**; repeal regulations entitled: **12 VAC 35-170. Regulations for the Certification of Case Management**; and adopt regulations entitled: **12 VAC 35-105. Rules and Regulations for the Licensing of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services**. The purpose of the proposed action is to repeal two regulations and replace them with a new regulation to provide specific standards governing the administration, clinical services, support functions and physical environment of a licensed provider organization that are designed to protect the

health, safety and welfare of clients receiving services. The new regulation will update certain requirements to reflect current practice and technology, clarify provisions, and incorporate recent statutory changes.

Statutory Authority: §§ 37.1-179.1 and 37.1-182 of the Code of Virginia.

Contact: Leslie Anderson, Office of Licensing, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 371-6885, FAX (804) 692-0077.

December 5, 2001 - 6 p.m. -- Public Hearing
J. Sargent Reynolds Community College, Corporate Center, North Run Business Park, 1630 East Parham Road, Richmond, Virginia.

December 24, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Mental Health, Mental Retardation and Substance Abuse Services intends to amend regulations entitled: **12 VAC 35-200. Regulations for Respite and Emergency Care Admission to Mental Retardation Facilities.** The purpose of the proposed action is to revise the maximum length of stay for respite and emergency care admissions, clarify the case management community services board's responsibility for assuring discharges, and update provisions consistent with current practice and statutory requirements.

Statutory Authority: §§ 37.1-10 and 37.1-65.2 of the Code of Virginia.

Contact: Cynthia Smith, Office of Mental Retardation Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-0946 or FAX (804) 692-0077

December 24, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Mental Health, Mental Retardation and Substance Abuse Services intends to repeal regulations entitled:

12 VAC 35-20. Mandatory Standards for the Certification of First Offender Drug Abuse Diversion and Education Program.

12 VAC 35-140. Mandatory Standards for Community Mental Health Programs.

12 VAC 35-150. Mandatory Standards for Community Mental Retardation Programs.


12 VAC 35-160. Mandatory Standards for Community Substance Abuse Programs.

The purpose of the proposed action is to repeal regulations that are outdated and duplicate the function and intent of the existing licensing regulations.


Statutory Authority: § 37.1-10 of the Code of Virginia.

Contact: Wendy V. Brown, Policy Analyst, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 225-2252 or FAX (804) 371-0092.


STATE MILK COMMISSION

December 12, 2001 - 10:30 a.m. -- Open Meeting
Department of Forestry, 900 Natural Resources Drive, Room 3301, Charlottesville, Virginia. 


A regular meeting to consider industry issues, distributor licensing, base transfers, and reports from staff. The commission will also review a request to repeal subdivisions b, c, and d of subsection 6 of 2 VAC 15-20-100, Regulations for the Control and Supervision of Virginia's Milk Industry.

Contact: Edward C. Wilson, Jr., Deputy Administrator, State Milk Commission, Ninth St. Office Bldg., 202 N. Ninth St., Room 915, Richmond, VA 23219, telephone (804) 786-2013, FAX (804) 786-3779, (804) 786-2013/TTY , e-mail ewilson@smc.state.va.us.

BOARD OF NURSING

† November 20, 2001 - 1 p.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia 

A meeting of the Ad Hoc Committee on Advanced CNA Certification to continue development of regulations for advanced certification for nurse aides. Public comment will be received at the beginning of the meeting.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, Southern States Bldg., 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY , e-mail ndurrett@dhp.state.va.us.

January 4, 2002 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Nursing intends to amend regulations entitled: **18 VAC 90-30. Regulations Governing the Licensure of Nurse Practitioners;** and **18 VAC 90-40. Regulations Governing Prescriptive Authority for Nurse Practitioners.** The purpose of the proposed action is to establish continuing competency requirements for renewal of a license or prescriptive authority for nurse practitioners and to authorize the Executive Director to grant extensions for compliance in accordance with regulations.

Calendar of Events

Statutory Authority: §§ 54.1-103, 54.1-2400, 54.1-2912.1 and 54.1-2957.01 of the Code of Virginia.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 West Broad Street, 4th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY ☎, e-mail nursebd@dhp.state.va.us.

November 26, 2001 - 8:30 a.m. -- Open Meeting
November 28, 2001 - 8:30 a.m. -- Open Meeting
November 29, 2001 - 8:30 a.m. -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. ♿

A panel of the board will conduct formal hearings with licensees and certificate holders. Public comment will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY ☎, e-mail nursebd@dhp.state.va.us.

† **November 27, 2001 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia ♿

A general business meeting with regulatory actions, including adoption of final regulations for workforce data collection and disciplinary matters as may be presented on the agenda. Public comment will be received at 11 a.m.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, Southern States Bldg., 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY ☎, e-mail ndurrett@dhp.state.va.us.

Special Conference Committee

December 4, 2001 - 8:30 a.m. -- Open Meeting
December 5, 2001 - 8:30 a.m. -- Open Meeting
December 6, 2001 - 8:30 a.m. -- Open Meeting
December 10, 2001 - 8:30 a.m. -- Open Meeting
December 11, 2001 - 8:30 a.m. -- Open Meeting
December 18, 2001 - 8:30 a.m. -- Open Meeting
† **February 7, 2002 - 8:30 a.m.** -- Open Meeting
† **February 11, 2002 - 8:30 a.m.** -- Open Meeting
† **February 12, 2002 - 8:30 a.m.** -- Open Meeting
† **February 19, 2002 - 8:30 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Rooms 3 and 4, Richmond, Virginia. ♿

A Special Conference Committee, comprised of two or three members of the Virginia Board of Nursing, will conduct informal conferences with licensees or certificate holders. Public comment will not be received.

Contact: Nancy K. Durrett, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY ☎, e-mail nursebd@dhp.state.va.us.

VIRGINIA OUTDOORS FOUNDATION

December 4, 2001 - 10 a.m. -- Open Meeting
December 5, 2001 - 9 a.m. -- Open Meeting
State Capitol, House Room 2, Richmond, Virginia. ♿

A regularly scheduled meeting of the Board of Trustees to discuss the business of the foundation and accept conservation easements. Public input will be accepted after the regular business meeting.

Contact: Tamara A. Vance, Executive Director, Virginia Outdoors Foundation, 203 Governor Street, Richmond, VA 23219, telephone (804) 225-2147.

VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

† **November 26, 2001 - 1 p.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A Disability Commission meeting.

Contact: Glendora Reed, Administrative Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-9368, FAX (804) 786-1118, toll-free (800) 846-4464, (804) 846-4464/TTY ☎, e-mail reedgr@vbpd.state.va.us.

December 5, 2001 - 9 a.m. -- Open Meeting
Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A regular quarterly meeting of the board. During this meeting the Wheat Award recipient will be announced. Public comment is welcome.

Contact: Glendora Reed Swain, Administrative Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-0116, FAX (804) 786-1118, toll-free (800) 846-4464, (800) 846-4464/TTY ☎, e-mail reedgr@vbpd.state.va.us.

BOARD OF PHARMACY

† **November 30, 2001 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. ♿

A meeting of the Regulatory Review Committee to continue regulatory review, receive information on fees, and consider other regulatory issues as may be presented on the agenda. Public comment on agenda items will be received at the beginning of the meeting.

Contact: Elizabeth Scott Russell, RPh, Executive Director, Board of Pharmacy, Southern States Bldg., 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9911, FAX (804) 662-9313, (804) 662-7197/TTY ☎, e-mail erussell@dhp.state.va.us.

December 21, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Pharmacy intends to amend regulations entitled: **18 VAC 110-20. Regulations Governing the Practice of Pharmacy.** The amendments are required in order to comply with Chapter 876 of the 2000 Acts of Assembly requiring the board to promulgate regulations for approval of innovative programs (pilot projects) in pharmacy for which some waiver of law or regulation would be necessary. The proposed regulations replace emergency regulations that became effective on January 10, 2000, and are identical to those regulations.

Statutory Authority: §§ 54.1-2400 and 54.1-3307.2 of the Code of Virginia.

Contact: Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9911, FAX (804) 662-9313.

POLYGRAPH EXAMINERS ADVISORY BOARD

December 12, 2001 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to conduct board business. Persons desiring to participate in the meeting and requiring special accommodations or interpretative services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail polygraph@dpor.state.va.us.

VIRGINIA RACING COMMISSION

December 19, 2001 - 9:30 a.m. -- Open Meeting
Tyler Building, 1300 East Main Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A monthly meeting with a segment for public participation. The commission will hear a report from Colonial Downs.

Contact: William H. Anderson, Policy Analyst Senior, Virginia Racing Commission, 10700 Horsemen's Rd., New Kent, VA 23214, telephone (804) 966-7404, FAX (804) 966-7418, e-mail Anderson@vrc.state.va.us

REAL ESTATE BOARD

† **November 27, 2001 - 10 a.m.** -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to review the Real Estate Board Licensing Regulations.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Real Estate Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail oneal@dpor.state.va.us.

December 6, 2001 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A general business meeting. The board will consider the adoption of proposed regulations.

Contact: Karen W. O'Neal, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-2475, e-mail reboard@dpor.state.va.us.

DEPARTMENT OF REHABILITATIVE SERVICES

November 19, 2001 - 4 p.m. -- Open Meeting
Woodrow Wilson Rehabilitation Center, The William Caschette Chapel, Fishersville, Virginia. (Interpreter for the deaf provided upon request)

November 27, 2001 - 4 p.m. -- Open Meeting
Higher Education Center, Grand Hall Left, 1 Partnership Circle, Abingdon, Virginia. (Interpreter for the deaf provided upon request)

A public forum for Virginians to discuss vocational rehabilitation and supported employment planning.

Contact: Katherine Lawson, Planner, Department of Rehabilitative Services, 8004 Franklin Farms Dr., P.O. Box K-300, Richmond, VA 23288-0300, telephone (804) 662-7255, FAX (804) 662-7696, toll-free (800) 552-5019, (804) 662-9040/TTY, e-mail lawsonkw@dps.state.va.us.

VIRGINIA RESOURCES AUTHORITY

December 11, 2001 - 9 a.m. -- Open Meeting
† **January 8, 2002 - 9 a.m.** -- Open Meeting
† **February 12, 2002 - 9 a.m.** -- Open Meeting
Virginia Resources Authority, 707 East Main Street, 2nd Floor Conference Room, Richmond, Virginia.

A regular meeting of the Board of Directors to (i) review and, if appropriate, approve the minutes from the most recent monthly meeting; (ii) review the authority's operations for the prior month; (iii) review applications for loans submitted to the authority for approval; (iv) consider loan commitments for approval and ratification under its various programs; (v) approve the issuance of any bonds; (vi) review the results of any bond sales; and (vii) consider such other matters and take such other actions as it may deem appropriate. Various committees of the Board of Directors may also meet immediately before or after the regular meeting and consider matters within their purview. The planned agenda of the meeting and any committee meetings will be available at the offices of the authority one

Calendar of Events

week prior to the date of the meeting. Any person who needs any accommodation in order to participate in the meeting should contact the authority at least 10 days before the meeting so that suitable arrangements can be made.

Contact: Benjamin Hoyle, Executive Assistant, Virginia Resources Authority, 707 E. Main St., Suite 1350, Richmond, VA 23219, telephone (804) 644-3100, FAX (804) 644-3109, e-mail bhoyle@vra.state.va.us.

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

November 27, 2001 - 10 a.m. -- Open Meeting
Department of Business Assistance, 707 East Main Street, 3rd Floor, Richmond, Virginia. 

A meeting to review applications for loans submitted to the authority for approval and to conduct general business of the board. Meeting time is subject to change depending upon the agenda of the board.

Contact: Scott E. Parsons, Executive Director, Department of Business Assistance, P.O. Box 446, Richmond, VA 23218-0446, telephone (804) 371-8254, FAX (804) 225-3384, e-mail sparsons@dba.state.va.us.

DEPARTMENT OF SOCIAL SERVICES

November 23, 2001 - Public comments may be submitted until this date.


Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled: **22 VAC 40-41. Neighborhood Assistance Tax Credit Program.** The purpose of the proposed action is to amend the regulation to reflect changes to the controlling statute. Changes include adding additional health professionals and building contractors to those able to donate services and allowing individuals to receive tax credits for cash donations to approved projects.

Statutory Authority: § 63.1-323 of the Code of Virginia.

Contact: Phyl Parrish, Program Consultant, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1895 or FAX (804) 692-1869.

† **November 27, 2001 - 9 a.m.** -- Open Meeting
Kenmore Inn, 1200 Princess Anne Street, Fredericksburg, Virginia.

Subcommittees of the Board of Trustees of the Family and Children's Trust Fund will meet to review marketing strategies and long-range planning activities.

Contact: Nan McKenney, Executive Director, State Board of Social Services, 730 E. Broad St., 8th Floor, Richmond, VA 23219-1849, telephone (804) 692-1823, FAX (804) 692-1869, (800) 828-1120/TTY 

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December 7, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to repeal regulations entitled:

22 VAC 40-32. Aid to Families with Dependent Children (AFDC) Program - Determining AFDC Eligibility When Only Dependent Child Receives Foster Care Benefits.

22 VAC 40-290. Earned Income Disregards/Student Earnings in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-300. Lump Sum Ineligibility Period in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-310. Maximum Resource Limit in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-320. Disclosure of Information to Law-Enforcement Officers in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-350. Real Property Disposition Period in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-360. Definition of a Home in the Aid to Families with Dependent Children (AFDC) and General Relief (GR) Programs.

22 VAC 40-370. Job Training Partnership Act (JTPA) Income Disregards in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-380. Disregard of Certain Income Received by Indian Tribes in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-390. Persons and Income Required to be Considered When Evaluating Eligibility for Assistance in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-420. Aid to Families with Dependent Children: Unemployed Parent Demonstration (AFDC-UPDEMO) Project.

22 VAC 40-430. Treatment of Casual and Inconsequential Income in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-440. Aid to Families with Dependent Children (AFDC) Program Allocation of Income.

22 VAC 40-450. Lump Sum Payments in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-460. Deeming of Stepparent Income in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-490. Aid to Families with Dependent Children (AFDC) Program - Deprivation Due to the Incapacity of a Parent.

22 VAC 40-500. Work-Related Child Care Expenses Disregarded in the Aid to Families with Dependent Children (AFDC) Program.

22 VAC 40-510. Aid to Families with Dependent Children (AFDC) Program - Entitlement Date.

22 VAC 40-520. Aid to Families with Dependent Children (AFDC) Program – Disregarded Income and Resources.

22 VAC 40-530. Aid to Families with Dependent Children (AFDC) Program - Deprivation Due to Continued Absence.

22 VAC 40-550. Aid to Families with Dependent Children Program - Unemployed Parent (AFDC-UP) Program.

22 VAC 40-580. Aid to Families with Dependent Children (AFDC) – Elimination of Monthly Reporting.

22 VAC 40-590. Aid to Families with Dependent Children - Earned Income Tax Credit (EITC) Disregard.

22 VAC 40-610. Aid to Families with Dependent Children (AFDC) Program - Exclusion of Children Receiving Adoption Assistance and Foster Care Maintenance Payment.

22 VAC 40-620. Aid to Families with Dependent Children (AFDC) Program - Fifth Degree Specified Relative.

22 VAC 40-650. Aid to Families with Dependent Children (AFDC) Program - Disqualification for Intentional Program Violation.

22 VAC 40-750. Grant Diversion.

22 VAC 40-760. Employment Services Program Policy.

The Board of Social Services proposes to repeal 28 regulations that apply to the now obsolete Aid to Families with Dependent Children (AFDC) program. The Temporary Assistance for Needy Families (TANF) program has replaced the AFDC program and all rules regarding this program have been consolidated into one regulation, 22 VAC 40-295, Temporary Assistance for Needy Families, which is currently in the promulgation process.

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

Contact: Mark L. Golden, TANF Program Consultant, 730 E. Broad St, Richmond, VA 23219, telephone (804) 692-1735 or FAX (804) 692-1704.

December 7, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled: **22 VAC 40-330. Collection of Overpayments in the Refugee Other Assistance Programs.** This regulation provides rules for collecting payment of funds erroneously paid to recipients of AFDC and Refugee Other Assistance Programs. The regulation is being amended so that the regulation only

applies to Refugee Other Assistance Programs and not AFDC.

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

Contact: Mark L. Golden, TANF Program Consultant, 730 E. Broad St, Richmond, VA 23219, telephone (804) 692-1735 or FAX (804) 692-1704.

December 7, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled: **22 VAC 40-340. Protective Payments in the Refugee Other Assistance Programs.** This regulation is being amended by removing references to AFDC. Provisions regarding protective payments will be included in the comprehensive regulation, Temporary Assistance for Needy Families, 22 VAC 40-295.

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


Contact: Mark L. Golden, TANF Program Consultant, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1735 or FAX (804) 692-1704.

January 4, 2002 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled: **22 VAC 40-880. Child Support Enforcement Program.** The purpose of the proposed action is to update selected sections of the current child support enforcement regulation impacted by recent state and federal legislation.

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


Contact: Bill Brownfield, Manager, Division of Child Support Enforcement, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-2401.

January 18, 2002 - 10 a.m. -- Open Meeting
Department of Social Services, 730 East Broad Street, 8th Floor, Conference Room, Richmond, Virginia. 

A regular meeting of the Family and Children's Trust Fund Board of Trustees. Contact the Office of the Family and Children's Trust Fund for more information.

Contact: Nan McKenney, Executive Director, State Board of Social Services, 730 E. Broad St., Richmond, VA 23219-1849, telephone (804) 692-1823, FAX (804) 692-1869.

COUNCIL ON TECHNOLOGY SERVICES


December 6, 2001 - 1:30 p.m. -- Open Meeting
110 South 7th Street, 3rd Floor, Executive Conference Room, Richmond, Virginia. 

Calendar of Events

A regular monthly meeting of the Enterprise Architecture Workgroup.

Contact: Paul Lubic, Information Technology Manager, Council on Technology Services, 110 S. 7th St., Suite 135, Richmond, VA 23219, telephone (804) 371-0004, FAX (804) 371-2795, e-mail plubic@ntp.state.va.us.


DEPARTMENT OF TECHNOLOGY PLANNING

† **December 12, 2001 - 10 a.m.** -- Open Meeting
Crowne Plaza Hotel, 555 East Canal Street, Richmond, Virginia. 


A regular business meeting of the Wireless E-911 Services Board.


Contact: Steve Marzolf, Public Safety Communications Coordinator, Department of Technology Planning, 110 S. 7th St., Suite 135, Richmond, VA, telephone (804) 371-0015, e-mail smarzolf@ntp.state.va.us.

BOARD OF VETERINARY MEDICINE


† **November 19, 2001 - 8:30 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia 

A meeting of the Regulatory Review Committee to begin drafting proposed amendments consistent with the periodic review report and NOIRA. Public comment will be received at the beginning of the meeting.

Contact: Elizabeth A. Carter, Ph.D., Executive Director, Board of Veterinary Medicine, Southern States Bldg., 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9915, FAX (804) 662-9504, (804) 662-7197/TTY , e-mail ecarter@dhp.state.va.us.

† **December 3, 2001 - 9 a.m.** -- Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia. 
(Interpreter for the deaf provided upon request)

Informal conferences and disciplinary hearings of the Special Conference Committee. These are public meetings, but public comment will not be received.

Contact: Terri H. Behr, Administrative Assistant, Board of Veterinary Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9915, FAX (804) 662-7098, (804) 662-7197/TTY , e-mail terri.behr@dhp.state.va.us.

VIRGINIA WASTE MANAGEMENT BOARD

November 26, 2001 - 1:00 p.m.-- Public Hearing
The Salem Church Library, 2607 Salem Church Road, Library Room A, Fredericksburg, Virginia.

November 27, 2001 - 1:00 p.m. -- Public Hearing
Department of Environmental Quality, West Central Regional Office, 3019 Peter's Creek Road, Roanoke, Virginia.

November 29, 2001 - 10:30 a.m. -- Public Hearing
Department of Environmental Quality, Tidewater Regional Office, 5635 Southern Boulevard, Virginia Beach, Virginia.


December 27, 2001 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Virginia Waste Management Board intends to amend regulations entitled: **9 VAC 20-160, Voluntary Remediation Regulations**. The purpose of the proposed action is the amendment of the Voluntary Remediation Regulations. Review of the regulations has indicated a need for updating to include current sampling and analysis methods and deletion of obsolete language.

Statutory Authority: § 10.1-1429.1 of the Code of Virginia

Public comments may be submitted until 5 p.m. on December 27, 2001.


Contact: Melissa Porterfield, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone: 804-698-4238, or e-mail: mporterfi@deq.state.va.us.


December 13, 2001 - 10 a.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia. 

A meeting of the advisory committee established to assist in the development of regulations for the transportation of solid and medical wastes on state waters.

Contact: Dan Gwinner, Virginia Waste Management Board, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4218, e-mail dsgwinner@deq.state.va.us.

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† **January 4, 2002 1:30 p.m.** -- Public Hearing
Department of Environmental Quality, West Central Regional Office, 3019 Peters Creek Road, Roanoke, Virginia. 
(Interpreter for the deaf provided upon request)

† **January 7, 2002 - 1:30 p.m.** -- Public Hearing
Department of Environmental Quality, Tidewater Regional Office, 5636 Southern Boulevard, Virginia Beach, Virginia. 
(Interpreter for the deaf provided upon request)

† **January 8, 2002 - 10:00 a.m.** -- Public Hearing
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Virginia Waste Management Board intends to amend regulations entitled: **9 VAC 20-120, Regulated Medical Waste Management Regulations**. The purpose of the proposed action is to consider amendment of the regulation to include, but not be limited to, the issue of storage of separately accumulated objects for personal hygiene, the issue of temporary storage and such other issues which may result from public comment on the NOIRA or activities of the technical advisory committee established to assist in the development of any proposal.

Statutory Authority: § 10.1-1402 of the Code of Virginia.

Public comments may be submitted until 5 p.m. on January 23, 2002.

Contact: John E. Ely, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4249, FAX (804) 698-4327, e-mail jeely@deq.state.va.us.

STATE WATER CONTROL BOARD

November 20, 2001 - 7 p.m. -- Public Hearing
Powhatan County Administration Building, 3834 Old Buckingham Road, Powhatan, Virginia. ♿ (Interpreter for the deaf provided upon request)

A public hearing to receive comments on the proposed issuance of a VPDES Permit to the County of Powhatan for a proposed municipal wastewater treatment plant (Dutoy Creek WWTF) located at 1920 Anderson Highway in Powhatan County.

Contact: Allan Brockenbrough, Department of Environmental Quality, 4949-A Cox Rd., Glen Allen, VA 23060, telephone (804) 527-5027, FAX (804) 527-5106, e-mail abrockenb@deq.state.va.us.

November 28, 2001 - 2 p.m. -- Open Meeting
Department of Environmental Quality, 4949-A Cox Road, Glen Allen, Virginia. ♿

A public meeting to receive comments on the notice of intent to adopt a regulation for the James River (Richmond Regional West) Surface Water Management Area.

Contact: Erlinda Patron, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4047, FAX (804) 698-4136, e-mail elpatron@deq.state.va.us.

† November 29, 2001 - 11 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia. ♿

A meeting of the advisory committee meeting assisting in the development of regulations governing the discharge of sewage from boats.

Contact: Michael B. Gregory, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4065, FAX (804) 698-4032, e-mail mbgregory@deq.state.va.us.

† December 3, 2001 - 7 p.m. -- Public Hearing
Fluvanna Middle School, Route 15, South of Palmyra, Auditorium, Fluvanna County, Virginia. ♿ (Interpreter for the deaf provided upon request)

A public hearing to receive comments on a proposed Virginia Water Protection Permit for East Coast Transport, Inc. to construct and operate a water supply intake and raw water transmission pipeline. The activity location is on the James River 4,500 feet downstream of the Route 15 bridge in Buckingham County and along a pipeline with stream crossings of Holman, Martins, Raccoon, South Fork Cunningham and North Fork Cunningham Creeks and small tributaries thereof along a route from the James River north along Route 15 until the intersection of the Dominion

Virginia Power right-of-way to the Tenaska Virginia Partners plant in Fluvanna County.

Contact: Joseph P. Hassell, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4072, FAX (804) 698-4347, e-mail jphassell@deq.state.va.us.

† December 4, 2001 - 10 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia. ♿

A meeting of the advisory committee assisting in the development of a regulation for a General VPDES Permit for discharges of storm water from small municipal storm sewer systems.

Contact: Burt Tuxford, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4086, FAX (804) 698-4032, e-mail brtuxford@deq.state.va.us.

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December 10, 2001 - 2 p.m. -- Public Hearing
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

January 11, 2002 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to promulgate regulations entitled: **9 VAC 25-720. Water Quality Management Planning Public Participation Guidelines Regulation**, and repeal regulations entitled:

9 VAC 25-420. James River 3(C) Wastewater Management Plan Peninsula Area.

9 VAC 25-430. Roanoke River Basin Water Quality Management Plan.

9 VAC 25-440. Upper Roanoke River Subarea Water Quality Management Plan .

9 VAC 25-450. Upper James River Basin Water Quality Management Plan.

9 VAC 25-452. Upper James-Jackson River Subarea Water Quality Management Plan.

9 VAC 25-460. Metropolitan/Regional Water Quality Management Plan for Northern Neck Planning District (No. 17).

9 VAC 25-470. York River Basin Water Quality Management Plan.

9 VAC 25-480. Tennessee and Big Sandy River Basins Water Quality Management Plan

9 VAC 25-490. Rappahannock Area Development Commission (RADCO) 208 Areawide Waste Treatment Management Plan and Potomac-Shenandoah River Basin 303(E) Water Quality Management Plan.

9 VAC 25-500. State Water Quality Management Plan for the Fifth Planning District.

Calendar of Events

9 VAC 25-510. Water Quality Management Plan for the Southwest Virginia 208 Planning Area.

9 VAC 25-520. Water Quality Management Plan for the First Tennessee-Virginia Development District.

9 VAC 25-530. Water Quality Management Plan for the Hampton Roads Planning Area (Planning Districts 20 & 21).

9 VAC 25-540. Water Quality Management Plan for the New River Basin.

9 VAC 25-550. Small Coastal River Basins and Chesapeake Bay Virginia Eastern Shore Portion Water Quality Management Plan.

9 VAC 25-560. Potomac-Shenandoah River Basin Water Quality Management Plan.

9 VAC 25-570. Richmond-Crater Interim Water Quality Management Plan.

9 VAC 25-572. Water Quality Management Plans.

The purpose of the proposed action is to establish, among other planning items, the procedures for public participation during TMDL development, submittal of proposed TMDLs to EPA and inclusion of approved TMDLs and TMDL implementation plans in the water quality management plans. The action will also include repeal of existing water quality management plans.

Statutory Authority: § 62.1-44.15 of the Code of Virginia.

Contact: Charles Martin, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone 804-698-4462, FAX 804-698-4136, e-mail chmartin@deq.state.va.us.

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January 8, 2002 - 2 p.m. -- Public Hearing
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

January 9, 2002 - 2 p.m. -- Public Hearing
Department of Environmental Quality, West Central Regional Office, 3019 Peters Creek Road, Roanoke, Virginia.


January 31, 2002 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled: **9 VAC 25-260. Water Quality Standards.** The purpose of the proposed action is to update surface water criteria for ammonia in freshwater, provide new alternative indicators for assessing bacterial water quality, and update contact recreational use designations for primary and secondary or seasonal uses, etc.


Statutory Authority: §§ 62.1-44.15(10) and 62.1-44.15(3a) of the Code of Virginia

Contact: Eleanore Daub, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4111, e-mail emdaub@deq.state.va.us.

VIRGINIA BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS


December 13, 2001 - 8:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 5W, Richmond, Virginia. 

A meeting to conduct routine business. A public comment period will be held at the beginning of the meeting.


Contact: Christine Martine, Acting Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2648, FAX (804) 367-6128, (804) 367-9753/TTY , e-mail waterwasteoper@dpor.state.va.us.


INDEPENDENT

VIRGINIA RETIREMENT SYSTEM


December 19, 2001 - 3 p.m. -- Open Meeting
VRS Headquarters, 1200 East Main Street, Richmond, Virginia. 

A regular meeting of the Investment Advisory Committee.

Contact: Darla K. Glazier, Office Manager, Virginia Retirement System, P.O. Box 2500, Richmond, VA 23218, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY , e-mail dglazier@vrs.state.va.us.

December 20, 2001 - 9 a.m. -- Open Meeting
VRS Headquarters, 1200 East Main Street, Richmond, Virginia. 

A regular meeting of the Board of Trustees.

Contact: Darla K. Glazier, Office Manager, Virginia Retirement System, P.O. Box 2500, Richmond, VA 23218, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY , e-mail dkestner@vrs.state.va.us.

LEGISLATIVE

CHESAPEAKE BAY RESTORATION FUND ADVISORY COMMITTEE

November 20, 2001 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, 3rd Floor West Conference Room, Richmond, Virginia.

A regular meeting. Questions regarding the meeting should be directed to Marty Farber, Division of Legislative Services, at (804) 786-3591.

Contact: Patty Lung, Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, telephone (804) 698-7450.

JOINT SUBCOMMITTEE STUDYING ECONOMIC INCENTIVES TO PROMOTE THE GROWTH AND COMPETITIVENESS OF VIRGINIA'S SHIPBUILDING INDUSTRY (SJR 351, 2001)

November 19, 2001 - 2 p.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia.

A regular meeting. Individuals requiring interpreter services or other special accommodations should contact Senate Committee Operations at least seven days prior to the meeting.

Contact: John McE. Garrett, Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, telephone (804) 698-7450.

CONSUMER ADVISORY BOARD OF THE VIRGINIA ELECTRIC UTILITY RESTRUCTURING ACT

December 4, 2001 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia.

A regular meeting. Individuals requiring interpreter services or other special accommodations should contact Senate Committee Operations at least seven days prior to the meeting.

Contact: Tommy Gilman, Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, telephone (804) 698-7450.

COMMISSION ON ACCESS AND DIVERSITY IN HIGHER EDUCATION IN VIRGINIA

November 28, 2001 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular meeting. Questions regarding the meeting should be directed to Brenda Edwards, Division of Legislative Services, at (804) 786-3591.

Contact: Dawn B. Smith, House Committee Operations, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

VIRGINIA HOUSING STUDY COMMISSION

† **November 28, 2001 - 2 p.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia.

A meeting to discuss SJR/HJR 224, 2000; 446; 227/2000; 619; 620; and 437; and House Bills 715/2000; 2311; 2471; and Senate Bill 1423.

Contact: Nancy D. Blanchard, Virginia Housing Study Commission, 601 S. Belvidere St., Richmond, VA 23220, telephone (804) 343-5565.

JOINT SUBCOMMITTEE TO STUDY THE IMPACT ON EXISTING BUSINESSES IN THE COMMONWEALTH OF INCENTIVES TO ATTRACT NEW BUSINESS

NOTE: CHANGE IN MEETING DATE

† **November 29, 2001 - 2 p.m.** -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular meeting. Questions regarding the meeting should be directed to Joan Putney, Division of Legislative Services, at (804) 786-3591.

Contact: Lori Maynard, House Committee Operations, P.O. Box 406, Richmond, VA 23218, telephone (804) 698-1540 or (804) 786-2369/TTY ☎

JOINT SUBCOMMITTEE TO STUDY FUNDING OF UNFUNDED TRANSPORTATION PROJECTS IN HAMPTON ROADS

† **December 10, 2001 - 10 a.m.** -- Open Meeting
City of Newport News City Hall, 2400 Washington Avenue, Council Chamber, Newport News, Virginia.

A regular meeting. Individuals requiring interpreter services or other special accommodations should contact Senate Committee Operations at least seven days prior to the meeting.

Contact: Tommy Gilman, Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, telephone (804) 698-7450 or (804) 698-7419/TTY ☎

CHRONOLOGICAL LIST

OPEN MEETINGS

November 19, 2001

† Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, Board for

Economic Incentives to Promote the Growth and Competitiveness of Virginia's Shipbuilding Industry (SJR 351, 2001), Joint Subcommittee Studying

Education, Board of

- Advisory Board for Teacher Education and Licensure

† Government Finance Reform, Governor's Commission on The Library of Virginia

- Archival and Information Services Committee

- Collection Management Services Committee

- Executive Committee

- Legislative and Finance Committee

- Publications and Educational Services Committee

- Public Library Development Committee

- Records Management Committee

Rehabilitative Services, Department of

Calendar of Events

- † Veterinary Medicine, Board of
- Regulatory Review Committee

November 20

- Chesapeake Bay Restoration Fund Advisory Committee
- Environmental Quality, Department of
- Ground Water Protection Steering Committee
- Higher Education for Virginia, State Council of
- † Nursing, Board of
- Ad Hoc Committee on Advanced CNA Certification

November 26

- Elections, State Board of
- Nursing, Board of
- † People with Disabilities, Virginia Board for

November 27

- Compensation Board
- † Environmental Quality, Department of
- † Funeral Directors and Embalmers, Board of
- Legislative Committee
- Marine Resources Commission
- † Nursing, Board of
- † Real Estate Board
- Rehabilitative Services, Department of
- Small Business Financing Authority, Virginia
- Board of Directors
- † Social Services, State Board of
- Family and Children's Trust Fund Board of Trustees

November 28

- Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, Board for
- Landscape Architects Section
- At-Risk Youth and Families, Comprehensive Services for
- State Executive Council
- Education, Board of
- George Mason University
- Board of Visitors
- Higher Education in Virginia, Commission on Access and Diversity in
- † Housing Study Commission, Virginia
- Medicine, Board of
- Nursing, Board of
- Water Control Board, State

November 29

- † Conservation and Recreation, Department of
- Occoneechee State Park Master Plan Committee
- Incentives to Attract New Businesses, on Existing Businesses in the Commonwealth, Particularly Scrap Recyclers, Joint Subcommittee to Study the Impact of
- Nursing, Board of
- † Water Control Board, State

November 30

- † Dentistry, Board of
- † Health, State Board of
- Biosolids Use Regulations Advisory Committee and Biosolids Use Information Committee
- † Longwood College
- Academic and Student Affairs Committee
- Administration, Finance and Facilities Committee
- Audit Committee
- Institutional Advancement Committee
- † Pharmacy, Board of
- Regulatory Review Committee

December 1

- Blind and Vision Impaired, Department for the
- Statewide Rehabilitation Council for the Blind
- † Longwood College
- Board of Visitors

December 3

- † Agriculture and Consumer Services, Department of
- Consumer Affairs Advisory Committee
- Virginia Soybean Board
- † Barbers and Cosmetology, Board for
- Conservation and Recreation, Department of
- Virginia State Parks Foundation
- † Veterinary Medicine, Board of
- Special Conference Committee

December 4

- Branch Pilots, Board for
- Electric Utility Restructuring Act, Consumer Advisory Board of the Virginia
- † Criminal Justice Services Board
- Private Security Services Advisory Board
- Committee on Reciprocity
- Education, Board of
- Accountability Advisory Committee
- † Environmental Quality, Department of
- Funeral Directors and Embalmers, Board of
- Nursing, Board of
- Special Conference Committee
- Outdoors Foundation, Virginia
- † Water Control Board, State

December 5

- Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, Board for
- Certified Interior Designers Section
- Branch Pilots, Board for
- † Health Professions, Board of
- † Historic Resources, Department of
- State Review Board and Historic Resources Board
- Nursing, Board of
- Special Conference Committee
- Outdoors Foundation, Virginia
- People with Disabilities, Virginia Board for

December 6

- Agriculture and Consumer Services, Board of
- Conservation and Recreation, Department of
- Falls of the James Scenic River Advisory Board
- † Environmental Quality, Department of
- Nursing, Board of
- Special Conference Committee
- Real Estate Board
- Technology Services, Council on
- Enterprise Architecture Workgroup

December 7

- Art and Architectural Review Board
- † Counseling, Board of
- Ad Hoc Committee on Substance Abuse Assistants and Counselors
- † Medicine, Board of
- Executive Committee

December 10

- † Chesapeake Bay Local Assistance Board
- † Hearing Aid Specialists, Board for

Nursing, Board of
- Special Conference Committee
† Unfunded Transportation Projects in Hampton Roads,
Joint Subcommittee to Study Funding of

December 11

† Asbestos, Lead and Home Inspectors, Virginia Board for
Branch Pilots, Board for
Nursing, Board of
- Special Conference Committee
Resources Authority, Virginia

December 12

Conservation and Recreation, Department of
- Virginia Soil and Water Conservation Board
Funeral Directors and Embalmers, Board of
- Special Conference Committee
† Medicine, Board of
- Informal Conference Committee
Milk Commission, State
Polygraph Examiners Advisory Board
† Technology Planning, Department of
- Wireless E-911 Services Board

December 13

Agriculture and Consumer Services, Department of
- Virginia Corn Board
Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects,
Board for
Criminal Justice Services Board
Labor and Industry, Department of
- Virginia Apprenticeship Council
† Medicine, Board of
- Informal Conference Committee
Waste Management Board, Virginia
Waterworks and Wastewater Works Operators, Virginia
Board for

December 14

Health Professions, Department of
- Health Practitioners' Intervention Program Committee

December 18

Charitable Gaming Commission
Marine Resources Commission
Nursing, Board of
- Special Conference Committee

December 19

At-Risk Youth and Families, Comprehensive Services for
- State Executive Council
† Medicine, Board of
- Informal Conference Committee
Racing Commission, Virginia
Retirement System, Virginia
- Investment Advisory Committee

December 20

Design-Build/Construction Management Review Board
Retirement System, Virginia
- Board of Trustees

January 5, 2002

† Conservation and Recreation, Department of
- Board on Conservation and Development of Public
Beaches
January 8i
† Resources Authority, Virginia
- Board of Directors

January 10

Education, Board of

January 18

Social Services, State Board of
- Family and Children's Trust Fund Board of Trustees

January 25

Library of Virginia
- Archival and Information Services Committee
- Collection Management Services Committee
- Executive Committee
- Legislative and Finance Committee
- Publications and Educational Services Committee
- Public Library Development Committee
- Records Management Committee

January 28

† Education, Board of
- Advisory Board for Teacher Education and Licensure

February 7

† Nursing, Board of
- Special Conference Committee

February 11

† Nursing, Board of
- Special Conference Committee

February 12

† Nursing, Board of
- Special Conference Committee
† Resources Authority, Virginia
- Board of Directors

February 19

† Nursing, Board of
- Special Conference Committee

PUBLIC HEARINGS

November 20, 2001

Water Control Board, State

November 26

Waste Management Board, Virginia

November 27

Air Pollution Control Board, State
Waste Management Board, Virginia

November 29

Environmental Quality, Department of
Health, State Board of
Waste Management Board, Virginia

December 3

† Environmental Quality, Department of
† Water Control Board, State

December 4

Mental Health, Mental Retardation and Substance Abuse
Services, State Board of

December 5

† Environmental Quality, Department of
Mental Health, Mental Retardation and Substance Abuse
Services, State Board of

December 6

Mental Health, Mental Retardation and Substance Abuse
Services, State Board of

December 7

Air Pollution Control Board, State

December 10

Water Control Board, State

Calendar of Events

December 11

Mental Health, Mental Retardation and Substance Abuse
Services, State Board of

December 13

Criminal Justice Services Board

January 4, 2002

Waste Management Board, Virginia

January 7

Waste Management Board, Virginia

January 8

† Waste Management Board, Virginia
Water Control Board, State

January 9

Water Control Board, State

March 14

† Agriculture and Consumer Services, Department of