

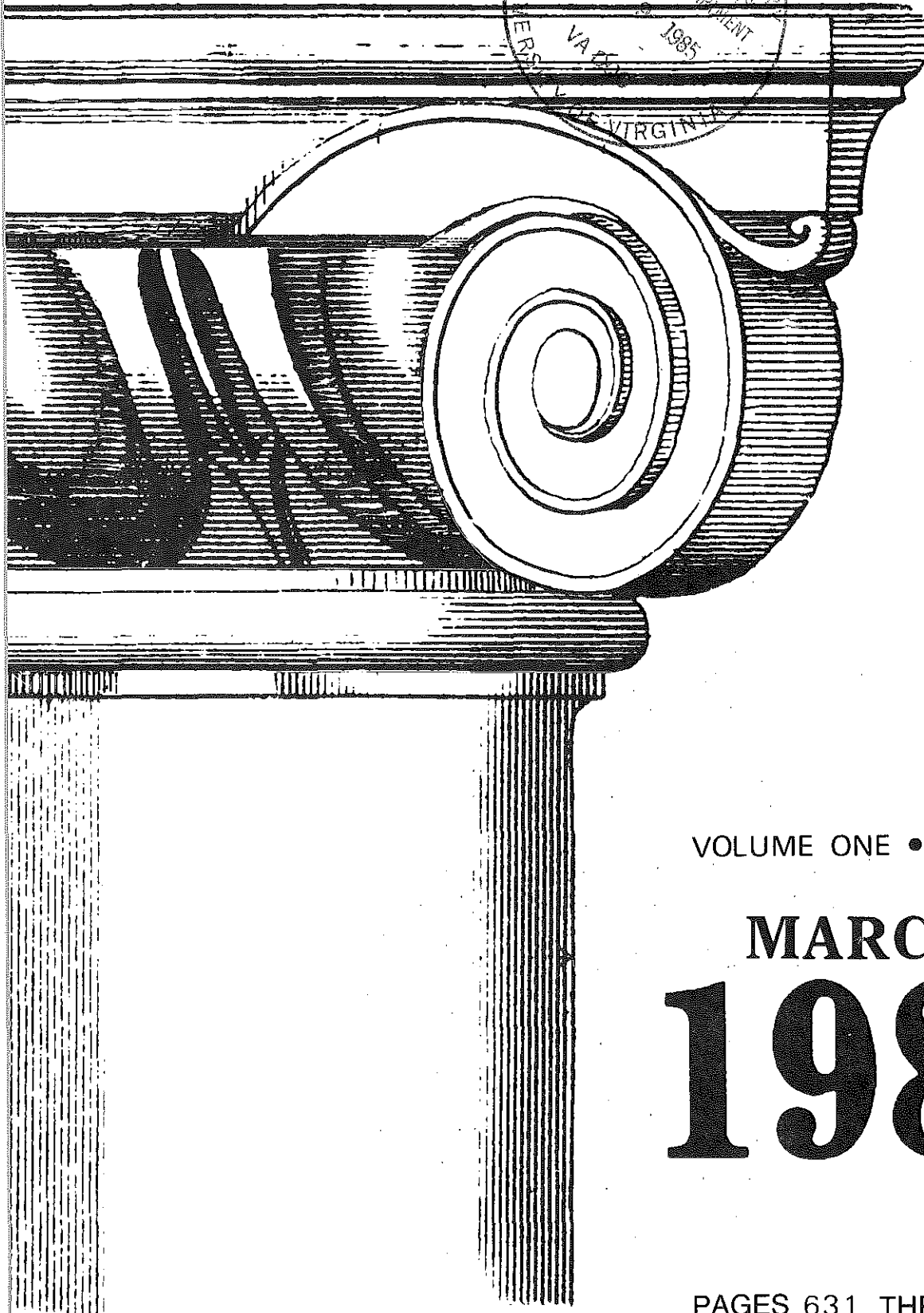
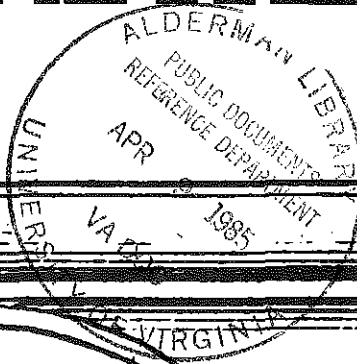
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THE VIRGINIA REGISTER

OF REGULATIONS

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INFORMATION ABOUT THE VIRGINIA REGISTER OF REGULATIONS

VIRGINIA REGISTER

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

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

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

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

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

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

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

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

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

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

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

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

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

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

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

EMERGENCY REGULATIONS

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

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

STATEMENT

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

CITATION TO THE VIRGINIA REGISTER

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

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

Citizen Participation in the Rule-Making Process

As required by the Administrative Process Act, each agency of the Commonwealth is required to develop, adopt and utilize public participation guidelines for soliciting the input of interested parties in the formation and development of its regulations.

Citizens may participate in the process by which administrative regulations are adopted, amended, or repealed by submitting data or views on proposed regulations either orally or in writing, to the proposing agency (see General Notices and Calendar of Events section of the *Virginia Register*).

How to Follow State Agency Regulatory Action in the Virginia Register

Under the provisions of the Administrative Process Act, state agencies must publish in the *Virginia Register* the full text of proposed rules and regulations, if substantive, as well as a summary statement.

In addition, the agency is required to provide a public comment period and hold a public hearing. A notice of hearing will be published sixty days prior to the hearing. Such notices are published in the CALENDAR OF EVENTS section of the *Virginia Register*. Proposed regulations and adopted regulations are published in separate sections of the *Virginia Register*.

All executive orders and comments on regulations issued by the Governor are published under the GOVERNOR section.

The CALENDAR OF EVENTS section not only contains the notices of public comment periods and hearings but also all notices of meetings required to be open under the provisions of the Freedom of Information Act.

**VIRGINIA REGISTER OF REGULATIONS
PUBLICATION DEADLINES AND SCHEDULES**

ISSUE DATE	MATERIAL SUBMITTED BY 4:30 p.m. Friday	Will be included in PUBLICATION MAILED on Friday
Feb. 4	Jan. 18	Feb. 1
Feb. 18	Feb. 1	Feb. 15
Mar. 4	Feb. 15	Mar. 1
Mar. 18	Mar. 1	Mar. 15
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PROPOSED REGULATIONS

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Symbol Key

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

VIRGINIA STATE BOARD OF ACCOUNTANCY

Title of Regulation: VR 105-01-2. Rules and Regulations of the Virginia State Board of Accountancy.

Statutory Authority: § 54-84 of the Code of Virginia.

Summary:

Virginia Code §§ 54-84 and 54-1.28 provide the statutory basis for promulgation of regulations governing the practice of public accountancy in Virginia. As a result of regulatory reform efforts, the Board proposes to repeal the existing regulation and entirely revise the regulation governing the practice of accountancy.

The revisions address the following issues, which will affect CPAs and professional corporations of CPAs practicing in Virginia: Education necessary to qualify for the Uniform CPA examination; work experience necessary for obtaining a license; the definition of the practice of public accountancy; management of offices; regulations governing independence; the use of accounting and auditing standards; and provisions for disciplinary actions; suspensions; revocations and fines; and reinstatement of certificates or licenses.

VR 105-01-2. Rules and Regulations of the State Board of Accountancy.

PART I GENERAL

§ 1.1. Definitions.

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

"Accredited institution" means any four-year degree-granting college or university accredited at the time of the applicant's degree or attendance by any of the following:

1. Middle States Association of Colleges and Secondary Schools;
2. New England Association of Schools and Colleges;
3. North Central Association of Colleges and Secondary Schools;
4. Northwest Association of Schools and Colleges;
5. Southern Association of Colleges and Schools; and
6. Western Association of Schools and Colleges.

"Certification" means the issuance of a certificate to a person who has met all the requirements of these regulations and is eligible to obtain a license.

"Certify," "Examine," "Review," and/or "Render or disclaim an opinion," when referenced to financial information or the practice of certified public accountancy, means the issuance of reports or other language which states or implies assurance of conformity with generally accepted accounting principles and auditing standards; and language disclaiming an opinion which is understood to imply assurance concerning the reliability of the financial information referred to, and the expertise of the user.

"Client" means a person or entity that contracts with or retains a firm for performance of public accounting services.

"Financial statements" means a presentation of financial data, including but not limited to, accompanying notes derived from accounting records, that purport to show financial position at a point in time or changes in that period of time. It includes statements which use a cash or other incomplete basis of accounting. The term includes balance sheets, statements of income, statements of retained earnings, statements of changes in financial position, and statements of changes in owners' equity. The term does not include either tax returns and supporting schedules, or incidental financial data included in management advisory services reports to support recommendations to a client.

"Firm" means a sole proprietorship, a corporation, partnership, professional association, or any combination practicing public accountancy in Virginia.

"Individual firm name" means a name different from the name in which the individual's license is issued.

"Jurisdiction" means another state, territory, the District of Columbia, or Puerto Rico.

"License" means permission to a natural person to practice as a certified public accountant as part of a firm.

"Practice of public accountancy" means to certify, render, or disclaim an opinion that financial data comply with standards of practice with which regulants are required to comply in Part 3 of these regulations, or use language in a report on which third parties might rely so similar thereto that a reasonably prudent person would be likely to consider it the same as the required language, including use of the terms "audit," "examination," "review," "in conformity with generally accepted accounting principles," or "in accordance with generally accepted auditing standards".

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"Principal" means a certified public accountant who is the sole proprietor of, or a partner or shareholder in, a firm.

"Professional association" means a firm organized in accordance with Chapter 25 of Title 54 of the Code of Virginia.

"Professional services and engagements" means the association between a client and the firm to perform, or offer to perform, public accounting services by the firm for the client.

"Professional staff" means employees of a firm engaged in the practice of public accountancy and who make decisions relating to their work, but excludes employees performing routine bookkeeping services.

"Regulant" means any certificate holder, licensee, professional corporation or firm. (§ 54-1.28.5 of the Code of Virginia)

§ 1.2. Fees.

Fees are required as follows:

Upon original application or renewal of a registration for a professional corporation ...\$50.00

Upon original application for certification ...\$85.00
(including by endorsement)

Upon any reexamination ...\$75.00

Upon biennial license and certificate renewal ...\$30.00

Upon biennial certificate renewal ...\$10.00

§ 1.3. Renewal of Licenses and Resgistration.

Each license or registration of a professional corporation shall expire on September 30, of each even-numbered year and will be renewed upon receipt of the appropriate renewal application and fee. Failure of the regulant to receive written notice of expiration does not relieve him from the requirement to renew the license or registration.

Any person may renew an expired license or registration within six months after expiration by submitting the required renewal fee equal to 1 1/2 times the fee. If the regulant fails to renew within six months following expiration, he will be required to apply for reinstatement. The applicant will be required to present reasons for reinstatement, and the Board, in its discretion, may grant reinstatement or require a requalification and/or reexamination. The application fee for reinstatement shall be an amount equal to twice the license fee. (§ 54-1.28.4 of the Code of Virginia)

§ 1.4. Notification of Change of Address.

Every regulant shall notify the Board within 30 days of any change of address or name. (§ 54-1.28.5 of the Code of Virginia)

§ 1.5. Appeals.

Any person aggrieved by any case decision of the Board may appeal any decision in accordance with the Administrative Process Act and the Department of

Commerce Agency Rules of Practice for Hearing Officers. (§ 54-1.28.5 of the Code of Virginia)

§ 1.6. License Required, Renewal.

Any person holding a Virginia certificate shall either maintain a Virginia license to practice public accounting, or file biennially as a certificate holder not engaged in the practice of public accountancy and pay the required renewal fee. (§ 54-1.28.3 of the Code of Virginia)

§ 1.7. License Required; Exception.

Only a certified public accountant, holding a valid license, may engage in practice of public accountancy in Virginia, provided this does not:

1. Prohibit any person from affixing his signature to any statement or report for internal or management use designating the position, title, or office of the person; or

2. Prohibit the act of any public official or public employee in the performance of his duties; or

3. Prohibit the performance by any person of service involving the use of accounting skills, rendering tax services, management advisory or consulting services, the keeping of books of account and related accounting records, and the preparation of financial statements without the expression of an opinion or assurance. (§ 54-84 of the Code of Virginia)

§ 1.8. Use of Term Certified Public Accountant.

Only a person holding a valid certificate in Virginia, or other jurisdiction, shall use or assume the title or designation "certified public accountant," or "public accountant," the abbreviations of that, or any title, designation, word, card, or device tending to indicate that the person is a certified public accountant or public accountant. (§ 54-1.84 of the Code of Virginia)

§ 1.9. Use of Firm Designations.

Only those principals of a firm who work in Virginia in public accounting or who have substantial contact with work in Virginia and who hold valid licenses as certified public accountants in this Commonwealth shall offer to engage in or hold themselves out as qualified to engage in the practice of public accountancy in Virginia; or assume or use the titles or designations "certified public accountant," "public accountant," "CPA," or any other titles designations, phrases, acronyms, abbreviations, signs, cards, or devices tending to indicate the practice of public accounting in Virginia. (§ 54-1.84 of the Code of Virginia)

§ 1.10. Regulant Accountable for Services Rendered.

Whenever a regulant offers or performs any services in Virginia, regardless of the necessity to hold a license to perform that service, the regulant shall be subject to the provisions of these regulations.

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PART II ENTRY

§ 2.1. General.

Any person applying for certification as a certified public accountant shall meet the requirements of good character, education, and shall have passed an examination. Any person applying for a license to practice public accounting in Virginia shall hold a Virginia certificate as a certified public account and must meet the experience requirement. (§ 54-1.28.1 of the Code of Virginia)

§ 2.2. Good Character.

Each applicant shall have fiscal integrity and a lack of history of acts involving dishonesty or acts which would constitute a violation of these regulations. The Board may deny certification upon a finding supported by clear and convincing evidence of a lack of good character. (§ 54-1.28.1 of the Code of Virginia)

§ 2.3. Education Required.

Each applicant shall have earned one of the following:

1. A baccalaureate or higher degree with either a major in accounting or a concentration in accounting from an accredited institution as defined in § 1.1;
2. One hundred twenty semester hours of earned credit from an accredited institution, which must include the following business related courses:

Principles of Accounting 6 - semester hours

Principles of Economics 3 - semester hours

Principles of Marketing 3 - semester hours

Principles of Management 3 - semester hours

Finance 3 - semester hours

Information Systems 3 - semester hours

Statistics 3 - semester hours

Business Policy 3 - semester hours

Financial Accounting and Accounting Theory 6 - semester hours

Cost/Managerial Accounting 3 - semester hours

Auditing 3 - semester hours

Taxation 3 - semester hours

Commercial Law (not to exceed six semester hours) 3 - semester hours

Business Electives 15 - semester hours

Totaling - 60 semester hours;

3. Completion of a written examination approved by the Board demonstrating that the applicant has obtained the knowledge, skill or ability equivalent to a bachelor's degree and 27 semester hours in accounting subjects from an accredited institution, which must include courses in accounting, auditing, cost accounting and not more than six semester hours in commercial law;

4. Until July 31, 1988, the education requirements will be satisfied with an earned baccalaureate or higher degree from an accredited institution or completion of a written examination approved by the Board demonstrating that the applicant has obtained the knowledge, skill or ability equivalent to a bachelor's degree; and completion of 27 semester hours in accounting subjects from an accredited institution, which shall include courses in accounting, auditing, cost accounting and shall not include more than six semester hours in commercial law.

§ 2.4. Evidence of Education.

Each applicant shall submit evidence of having obtained required education in the form of official transcripts transmitted directly from the accredited institution. In unusual circumstances other evidence of education may be accepted when deemed equivalent and conclusive. (§ 54-1.28.1 of the Code of Virginia)

§ 2.5. Education Prerequisite to Examination.

The educational requirements shall be met prior to examination. An applicant may be admitted to the examination, however, when the applicant has filed evidence of enrollment in the required courses. He may be admitted to a May examination if he will meet education requirements by June 30, and to a November examination if he will meet education requirements by December 31. (§ 54-1.28.2 of the Code of Virginia)

§ 2.6. Basic Examination.

Each applicant for an original certificate to practice public accountancy in Virginia shall pass a basic four-part written national uniform examination in auditing, business law, theory of accounting, and accounting practice. Each part of the basic examination must be passed with a grade of 75 percent. The Board is authorized to make use of all or any part of the Uniform Certified Public Accountant Examination and Advisory Grading Service of the American Institute of Certified Public Accountants and the National State Boards of Accountancy to assist it in performing its duties. (§ 54-1.28.2 of the Code of Virginia)

§ 2.7. Examination Credits.

Credit will be given for basic examination parts passed through five successive offerings subsequent to the

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first occasion when credit is earned, provided:

1. No credit will be allowed until accounting practice or two other parts are passed at a single sitting; and
2. When two or three parts are failed at a single sitting; a minimum grade of 50 is achieved on each of those failed parts; and
3. An applicant sits for all part not credited. (§ 54-1.28.2 of the Code of Virginia)

§ 2.8. Extension of Unexpired Credits.

The Board may extend earned basic examination credits to any applicant who has been on active duty in the armed forces for a period of six months immediately prior to an examination month. Request for extension shall be made in writing within six months of completion of active duty but no later than ten years from the date the last credit was earned. (§ 54-1.28.2 of the Code of Virginia)

§ 2.9. Conduct in Basic Examination.

A. An admittance card with recent photograph permanently attached shall be presented to sit for the examination.

Identification numbers assigned by the Board shall be use in lieu of name on all papers submitted.

B. No resource or reference material, unless specified by the Board is permitted in the examination site.

C. Work on each examination must be completed within the time specified.

D. All writing must be clear and legible.

E. No communication between examinees is permitted during the examination.

F. Each applicant shall honestly represent only his own personal knowledge, skill, or ability in answering questions. (§ 54-1.28.2 of the Code of Virginia)

G. Each applicant shall agree to submit to an inspection if required to enforce compliance with these regulations.

§ 2.10. Loss of Credit or Eligibility.

Any applicant found in violation of regulations governing conduct in examination will lose established eligibility to be admitted or credit for examination parts earned. (§ 54-1.28.2 of the Code of Virginia)

§ 2.11. Application Deadline.

Application to sit for the basic examination shall be

made on a form provided by the Board and shall be filed with all required documents by the first Friday in March for the May examination and by the first Friday in September for the November examination. (§ 54-1.28.2 of the Code of Virginia)

§ 2.12. Failure to Appear; Excused Examination.

An applicant who fails to appear for the basic examination or reexamination shall forfeit the fees charged for the examination or reexamination unless excused.

The Board may excuse an applicant for an examination until the next examination for military service when documented by orders or a letter from the commanding officer; or for serious injury, illness, or physical impairment, any of which must be documented by a statement from the treating physician; or for other good cause of similar magnitude approved by the Board.

§ 2.13. Ethics Examination.

In addition to the basic examination, prior to obtaining a certificate, each applicant may be required to pass an examination in ethics. (§ 54-1.28.2 of the Code of Virginia)

§ 2.14. Experience Required.

Subject to the foregoing, an individual will be eligible for licensure if he possesses one of the following:

1. Two years of experience in accounting with the attest function constituting not less than 800 hours of that experience; or

2. Three years of experience in accounting in its broadest sense. For those with more than a four-year lapse between completion of the CPA Examination and submission of the experience application, continuing professional education will be required. Such education may include courses in auditing, accounting and tax; or

3. Four years of diversified teaching experience in accounting subjects at an institution recognized by the Board in conjunction with no less than five months experience with a public accounting firm with at least 600 hours of the work in auditing and preparation of financial statements.

"Diversified teaching experience" as used above means upper level courses in accounting, auditing and taxation.

§ 2.15. Education substituted for experience.

An applicant having an undergraduate degree in accounting will be credited with one year of required experience for completion of a master's degree at an accredited institution, which shall include 15 semester

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hours in graduate level accounting subjects. (§ 54-1.28.2 of the Code of Virginia)

§ 2.16. Certificate by Endorsement.

Upon payment of the specified fee, a certificate will be granted to an applicant who holds a like valid and unrevoked certificate issued under the law of any jurisdiction showing that applicant is in good standing in the jurisdiction; provided:

1. The applicant meets all current requirements in Virginia at the time application is made; or (§ 54-1.28.3 of the Code of Virginia)
2. At the time the applicant's certificate was issued in the other jurisdiction, the applicant met all requirements then applicable in Virginia; or (§ 54-1.28.3 of the Code of Virginia)
3. The applicant has met all requirements applicable in Virginia except the education requirement, or has passed the examination under different credit provisions, and either:
 - a. The applicant has five years of experience in the practice of public accountancy within the ten years prior to application, or
 - b. The applicant has five years of experience in the practice of public accountancy, one year of which was immediately prior to application, and has completed 15 semester hours of accounting, auditing, and related subjects in an accredited institution. (§ 54-1.28.1 of the Code of Virginia)

PART III STANDARDS OF PRACTICE

§ 3.1. Office Registration Required.

Upon application or renewal of a license, each licensee or his firm shall be required to register each office in this Commonwealth, and to show that each office is under the responsible supervision of a person holding a valid license. (§ 54-1.28.5 of the Code of Virginia)

§ 3.2. Sole Proprietor Name.

A sole proprietor shall use his own name as the firm name except that a proprietor surviving the death or withdrawal of all other partners may continue using the names of those partners for not more than two years after becoming a sole proprietor. (§ 54-1.28.5 of the Code of Virginia)

§ 3.3. Partnership Name.

A licensee shall not practice in a partnership that includes a fictitious name, indicates specialization, or includes the terms "company" or "associates" or any

similar term unless used to designate at least one unnamed, currently licensed partner, provided, that the name of one or more past partners or shareholders of a predecessor corporation may be included in the firm name of the successor partnership. (§ 54-1.28.5 of the Code of Virginia)

§ 3.4. Corporate Names.

A licensee shall not practice in a corporation the name of which indicates fields of specialization, or includes the terms "company," "associates," or similar terms or derivatives unless used to designate at least one unnamed shareholder, or which constitutes a fictitious name. Names of one or more past shareholders or partners in a predecessor partnership may be included in the corporate name. The shareholder surviving the death or withdrawal of all other shareholders may use the names of those past shareholders or partners for up to two years after death or withdrawal. The corporate name must always be followed by the designation "a professional corporation." (§§ 54-1.28.5 and 54-91.1 of the Code of Virginia)

§ 3.5. Notification of Changes in Firms.

A licensee shall notify the Board in writing within 30 days after occurrence of any of the following:

1. The admission of any new shareholder or partner; or
2. The retirement or death of a copartner or shareholder; or
3. A change in the name of any partnership or professional corporation; or
4. The termination of any partnership or professional corporation; or
5. The change in the supervisor of any branch office; or
6. The change in the number or location of Virginia offices; or
7. Any event which would cause the partnership or professional corporation not to be in conformity with the provisions of these regulations. (§ 54-1.28.5 of the Code of Virginia)

§ 3.6. Mandatory Use of "CPA."

The term "certified public accountant(s)," or the abbreviation "CPA," shall appear with the name of a certified public account when used in connection with an expression of opinion. (§ 54-1.28.5 of the Code of Virginia)

§ 3.7. Sharing in Office.

When sharing office facilities with any person who is not in the same firm, the licensee shall use practices and procedures which enable a reasonable person clearly to distinguish between the practice of the licensee and the operation of the other occupation or business. (§ 54-1.28.5 of the Code of Virginia)

§ 3.8. Resident Manager in Virginia in Charge of Branch Office.

Each branch office of a firm shall be managed by a certified public accountant licensed in Virginia. No licensed certified public accountant shall manage more than one office until such time as the licensee can provide the Board with a management plan to provide supervision and quality control over the work product of all offices under the supervision of the licensee. (§ 54-1.28.5 of the Code of Virginia)

§ 3.9. Misleading Firm Name.

Nothing shall be contained in the name, styling, or letterhead of any firm which implies an ability, relationship, or condition that does not exist. (§ 54-1.28.6 of the Code of Virginia)

§ 3.10. Independence.

A regulant shall not express an opinion on financial statements of an entity in such a manner as to imply that its licensees are acting in an independent capacity when the licensee has any of the following interests in that entity:

1. Commitment to acquire any direct or material indirect financial interest; or
2. Position as trustee, executor, or administrator of any estate if such trust or estate is committed to acquire any direct or material indirect financial interest; or
3. Ownership of any joint closely-held business investment with the entity or any officer, director, or principal stockholder thereof which was material in relation to the net worth of the licensee; or
4. Relationship with the entity as a promoter, underwriter, or voting trustee, director, or officer, or in any capacity equivalent to that of a member of management or of an employee; or
5. Having any loan to or from the entity, or from any officer, director, or principal stockholder thereof except loans made by a financial institution under normal lending procedures, terms and requirements such as: loans obtained by the licensee or firm which are not material in relation to the net worth of the borrower; or home mortgages; or other secured loans, except those secured solely by a guarantee of the firm of its licensees. (§ 54-1.28.9 of the Code of Virginia)

§ 3.11. Integrity and Objectivity.

A licensee shall not knowingly misrepresent facts or subordinate his judgement to others. In tax practice, a licensee may resolve doubt in favor of his client when there is reasonable support for the position. (§ 54-1.28.9 of the Code of Virginia)

§ 3.12. Commissions.

A regulant shall not pay a commission to obtain a client, or accept a commission for a referral to a client of products or services of another. Payments for the purchase of all, or part, of an accounting practice, retirement payments to persons formerly engaged in the practice of public accountancy, or payments to the heirs or estates of such persons are permitted. (§ 54-1.28.9 of the Code of Virginia)

§ 3.13. Contingent Fees.

A regulant shall not offer or perform the practice of accounting for a fee which is contingent upon the findings or results of these services. This regulation does not apply either to services involving taxes in which the sole findings are those of the tax authorities or to professional services for which the fees are to be fixed by courts or other public authorities. (§ 54-1.28.9 of the Code of Virginia)

§ 3.14. Incompatible Occupations.

A regulant shall not concurrently engage in any other business or occupation which impairs his independence or objectivity in the practice of public accounting. (§ 54-1.28.9 of the Code of Virginia)

§ 3.15. Competence.

A regulant shall not undertake performance of professional services which he cannot reasonably expect to complete with due professional competence, including compliance, when applicable, with these regulations. (§ 54-1.28.9 of the Code of Virginia)

§ 3.16. Auditing Standards.

A regulant shall not permit his name to be associated with financial statements in a manner that might be construed to imply he is acting as an independent public accountant unless he has complied with applicable, generally accepted auditing standards in use in Virginia at the time his name is so associated. Departures from compliance with generally accepted auditing standards must be justified. (§ 54-1.28.9 of the Code of Virginia)

§ 3.17. Accounting Principles.

A regulant shall not express an opinion that financial statements are presented in conformity with generally accepted accounting principles if the financial statements

Proposed Regulations

contain any departure from generally accepted accounting principles in current use in Virginia, which has a material effect on the statement as a whole. Any departure is permissible only if the regulant can demonstrate that, by reason of unusual circumstances, the financial statements would otherwise be misleading. In such a case, the regulant's report shall describe the departure, the approximate effects, if practicable, and the reasons that compliance with the generally accepted accounting principle would result in a misleading statement. (§ 54-1.28.9 of the Code of Virginia)

§ 3.18. Other Technical Standards.

A regulant shall comply with other technical standards pertaining to accounting, tax services and management advisory services that are current practices in Virginia. (§ 54-1.28.9 of the Code of Virginia)

§ 3.19. Forecasts or Projections.

No regulant shall vouch for the achievability for any forecast or projection. (§ 54-1.28.9 of the Code of Virginia)

§ 3.20. Confidential Client Information.

A regulant, without the consent of his client, shall not disclose any confidential information pertaining to his client obtained in the course of the practice of public accounting, except in response to a subpoena or summons enforceable by order of a court, in response to any inquiry made by the Board or its agents, or in connection with a peer review of the regulant's practice. (§ 54-1.28.9 of the Code of Virginia)

§ 3.21. Client's Records.

A regulant shall furnish to its client or former client, regardless of any payment due the firm, within a reasonable time upon request:

1. A copy of a client's tax return; or
2. A copy of any report, or other document, issued by the regulant to or for the client and not formally withdrawn by the regulant prior to the request; or
3. Any accounting or other record belonging to the client, or obtained from or on behalf of the client, which the regulant removed from the client's premises or had received for the client's account; or
4. A copy of the regulant's working papers, to the extent that such working papers include records which would ordinarily constitute part of the client's books and records not otherwise available to the client. (§ 54-1.28.9 of the Code of Virginia)

§ 3.22. Acting Through Others.

A regulant shall not permit others to carry out on his

behalf, acts which, if carried out by the regulant, would place him in violation of these regulations. A regulant shall not perform services for a client who is performing the same or similar services for another, if the firm could not perform those services under these rules. (§ 54-1.28.9 of the Code of Virginia)

§ 3.23. Advertising.

A regulant shall not make any false, fraudulent, misleading, deceptive, or unfair statement or claim, including but not limited to:

1. A misrepresentation of fact; or
2. Failure to make full disclosure of any relevant fact; or
3. Representations of services of exceptional quality not supported by verifiable facts; or
4. A representation that might lead to unjustified expectation of higher level of performance or of favorable results. (§ 54-1.28.9 of the Code of Virginia)

§ 3.24. Solicitation.

A regulant shall not by any direct personal communication solicit an engagement to perform professional services if the communication is overreaching or contains use of coercion, duress, compulsion, intimidation, threats, or harassment. (§ 54-1.28.9 of the Code of Virginia)

§ 3.25. Response to Board Communication.

A regulant shall respond by registered or certified mail within 30 days of the mailing of any communication from the Board when requested. (§ 54-1.28.6 of the Code of Virginia)

§ 3.26. Revocation, Suspension, and Fines.

The Board may suspend, deny renewal, or revoke any certificate, or license, or may fine the holder thereof, upon a finding of:

1. Any fraud or misrepresentation in obtaining a certificate, or license; or
2. Cancellation, revocation, suspension, or refusal to renew authority to engage in the practice of public accountancy in any other jurisdiction for any cause; or
3. Suspension or revocation of the right to practice before any state or federal agency; or
4. Dishonesty, fraud, or negligence in the practice of public accountancy; or
5. Violation of or noncompliance with any of the

provisions of these regulations; or

6. Conviction of a felony or of any crime an element of which is dishonesty or fraud, under the laws of the United States or of any jurisdiction; or

7. Any conduct reflecting adversely upon the regulant's fitness to engage in the practice of public accountancy; or

8. Violation of any of the provisions of Chapter 1.1 or Chapter 5 of Title 54 of the Code of Virginia. (§ 54-1.28.7 of the Code of Virginia)

§ 3.27. Practice Inspection and Continuing Professional Education.

In lieu of, or in addition to, any remedy provided in § 3.26, the Board may require an inspection of a firm's practice or a completion of specified continuing education. (§ 54-1.28.7 of the Code of Virginia)

§ 3.28. Petition for Reinstatement or Modification of a Penalty.

No petition shall be considered while the petitioner is under sentence for a criminal offense related to the practice of public accountancy, including any period during which the petitioner is on court imposed probation or parole for such offense. Otherwise, a person whose certificate or license has been revoked or suspended may petition the Board for reinstatement or modification of any penalty, no sooner than one year from the effective date of that decision. The petition shall be accompanied by at least two verified recommendations from licensees who have had personal knowledge of the activities of the petitioner since the time the disciplinary penalty was imposed. The Board may consider all activities of the petitioner dating from the time the disciplinary action was taken; the offense for which the petitioner was disciplined; the petitioner's activities prior to the imposition of the penalty; the petitioner's rehabilitative efforts and restitution to damaged parties; and the petitioner's general reputation for truth and professional ability. (§ 54-1.28.5 of the Code of Virginia)

§ 3.29. Single Act Evidence.

Evidence of the commission of a single act prohibited by these regulations shall be sufficient to justify a finding of violation, without evidence of a general course of conduct. (§ 54-1.28.5 of the Code of Virginia)

§ 3.30. Privileged Communications.

No regulant shall voluntarily disclose information communicated by a client relating to or in connection with services rendered to the client by the firm in the practice of public accountancy. However, nothing in these regulations shall prohibit the disclosure of information prepared according to required standards of the public

accounting profession in reporting on the examination of financial statements which have been requested in an investigation or proceeding conducted by a government agency, or by a recognized organization of certified public accountants, or by the Board, or by the client himself or his heirs, successors, or authorized representative. (§ 54-1.28.9 of the Code of Virginia)

§ 3.31. Ownership of Records.

All statements, records, schedules, working papers, and memoranda made by a regulant incident to rendering services to client in the practice of public accountancy, shall become the property of the regulant absent an express agreement between the firm and the client to the contrary. No such statement, record, schedule, working paper, or memorandum shall be sold, transferred, or bequeathed, without the consent of the client to anyone other than a surviving or new partner, or stockholders of the firm. (§ 54-101 of the Code of Virginia)

§ 3.32. Severability.

If any provisions of these regulations be held invalid, other provisions shall not be affected. (§ 54-1.28.5 of the Code of Virginia)

Proposed Regulations

STATE BOARD OF ACCOUNTANCY

"Comparison Chart of Regulation Numbers"

<u>Current Regulations</u>	<u>Proposed Status</u>
1.01.01	Deleted/Informational
1.01.02	Deleted/Informational
1.02.01	Deleted/Informational
1.02.02	Deleted/Informational
1.02.03	Deleted/Informational
1.02.04	Deleted/Informational
2.00	Restated in 1.1
2.01	Restated in 1.3
2.02	Restated in 1.1
2.03	Deleted/Informational
2.04	Restated in 1.1
2.05	Deleted/Informational
2.06	Deleted/Informational
2.07	Restated in 1.1
2.08	Deleted/No longer relevant
2.09	Restated in 1.1
2.10	Restated in 1.1
2.11	Restated in 1.1
2.12	Restated in 1.1
2.13	Restated in 1.1
2.14	Restated in 1.1
2.15	Restated in 1.1
2.16	Restated in 1.1
2.17	Restated in 1.1
2.18	Restated in 1.1
2.19	Deleted/Considered unnecessary
2.20	Restated in 1.1
2.21	Restated in 1.1
3.01.01	Deleted/No longer relevant
3.01.02	Restated in 3.6
3.01.03	Restated in 3.7
3.01.04	Restated in 3.8
3.02	Restated in 1.7
3.02(a)	Restated in 1.7
3.02(b)	Restated in 1.7
3.02(c)	Restated in 1.7
3.02(d)	Restated in 1.7
3.03	Restated in 1.8
3.04	Restated in 1.9
3.05	Restated in 1.9
3.06	Restated in 1.8
3.07	Restated in 1.6
3.08	Restated in 3.4, 3.9
3.09	Deleted/No longer relevant
3.10	Restated in 1.7
3.10(a)	Restated in 1.7.3
3.10(b)	Restated in 1.7.3
3.10(c)	Restated in 1.7.3
3.10(c.1)	Restated in 1.7.3
3.10(c.2)	Restated in 1.7.3

Proposed Regulations

<u>Current Regulations</u>	<u>Proposed Status</u>
3.10(c.3)	Restated in 1.7 1., 1.7 3.
3.11.01(1st paragraph)	Deleted/Informational
3.11.01(2nd paragraph)	Deleted/Informational
3.11.02.01	Restated in 3.10
3.11.02.01(a)	Restated in 3.10
3.11.02.01(a.1)	Restated in 3.10 1.
3.11.02.01(a.2)	Restated in 3.10 2.
3.11.02.01(a.3)	Restated in 3.10 3.
3.11.02.01(a.4)	Restated in 3.10 5.
3.11.02.01(a.4.a)	Restated in 3.10 5.
3.11.02.01(a.4.b)	Restated in 3.10 5.
3.11.02.01(a.4.c)	Restated in 3.10 5.
3.11.02.01(b)	Restated in 3.10 4.
3.11.02.01(b.1)	Restated in 3.10 4.
3.11.02.01(b.2)	Restated in 3.10 4.
3.11.02.02	Restated in 3.11
3.11.02.03	Restated in 3.12
3.11.02.04	Restated in 3.13
3.11.02.05	Restated in 3.14
3.11.03.01	Restated in 3.15
3.11.03.02	Restated in 3.16
3.11.03.03	Restated in 3.17
3.11.03.04	Restated in 3.18
3.11.03.05	Restated in 3.19
3.11.04.01(1st paragraph)	Restated in 3.20, 3.30
3.11.04.01(a)	Restated in 3.20, 3.30
3.11.04.01(b)	Restated in 3.20, 3.30
3.11.04.01(c)	Deleted/Considered unnecessary
3.11.04.01(d)	Restated in 3.20, 3.30
3.11.04.01(2nd paragraph)	Deleted/Informational
3.11.04.02	Restated in 3.21
3.11.04.02(a)	Restated in 3.21 1.
3.11.04.02(b)	Restated in 3.21 2.
3.11.04.02(c)	Restated in 3.21 3.
3.11.04.02(d)	Restated in 3.21 4.
3.11.04.03.01	Deleted/Too vague
3.11.04.03.02	Restated in 3.22
3.11.04.03.03	Restated in 3.23
3.11.04.03.03(a)	Restated in 3.23 1.
3.11.04.03.03(b)	Restated in 3.23 2.
3.11.04.03.03(c)	Restated in 3.23 3.
3.11.04.03.03(d)	Restated in 3.23 4.
3.11.04.03.03(e)	Restated in 3.23 1.
3.11.04.03.03(f)	Restated in 3.23 1.
3.11.04.03.03(g)	Restated in 3.23 2.
3.11.04.03.03(h)	Restated in 3.23
3.11.04.03.04	Restated in 3.24
3.11.04.03.04(a)	Deleted/Considered unnecessary
3.11.04.03.04(b)	Restated in 3.24
3.11.04.03.04(c)	Deleted/Considered unnecessary

Proposed Regulations

<u>Current Regulations</u>	<u>Proposed Status</u>
3.11.04.03.05	Deleted/Considered unnecessary
3.11.04.03.06	Restated in 3.4, 3.9
3.11.04.03.07	Restated in 3.25
4.01	Deleted/Informational
4.02	Deleted/Informational
4.03	Deleted/Informational
4.04	Deleted/Informational
4.05	Deleted/Informational
4.06	Deleted/Informational
4.07	Deleted/Informational
4.08	Deleted/Informational
4.09	Deleted/Informational
4.10	Restated in 1.2
4.11	Restated in 1.4
4.12.01	Restated in 1.5
4.12.02	Deleted/Procedural
4.12.03	Deleted/Procedural
5.01	Restated in 2.1
5.01.01	Restated in 2.2
5.01.02.01(1st paragraph)	Restated in 2.3 1., 2.3 A.
5.01.02.01(2nd paragraph)	Deleted/No longer relevant
5.01.02.02	Restated in 2.3 A.
5.01.02.03	Deleted/No longer relevant
5.01.02.04	Restated in 1.1
5.01.02.05	Deleted/Considered unnecessary
5.01.02.06	Restated in 2.3.3
5.01.02.07	Restated in 2.4
5.01.02.08	Deleted/No longer relevant
5.01.02.09	Restated in 2.5 (60 day limit)
5.01.03.01	Restated in 2.6
5.01.03.02	Deleted/Procedural
5.01.03.03.01	Restated in 2.11
5.01.03.03.02	Deleted/Procedural
5.01.03.03.03	Deleted/Procedural
5.01.03.03.04	Restated in 2.12
5.01.03.03.05	Restated in 2.12
5.01.03.04	Restated in 2.6, 2.13
5.01.03.05	Restated in 2.7
5.01.03.06	Restated in 2.7
5.01.03.06(a)	Restated in 2.7
5.01.03.06(b)	Restated in 2.7
5.01.03.06(b.1)	Restated in 2.7
5.01.03.06(b.2)	Restated in 2.7
5.01.03.06(b.3)	Restated in 2.7
5.01.03.07	Restated in 2.7
5.01.03.08	Restated in 2.8
5.01.03.09	Restated in 2.9
5.01.03.09(a)	Restated in 2.9 A.
5.01.03.09(b)	Restated in 2.9 A.
5.01.03.09(c)	Restated in 2.9 B.

Proposed Regulations

<u>Current Regulations</u>	<u>Proposed Status</u>
5.01.03.09(d)	Restated in 2.9 C.
5.01.03.09(e)	Restated in 2.9 D.
5.01.03.09(f)	Deleted/Informational
5.01.03.09(g)	Restated in 2.9 G.
5.01.04.01	Restated in 2.14
5.01.04.02(1st paragraph)	Restated in 2.14
5.01.04.02(a)	Restated in 2.14 1.
5.01.04.02(b)	Restated in 2.14 2.
5.01.04.02(c)	Restated in 2.14 3.
5.01.04.02(2nd paragraph)	Restated in 2.14 3.
5.01.04.03	Restated in 2.15
5.01.05.01	Deleted/Informational
5.01.05.02	Deleted/Procedural
5.02(1st paragraph)	Restated in 2.16
5.02(A)	Restated in 2.16 1.
5.02(B)	Restated in 2.16 2.
5.02(C)	Restated in 2.16 3.
5.02(C.1)	Restated in 2.16 3.(a)
5.02(C.2)	Restated in 2.16 3.(b)
5.03	Restated in 1.6
5.03.01	Restated in 1.6
5.03.02	Restated in 1.6
6.01.01	Deleted/No longer relevant
6.01.02	Restated in 1.3
6.01.03	Deleted/Procedural
6.01.04	Restated in 3.3
6.01.05	Restated in 3.1
6.01.06	Restated in 1.2
6.01.07	Deleted/Considered unnecessary
6.01.08(1st paragraph)	Restated in 3.5
6.01.08(2nd paragraph)	Restated in 3.5 1., 3.5 2., 3.5 3., 3.5 4., 3.5 5., 3.5 6., 3.5 7
6.02.01	Restated in 3.1
6.02.02	Restated in 3.4
6.02.03	Restated in 3.1
6.02.04	Restated in 1.2
6.03.01	Deleted/No longer relevant
6.03.02	Deleted/No longer relevant
6.03.03	Deleted/No longer relevant
6.03.03(a)	Deleted/Procedural
6.03.03(b)	Deleted/Procedural
6.03.03(c)	Deleted/No longer relevant
6.04.01	Restated in 3.4
6.04.02	Restated in 3.4
6.04.03	Restated in 3.1
6.04.03.01	Deleted/Procedural
6.04.03.02	Deleted/Procedural
6.04.04.01	Deleted/Repeats Code
6.04.04.02	Deleted/Repeats Code

Proposed Regulations

<u>Current Regulations</u>	<u>Proposed Status</u>
6.04.05	Restated in 1.2
6.05.01	Restated in 3.5
6.05.01(a)	Restated in 3.5 1.
6.05.01(b)	Restated in 3.5 1.
6.05.01(c)	Restated in 3.5 2.
6.05.01(d)	Restated in 3.5 3.
6.05.01(e)	Restated in 3.5 4.
6.05.01(f)	Restated in 3.5 5.
6.05.01(g)	Restated in 3.7 7.
6.06	Restated in 3.5
7.01.01	Restated in 3.1
7.01.02	Restated in 3.1
7.01.03	Restated in 1.2
7.02.01	Restated in 3.1
7.01.02	Deleted/Procedural
7.01.03	Restated in 1.2
8.01	Deleted/Considered unnecessary
8.02	Deleted/Considered unnecessary
8.03	Deleted/Considered unnecessary
8.04	Deleted/Considered unnecessary
8.05	Deleted/Considered unnecessary
8.06	Deleted/Considered unnecessary
8.07	Deleted/Considered unnecessary
8.08	Deleted/Considered unnecessary
8.09	Deleted/Considered unnecessary
8.10	Deleted/Considered unnecessary
9.01	Restated in 3.26
9.01(a)	Restated in 3.26 1.
9.01(b)	Restated in 3.26 2.
9.01(c)	Restated in 3.26 5.
9.01(d)	Restated in 3.26 3.
9.01(e)	Restated in 3.26 4.
9.01(f)	Restated in 3.26 5.
9.01(g)	Restated in 3.26 6.
9.01(h)	Restated in 3.26 6.
9.01(i)	Restated in 3.26 7.
9.01(j)	Restated in 3.26 8.
9.02	Restated in 3.27
9.03	Deleted/Informational
10.01	Deleted/Informational
10.02	Deleted/Informational
10.03	Deleted/Informational
11.01	Deleted/Informational
11.02	Deleted/Informational
11.03	Deleted/Informational
12.01	Deleted/Procedural
12.02	Restated in 3.28
12.03	Restated in 3.28
12.04	Deleted/Considered unnecessary

Proposed Regulations

<u>Current Regulations</u>	<u>Proposed Status</u>
14.01	Deleted/Informational
14.02	Deleted/Informational
15.01	Restated in 3.29
16.01	Restated in 3.30
16.02	Restated in 3.30
16.02(a)	Restated in 3.30
16.02(b)	Restated in 3.30
16.02(c)	Restated in 3.30
16.02(d)	Restated in 3.30
16.02(2nd paragraph)	Restated in 3.30
17.01	Restated in 3.31
17.02	Restated in 3.21
17.02(a)	Restated in 3.21 1.
17.02(b)	Restated in 3.21 2.
17.02(c)	Restated in 3.21 4.
17.02(d)	Restated in 3.21 3.
17.03	Restated in 3.21
18.01	Restated in 3.32
19.00	Deleted/No longer relevant
20.00	Deleted/No longer relevant

Proposed Regulations

FEE: \$85.00
(Make check
payable to
Treasurer of
Virginia)

COMMONWEALTH OF VIRGINIA
Department of Commerce
Virginia State Board of Accountancy
3600 West Broad Street
Richmond, Virginia 23230-4917
Telephone: (804) 257-8505
Toll Free: 1 (800) 552-3016

APPLICATION FOR A VIRGINIA CPA CERTIFICATE BY ENDORSEMENT

MUST BE TYPED OR PRINTED

NAME _____
Last First Middle Social Security Number
HOME ADDRESS _____
Street number and name Telephone Number
City State Zip Code
EMPLOYER _____
BUSINESS ADDRESS _____
Street number and name Telephone Number
City State Zip Code

LENGTH OF RESIDENCE OR EMPLOYMENT IN VIRGINIA _____

PLACE OF BIRTH _____

Have you ever been convicted of a felony? Yes ___ No ___ or has your right to practice accountancy in any jurisdiction ever been suspended or revoked? Yes ___ No ___

If your answer is "YES," attach a statement providing all relevant details.

ORIGINAL CERTIFICATE NUMBER _____ ISSUED BY _____ ON _____
JURISDICTION DATE

(CPAs submit Form R-2 and VSBA-7. Non-certified applicants, submit Form VSBA-7 re Endorsement of Grades)

ETHICS:

Have you satisfactorily completed the AICPA Course in Ethics? Yes ___ No ___; if "YES" provide evidence; if "NO," see memorandum)

BOARD USE ONLY Date: _____

Reviewed By _____ Certificate No. _____ Member: _____ Member: _____

Date _____ Date of Issuance _____ Member: _____ Member: _____

VSBA R-1

2/85

Proposed Regulations

RECORD OF EXPERIENCE (Refer to Section 2.16 of the Rules and Regulations for Experience Requirements)

A. AUDIT EXPERIENCE

_____	_____	to
FIRM NAME	LOCATION	EXACT DATES
_____	_____	to

B. GENERAL ACCOUNTING EXPERIENCE

_____	_____	to
FIRM NAME	LOCATION	EXACT DATES
_____	_____	to

C. TEACHING EXPERIENCE

_____	_____	to
INSTITUTION	LOCATION	EXACT DATES

D. Credit under Section 2.15 requested? Yes ___ No ___
Document with authenticated transcript showing master's degree if not previously submitted.

All experience must be documented by your employer(s) using Form VSBA-6. If necessary, the information given on the form may be amplified by an accompanying letter on letterhead, signed by the employer, and notarized.

I hereby apply to the Virginia State Board of Accountancy for certification as a Virginia certified public accountant and certify under oath that I have read, and agree to abide by, the Virginia State Board of Accountancy Rules and Regulations, that all statement contained in this application and the statement(s) thereto are correct, to the best of my knowledge and belief, and that I have withheld no information which might reasonably be expected to cause the Board to deny this application.

DATE _____ SIGNATURE OF APPLICANT _____

AFFIDAVIT:

State of _____

City or County of _____

Subscribed and sworn to before me this ___ day of _____, 19__.

My commission expires _____

Notary Public _____

Proposed Regulations



COMMONWEALTH of VIRGINIA

Department of Commerce

BERNARD L. HENDERSON, JR.
Director

3600 WEST BROAD STREET, RICHMOND, VIRGINIA 23230 - 4917
TELEPHONE: (804) 257-8500
TOLL FREE: 1 (800) 552-3016

ROBERT A. NEBIKER
Senior Deputy Director

TO: _____
Name of Board which issued applicant's original certificate

FROM: Jennifer S. Wester, Assistant Director
Virginia State Board of Accountancy

The application for a Virginia CPA certificate submitted by _____
_____ states that his or her original certificate was
issued by your Board.

We would very much appreciate it if you would provide us with the following
information.

1. Certificate Number _____ was issued on _____, 19____.
2. The basis (or bases) for certification were those checked below:
_____ a written examination prepared by this Board
_____ grades reported by the Advisory Grading Service for the Uniform
CPA Examination
_____ Other
3. The candidate has successfully completed the AICPA's course in Ethics.
Yes _____ No _____
4. This certificate is _____, or is not _____, in good standing. If not,
please provide details.

CERTIFICATION

I certify that the foregoing statements are correct to the best of my
knowledge and belief.

Signature of Authorized Person

S E A L

Title

O F

B O A R D

Date

3/83
VSBA
Form R-2

Proposed Regulations



COMMONWEALTH of VIRGINIA

Department of Commerce

BERNARD L. HENDERSON, JR.
Director

3600 WEST BROAD STREET, RICHMOND, VIRGINIA 23230 - 4917
TELEPHONE: (804) 267-6500
TOLL FREE: 1 (800) 552-3016

ROBERT A. NEBIKER
Senior Deputy Director

TO: Jennifer S. Wester, Assistant Director
Virginia State Board of Accountancy

FROM: _____
Name of Board transferring grades

I certify that _____ sat for the Uniform
CPA Examination under our jurisdiction on the dates listed below, with the results
noted:

<u>DATE</u>	<u>I. D. No.</u>	<u>Auditing</u>	<u>Law</u>	<u>Theory</u>	<u>Practice</u>
-------------	------------------	-----------------	------------	---------------	-----------------

These grades were furnished by the Advisory Grading Service of the AIPCA and
we recommend that they be accepted.

These grades have not been used for the purpose of obtaining an original CPA
certificate in _____, nor have they been transferred
previously to another jurisdiction for such a purpose.

CERTIFICATION

I certify that the foregoing statements are correct to the best of my knowledge
and belief.

Signature of Authorized Person

S E A L

Title

O F

Date

B O A R D

VSBA-7
1/82

Proposed Regulations

VIRGINIA STATE BOARD OF ACCOUNTANCY

Department of Commerce
3600 West Broad Street
Richmond, Virginia 23230

TO THE ENDORSER OF AN APPLICANT FOR A VIRGINIA CPA CERTIFICATE BY RECIPROCITY:

The applicant named below has applied for a Virginia CPA certificate by reciprocity. As one of the applicant's endorsers, the Virginia State Board of Accountancy would very much appreciate your frank answers to the following questions. Any other comments you care to make regarding this applicant would also be of value.

PLEASE SEND THIS COMMUNICATION TO THE ADDRESS GIVEN ABOVE.

ENDORSEMENT

1. Applicant's name _____
2. What type of relationship have you had with applicant? (Business, professional, or social?) _____
3. Number of years you have known applicant: _____
4. Is he/she of good moral character? _____
5. To the best of your knowledge, has he or she been employed as an accountant and, if so, for how long? _____
6. If the answer to No. 5 is in the affirmative, what is his or her professional reputation? _____
7. Are you aware of any facts which might negatively affect the Board's consideration of this application? If so, please specify. _____
8. Your comments or recommendations: _____

Continue on reverse side, if necessary.

Signature _____

Name (printed) _____

Address: _____

Occupation: _____

Date: _____

VSBA FORM R-3
6/84

Proposed Regulations

FEE: \$30.00
(Make check payable
to Treasurer of
Virginia)

COMMONWEALTH OF VIRGINIA
Department of Commerce
Virginia State Board of Accountancy
3600 West Broad Street
Richmond, Virginia 23230-4917
Telephone: (804) 257-8505
Toll Free: 1 (800) 552-3016

APPLICATION FOR LICENSE AS A CERTIFIED PUBLIC ACCOUNTANT IN VIRGINIA

MUST BE TYPED OR PRINTED

NAME _____
Last First Middle Social Security Number
HOME ADDRESS _____ ()
Street number and name Telephone Number
City State Zip Code

EMPLOYER _____

BUSINESS ADDRESS _____ ()
Street number and name Telephone Number
City State Zip Code

Date CPA Examination was passed _____

Certificate Number _____ Date of Board Approval _____

Former name if different when you were certified _____

FOR BOARD USE ONLY

Certificate Number _____ Board Approval _____ Conditions, if any: _____
Date _____ Date: _____
Reviewed for Completeness Member: _____
By _____ on _____ Member: _____
By _____ on _____

Proposed Regulations

RECORD OF EXPERIENCE

(Refer to Section 2.14 of the Rules and Regulations on Experience Requirements)

A. AUDIT EXPERIENCE

_____	_____	to
FIRM NAME	LOCATION	EXACT DATES
_____	_____	to

B. GENERAL ACCOUNTING EXPERIENCE

_____	_____	to
FIRM NAME	LOCATION	EXACT DATES
_____	_____	to

C. TEACHING EXPERIENCE

_____	_____	to
INSTITUTION	LOCATION	EXACT DATES

D. Credit under Section 2.15 requested? Yes ___ No ___
Document with authenticated transcript showing master's degree if not previously submitted.

All experience must be documented by your employer(s) using Form VSBA-6. If necessary, the information given on the form may be amplified by an accompanying letter on letterhead, signed by the employer, and notarized.

I hereby apply to the Virginia State Board of Accountancy for a license as a Virginia certified public accountant and certify under oath that I have read, and agree to abide by, the Virginia CPA Law and the Rules and Regulations of the Board, that all statements contained in this application and the statement(s) thereto are correct, to the best of my knowledge and belief, and that I have withheld no information which might reasonably be expected to cause the Board to deny this application.

DATE _____ SIGNATURE OF APPLICANT _____

AFFIDAVIT:

State of _____

City or County of _____

Subscribed and sworn to before me this ____ day of _____, 19____.

My commission expires _____

Notary Public

Proposed Regulations

TO: Virginia State Board of Accountancy
Department of Commerce
3600 W. Broad Street
Richmond, VA 23230

FROM: _____
Name of Firm

RE: _____
Applicant for Certification

1. Exact dates of employment: from _____ to _____

2. Reason for leaving, if applicable: _____

3. Was employment full-time? Yes _____ No _____
If part-time, please indicate total number of hours worked: _____

4. Did the applicant's experience include emphasis on the independent examination and/or review of financial statements involving the applicable performance of either the audit or review functions? Yes _____ No _____

What percentage of the applicant's time was so engaged? _____

Were generally accepted auditing standards or, where applicable, standards for accounting and review services applied? Yes _____ No _____

Was third party reliance on the financial statements involved?
Yes _____ No _____

List the types of organizations audited: _____

Describe the types of work assigned to this applicant: _____

5. Please describe the supervision provided the applicant. (Was the supervisor a CPA? Yes _____ No _____)

6. Please evaluate the quality of the applicant's performance: _____

VSBA-6
8/82

(O V E R)

Proposed Regulations

FEE: \$10.00
 (Make check payable
 to Treasurer of
 Virginia)

COMMONWEALTH OF VIRGINIA
 Department of Commerce
 Virginia State Board of Accountancy
 3600 West Broad Street
 Richmond, Virginia 23230-4917
 Telephone: (804) 257-8505
 Toll Free: 1 (800) 552-3016

APPLICATION FOR ORIGINAL CERTIFICATION AS A CPA IN VIRGINIA

PLEASE TYPE OR PRINT

NAME: _____ Social Security Number _____
 (Use name as you wish it to appear on
 certificate)

ADDRESS: _____
 _____ (Zip) _____ ()
 Telephone Number

BUSINESS ADDRESS: _____
 (Please include
 firm name) _____
 _____ (Zip) _____ ()
 Telephone Number

Date of Completion of Ethics Exam _____ (Attach copy of certificate)

Type of Profession: _____

I hereby declare that I am not now in the practice of public accountancy on my own and that I will not do so in Virginia without first making application to the Virginia State Board of Accountancy, completing the prescribed continuing professional education courses, if required, and paying the required fee.

Date _____ Signature _____

Affidavit:
 State of _____
 City/County of _____

The statement was signed and sworn to before me this ____ day of _____ 19 ____.

My commission expires _____
 Notary Public

FOR OFFICE USE ONLY:

Approval by: _____

Date: _____

Board/Occup.	ID/Cert. No.	Suffix

Check No.	Amount	Class	Date

VSBA CM-1
 2/85



COMMONWEALTH of VIRGINIA

Department of Commerce

BERNARD L. HENDERSON, JR.
Director

3600 WEST BROAD STREET, RICHMOND, VIRGINIA 23230 - 4917
TELEPHONE: (804) 257-8500
TOLL FREE: 1 (800) 552-3016

ROBERT A. NEBIKER
Senior Deputy Director

MEMORANDUM

TO: CPA Candidates

FROM: Jennifer S. Wester, Assistant Director
Virginia State Board of Accountancy

SUBJECT: Ethics Examination

Attached is an order form for AICPA's "Professional Ethics for Certified Public Accountants," a self-study course required of all candidates for a Virginia original or reciprocal certificate. A grade of at least 90 must be achieved in order for you to become eligible to receive a certificate.

The Institute is responsible for grading the self-administered exam, the results of which will then be sent to you and to the Board.

The course is not required prior to taking the Uniform CPA Examination, but evidence of its satisfactory completion will be accepted any time after a candidate's application for examination has been approved. The grade must be received in the Board office before applications for certification will be reviewed by Board members.

J. S. W.

JSW:hge

Attachment

VSBA
A-3
2/85

Proposed Regulations

ORDER FORM

TO: American Institute of Certified Public Accountants
1211 Avenue of the Americas
New York, New York 10036

Enclosed is my payment for the self-study course and examination, "Professional Ethics for Certified Public Accountants -- No. 723992."

I understand that my payment covers the cost of the course materials, examination grading, and notification of successful completion to me and to the Virginia State Board of Accountancy.

My check in the amount of \$45.00, made payable to the AICPA is enclosed.

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Code 15543

Proposed Regulations

STATE BOARD OF ACCOUNTANCY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF COMMERCE

(804) 257-8505

3600 West Broad St.
Richmond, VA 23230

FEE: \$85.00

APPLICATION FOR EXAMINATION

FEE: \$85.00

MUST BE TYPED OR PRINTED

NAME _____
Last
First
Middle
Social Security Number _____

HOME ADDRESS _____
Date of Birth _____
() _____
ZIP
Telephone Number _____

COLLEGE ADDRESS _____
 (Include only
 if current)

() _____
ZIP
Telephone Number _____

BUSINESS ADDRESS _____

() _____
ZIP
Telephone Number _____

College(s) Attended	Location	Attended		Degree	Date of Degree
		From	To		

Have you taken the CPA Examination before? Yes ___ No ___ If you have taken the CPA Examination before, did you sit as a Virginia candidate? Yes ___ No ___ If so, give last date _____. Did you have valid credits from another state? Yes ___ No ___ If so, ask other Board to send us your complete examination history.

Has your name ever been changed? Yes ___ No ___
 If so, please give former name _____

Have you ever been convicted of a felony? Yes ___ No ___ or misdemeanor? YES ___ NO ___. If answer to either question is yes, attach full details.

Examination Site Requested _____

FOR BOARD USE ONLY

Condition(s): _____

Staff Approval: _____

Date: _____

Board Approval _____

For Office Use Only:

0	3	0	1							
---	---	---	---	--	--	--	--	--	--	--

Check No.				

Amount							

Class				

Date					

Proposed Regulations

VIRGINIA STATE BOARD OF ACCOUNTANCY
Certification of Examination Subjects

(Print or type all information)

MUST BE COMPLETED AND SENT WITH APPLICATION

Name of Applicant: _____

Baccalaureate degree received _____ expected _____ on _____ month, year

from _____
college or university

1. List completed accounting courses below.
2. Specify college or university where credits have been earned, the full course number and the number of semester or quarter hours earned in fulfillment of the required courses.
3. This form must have a transcript (official or student copy) attached. For any courses which are not descriptive, attach a course description.
4. Foreign applicants attach letter evaluating courses completed in foreign schools.

These courses have been completed in fulfillment of the requirements of the Rules and Regulations of the Board to qualify for the CPA Exam.

Courses completed:

<u>Name of College/University</u>	<u>Course Title</u>	<u>No. of Hours</u>
_____	<u>Financial Accounting</u> (Including principles of accounting)	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	<u>Cost Accounting</u> (Including managerial accounting)	_____
_____	_____	_____
_____	_____	_____

Proposed Regulations

VIRGINIA STATE BOARD OF ACCOUNTANCY
DEPARTMENT OF COMMERCE
3600 West Broad Street
Richmond, VA. 23230
(804) 257-8505

THIS FORM MUST BE COMPLETED BY THE INSTITUTION

A candidate currently enrolled in courses, credit for which is required to satisfy any of the educational requirements for examination, must provide certification that he/she is so enrolled and that all such courses will be completed no later than the last day of the next month after the examination for which application is made.

CERTIFICATION OF ENROLLMENT

This is to certify that _____

- (1) is enrolled in the following transcripts currently available and for which credit is necessary to satisfy the provisions of Section 5.01.02 of the Board's Regulations.

COURSE NUMBER	TITLE	CREDIT HOURS	
		SEMESTER	QUARTER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (2) is enrolled in a baccalaureate degree program. _____

The above requirements will be completed by June 30, _____ of December 31, _____.

(As of December 31, 1981, a baccalaureate degree is required; 120 hours or the equivalent thereof no longer applies.)

SEAL

OF

INSTITUTION

Signature of Dean, Registrar, or Department Head

Title

Institution

Date

No examination grades will be released until authenticated transcripts documenting actual completion of required courses are received by the Board.

Please return the completed form to the address shown.

Proposed Regulations

LIST BELOW THE NAMES OF EACH OWNER OF CAPITAL STOCK IN THE CORPORATION*

Name	No. Shares Stock Owned	Va. Cert. No.
TOTAL (Must agree with Item 2 above)		

CERTIFICATION:

I, _____, president of the aforementioned corporation, do solemnly swear and affirm that the answers herein are true to the best of my knowledge and belief, that Chapter 5 of Title 54 and Chapter 7 of Title 13.1, Code of Virginia, as amended, and all applicable rules and regulations have been adhered to, and that this application is made for the purpose of including the issuance of authority to practice under the professional designation "Certified Public Accountant(s)" or "Public Accountant(s)" as a corporation.

President

Attested to before me, the secretary of the corporation, this ____ day of _____, 19__.

Secretary

AFFIDAVIT

STATE OF _____ ss.

COUNTY OR CITY OF _____

Sworn and subscribed to before me at _____ this _____ day of _____, 19__.

Notary Public

PLEASE NOTE: Refer to Chapter 5 of Title 54 (Section 54-91.1) and Chapter 7 of Title 13.1, (Sections 13.1-542 through 13.1-556) Code of Virginia, 1950, as amended, and to the rules and regulations dealing with Professional Practice and Corporate Practice.

FOR STATE BOARD OF ACCOUNTANCY USE ONLY

Corporation organized under Virginia law? _____

All Directors, Shareholders and Chief Executive Officers hold valid Virginia certificates? _____

Proposed Regulations

BOARD OF CORRECTIONS

Title of Regulations: VR 230-40-001. Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

Statutory Authority: Chapters 11 and 14 of Title 16.1, Chapters 13 and 16 of Title 22.1, Chapters 8 and 10 of Title 37.1, Chapters 3 and 10 of Title 63.1, and Chapter 14 of Title 53.1 of the Code of Virginia.

Summary:

Under the current definitions and exceptions in the Code of Virginia, which have been in effect since July 1, 1981, the Department of Corrections, Education, Mental Health and Mental Retardation, and Social Services are responsible for the licensure, certification and/or approval of public and private residential facilities for children. Such facilities are licensed, certified, or approved under the "Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children" except (i) facilities which do not accept public funds, (ii) private psychiatric hospitals serving children, and (iii) some residential facilities serving children which successfully meet the requirements of nationally recognized standards setting agencies. The revised document is comprised of the following issues which have impact on residential facilities for children subject to licensure, certification and/or approval:

Organization and administration, personnel, residential environment, programs and services, and disaster or emergency plans.

The purpose of the proposed revisions is to establish the minimum requirements necessary to protect children in the care of residential facilities for children. The document has been revised with an emphasis on clarity and ease of comprehension.

Notice: Please refer to the Department of Social Services in the Proposed Regulations Section of this issue of the Virginia Register of Regulations for the publication of Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

BOARD OF EDUCATION

Title of Regulations: VR 270-01-003. Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

Statutory Authority: Chapters 11 and 14 of Title 16.1, Chapters 13 and 16 of Title 22.1, Chapters 8 and 10 of Title 37.1, Chapters 3 and 10 of Title 63.1, and Chapter 14 of Title 53.1 of the Code of Virginia.

Summary:

Under the current definitions and exceptions in the Code of Virginia, which have been in effect since July 1, 1981, the Department of Corrections, Education, Mental Health and Mental Retardation, and Social Services are responsible for the licensure, certification and/or approval of public and private residential facilities for children. Such facilities are licensed, certified, or approved under the "Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children" except (i) facilities which do not accept public funds, (ii) private psychiatric hospitals serving children, and (iii) some residential facilities serving children which successfully meet the requirements of nationally recognized standards setting agencies. The revised document is comprised of the following issues which have impact on residential facilities for children subject to licensure, certification and/or approval:

Organization and administration, personnel, residential environment, programs and services, and disaster or emergency plans.

The purpose of the proposed revisions is to establish the minimum requirements necessary to protect children in the care of residential facilities for children. The document has been revised with an emphasis on clarity and ease of comprehension.

Notice: Please refer to the Department of Social Services in the Proposed Regulations Section of this issue of the Virginia Register of Regulations for the publication of Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulations: VR 460-04-8.1. Home and Community-Based Care Waiver Request for the Mentally Retarded and the Geriatric Mentally Ill.

Statutory Authority:

State Law:

§ 32.1-74 of the Code of Virginia.
1983 Appropriations Act.

Federal Law:

§ 1915(c) of the Social Security Act.
42 CFR §§ 440.180, 441.300-305, 447.15.

Summary:

The Virginia Medicaid Program is requesting waivers of the Medicaid State Plan in order to provide home and community-based care services to a group of Medicaid recipients who are presently institutionalized in intermediate-care certified areas of certain state

Proposed Regulations

geriatric treatment centers, geriatric hospitals, or in training centers for the mentally retarded. This will include recipients institutionalized at Central Virginia Training Center, Southside Virginia Training Center, Barrow Geriatric Treatment Center, and Piedmont Geriatric Hospital. The goal of the waiver is to serve clients in community-based settings as a cost equal to or less than the cost of their care in the institution.

VR 460-04-8.1. Home and Community-Based Waiver Request for the Mentally Retarded and the Geriatric Mentally Ill.

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- § 1.1. Waivers to be Requested
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PART II. WAIVERED SERVICES FOR THE GERIATRIC MENTALLY ILL.

- § 2.1. Waivers to be Requested
- § 2.2. Eligible Population
- § 2.3. State Safeguards and Assurances
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INTRODUCTION

Within the Commonwealth of Virginia there are currently hundreds of mentally retarded and mentally ill citizens living in state institutions who could be more appropriately served in their own communities. Their presence in the institution is predicated on the lack of appropriate community-based services for them outside the institution rather than on their inability to function in a community-based setting, and the lack of service dollars to fund the types of community based services these clients need.

In response to the nationwide need for community services for mentally retarded and mentally ill persons, as well as for elderly and disabled persons, Congress responded with the enactment of § 2176 of P.L. 97-35 of the Social Security Act, entitled "The Omnibus Budget

Reconciliation Act of 1981." Section 2176 allowed for waivers to be approved by the Secretary of the Department of Health and Human Services in order to give states the opportunity for innovation in providing home and community-based services to eligible persons who would otherwise require care in a skilled nursing facility, an intermediate-care facility (ICF) or an intermediate-care facility for the mentally retarded (ICF/MR).

With this document, the Virginia Department of Medical Assistance Services is requesting waivers of the Medicaid State Plan in order to provide home and community-based services to a group of Medical Assistance recipients who are currently institutionalized and eligible for an ICF or ICF/MR level of care but can be more appropriately served in the community. This will include recipients institutionalized at Central Virginia Training Center, Southside Virginia Training Center, Barrow Geriatric Treatment Center and Piedmont Geriatric Hospital, who are currently certified for ICF or ICF/MR level of care. No services under the waiver request will be provided to clients while they are still inpatients at any of the designated facilities.

In addition, individuals residing in the three regional training centers for the mentally retarded may participate in the waiver if they meet all the criteria for waiver-eligible population and if the regional facility accepts a resident from Central or Southside Virginia Training Center as a replacement.

Although submitted as one waiver request, the services for the mentally retarded and the geriatric mentally ill will differ due to the different needs of each group. For that reason a description of the assessment methodologies and services to be covered for each group will be discussed separately. The waiver formula includes both the mentally ill and the mentally retarded populations.

RESPONSIBILITY FOR SERVICES UNDER THE WAIVER

In Virginia the Department of Medical Assistance Services, under the direction of the Secretary of Human Resources, has responsibility to administer Medicaid services under the State Plan. The Department of Medical Assistance Services is responsible for policy and procedure development for Medicaid eligibility and services. Monitoring of provider and recipient services and fiscal accountability for services are also the responsibility of the Department of Medical Assistance Services. The Department of Medical Assistance Services has contracted with the Department of Social Services for the determination of initial and continuing financial eligibility for medical assistance and the provision of related social services.

As with all other Medicaid services, the responsibility for the policy and procedure development, monitoring of provider and recipient services, and fiscal accountability

Proposed Regulations

for waiver services rests with the Department of Medical Assistance Services. The Department of Social Services will be responsible for determination of financial eligibility.

The Department of Mental Health and Mental Retardation is the established department to provide a comprehensive system of services to the mentally handicapped citizens of the Commonwealth. The Department of Mental Health and Mental Retardation is able to provide the comprehensive system of services through its assistance in the establishment and operation of local community-based mental health, mental retardation, and substance abuse programs through what are called Community Services Boards. Community Services Boards work in conjunction with the Department of Mental Health and Mental Retardation and are charged with the responsibility of delivering community-based services to mentally handicapped citizens. In order for the Community Services Boards to provide such services, the Department of Mental Health and Mental Retardation is responsible for providing the Boards with financial resources, directives for implementation of statewide goals, policy setting on such issues as human rights, and training and technical assistance for the operation and delivery of community-based services. In addition, the Department of Mental Health and Mental Retardation is responsible for monitoring Community Services Boards' activities, performing quality assurance reviews, and licensing and certification of all services provided for the mentally handicapped. In accordance with state statutory requirements, every city or county, either singularly or in combination with another political subdivision, has established a Community Services Board. The Community Services Board is responsible for:

1. Developing written policies governing the provision, the rendition, or the operation of services and facilities under its direction or supervision, subject to applicable standards or regulations promulgated by the State Board of Mental Health and Mental Retardation.
2. Cooperating and participating in pre-discharged planning for any person, who prior to institutionalization resided in a political subdivision served by the board, who chooses to reside after institutionalization in a political subdivision served by the board, and who is to be released from a state hospital or training center pursuant to § 37.1-98 of the Code of Virginia.

The Department of Mental Assistance Services will be the lead agency in working with the Community Services Boards for implementation of the waiver. The Department of Mental Health and Mental Retardation will provide consultation to the Department of Medical Assistance Services in its responsibilities with the Community Services Boards, including the areas of fiscal accountability, eligibility process, policy and procedure development, and monitoring and utilization reviews. The Department of Medical Assistance Services will enter into interagency agreements with the Department of Mental Health and

Mental Retardation, Community Services Boards, and state facilities in which specific responsibilities of each entity will be outlined.

PART I WAIVERED SERVICES FOR THE MENTALLY RETARDED

§ 1.1. Waivers to be Requested.

A waiver for community-based services is being requested, under § 1915(c) of the Social Security Act for an initial three years. This waiver is requested to allow services to eligible individuals when those services are needed to avoid continued institutional placement in an intermediate-care facility for the mentally retarded. Under § 1915(c), we are requesting a statewide waiver of §§ 1902(a)(1) and 1902(a)(10) of the Social Security Act. The amount, duration, and scope of services will allow implementation of selected programs on a less than statewide basis.

The specific services to be offered under the waiver are:

1. Case management;
2. Residential habilitation services;
3. Developmental day habilitation; and
4. Respite care.

These services will be offered under the waiver request only to persons who have been determined to require the level of care provided by an intermediate care facility for the mentally retarded (ICF/MR) as defined in 42 CFR § 440.150. These services will be provided directly by Community Services Boards who work in conjunction with the Department of Mental Health and Mental Retardation or through approved contracts with certified providers. These services will not be provided to beneficiaries while they are inpatients of a hospital, SNF, ICF, or ICF/MR. Waivered mental retardation services do not include room and board; therefore, no reimbursement for room and board is available under this waiver proposal.

At this time, we are also requesting the option of refusing to offer community-based services on a statewide basis. The services will be provided in the catchment areas of the Norfolk, Richmond, Central Virginia, Roanoke, and Fairfax-Falls Church Community Service Boards.

The Commonwealth of Virginia intends to implement the waiver for those financially-eligible persons who qualify for ICF/MR care for whom a plan of care can be developed which will be equal to or less expensive than ICF/MR care and which will meet the clients' needs in a community-based setting.

Proposed Regulations

Because of the variety of services to be provided under the waiver to mentally retarded persons, case management will be a mandatory service for every approved client.

§ 1.2. Eligible Population.

In order to be eligible to receive community-based services under the Mental Retardation Medicaid waiver, an individual shall:

1. Be financially eligible for medical assistance under the Commonwealth of Virginia regulations, as implemented by the Department of Medical Assistance Services and the Department of Social Services;
2. Have a diagnosis of mental retardation, be developmentally disabled, and have a handicapping condition of such a nature as to require active treatment;
3. Be from the catchment areas of Norfolk, Richmond, Central Virginia, Roanoke, or Fairfax-Falls Church Community Services Boards;
4. Be evaluated as appropriate for community-based waiver services;
5. Be a resident of Southside Virginia Training or Central Virginia Training Centers and currently require the level of care provided in an intermediate-care facility for the mentally retarded; and
6. Be a resident of Northern, Southeastern, or Southwestern Virginia Training Centers and meet the requirements of items 1-4 above if the regional facility agrees to accept a resident from Central Virginia or Southside Virginia Training Centers as a replacement, thereby reducing the Medicaid beds being utilized at these two large facilities.

§ 1.3. State Safeguards and Assurances.

A. Safeguards.

Protection of the health and welfare of the beneficiaries receiving the services.

The health and welfare of recipients of waived services will be protected by requiring enrolled providers to meet existing state licensing and certification requirements for providers of the service in the Commonwealth.

Virginia has in place adequate safeguards to protect the health and welfare of all recipients of mental health/mental retardation Medicaid services, including those proposed under this waiver. These safeguards are established through laws, regulations, and policies and procedures of the Commonwealth of Virginia.

The Virginia Medical Assistance program will provide safeguards for the health and welfare of clients of these waived services through provider standards which shall specify the statutory authority, services/definitions of care, administrative management, and staffing and training requirements of the provider.

All services under supervision of Community Services Boards must meet strict regulations developed according to § 37.1-197(e) of the Code of Virginia, which requires the Department of Mental Health and Mental Retardation to develop the Mandatory Standards for Community Mental Retardation Programs that establishes quality assurance standards in the areas of program planning, administration, personnel practices, fiscal practices, physical environment, staffing, admissions, individual service planning, case review, discharge, client rights, recordkeeping, service components, medical services, and educational services. Applied through biannual certification reviews, these standards apply to all group homes, congregate respite care programs, supervised apartments, residential habilitation services, developmental day habilitation training services, and case management services under the supervision of Community Services Board.

Also, The Rules and Regulations for the Licensure of Group Homes and Halfway Houses prescribe licensure standards in the areas of civil rights, rights of residents, physical safety, health, organization and management, personnel practices, admissions, treatment planning, recordkeeping, and educational programming with which the program must comply. These rules and regulations are applied through biannual licensure review.

For waived services, Medicaid will contract with Community Services Boards and qualified provider agencies which will perform the services specified in the plan of care. Before contracting with a provider, Medicaid will require documentation that all pertinent requirements of state license and/or certification are met.

Each contract will specify the obligations of the provider. Some of these obligations are:

1. The provider will deliver services for clients of waived services without regard to sex, race, color, religion, or national origin.
2. The provider will keep such records as are necessary to fully disclose the extent of the services provided to clients receiving assistance under the waiver.
3. The provider will agree to abide by the policies and procedures of the Virginia Medical Assistance Program. It is the responsibility of each provider to ensure that all requirements and standards for waived services are upheld.

Responsibility of the provider includes:

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1. *Employing, training, and supervising staff;*
2. *Implementing the service plan;*
3. *Providing regular status reports to the Virginia Medical Assistance Program as required;*
4. *Keeping accurate case records on each client; and*
5. *Documenting all services rendered.*

The provider shall make these records available to authorized Medicaid program representatives and federal personnel upon request.

The state agency shall assure (i) that costs submitted conform to specifications in the contract; (ii) that clients listed on the forms are authorized to receive the service provided; (iii) that hours or days of direct service delivered are accurate; (iv) that mathematical computations are correct; and (v) that services are being provided in accordance with the Virginia Medical Assistance Program's policies and procedures.

B. Assurances.

1. Financial Accountability for Funds.

The Virginia Medical Assistance Program shall maintain and shall assure that providers of waived services will maintain financial accountability of funds expended for these services. Services offered under § 1915(c) of the Social Security Act waiver will be accounted for through the state's Medicaid Management Information System. In all cases, an audit trail for all state and federal funds expended for waiver services will be assured.

An individual case record will be maintained in each provider agency describing the service and documenting the date the service was rendered. Invoices will be submitted for the services and the claims history maintained through the Medicaid Management Information System. Medicaid will maintain invoice copies on microfilm to assure that an audit trail exists for all services rendered. Medicaid will audit the provider records annually to assure that only covered services have been billed and that any patient pay responsibility has been correctly applied.

2. The Virginia Medical Assistance Program assures that the average per capita expenditure under the waiver shall not exceed the average per capita Medicaid expenditure that would have been made under the Medicaid State Plan, had the waiver not been granted.

In order to calculate the estimated cost effectiveness of the waiver, cost and utilization figures for waived services and for intermediate-care facilities for the mentally retarded were examined. Data pertaining to

number of patients and cost of care in ICF/MR's was used. These figures were tested against the budget, and projections were made based on the 1984-86 requested budget. An estimate of the total population likely to receive waiver services was developed from a survey of the characteristics of clients in Central Virginia Training Center and Southside Virginia Training Center currently receiving intermediate-care services for the mentally retarded who were identified as potential candidates for community placements.

Estimates of Medicaid expenditures under the waiver were developed, and cost effectiveness was evaluated, for clients whose institutional placement is ICF/MR.

Further, information about average per capita expenditure and cost effectiveness can be found in Appendix A with the waiver formula computations. The worksheets and justification used in calculating cost effectiveness are in that section of the waiver request.

3. Virginia's Medical Assistance Program will provide to the Health Care Financing Administration per 42 CFR § 441.302(f), annually, consistent with a data collection plan designed by the Secretary, information about the impact of the waiver on the type, cost, and amount of medical assistance provided under the State Plan and on the health and welfare of the clients.

Virginia's Medical Assistance Program will make available to the Department of Health and Human Services, the Comptroller General, or their designees, appropriate financial records documenting the cost of service provided under the waiver.

4. The Virginia Medical Assistance Program will assure that assessments of each client are conducted and a determination of the appropriate level of care is made through a preadmission screening process. Those currently institutionalized will be eligible for § 1915(c) of the Social Security Act waived services only if they are certified eligible for care by the interdisciplinary team in the state mental retardation facilities targeted for this waiver.

For each client residing in a facility who is certified in need of intermediate-care, as defined in 42 CFR § 440.150, and for whom community-based waiver services are the service option, a plan of care will be developed by the interdisciplinary team in the state facility and will be approved by the physician on the interdisciplinary team. The plan of care will include required services, the frequency of such services, and the type of provider to furnish them. Each plan of care will be approved by the Virginia Medical Assistance Program.

a. Identification and Referral of Potentially Waiver-Eligible Clients.

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Since most clients to receive waiver services will be selected from Central Virginia Training Center and/or Southside Virginia Training Center, these facilities will be responsible for establishment of an "interdisciplinary team" (IDT). Should clients at the smaller regional facilities be identified as potential waiver clients, the IDT at Central or Southside Virginia Training Centers will be responsible to evaluate those clients and approve them for waiver services.

The facility staff will refer the potential recipient of waiver services to the IDT for assessment, development of the plan of care, and preauthorization of the waiver services. The IDT must be composed of a social worker, physician, psychologist, and nurse at the ICF/MR, and the case manager from the Community Services Board. Other professionals, such as physical therapists, occupational therapists, educators, speech pathologists/audiologist and other related professionals meeting the definition of a Qualified Mental Retardation Professional, defined in 42 CFR § 442.401, may be, as needed and appropriate, in attendance at the IDT meeting. The qualifications of the core IDT members are:

Psychologist: A psychologist with at least a Master's degree from an accredited program and with specialized training or one year of experience in treating the mentally retarded. An accredited program is one accredited by the American Psychological Association.

Physician: A physician licensed under Virginia law to practice medicine or osteopathy and with specialized training or one year of experience in treating the mentally retarded.

Social Worker: A social worker with a Bachelor's degree in social work from an accredited program and at least three years of social work experience. An accredited program is one accredited by the Commission on Accreditation, Council for Social Worker Education.

Registered Nurse: A registered nurse who has specialized training or one year of experience in treating the mentally retarded, licensed to practice in the Commonwealth.

Case Manager: A case manager must be an employee of the Community Services Board with a Bachelor's degree and two years of experience in the field of human services. It is not required that the full IDT composition meet to develop the plan of care. However, it is mandatory that the following persons on the IDT be in attendance: social worker, physician, psychologist, nurse in the facility and case manager from the Community Services Board.

Each referred client will be evaluated by a comprehensive objective methodology in order to ascertain the current needs. The two instruments to be used in the assessment are the Behavior Development Survey (Appendix B) and medical and health related sections

from the Long-Term Care Assessment Process (MAP-95) (Appendix C). Since the IDT is composed of professionals who are familiar with the client, the team will be able to draw on their existing knowledge of the individual for accurate data.

The client must be found to have a diagnosis of mental retardation, be developmentally disabled and have a handicapping condition of such a nature and degree as (i) to require "active treatment" and to constitute a substantial and continuing handicap, and (ii) without the community services the person would continue to be institutionalized in a state mental retardation facility.

It is expected that the actual determination of the client's eligibility for community-based services under the waiver will be a straightforward process, as the majority of the population targeted to be served are already certified as needing the level of care provided in an ICF/MR, as defined in 42 CFR § 440.150. No individuals will be eligible to receive services under the waiver unless they can meet the eligibility criteria and be certified as requiring the level of care provided in an ICF/MR, as defined in 42 CFR § 440.150 (Appendix D).

b. Definition and Development of Plan of Care.

The "plan of care" is the written plan of intervention and action that is developed with the participation of the interdisciplinary team. It reflects the total needs of the client and the services required to meet these needs.

The intent of the plan of care is to match the client's health and functional needs and disabilities with the appropriate level of community-based service. If the match can be attained and the services are available, the plan of care will be completed. The plan of care will determine the type and amount of service that will be needed for the individual and the type of provider to furnish the service (Appendix E).

After the plan of care is completed, signature of the physician will indicate approval. A copy of the plan of care, together with a copy of the assessment forms and authorization for Medicaid payment will be sent to the Medicaid program for final approval.

c. Cost Assessment of Plan of Care.

Because it is necessary to maintain cost within specified bounds, the facility IDT and the case manager will determine total cost for each service in the plan of care, based on estimates of the frequency and duration of the service. The cost entered for each unit of service will be based upon the rates approved by the Virginia Medical Assistance Program (Appendix A, Worksheet C). If the Medicaid payment for waived services exceed institutional payment, the client will remain in the facility. A cost-effectiveness worksheet will be completed and a copy sent to the

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Medicaid program.

d. Notification of Client Choice.

In accordance with the rights of the individual and the regulations for the waiver, a discussion will be held with the individual and/or his authorized representative to explain the option of community-based waiver services and continuing institutional-based services. The services which would be available in the community (e.g., case management, residential habilitation, as well as ancillary services needed by the individual) will be explained in detail. The client with his authorized representative, as appropriate, will decide, based on information provided, whether to accept the plan of care as proposed. Responsibility for notification of client choice will rest with the social worker on the IDT. Documentation of the client's decision will remain in the individual's record at the facility and a copy will be forwarded to the Medicaid program.

All clients who are not given the choice of home or community-based services as an alternative to ICF/MR placement may request a fair hearing, as described in 42 CFR § 431 (e). The fair hearing process is conducted under Virginia law and procedures of the Virginia Medical Assistance Program. All applicants, regardless of eligibility determination, have access to a fair hearing under these procedures.

e. Coordination of Plan of Care.

Once the individual has decided that he would prefer community-based waiver services, case managers at the Community Services Board will begin the process of coordinating the implementation of the services specified in the plan of care. There are many key elements of this coordination, and this may include, but not limited to:

- (1) Contacting service providers;
- (2) Authorizing waived services as specified in the plan of care after approval by the Medicaid program;
- (3) Arranging to move the client to the appropriate community placement, to assure that the health and safety of the client are safeguarded;
- (4) Monitoring the quality and effectiveness of services delivered, to assure that services are being rendered according to the plan of care and that the plan of care continues to be appropriate to the client's need;
- (5) Documenting services in accordance with established regulations of the Virginia Medical Assistance Program, to account for services billed to Medicaid;

(6) Making appropriate alterations in the plan of care as client's needs change, with prior approval of Medicaid.

f. Implementation of Plan of Care.

With the movement to community, the implementation of the plan of care will be begun by the designated providers. The providers will be responsible for following the procedures established by Medicaid for providing and documenting the service.

g. Invoicing for Payment.

After the service has been delivered, it is the responsibility of the providers to send invoices to Medicaid for payment. For tracking and review purposes, a copy of the invoice will also be sent to the community case manager.

The providers of services for case management will be at the Community Services Board. The Community Services Board will invoice for case management directly to Medicaid.

With direct invoicing by the providers to the Virginia Medical Assistance Program, the Virginia Medical Assistance Program will make payment to each provider directly. (This will include the Community Services Board for case management.)

h. Reevaluation of Service Needs and Revision of Plan of Care.

The Medicaid program will conduct periodic reviews of the client's plan of care, the services provided, and other relevant information. A determination will be made as to whether continuing waiver services is appropriate and cost-effective. A reevaluation of the service needs will be made at six months after services are initiated, and adjustments will be made to the plan of care as necessary.

Reviews following the initial review will be conducted by the Medicaid staff at intervals not to exceed six months. This review will include observations of the client.

In addition, the Virginia Medical Assistance Program staff, at least annually, will visit the provider agencies to complete verification of services.

§ 1.4. Eligibility for Waiver Services.

A. Virginia will offer waiver services to beneficiaries who meet the categorically or medically needy requirements of the State Plan and for whom cost-effective plans of care can be developed which meet the beneficiaries' needs in community-based settings. Under this waiver, the optional categorically needy coverage group, authorized under § 1902 (a)(10)(A)(ii)(VI) of the

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Social Security Act, will be considered as if they were institutionalized, for the purpose of applying institutional deeming rules. The medically needy individuals participating in the waiver will also be considered as if they were institutionalized, for the purpose of applying the institutional deeming rules. We are, therefore, requesting a waiver of § 1902 (a)(10)(C)(i)(III) of the Social Security Act.

B. Treatment of Income.

1. Virginia will apply the financial eligibility criteria contained in the State Plan for the categorically needy and the medically needy. Virginia has elected to cover the option categorically needy group under 42 CFR § 435.232. The income level used for subsection 435.232(a)(2) is 300 percent of the current Supplemental Security Income payment standard for one person.

2. Virginia will treat the income of an eligible individual who receives home and community-based services under § 435.232, using the methodology in 42 CFR 435.735 to reduce the agency's payment for home and community-based services. The following amounts from the individual's total income (including amounts disregarded in determining eligibility) will be deducted:

a. The current Supplemental Security Income payment standard for one individual (the categorically needy income standard for one) for the individual's maintenance needs.

b. For an individual with only a spouse at home, an additional amount for the maintenance needs of the spouse, not to exceed the Supplemental Security Income standard for one person.

c. For an individual with a dependent family at home, an additional amount for the maintenance needs of the family, not to exceed the medically needy income standard for a family of the same size.

d. Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including:

(1) Medicare and other health insurance premiums, deductibles, or coinsurance charges; and

(2) Necessary medical or remedial care recognized under state law but not covered under the state's Medicaid plan, subject to reasonable limits the agency may establish on amounts of these expenses.

§ 1.5. Proposed Waiver Community-Based Services for the Mentally Retarded.

A. Case Management.

Case Management consists of a series of activities performed by designated personnel within a Community Services Board area to assist an individual in need of services to gain access to available resources in the community. The case management process includes the following functions:

1. **Assessing:** to determine the service needs of an individual;

2. **Planning:** to formulate a written Individual Services Plan indicating: (i) the service needs, (ii) the appropriate agencies, programs, etc., to meet the client's needs, (iii) the persons responsible for coordinating attainment of the services, and (iv) the target dates for services attainment;

3. **Linking:** to contact and actively facilitate with agencies, programs, individuals, and families, etc., to arrange for the provision of the services, as specified in the plan;

4. **Monitoring:** an on-going process of reviewing and updating client needs, the Individual Services Plan, and effectiveness of linkages, to ensure services were accessed, received, and that the individual's current status is reflected.

Several major elements are essential to the effectiveness of the above process: (i) the identification and referral of individuals in need of services coordination; (ii) the involvement of the individual and his family, where appropriate, in all activities of the process; (iii) the need for team participation at both inter- and intra-agency levels as appropriate; and (iv) the enhancement of the ability of the individual to become integrated into his support system, and an administrative structure designed to allow maximum benefit to the individual in need of services coordination.

Qualifications of Case Manager.

A case manager must be an employee of the Community Services Board with a Bachelor's degree and two years of experience in the field of human services. Community Services Boards must meet the requirements developed according to § 37.1-197(e) of the Code of Virginia.

B. Residential Habilitation Services.

Residential Habilitation Services refers to activities designed to help mentally retarded persons achieve maximum independence in a manner which is safe and appropriate in a residence which offers the greatest opportunity for participation in normal activities. Residential habilitation services are designed to improve the capability of the mentally retarded person to meet appropriate performance objectives and to determine the degree of ongoing support and supervision needed by each individual at various times of their lives. Residential

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habilitation services do not include cost of room and board. In a residential setting the services of live-in staff will be reimbursed only in residences licensed and/or certified by the Department of Mental Health and Mental Retardation and only when the services performed are habilitation services specifically authorized in the habilitation plan of care. Routine supervision for health and safety of the residents as a whole is not included because it is not a part of active treatment.

Residential habilitation services will be provided by the staff of a group home or of supervised apartments.

The general categories of Residential Habilitation Services that would be provided to clients in each environment include:

1. Household management skills: training in self-feeding, appropriate dress, toileting, bathing, toothbrushing, hand and face washing, shaving, hair care and grooming, and use of hygiene products, etc.;
2. Household management skills: training in meal planning and preparation, shopping, laundry, general cleaning, and maintaining a tidy surrounding;
3. Travel skills: training in mobility skills for traveling to and from home, activity center, medical care, shopping and recreational areas; training in use of public transportation would be provided where appropriate;
4. Health care skills: training in making medical and dental appointments, taking medications, basic first aid, making other physical/psychological/social service appointments;
5. Financial management skills: training in money recognition and counting, change-making, basic checking and savings, budgeting, etc.;
6. Functional community skills: training in use of the phone, knowledge of phone number and address, basic identification and communication skills, and recognition of safety words and signs;
7. Medication Management: services for delivery and administration of prescription medications which will be provided in accordance with § 54-524.65 of the Code of Virginia, the Virginia Drug Control Act, and the Virginia Department of Mental Health and Mental Retardation's mandatory standards and regulations;
8. Other social skills: training in dining in restaurants, using recreational facilities, and appropriate behavior in public environments;
9. Transportation: transportation to and from activities related to habilitation services.

The residential program shall meet the requirements

of §§ 37.1-179 through 37.1-189 inclusive, of the Code of Virginia, which authorizes the State Mental Health and Mental Retardation Board to license facilities serving the mentally ill and mentally retarded. The program must also meet the requirements developed according to § 37.1-197(e) of the Code of Virginia, which authorizes the State Mental Health and Mental Retardation Board to promulgate standards concerning the provision or operation of services and facilities under the supervision of the Community Services Boards.

One unit equals one day of residential habilitation service provided in a group home or supervised apartment directly operated or contracted for services by Community Services Boards. One unit equals one hour of residential habilitation, if the training is provided by other Medicaid-enrolled providers in natural homes, foster homes, homes for adults, or adult family care homes.

Several types of environments are seen as appropriate settings in which habilitation services may be rendered as specified below:

Group Homes for Adults: Group homes for adults are community-based, home-like residential facilities providing a continuum of community living experiences with varying degrees of structure and supervision. These programs offer an opportunity for a mentally retarded/developmentally disabled adult to develop personal, social, and community living skills and can serve as preparation for independent living.

Group Homes for Children: Group homes for children are community-based, home-like residential facilities providing a continuum of community living experiences with varying degrees of structure and supervision. These programs offer an opportunity for a mentally retarded/developmentally disabled child to develop personal, social, and community living skills and can serve as preparation for movement into other types of community living arrangements (e.g., group homes for adults), independent living, or returning to the family.

Supervised Apartments: Supervised apartments are apartment-like residential facilities providing community living experiences with varying degrees of structure and supervision. These programs offer an opportunity for a mentally retarded/developmentally disabled adult to develop personal, social, and community living skills. Staffing will provide for 24-hour supervision, and programming will be similar to that required for a group home.

Home for Adults: A "home for adults," as defined in § 63.1-172 of the Code of Virginia, is any place, establishment, or institution, public or private, operated or maintained for the maintenance or care of four or more adults who are aged, infirm, or disabled and which holds a current valid Virginia license to operate.

Natural Home and Foster Home: Natural home refers

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to the actual home of the individual, and foster home refers to a home approved to provide foster care.

Adult Family Care Homes: Adult family care homes are homes which provide room and board, supervision, and special services to an adult in need of a protected living situation. The adult must be incapable of independent living or unable to remain in his own home due to a physical/mental condition or an emotional/behavioral problem. An adult family home provides the individual with a less restrictive form of care than institutional living. The program offers services to those adults whose needs would best be met in a family-like setting. These homes are certified by the Department of Social Services.

C. Developmental Day Habilitation Programs.

Developmental Day Habilitation programs are designed to provide training to individuals in a variety of life skills in a day support setting. The programs are geared to teach individuals to cope more effectively with others and with their surroundings. The training is targeted at increasing physical, mental, and social functioning. The developmental day programs emphasize helping individuals reach their maximum functioning potential as a member of a family, group, and community.

Developmental Day Programs for Adults are programs providing instruction and training for mentally retarded/developmentally disabled adults, age eighteen or older, in order that they may move toward greater independent functioning. Programming at this level is designed for persons with minimal self-care and community skills. For example, support services programs, such as additional staff, program materials, skill training, etc., in which the primary emphasis is to provide developmental activities for handicapped individuals. In these programs the developmental activities are modalities to achieve individual objectives, particularly in the areas of personal and community functioning.

The general categories of training activities that would be provided to clients in Developmental Day Habilitation Programs include:

1. **Self-care and hygiene skills:** training in arriving at program clean, shaven, hair combed, and appropriately dressed;
2. **Eating skills:** training in sitting at a table, using utensils, eating in a reasonable manner, providing for one self in cafeteria;
3. **Toileting skills:** training in all steps of toileting process;
4. **Task learning skills:** training in eye/hand coordination tasks with varying levels of assistance by supervisors;

5. **Community awareness skills:** training in time, telephone, basic computations, money, warning sign recognition, and personal identification;

6. **Readiness skills:** training in punctuality, self-discipline, care of personal belongings, reporting to activity station, remaining on task, and adequate attendance;

7. **Behavior skills:** training in appropriate interaction with supervisors and other trainees, lack of disruptive behaviors, attention to program rules and coping skills;

8. **Medication Management:** services for delivery and administration of prescription medications which will be provided in accordance with § 54-524.76 of the Code of Virginia, the Virginia Drug Control Act, and the Virginia Department of Mental Health and Mental Retardation's mandatory standards and regulations;

9. **Other skills,** as appropriate, especially when skills are not provided in residential setting: training in appropriate manners, language, home care, clothing care, physical awareness and community awareness.

One unit equals one hour, meals will not be reimbursed as part of the Developmental Day Habilitation Program. An allowance for transportation has been included in the fee for developmental day habilitation.

Providers of developmental day habilitation services must meet the requirements developed according to § 37.1-197(e) of the Code of Virginia, which authorizes the State Mental Health and Mental Retardation Board to promulgate standards concerning the provision or operation of services under the supervision of the Community Services Boards.

D. Respite Care.

Respite care is that service offered in a variety of settings providing for the care of mentally retarded/developmentally disabled individuals through a temporary separation from their family or residential training program. The separation is for short, not to exceed 30 days annually, specified periods of time on a regular or intermittent basis. Respite care services are provided as needed, for the purpose of relieving the family or residential training program of the individual's care in order to: (i) meet planned or emergency needs; or (ii) restore and maintain physical and emotional well-being. Providers of respite care must meet the requirements developed according to § 37.1-197(e) of the Code of Virginia, which authorizes the State Mental Health and Mental Retardation Board to promulgate standards concerning the provision or operation of services under the supervision of Community Services Boards.

One unit equals one hour of respite care services.

PART II WAIVERED SERVICES FOR THE GERIATRIC MENTALLY ILL

§ 2.1. Waivers to be Requested.

A waiver for community-based services is being requested under § 1915(c) of the Social Security Act for an initial three years. Under § 1915(c), a waiver is requested from §§ 1902(a)(1) and 1902(a)(10) of the Social Security Act, which pertains to the amount, duration, and scope of services. The waiver will also allow implementation of selected programs on a less than statewide basis.

The specific services to be offered under the waiver are:

1. Case management;
2. Mental health counseling services;
3. Medical equipment and supplies;
4. Minor physical adaptations to the home;
5. Respite care; and
6. Personal care.

These services will be offered under the waiver request only to persons 65 years of age or over, (i) who are Medicaid eligible, (ii) who have a diagnosis of mental illness, and (iii) who have been determined to require a level of care provided by an ICF, as defined in 42 CFR § 440.150. These services will not be provided to beneficiaries who are inpatients of a hospital, SNF, ICF or ICF/MR. Waivered services do not include room and board; therefore, no reimbursement for room and board is available under this waiver proposal.

At this time, we are electing the option to refuse to offer community-based services under the waiver to any eligible recipient when it can reasonably be expected that the cost of waivered services furnished to that recipient would exceed the cost of care furnished in an ICF.

At this time, we are also requesting the option of offering community-based services on a less than statewide basis. The services will be provided in the catchment area of the Richmond Community Services Boards.

The Commonwealth of Virginia intends to implement the waiver, upon approval, for those financially-eligible persons who qualify for intermediate care for whom a plan of care can be developed that will be less expensive than intermediate care in geriatric treatment centers which meet the definitions of Institutions for Mental Diseases and which will meet the clients' needs in a community-based setting.

Given the complexity of the physical and mental needs of the geriatric population, a plan of care will be developed for each patient based on his individual needs, which will be coordinated and monitored by the case manager. Case management will be a mandatory service for every approved client.

§ 2.2. Eligible Population.

In order to be eligible to receive community-based services under the Geriatric Mentally Ill Medicaid waiver, an individual shall:

1. Be 65 years of age or over;
2. Be financially eligible for medical assistance under the Commonwealth of Virginia regulations, as implemented by the Department of Medical Assistance Services and the Department of Social Services;
3. Have a diagnosis of mental illness, and may have a physical handicap of such a nature and degree as to require active treatment and to constitute a substantial and continuing handicap, and without the community services the person would continue to be institutionalized in a state geriatric facility;
4. Be a patient of Barrow Geriatric Treatment Center or of Piedmont Geriatric Hospital and have been determined to require the level of care provided in a geriatric intermediate-care facility for the mentally ill;
5. Be evaluated as appropriate for community-based waiver services; and
6. Be from the catchment area of the Richmond Community Services Boards.

§ 2.3. State Safeguards and Assurances.

A. Safeguards.

Protection of the health and welfare of the beneficiaries receiving the services.

The health and welfare of recipients of waivered services will be protected by requiring enrolled providers to meet existing state licensing and certification requirements for providers of the service in the Commonwealth.

The Virginia Medical Assistance Program has in place adequate safeguards to protect the health and welfare of all recipients of mental health/mental retardation Medicaid services, including those proposed under this waiver. These safeguards are established through the following laws, regulations, and policies and procedures:

1. All services under supervision of Community Services Boards must meet strict regulations developed according to § 37.1-197(e) of the Code of Virginia, which requires the Department of Mental Health and

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Mental Retardation to develop the Mandatory Standards for Community Mental Health Programs that establish quality assurance standards and biannual certification reviews in the areas of program planning, administration, personnel practices, fiscal practices, physical environment, staffing, admissions, individual service planning, case review, discharge, client rights, recordkeeping, service components, medical services, and educational services.

2. The Virginia Medical Assistance Program will provide safeguards for the health and welfare of clients of these waived services through standards which shall specify the statutory authority, services/devinitions of care, administrative management, and staffing and training requirements of the provider.

3. For waived services, Medicaid will contract with Community Services Boards and qualified provider agencies which will perform the services specified in the plan of care. Before contracting with a provider, Medicaid will require documentation that all pertinent requirements of state license and/or certification are met.

Each contract specifies the obligations of the provider. Some of these obligations are:

1. The provider will deliver services for clients of waived services without regard to sex, race, color, religion, or national origin.

2. The provider will keep such records as are necessary to fully disclose the extent of the services provided to clients receiving assistance under the waiver.

3. The provider will agree to abide by the policies and procedures of the Virginia Medical Assistance Program.

It is the responsibility of each provider to ensure that all requirements and standards for waived services are upheld.

Responsibilities of the provider include:

1. Employing, training, and supervising staff;
2. Implementing the service plan;
3. Providing regular status reports to the Virginia Medical Assistance Program as required;
4. Keeping accurate case records on each client; and
5. Documenting all services rendered.

The provider shall make these records available to authorized Medicaid program representatives and federal

personnel upon request.

The state agency shall assure that costs submitted conform to specifications in the contract; that clients listed on the forms are authorized to receive the service provided; that hours or days of direct service delivered are accurate; that mathematical computations are correct; and that services are being provided in accordance with the Virginia Medical Assistance Program's policies and procedures.

a. Requirements for Personal Care Providers.

There are no state personal care licensure or certification requirements; however, in lieu of these, the Virginia Medical Assistance Program has established standards. The Virginia Medical Assistance Program assures that the health and welfare of recipients of waiver services will be protected by maintaining standards for levels of personal care aids employed by these agencies (Appendix F, Personal Care Provider Manual and Contract). A provider of personal care services enrolled with the Virginia Medical Assistance Program is an approved vendor under the waiver.

b. Requirements for Mental Health Counseling Services.

Outpatient mental health counseling services will be provided by personnel of the Richmond Community Services Board for which the State Mental Health and Mental Retardation Board promulgates standards concerning the provision of services developed according to § 37.1-197(e) of the Code of Virginia. The counselor shall have at a minimum a Bachelor's degree in behavioral or social science from an accredited college or university, two years' experience in individual and group counseling in the mental health field, and will be supervised by a Master's level mental health professional.

c. Requirements for Respite Care.

Providers of respite care must meet the requirements developed according to § 37.1-197(e) of the Code of Virginia, which authorizes the State Mental Health and Mental Retardation Board to promulgate standards concerning the provision or operation of services under the supervision of Community Services Boards.

d. Requirements for Medical Equipment and Supplies.

Medical equipment and supplies will be secured through enrolled Medicaid providers.

e. Requirements for Minor Physical Adaptations.

Minor physical adaptations will be made in accordance with prescribed professional standards and safeguards, and local building code specifications, to

assure the health and welfare of the patients.

B. Assurances.

1. The Virginia Medical Assistance Program shall maintain and shall assure that providers of waived services will maintain financial accountability of funds expended for these services. Services offered under § 1915(c) of the Social Security Act waiver will be accounted for through the state's Medicaid Management Information System. In all cases, an audit trail for all state and federal funds expended for waiver services will be assured.

An individual case record will be maintained in each provider agency describing the service and documenting the date the service was rendered. Invoices will be submitted for the services and the claims history maintained through the Medicaid Management Information System. Medicaid will maintain invoice copies on microfilm to assure that an audit trail exists for all services rendered. Medicaid will audit the provider records annually to assure that only covered services have been billed and that any patient pay responsibility has been correctly applied.

2. The Virginia Medical Assistance Program assures that the average per capita expenditure under the waiver shall not exceed the average per capita Medicaid expenditure that would have been made under the Medicaid State Plan, had the waiver not been granted.

In order to calculate the estimated cost effectiveness of the waiver, cost and utilization figures for waived services and for intermediate-care facilities for the mentally ill were examined. Data pertaining to number of patients and cost of care in ICF geriatric treatment centers were used. These figures were tested against the budget, and projections were made based on the 1984-86 requested budget. An estimate of the total population likely to receive waiver services was developed from a survey of the characteristics of clients in Barrow Geriatric Treatment Center and Piedmont Geriatric Hospital currently receiving intermediate-care services for the mentally ill who were identified as potential candidates for community placements.

Estimates of Medicaid expenditures under the waiver were developed, and cost-effectiveness was evaluated, for clients whose institutional placement would be an ICF.

Further, information about average per capita expenditure and cost-effectiveness can be found in Appendix A with the waiver formula computations. The worksheets and justification used in calculating cost effectiveness are also in that section of the waiver request.

3. Virginia's Medical Assistance Program will provide to the Health Care Financing Administration per 42 CFR § 441.302 (f), annually, consistent with a data collection plan designed by the Secretary, information about the impact of the waiver on the type, cost and amount of medical assistance provided under the State Plan and on the health and welfare of the clients.

Virginia's Medical Assistance Program will make available to the Department of Health and Human Services, the Comptroller General, or their designees, appropriate financial records documenting the cost of service provided under the waiver.

4. The Virginia Medical Assistance Program will conduct assessments of each client and will determine the appropriate level of care through a Preadmission Screening Program. Those institutionalized in Barrow Geriatric Treatment Center and Piedmont Geriatric Hospital will be eligible for § 1915(c) of the Social Security Act waived services only if they are certified eligible for care by a preadmission screening committee, hereinafter called "interdisciplinary team", in Barrow Geriatric Treatment Center and Piedmont Geriatric Hospital.

For each patient residing in a facility who is certified in need of intermediate level of care, as defined in 42 CFR § 440.150, and for whom community-based waiver services are the service option, a plan of care will be developed by the interdisciplinary team in the state facility and will be approved by the physician on the interdisciplinary team. The plan of care will include required services, the frequency of such services, and the type of provider to furnish them. Each plan of care will be approved by the Virginia Medical Assistance Program.

Since all clients to receive waiver services will be selected from Barrow Geriatric Treatment Center and Piedmont Geriatric Hospital, the facilities will be responsible for establishment of an interdisciplinary team (IDT).

The facility staff will refer the potential recipient of waiver services to the IDT for assessment, development of the plan of care and preauthorization of the waiver services. The IDT must be composed of a social worker, a physician, a psychologist, a nurse and an aide at the geriatric facility, and the case manager from the Community Services Board. Other professionals, such as a physical therapists, an occupational therapists, a speech pathologists/audiologist and other related professionals will participate as needed. The qualifications of the core IDT members are:

Psychologist: A psychologist with at least a Master's degree from an accredited program and with specialized training or one year of experience in treating the mentally ill. An accredited program is one accredited by the American Psychological Association.

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Physician: A physician licensed under Virginia law to practice medicine or osteopathy and with specialized training or one year of experience in treating the mentally ill.

Social Worker: A social worker with a Bachelor's degree in social work from an accredited program and at least three years of social work experience. An accredited program is one accredited by the Commission on Accreditation, Council for Social Worker Education.

Registered Nurse: A registered nurse who has specialized training or one year of experience in treating the mentally ill, licensed to practice in the Commonwealth of Virginia.

Licensed Practical Nurse: A practical nurse who has specialized training or one year of experience in treating the mentally ill, licensed to practice in the Commonwealth of Virginia.

Aide: An aide who has completed an approved Aide Training Program and one year of experience in treating the mentally ill.

Case Manager: A case manager must be an employee of the Community Services Board with a Bachelor's degree and two years of experience in the field of human services.

It is not required that the full IDT team composition meet to develop the plan of care. However, it is mandatory that the following persons on the IDT be in attendance: social worker, physician, psychologist, nurse, aide, and case manager from the Community Services Board.

Each referred client will be evaluated by a comprehensive objective methodology in order to ascertain the current needs. The instrument to be used in the assessment is the Long-Term Care Information System Assessment Process (Appendix G). Since the IDT is composed of professionals who are familiar with the patient, the team will be able to draw on their existing knowledge of the individual for accurate data.

It is expected that the actual determination of the client's eligibility for community-based services under the waiver will be a straightforward process, as the majority of the population targeted to be served are already certified as needing the level of care provided in a state mental health geriatric facility as defined in 42 CFR § 440.150. No individuals will be eligible to receive services under the waiver unless they can meet the eligibility criteria and be certified as requiring the level of care. A copy of the intermediate-care criteria is in Appendix H.

a. Definition and Development of Plan of Care.

The "plan of care" is the written plan of intervention and action that is developed with the participation of

the interdisciplinary team. It reflects the total needs of the client and the services required to meet these needs.

The intent of the plan of care is to match the client's health and functional needs and disabilities with the appropriate level of community-based service. If the match can be attained and the services are available, the plan of care will be completed. The plan of care will determine the type and amount of service that will be needed for the individual and the type of provider to furnish the service (Appendix I).

After the plan of care is completed, signature of a physician will indicate approval. A copy of the plan of care, together with a copy of the assessment forms and authorization for Waiver Services payment will be sent to the Medicaid program for final approval.

b. Cost Assessment of Plan of Care.

Because it is necessary to maintain cost within specified bounds, the IDT and the case manager will determine total cost for each service in the plan of care, based on estimates of the frequency and duration of the service. The cost entered for each unit of service will be based upon the rates approved by the Virginia Medical Assistance Program (see Worksheet C in Appendix A.) If the anticipated Medicaid payment for waived services exceed institutional payment, the client will remain in the facility. A copy of the cost-effectiveness worksheet will be sent to Medicaid.

c. Notification of Client Choice.

In accordance with the rights of the individual and the regulations for the waiver, a discussion will be held with the individual and/or his authorized representative to explain the option of community-based waiver services and continuing institutional-based services. The services which would be available in the community (e.g., case management, mental health counseling, etc.) will be explained in detail. The client with his authorized representative, as appropriate, will decide, based on information provided, whether to accept the plan of care as proposed. Responsibility for notification of client choice will rest with the social worker on the IDT. The client's choice will be documented and will remain in the individual's record at the facility and a copy will be forwarded to the Medicaid program.

All clients who are not given the choice of home or community-based services as an alternative to ICF placement may request a fair hearing, as described in 42 CFR § 431 (e). The fair hearing process is conducted under Virginia law and procedures of the Virginia Medical Assistance Program. All applicants, regardless of eligibility determination, have access to a fair hearing under these procedures.

d. Coordination of Plan of Care.

Once the individual has decided that he would prefer community-based waiver services, the social worker at the institution, in conjunction with the case manager will begin the process of discharge planning. Once the client has left the facility, the case manager will be responsible for coordinating the implementation of the services specified in the plan of care. There are many key elements of this coordination, and this may include, but not limited to:

- (1) Contacting service providers;
- (2) Authorizing waived services as specified in the plan of care after approval by the Medicaid program;
- (3) Arranging to move the client to the appropriate community placement, to assure that the health and safety of the client are safeguarded;
- (4) Monitoring the quality and effectiveness of services delivered, to assure that services are being rendered according to the plan of care and that the plan of care continues to be appropriate to the client's need;
- (5) Documenting services in accordance with established regulations of the Virginia Medical Assistance Program, to account for services billed to Medicaid;
- (6) Making appropriate alterations in the plan of care with prior approval of Medicaid, as client's needs change.

e. Implementation of Plan of Care.

With the movement to community, the implementation of the plan of care will begin with the designated providers. The providers will be responsible for following the procedures established by Medicaid for providing and documenting the service.

f. Invoicing for Payment.

After the service has been delivered, it is the responsibility of the provider to send invoices to Medicaid for payment. For tracking and review purposes, a copy of the invoice will also be sent to the community case manager. The providers of services for case management will be at the Community Services Board. The Community Services Board will invoice for case management directly to Medicaid.

With direct invoicing by the providers to the Virginia Medical Assistance Program, the Virginia Medical Assistance Program will make payment to each provider directly. This will include the Community Services Board for case management.

g. Reevaluation of Service Needs and Revision of Plan of Care.

The Medicaid program will conduct periodic reviews of the client's plan of care, the services provided, and other relevant information. A determination will be made as to whether continuing waiver services is appropriate and cost-effective. A reevaluation of the service needs will be made at six months after services are initiated, and adjustments will be made to the plan of care as necessary.

Reviews following the initial review will be conducted by the Medicaid staff at intervals not to exceed six months. This review will include observations of the client.

In addition, the Virginia Medical Assistance Program staff, at least annually, will visit the provider agencies to complete verification of services.

§ 2.4. Eligibility for Waiver Geriatric Services.

A. Virginia will offer waiver services to beneficiaries who meet the categorically or medically needy requirements of the State Plan and for whom cost-effective plans of care can be developed which meet the beneficiaries' needs in community-based settings. Under this waiver, the optional categorically needy coverage group, 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. The medically needy individuals participating in the waiver will also be considered as if they were institutionalized, for the purpose of applying the institutional deeming rules. We are, therefore, requesting a waiver of § 1902(a)(10)(C)(i)(III) of the Social Security Act.

B. Treatment of Income.

1. Virginia will apply the financial eligibility criteria contained in the State Plan for the categorically needy and the medically needy. Virginia has elected to cover the option categorically needy group under 42 CFR § 435.232. The income level used for subsection 435.232(a)(2) is 300 percent of the current Supplemental Security Income payment standard for one person.

2. Virginia will treat the income of an eligible individual who receives home and community-based services under § 435.232, using the methodology in 42 CFR § 435.735 to reduce the agency's payment for home and community-based services. The following amounts from the individual's total income (including amounts disregarded in determining eligibility) will be deducted:

a. The current Supplemental Security Income payment standard for one individual (the categorically needy

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income standard for one) for the individual's maintenance needs.

b. For an individual with only a spouse at home, an additional amount for the maintenance needs of the spouse, not to exceed the Supplemental Security Income standard for one person.

c. For an individual with a dependent family at home, an additional amount for the maintenance needs of the family, not to exceed the medically needy income standard for a family of the same size.

d. Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including:

(1) Medicare and other health insurance premiums, deductibles, or coinsurance charges; and

(2) Necessary medical or remedial care recognized under state law but not covered under the state's Medicaid plan, subject to reasonable limits the agency may establish on amounts of these expenses.

§ 2.5. Proposed Waiver Community-Based Services for the Mentally Retarded.

A. Case Management.

Case Management consists of a series of activities performed by designated personnel within a Community Services Board area to assist an individual in need of services to gain access to available resources in the community. The case management process includes the following functions:

1. **Assessing:** to determine the service needs of an individual;

2. **Planning:** to formulate a written Individual Services Plan indicating: (i) the service needs, (ii) the appropriate agencies, programs, etc., to meet the client's needs, (iii) the persons responsible for coordinating attainment of the services, and (iv) the target dates for services attainment;

3. **Linking:** to contact and to actively facilitate with agencies, programs, individuals, and families, etc., to arrange for the provision of the services, as specified in the plan;

4. **Monitoring:** an on-going process of reviewing and updating client needs, the Individual Services Plan, and effectiveness of linkages, to ensure services were accessed, received, and that the individual's current status is reflected.

Several major elements are essential to the effectiveness of the above process: (i) the identification and referral of individuals in need of services

coordination; (ii) the involvement of the individual and his family, where appropriate, in all activities of the process; (iii) the need for team participation at both inter- and intra-agency levels as appropriate; and (iv) the enhancement of the ability of the individual to become integrated into his support system, and an administrative structure designed to allow maximum benefit to the individual in need of services coordination.

Qualifications of Case Manager.

A case manager must be an employee of the Community Services Board with a Bachelor's degree and experience in the field of human services.

B. Personal Care Services.

Personal care services are designed to prevent institutionalization by providing clients with personal care aides who perform basic health-related services such as helping with ambulation/exercise, assisting with medication normally self-administered, reporting changes in beneficiaries' conditions and needs, and/or providing household services essential to health in the home. Specifically, "personal care service" means providing assistance with personal hygiene, nutritional support, and environmental maintenance necessary for clients to remain in their homes. Personal care services are specifically geared to assisting individuals in their daily living activities and are not treatment and training for individuals. The services provided by personal care aides may include the following:

1. Assisting with care of teeth and mouth;

2. Assisting with grooming (this would include care of hair, including shampoo, shaving, and the ordinary care of nails);

3. Assisting with bathing of client in bed, in tub and in shower;

4. Assisting client in moving on and off bedpan, commode, or toilet;

5. Assisting client in moving from bed to chair or wheelchair, and in walking;

6. Assisting client with eating;

7. Assisting client with dressing;

8. Preparing and serving meals according to instructions;

9. Monitoring of vital signs (this would include checking pulse rate, observing respiration rate to detect abnormalities, and taking temperature);

10. Monitoring medication and assuring that client is receiving medication at prescribed intervals;

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11. Observing client's condition so that professional medical assistance can be obtained if needed.

In addition to the above, personal care aides may be expected to do the following:

1. Washing dishes and cleaning kitchen;
2. Making and changing of bed linens;
3. Dusting and vacuuming the rooms the client uses;
4. Listing needed supplies;
5. Shopping for client if no other arrangements are possible;
6. Washing client's personal laundry if no family member is available or able (this may include necessary ironing and mending).

One unit equals one hour of personal care service. Personal care services will be offered to individuals in their own homes or adult family homes. Payment of personal care services will not be offered to individuals residing in homes for adults.

C. Mental Health Counseling Services.

Outpatient mental health counseling services are designed to enhance the individual's or family's ability to deal with personal, social, and adjustment problems. The waiver services will include:

1. Family support groups;
2. Reminiscing groups;
3. Reality orientation;
4. Remotivation;
5. Socialization;
6. Individual, group, and family counseling; and
7. Consultation with staff of residential placement. Mental health counseling services are designed to help persons in matters of self-understanding, decision making, and problem solving in day-to-day issues which enhance the individual's or family's ability to deal with personal, social and adjustment problems. This differs from psychotherapy in that there is no attempt at indepth restructuring of personality.

A unit cost of mental health services is one hour.

D. Respite Care Services.

Respite care services are offered in a variety of settings for the care of elderly individuals through

temporary separation from their families. Services are provided as needed for the purpose of relieving the family of the individual's care in order to meet planned or emergency needs or to restore and maintain physical and emotional well-being.

A unit of service is one hour.

E. Minor Physical Adaptations to Home.

Specific physical adaptations may be made to the patient's place of residence when these are considered imperative to enabling a person to return to the community. These adaptations may include, but are not limited to:

1. Grab-bars in the bathroom;
2. Wheelchair ramps;
3. Removing or widening doors to facilitate wheelchair movement;
4. Replacement or repair of steps or floors to remove physical hazards; and
5. Installing smoke alarms.

Cost is determined by the specific adaptation required.

F. Medical Equipment and Supplies.

Medical equipment and supplies may include hospital beds, wheelchairs, gerichairs, walkers, and other ambulatory aid devices necessary in order to maintain an individual in the community. Equipment will be supplied by approved Medicaid enrolled providers.

Cost is determined by specific equipment and supplies provided.

§ 2.6. Living Arrangements.

Several types of living arrangements are seen as appropriate and in which services may be rendered, as specified below, for the waiver geriatric mentally ill patients.

Home for Adults: A "home for adults," as defined in § 63.1-172 of the Code of Virginia, is any place, establishment or institution, public or private, operated or maintained for the maintenance or care of four or more adults who are aged, infirmed, or disabled, and which holds a current valid Virginia license to operate.

Natural Home: "Natural home" refers to the actual home of the patient.

Adult Family Care Home: An "adult family care home" is a home which provides room and board, supervision, and special services to an adult in need of a

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protected living situation. The adult must be incapable of independent living or unable to remain in his own home due to a physical/mental condition or an emotional/behavioral problem. An adult family home provides the individual with a less restrictive form of care than institutional living. The program offers services to those adults whose needs would best be met in a family-like setting. These homes are certified by the Department of Social Services.

Part IV
 Appendices

Appendix A

Home and Community-Based Services Waiver
 Intermediate Care Facilities - Mental Health and Mental Retardation

Worksheets and Explanations

A. Cost effectiveness equation for ICF level of care

<u>With Waiver</u>				<u>Without Waiver</u>	
<u>No. of MH&MR Institutional Patients</u>	<u>No. of Home & Community- Based Care Beneficiaries</u>	<u>Annual Expend Per Home & Community Based Beneficiaries</u>	<u>Fiscal Year</u>	<u>No. of MH&MR Institutional Patients</u>	<u>Annual Expend Per Patient</u>
<u>A</u> #	<u>C</u> #	<u>D</u> \$		<u>F</u> #	<u>G(\$)</u> \$
4,445	-0-	-0-	1984	4,445	21,384
4,287	64	22,200	1985	4,351	23,590
4,095	198	23,887	1986	4,293	26,178
4,022	271	25,559	1987	4,293	27,384
3,882	411	27,348	1988	4,293	29,953

Formula

$$\frac{(A \times B) + (C \times D) - (F \times G)}{F}$$

FY 84 Fiscal Year 1983-84 is recognized as the base year for cost determination. However, the waiver is not planned to be implemented until the Federal Fiscal Year 1984-85.

Worksheet A

Formula Computation

Fiscal Year	Medicaid Budget	Inflation	ICF Patients (Without Waiver)	Annual Expend. Per Patient
1983 ¹	\$ 89,662,886		4,500*	\$ 19,925
1984	95,939,288	7.0%	4,445	21,584
1985	104,381,945	8.8%	4,351	23,990
1986	112,314,973	7.6%	4,293	26,162
1987	120,177,021	7.0%	4,293	27,994
1988	128,589,412	7.0%	4,293	29,953

¹ Federal Report 2082 for FY 83

Inflation Factors

- FY 84 Based on 7% increase over actual FY 83 Medicaid expenditures, as reported on Federal Report 2082. Besides normal inflation, the 7% includes the State's absorbing the cost of retirement contributions for salaried State employees (5% of gross salary), effective October 1, 1983.
- FY 85 The 8.8% increase reflects a 9.6% increase in personnel cost for State employees, effective July 1, 1984. Non-personnel cost, which represents approximately 20% of total per patient day cost, increased 6%.
- FY 86 The 7.6% projected increase includes an anticipated cost of living adjustment for State employees and a budgeted 6% increase in non-personnel cost.
- FY 87/
FY 88 The 7% projected increase for both these years is based on normal growth of inflation.

Projected ICF Reduction

Fiscal Year	ICF Patients (Without Waiver)	Community-Based Patients	Percent
1985	4351	64	(1.47%)
1986	4293	198	(4.61%)
1987	4293	271	(6.31%)
1988	4293	411	(9.47%)

"E"

These figures represent the number of Medicaid patients requiring ICF level of care within the institutions exclusive of the waiver. Although the ICF population has been declining (the 2082 report for FY 83 identifies 4500 patients), it is anticipated that without the waiver, the population will remain constant by FY 86. With the implementation of the waiver, Virginia will be able to close one MH ICF facility, reduce the number of ICF beds within another MH facility by 50%, and reduce by FY 88 two hundred (200) ICF-MR beds.

"F"

See explanation for "B".

MENTAL RETARDATION SERVICES

Worksheet B

Home and Community-Based Services Waiver
ICF Level of Care

Summary

Allocation of Annual Cost Per Waivered Service

	FY 1985	FY 1986	FY 1987	FY 1988
1. Case Management	\$ 1,776	\$ 1,911	\$ 2,045	\$ 2,188
2. Residential Services	13,764	14,810	15,847	16,956
3. Habilitation	5,328	5,733	6,133	6,563
4. Respite Care	<u>1,332</u>	<u>1,433</u>	<u>1,534</u>	<u>1,641</u>
TOTAL	\$ 22,200	\$ 23,887	\$ 25,559	\$ 27,348

Inflation Factor

FY 85	Base Year
FY 86	7.6%
FY 87	7.0%
FY 88	7.0%

* Note: The Virginia 2082 report for all prior years and for FFY '83 combined the numbers of recipients of intermediate care for the mentally retarded and the geriatrically mentally ill and reported them under the column titled intermediate care for the mentally retarded.

MENTAL RETARDATION SERVICES

Worksheet C
Home and Community-Based Services Waiver
ICF Level of Care

Cost Per Unit of Waivered Service
Calculation and Explanation

FY 85

Base year for Implementation of Waivered Services and detailed calculation of unit cost per waivered service

\$22,200 - Annual cost per beneficiary for waivered services

1. Case Management

a. Annual Cost - \$1,776.00 per beneficiary

b. Unit of Measure - cost per hour

c. Factors

o 1.5 hours (avg.) of case management services per client per week

o \$22.77 - cost per hour of service

Personnel cost -	\$19.35
Administrative cost-	3.42
TOTAL	\$22.77

d. Calculation

1.5 hours X 52 weeks X \$22.77 per hour cost = \$1,776.06

e. Unit Cost Per Fiscal Year

FY 85	\$22.77 per hour
FY 86	\$24.50 per hour
FY 87	\$26.22 per hour
FY 88	\$28.06 per hour

2. Residential Services

a. Annual Cost - \$13,764 per beneficiary

b. Unit of Measure - cost per day per beneficiary

MENTAL HEALTH SERVICES

Worksheet B

Home and Community-Based Services Waiver
ICF Level of Care

Summary

Allocation of Annual Cost Per Waivered Service

	FY 1985	FY 1986	FY 1987	FY 1988
1. Case Management	\$ 2,900	\$ 3,121	\$ 3,340	\$ 3,575
2. Mental Health Counseling Services	6,500	6,994	7,483	8,007
3. Minor Physical Adaptations to the Home	500	538	576	616
4. Medical Equipment and Supplies	700	753	806	862
5. Personal Care	9,100	9,791	10,476	11,209
6. Respite Care	2,500	2,690	2,878	3,079
TOTAL	\$ 22,200	\$ 23,887	\$ 25,559	\$ 27,348

Inflation Factor

FY 85	Base Year
FY 86	7.6%
FY 87	7.0%
FY 88	7.0%

c. Factors

- o Cost per day based on projected statewide average of group homes and residential living units
- o Excludes cost for room and board (statewide average for room and board is 20% of total cost)
- o Includes cost allowance for transportation expense for non-medical services (see Worksheet D)

d. Calculation

o Residential Services

Annual Cost - \$13,542.00 per beneficiary

\$46.38	total cost per day
(9.28)	room and board
\$37.10	net cost for residential services per day per beneficiary

\$37.10 X 365 days = \$13,541.50

o Non-medical transportation

Annual Cost - \$222.00 per beneficiary

\$8.88	average cost per day
X 25	average one trip per every two weeks
\$ 222.00	TOTAL

o Conversion of transportation cost to unit of measure (annual # days) for residential services

222.00 : 265 days = \$.61 average cost per day

o Summary

\$37.10	residential services
+ .61	transportation
\$37.71	total cost per day
X 365	annual days
13,764	annual cost

e. Unit Cost Per Fiscal Year

FY 85	\$37.71	cost per day
FY 86	\$40.58	cost per day
FY 87	\$43.42	cost per day
FY 88	\$46.46	cost per day

3. Habilitation

a. Annual Cost - \$5,328.00 per beneficiary

b. Unit of Measure - cost per hour

c. Factors

- o Cost per hour for habilitative services represents statewide average for all levels or types of services utilized. Pre-vocational services are excluded
- o Cost based on an average of four (4) hours of service per day, and an average of 124 days of service annually
- o Includes cost allowance for transportation expense for non-medical services (see Worksheet D)

d. Calculation

o Habilitative Services

<u>Annual Cost</u>	\$4,662.00 per beneficiary
<u>Cost per hour</u>	\$ 9.40 (average)

\$ 9.40	cost per hour
X 4	average hours of service per day
\$ 37.60	cost per day
X 124	average annual days of service
\$4,662.40	annual cost per beneficiary

o Non-medical transportation

<u>Annual Cost</u>	\$666.00 per beneficiary
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\$ 8.88	average cost per day
X 1.5	average trips per week
\$ 13.32	cost per week
X 50	annual weeks of service
\$ 666.00	TOTAL

o Conversion of transportation cost to unit of measure (cost per hour) for habilitation services

\$666.00 : 496 = \$1.34

o Summary

\$ 9.40	habilitative services
+ 1.34	transportation
\$10.74	total cost per hour for habilitation

e. Unit Cost Per Fiscal Year

FY 85	\$10.74 per hour
FY 86	\$11.56 per hour
FY 87	\$12.37 per hour
FY 88	\$13.24 per hour

4. Respite Care

a. Annual Cost ~ \$1,332.00 per beneficiary

b. Unit of Measure - cost per hour

c. Factors

- o Average 12 hours of service per month
- o Average hourly cost per hour of service - \$9.25 (hourly rate based on statewide average cost with consideration to various levels of respite care, i.e., individual's home, hospital, nursing home, etc., and professional level of staff)

d. Calculation

\$ 9.25	average cost per hour
X 12	average hours of service per month
\$111.00	average monthly cost
X 12	# months per year
\$1,332	annual cost per beneficiary

e. Unit Cost Per Fiscal Year

FY 85	\$ 9.25 per hour
FY 86	\$ 9.95 per hour
FY 87	\$10.65 per hour
FY 88	\$11.40 per hour

MENTAL HEALTH SERVICES

Worksheet C
Home and Community-Based Services Waiver
ICF Level of Care

Cost Per Unit of Waivered Service
Calculation and Explanation

FY 85

Base year for Implementation of Waivered Services and detailed calculation of unit cost per waivered service

\$22,200 - Annual cost per beneficiary for waivered services

1. Case Management

a. Annual Cost - \$2,900.00 per beneficiary

b. Unit of Measure - cost per hour

c. Factors

- o 2.45 hours (avg.) of case management services per week
- o \$22.77 - cost per hour of service

Personnel cost	\$19.35
Administrative cost	3.42
TOTAL	\$22.77

d. Calculation

2.45 hours X 52 weeks X \$22.77 per hour cost = \$2,900.00

e. Unit Cost Per Fiscal Year

FY 85	\$22.77 per hour
FY 86	\$24.50 per hour
FY 87	\$26.22 per hour
FY 88	\$28.06 per hour

2. Mental Health Counseling Services

a. Annual Cost - \$6,500.00 per beneficiary

b. Unit of Measure - cost per session

c. Factors

- o 5 sessions per week
- o \$25.00 per session including transportation

d. Calculation

5 sessions X 52 weeks X \$25.00 per session = \$6500.00

e. Unit Cost per Fiscal Year

FY 85	\$25.00 per session
FY 86	\$26.90 per session
FY 87	\$28.78 per session
FY 88	\$30.78 per session

3. Minor Physical Adaptations to the Home

a. Annual Cost - \$500.00 per beneficiary

b. Unit of Measure - none

c. Factors

- o Estimate of average cost per beneficiary to install grab bars at bathtub and commode

d. Calculation

An estimate of the average cost per beneficiary. Some beneficiaries' needs will be much higher than the average, but other beneficiaries will need none.

e. Average Cost per Fiscal Year

FY 85	\$500.00
FY 86	\$538.00
FY 87	\$576.00
FY 88	\$616.00

4. Medical Equipment and Supplies

a. Annual Cost - \$700.00 per beneficiary

b. Unit of Measure - none

c. Factors

- o The average yearly cost for beneficiaries' participation in the waiver was estimated by using the average annual Medicaid payment for Medical Supplies and Equipment on behalf of Medicaid beneficiaries not enrolled in Medicare.

d. Calculation

The cost of waived clients is estimated to be less than that of Home Health patients.

e. Average Cost per Fiscal Year

FY 85	\$700.00
FY 86	\$753.00
FY 87	\$806.00
FY 88	\$862.00

5. Respite Care

a. Annual Cost - \$2,500.00 per beneficiary

b. Unit of Measure - cost per hour

c. Factors

- o Average 22.5 hours of service per month
- o Average hourly cost of service - \$9.25 (hourly rate based on statewide average cost with consideration given to various levels of respite care, i.e., individual's home, hospital, nursing home, etc., and professional level of staff).

d. Calculation

\$ 9.25	average cost per hour
X 22.5	average hours of service per month
\$ 208.12	average monthly cost
X 12	months per year
\$2497.12	rounded to
\$2500.00	annual cost per beneficiary

e. Unit Cost per Fiscal Year

FY 85	\$ 9.25 per hour
FY 86	\$ 9.95 per hour
FY 87	\$10.65 per hour
FY 88	\$11.40 per hour

6. Personal Care

a. Annual Cost - \$9,100.00 per beneficiary

b. Unit of Measure - cost per hour

c. Factors

- o 25 hours average per beneficiary per week
- o \$7.00 fee per hour of service

d. Calculation

25 hours per week X \$7.00 per hour X 52 weeks = \$9,100.00

e. Unit of Cost per Fiscal Year

FY 85	\$ 9,100.00	per beneficiary
FY 86	\$ 9,971.00	per beneficiary
FY 87	\$10,476.00	per beneficiary
FY 88	\$11,209.00	per beneficiary

Proposed Regulations

Appendix B

BEHAVIOR DEVELOPMENT SURVEY

DWY 71 (Rev. 6/88)

(1-2) Board _____
 (3-5) Program _____
 (6-15) Client's Case No. _____
 (16) Sex 1 Male 2 Female
 (17-22) Date of Evaluation / / mo. / day / yr.
 (23) Type of Evaluation 1 Initial 2 Re-Evaluation
 (24-29) Birthdate / / mo. / day / yr.
 (30-33) Location _____

(55) LEVEL OF FUNCTIONING

(Check only one)

- 0 Unknown
- 1 Normal
- 2 Borderline
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Profound
- 7 Not Determined

(56) HEARING (Check only one)

- 4 No difficulty in hearing
- 3 Some difficulty in hearing
- 2 Great difficulty in hearing
- 1 No hearing at all

(57) VISION (Check only one)

- 4 No difficulty in seeing
- 3 Some difficulty in seeing
- 2 Great difficulty in seeing
- 1 No vision at all

(58) AMBULATION (Check only one)

- 4 Walks with no difficulty
- 3 Limp or walks unsteadily
- 2 Walks only with help
- 1 Unable to walk

(59) WALKING AND RUNNING (Check ALL statements that apply)

- a Walks alone
- b Walks up and down stairs alone
- c Walks down stairs by alternating his feet
- d Runs without falling often
- e Hops, skips or jumps
- f None of the above

(66) SPEECH (Check only one)

- 5 Speech easily understood
- 4 Speech somewhat difficult to understand
- 3 Speech very difficult to understand
- 2 Speech is not understandable but makes sounds
- 1 Makes no sounds

(67) VOCABULARY (Check only one)

- 5 Talks about action when describing pictures
- 4 Names people or objects when describing pictures
- 3 Uses names of familiar objects
- 2 Asks for at least ten things by their appropriate names
- 1 Is nearly non-verbal

(27) BODY BALANCE (Check only one)

- 5 Stands on "Tippex" for ten seconds if asked
- 4 Stands on one foot for two seconds if asked
- 3 Stands without support
- 2 Sits without support
- 1 Can do none of the above

(28) USE OF TABLE UTENSILS (Check only one)

- 7 Uses knife and fork correctly and neatly
- 6 Uses table knife for cutting or spreading
- 5 Feeds self with spoon and fork—neatly
- 4 Feeds self with spoon and fork—considerable spilling
- 3 Feeds self with spoon—neatly
- 2 Feeds self with fingers or must be fed
- 1 Feeds self with fingers

(29) EATING IN PUBLIC (Check only one)

- 4 Orders complete meals in restaurants
- 3 Orders simple meals like hamburgers or hot dogs
- 2 Orders soft drinks at soda fountain or canteen
- 1 Does not order at public eating places

(30) DRINKING (Check only one)

- 4 Drinks without spilling, holding glass in one hand
- 3 Drinks from cup or glass unassisted—neatly
- 2 Drinks from cup or glass unassisted—considerable spilling
- 1 Does not drink from cup or glass unassisted

(31) TOILET TRAINING (Check only one)

- 5 Never has toilet accidents
- 4 Never has toilet accidents during the day
- 3 Occasionally has toilet accidents during the day
- 2 Frequently has toilet accidents during the day
- 1 Has not toilet trained at all

SELF-CARE AT TOILET (Check ALL statements that apply)

- a Lowers pants at the toilet without help
- b Sits on toilet seat without help
- c Uses toilet tissue appropriately
- d Flushes toilet after use
- e Puts on clothes without help
- f Washes hands without help
- g None of the above

WASHING HANDS AND FACE (Check ALL statements that apply)

- a Washes hands with soap
- b Washes face with soap
- c Washes hands and face with water
- d Dries hands and face
- e None of the above

BATHING (Check only one)

- 6 Prepares and completes bathing unaided
- 5 Washes and dries self completely without prompting or helping
- 4 Washes and dries self reasonably well with prompting
- 3 Attempts to soap and wash self
- 2 Cooperates when being washed and dried by others
- 1 Makes no attempt to wash or dry self

CARE OF CLOTHING (Check ALL statements that apply)

- a Wipes and polishes shoes when needed
- b Puts clothes in drawer or chest neatly
- c Sends clothes to laundry without being reminded
- d Hangs up clothes without being reminded
- e None of the above

DRESSING (Check only one)

- 6 Completely dresses self
- 5 Completely dresses self with verbal prompting only
- 4 Dresses self by pulling or putting on all clothes with verbal prompting and by fastening (zipping, buttoning, snapping)
- 3 Dresses self with help in pulling or putting on most clothes and fastening them
- 2 Cooperates when dressed by extending arms or legs
- 1 Must be dressed completely

SHOES (Check ALL statements that apply)

- a Puts on shoes correctly without assistance
- b Ties shoe laces without assistance
- c Unties shoe laces without assistance
- d Removes shoes without assistance
- e None of the above

(56) SENSE OF DIRECTION (Check only one)

- 4 Goes a few blocks from hospital or school ground, or several blocks from home without getting lost
- 3 Goes around hospital ground or a few blocks from home without getting lost
- 2 Goes around cottage, ward, or home alone
- 1 Gets lost whenever he leaves his own living area

(57) MONEY HANDLING (Check only one)

- 5 Uses banking facilities independently
- 4 Makes change correctly but does not use banking facilities
- 3 Adds coins of various denominations, up to one dollar
- 2 Uses money, but does not make change correctly
- 1 Does not use money

(58) PURCHASING (Check only one)

- 6 Buys all own clothing
- 5 Buys own clothing accessories
- 4 Makes minor purchases without help (candy, soft drinks, etc.)
- 3 Does shopping with slight supervision
- 2 Does shopping with close supervision
- 1 Does no shopping

(59) WRITING (Check only one)

- 6 Writes sensible and understandable letters
- 5 Writes short notes and memos
- 4 Writes or prints forty words
- 3 Writes or prints ten words
- 2 Writes or prints own name
- 1 Cannot write or print any words

PREVERBAL EXPRESSION (Check ALL statements that apply)

- a Nods head or smiles to express happiness
- b Indicates hunger
- c Indicates wants by pointing or vocal noises
- d Chuckles or laughs when happy
- e Expresses pleasure or anger by vocal noises
- f Is able to say at least a few words
- g None of the above

SENTENCES (Check only one)

- 4 Sometimes uses complex sentences containing "because," "but," "etc."
- 3 Asks questions using words such as "why," "how," "what," etc.
- 2 Speaks in simple sentences
- 1 Speaks in primitive phrases only or is non-verbal

READING (Check only one)

- 6 Reads books suitable for children nine years or older
- 5 Reads books suitable for children seven years old
- 4 Reads simple stories or comics
- 3 Reads various signs, "ONE WAY," "NO PARKING," "WOMEN," "MEN"
- 2 Recognizes ten or more words by sight
- 1 Recognizes fewer than ten words or none at all

COMPLEX INSTRUCTIONS (Check ALL statements that apply)

(27) a Understands instructions containing prepositions, e.g., "on," "in," "behind," etc.

(28) b Understands instructions referring to the order in which things must be done e.g., "first do... then do..."

(29) c Understands instructions requiring a decision: "If... do this, but if not, do..."

(30) None of the above

(31) **NUMBERS** (Check only one)

6 Does simple addition and subtraction

5 Counts ten or more objects

4 Mechanically counts to ten

3 Counts two objects by saying "one... two"

2 Discriminates between "one" and "many" or "lot"

1 Has no understanding of numbers

TIME (Check ALL statements that apply)

(32) a Tells time by clock or watch correctly to the minute

(33) b Understands time intervals, e.g., between "3:30" and "4:30"

(34) c Understands time equivalents, e.g., "9:15" is the same as "quarter past nine"

(35) d Associates time on clock with various actions and events

(36) None of the above

(37) **ROOM CLEANING** (Check only one)

3 Cleans room well, e.g., sweeping, dusting, and tidying

2 Cleans rooms but not thoroughly

1 Does not clean room at all

(38) **FOOD PREPARATION** (Check only one)

4 Prepares an adequate complete meal (may use canned or frozen foods)

3 Mixes and cooks simple food, e.g., fries eggs, makes pancakes, cooks TV dinners, etc.

2 Prepares simple food requiring no mixing or cooking, e.g., sandwiches, cold cereal, etc.

1 Does not prepare food at all

(39) **TABLE CLEARING** (Check only one)

3 Clears table of breakable dishes and glassware

2 Clears table of unbreakable dishes and glassware

1 Does not clear table at all

(40) **JOB COMPLEXITY** (Check only one)

3 Performs a job requiring use of tools or machinery, e.g., shop work, sewing, etc.

2 Performs simple work, e.g., simple gardening, mopping floors, emptying trash, etc.

1 Performs no work at all

(41) **INITIATIVE** (Check only one)

4 Initiates most of his own activities, e.g., tasks, games, etc.

3 Asks if there is something for him to do or explores surroundings, e.g., home, yard, etc.

2 Will engage in activities only if assigned or directed

1 Will not engage in assigned activities, e.g., putting away toys, etc.

MALADAPTIVE BEHAVIOR

(52) Threatens or does physical violence to others

(53) Damages own or other's property

(54) Disrupts other's activities

(55) Uses profane or hostile language

(56) Is rebellious, e.g., ignores regulations, resists following instructions

(57) Runs away or attempts to run away

(58) Is untrustworthy, e.g., takes other's property, lies or cheats

(59) Displays stereotyped behavior, e.g., rocks body back and forth, has hands in motion

(60) Removes or tears off own clothing

(61) Does physical violence to self

(62) Is hyperactive, e.g., will not sit still for any length of time

(63) Displays heterosexual behavior that is socially unacceptable

(64) Displays homosexual behavior that is socially unacceptable

(65) Displays other unacceptable sexual behavior, e.g., masturbates, exposes self

(66) Requires seclusion

(67) Requires restraint

ATTENTION (Check only one)

5 Will pay attention to purposeful activities for more than fifteen minutes, e.g., playing games, reading, cleaning up

4 Will pay attention to purposeful activities for at least fifteen minutes

3 Will pay attention to purposeful activities for at least ten minutes

2 Will pay attention to purposeful activities for at least five minutes

1 Not pay attention to purposeful activities for as long as five minutes

PERSONAL BELONGINGS (Check only one)

4 Very dependable—always takes care of personal belongings

3 Usually dependable—usually takes care of personal belongings

2 Unreliable— seldom takes care of personal belongings

1 Not responsible at all—does not take care of personal belongings

AWARENESS OF OTHERS (Check ALL statements that apply)

(44) a Recognizes own family

(45) b Recognizes people other than family

(46) c Has information about others, e.g., job, address, relation to self

(47) d Knows the names of people close to him, e.g., classmates, neighbors

(48) e Knows the names of people not regularly encountered

(49) None of the above

(50) **INTERACTION WITH OTHERS** (Check only one)

4 Interacts with others in group games or activities

3 Interacts with others for at least a short period of time, e.g., showing or offering toys, clothing or objects

2 Interacts with others initiatively with little interaction

1 Does not respond to others in a socially acceptable manner

(51) **PARTICIPATION IN GROUP ACTIVITIES** (Check only one)

4 Initiates group activities (leader and organizer)

3 Participates in group activities spontaneously and eagerly (active participant)

2 Participates in group activities if encouraged to do so (passive participant)

1 Does not participate in group activities

HISTORY OF SEIZURES (Check only one)

(68) 4 Seizures observed in last two years

3 History but none observed

2 None observed and no history

1 Unknown

CURRENT MEDICATION Yes No

1 Individual receiving any regular medication (e.g., pills, capsules, liquids, injections; including such as insulin, birth control pills, etc.)

2

3

4

If not what is the medication(s) and its purpose?

RECEIVING MEDICATION FOR CONTROL OF SEIZURES (Check only one)

5 Yes, uncontrolled

4 Yes, partially controlled

3 Yes, completely controlled

2 No medication required or received

1 Unknown

PHYSICAL AIDS Does individual use:

(71) Glasses Yes No

(72) Hearing aid 1 2

(73) Braces

(74) Walker

(75) Wheel chair

(76) Crutches

RATED BY: _____

Proposed Regulations

Appendix C

MEDICAL STATUS		DIAGNOSES		FUNCTIONING STATUS		ACTIVITIES OF DAILY LIVING/HELP		NAME OR NUMBER	
SIGHT NO IMPAIRMENT ATTEMPTED 2 COMPENSATION 1 DATE OF CHANGE (MONTH, DAY, YEAR)	NO COMPLETION NO LOSS DATE OF CHANGE (MONTH, DAY, YEAR)	HICDA CODE DATE SET DATE SET	HICDA CODE DATE SET DATE SET	BATHING WITHOUT HELP 0 MH ONLY 1 MH AND HH 2 IS BATHED 4 OR DOES NOT BATHES DESCRIBE HELP	BLADDER CONTINENT 0 INCONTINENT 1 EXTERNAL DEVICE SELF CARE 2 INWELING CATHETER OSTOMY 3 SELF CARE 4 INCONTINENT 5 WEEKLY OR MORE NOT SELF CARE 6 NOT SELF CARE 7 INWELING CATHETER OSTOMY 8 TYPE OF OSTOMY OTHER PROBLEM	MOBILITY LEVEL GOES OUTSIDE DATE GOES OUTSIDE MH ONLY 1 GOES OUTSIDE MH AND HH 2 GOES OUTSIDE CONFIRMED CONFIRMED-DOES NOT MOVE ABOUT 3 DESCRIBE HELP	DATE DATE	NAME OR NUMBER	NAME OR NUMBER
SPEECH NO IMPAIRMENT 000 IMPAIRMENT 1 STRUCTURE OR MUSCULATURE OF VOCAL TRACT 2 TYPE LINGUISTIC SYSTEM 3 COMPLETE LOSS 4 DOES NOT SPEAK—NO KNOWN IMPAIRMENT 5	NO OR NOT COMPLETED 1 MORE THAN ONE YEAR COMPLETED 2 ONE YEAR 1 OR LESS 2	RISK FACTOR MEASUREMENTS/OTHER TESTS CIGARETTE SMOKING NEVER SMOKED 00 DOES NOT SMOKE HISTORY UNKNOWN 01 EX-SMOKER 1 SMOKES—# PER DAY RECORD DATE AND REASON	HICDA CODE DATE SET DATE SET	DRESSING WITHOUT HELP 0 MH ONLY 1 MH AND HH 2 IS DRESSED 4 IS NOT DRESSED 5 DESCRIBE HELP	EATING/FEEDING WITHOUT HELP 0 MH ONLY 1 MH AND HH 2 SPOON FED 4 STRANGE OR FEED BY IV OR CLYSIS 5 DESCRIBE HELP	WALKING WITHOUT HELP 0 MH ONLY 1 MH AND HH 2 DOES NOT WALK 4 DESCRIBE HELP	DATE DATE	NAME OR NUMBER	NAME OR NUMBER
DEMENTIA NO OR NOT COMPLETED 1 MORE THAN ONE YEAR COMPLETED 2 ONE YEAR 1 OR LESS 2	HICDA CODE DATE SET DATE SET	TOILETING WITHOUT HELP 0 DAY & NIGHT MH ONLY 1 MH AND HH 2 DOES NOT USE 4 TOILET ROOM 5 DESCRIBE HELP	HICDA CODE DATE SET DATE SET	TRANSFERRING WITHOUT HELP 0 MH ONLY 1 MH AND HH 2 IS TRANS- FERRED 4 IS NOT FERRED 5 DESCRIBE HELP	BEHAVIOR PATTERN APPROPRIATE 0 WANDERING/PASSIVE LESS THAN WEEKLY 1 WEEKLY OR MORE 2 ABUSIVE/AGGRESSIVE/ DISRUPTIVE/ LESS THAN WEEKLY 3 WEEKLY OR MORE 4 COMATOSE 5 TYPE OF INAPPROPRIATE BEHAVIOR	STARCLIMBING WITHOUT HELP 0 MH ONLY 1 MH AND HH 2 DOES NOT CLIMB 4 DESCRIBE HELP	DATE DATE	NAME OR NUMBER	NAME OR NUMBER
FRACTURES/DISLOCATIONS LOCATION TREATMENT PREVIOUS REPAIR YES 1 NO OR NOT COMPLETED 2 MORE THAN ONE YEAR COMPLETED 3 ONE YEAR 1 OR LESS 2	HICDA CODE DATE SET DATE SET	JOINT MOTION DATE WITHIN NORMAL LIMITED ACTION 1 INSTABILITY— COMPLETED 2 UNCORRECTED 3 UNCORRECTED 4 IMMOBILITY 5 MEDICAL HISTORY	HICDA CODE DATE SET DATE SET	BOWEL FUNCTION CONTINENT 0 DISORIENTED—SOME SPHERES SOME TIME 1 DISORIENTED—SOME SPHERES ALL TIME 2 OSTOMY—SELF CARE 3 DISORIENTED—ALL SPHERES SOME TIME 4 DISORIENTED—ALL SPHERES ALL TIME 5 OSTOMY—NOT SELF CARE 6 TYPE OF OSTOMY PROBLEMS 7	COMMUNICATION OF NEEDS DESCRIBE HELP	COMUNICATION OF NEEDS DESCRIBE HELP	DATE DATE	NAME OR NUMBER	NAME OR NUMBER
MISSING LIMBS LOCATION TREATMENT PREVIOUS REPAIR YES 1 NO OR NOT COMPLETED 2 MORE THAN ONE YEAR COMPLETED 3 ONE YEAR 1 OR LESS 2	HICDA CODE DATE SET DATE SET	PARALYSIS/PARESIS LOCATION TREATMENT PREVIOUS REPAIR YES 1 NO OR NOT COMPLETED 2 MORE THAN ONE YEAR COMPLETED 3 ONE YEAR 1 OR LESS 2	HICDA CODE DATE SET DATE SET	FAMILY HISTORY HICDA CODE DATE SET DATE SET	ALLERGIES—SPECIFY	LONG-TERM CARE INFORMATION SYSTEM 3A LONG-TERM CARE INFORMATION SYSTEM 3A LONG-TERM CARE INFORMATION SYSTEM 3A LONG-TERM CARE INFORMATION SYSTEM 3A	DATE DATE	NAME OR NUMBER	NAME OR NUMBER

SERVICES CURRENTLY RECEIVED		NAME OR NUMBER		MEDICATIONS		TRANSLATION TO SERVICE NEEDS		ADDITIONAL INFORMATION/PLAN	
DATE	FREQUENCY	DATE	AS ORDERED	DATE	ROUTE OF ADMINISTRATION 1, 2, FREQUENCY 1, 2, AMOUNT OF LAST DOSE	ADDRESSER STATUS	DATE	SERVICE NEEDS 1	IF POSSIBLE, INDICATE WHETHER SERVICE PROVIDED OR RECEIVED
INHALATION 1				ANALGESICS/ MARCOPTICS					
OCCUPATIONAL 1				ANTACIDS					
PHYSICAL 1				ANTIBIOTICS/ ANTI-INFECTIVES					
SPEECH 1				ANTIDOPAMINANTS					
REALITY/ REMOTIVATION				ANTIPARKINSONIANS					
SOCIAL SERVICE				ANTIDEPRESSANTS					
OTHER 1				ANTIEPILEPTICS					
OTHER SERVICES/SOCIAL CONTACTS									
RECREATION/ ACTIVITIES 1				ANTICOAGULANTS					
RELIGIOUS SERVICES 1				ANTIDYSRHYTHMICS					
VISITORS 1				ANTIDIARRHEALS					
OTHER 1				ANTIDIPHYLINES					
NUTRITION									
DIET—SPECIFY 8				ANTIDOPAMINANTS					
FOOD/FIUID I/ INTAKE NO PROBLEM—1				ANTIDOPAMINANTS					
PROBLEM—1				ANTIDOPAMINANTS					
SUPPLEMENTAL NOURISHMENTS				ANTIDOPAMINANTS					
DINING LOCATION				ANTIDOPAMINANTS					
SPECIAL NURSING PROCEDURES									
PREVENTIVE CARE				ANTIDOPAMINANTS					
STETHOSCOPE 1, 2				ANTIDOPAMINANTS					
DRESSING(S) 1				ANTIDOPAMINANTS					
EYE CARE 1				ANTIDOPAMINANTS					
SPECIFY TYPE				ANTIDOPAMINANTS					
OXYGEN Rx—1, 2				ANTIDOPAMINANTS					
TYPE				ANTIDOPAMINANTS					
RESTORATIVE				ANTIDOPAMINANTS					
BOWEL/BLADDER TRAINING				ANTIDOPAMINANTS					
PROSTHETIC SITES 1, 2				ANTIDOPAMINANTS					
OTHER 1				ANTIDOPAMINANTS					
MEDICATION ADMINISTRATION									
RESTRAINTS—SITES OF APPLICATION 1				ANTIDOPAMINANTS					
TEACHING				ANTIDOPAMINANTS					
TRAY CARE				ANTIDOPAMINANTS					
TYPE 1, 2				ANTIDOPAMINANTS					
SELF-INJECTION				ANTIDOPAMINANTS					
OTHER				ANTIDOPAMINANTS					
OTHER SPECIAL NURSING 1				ANTIDOPAMINANTS					
PROFESSIONAL VISITS 1, 2 SPECIFY FREQUENCY OF VISITS									
ATTENDING MD/DO				ANTIDOPAMINANTS					
OTHER MD/DO				ANTIDOPAMINANTS					
PHYSICIAN				ANTIDOPAMINANTS					
DIETITIAN				ANTIDOPAMINANTS					
PHYSICIAN ASSISTANT				ANTIDOPAMINANTS					
PHARMACEUTIC				ANTIDOPAMINANTS					
HOME HEALTH				ANTIDOPAMINANTS					
OTHER				ANTIDOPAMINANTS					

CRITERIA FOR INTERMEDIATE CARE FOR THE MENTALLY RETARDED

INTRODUCTION

Utilization Control regulations require that level of care criteria be formulated for guidance for appropriate levels of care. Traditionally, intermediate care for the mentally retarded has been institutionally based; however, this level of care need not be confined to a specific setting. The habilitative needs of the client are the determining issues.

The purpose of this criteria is to establish a standard objective to measure eligibility for Medicaid payment. Medicaid can pay for care only when the client is in the appropriate level of care and when "active treatment" is being provided. A synopsis of active treatment is included with this criteria. An individual's need for care must meet this criteria before any authorization for payment by Medicaid will be made for either institutional or waived rehabilitative services for the mentally retarded.

Intermediate care for the mentally retarded requires planned programs for habilitative needs and/or health related services which exceed the level of room, board, and supervision of daily activities. Intermediate care is a combination of habilitative, rehabilitative, and health services directed toward increasing the functional capacity of the retarded person. Services will include training in the activities of daily living, task learning skills, socially acceptable behaviors, basic community living skills, or health care and maintenance. The overall objective of all programming shall be the attainment of the optimal physical, intellectual, social, or task learning level which the person can presently or potentially achieve.

The evaluation and re-evaluation for intermediate care is based on the needs of the person, the reasonable expectations of the resident's capabilities, the appropriateness of programming, whether progress is demonstrated from the training and, in an institution, whether the services could reasonably be provided in a less restricted environment.

The following criteria is divided into broad categories of needs, or services provided. These must be evaluated in detail to determine the abilities/skills which the client has acquired. The evaluation will then identify training needs/skills which will be the basis for the development of a plan of care.

Patient Assessment Criteria

The evaluation process will demonstrate a need for programming in an array of skills and abilities or health care services. These have been organized into seven major categories. Level of functioning in each category is graded from the most dependent to the least dependent. In some categories, the dependency status is rated by the degree of assistance required. In other categories, the dependency is established by the frequency of a behavior or ability to perform a given task.

The resident must meet the indicated dependency level in two or more of questions I through VII.

I. Health Status - To meet this category

- a) Two or more questions must be answered with of a 4, OR
- b) Question 10 must be answered "yes."

II. Communication Skills - To meet this category

Three or more questions must be answered with a 3 or a 4.

III. Task Learning Skills - To meet this category

Three or more questions must be answered with a 3 or a 4.

IV. Personal Care - To meet this category

- a) Question #1 must be answered with a 4 or a 5, OR
- b) Question #2 must be answered with a 4 or a 5 OR
- c) Questions #3and #4 must be answered with a 4 or a 5.

V. Mobility - To meet this category

Question #1, #5, OR #6 must be answered with a 4 or a 5.

VI. Behavior - To meet this category

Any one question must be answered with a 3 or a 4.

VII. Community Living - To meet this category

- a) Question #6 must be answered with a 4 or a 5, OR
- b) Question # 7 must be answered with a 4 or a 5, OR
- c) Three or more questions must be answered with a 4 or a 5.

DEFINITIONS:

As used in this criteria, the following terminology is defined.

	Never	Rarely	Sometimes	Usually
1	2	3	4	
3. Uncontrolled seizures? - Seizures weekly or more [(68) History of seizures Pg. 4]	1	2	3	4
4. Teaching diagnosed disease control and care, including diabetes?	1	2	3	4
5. Management of care of diagnosed circulatory or respiratory problems?	1	2	3	4
6. Motor disabilities which interfere with all activities of Daily Living, Bathing, Dressing, Mobility, Toileting, etc?	1	2	3	4
7. Observation for choking/ aspiration while eating, drinking?	1	2	3	4
8. Supervision for use of adaptive equipment, i.e. special spoon, braces, etc.? (Physical aids Pg. 4)	1	2	3	4
9. Observation for nutritional problems i.e. (undernourishment, swallowing difficulties, obesity)?	1	2	3	4
10. Is age 55 or older, has a diagnosis of a chronic disease and has been in an institution 20 years or more?	yes	no		

NO ASSISTANCE: No assistance needed.

PROMPTING/STRUCTURING: Prior to the functioning, some verbal direction and/or some rearrangement of the environment is needed.

SUPERVISION: Helper must be present during function and provide only verbal direction and/or supervision.

SOME DIRECT ASSISTANCE: Helper must be present and provide some physical assistance (with or without verbal direction).

TOTAL ASSISTANCE: Helper must perform all or nearly all of the functions.

NEVER: Service/function is performed quarterly or less.

RARELY: Service/function is performed once a month.

SOMETIMES: Service/function is performed 2 - 3 times a month.

USUALLY: Service/function is performed weekly or more.

The references under the questions indicate those items which are on the Behavior Development Survey (DNR 71 Revised 6/80). The absence of a reference indicates this question is not addressed on the BBS form. Some categories on the Behavior Development Survey are not incorporated since the information in that area of the evaluation will be reflected elsewhere in the criteria or the condition is not indicative of a functional deficit justifying a need for intermediate care.

I. HEALTH STATUS - To meet this category

- a) Two or more questions must be answered with a 4 OR
- b) Question #10 must be answered "yes."

	Never	Rarely	Sometimes	Usually
1. Medication administration and/or supervision required for the following evaluation for effectiveness of a medication regime? [(70) Receiving Medications and History of Seizures Pg. 4]	1	2	3	4
2. Direct services i.e. care for lesions, dressings, treatment, (other than shampoos, foot powder, etc.) daily or more?	1	2	3	4

II. COMMUNICATION - To meet this category

Three or more questions must be answered with a 3 or a 4.

How often does this person	Usually 1	Sometimes 2	Rarely 3	Never 4
1. Understand simple words, phrases or instructions containing prepositions i.e. "on" "in" "behind"? [(27) Complex Instructions pg. 3]	1	2	3	4
2. Speak in an easily understood manner? [(66) Speech pg. 1]	1	2	3	4
3. Use simple words, phrases, short sentences? [(67) Sentences pg. 2]	1	2	3	4
4. Indicate wants by pointing, vocal noises, or signs? [(62)(C) Preverbal Expression pg. 2]	1	2	3	4
5. Asks for at least ten things using appropriate names? [(67) Vocabulary pg. 1]	1	2	3	4
6. Identify self, place of residence, significant other, classmates? [(47) Awareness of others, pg. 3]	1	2	3	4

III. Task Learning Skills - To meet this category

Three or more questions must be answered with a 3 or a 4.

How often does this person	Usually 1	Sometimes 2	Rarely 3	Never 4
1. Pay attention to purposeful activities for 5 minutes? [(42) (2) Attention pg. 3]	1	2	3	4
2. Stay with a 3 step task for more than 15 minutes? [(42)(5) Attention pg. 3]	1	2	3	4
3. Tell time to the hour - Understand time intervals? [(33)(b) Time pg. 3]	1	2	3	4
4. Count more than 10 objects? [(31)(5) Numbers pg 3]	1	2	3	4
5. Do simple addition, subtraction? [(31)(6) Numbers pg. 3]	1	2	3	4
6. Write or print ten words? [(59)(3) Writing pg. 2]	1	2	3	4
7. Discriminate shapes, sizes, or colors?	1	2	3	4
8. Names people or objects when describing pictures? [(67)(4) Vocabulary pg. 1]	1	2	3	4
9. Discriminate between "one," "many," "lot?" [(31)(2) Numbers pg 3]	1	2	3	4

IV. PERSONAL/SELF CARE - To meet this category

- a) Question #1 must be answered with a 4 or a 5, OR
- b) Question #2 must be answered with a 4 or a 5, OR
- c) Questions #3 AND #4 must be answered with a 4 or a 5.

NOTE: The "yes" or "no" questions are for the purpose of identification of needs to be included in the plan of care. Questions answered "yes" or "no" are not part of the scale.

With what type of assistance can this person currently	No Assistance	Prompting/ Structuring	Supervision	Some Direct Assistance	Total Assistance
	1	2	3	4	5
1. Perform toileting functions i.e. maintain bladder and bowel continence, clean self? etc. [(31)(5) Toilet Training pg. 1]					
a) has toileting "accidents" more than twice a day? [(31)(2) Toilet Training pg. 1]	yes		no		
b) has toileting "accidents" at night?	yes		no		
c) flushes toilet, pulls up clothes? [(36)Self Care at Toilet pg. 2]	yes		no		
2. Performs eating/feeding functions i.e. drink liquids and eats with spoon or fork, etc.? [(28)(3) Use of Table Utensils pg. 1]					
a) Feeds self with spoon - neatly? [(28)(3) Use of Table Utensils]	yes		no		

	No Assistance	Prompting/ Structuring	Supervision	Some Direct Assistance	Total Assistance
	1	2	3	4	5
b) drinks from cup without spilling? [(30)(3) Drinking pg. 1]	yes		no		
3. Perform bathing functions? (i.e. bathe, run bath, dry self, etc.) [(44)(5) Bathing pg. 2]					
a) washes hands and face with soap? [(39)(40) Washes Hands and Face pg. 2]	yes		no		
b) dries hands and face? [(42) Washes Hands and Face pg. 2]	yes		no		
c) care for hair, nails, beard?	yes		no		
4. Dress self completely? i.e. including fastening, putting on clothes, etc. [(50)(6) Dressing pg. 2]					
a) dresses upper body but needs help with fastening?	yes		no		
b) dresses self but needs assistance with pulling or	yes		no		
c) putting on most clothing, fastening, shoes? [(50)(3) Dressing (52) Shoes pg. 2]	yes		no		

V. MOBILITY - To meet this category

Question #1, #5 OR #6 must be answered with a 4 or a 5.

	No Assistance	Prompting/ Structuring	Supervision	Some Direct Assistance	Total Assistance
	1	2	3	4	5
With what type of assistance can this person currently					
1. Move (walking, wheeling) around environment? (59) Ambulation pg 1 [(79) Physical Aids pg. 4]	1	2	3	4	5
2. Walk with assistive device, person? [(59)(2) Ambulation pg 1, (Physical Aids pg 4)]	1	2	3	4	5
3. Walk on level ground for 50 yards with or without assistive device? [(73),(74),(76) Physical Aids pg. 4]	1	2	3	4	5
4. Use, Propel a wheelchair? [(75) Physical Aids pg. 4]	1	2	3	4	5
5. Rise from laying down to sitting positions, sit without support? [(27) Body Balance pg. 1]	1	2	3	4	5
6. Turn and position in bed, roll over?	1	2	3	4	5
7. Transfer to/from a wheelchair? [(75) Physical Aids pg. 4]	1	2	3	4	5

VI. BEHAVIOR - To meet this category

Any one question must be answered with a 3 or a 4.

	Never	Rarely	Sometimes	Usually
	1	2	3	4
How often does this person				
1. Engage in self destructive behavior? [(61) Maladaptive Behavior pg. 4]	1	2	3	4
2. Threaten or does physical violence to others? [(52) Maladaptive Behavior pg 4]	1	2	3	4
3. Throw things, damage property, have temper outburst? [(53)(55) Maladaptive Behavior pg 4]	1	2	3	4
4. Respond to others in a socially unacceptable manner - without undue anger, frustration or hostility? [(50) Interactions with Others pg 3]	1	2	3	4

VII. COMMUNITY LIVING SKILLS - To meet this category

- a) Question #6 must be answered with a 4 or a 5, OR
- b) Question #7 must be answered with a 4 or a 5, OR
- c) Three or more questions must be answered with a 4 or a 5.

With what type of assistance would this person currently be able to	1	2	3	4	5
1. Prepare simple foods requiring no mixing or cooking? [(38) Food Preparation pg 3]	1	2	3	4	5
2. Take care of personal belongings, room (excluding vacuuming, ironing, clothes washing/drying, wet mopping)? [(43) Personal Belongings pg. 3]	1	2	3	4	5
3. Adds coins of various denominations up to one dollar? [(57) Money Handling pg 2]	1	2	3	4	5
4. Use the telephone to call home, doctor, fire, police?	1	2	3	4	5
5. Recognize survival signs/words i.e. stop, go, traffic lights, police, men, women, restrooms, danger, etc.? [(68) Reading pg 2]	1	2	3	4	5
6. Refrains from exhibiting unacceptable sexual behavior in public? [(63), (64), (65) Maladaptive Behavior pg.]	1	2	3	4	5
7. Go around cottage, ward, building, without running away, wandering off, or getting lost? [(56) Sense of Direction pg 2] [(57) Maladaptive Behavior pg 4]	1	2	3	4	5
8. Make minor purchases i.e. candy, soft drink, etc? [(58)(4) Purchasing pg. 2]	1	2	3	4	5

In order to receive Medicaid payment for intermediate care, the mentally retarded person must meet the established criteria AND be receiving "active treatment" as defined by Federal regulations.

"Active Treatment" includes each of the following components:

- I. An interdisciplinary professional evaluation which
 - A. is completed not more than three months before admission or before request for Medicaid payment; and
 - B. includes a comprehensive medical, social, and psychological evaluation, including an evaluation of the need for institutional care. Each evaluation must include diagnoses, a summary of present medical, social, and developmental findings, medical and social family history, mental and physical functional capacity, prognosis, kinds of services needed, resources available in the community, home, and family as well as a recommendation concerning admission to the ICF or continued care in the ICF for individuals who apply for Medicaid while in the ICF, and
 - C. is made by a physician, social worker, psychologist, and other professionals, one of which must be a Qualified Mental Retardation Professional, as defined by Federal Regulations.
- II. The individual's regular participation in a professionally developed and supervised written plan of care that
 - A. sets measurable goals or objectives,
 - B. are stated in desired behavioral terms,
 - C. consists of experiences, therapies, or activities to meet the established goals, and
 - D. is designed to help the individual function at the highest physical, intellectual, social, or vocational level he can presently or potentially attain.
- III. An individual post-institutionalization (discharge) plan which includes provision for appropriate services, protective supervision, and other follow-up services in the new environment.
- IV. Reevaluation medically, socially, psychologically, and by other professional staff involved in the resident's plan of care, at least annually. This must include review of the individual's progress toward meeting the plan objectives, the appropriateness of the individual's plan of care, assessment of his continuing need for institutional care, and consideration of alternate methods of care.

SUMMARY

The final determination of a person's need for intermediate level of care is a professional decision based on total needs. Mentally retarded persons as individuals present an infinite variety of needs, making it virtually impossible to establish an evaluation system that will eliminate the need for professional judgment within the confines of program criteria.

Appendix E

AUTHORIZED PLAN OF CARE FOR MEDICAID WAIVERED SERVICES

Services Required	Y	N	Times Per Week	Duration	Cost	Provider of Services	Services Required	Y	N	Times Per Week	Duration	Cost	Provider of Services
Category I Case Management • Accessing • Planning • Linking • Monitoring							<input type="checkbox"/> Developmental Day Program - Level I <input type="checkbox"/> Developmental Day Program - Level II						
Category II Residential Training Services • Personal & Self Care Skills • Household Management Skills • Travel Skills • Health Care Skills • Financial Management Skills • Functional Academic Skills • Medication Management • Other Social Skills • Maladaptive Behaviors -TYPES ALTERNATIVE COMMUNITY LIVING ARRANGEMENTS (CHECK THE APPROPRIATE BOX FOR THE CLIENT NEEDS) <input type="checkbox"/> Group Home <input type="checkbox"/> Supervised Apartments <input type="checkbox"/> Homes for Adults <input type="checkbox"/> Natural Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Adult Family Home							Category IV Personal Care Services • See MAP 97 for specific list of services Category V Ancillary Services • Occupational Therapy • Physical Therapy • Speech Therapy • Non Medical Transportation • Respite ○ COMMENTS:						
Category III Habilitation Services • Self Care & Hygiene Skills • Eating Skills • Toileting Skills • Task Learning Skills • Community Awareness Skills • Readiness Skills • Behavioral Skills • Medication Management • Other Social Skills • Maladaptive Behaviors													

I. Summary For Plan of Care:

Medicaid Waiver Services are needed by _____ (Name of Patient) and these services will be provided by an approved provider of Medicaid Services.

The services required are:	Total # units required per month:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

II. Person to be notified in case of emergency:

Name: _____
 Address: _____
 Telephone #: _____ Relationship: _____

III. Plan of Care completed by: _____ Social Worker _____ Case Manager

Approved By: _____
 Address: _____
 Telephone #: _____ Date: _____

IV. To be completed by provider accepting this referral:

1. Name of Provider: _____
 Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____
 Date Service Implemented: _____
 Signature of Director: _____
 Date: _____

2. Name of Provider: _____

Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____ Date Service Implemented: _____
 Signature of Director: _____
 Date: _____

3. Name of Provider: _____

Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____ Date Service Implemented: _____
 Signature of Director: _____
 Date: _____

4. Name of Provider: _____

Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____ Date Service Implemented: _____
 Signature of Director: _____
 Date: _____

5. Name of Provider: _____

Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____ Date Service Implemented: _____
 Signature of Director: _____
 Date: _____

6. Name of Provider: _____
Address: _____
Service Provided: _____
Telephone Number: _____ Provider I.D. Number: _____
Recipient I.D. Number: _____
Date Service Implemented: _____
Signature of Director: _____
Date: _____

Appendix F

AN AGREEMENT

BETWEEN

and

The Virginia Department of Health's

Virginia Medical Assistance Program

This contract is made in triplicate on _____, by and between The VIRGINIA MEDICAL ASSISTANCE PROGRAM (VMAP) and _____ to provide Personal Care Services to eligible individuals. The scope of this service shall be as described in the purpose of this agreement.

ARTICLE I - PURPOSE

The _____ (hereinafter referred to as the personal care agency) shall provide such services through the assignment of personal care aides to eligible individuals for the provision of personal care services. Accordingly, the undersigned, representing the Department of Health and the personal care agency, agree that the following duties and responsibilities will be provided by the personal care agency, and the Department of Health, VMAP.

ARTICLE II - CONDITIONS AND RESTRICTIONS

1. The personal care agency will provide services to recipients of the VMAP without regard to race, color, or national origin.
2. During the performance of this contract, the personal care agency agrees as follows:
 - a. The personal care agency will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the personal care agency. The personal care agency agrees to post in conspicuous places, available to employees and applications for employment, notices setting forth the provisions of this non-discrimination clause.
 - b. The personal care agency, in all solicitations or advertisements for employees placed by or on behalf of the personal care agency, will state that such personal care agency is an equal opportunity employer.

c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

3. The personal care agency agrees to keep such records as are determined by the VMAP as necessary to disclose fully the extent of services provided individuals receiving assistance under the State Plan. It will also furnish the State Agency with such information, regarding any payments claimed by such person or institution for providing services under the State Plan as the VMAP may request.
4. The personal care agency will provide access to records and facilities by authorized VMAP representatives, the Attorney General or his authorized representatives, and federal personnel upon request.
5. The personal care agency agrees to care for patients at a fixed rate of seven (\$7) dollars per hour as determined by the VMAP, total payment to the personal care agency not to exceed VMAP ceilings, and shall submit requests for payment in accordance with VMAP policies.
6. Payment by the VMAP for covered services shall constitute full and complete settlement of a patient's account. The personal care agency shall not request additional payments for services provided under this contract from other sources.
7. Upon receipt of properly and timely submitted requests for payments for services provided, the VMAP shall promptly and expeditiously make payments to the personal care agency.
8. The personal care agency agrees to abide by the rules, policies and procedures of the State Plan for Medical Assistance as stated in the Personal Care Provider Manual, VMAP memoranda, and other applicable state and federal laws and regulations and will perform these required services in accordance with any changes in said policies and procedures upon receipt by the personal care agency of written notice of said changes and alterations.
9. The VMAP will reimburse the personal care agency only for covered services for those patients who are eligible recipients of Medical Assistance in Virginia and affected by illness or disability requiring Personal Care Services as attested by a physician and in accordance with VMAP policy.

ARTICLE III - TERMINATIONS AND CHANGES

1. The VMAP will notify the personal care agency, in a timely fashion, of any deficiencies noted by VMAP with respect to the provision of personal care services to VMAP recipients and will advise personal care agency as to the steps which should be taken to correct such deficiencies. The decision as to whether the personal care agency has performed its services in a deficient manner lies within the sole discretion of the State Commissioner of Health.

2. The personal care agency will make substantial effort to correct the deficiencies noted in Number One above within thirty (30) days of notice of the deficiencies by the VMAP. Failure to correct the deficiencies within a thirty (30) day period will cause automatic cancellation of this contract.
3. The term of this agreement shall be for twelve (12) months from _____ to _____ or until the federal and/or state government cease to participate in the VMAP or by mutual consent of the VMAP and the personal care agency, or, if not by such mutual consent, either party to this agreement may consider it cancelled by giving sixty (60) days notice to the other. This agreement is subject to the allocations of state and federal funds.
4. This contract constitutes the entire agreement between the VMAP and the personal care agency. No alteration, amendment or modification in the provisions of this agreement shall be effective unless it is reduced in writing, signed by both parties and attached hereto.
5. The State Department of Health, the Virginia Medical Assistance Program, shall continue to review and examine its reimbursement policies and provide for payment as determined in accordance with standards approved by the Secretary of Health and Human Services and included in the State Plan for Medical Assistance.
6. The personal care agency understands that the State Health Department does not carry malpractice or other liability insurance on contract employees and that it is incumbent on the personal care agency to secure his/her own insurance coverage. The personal care agency agrees that he furnishes services as an independent contractor and not as an agent or employee of the Virginia State Department of Health and may not seek indemnification from the Commonwealth of Virginia for any losses sustained or damages paid by him/her as a result of his/her tortious conduct. The personal care agency agrees to indemnify the State Health Department for any damages or awards which any court may impose upon the State Department of Health or its agents for the tortious acts of the personal care agency or its agents. Damages as used in this section shall include but not be limited to any and all monies paid by the personal care agency arising from his/her tortious conduct, including but not limited to compensatory and punitive damages awarded by a court and sums paid by the personal care agency or his insurer in settlement of tort claims. Nothing contained or omitted in this or any other section shall constitute a waiver of sovereign immunity by the Commonwealth of Virginia.
7. This agreement shall be governed in all respects, whether as to validity, construction, capacity, performance or otherwise, by the laws of the Commonwealth of Virginia. In the event of any dispute arising from this contract, venue shall be in the Circuit Court of the City of Richmond, Virginia, Division I.

8. Each paragraph and provision of this agreement is severable from the entire agreement; and if any provision is declared invalid, the remaining provision shall nevertheless remain in effect.

For Department of Health:

For Provider of Services by:

(Signature of Authorized Agent)

(Signature of Authorized Agent)

(Date) _____

(Date) _____

(Title of Authorized Agent)

(Title of Authorized Agent)

Approved as to form

James Keith Sorensen
Assistant Attorney General 5/4/85

PROVIDER MANUAL
FOR
PERSONAL CARE SERVICES

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SECTION 100: GENERAL INFORMATION

PROVIDER COMPLIANCE

The provider is responsible for reading and adhering to the regulations set forth in this manual and for insuring that all employees do likewise. The provider also certifies by his signature or the signature of his agent on each invoice that all information provided the Virginia Medical Assistance Program (VMAP) is true, accurate and complete. Satisfaction and payment of any claim will be from federal and state funds, and any false claims, statements or documents may be prosecuted under applicable federal and state law.

101. INTRODUCTION

In the four years of experience in operating the Nursing Home Pre-Admission Screening Program, the statistics generated by the Program have proven that some people enter nursing homes because their personal care needs cannot be met in their homes. These individuals require assistance in such activities of daily living as bathing, dressing, eating, eliminating, and walking. Many individuals remain at home as long as there are interested family members who provide assistance with these necessary personal activities; however, the individual who has no family or no family available to assist enters the nursing home.

It is because of these findings, supported by extensive experience in pre-admission screening, that Virginia has elected to offer personal care services to Medicaid eligible individuals who require skilled or intermediate care and who are seeking admission to a nursing home.

102. DEFINITION OF PERSONAL CARE SERVICES

Personal care services are services designed to prevent or reduce inappropriate institutional care by providing eligible individuals with personal care aides who perform basic health-related services, such as helping with ambulation/exercise, assisting with normally self-administered medications, reporting changes in clients' conditions and needs, and/or providing household services essential to health in the home. Specifically, personal care services means providing assistance with personal hygiene, nutritional support, and environmental maintenance necessary for clients to remain in their homes.

Examples of the Service

The services provided by personal care aides may include the following:

1. Assisting with care of teeth and mouth
2. Assisting with grooming (this would include care of hair, shaving, and the ordinary care of nails)
3. Assisting with bathing of client in bed, in tub, in shower
4. Assisting client in moving on and off bedpan, commode, or toilet

5. Assisting client in moving from bed to wheelchair or to bed and in walking
 6. Assisting client with eating
 7. Preparing and serving meals
 8. Assisting client with dressing
 9. Monitoring vital signs
 10. Monitoring medication and assuring that client is receiving medication at prescribed times
 11. Observing client's condition so that professional medical assistance can be obtained as needed
- In addition to the above, personal care aides may be expected to do the following:
12. Washing dishes and cleaning kitchen
 13. Making beds and changing linens
 14. Dusting and vacuuming the rooms
 15. Listing needed supplies
 16. Shopping for client
 17. Washing client's personal laundry if no other family member is available

102.1 Relation to Other Home Care Services

The major difference between home health and personal care services is the increased involvement of professional medical personnel required for supervision of the home health aide when performing certain health care functions, such as care of dressings and irrigation of catheters, included in home health aide services. Personal care services are defined as long-term maintenance or supportive services which are medically necessary in order to enable the individual to remain at home rather than enter an intermediate or skilled care facility. While both home health and personal care aides assist clients with activities of daily living, home health aides are expected to provide a higher level of care to patients with less stable physical/emotional conditions.

The Virginia Medical Assistance Program will not reimburse agencies for providing a home health aide and personal care aide services simultaneously to the same client.

103. ASSESSMENT AND AUTHORIZATION PROCEDURES FOR DELIVERY OF PERSONAL CARE SERVICES

Personal care services will be offered only to individuals who have been certified eligible for skilled or intermediate nursing care by a Nursing Home Pre-Admission Screening Committee (NHPASC) or a hospital-based Nursing Home Pre-Admission Screening Team and for whom a cost-effective plan of care can be developed.

103.1 Assessment Process

One of the key elements in the delivery of personal care services is the assessment of the individual's needs and the community services available to meet his/her needs. This assessment will be done by the Nursing Home Pre-Admission Screening Committee using the Long-Term Care Information Assessment (MAP - 95) process and the Pre-Admission Screening Plan (MAP - 96). These assessment instruments include evaluation of the factors that are critical in determining individual needs for care, the type of care required and whether the care can be received in the community. These documents are part of the Long-Term Care Information System that is being implemented statewide. Included in the client assessment document is a section pertaining to physician's orders. Without the approval of the physician on the NHPASC or the patient's attending physician, if the patient is hospital-based, personal care services cannot be initiated.

Upon receiving a screening referral, the local committee or hospital-based team evaluates the medical, nursing, and social needs of each individual; analyzes what specific services the individual needs; and evaluates whether a service or a combination of existing community services is available to meet the individual's need.

103.2 Referral to a Provider Agency

The Committee/Team will make the referral to the appropriate agency and assure that the individual and family understand how to receive services. When there is more than one certified provider agency in a community, the client will have the option of selecting the provider agency of his/her choosing.

The local health and social services departments and acute care hospitals will have a list, compiled by the VMAP Central Office, of the enrolled personal care provider agencies in the community. These agencies will be screened by the VMAP Central Office and enrolled under contract in the Medicaid Program as provider agencies. Client referrals are to be made only to enrolled provider agencies. The original of the assessment instrument (MAP - 95), the Pre-Admission Screening Plan (MAP - 96), and the Plan of Care (MAP - 97) will be forwarded to the enrolled provider agency by the Nursing Home Pre-Admission Screening Committee/Team. Copies of these documents will be sent to the VMAP Central Office. The Virginia Medical Assistance Program will not pay for any units (hours of personal care service) not authorized by the Pre-Admission Screening Committee/Team.

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Upon receipt of a referral and prior to the delivery of personal care services, the R.N. Supervisor of the provider agency will visit the client's home and review the plan of care. (See Appendix A.) This plan of care will reflect total hours of service authorized in a calendar month and delineate the service needed, frequency of the service, and duration. The plan of care will be forwarded to the VMAP Central Office by the personal care agency.

Virginia Medicaid will enter the pre-authorized number of hours of service as indicated by the Pre-Admission Screening Committee on the initial plan of care into the client's eligibility file, and this will become the maximum amount of service for which Medicaid will reimburse the provider agency.

The period covered by the pre-authorization will be a maximum of six months. Before the end of this period, an evaluation will be made by the VMAP Central Office to determine continued need for services and the frequency and amount of these services.

At no time should changes (additions or reductions) be made in the services authorized without the approval of the VMAP Central Office. When there is an unexpected change in the client's condition and service needs, the case should be referred to the appropriate utilization review analyst at the VMAP Central Office within two (2) working days.

104. RATES OF REIMBURSEMENT

In order to comply with federal and state mandates, a ceiling for the cost of personal care services has been calculated and must be applied uniformly on a statewide basis. The fee for personal care services is \$7.00 per hour. This unit fee must cover all expenses associated with the delivery of personal care services.

The number of units of services required by each client shall be determined by the Pre-Admission Screening Committee/Team. This authorization for units of service will establish the maximum number of hours and the allowable payment for the service.

105. PROGRAM OF SUPERVISION

The provider agency must employ (or subcontract with) a registered nurse to provide ongoing supervision of all personal care aides. The nurse must be licensed to practice in the Commonwealth and have at least two (2) years of related clinical nursing experience.* The individual should be capable of providing ongoing supervision of personal care aides. The nurse should also be able to provide in-service instruction unless the agency can assure that in-service training will be given by another qualified provider.

105.1 Requirements of Nursing Supervision

The registered nurse shall make supervisory visits as often as needed to assure both quality and appropriateness of services. A minimum fre-

*Clinical experience may include work in an acute care hospital, public health clinic, home health agency, nursing home.

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quency of these visits is every thirty (30) days. During the visits to the client's home, the nurse should observe and evaluate the client's current status and check the personal care aide's daily log. The nurse should also interview the client to determine his/her satisfaction with the service.

In all cases, the nurse should be available to the personal care aide for conferences pertaining to clients being served by the aide. Ongoing assessment of the aide's performance by the registered nurse is also expected to assure the health, safety, and welfare of the client.

105.2 Functions

Upon receipt of a case assignment, the nurse supervisor shall make an evaluation visit to the client's home. During this initial visit to the client's home, the nurse supervisor should do the following:

1. Introduce the aide to the client and discuss the client's service needs.
2. Review the plan of care with the client and/or client's family and the personal care aide to assure that there is complete understanding of the services which must be provided.

105.3 On-the-Job Training

Based on continuing evaluations of the aide's performance and the client's individual needs, the nurse supervisor shall identify any significant gaps in the aide's ability to function competently and shall provide necessary training. In addition, the nurse supervisor may also be involved in the development and implementation of a plan for training of personal care aides as required by the Virginia Medical Assistance Program (see Section 106.1).

105.4 Evaluation of the Client

Assessing the client's health care needs on each supervisory visit, the nurse should continue to review the appropriateness of the amount and type of services assigned to the client. Whenever the nurse determines that these services are no longer appropriate for clients, she/he shall contact the utilization review analyst at the VMAP Central Office so that a reassessment can be obtained and less or additional services can be authorized.

105.5 Maintenance of Records

The provider agency shall maintain all records of each personal care client. These records shall be reviewed periodically by the Virginia Medical Assistance Program staff. At a minimum, these records shall contain:

1. Pre-Admission Screening Assessment Instrument (MAP - 95) and the Pre-Admission Screening Plan (MAP - 96) and authorized Plan of Care (MAP - 97) for personal care services

2. Nurses notes recorded during significant contacts with the personal care aide and during supervisory visits to the client's home
3. Reassessments made during the provision of services
4. Significant contacts made with family, physicians and all professionals concerning the client
5. Aide's daily log of services rendered and client's responses. The daily log must contain the specific services delivered by the personal care aide and the client's response. The log must also contain the arrival and departure time of the aide. The daily log is to be signed by the aide and the client. Copies of all daily logs are subject to review by state and federal Medicaid representatives.

106. MINIMUM QUALIFICATIONS OF A PERSONAL CARE AIDE

Each aide hired by the provider agency must be screened to assure compliance with minimum qualifications as required by the Virginia Medical Assistance Program. Basic qualifications for personal care aides include:

1. Ability to read and write
2. Completion of 40 hours of training consistent with Virginia Medical Assistance Program requirements
3. Physically able to do the work
4. Satisfactory work record
5. Not a member of a client's family

The provider agency should verify information on the application form prior to hiring a personal care aide. It is important that the minimum qualifications be met by each aide hired to assure the health and safety of clients.

106.1 Training of Personal Care Aides

Prior to assigning an aide to a client, the provider agency must assure that the aide has satisfactorily completed a training program consistent with Medicaid requirements. Educational institutions throughout the Commonwealth offer courses appropriate for personal care aides. Acceptable course titles include: Geriatric Assistant and Home Health Aide. If an aide has successfully completed one of these courses, the provider agency may accept documentation of successful completion as evidence of meeting the training requirement. This documentation must be maintained in the aide's personnel file during his/her period of employment.

In lieu of participating in a course offered at an educational institution, training may be given by the registered nurse in the provider agency. The content of the training must be consistent with the basic

course outline found in Appendix B. Regardless of the method of providing the training, documentation must be present indicating the training has been received prior to assigning an aide to a client (see Appendix B).

SECTION 200: PARTICIPATION REQUIREMENTS AND CONDITIONS

201. REQUESTS FOR PARTICIPATION

Applications for personal care provider participation should be addressed to:

Manager Community-Based Care
Virginia Medical Assistance Program
109 Governor Street
Richmond, VA 23219

202. PARTICIPATION REQUIREMENTS

Requirements for providers approved for participation include, but are not limited to, the following:

- A. Immediate notification to the Virginia Medical Assistance Program, in writing, whenever there is a change in any of the information which the provider previously submitted to the Program
- B. Freedom of recipients to reject the services
- C. Provision of services to recipients in full compliance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the grounds of race, color, creed or national origin
- D. Provision of services to recipients in the same quality and mode of delivery as provided to the general public
- E. Acceptance as payment in full the amount established by the Virginia Medical Assistance Program
- F. Use of Program-designated billing forms for submission of charges
- G. Maintenance and retention of business and professional records sufficient to document fully and accurately the nature, scope, and details of the services

Such records must be retained for a period of not less than three (3) years from the date of service or as provided by applicable state laws, whichever period is longer; except that, if an audit is initiated within the required retention period, the records must be retained until the audit is completed and every exception resolved.
- H. Furnishing to the Program, in the form and manner requested, access to records and facilities by authorized Medical Assistance Program representatives and/or federal personnel.
- I. Disclosure, as requested by the Program, of all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enter-

prises, joint ventures, agencies, institutions, or other legal entities providing any form of health care services to recipients of Medical Assistance

- J. Holding confidential and using for authorized Program purposes only, all Medical Assistance information regarding recipients. A provider shall disclose information in his possession only when the information is to be used in connection with a claim for health benefits or the data is necessary for the functioning of the State Agency. The State Agency shall not disclose medical information to the general public.

203. TERMINATION OF PROVIDER PARTICIPATION

A participating provider may terminate his participation in the Medical Assistance Program at any time. Thirty (30) days' written notification of voluntary termination is to be made to the Director, Virginia Medical Assistance Program, State Department of Health, 109 Governor Street, Richmond, Virginia 23219.

The Program may administratively terminate a provider from participation upon thirty (30) days' written notification.

Such action precludes further payment by the Program for services provided recipients subsequent to a date specified in the termination notice.

204. APPEAL OF ADVERSE ACTIONS

The following procedure pursuant to the Virginia Administrative Process Act, Section 9-6.14:1 et seq., will be available to all personal care provider agencies when the Virginia Medical Assistance Program takes adverse action on the provider agreement with the provider agency.

The appeal process will consist of two phases: an informal reconsideration proceeding and the full evidentiary hearing.

The Virginia Medical Assistance Program will notify the provider of the adverse action by certified letter. The administration of the provider agency will have twenty-one (21) days to appeal the decision. The written appeal request, addressed to the Manager of Community-Based Services, must identify the issues in dispute and contain the reasons and facts supporting the provider's position.

The Virginia Medical Assistance Program will evaluate the provider's statement(s) and issue a written decision. Within twenty-one (21) days from receipt of the decision letter, the provider agency has the option to request a full evidentiary hearing. The written request for a full evidentiary hearing should be addressed to the Director of the Virginia Medical Assistance Program.

The Director or his designee will establish a date for the hearing and notify the provider agency of the documentation required for the hearing.

SECTION 300: ADMISSIONS

301. CLIENT DEFINED

A client is defined as an individual who is approved for personal care services upon the recommendation of the Nursing Home Pre-Admission Screening Committee or hospital-based Pre-Admission Screening Team and upon the certification of the physician on the Nursing Home Pre-Admission Screening Committee or attending physician, if the individual is hospitalized at the time of pre-admission screening.

Acceptance of a screening referral is not binding upon the Medicaid Program for payment unless the individual has been determined to be financially eligible for medical assistance on the dates services are rendered.

302. ADMISSION PACKAGE

Immediately upon referral for personal care services, the provider will receive from the Committee or Team an admission package consisting of the original of the Long-Term Care Assessment Instrument (MAP - 95) and the Pre-Admission Screening Plan (MAP - 96) and the Plan of Care for personal care services (MAP - 97).

302.1 Long-Term Care Assessment Instrument (MAP - 95) Pre-Admission Screening Plan (MAP - 96) Plan of Care (MAP - 97)

The client's status as a recipient in need of personal care services is determined by the Nursing Home Pre-Admission Screening Committee or the hospital-based Pre-Admission Screening Team. The Long-Term Care Assessment Instrument must be completed in its entirety and be signed and dated by the physician. The Pre-Admission Screening Plan (MAP - 96) and the authorized Plan of Care (MAP - 97) for personal care services must also be completed by the Committee and signed by the Public Health physician or attending physician, whichever is appropriate. The Plan of Care indicates the services needed and their amount, duration, and scope. A maximum monthly amount of personal care services is also included on this document. This maximum amount of services is entered into the recipient's eligibility file and will be used to verify provider billing.

302.2 Required Actions Preceding the Delivery of Personal Care Services

- A. Clients should not receive personal care services and the cost of the services will not be covered without the pre-authorization of the Nursing Home Pre-Admission Screening Committee/Team.
- B. Screening and pre-authorization are mandatory prior to receiving personal care services. The Virginia Medical Assistance Program will not pay for any personal care services delivered prior to the authorization date approved by the Nursing Home Pre-Admission Screening Committee or the hospital-based Nursing Home Pre-Admission Screening Team.

C. The decision of the Nursing Home Pre-Admission Screening Committee/Team, as any other administrative decision affecting a recipient, may be appealed. Any recipient wishing to appeal should notify the Virginia Medical Assistance Program in writing within thirty (30) days of the Committee's action. Appeals should be directed to:

Director, Medical Social Services
Virginia Medical Assistance Program
State Department of Health
109 Governor Street
Richmond, VA 23219

302.3 Issuance of a Provider Identification Number

Upon receipt of the signed personal care provider contract, the Virginia Medical Assistance Program will issue a personal care provider identification number which must appear on all billing forms. No payment will be made prior to the assignment of this number.

SECTION 400: BILLING PROCEDURES

401. MEDICAL ASSISTANCE PROGRAM PERSONAL CARE BILLING INVOICES

The use of the appropriate billing invoice is dependent upon the type of billing transaction being completed. Listed below are the two (2) billing forms that will be used.

A. Personal Care Invoice, MAP - 93

B. Personal Care Adjustment Invoice, MAP - 94

402. SUBMISSION OF BILLING INVOICES

A billing period is a calendar month. Invoices should include charges for services rendered during the calendar month regardless of when the service began that month. Personal care provider agencies should submit the billing invoice within fifteen (15) days of the last date of the calendar month in which the services were provided. The intermediary copy of the invoice is submitted to the Program to obtain payment for the services rendered. The provider copy is retained by the provider for recordkeeping. Proper postage amounts are the responsibility of the provider and will help prevent mishandling. All invoices must be mailed; messenger or hand deliveries will not be accepted.

403. PATIENT PAY (MAP - 122)

The Patient Information form, MAP - 122, establishes the financial responsibility for Medicaid recipients toward their cost of care while receiving personal care services. A MAP - 122 is completed by the responsible local department of social services and will be submitted to the personal care provider agency upon determination of eligibility. This document will specify: 1) If the recipient does or does not have financial responsibility toward the cost of care, 2) the amount and sources of finances, and 3) the date on which the responsibility begins. The MAP - 122 must also be initiated by the personal care provider agency to advise the responsible local department of social services whenever the provider agency has knowledge that the recipient's income or status has changed, e.g., an increase in Social Security, Veteran's Benefits, railroad retirement, or when the patient has been discharged or is deceased.

404. REPLENISHMENT OF BILLING MATERIALS

Any requests for or questions concerning the ordering of forms should be directed to:

Manager Community-Based Care
Virginia Medical Assistance Program
109 Governor Street
Richmond, Virginia 23219
Telephone number: 804/786-7986

405. INQUIRIES CONCERNING BILLING PROCEDURES

Inquiries concerning covered benefits, specific billing procedures, or remittances, should be directed to:

Manager Community-Based Care
Virginia Medical Assistance Program
State Department of Health
109 Governor Street
Richmond, Virginia 23219
Telephone: 804/786-7986

406. INSTRUCTIONS FOR COMPLETION OF THE PERSONAL CARE INVOICE - MAP - 93

The shaded areas on the invoice (MAP - 93) are to be disregarded.

- Item 1: Transmission Code - Preprinted on the invoice
- Item 2: Provider I.D. Number - The provider identification number is a seven-digit number assigned by the Medical Assistance Program. If not preprinted, enter the appropriate identification number and above it, the name and address of the provider agency.
- Item 3: Recipient I.D. Number - The recipient eligibility number is a twelve-digit number which can be obtained from the recipient's eligibility card. It must be entered accurately on the invoice. The eligibility number should be written as follows:

123-456789-01-2

- Item 4: Recipient Name - The recipient's full name, as indicated on the recipient eligibility card, should be entered with the last name entered first followed by the first name.
- Item 5: Pre-Authorized Hours Per Month - Enter the number of hours pre-authorized on the Plan of Care (MAP - 97).
- Item 6: Primary Carrier Information - Omit.
- Item 7: Date Care Began - Enter the date personal care services were first provided.
- Item 8: Statement Covers Period - Using six-digit dates, enter the beginning date of this service (from) and the last date of this service (through). Bill only for services provided during a calendar month.

Example:	From			Thru		
	Mo.	Day	Year	Mo.	Day	Year
	01	01	83	01	31	83

- Item 9: Discharge Status - Check the applicable box.

Item 10: Omit.

Item 11: Statement of Services Rendered - The number of hours of service provided during a billing period (one month) and the total charges for these hours are to be entered in Line F only. Omit the shaded lines A-E and G-I. Those items do not apply to personal care services.

Item 12: Total Covered Charge - Enter the amount from Line 11-F.

Item 13: Amount Paid by Recipient - Enter the dollar amount of the recipient payment.

Signature Block: The person completing the form must sign the invoice. Disregard the signature block for the recipient. The date should be the date of mailing to the Virginia Medical Assistance Program.

407. INSTRUCTIONS FOR COMPLETION OF ADJUSTMENT INVOICES (MAP - 94) FOR PERSONAL CARE PROVIDER AGENCY

Occasionally, it may be necessary to take corrective action for a billing previously submitted to the Medical Assistance Program. This action would be accomplished by the submission of the appropriate adjustment billing form.

The Personal Care Adjustment invoice is similar to the Personal Care invoice used by provider agencies.

- Block 1: Adjustment/Void - Check the appropriate block. See the reasons for adjustment and the reasons for void on the bottom section of the form.
- Block 2: Provider I.D. Number - If not pre-printed, enter the seven-digit provider identification number assigned by the Virginia Medical Assistance Program.
- Block 3: Recipient I.D. Number - Enter the twelve-digit Virginia Medical Assistance Program number for the recipient receiving the service.
- Block 3A: Reference Number - Enter the reference number as taken from the remittance voucher for the line of payment needing adjustment. The reference number follows the recipient's eligibility number on the remittance voucher. The adjustment cannot be made without this number.
- Block 3B-3C: Leave blank - For Fiscal Agent use only
- Block 4: Recipient Name - Enter the name of the recipient receiving the service.
- Blocks 5-13: Omit blocks 6 and 10 - not applicable to personal care services. If the information appearing in any of these

Appendix A

sections was incorrect on the original invoice, make the necessary corrections. To void the original payment, the adjustment invoice should be completed exactly as the original.

Remarks: Enter the date of the remittance voucher on which the original invoice was approved.

Signature: The person completing the form must sign the adjustment voucher. Please disregard the signature block for the recipient. The date should be the date of mailing to the Virginia Medical Assistance Program.



VIRGINIA

Virginia State Department of Health
100 Governor Street
Richmond, Virginia
23219

AUTHORIZED PLAN OF CARE FOR PERSONAL CARE SERVICES

	Yes / No		Times Per Week	Duration	Approximate Time Necessary for Each Service in 1/4 Hour Units
	Yes	No			
I. Services Required:					
Clean teeth (dentures) and mouth					
Shampoo hair					
Shave					
Provide ordinary care of nails					
Prepare breakfast					
Prepare lunch					
Prepare dinner					
Purchase food					
Wash dishes					
Clean kitchen					

II. Summary:

Personal Care Services are needed by _____
 Name of Patient _____
 and these services will be provided by a participating personal care provider agency for _____ hours per week. The effective beginning date of service is _____. The total number of hours per month are _____ (rounded to the nearest whole hour).

III. Person to be Notified in Case of Emergency:

Name _____
 Address _____
 Telephone No. _____ Relation _____

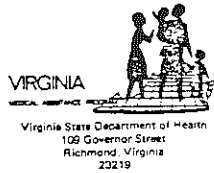
IV. Plan of Care Completed by: _____
 Social Worker Registered Nurse
 Telephone No. _____ Date Completed _____
 Approved By: _____ M. T. _____
 Address _____
 Telephone No. _____ Date _____

V. To Be Completed by Provider Agency Accepting This Referral:

Name of Provider Agency _____
 Provider Agency ID Number _____
 Recipient ID Number _____ Date Service Actually Began to Recipient _____
 Signature of R. N. Supervisor _____ Date _____

DIRECTIONS: During the assessment process, the Nursing Home Pre-Admission Screening Committee Team, must complete this Plan of Care for those individuals who are candidates for personal care services. This form along with the Long-Term Care Assessment Instrument and the Pre-Admission Screening Plan should be forwarded to the Personal Care Provider Agency. Copies should also be sent to the Virginia Medical Assistance Program Central Office.

	Yes No		Times Per Week	Duration	Approximate Time Necessary for Each Service in 1/4 Hour Units
Assist patient in walking to bathroom					
Assist patient in moving on and off bedpan					
Assist with bathing of patient					
Dust and vacuum rooms patient uses					
Change bed linens					
Feed patient meal(s)					
Assist patient in moving from bed to chair/wheel-chair/walker					
Compile list of needed supplies					
Do patient's laundry					
Take pulse					
Take temperature					
Check respiration rate					
Monitor medication. Assure that patient receives proper meds in dosage and frequency required.					



Appendix B

Training Course Outline
for
Personal Care Aides

- I. The Agency, Community, and the Personal Care Services Provider
 - A. Introduction to Agency
 1. Structure of organization
 2. Overall programs of agency
 3. Agency policies and procedures (e.g., payroll, recordkeeping, travel and meal expenses, requirements of dress, confidentiality, ethics)
 - B. Introduction to Personal Care Services
 1. Definition and objectives of service
 2. The team approach to provision
 - a. Personnel involved (e.g., supervisor, client, physician)
 - b. Roles and relationships of personnel involved
 3. Role of aide in the provision of service
 - a. Functions permissible
 - b. Types of assignments/case situations
 4. Supervision
 - a. Importance of supervision
 - b. Techniques and procedures of supervision
 - C. Introduction to Community
 1. Community resources available
 2. Relationship to other agencies
- II. The Elderly
 - A. Physical and psychological aspects of aging
 - B. Physical and emotional needs of elderly
 - C. Types of common health problems
 - D. Types of situations in which personal care aide may be involved
 - E. Physical factors of special importance to the elderly
 - F. Concepts of work and the elderly
- III. The Physically Ill and Disabled
 - A. Effects of Illness on the Family
 1. Financial
 2. Psychological
 3. Behavioral
 - B. Effects of Chronic Illness on the Way an Individual Feels About Himself
 - C. Individual Reactions to Illness
 1. Between family
 2. Between individuals
 - D. Orientation to Types of Physical Disabilities or Handicaps Which May Be Encountered
 1. Rheumatoid arthritis
 2. Stroke
 3. Heart trouble
- IV. Personal Care and Rehabilitative Services
 - A. Body Mechanics
 1. Importance of body mechanics to personal care aide and client
 2. Limitations on personal care aide to activities
 3. Techniques of body mechanics
 - a. Helping client sit up in bed
 - b. Moving client in bed
 - c. Helping client move from:
 - i. Bed to chair and return
 - ii. Bed to wheelchair and return
 - iii. Bed to toilet or commode and return
 - iv. Bed to tub or shower and return
 - v. Chair to commode and return
 - vi. Chair to tub and return

- vii. Wheelchair to tub and return
- viii. Wheelchair to commode and return
- 4. Helping client walk with walker, crutches and cane
- B. Personal Care
 - 1. Importance of personal care activities to client
 - 2. Limitations on personal care aide's activities
 - a. Importance of understanding
 - b. Policies and procedures regarding requests for unauthorized activities
 - 3. Techniques of Personal Care
 - a. Assisting client with eating
 - b. Assisting client with dressing
 - c. Mouth care
 - d. Hair care
 - e. Shaving male patients
 - f. Fingernail care, toenail care
 - g. Bathing, tub, shower, bed
 - h. Bed making with and without patient in bed
 - i. Elimination
 - j. Back rub
- V. Home Management
 - A. Care of the Home and Personal Belongings
 - 1. Importance of maintaining a clean environment
 - 2. Preparation of housekeeping task
 - a. Scheduling of tasks
 - b. Types of cleaning and laundry supplies
 - c. Organization of supplies and equipment
 - d. Use of proper body mechanics
 - 3. Routine care and use of:
 - a. Cleaning equipment
 - b. Laundry equipment
 - c. Kitchen equipment
 - 4. Emergencies related to:
 - a. Heating equipment
 - b. Water supply
 - c. Electricity
 - 5. Care of furniture
 - 6. Repair of clothing and linen
 - 7. Pest control
 - 8. Care of an individual's environment

- VI. Safety and Accident Prevention in the Home
 - A. Common Types of Accidents
 - B. Accident Prevention
 - 1. Typical hazards in the home:
 - a. Bathroom
 - b. Kitchen
 - c. Stairway
 - d. General
 - 2. Ways to safety-proof the home
 - C. Policies and Procedures Regarding Accidents or Injuries in Home to Self and Client
 - 1. Limitations of aide
 - 2. Techniques of simple first aid
 - a. Treatment of abrasion
 - b. Treatment of abrasions, cuts, bruises
 - c. Treatment of first and second degree burns
 - d. Poisoning
 - 3. Medical and fire emergencies
- VII. Food, Nutrition and Meal Preparation
 - A. Importance of Nutrition to Individual
 - B. General Concept of Planning Meals
 - 1. Nutritional value
 - 2. Cultural and ethnic food patterns
 - 3. Individual likes and dislikes
 - 4. Budgetary limitations
 - C. Special considerations of normal diet for:
 - 1. Elderly
 - 2. Ill
 - D. Special Considerations in Preparation of Special Diets
 - 1. Importance of special diets
 - 2. Common types of special diets
 - 3. Policy and procedure regarding aide's activities in relation to special diets
 - E. Food Purchasing and Preparation
 - 1. Buying guides
 - 2. Techniques of food preparation
 - F. Food Storage and Sanitation

Proposed Regulations

PERSONAL CARE INVOICE
VIRGINIA
MEDICAL ASSISTANCE PROGRAM

041
 RECEIVED BY: _____
 RECEIVED DATE: _____
 RECEIVED TIME: _____
 RECEIVED BY PHONE: _____
 RECEIVED BY FAX: _____
 RECEIVED BY MAIL: _____
 RECEIVED BY OTHER: _____
 RECEIVED BY: _____
 RECEIVED DATE: _____
 RECEIVED TIME: _____
 RECEIVED BY PHONE: _____
 RECEIVED BY FAX: _____
 RECEIVED BY MAIL: _____
 RECEIVED BY OTHER: _____

STATEMENT OF SERVICES RENDERED

STATEMENT OF SERVICES RENDERED	HOURS	CHARGE
A. SKILLED NURSING CARE		
B. PHYSICAL THERAPY		
C. SPEECH THERAPY		
D. OCCUPATIONAL THERAPY		
E. MEDICAL SOCIAL SERVICES		
F. PERSONAL CARE AIDE		
G. OTHER VISITS		
H. SUPPLIES		
I. RENTAL - MEDICAL EQUIPMENT		
J. TOTAL COVERED CHARGE		
K. AMOUNT PAID BY RECIPIENT		
L. REMARKS		

REMARKS: _____

DATE OF REMITTANCE VOUCHER CLAIM WAS APPROVED _____

REASONS FOR ADJUSTMENT:

_____ CORRECTING AMOUNT PAID BY RECIPIENT
 _____ CORRECTING HOURS
 _____ CORRECTING CHARGES
 _____ CORRECTING DISCHARGE STATUS

REASONS FOR VOID:

_____ USED INCORRECT RECIPIENT I.D. NUMBER
 _____ USED INCORRECT PROVIDER I.D. NUMBER
 _____ CORRECTING DATES OF SERVICE

I CERTIFY THAT I HAVE RECEIVED PERSONAL CARE SERVICES IN THE AMOUNT BILLED ON THIS INVOICE.

SIGNATURE OF RECIPIENT _____ DATE _____

SIGNATURE OF PROVIDER _____ DATE _____

PERSONAL CARE INVOICE
MEDICAL ASSISTANCE PROGRAM

044
 RECEIVED BY: _____
 RECEIVED DATE: _____
 RECEIVED TIME: _____
 RECEIVED BY PHONE: _____
 RECEIVED BY FAX: _____
 RECEIVED BY MAIL: _____
 RECEIVED BY OTHER: _____

STATEMENT OF SERVICES RENDERED

STATEMENT OF SERVICES RENDERED	HOURS	CHARGE
A. SKILLED NURSING CARE		
B. PHYSICAL THERAPY		
C. SPEECH THERAPY		
D. OCCUPATIONAL THERAPY		
E. MEDICAL SOCIAL SERVICES		
F. PERSONAL CARE AIDE		
G. OTHER VISITS		
H. SUPPLIES		
I. RENTAL - MEDICAL EQUIPMENT		
J. TOTAL COVERED CHARGE		
K. AMOUNT PAID BY RECIPIENT		
L. REMARKS		

REMARKS: _____

DATE OF REMITTANCE VOUCHER CLAIM WAS APPROVED _____

REASONS FOR ADJUSTMENT:

_____ CORRECTING AMOUNT PAID BY RECIPIENT
 _____ CORRECTING HOURS
 _____ CORRECTING CHARGES
 _____ CORRECTING DISCHARGE STATUS

REASONS FOR VOID:

_____ USED INCORRECT RECIPIENT I.D. NUMBER
 _____ USED INCORRECT PROVIDER I.D. NUMBER
 _____ CORRECTING DATES OF SERVICE

I CERTIFY THAT I HAVE RECEIVED PERSONAL CARE SERVICES IN THE AMOUNT BILLED ON THIS INVOICE.

SIGNATURE OF RECIPIENT _____ DATE _____

SIGNATURE OF PROVIDER _____ DATE _____

THIS FORM IS FOR CHANGING OR USING A PAID VOUCHER. THE CORRECT REFERENCE NUMBER AS SHOWN ON THE REMITTANCE VOUCHER IS ALWAYS REQUIRED.

THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE. I UNDERSTAND THAT FEDERAL AND STATE FUNDS AND THAT ANY FALSE CLAIM STATEMENTS, OR DOCUMENTS OR CONCEALMENT OF INFORMATION MAY BE PROSECUTED UNDER FEDERAL OR STATE LAWS.

PROVIDER COPY
MAP - 84

NURSING HOME PRE-ADMISSION SCREENING PLAN

Name _____ Social Security Number _____

NURSING HOME APPLICATION

Has the individual made formal application to a nursing home? (Check one)

- 1 Has Applied
- 0 Has Not Applied

MEDICAID AUTHORIZATION

Individual is authorized to receive Medicaid assistance for: (Check one)

- 1 Nursing Home Skilled Care
- 2 Nursing Home Intermediate Care
- 3 Personal Care
- 4 Home Health
- 5 Both Personal Care and Home Health
- 6 None of the Above

LENGTH OF STAY

Is individual is approved for nursing home placement, is the expected length of stay: (Check one)

- Temporary (less than 3 months)
- Temporary (less than 6 months)
- Permanent

RECOMMENDED REASSESSMENT DATE

Is Medicaid assistance authorized when stated individual is reassessed?

MEDICAID ELIGIBILITY

Is individual currently financially eligible for Medicaid? (Check one)

- 1 YES
- 0 NO

Would individual be financially eligible for Medicaid if nursing home care within 30 days after institutionalization?

- 1 YES
- 0 NO

Total Time Required for Assessment

(Hours) _____

Name of Agency or Hospital

Signature of Person Completing Form

Title

Date

Physician's Signature

Date

REVISED 1982

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FUNCTIONING STATUS		SERVICES CURRENTLY RECEIVED		MEDICATIONS	
NAME OR NUMBER		NAME OR NUMBER		NAME OR NUMBER	
DATE		DATE		DATE	
BATHING WITHOUT HELP <input type="checkbox"/> MH ONLY <input type="checkbox"/> MH ONLY 2 <input type="checkbox"/> MH AND HH 3 <input type="checkbox"/> IS BATHED <input type="checkbox"/> IS DRESSED <input type="checkbox"/> NOT BATHED <input type="checkbox"/> DESCRIBE HELP <input type="checkbox"/>		OTHER SERVICES/SOCIAL CONTACTS RECREATION/ACTIVITIES <input type="checkbox"/> VISITORS <input type="checkbox"/> OTHER <input type="checkbox"/>		ANALGESICS/ANESTHETICS <input type="checkbox"/> ANTACIDS <input type="checkbox"/> ANTIBIOTICS/ANTI-INFECTIVES <input type="checkbox"/> ANTICOAGULANTS <input type="checkbox"/> ANTIHYPERTENSIVES <input type="checkbox"/> BOWEL REGULATORS <input type="checkbox"/> CARDIAC REGULATORS <input type="checkbox"/> DIURETICS <input type="checkbox"/> ELECTROLYTES <input type="checkbox"/> INSULIN <input type="checkbox"/> HYPOLIPIDEMICS <input type="checkbox"/> SEDATIVES/BARBITURATES <input type="checkbox"/> TRANQUILIZERS/ANXIOLYTICS <input type="checkbox"/> VASODILATORS <input type="checkbox"/> VITAMINS/IRON <input type="checkbox"/> OTHER <input type="checkbox"/>	
BLADDER FUNCTION CONTINENT <input type="checkbox"/> LESS THAN WKLY <input type="checkbox"/> EXTERNAL DEVICE <input type="checkbox"/> SELF CARE <input type="checkbox"/> WITH WETTER <input type="checkbox"/> OSTOMY <input type="checkbox"/> SELF CARE <input type="checkbox"/> WITH WETTER <input type="checkbox"/> EXTERNAL DEVICE <input type="checkbox"/> NOT SELF CARE <input type="checkbox"/> OSTOMY <input type="checkbox"/> NOT SELF CARE <input type="checkbox"/> TYPE OF OSTOMY <input type="checkbox"/> OTHER PROBLEM <input type="checkbox"/>		DIET-NUTRITION DIET-SPECIFY <input type="checkbox"/> FOOD/FLUID I/F <input type="checkbox"/> PROBLEMS <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> NOURISHMENTS <input type="checkbox"/> DINING LOCATION <input type="checkbox"/>		SPECIAL NURSING PROCEDURES DEBRIDEMENT <input type="checkbox"/> DRESSING(S) <input type="checkbox"/> EYE CARE <input type="checkbox"/> OXYGEN IN- <input type="checkbox"/> RESPIRATORY NURSING <input type="checkbox"/> BOWEL/BLADDER <input type="checkbox"/> FROM ENTERIC FEEDS <input type="checkbox"/> OTHER <input type="checkbox"/>	
DRESSING WITHOUT HELP <input type="checkbox"/> MH ONLY <input type="checkbox"/> MH ONLY 2 <input type="checkbox"/> MH AND HH 3 <input type="checkbox"/> IS DRESSED <input type="checkbox"/> IS NOT DRESSED <input type="checkbox"/> DESCRIBE HELP <input type="checkbox"/>		EATING/FEEDING WITHOUT HELP <input type="checkbox"/> MH ONLY <input type="checkbox"/> MH ONLY 2 <input type="checkbox"/> MH AND HH 3 <input type="checkbox"/> IS DRESSED <input type="checkbox"/> IS NOT DRESSED <input type="checkbox"/> DESCRIBE HELP <input type="checkbox"/>		MEDICATION ADMINISTRATION NO MEDICATIONS <input type="checkbox"/> LEFT FROM MONITORING <input type="checkbox"/> LESS THAN WEEKLY <input type="checkbox"/> BY LAY PERSONS <input type="checkbox"/> MORE THAN WEEKLY <input type="checkbox"/> BY LICENSED/PROF. NURSE <input type="checkbox"/> MEDICATED BY NURSE <input type="checkbox"/> MEDICATED BY PROFESSIONAL NURSE <input type="checkbox"/>	
TOILETING WITHOUT HELP <input type="checkbox"/> DAY & NIGHT <input type="checkbox"/> MH ONLY <input type="checkbox"/> MH ONLY 2 <input type="checkbox"/> MH AND HH 3 <input type="checkbox"/> DOES NOT USE <input type="checkbox"/> TOILET ROOM <input type="checkbox"/> DESCRIBE HELP <input type="checkbox"/>		MOBILITY LEVEL GOES OUTSIDE <input type="checkbox"/> WITHOUT HELP <input type="checkbox"/> MH ONLY <input type="checkbox"/> MH ONLY 2 <input type="checkbox"/> MH AND HH 3 <input type="checkbox"/> MOVES ABOUT <input type="checkbox"/> CONFINED-DOES NOT MOVE ABOUT <input type="checkbox"/> DESCRIBE HELP <input type="checkbox"/>		PROFESSIONAL VISITS <input type="checkbox"/> ATTENDING MD/DO <input type="checkbox"/> OTHER MD/DO <input type="checkbox"/> ALCOHOLIST <input type="checkbox"/> DENTIST <input type="checkbox"/> OPTOMETRIST/OPTICIAN <input type="checkbox"/> PODIATRIST <input type="checkbox"/> HOME HEALTH <input type="checkbox"/> OTHER <input type="checkbox"/>	
TRANSFERRING WITHOUT HELP <input type="checkbox"/> MH ONLY <input type="checkbox"/> MH AND HH 3 <input type="checkbox"/> IS TRANS-FERRED <input type="checkbox"/> IS NOT TRANS-FERRED <input type="checkbox"/> DESCRIBE HELP <input type="checkbox"/>		WHEELING DOES NOT WHEEL-MOVES ABOUT <input type="checkbox"/> WITHOUT HELP <input type="checkbox"/> MH ONLY <input type="checkbox"/> MH AND HH 3 <input type="checkbox"/> IS WHEELED <input type="checkbox"/> IS NOT WHEELED <input type="checkbox"/> DESCRIBE HELP <input type="checkbox"/>		STAIRCLIMBING WITHOUT HELP <input type="checkbox"/> MH ONLY <input type="checkbox"/> MH AND HH 3 <input type="checkbox"/> DOES NOT CLIMB <input type="checkbox"/> DESCRIBE HELP <input type="checkbox"/>	
BEHAVIOR PATTERN APPROPRIATE <input type="checkbox"/> WANDERING/PASSIVE <input type="checkbox"/> WANDERING/PASSIVE <input type="checkbox"/> WEEKLY OR MORE <input type="checkbox"/> DISRUPTIVE-ABUSIVE/AGGRESSIVE <input type="checkbox"/> COMATOSE <input type="checkbox"/>		COMMUNICATION OF NEEDS VERBALLY-ENGLISH <input type="checkbox"/> VERBALLY-OTHER LANGUAGE <input type="checkbox"/> NONVERBALLY <input type="checkbox"/> DOES NOT COMMUNICATE <input type="checkbox"/> OTHER LANGUAGE <input type="checkbox"/> NON-VERBAL COMMUNICATION <input type="checkbox"/>		LONG TERM CARE INFORMATION SYSTEM 3M 11-800-444-4444 (Toll Free) Form 100-1, 10th Edition, Rev. 01-81, 1001	
BOWEL FUNCTION CONTINENT <input type="checkbox"/> UNCONTINENT <input type="checkbox"/> OSTOMY-SELF CARE <input type="checkbox"/> INCONTINENT <input type="checkbox"/> OSTOMY OR DOE SELF CARE <input type="checkbox"/> TYPE OF OSTOMY <input type="checkbox"/> SPHERES AFFECTED <input type="checkbox"/>		LONG TERM CARE INFORMATION SYSTEM 3M 11-800-444-4444 (Toll Free) Form 100-1, 10th Edition, Rev. 01-81, 1001		LONG TERM CARE INFORMATION SYSTEM 3M 11-800-444-4444 (Toll Free) Form 100-1, 10th Edition, Rev. 01-81, 1001	

Appendix H



LONG TERM CARE CRITERIA

Introduction

Traditionally, the model for intermediate or skilled care has been facility or institutionally based; however, it is important to recognize that intermediate or skilled care services can be delivered outside a nursing home. Intermediate or skilled care is the provision of services regardless of the specific setting. It is the care rather than the setting in which it is rendered that is significant. The criteria for assessing intermediate care are divided into two areas: 1. functional capacity (the degree of assistance an individual requires to complete his activities of daily living) and 2. nursing needs. Skilled care is much more narrowly defined.

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

In making the decision for or against nursing home placement it is essential to recognize the changing philosophy and emphasis occurring in long term care. Nursing homes no longer keep an individual indefinitely; many people are discharged. As an individual's needs change so may the site of his care. Paramount in planning the care of an individual is consideration of the services the person will require.

Part of the management of long term care for Medicaid eligible nursing home patients is the medical reviews conducted by the Virginia Medical Assistance Program. These reviews assure quality care for each Medicaid patient and assure the appropriateness of the level of care. Medicaid payment can not continue for individuals inappropriately placed and, in most cases, this will necessitate the individual's movement to another level of care.

The criteria for intermediate and skilled care under the Virginia Medical Assistance Program are described in this memorandum. An individual's need for care must meet this criteria before any authorization for payment by Medicaid will be made for either institutional or non-institutional long term care services.

CRITERIA FOR INTERMEDIATE CARE

Intermediate care is the provision of services for persons whose health needs require medical and nursing supervision or care. These services can be provided in various settings, institutional, and non-institutional. Both the functional capacity of the individual and his nursing needs must be considered in determining the appropriateness of intermediate care.

Individuals may be considered appropriate for intermediate care when one of the following describes their functional capacity:

- A. rated dependent in two to four of the Activities of Daily Living (Items 1 - 7), and also rated semi-dependent or dependent in Behavior Pattern and Orientation (Item 8), and semi-dependent in Medication Administration (Item 10).
- B. rated dependent in two to four of the Activities of Daily Living (Items 1 - 7), and also rated semi-dependent or dependent in Behavior Pattern and Orientation (Item 8), and semi-dependent in Joint Motion (Item 11).
- C. rated dependent in five to seven of the Activities of Daily Living (Items 1 - 7), and also rated dependent in Mobility (Item 9).
- D. rated semi-dependent in two to seven of the Activities of Daily Living (Items 1 - 7), and also rated dependent in Mobility (Item 9), and Behavior Pattern and Orientation (Item 8). An individual in this category will not be appropriate for intermediate care unless he/she also has a medical condition requiring treatment or observation by a nurse.

Even when the criteria are met, placement in a non-institutional setting should be considered before nursing home placement is sought.

FUNCTIONAL STATUS

The following abbreviations are used: I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

1. Bathing
 - a. Without help (I)
 - b. MH only (d)
 - c. HH only (D)
 - d. MH and HH (D)
 - e. Is bathed (D)
2. Dressing
 - a. Without help (I)
 - b. MH only (d)
 - c. HH only (D)
 - d. MH and HH (D)
 - e. Is dressed (D)
 - f. Is not dressed (D)

- | | | | | |
|--|--|----------|--|------------|
| <p>3. Toileting</p> <p>a. Without help day and night (I)</p> <p>b. MH only (d)</p> <p>c. HH only (D)</p> <p>d. MH and HH (D)</p> <p>e. Does not use toilet room (D)</p> | <p>e. Wandering/Passive Weekly or more</p> | <p>+</p> | <p>Disoriented
Some or All
Spheres</p> | <p>(d)</p> |
| <p>4. Transferring</p> <p>a. Without help (I)</p> <p>b. MH only (d)</p> <p>c. HH only (D)</p> <p>d. MH and HH (D)</p> <p>e. Is transferred (D)</p> <p>f. Is not transferred (D)</p> | <p>f. Abusive/Aggressive/Disruptive less than weekly</p> | <p>+</p> | <p>Oriented or
Disoriented</p> | <p>(d)</p> |
| <p>5. Bowel Function</p> <p>a. Continent (I)</p> <p>b. Incontinent less than weekly (d)</p> <p>c. Ostomy - self care (d)</p> <p>d. Incontinent weekly or more (D)</p> <p>e. Ostomy - not self care (D)</p> | <p>g. Abusive/Aggressive/Disruptive weekly or more</p> | <p>+</p> | <p>Oriented</p> | <p>(d)</p> |
| <p>6. Bladder Function</p> <p>a. Continent (I)</p> <p>b. Incontinent less than weekly (d)</p> <p>c. External device - self care (d)</p> <p>d. Indwelling catheter - self care (d)</p> <p>e. Ostomy - self care (d)</p> <p>f. Incontinent weekly or more (D)</p> <p>g. External device - not self care (D)</p> <p>h. Indwelling catheter - not self care (D)</p> <p>i. Ostomy - not self care (D)</p> | <p>h. Abusive/Aggressive/Disruptive weekly or more</p> | <p>+</p> | <p>Disoriented</p> | <p>(D)</p> |
| <p>7. Eating/Feeding</p> <p>a. Without help (I)</p> <p>b. MH only (d)</p> <p>c. HH only (D)</p> <p>d. MH and HH (D)</p> <p>e. Spoon fed (D)</p> <p>f. Syringe or tube fed (D)</p> <p>g. Fed by IV or dlysis (D)</p> | <p>9. Mobility</p> <p>a. Goes outside without help (I)</p> <p>b. Goes outside MH only (d)</p> <p>c. Goes outside HH only (D)</p> <p>d. Goes outside MH and HH (D)</p> <p>e. Confined - moves about (D)</p> <p>f. Confined - does not move about (D)</p> | | | |
| <p>8. Behavior Pattern and Orientation</p> <p>a. Appropriate or Wandering/Passive less than weekly</p> <p>b. Appropriate or Wandering/Passive less than weekly</p> <p>c. Wandering/Passive Weekly or More</p> <p>d. Appropriate or Wandering/Passive less than weekly</p> | <p>10. Medication Administration</p> <p>a. No medications (I)</p> <p>b. Self administered - monitored less than weekly (I)</p> <p>c. By lay persons, monitored less than weekly (I)</p> <p>d. By Licensed/Professional nurse and/or monitored weekly or more (d)</p> <p>e. Some or all by Professional nurse (D)</p> | <p>+</p> | <p>Oriented</p> | <p>(I)</p> |
| | <p>11. Joint Motion</p> <p>a. Within normal limits (I)</p> <p>b. Limited motion (d)</p> <p>c. Instability - corrected (I)</p> <p>d. Instability - uncorrected (D)</p> <p>e. Immobility (D)</p> | <p>+</p> | <p>Disoriented
Some Spheres</p> | <p>(I)</p> |
| | <p>+</p> | <p>+</p> | <p>Oriented</p> | <p>(I)</p> |
| | <p>+</p> | <p>+</p> | <p>Disoriented
All Spheres</p> | <p>(d)</p> |

NURSING NEEDS

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

1. Application of aseptic dressings;
2. Routine catheter care;
3. Inhalation therapy after the regimen has been established;
4. Supervision for adequate nutrition and hydration for patients who, due to physical or mental impairments, are subject to malnourishment or dehydration;

5. Routine care in connection with plaster casts, braces, or similar devices;
6. Physical, occupational, speech, or other therapy;
7. Therapies, exercise and positioning to maintain or strengthen muscle tone, to prevent contractures, decubiti, and deterioration;
8. Routine care of colostomy or ileostomy;
9. Use of restraints including bedrails, soft binders, and wheelchair supports;
10. Routine skin care to prevent decubiti;
11. Care of small uncomplicated decubiti, and local skin rashes; or
12. Observation of those with sensory, metabolic, and circulatory impairment for potential medical complications.

Services usually considered skilled may be offered at the intermediate care level on a temporary basis due to changing medical needs or to acute situations. Such temporary skilled services may include post-surgical care, IV's, nasogastric tubes, and oxygen therapy.

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

SPECIFIC SERVICES WHICH DO NOT MEET THE CRITERIA FOR INTERMEDIATE CARE

- A. Care needs that do not meet the criteria for intermediate care include, but are not limited to, the following:
 1. Minimal assistance with activities of daily living;
 2. Independent use of mechanical devices such as a wheelchair, walker, crutch, or cane;
 3. Limited diets such as mechanically altered, low salt, low residue, diabetic, reducing, and other restrictive diets;
 4. Medications that can be independently self-administered or administered by the individual with minimal supervision;
 5. The protection of the patient to prevent him from obtaining alcohol or drugs, or from confronting an unpleasant situation; or
 6. Minimal observation or assistance by staff for confusion, memory impairment, or poor judgment.
- B. Special attention should be given to individuals who receive psychiatric treatment. The need for intermediate care is usually questionable when the primary diagnosis or the primary needs are psychiatric. These individuals must also have care needs that meet the criteria for intermediate care.

SUMMARY

The final determination of a patient's care is a professional decision based on total patient needs. Patients as individuals present an infinite variety of care needs, making it virtually impossible to establish a review system that will eliminate the need for professional judgment within the confines of program criteria.

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

Appendix I

AUTHORIZED PLAN OF CARE
 MEDICAID WAIVER -- GERIATRIC SERVICES

Appendix I

I. SERVICES REQUIRED	YES	NO	APPROXIMATE TIME NECESSARY FOR EACH SERVICE	TIMES PER WEEK	RECAL REGRS
<u>NURSING</u>					
Blood pressure check					
Compilation of list of medical supplies					
Dressing change					
Eye care					
Medication administration/monitoring					
Ostomy care					
Pedicure					
Treatment of decubitis/skin breakdown					
Other _____					

<u>PERSONAL CARE</u>					
Ambulation assistance					
Bathing assistance					
Changing assistance (incontinence)					
Dressing assistance					
Excessive change of linens (incontinence)					
Excessive laundry service (incontinence)					
Feeding assistance					

GROSS PREMIUMS - SURPLUS LINE POLICIES

		Broker's Name		Month										
		(ENTER FULL PREMIUM; OR APPROPRIATE INSTALLMENT IF POLICY SO PROVIDES; OR GROSS PREMIUMS BY LINE OR DEPOSIT PREMIUM.)												
POLICY PERIOD	POLICY # & INS. CO.	NAME OF INSURED	AIRCRAFT LIAB.	AUTO PHYS. DAMAGE	CRIME	FIRE & MISC. PROP.	GEN'L LIAB.	INLAND MARINE	MED. MAL PRACTICE	PROF. NOT MEDICAL	EXCESS AUTO	EXCESS GEN'L LIAB.	OTHER MISC.	
TOTALS BY LINE														

- V.
5. Name of Provider: _____
 Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____ Date Service Implemented: _____
 Signature of Director: _____
 Date: _____
6. Name of Provider: _____
 Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____ Date Service Implemented: _____
 Signature of Director: _____
 Date: _____
7. Name of Provider: _____
 Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____ Date Service Implemented: _____
 Signature of Director: _____
 Date: _____
8. Name of Provider: _____
 Address: _____
 Service Provided: _____
 Telephone Number: _____ Provider I.D. Number: _____
 Recipient I.D. Number: _____ Date Service Implemented: _____
 Signature of Director: _____
 Date: _____

COMMONWEALTH OF VIRGINIA, STATE CORPORATION COMMISSION, BUREAU OF INSURANCE
 Richmond, Virginia 23209

SURPLUS LINES BROKER'S
GROSS PREMIUMS TAX REPORT
 Year ended December 31, 19__

 (Surplus Lines Broker)

 (Address)

To: STATE CORPORATION COMMISSION, BUREAU OF INSURANCE, Richmond, Va.

In compliance with Section 38.1-327.53 of the Code of Virginia, following is a report of ALL GROSS PREMIUMS, ASSESSMENTS, DUES AND FEES charged on contracts of insurance effected in unlicensed insurers on Virginia risks by the undersigned. This report also includes details of all return premiums on such business.

- 1 - GROSS PREMIUMS (SLB-7a Monthly report attached) . . \$ _____
 - 2 - ADDITIONAL PREMIUMS (See Form SLB-7b, attached) . . \$ _____
 - 3 - Less: RETURN PREMIUMS (See Form SLB-7c attached) . \$ _____
 - 4 - BALANCE (Taxable Premium Income) . . \$ _____
 - 5 - Premium Tax (2 3/4% of BALANCE, Line 4) \$ _____
 - 6 - Assessment for Maintenance of Bureau of Insurance
 (based upon Taxable Premium (Line 4) at 6/100ths
 of 1% subject to minimum of \$300.00) \$ _____
- TOTAL AMOUNT DUE AND CHECK ATTACHED (Lines 5 & 6) \$ _____

 (Date)
 By _____

 (Title)

Proposed Regulations

-2-

STATE OF VIRGINIA)
County (City) of) to-wit:

This day _____ (Name) _____ (Title)

of _____
personally appeared before me in the County (City) aforesaid, and made oath
that the foregoing report is correct.

Given under my hand this _____ day of _____, 19 _____.

My commission expires _____

(Notary Public)

*PART IV.
PROCEDURE FOR THE WAIVER PROCESS*

<i>Activity</i>	<i>Responsible People</i>	<i>Description/Comments</i>
1. Identification and referral of client	Facility staff	Client identified as being a potential candidate for waiver services is identified as such and referred to appropriate facility staff.
2. Assessment using BDS/Medical Component	Facility staff	Objective process to determine current needs. In addition, medical information will be completed. Process is enhanced by interdisciplinary team's knowledge of individual prior to the assessment.
3. Recommendation for waived services	Facility staff, (ID Team)	Interdisciplinary team will determine whether, after the assessment, the individual is still considered appropriate for waiver services.
4. Development of Plan of Care	Facility staff, (ID Team) Community Services Board staff (Case Manager)	Based on assessment information and available services, the plan of care is developed. A match of needs and services must be attained. The frequency and duration of each service will be addressed.
5. Cost assessment of Plan of Care	Facility/Community Services Board staff	Based on the needed services and corresponding predetermined costs, frequency, and duration, the cost information is derived. A decision of whether the costs are within bounds is determined.

<i>Activity</i>	<i>Responsible People</i>	<i>Description/Comments</i>
6. Notification of Client's choice	Facility/Community Services Board Staff (Case Manager)	If costs are within guidelines, the client is notified and the option for the waiver service is explained. The client's choice is documented.
7. Coordination of Plan of Care	Community Services Board staff (Case Manager)	If the client decides on the option for community services, the community begins the coordination of the plan of care. This includes: contacting service providers, authorizing waiver services, movement of client to community, monitoring of services, and documentation to meet regulations.
8. Implementation of Plan of Care	Providers of Care	The actual services begin to be delivered by the providers. Established documentation procedures are followed.
9. Invoicing for payment (copy of invoice to go to Case Manager)	Providers of Care	Approved invoices are sent to the Virginia Medical Assistance Program for payment with a copy to the case manager. Due to provision of service by CSB, the CSB will invoice Virginia Medical Assistance Program directly.
10. Reevaluation of service needs and revision of Plan of Care	First six months: Medicaid Program staff assures that reviews are completed.	Following established guidelines, rereviews will take place to document continuing need and appropriateness of services.

Proposed Regulations

MENTAL HEALTH AND MENTAL RETARDATION BOARD

Title of Regulations: VR 649-02-1. Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

Statutory Authority: Chapters 11 and 14 of Title 16.1, Chapters 13 and 16 of Title 22.1, Chapters 8 and 10 of Title 37.1, Chapters 3 and 10 of Title 63.1, and Chapter 14 of Title 53.1 of the Code of Virginia.

Summary:

Under the current definitions and exceptions in the Code of Virginia, which have been in effect since July 1, 1981, the Department of Corrections, Education, Mental Health and Mental Retardation, and Social Services are responsible for the licensure, certification and/or approval of public and private residential facilities for children. Such facilities are licensed, certified, or approved under the "Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children" except (i) facilities which do not accept public funds, (ii) private psychiatric hospitals serving children, and (iii) some residential facilities serving children which successfully meet the requirements of nationally recognized standards setting agencies. The revised document is comprised of the following issues which have impact on residential facilities for children subject to licensure, certification and/or approval:

Organization and administration, personnel, residential environment, programs and services, and disaster or emergency plans.

The purpose of the proposed revisions is to establish the minimum requirements necessary to protect children in the care of residential facilities for children. The document has been revised with an emphasis on clarity and ease of comprehension.

Notice: Please refer to the Department of Social Services in the Proposed Regulations Section of this issue of the Virginia Register of Regulations for the publication of Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

Title of Regulations: VR 469-02-2. Mandatory Certification/Licensure Standards for Treatment Programs for Residential Facilities for Children.

Statutory Authority: §§ 37.1-10 and 37.1-179.1 of the Code of Virginia.

Summary:

The Mandatory Certification/Licensure Standards for

Treatment Programs for Residential Facilities for Children (Mandatory Standards) are designed to work in conjunction with the Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children (Core Standards). The State Departments of Corrections, Education, Mental Health and Mental Retardation, and Social Services are responsible under the Code of Virginia for the licensure, certification and/or approval of public and private residential facilities for children. To better coordinate their efforts, the Boards of the four departments have entered into an interdepartmental agreement that provides for joint development and application of common standards for residential care that must be met by all residential facilities for children in order to qualify for licensure/certification by one or more of these four departments.

The Mandatory Standards, which were originally promulgated in February, 1981, are a treatment module that delineate the areas necessary for programs to become certified/licensed as providing treatment or training for the mentally ill, mentally retarded or substance abusing client in 24-hour residential care. The purpose of the proposed regulations is to establish minimum requirements for treatment programs in residential facilities for children (except those in private psychiatric hospitals licensed by the department) in the areas of the residential environment, an organized management structure, qualifications of personnel, admission and discharge procedures, an individual program of care and a system record keeping.

VR 469-02-2. Mandatory Standards for Certification/Licensure for Treatment Programs for Residential Facilities for Children.

PART I INTRODUCTION

These Mandatory Program Certification/ Licensure Standards for Treatment Programs for Residential Facilities for Children were developed to work in conjunction with the interagency licensure and certification of children's residential facilities. Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children. These mandatory standards delineate the areas necessary for programs to become certified as providing treatment or training for the mentally ill, mentally retarded, or substance abusing client in 24-hour residential care setting. The compliance level for these standards is 100%. Programs which fail to achieve the stated 100% compliance rate may, however, follow the remediation procedures as specified in Section 3.C.12 of the policies and procedures for the certification of community programs.

SERVICE DEVELOPMENT

One of the assumptions underlying the development of

the service related standards is that all child caring treatment programs and training programs must be systematically developed and include prescribed assessment procedures, defined treatment objectives, recommended intervention strategies and evaluation procedures. Standards have been included which reflect this orientation and which require programs to have clearly defined treatment and training programs.

Another assumption reflected in the standards is that integration of services and service delivery is essential for quality programming. Further assumptions are that youth should be placed in the least restrictive environment as soon as possible, that generic services should be used as frequently as possible, and that effective service delivery is dependent upon the development of a comprehensive and carefully developed individualized service plan.

INDIVIDUALIZED TREATMENT PLANNING

An individualized treatment plan is a written, detailed formulation of action that should be used for, and/or by, the client to change behavior, knowledge, attitudes or values.

An individualized treatment plan should be developed for each individual accepted for service. The plan should be based on individual assessment data and on other data that assist in understanding the individual's situation. It should be developed by the relevant staff of the agency serving the individual, and with the participation of the individual, and, as appropriate, the placing agency, the family, and any significant others. A plan developed by another agency prior to the onset of services should be reviewed and updated, in order to determine its relevancy to the current needs of the individual.

LETTERING SYSTEM:

All standards listed in this document do not apply to each category of residential programs. A lettering system is utilized to indicate the categories of programs to which a standard applies. In the left hand margin opposite each standard are letters indicating the categories of the program that must comply with that standard. A program is only responsible for complying with those standards which bear the corresponding code letter. The following letters represent the different program categories:

C—Group Homes for Mentally Ill, Mentally Retarded, or Substance Abusing Youth.

R—Group Residences for Mentally Ill, Mentally Retarded, or Substance Abusing Youth.

T—Self contained residential treatment or training facilities which are non-hospital based for Mentally Ill, Mentally Retarded, or Substance Abusing Youth.

H—Self contained public residential treatment facilities which are hospital based for Mentally Ill, Mentally

Retarded, or Substance Abusing Youth.

NUMBERING SYSTEM

The standards are organized in six major treatment areas: (1) Services Policies and Procedures; (2) Clinical Records; (3) Health and Pharmaceutical; (4) Service Development and Delivery; (5) Individual Treatment Planning; and (6) Review Procedures. The standards are sequenced using a four-digit indexing system. The first number represents the heading or functional area; the second digit refers to the policies and procedures under the particular functional area; the third digit refers to the specific standards under the functional area and policies and procedures; and the fourth pinpoints the specific standards even further. These mandatory standards have been selected from a larger group of standards; the complete Treatment Module. As a result, the mandatory standards are not numbered consecutively.

INDICATORS

The standards are presented in operational terms and as specific as possible. Each standard is followed by an indicator. The indicators are used in judging compliance with the standard. The indicator may either have one or two sections:

Usually, the single section indicator is concerned with the development of program policies and procedures. An example drawn from the standards would be:

2.2.5. There shall be a tracking system to ensure knowledge of the location of records at all times.

Indicator

Criteria: Presence of policies and procedures for tracking of client records.

Source: Written copy of policies and procedures.

The criteria is a brief summary statement of the standard and the specification of the basis for determining whether or not the program is in compliance with that standard. The source indicates the reference of data point for making that decision.

The double section indicator is concerned with both the development of program policies and procedures and their implementation.

An example taken from the standards would be the following:

3.1. There shall be written policies and procedures for the treatment of minor medical injuries. This shall include:

3.2.1. All appropriate direct service staff shall be trained to administer first aid.

3.1.3. A record shall be kept of all client injuries requiring first aid.

Proposed Regulations

Indicator 1

Criteria: Presence of policies and procedures, including criteria 2-3 above, for the treatment of minor medical injuries.

GLOSSARY

Article 1. Definitions.

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

Case Coordinator: "Case coordinator" means The person responsible for ensuring continuity of services. This may be a staff member designated to manage the service plan of a particular child and coordinate the delivery of services to meet the needs of the resident. Case coordination service may be provided from outside the program if appropriate. The case coordinator shall serve as the liaison between the program and the client's family or legally authorized representative.

Chemotherapy: "Chemotherapy" means The the use of psychotropic and seizure medication for controlling aberrant mental/emotional functioning the stabilization of symptoms and behavior. The goal of chemotherapy shall be to stabilize and maintain neurophysiological functioning with the intent of reduction as appropriate.

Client: "Client" means A a mentally retarded, emotionally ill or substance abusing youth from 0-17 years of age receiving services from a residential treatment facility for children and/or adolescents or group residence.

"Client data base" means the written information necessary for the initial and continued diagnosis or assessment of strengths and problems/needs in order to adequately justify and plan for services.

Client Goal: "Client goal" means A general statement of intention expressed in terms of a client objective. means expected results or conditions that usually involve a long period of time and which are written in behavioral terms in a statement of relatively broad scope. Goals provide guidance in establishing specific short-term objectives directed toward the attainment of the goal.

Client Objective: "Client objective" A specific statement of intention which is expressed in terms of a client and includes a measurable outcome. The client objective includes the standard of achievement that is to be obtained and is time limited. means expected short-term results or conditions that must be met in order to attain a goal. Objectives are stated in measurable terms and have a specified time for achievement.

"Core Standards" mean Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

Counseling: "Counseling/psychotherapy" means a relationship in which one person endeavors to help another to understand and to solve his or her adjustment problems. means all formal treatment interventions such as individual, family and group modalities which provide for support and problem solving. Such interventions take place between program staff and client(s) and are aimed at enhancing appropriate psycho-social functioning or personal sense of well-being and ameliorating psychological disorders.

"Crisis intervention" means activities aimed at the rapid intervention and management of psychosocial and social distress caused by acute mental illness or acute substance abuse related problems.

Direct Services: "Direct services" means Services services that are provided directly by the program and are an integrated part of the overall service delivery system.

Generic Services: "Generic services" means Services services that are not provided directly by the program but which are available in the community for any resident of that community. These services are also referred to as indirect services.

"Growth services" means activities aimed at developing and maintaining personal, interpersonal and instrumental skills.

Individual Treatment Plan: "Individual treatment plan" means A a plan for the treatment and/or training for each client that specifies short an/or long term goals, objectives to achieve the goals, the strategies to reach these goals objectives, the individual responsible for carrying out these strategies, and the time frames for the obtainment of these goals objectives. An individualized treatment plan shall be considered the same as individualized service plans as defined in the Core Standards.

Intrinsic Risk: Intrinsic risk shall include any treatment procedures (medical, surgical, pharmaceutical or psychological) that involve the possibility of appreciable risk or harm to the client.

"On-site training" means activities provided in the natural environment aimed at increasing interpersonal and/or instrumental skills.

Preplacement services /identification services means services aimed at determining the need for, or the establishment of, a service relationship between, the youth and the responsible adult(s) and the child caring facility (service provider): parent(s) or legal guardian, the referring agency and the facility where services will be provided.

Psychotherapy/Psychosocial Treatment: Psychotherapeutic interventions such as individual, family,

Proposed Regulations

and group modalities which provide for exploration and problem solving, and which are aimed at changing and enhancing intrapsychic, psychosocial and familial functioning, as well as ameliorating psychological disorders.

Qualified Mental Health and/or Mental Retardation Professionals: Qualified Mental Health or Mental Retardation Professionals means any person with appropriate training or experience in the field of the care of the mentally ill, alcoholic, drug or other substance abuser, or any person with appropriate training or experience in the field of care of mentally retarded persons, and shall include:

1. A physician licensed to practice in the State of Virginia with specialized training or one year's experience in treating mentally ill or mentally retarded individuals;
2. A psychologist with a doctorate or master's degree from an accredited program and with specialized training or one year's experience in treating the mentally ill, or mentally retarded;
3. An educator with a master's degree in special education from an accredited program or an educator with specialized training or one year's experience in dealing with mentally ill or mentally retarded persons;
4. A social worker with a master's degree from an accredited program and with specialized training or one year's experience in working with mentally ill or mentally retarded persons;
5. A physical or occupational therapist or rehabilitation counselor licensed or registered to practice in the State of Virginia who is a graduate of an accredited program in physical or occupational therapy or rehabilitation counseling and with specialized training or one year's experience in treating mentally ill or mentally retarded persons.

"Seclusion" means the placing of a client in a room with the door secured in any manner that will not permit the client to open it.

"Social skill training" means activities aimed at developing and maintaining interpersonal skills.

"Stabilization services" means activities aimed at the reduction of acute emotional disabilities and their physical and social manifestations.

"Task and skill training" means activities aimed at developing non-employment and preemployment related instrumental skills, and maintaining knowledge, skills and actions related to community living.

"Time-out procedure" means a systematic behavior management technique designed to reduce or eliminate inappropriate behavior by temporarily removing a client

from contact with people or other reinforcing stimuli through confining the child alone to a special time-out room that is unfurnished or sparsely furnished, and which contains few reinforcing environmental stimuli. The time-out room shall not be locked nor the door secured in any manner that will prohibit the client from opening it.

Article 2. Allowable Variance.

§ 1.2. When, in the opinion of the department, the enforcement of one or more of the following regulations creates an undue hardship, the department shall have the authority to waive, either temporarily or permanently, the enforcement of one or more of the following regulations, provided client care is not adversely affected.

1. PART II SERVICES POLICIES AND PROCEDURES

Article 1. Client Rights.

The following sections are additional requirements to the Core Standards, Part II, Article 9 and Part V, Articles 26 and 27.

1.1. Each program shall have written policies and procedures covering the following functions: screening, admissions, service planning, case management, case review, termination, and follow-up. These policies and procedures may vary as a function of the type of program and facility.

G.R.T.H.

1.1.1. There shall be a written description of the screening and admissions policies and procedures from initial client contact to actual implementation of services or referral to a more appropriate program. This description shall include, define, and/or provide for:

1.1.1.1. Compliance with 1964 Civil Rights Act.

1.1.1.4. Use of an application form.

1.1.1.9. Data necessary for the program which shall include and be related to:

- A. Psychological functioning.
- C. Social/developmental history.
- E. Intellectual functioning.
- G. Current emotional status.
- H. Social competence.
- J. Vocational skills (if appropriate).
- L. Information from other professionals, who have been involved with the client.

1.1.1.10. Procedures and forms to obtain such information.

1.1.1.16. A. Emergency admissions require that the facility provide stabilization services.

Proposed Regulations

Indicator 1

Criteria: Presence of screening and admission policies and procedures.

Source: Written copy of screening and admissions policies and procedures.

Indicator 2

Criteria: 100% of client screening and admissions completed in compliance with written policies and procedures.

Source: Client records.

1.2: Each residential child caring facility shall have written policies and procedures to ensure the general welfare of its clients.

G.R.T.H.

1.2.1: All treatment procedures which involve an intrinsic risk shall require the prior written informed consent of the client or the client's legally authorized representative after consultation with the client and/or the client's legally authorized representative.

Indicator 1

Criteria: Presence of written guidelines to ensure prior written informed consent for all procedures involving intrinsic risk.

Source: Written copy of guidelines for prior written informed consent and procedures involving intrinsic risk.

Indicator 2

Criteria: Evidence that procedures involving intrinsic risk were performed in accordance with written policies.

Source: Records of informed prior consent.

G.R.T.H.

1.2.2: Each program shall have written policies and procedures to ensure client rights which address the following:

1.2.2.1: § 2.1. Each program operated, funded or licensed by the Department of Mental Health and Mental Retardation shall guarantee client rights as outlined in Virginia Code of Virginia, § 37.1-84.1 ; as amended and the applicable regulations promulgated pursuant thereto: *on the rights of clients in community programs.*

1.2.2.2: Each program shall have written policies regarding the participation of clients in research projects and experimental treatment procedures which ensure and provide that: as outlined in the Virginia Code, Section 37.1-224 through 37.1-238 and the applicable DMH/MR regulations promulgated:

A. All research proposals shall be reviewed by an interdisciplinary research committee to ensure the project is in compliance with all relevant State and Federal guidelines for research with human subjects.

B. Subjects and their families or legally authorized representatives shall be informed of any potential risk

associated with participation in the research.

C. The written informed consent of a client (or the client's legally authorized representative) shall be obtained before participation in any research project.

D. The client or the client's legally authorized representative shall have the right to refuse to participate in or to withdraw from any research project or experimental treatment procedure at any time.

Indicator 1

Criteria: Presence of written policies and procedures for the participation of clients in research projects which include criteria A-D above.

Source: Written copy of the policies and procedures for the participation of clients in research programs.

1.2.2.3: § 2.2. Each program shall have written policies and procedures regarding the photographing and audio or audio-video recordings of clients which shall ensure and provide for:

A. 1. The written consent of the client or the client's legally authorized representative shall be obtained before the client is photographed or recorded for research or program publicity purposes.

B. 2. No photographing or recording by program personnel shall take place without the client and/or the client's family or legally authorized representative being informed.

C. 3. All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the client.

Indicator 1

Criteria: Presence of policies and procedures for the photographing and recording of clients which includes criteria A-C above.

Source: Written copies of policies and procedures for the photographing and recording of clients.

Indicator 2

Criteria: 100% of clients who are photographed and recorded in compliance with written policies and procedures.

Source: Client records and program records.

1.2.2.4: § 2.3. Each program shall have written policies and procedures for managing all inappropriate or dangerous client behavior. These policies shall include: and ensure that:

B. The right to receive and/or send mail and communicate with family or advocates, or other rights guaranteed in Virginia Code, Section 37.1-84.1, as amended, and the applicable regulations promulgated pursuant thereto, shall not be withheld from clients as a form of discipline.

Proposed Regulations

~~C. 1. Seclusion or restraints shall only be used in accordance with Virginia Statute § 37.1-84.1 ; as amended, of the Code of Virginia and the applicable regulations promulgated thereto. on the rights of clients in community programs.~~

~~2. Time-out , is a behavioral strategy for reducing the occurrence of inappropriate or disruptive behavior. Time-out involves placing a child in a dull, isolated setting, devoid of environmental stimuli. which shall only be used in accordance with § 37.1-84.1 of the Code of Virginia and the applicable regulations promulgated on the rights of clients in community programs.~~

- ~~1. a. Time-out shall not exceed 15 minutes at any one time.~~
- ~~2. Time-out shall not be in a locked setting.~~
- ~~3. Time-out shall be documented.~~

~~3. Program staff shall neither abuse a client verbally nor physically.~~

Indicator 1

Criteria: Presence of policies and procedures governing the management of inappropriate behavior which includes criteria B-D above.

Source: Written copy of policies and procedures for managing inappropriate and dangerous client behavior.

Indicator 2

Criteria: All inappropriate and dangerous client behavior managed in compliance with written policies and procedures.

Source: Client records.

~~1.2.2.5. § 2.4. Each client shall be placed in the least restrictive level of programming appropriate to their functioning and available services.~~

Indicator

Criteria: Presence of policies and procedures to ensure each client is in the least restrictive environment.

Article 2. Medication.

The following sections are additional requirements to the Core Standards, Part V, Article 19.

G.R.T.H.

~~2.1. § 2.5. There shall be written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by clients. which shall include, require, or provide for:~~

~~2.2.1. § 2.6. In accordance with Virginia Code Section § 54-524.65 of the Code of Virginia , Drug Control Act, prescription medications can only be administered by physician, dentist, nurse, pharmacist, or medication technician or a person authorized by a physician in~~

~~writing under the supervision of the physician or pharmacist.~~

~~2.2.2. § 2.7. In accordance with Virginia Code Section § 54-524.65 of the Code of Virginia , Drug Control Act, prescription medication may be delivered by any designated employee for self-administration by the client, under the supervision of the program director, and only by the order of a physician. The designated employee shall have satisfactorily completed a medication assistance training program for this purpose approved by the Board of Nursing.~~

~~2.2.3. § 2.8. Only those clients judged by the program staff to have an adequate level of functioning shall be allowed to self-administer nonprescription medication.~~

~~2.2.4. § 2.9. Controlled substances brought into the program by clients shall not be administered unless they are identified and a written order to administer them has been given by a physician or dentist. shall be stored in a safe, appropriate and secure place.~~

~~2.2.5. All medications in unlabeled containers shall be removed from the client's possession.~~

~~2.2.6. § 2.10. Procedures There shall be written policies and procedures for documenting the administration of medication, medication errors and drug reactions.~~

~~D. A. Drugs prescribed following admission which shall include:~~

- ~~1. The date prescribed,~~
- ~~2. Drug product name,~~
- ~~3. Dosage,~~
- ~~4. Strength,~~
- ~~5. Route,~~
- ~~6. Schedule,~~
- ~~7. Dates medication discontinued or changed.~~

~~2.2.10. § 2.11. Provisions There shall be written policies and procedures for informing clients, families, and/or legally authorized representatives of the potential side effects of prescribed medications.~~

Indicator 1

Criteria: Presence of policies and procedures, including criteria 1-10 above.

Source: Written copy of policies and procedures.

Indicator 2

Criteria: 100% of clients in need receive treatment for minor medical injuries in compliance with policies and procedures.

Source: Client records.

~~4.1.5.4. §2.12. Each program shall have written policies and procedures regarding the quarterly review of chemotherapy which shall insure and provide for by a physician (in conjunction with program staff if needed) to~~

Proposed Regulations

Include:

A. Quarterly review of the chemotherapy plan by a physician in conjunction with program staff.

B. 1. Documentation of the need for continued use of chemotherapy with Evidence evidence of that alternative treatment strategies other than chemotherapy are under consideration with documentation for continued use of chemotherapy at least quarterly.

B. 2. Documentation of all counter-indications and unusual effects of medication as they relate to a particular client.

3. Justification Documentation of multiple drug usage and effects for specific clients (when appropriate).

2. PART III CLIENT INFORMATION, CLIENT RECORDS AND CONFIDENTIALITY

Article 1. Client Records.

The following sections are additional requirements to the Core Standards, Part V, Article 4.

§ 3.1. The facility shall have written policies and procedures that Provision provide that a record be maintained for each client and which shall include:

2.2.1. Provision that a record be maintained for each client and include:

2.2.1.1. 1. Completed admissions and screening procedures and forms and an admissions client data base which shall include:

- a. Psychological functioning;
- b. Family history/relationships;
- c. Social/development history;
- d. Current behavioral functioning/social competence;
- e. Current emotional status;
- f. Educational/vocational skills;
- g. Medical history, including past or present significant medical problems and use of psychotropic or anti-convulsant medication;
- h. History of previous treatment for mental health, mental retardation, substance abuse and behavior problems.

2.2.1.2. 2. Necessary release forms.

2.2.1.3. Documentation of need for service.

2.2.1.4. Individualized Treatment Plans.

2.2.1.5. Results of case review (i.e., progress notes, status reports, etc.).

2.2.1.6. 3. Drug use profile which shall include:

a. History of prescription and nonprescription drugs being taken at the time of admission and for the previous six months;

b. Drug allergies, idiosyncratic and other adverse drug reactions;

c. Ineffective chemotherapy.

2.2.1.7. Discharge forms (when appropriate).

2.2.1.8. Documentation of follow up (when appropriate).

Indicator 1

Criteria: Presence of a complete record which includes criteria 1-8 above for each client.

Source: Written copy of policy on content of client records.

Indicator 2

Criteria: 100% of clients with a complete record.

Source: Client records.

2.2.2. A provision for releasing copies of clients records from the program jurisdiction and safekeeping. Such copies can be released by court order, subpoena, statute, and/or after record release forms have been signed by the client.

Indicator 1

Criteria: Presence of policy for release of client records.

Source: Written copy of policy for the release of client records.

Indicator 2

Criteria: 100% of client records released in compliance with written policies.

Source: Client records.

2.2.5. There shall be a tracking system to ensure knowledge of location of records at all times.

Indicator 1

Criteria: Presence of policies and procedures for the tracking of client records.

Source: Written copy of policies and procedures.

Indicator 2

Criteria: 100% of client records that have been signed out and returned in compliance with written policies.

Source: Sign out sheet.

2.2.6. There shall be a list stating which staff positions shall have access to client records.

Indicator

Criteria: Presence of policies stating which staff positions shall have access to client records.

Source: Written copy of policies.

Article 2.

Client Information and Confidentiality.

The following sections are additional requirements to the Core Standards, Part II, Article 10 through 13.

G.R.T.H.

~~2.1.~~ § 3.2. Each program shall have a complete set of written policies and procedures with respect to protecting, disseminating, and acquiring client information which shall be in compliance with § 37.1-84.1 of the Code of Virginia, and the applicable regulations promulgated on the rights of clients in community programs which shall include:

~~2.1.2.~~ 1. Procedures for securing information about clients from other agencies and for the subsequent confidentiality of that information.

~~2.1.3.~~ 2. A sample of each type of release of information form used by the program. These forms should shall specify to whom the information will be released and the conditions or time at which the release form will shall become ineffective.

~~2.1.4.~~ 3. A provision that originals or all approved release of information forms received will shall be stored in administrative files and copies of forms will be stored in individual case folders.

~~2.1.6.~~ 4. A provision regarding the length of time that records of terminated clients will shall be retained and how those records will be destroyed.

~~2.1.8.~~ 5. A provision that clients will shall be informed about privileged communications, including the types of information to be released and the condition under which that information must be released and to whom it will be released.

Indicator 1

Criteria: Presence of policies and procedures for the protection, dissemination, and acquisition of client information which include criteria 2-8 above.

Source: Written copy of client information, policies and procedures.

Indicator 2

Criteria: 100% of operations involving the acquisition and release of client information in compliance with written policies.

Source: Client records.

G.R.T.H.

~~2.2.~~ Each program shall have a written policy for client records which shall include and provide for:

Article 3. Treatment Planning.

The following sections are additional requirements to the Core Standards, Part V, Articles 12 through 14.

G.R.T.H.

~~1.1.3.~~ § 3.3. There shall be a complete, written description of policies and procedures the program staff uses in treatment planning. These policies shall include

~~1.1.3.1.~~ 1. A description of the procedures staff uses in treatment planning, which includes provisions for written client assessments, identification of goals, planning of intervention programs by multi-disciplinary teams (if appropriate), and involving the client and family and/or legally authorized representative in developing service intervention plans.

~~1.1.3.2.~~ A provision to ensure protection of clients' rights.

G.R.T.H.

~~5.1.2.~~ § 3.4. The Individualized Treatment Plans individualized treatment plans shall include:

~~5.1.2.2.~~ 1. Individual client objectives which are based on congruent with and justified by the client Data Base data base.

~~5.1.2.6.~~ 2. Individual client objectives that are written so that client behaviors, psychosocial functioning and intrapsychic conflicts are explicit. Individual client objectives which include the degree of competency or standards of achievement which the client must attain.

~~5.1.2.7.~~ 3. Individual client objectives that are time related.

~~5.1.2.8.~~ 4. Prescribed strategies that which are appropriate for developing achieving client objectives.

~~5.1.2.10.~~ 5. Resources to accomplish client objectives which are readily available to staff.

~~5.1.2.11.~~ 6. Appropriate service providers are specified for each part of the program plan.

~~5.1.2.13.~~ 7. Documentation that the client receives program services congruent with those prescribed under the Individual Treatment Plan. individual treatment plan.

~~H.~~ 8. Modification of client objectives when appropriate.

~~1.1.3.5.~~ § 3.5. The initial treatment plan shall be developed within two weeks after admission and shall reflect criteria for determining client's acceptability into the program on a permanent basis.

~~1.1.3.6.~~ § 3.6. An ongoing individualized treatment plan shall be developed and completed within 60 30 days from the date of admission.

~~B.~~ The ongoing service plan shall reflect changes in treatment needs and plans for discharge.

Proposed Regulations

1.1.3.7. § 3.7. For services provided in a hospital setting where the intended length of stay is seven days or less a stabilization plan shall be developed within 24-hours after admission.

Indicator 1

Criteria: Presence of policies and procedures for service planning which include criteria 1.1.7 above.

Source: Written copy of policies and procedures for service planning.

Indicator 2

Criteria: 100% of clients for whom services have been planned in compliance with written policies.

Source: Client records.

G.R.T.H.

1.1.4. Written policies and procedures for case coordination shall exist and shall provide for:

1.1.4.1. Assignment of a case coordinator to each client by the second service contact. The case coordinator shall serve as liaison between the program and client's family or legally authorized representative.

Indicator 1

Criteria: Presence of policies and procedures for case coordinator which includes criteria 1.1 above.

Source: Written copy of policies and procedures for case coordination.

Indicator 2

Criteria: Written identification of the assigned case coordinator and evidence of case coordination activities in client records.

Source: Client records.

G.R.T.H.

1.1.5. § 3.8. Complete, written policies and procedures for case review shall be developed and implemented and which shall include provisions for:

1.1.5.1. 1. Ongoing review to determine whether records contain all the service documentation and release of information documents required by the program.

1.1.5.2. 2. Review and update of the appropriateness of the treatment goals.

1.1.5.3. 3. Review and update of contact with parent(s) or legally authorized representative.

Indicator 1

Criteria: Presence of policies and procedures for case review which include 1.1-2 above.

Source: Copy of written policies and procedures for client case record review.

Indicator 2

Criteria: Written evidence that cases have been reviewed

in compliance with written policies.

Source: Client records.

G.R.T.H.

1.1.6. Written policies for voluntary termination and client discharge shall be available to the public and shall include:

1.1.6.3. A. Specification of levels of functioning necessary to move on to a less restrictive program, back to parent(s) or legally authorized representative or to independent living.

B. Specification of the violations of program rules and other offenses that can lead to separation from the program.

1.1.6.8. Documentation of aftercare services. Aftercare services shall include, but not be limited to the following activities:

B. Linkage of the client to an ongoing person or agency in the community at the time of discharge or termination.

Indicator 1

Criteria: Presence of written policy for client termination and discharge which includes criteria 1.1.6.3 and 1.1.6.8, above.

Source: Written copy of policy for client discharge.

Indicator 2

Criteria: Written evidence that discharge or termination is being carried out in accordance with written policies and procedures.

Source: Client records.

5. INDIVIDUALIZED TREATMENT PLANS

include:

G.R.T.H.

5.1.1. The treatment plan shall be developed from information gathered in a Data Base data base which includes:

5.1.1.1. Necessary identifying information.

5.1.1.2. Information concerning family and other significant support systems.

5.1.1.7. Observations of client behavior.

5.1.1.8. History of previous treatment for mental health and behavioral problems.

Indicator

Criteria: Presence of complete Data Base in each Individualized Treatment Plan.

Source: Client records with written copies of service plans.

5.1.2.16. § 3.9. There shall be Documentation of Treatment

Proposed Regulations

Plan documentation of treatment plan reviews which shall include:

5.1.2.21. 1. Identification of person responsible for case coordination.

5.1.2.22. 2. Documentation of client needs being addressed by services procured from outside the program network including resources utilized, times, places, and duration of treatment intervention being provided.

5.1.2.23. 3. Documentation of both services being rendered from within the program boundary and of services being offered elsewhere in the system.

Indicator

Criteria: Presence of complete Individualized Treatment Plans including criteria .2, .6-11, .13, .16, and .20-23 above for each client.

Source: Client records.

3. HEALTH AND PHARMACEUTICAL

G.R.T.H.

3.1. There shall be written policies and procedures for the treatment of minor medical injuries. This shall include:

3.1.2. All appropriate direct service staff shall be trained to administer first aid.

Detoxification Programs

3.2. For Substance Abuse Programs only: Programs offering detoxification treatment services shall have written policies and procedures that shall include, provide for and/or require:

3.2.1. Supervision of the detoxification procedures by a licensed physician with either formal training or demonstrated experience in the medical treatment of substance abusers.

3.2.2. An individual plan which is:

3.2.2.1. Developed and signed by a physician.

3.2.2.2. Integrated into the client's overall treatment plan.

3.2.7. Definitions of the types of detoxification services made available to clients.

3.2.8. A review of the implementation of the detoxification policies and procedures at least semi-annually by the detoxification supervisor.

3.2.5. Physical examinations shall be provided immediately prior to the beginning of the detoxification procedures for acute drug detoxification, alcohol detoxification, and methadone detoxification.

3.2.4. The availability of staff during all operating hours who have knowledge of complications associated with withdrawal and who are legally permitted to administer drugs.

3.2.3. In detoxification programs longer than 21 days, the weekly review of client's progress, but more frequently if deemed appropriate by the attending physician.

3.2.6. In detoxification programs of less than 21 days there shall be daily review of the clients progress.

3.2.9. At least one direct staff member per shift shall be trained to administer Cardiopulmonary Resuscitation.

Indicator 1

Criteria: Presence of written policies and procedures regarding detoxification services including criteria .1-9 A-I above.

Source: Written copy of policies and procedures.

Indicator 2

Criteria: 100% of clients who have been detoxified in compliance with written policies.

Source: Client records.

4. PART IV SERVICES

Article 1. Preplacement Services.

The following sections are additional requirements to the Core Standards, Part V, Article 5.

4.1. Services provided by residential child caring programs should be carefully developed, individually oriented, and designed to maximize client psychosocial functioning. The types of services provided by the program shall be adequate to meet needs and shall include, but not be limited to:

Direct

G.R.T.H.

4.1.1. § 4.1. There shall be *Preplacement Services/Identification Services* - Activities aimed at determining the need for, or the establishment of, a service relationship between the youth and responsible adult(s) and the child caring facility (service provider). These activities shall preplacement services including: which shall include:

4.1.1.1. 1. Establishing formal, ongoing arrangements with referring agencies or people to provide for continuity and coordination of referrals.

4.1.1.7. 2. Dissemination of information regarding the program and required participation by client, referral service, parent(s) or legally authorized representative.

Indicator 1

Proposed Regulations

Criteria: Description of identification services/preplacement services including 1 and 7 above.

Source: Written description of services.

Indicator 2

Criteria: Evidence of clients receiving identification and preplacement services.

Source: Client records.

4.1.2. The facility shall have written policies and procedures that provide for stabilization services. Stabilization services Activities aimed at the reduction of acute emotional disabilities and their physical and social manifestations. The objective of stabilization is emotional or physical equilibrium. Stabilization services shall include:

Article 2. Stabilization Services.

§ 4.2. The facility shall have written policies and procedures for stabilization services. Stabilization services shall include:

4.1.2.1. There shall be written policies and procedures for the provision of Mental Health Crisis Services - crisis intervention services each program shall provide directly or indirectly for the immediate evaluation and treatment of clients in need of crisis intervention including:

Crisis Intervention - Activities aimed at the rapid intervention and management of the psychological and/or social distress caused by acute mental illness or acute substance abuse related problems.

1. Crisis intervention activities which shall include: but not be limited to:

- a. Telephone counseling
- b. Face-to-face counseling.
- c. Referral and transfer to other agencies, as appropriate.
- d. Follow-up, as appropriate.

2. Program policies and procedures which shall be designed to permit rapid response to client problems: crisis.

3. Services which shall be available 24-hours a day, seven days a week.

4. Staff shall have demonstrated competence and knowledge in the following areas:

- a. Interviewing and responding to clients.
- b. Gathering mental health or substance abuse history and obtaining information about significant medical and emotional problems.
- c. All direct service staff shall be trained to administer first aid.

d. Program staff shall be trained in cardiopulmonary resuscitation.

e. The identification of observable manifestations of substance abuse and mental illness.

f. Referral sources and community resources.

5. 4. There shall be arrangements Arrangements for referring or receiving clients with:

- a. Hospitals,
- b. Law-enforcement officials,
- c. Physicians, clergy and schools,
- d. Mental health facilities.

5. Emergency medical services which shall only be provided within a hospital setting.

6. Stabilization programs in nonhospital settings which shall have the capability for arranging transportation to a local hospital or other emergency service.

6. Delivery of services to clients having conditions that by federal, state and local requirements must be reported and include:

- a. Those dead on arrival or dying during stabilization care.
- b. Those with communicable disease.

Direct

H.

Generic

Emergency Medical Services

G.R.T.

4.1.2.2. B. There shall be written policies and procedures that the Emergency Medical Services - Activities beyond first aid resulting from mental illness or substance abuse related medical emergencies. (This definition excludes routine detoxification procedures.) The provision of emergency medical services shall adhere to the following conditions:

Indicator 1

Criteria: The presence of a written description of stabilization services which include criteria 1-2 above.

Source: Written description of services.

Indicator 2

Criteria: 100% of clients in need receiving stabilization services in accordance with the program description.

Source: Client records.

Article 3. Growth Services.

4.1.3. Growth Services - Activities aimed at developing and maintaining personal, interpersonal, and instrumental skills. All growth services shall be provided by or directly

Proposed Regulations

supervised by a qualified mental health professional. The Growth Services are:

§ 4.3. There shall be written policies and procedures for the provision of growth services which shall include:

Direct

G.R.T.H.

4.1.3.1. 1. *Social Skill Training* - Activities aimed at developing and maintaining interpersonal skills. *Social skill training.*

Indicator 1

Criteria: Presence of a written description of Social Skills Training.

Source: Program description.

Indicator 2

Criteria: Evidence that clients in need are receiving Social Skills Training as defined in the program description.

Source: Surveyor observations and client records.

Direct

G.R.T.H.

4.1.3.2. 2. *Task and Skill Training* - Activities aimed at developing non-employment and preemployment related instrumental skills and includes: *Task and skill training including On-site Training* - activities provided in the natural environment aimed at increasing interpersonal and/or instrumental skills. *on-site training.*

3. *The content of social skills, and task and skill training shall provide for, but not be limited to:*

- a. *Self-care skills,*
- b. *Educational function skills,*
- c. *Family and interpersonal skills,*
- d. *Decision-making and problem-solving skills,*
- e. *Independent living skills.*

Indicator 1

Criteria: Presence of a written description of Task and Skill Training.

Source: Program description.

Indicator 2

Criteria: Evidence that clients in need are receiving Task and Skill Training as defined in the program description.

Source: Surveyor observations and client records.

Article 4.
Counseling/Psychotherapy.

Direct The following sections are additional requirements to the Cord Standards, Part V, Article 15.

T.H.

Generic

G.R.

4.1.3.3. *Counseling/Psychotherapy* - All formal counseling

or psychotherapeutic interventions such as individual, family, and group activities, which provide for support, exploration, and problem solving. Such interventions take place between program staff and client(s). Such interventions are aimed at changing and enhancing appropriate psycho-social functioning, a personal sense of well-being, and ameliorating psychological disorders.

§ 4.4. There shall be written policies and procedures for the delivery of counseling and psychotherapeutic services.

A. The provision of counseling and psychotherapeutic services shall be in compliance with all state statutes regarding these services.

B. The use of these services shall be based on an assessment of the intensity and frequency of the problem behavior, and/or the severity of the emotional problem experienced by the youth.

C. Each program shall have formal arrangements for the evaluation, assessment, and treatment of the mental health needs of their clients.

Indicator 1

Criteria: Presence of a written description of counseling and/or psychotherapy services including criteria A-C above.

Source: Program description.

Indicator 2

Criteria: Evidence that qualified staff are performing counseling and/or psychotherapy in conformance with A-C above.

Source: Staff interviews and client records.

4.1.7. Article 5.
Case Coordination.

Direct

or

Generic

G.R.T.H.

4.1.7.1. § 4.5. Each program shall have written policies and procedures for the provision of shall provide for activities aimed at linking the service system to the client and coordinating the various system components in order to achieve a successful outcome. These activities shall include:

A. 1. The assignment of a case coordinator to each client prior to treatment planning.

A. 2. The ongoing process of assessing client's general needs through the use of program reports and evaluation information provided by each service.

3. Overseeing the continuity and range of services delivered to ensure systematic and individualized treatment plans.

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4. Developing and reviewing the specific individualized treatment plans with additions and deletions in service delivery on a quarterly basis.

D. 5. Coordination and referral linkage at the time of discharge to all direct and generic services, with the program and outside the program.

E. 6. Identification of individual or agency responsible for follow-up and aftercare.

D. Maintenance and intervention with the social network, including both the folk support system and the professional service system.

E. Maintaining an ongoing relationship with the client and assisting in crisis-provoking situations.

Indicator 1

Criteria: Written description of care coordination activities including A-II above.

Source: Written description of program services.

Indicator 2

Criteria: Evidence that case coordination services are being provided in accordance with written program description.

Source: Client records.

4.1.5. Health Services

Direct

G.R.H.T.

4.1.5.1. Each program shall have a formal written plan for treating medical emergencies and for assuring access to acute medical care facilities.

A. Emergency medical treatment beyond the provision of first-aid shall be provided by the client's personal physician, the agency designated physician, or other emergency medical personnel.

Indicator 1

Criteria: Presence of written policies and procedures for emergency medical services which include criteria A above.

Source: Written copy of policies and procedures for emergency medical services.

Indicator 2

Criteria: 100% of clients receiving emergency medical services in compliance with written policies.

Source: Surveyor judgment.

Direct

H.

Generic

G.R.T.

4.1.5.2. A. Medical and dental examinations may be

performed by the practitioner of the client's choice or by a physician or dentist designated by the program.

Indicator 1

Criteria: Policies and procedures to ensure clients have medical and dental examinations on an annual basis.

Source: Written copy of policies and procedures.

Indicator 2

Criteria: 100% of all clients receiving medical and dental screening on an annual basis.

Source: Client records.

Direct

G.R.T.H.

4.1.5.4. Each program shall have written policies and procedures regarding the review of chemotherapy which shall ensure and provide for:

A. Quarterly review of the chemotherapy plan by a physician in conjunction with program staff.

B. Evidence of alternative strategies under consideration with documentation for continued use of chemotherapy at least quarterly.

C. Documentation of all counter-indications and effects of medications as they relate to a particular client.

D. Justification of multiple drug usage and effects for specific clients.

Indicator 1

Criteria: Written description of program policies and procedures, including A-D above, for chemotherapy.

Source: Program records.

Indicator 2

Criteria: Written evidence that clients receiving chemotherapy are receiving it in accordance with written policies and procedures.

Source: Client records.

Direct

or

Generic

G.R.T.H.

4.1.6. Recreational Services

4.1.6.1. Field trips and participation in community activities which are appropriate to the developmental level of each client.

Indicator 1

Criteria: Presence of policies and procedures for recreational activities which include criteria C above.

Source: Written copy of policies and procedures for recreational activities.

Indicator 2

Criteria: Evidence that clients participate in appropriate

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recreational activities in accordance with policies and procedures:

Source: Program records and client records.

4.2. All services offered by the program shall be systematically developed and integrated.

G.R.T.H.

4.2.1. Each program shall have a written description of each of its service components, both those provided directly and those obtained generically, including:

4.2.1.1. The goals/objectives of each service component.

4.2.1.2. A description of the activities and procedures utilized to meet the goals/objectives of each service component.

4.2.1.3. The location where these activities are carried out.

4.2.1.4. The number and category of staff regularly involved in each service component.

4.2.1.5. A description of how each service component is evaluated.

Indicator:

Criteria: Presence of description of service components which include criteria 1-5.

Source: Written copies of description of service components and surveyor judgment.

4.2.2. Each program shall describe how all services offered by the program are integrated. Such a description shall include:

4.2.2.1. A definition of how services are functionally related to the program's overall philosophy.

4.2.2.2. A definition of how services are functionally related to each other.

Indicator

Criteria: Presence of description including criteria 1 and 2 above.

Source: Surveyor judgment.

6. REVIEW PROCEDURES

G.R.T.H.

6.1. All program and administrative policies and procedures shall be reviewed and updated at least once a year.

Indicator 1

Criteria: Presence of policies for reviewing and updating the program and administrative policies and procedures on a yearly basis.

Source: Written copy of all policies.

Indicator 2

Criteria: Annual review and updating of programmatic and administrative policies and procedures manual.

Source: Programmatic and administrative policies and procedures manual.

DEPARTMENT OF SOCIAL SERVICES

Title of Regulations: VR 615-29-02. Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

Statutory Authority: §§ 16.1-286, 53.1-237 through 53.1-239, 16.1-310 through 16.1-314, 53.1-249, 22.1-319 through 22.1-335, 22.1-218, 37.1-179 through 37.1-189, 37.1-199, 63.1-195 through 63.1-219, and 63.1-56.1 of the Code of Virginia.

Summary:

Code of Virginia:

Chapters 11 and 14 of Title 16.1

Chapters 13 and 16 of Title 22.1

Chapters 8 and 10 of Title 37.1

Chapters 3 and 10 of Title 63.1

Chapter 14 of Title 53.1

Summary:

Under the current definitions and exceptions in the Code of Virginia, which have been in effect since July 1, 1981, the Departments of Corrections, Education, Mental Health and Mental Retardation, and Social Services are responsible for the licensure, certification and/or approval of public and private residential facilities for children. Such facilities are licensed, certified, or approved under the "Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children" except (i) facilities which do not accept public funds, (ii) private psychiatric hospitals serving children, and (iii) some residential facilities serving children which successfully meet the requirements of nationally recognized standards-setting agencies. The revised document is comprised of the following issues which have impact on residential facilities for children subject to licensure, certification and/or approval:

Organization and administration, personnel, residential environment, programs and services, and disaster or emergency plans.

The purpose of the proposed revisions is to establish the minimum requirements necessary to protect children in the care of residential facilities for children. The document has been revised with an emphasis on clarity and ease of comprehension.

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VR 615-29-02. Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children

PART I INTRODUCTION

Article 1. Definitions.

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

"Allegation" means an accusation that a facility is operating without a license and/or receiving public funds for services it is not certified to provide.

"Applicant" means the person, corporation, partnership, association or public agency which has applied

for a license/certificate.

"Approval" means the process of recognizing that a public facility or an out-of-state facility has complied with standards for licensure or certification (In this document the words "license" or "licensure" will include approval of public and out-of-state facilities except when describing enforcement and other negative sanctions which are described separately for these facilities).

"Behavior management" means planned and systematic use of various techniques selected according to group and individual differences of the children and designed to teach awareness of situationally appropriate behavior, to strengthen desirable behavior, and to reduce or to eliminate undesirable behavior. (The term is consistently generic, not confined to those technicalities which derive specifically from behavior therapy, operant conditioning, etc.)

"Case record" or "Record" means written information assembled in one folder or binder relating to one individual. This information includes social and medical data, agreements, notations of ongoing information, service plan with periodic revisions, aftercare plans and discharge summary, and any other data related to the resident.

"Certificate to operate" means documentation of licensure or permission granted by the Department of Education to operate a school for the handicapped that is conveyed on a single license/certificate.

"Certification" means the process of recognizing that a facility has complied with those standards required for it to receive funding from one of the four departments for the provision of residential program services to children (Under the Code of Virginia, the Board of Corrections is given authority to "approve" certain public and private facilities for the placement of juveniles. Similarly, school boards are authorized to pay, under certain conditions, for special education and related services in nonsectarian private residential schools for the handicapped that are "approved" by the Board of Education. Therefore, in this context the word "approval" is synonymous with the word "certification" and will be termed certification for purposes of this process).

"Child" means any person legally defined as a child under state law.

"Child placing agency" means any person licensed to place children in foster homes or adoptive homes or a local board of public welfare or social services authorized to place children in foster homes or adoptive homes.

"Child with special needs" means a child in need of particular services because he is mentally retarded, developmentally disabled, mentally ill, emotionally disturbed, a substance abuser, in need of special educational services for the handicapped, or requires security services.

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"Complaint" means an accusation against a licensed/certified facility regarding an alleged violation of standards or law.

"Confinement procedure" means a disciplinary technique designed to reduce or eliminate inappropriate behavior by temporarily removing a child from contact with people or other reinforcing stimuli through confining the child alone to his bedroom or other normally furnished room. The room in which the child is confined shall not be locked nor the door secured in any manner that will prohibit the child from opening it. See also the definitions of "Timeout Procedure," "Seclusion," "Behavior Management," "Discipline" and other standards related to Behavior Management.

"Coordinator" means the person designated by the Coordinating Committee to provide coordination and monitoring of the interdepartmental licensure/ certification process.

"Core standards" means those standards for residential care which are common to all four departments and which shall be met by all subject residential facilities for children in order to qualify for licensure, certification or approval.

"Corporal punishment" means any type of physical punishment inflicted in any manner upon the body.

"Discipline" means systematic teaching and training that is designed to correct, mold, or perfect behavior according to a rule or system of rules governing conduct. The object of discipline is to encourage self-direction and self-control through teaching the child to accept information, beliefs and attitudes which underlie the required conduct or behavior. The methods of discipline include, besides such instruction, positive reinforcement for desirable behavior, as well as reasonable and age-appropriate consequences for undesirable behavior, provided that these consequences are applied in a consistent and fair manner that gives the child an opportunity to explain his view of the misbehavior and to learn from the experience. (See also, "Behavior Management" and "Punishment.")

"Education standards" means those additional standards which shall be met in order for a facility to (i) receive a certificate to operate an educational program that constitutes a private school for the handicapped; or (ii) be approved to receive public funding for the provision of special education and related services to eligible children.

"Group home" means a community-based, home-like single dwelling, or its acceptable equivalent, other than the private home of the operator, that is an integral part of the neighborhood and serves up to 12 children.

"Group residence" means a community-based, home-like single dwelling, or its acceptable equivalent,

other than the private home of the operator, that is an integral part of the neighborhood and serves from 13 to 24 children.

"Human research" means any medical or psychological investigation designed to develop or contribute to general knowledge and which utilizes human subjects who may be exposed to the possibility of physical or psychological injury as a consequence of participation as subjects, and which departs from the application of those established and accepted methods appropriate to meet the subjects' needs but does not include:

1. The conduct of biological studies exclusively utilizing tissue or fluids after their removal or withdrawal from human subject in the course of standard medical practice;
2. Epidemiological investigations; or
3. Medical treatment of an experimental nature intended to save or prolong the life of the subject in danger of death, to prevent the subject from becoming disfigured or physically or mentally incapacitated.

"Individualized service plan" means a written plan of action developed, and modified at intervals, to meet the needs of each child. It specifies short and long-term goals, the methods and time frames for reaching the goals and the individuals responsible for carrying out the plan.

"Juvenile offender treatment standards" means those additional standards which must be met in order for a facility to receive funding from the Department of Corrections for the provision of residential treatment services as a juvenile detention facility, a facility providing youth institutional services, a community group home or other residential facility serving children in the custody or subject to the jurisdiction of a juvenile court or of the Department of Corrections, except that Core Standards will be the Juvenile Offender Treatment Standards for residential facilities receiving public funds pursuant to § 16.1-286 or § 53.1-239 of the Code of Virginia for the provision of residential care to children in the custody of or subject to the jurisdiction of a juvenile court or of the Department of Corrections.

"Licensee" means the person, corporation, partnership, association or public agency to whom a license is issued and who is legally responsible for compliance with the standards and statutory requirements relating to the facility.

"Licensing/certification authority" means the department and/or state board that is responsible under the Code of Virginia for the licensure, certification, or approval of a particular residential facility for children.

"Licensure" means the process of granting legal permission to operate a residential facility for children and to deliver program services. (Under the Code of

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Virginia, no person shall open, operate or conduct a residential school for the handicapped without a "certificate to operate" such school issued by the Board of Education. The issuance of such a "certificate to operate" grants legal permission to operate a school for the handicapped. Therefore, in this context, the term "certificate to operate" is synonymous with the word "licensure" and will be termed licensure for purposes of this process.)

"Living unit" means the space in which a particular group of children in care of a residential facility reside. Such space contains sleeping areas, bath and toilet facilities, and a living room or its equivalent for use by the children who reside in the unit. Depending upon its design, a building may contain only one living unit or several separate living units.

"Mechanical restraints" means the application of machinery or tools as a means of physically restraining or controlling a resident's behavior, e.g., handcuffs, straitjackets, shackles, etc.

"Mental disabilities certification standards" means those standards in addition to Core Standards which shall be met in order for a facility to receive funding from the Department of Mental Health and Mental Retardation for the provision of residential treatment services to mentally ill, emotionally disturbed, mentally retarded, developmentally disabled and/or substance abusing children.

"Mental disabilities licensure standards" means, for those facilities that do not receive funding from the Department of Mental Health and Mental Retardation, those standards in addition to Core Standards which must be met in order for a facility to be licensed to provide care or treatment to mentally ill, emotionally disturbed, mentally retarded, developmentally disabled and/or substance abusing children.

"On duty" means that period of time during which a staff person is responsible for the supervision of one or more children.

"Parent" means a parent, guardian, or an individual acting as a parent in the absence of a parental guardian. The parent means either parent unless the facility has been provided with evidence that there is a legally binding instrument or a state law or court order governing such matters as divorce, separation, or custody, which provides to the contrary. The term "parent" may include the natural mother or father, the adoptive mother or father, or the legally appointed guardian or committee who has custody of the child. The term "parent" also includes a surrogate parent appointed pursuant to provisions set forth in § II.D. of the Department of Education's "Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia". A child 18 years or older may assert any rights under these regulations in his own name.

"Physical force" means any act by the facility or staff which exercises the use of bodily contact, confrontation and/or force with residents as a method or technique of managing resident behavior.

"Placement" means an activity by any person which provides assistance to a parent or guardian in locating and effecting the movement of a child to a foster home, adoptive home or to a residential facility for children.

"Premises" means the tract(s) of land on which any part of a residential facility for children is located and any buildings on such tract(s) of land.

"Professional child and family service worker" means an individual providing social services to a child residing in a residential facility and his family. Such services are defined in Part V, Article 16.

"Program" means a combination of procedures and/or activities carried out in order to meet a specific goal or objective.

"Public funding" means funds paid by, on behalf of, or with the financial participation of the State Departments of Corrections, Education, Mental Health and Mental Retardation, and/or Social Services.

"Punishment" means retributive, retaliatory and sometimes harsh or abusive reactions to children's misbehavior. Punishment is defined as a reaction that primarily relieves adult frustration without being rationally designed to teach or to correct children's behavior.

"Resident" means a person admitted to a residential facility for children for supervision, care, training or treatment on a 24-hour basis. For the purpose of these standards, the words, "resident," "child," "client" and "youth" are used interchangeably.

"Residential facility for children" means a publicly or privately owned facility, other than a private family home, where 24-hour care is provided to children separated from their parents; that is subject to licensure, certification or approval pursuant to the provisions of the Code of Virginia cited in the Legal Base; and includes, but is not limited to, group homes, group residences, secure custody facilities, self-contained residential facilities, temporary care facilities and respite care facilities, except:

1. Facilities which do not accept public funds and are required to be licensed as specified in §§ 63.1-195 through 63.1-219 of the Code of Virginia may be licensed under "Child Caring Institution Standards";
2. Private psychiatric hospitals serving children will be licensed by the Department of Mental Health and Mental Retardation under its "Rules and Regulations for the Licensure of Private Psychiatric Hospitals"; and

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3. Residential facilities serving children which successfully meet the requirements of nationally recognized standards setting agencies whose standards and approval process are determined by the Coordinating Committee to be substantially equivalent to Core Standards; and the Interdepartmental process shall be considered as having met the requirements of the Interdepartmental Licensing/Certification process.

"Respite care facility" means a facility that is specifically approved to provide short term, periodic residential care to children accepted into its program in order to give the parents/guardians temporary relief from responsibility for their direct care.

"Responsible adult" means an adult, who may or may not be a staff member, who has been delegated authority to make decisions and to take actions necessary to assume responsibility for the safety and well-being of children assigned to his care. The term implies that the facility has reasonable grounds to believe that the responsible adult has sufficient knowledge, judgement and maturity commensurate to the demands of the situation for which he is assuming authority and responsibility.

"Right" is something to which one has a natural, legal or moral claim.

"Sanitize" means to wash or rinse with water containing a laundry bleach with an active ingredient of 5.25% sodium hypochlorite. The amount of bleach used may be in accordance with manufacturer's recommendation on the package.

"Seclusion" means placing a child in a room with the door secured in any manner that will prohibit the child from opening it.

"Secure custody facility" means a facility designed to provide, in addition to the appropriate treatment and/or service programs, secure environmental restrictions for children who must be detained and controlled on a 24-hour basis.

"Self-contained residential facility" means a residential setting for 13 or more children in which program activities are systematically planned and implemented as an integral part of the facility's staff functions (e.g. services are self-contained rather than provided primarily through community resources). The type of program may vary in intensity according to the needs of the residents. Such settings include nonmedical as well as state-operated hospital based care.

"Severe weather" means extreme environment or climate conditions which pose a threat to the health, safety or welfare of residents.

"Shall" means an obligation to act is imposed.

"Shall not" means an obligation not to act is imposed.

"Single license/certificate" means a document which grants approval to operate a residential facility for children and which indicates the status of the facility with respect to compliance with applicable certification standards.

"Standard" means a statement which describes in measurable terms a required minimum performance level.

"Substantial compliance" means a demonstration by a facility of full compliance with sufficient applicable standards to clearly demonstrate that its program and physical plant can provide reasonably safe and adequate care, while approved plans of action to correct findings of noncompliance are being implemented.

"Team" means one or more representatives of the licensing certification authority(ies) designated to visit a residential facility for children to review its compliance with applicable standards.

"Temporary care facility" means a facility specifically approved to provide a range of services, as needed, on an individual basis for a period not to exceed 60 days.

"Timeout procedure" means a systematic behavior management technique designed to reduce or eliminate inappropriate behavior by temporarily removing a child from contact with people or other reinforcing stimuli through confining the child alone to a special timeout room that is unfurnished or sparsely furnished and, which contains few reinforcing environmental stimuli. The timeout room shall not be locked nor the door secured in any manner that will prohibit the child from opening it. (See the definitions of "Confinement Procedure," "Seclusion," "Behavior Management," and "Discipline".)

"Treatment" means any action which helps a person in the reduction of disability or discomfort, the amelioration of symptoms, undesirable conditions or changes in specific physical, mental or social functioning.

"Visually impaired child" means one whose vision, after best correction, limits his ability to profit from a normal or unmodified educational or daily living setting.

"Wilderness camp" means a facility which provides a primitive camping program with a nonpunitive environment and an experience curriculum for children nine years of age and older who cannot presently function in home, school and community. In lieu of or in addition to dormitories, cabins or barracks for housing children, primitive campsites are used to integrate learning and therapy with real living needs and problems from which the child can develop a sense of social responsibility and self worth.

Article 2.
Legal Base.

§ 1.2. The Code of Virginia is the basis for the

requirement that private residential facilities for children be licensed, certified and approved. It also authorizes the several Departments to operate or reimburse certain public facilities. In addition, P. L. 94-63, and Title XX of the Social Security Act, require the establishment of quality assurance systems.

§ 1.3. The State Board of Corrections and/or the Department of Corrections are (is) responsible for approval of facilities used for the placement of court-referred juveniles, as specified by § 16.1-286 and §§ 53.1-237 and 53.1-239 of the Code of Virginia, for promulgating a statewide plan for detention and other care facilities and for prescribing standards for such facilities pursuant to §§ 16.1-310 through 16.1-314 of the Code of Virginia; and for establishing and maintaining a system of community group homes or other residential care facilities pursuant to § 53.1-249 of the Code of Virginia.

§ 1.4. The State Board of Education is responsible for issuing certificates to operate (licenses) for residential schools for the handicapped in the Commonwealth of Virginia, as specified in Chapter 16 of of Title 22.1 (§§ 22.1-319 through 22.1-335) of the Code of Virginia. It is further responsible for the general supervision of the public school system for all school age residents of Virginia (for handicapped children, ages 2-21) and for approval of private nonsectarian education programs for the handicapped, as specified by § 22.1-218 of the Code of Virginia.

§ 1.5. The Department of Mental Health and Mental Retardation is responsible for licensure of facilities or institutions for the mentally ill, mentally retarded, and substance abusers within the Commonwealth of Virginia, as specified in Chapter 8 of Title 37.1 (§§ 37.1-179 through 37.1-189) of the Code of Virginia. It is also responsible for the certification of group homes as specified in § 37.1-199 of the Code of Virginia.

The Department of Social Services is responsible for licensure of certain child welfare agencies and facilities in Virginia, as specified in Chapter 10 of Title 63.1 (§§ 63.1-195 through 63.1-219) of the Code of Virginia. It is also responsible for the certification of local welfare/social services department "agency operated" group homes, as specified in § 63.1-56.1 of the Code of Virginia.

Article 3. Interdepartmental Agreement.

§ 1.6. An "Agreement for Interdepartmental Licensure and Certification of Children's Residential Facilities" was approved by the Director of the Department of Corrections, the Commissioners of the Department of Mental Health and Mental Retardation, the Department of Social Services and the Superintendent of Public Institution and was initially signed on January 8-9, 1979. The agreement was updated effective September 30, 1984.

This agreement commits the above Departments to

apply the same standards to both public and private facilities and provides a framework for:

1. The joint development and application of licensure and certification standards;
2. A single coordinated licensure, certification and approval process that includes:
 - a. A single application for appropriate licensure, certification and/or approval;
 - b. A system for review of compliance with applicable standards;
 - c. A single license/certificate issued under the authority of the appropriate department(s) or board(s); and
 - d. Clear lines of responsibility for the enforcement of standards.
3. An Office of the Coordinator to provide central coordination and monitoring of the administration of the interdepartmental licensure/ certification program.

Article 4. General Licensing/Certification Requirements.

§ 1.7. All residential facilities for children must demonstrate an acceptable level of compliance with Core Standards and other applicable licensure requirements (e.g. Mental Disabilities Licensure Standards) and shall submit a plan of corrective action acceptable to the licensing authority for remedying within a specified time any noncompliance in order to be licensed to operate or certified to receive children in Virginia. Facilities also shall demonstrate an acceptable level of compliance with other applicable standards; such as Education Standards, Mental Disabilities Certification Standards and Juvenile Offender Treatment Standards, and submit a plan of corrective action acceptable to the certification authority for remedying within a specified time any noncompliance in order to be certified or approved.

§ 1.8. Investigations of applications for licensure/certification will be carried out by representatives of the licensure/certification authority with each representative participating in the evaluation of compliance with applicable standards. The decision to license or certify will be based primarily on the findings and recommendations of these representatives of the licensing/certification authority.

§ 1.9. Corporations sponsoring residential facilities for children shall maintain their corporate status in accordance with Virginia law. Corporations not organized and empowered solely to operate residential facilities for children shall provide for such operations in their charters.

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Article 5. The License/Certificate.

§ 1.10. The interdepartmental program will utilize a single licensure/certification process encompassing Core Standards and certification standards. A single document will be issued to each qualified facility which will, under appropriate statutory authority(ies), grant permission to operate a residential facility for children or certify approval for the placement of children using public funds and which will indicate the status of each facility with respect to compliance with applicable certification standards.

§ 1.11. The terms of any license/certificate issued shall include: (i) the operating name of the facility; (ii) the name of the individual, partnership, association or corporation or public agency to whom the license/certificate is issued; (iii) the physical location of the facility; (iv) the nature of the population; (v) the maximum number of persons to be accepted for care; (vi) the effective dates of the license; and (vii) other specifications prescribed within the context of the standards.

§ 1.12. The license/certificate is not transferable and automatically expires when there is a change of ownership, sponsorship, or location, or when there is a substantial change in services or clientele which would alter the evaluation findings and terms under which the facility was licensed/certified.

§ 1.13. Separate licenses/certificates are required for facilities maintained on separate pieces of property which do not have a common boundary, even though these may be operated under the same management and may share services and/or facilities.

§ 1.14. The current license/certificate shall be posted at all times in a place conspicuous to the public.

Article 6. Types of Licenses/Certificates.

§ 1.15. An annual license/certificate may be issued to a residential facility for children when its activities, services and requirements substantially meet the minimum standards and requirements set forth in Core Standards, applicable certification standards and any additional requirements that may be specified in relevant statutes. An annual license/certificate is effective for 12 consecutive months, unless it is revoked or surrendered sooner.

§ 1.16. A provisional license/certificate may be issued whenever an applicant is temporarily unable to comply with all of the requirements set forth in Core Standards or applicable certification standards and under the condition that the requirements will be met within a specified period of time. A facility with provisional licensure/certification is required to demonstrate that it is progressing toward compliance. A provisional

license/certificate shall not be issued where the noncompliance poses an immediate and direct danger to the health and safety of the residents.

A. For those facilities for which the Department of Mental Health and Mental Retardation is the licensing authority as specified in Chapter 8 of Title 37.1 of the Code of Virginia, at the discretion of the licensing authority a provisional license may be issued to operate a new facility in order to permit the applicant to demonstrate compliance with all requirements. Such a provisional license may be renewed, but such provisional licensure and any renewals thereof shall not exceed a period of six successive months. A provisional license also may be issued to a facility which has previously been fully licensed when such facility is temporarily unable to comply with all licensing standards. However, pursuant to § 37.1-183.2 of the Code of Virginia, such a provisional license may be issued for any period not to exceed 90 days and shall not be renewed.

B. For those facilities for which the Department of Social Services is the licensing authority as specified in Chapter 10 of Title 63.1 of the Code of Virginia, a provisional license may be issued following the expiration of an annual license. Such provisional licensure and any renewals thereof shall not exceed a period of six successive months. At the discretion of the licensing authority, a conditional license may be issued to operate a new facility in order to permit the applicant to demonstrate compliance with all requirements.

Such a conditional license may be renewed, but such conditional licensure and any renewals thereof shall not exceed a period of six successive months.

§ 1.17. An extended license/certificate may be issued following the expiration of an annual or an extended license/certificate provided the applicant qualifies for an annual license/certificate and, additionally, it is determined by the licensing/certification authority that (i) the facility has a satisfactory compliance history; and (ii) the facility has had no significant changes in its program, population, sponsorship, staffing and management, or financial status during the term of the previous annual or extended license. In determining whether a facility has a satisfactory compliance history, the licensing/certification authority shall consider the facility's maintenance of compliance as evidenced by licensing complaints; monitoring visits by staff of the licensing authority; reports of health, fire and building officials; and other sources of information reflecting on the facility's continued compliance with applicable standards. An extended license is effective for a specified period not to exceed 24 consecutive months, unless it is revoked or surrendered sooner.

§ 1.18. A residential facility for children that is not subject to the licensure authority of the Departments of Education, Mental Health and Mental Retardation and Social Services may be issued a certificate indicating the status of the

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facility with respect to compliance with applicable certification standards. Such a certificate is effective for a specified period not to exceed 24 consecutive months, unless it is revoked or surrendered sooner.

§ 1.19. The term of any certification(s) issued on an annual, provisional or extended license certificate shall be coincident with the effective dates of the license.

§ 1.20. There shall be no fee to the licensee for licensure, certification or approval.

Article 7. Preapplication Consultation Services.

§ 1.21. Upon receipt of an inquiry or a referral, preapplication consultation services will be made available by the Office of the Coordinator and the participating departments.

§ 1.22. Preapplication consultation may be designed to accomplish the following purposes:

1. To explain standards and statutes;
2. To help the potential applicant explore the operational demands of a licensed/certified/approved residential facility for children;
3. To provide assistance in locating sources of information and technical assistance;
4. To refer the potential applicant to appropriate agencies; such as, the Department of Health, the State Fire Marshal, local fire department, and local building officials; and
5. To comment, upon request, on plans for proposed construction or on existing property in terms of suitability for the purposes proposed. Such comments shall be limited to advice on basic space considerations.

Article 8. The Initial Application.

§ 1.23. The application for a license to operate a residential facility for children shall be available from the Office of the Coordinator and the participating departments.

§ 1.24. All application forms and related information requests shall be designed to assure compliance with the provision of standards and relevant statutes.

§ 1.25. Completed applications along with other information required for licensure, certification or approval shall be submitted at least 60 days in advance of the planned opening date. Receipt shall be acknowledged.

Article 9.

The Investigation.

§ 1.26. Following receipt and evaluation of each completed application, a team will be organized made up of representatives from the Departments which will be participating in the review of that particular facility.

§ 1.27. The team will arrange and conduct an on-site inspection of the proposed facility; a thorough review of the proposed services; and investigate the character, reputation, status, and responsibility of the applicant.

Article 10. Allowable Variance.

§ 1.28. The licensing/certification authority has the sole authority to waive a standard either temporarily or permanently when in its opinion:

1. Enforcement will create an undue hardship;
2. The standard is not specifically required by statute or by the regulations of another government agency; and
3. Resident care would not be adversely affected.

§ 1.29. Any request for an allowable variance shall be submitted in writing.

§ 1.30. The denial of a request for a variance is appealable through the normal appeals process when it leads to the denial or revocation of licensure/certification.

Article 11. Decision Regarding Licensure/Certification.

§ 1.31. Within 60 days of receipt of a properly completed application, the investigation will be completed and the applicant will be notified in writing of the decision regarding licensure/certification.

Article 12. Issuance of a License, Certificate or Approval.

§ 1.32. Private Facilities.

If licensure/certification (either annual, provisional or extended) is granted, the facility will be issued a license/certificate with an accompanying letter citing any areas of noncompliance with standards. This letter will also include any specifications of the license and may contain recommendations.

§ 1.33. Public and Out-of-State Facilities.

If approval is granted, the facility will be issued a certificate of approval indicating that it has met standards required for it to operate and receive public funds.

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Article 13.

Intent to Deny a License, Certificate or Approval.

§ 1.34. If denial of a license, certificate or approval is recommended, the facility will be notified in writing of the deficiencies and the proposed action.

§ 1.35. Private Facilities.

The notification of intent to deny a license or certificate will be a letter signed by the licensing/certification authority(ies) and sent by certified mail to the facility. This notice will include:

1. A statement of the intent of the licensing/certification authorities to deny;
2. A list of noncompliances and circumstances leading to the denial; and
3. Notice of the facility's rights to a hearing.

§ 1.36. Locally-Operated Facilities.

The notification of intent to deny a license or certificate will be a letter signed by the licensing/certification authority(ies) sent by certified mail to the facility and to the appropriate local governing body or official responsible therefore, stating the reasons for the action, as well as the applicable state board or departmental sanctions or actions to which they are liable.

§ 1.37. State-Operated Public Facilities.

The notification of intent to deny an approval will be a letter signed by the licensing/certification authority(ies) sent by certified mail to the facility, to the appropriate department head, and to the Secretary stating the reasons for the action and advising appropriate sanctions or actions.

§ 1.38. Out-of-State Facilities.

The notification of denial of approval will be a letter signed by the licensing/certification authority(ies) sent by certified mail to the facility and to each of the four departments stating the reasons for the action. Any department having children placed in such a facility shall be responsible for immediate removal of the children when indicated.

§ 1.39. The Hearing.

An interdepartmental hearing will be arranged when necessary. Hearings will be conducted in accordance with the requirements of the Administrative Process Act, § 9-6.14:1 et seq., of the Code of Virginia. Each licensing/certification authority will be provided with the report of the hearing on which to base the licensing authority's final decision. The Office of the Coordinator will be notified of the licensing authority's decision within 30 days after the report of the hearing is submitted. When

more than one licensing/certification authority is involved, they will coordinate the final decision.

§ 1.40. Final Decision.

A letter will be sent by registered mail notifying the facility of the final decision of the licensing/certification authorities. This letter will be drafted for the signatures of those departmental authorities who are delegated responsibility for such actions by statute. In case of denial, the facility shall cease operation or change its program so that it no longer requires licensure/certification. This shall be done within 30 days.

Article 14.

Renewal of License/Certificate.

§ 1.41. Approximately 90 days prior to the expiration of a license/certificate, the licensee will receive notice of expiration and an application for renewal of the license/certificate. The materials to be submitted will be indicated on the application.

In order to renew a license/certificate, the licensee shall complete the renewal application and return it and any required attachments. The licensee should submit this material within 30 days after receipt in order to allow at least 60 days to process the application prior to expiration of the license.

§ 1.42. The process for review of the facility and issuance or denial of the license/certificate will be the same as for an initial application (See Part I, Articles 8, 9, 12, 13).

Article 15.

Early Compliance.

§ 1.43. A provisional license/certificate may be replaced with an annual license/certificate when all of the following conditions exist:

1. The facility corrects the deficiencies related to standards as listed on the face of the provisional license/certificate well in advance of its expiration date and no additional areas of noncompliance exist;
2. Compliance has been verified by an on-site observation by a representative(s) of the licensing/certification authority or by written evidence provided by the licensee; and
3. All other terms of the license/certificate remain the same.

§ 1.44. A request to replace a provisional license/certificate and to issue an annual license/certificate shall be made in writing by the licensee.

§ 1.45. If the request is approved, the effective date of the new annual license/certificate will be the same as the

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beginning date of the provisional license/certificate.

Article 16. Situations Requiring a New Application.

§ 1.46. A new application shall be filed in the following circumstances:

1. Change of ownership and/or sponsorship;
2. Change of location; and/or
3. Substantial change in services provided and/or target population.

Article 17. Modification of License/Certificate.

§ 1.47. The conditions of a license/certificate may be modified during the term of the license with respect to the number of children, the age range or other conditions which do not constitute substantial changes in the services or target population.

The licensee shall submit a written report of any contemplated changes in operation which would affect either the terms of the license/certificate or the continuing eligibility for a license/certificate.

A determination will be made as to whether changes may be approved and the license/certificate modified accordingly or whether an application for a new license/certificate must be filed. The licensee will be notified in writing within 30 days as to whether the modification is approved or a new license is required.

Article 18. Visitation of Facilities.

§ 1.48. Representatives of the Departments shall make announced and unannounced visits during the effective dates of the license/certificate. The purpose of these visits is to monitor compliance with applicable standards.

Article 19. Investigation of Complaints and Allegations.

§ 1.49. The four Departments are responsible for complete and prompt investigation of all complaints and allegations, and for notification of the appropriate persons or agencies when removal of children may be necessary. Suspected criminal violations shall be reported to the appropriate law-enforcement authority.

Article 20. Revocation of License/Certificate.

§ 1.50. Grounds for Revocation.

The license certificate or approval may be revoked when the licensee:

1. Violates any provision of the applicable licensing laws or any applicable standards made pursuant to such laws;

2. Permits, aids or abets the commission of any illegal act in such facility;

3. Engages in conduct or practices which are in violation of statutes related to abuse or neglect of children; or

4. Deviates significantly from the program or services for which a license was issued without obtaining prior written approval from the licensing/certification authority and/or fails to correct such deviations within the time specified.

§ 1.51. Notification of Intent to Revoke.

If revocation of a license/certificate or approval is recommended, the facility will be notified in writing of the deficiencies and the proposed action.

§ 1.52. Private Facilities.

The notification of intent to revoke a license or certificate will be a letter signed by the licensing/certification authority(ies) sent by certified mail to the facility. This notice will include:

1. A statement of the intent of the licensing/certification authorities to revoke;
2. A list of noncompliances and circumstances leading to the revocation; and
3. Notice of the facility's rights to a hearing.

§ 1.53. Locally-Operated Facilities.

The notification of intent to revoke a license or certificate will be a letter signed by the licensing/certification authority(ies) sent by certified mail to the facility and to the appropriate local governing body or official responsible therefore stating the reasons for the action as well as the applicable state board or departmental sanctions or actions to which they are liable.

§ 1.54. State-Operated Public Facilities.

The notification of intent to revoke an approval will be a letter signed by the licensing/certification authority(ies) sent by certified mail to the facility, to the appropriate department head, and to the appropriate Secretary in the Governor's Cabinet, stating the reasons for the action and advising appropriate sanctions or actions.

§ 1.55. Out-of-State Facilities.

The notification of revocation of approval will be a letter signed by the licensing/certification authority(ies)

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sent by certified mail to the facility, and to each of the four departments stating the reasons for the action. Any department having children placed in such a facility shall be responsible for immediate removal of the children when indicated.

§ 1.56. The Hearing.

An interdepartmental hearing will be arranged, when necessary. Hearings will be conducted in accordance with the requirements of the Administrative Process Act, §9-6.14:1 et seq. of the Code of Virginia. Each licensing/certification authority will be provided with the report of the hearing on which to base the licensing authority's final decision. The Office of the Coordinator will be notified of the licensing authority's decision within 30 days after the report of the hearing is submitted. When more than one licensing/certification authority is involved, they will coordinate the final decision.

§ 1.57. Final Decision.

A letter will be sent by registered mail notifying the facility of the final decision of the licensing/certification authorities. This letter will be drafted for the signatures of those departmental authorities who are delegated responsibility for such actions by statute. In case of revocation, the facility shall cease operation or change its program so that it no longer requires licensure/certification. This shall be done within 30 days.

§ 1.58. Suppression of Unlicensed Operations.

The suppression of illegal operations or activities involves action against a person or group operating without a license/certificate or operating after a license/certificate has expired or has been denied or revoked. All allegations of illegal operations shall be investigated promptly. After consultation with counsel, action may be initiated by the licensing/certification authority against illegally operating facilities by means of civil action, by injunction or by criminal action.

§ 1.59. Appeals.

A. Following receipt of the final order transmitting the decision of the licensing/certification authority(ies) after an administrative hearing, the applicant/licensee has the right to appeal pursuant to the applicable sections of the Administrative Process Act, §9-6.14:1 et seq. of the Code of Virginia.

B. Continued operation of a facility during the appeal process shall conform to applicable sections of the Code of Virginia.

PART II ORGANIZATION AND ADMINISTRATION

Article 1. Governing Body.

§ 2.1. The residential facility for children shall clearly identify the corporation, association, partnership, individual, or public agency that is the licensee.

§ 2.2. The licensee shall clearly identify any governing board, body, entity or person to whom it delegates the legal responsibilities and duties of the licensee.

Article 2. Responsibilities of the Licensee.

§ 2.3. The licensee shall appoint a qualified chief administrative officer to whom it delegates in writing the authority and responsibility for the administrative direction of the facility.

§ 2.4. The licensee shall develop and implement written policies governing the licensee's relationship to the chief administrative officer that shall include, but shall not be limited to:

1. Annual evaluation of the performance of the chief administrative officer; and

2. Provision for the chief administrative officer to meet with the governing body or with the immediate supervisor to periodically review the services being provided, the personnel needs and fiscal management of the facility.

§ 2.5. The licensee shall develop a written statement of the philosophy and the objectives of the facility including a description of the population to be served and the program to be offered.

§ 2.6. The licensee shall review, at least annually, the program of the facility in light of the population served and the objectives of the facility.

§ 2.7. The licensee shall review, develop and implement programs and administrative changes in accord with the defined purpose of the facility.

Article 3. Fiscal Accountability.

§ 2.8. The facility shall have a documented plan of financing which gives evidence that there are sufficient funds to operate.

§ 2.9. The facility shall document funds or a line of credit sufficient to cover at least 90 days of operating expenses.

§ 2.10. Facilities having an approved rate established in accordance with the Interdepartmental Rate Setting Process shall submit evidence of financial responsibility. This shall include:

1. A copy of the facility's most recently completed financial audit;

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2. A report on any changes in income, expenses, assets, and liabilities that significantly change the fiscal condition of the facility as reflected in the financial audit submitted or a statement that no such changes have occurred; and

3. A working budget showing projected revenue and expenses for the coming year.

§ 2.11. Facilities operated by state or local government agencies, boards and commissions that do not have an approved rate established in accordance with the Interdepartmental Rate Setting Process shall submit evidence of financial responsibility. This shall include:

1. A working budget showing projected revenue and expenses for the coming year; and

2. Documentation that the funding source(s) have appropriated funds as indicated under income in the budget submitted.

§ 2.12. Facilities operated by corporations, unincorporated organizations or associations, individuals or partnerships that do not have a rate set in accordance with the Interdepartmental Rate Setting Process shall submit evidence of financial responsibility. This shall include:

1. An operating statement showing revenue and expenses for the past operating year;

2. A working budget showing projected revenue and expenses for the coming year;

3. A balance sheet showing assets and liabilities; and

4. A written assurance from the licensee that the documentation provided for in 1, 2, and 3 above presents a complete and accurate financial report reflecting the current fiscal condition of the facility.

§ 2.13. The facility shall provide additional evidence of financial responsibility as the licensing authority, at its discretion, may require.

Article 4. Internal Operating Procedures.

§ 2.14. There shall be evidence of a system of financial record keeping that is consistent with generally accepted accounting principles unless the facility is a state or local program operating as required by the State Auditor of Public Accounts.

§ 2.15. There shall be a written policy, consistent with generally accepted accounting principles, for collection and disbursement of funds unless the facility is a state or local program operating as required by the State Auditor of Public Accounts.

§ 2.16. There shall be a system of financial record

keeping that shows a separation of the facility's accounts from all other records.

Article 5. Insurance.

§ 2.17. A facility shall maintain liability insurance covering the premises and the facility's operations.

§ 2.18. There shall be liability insurance on vehicles operated by the facility.

Article 6. Bonding.

§ 2.19. Those members of the governing body and staff who have been authorized responsibility for handling the funds of the facility shall be bonded.

Article 7. Fund-Raising.

§ 2.20. The facility shall not use children in its fund-raising activities without written permission of parent, guardian or agency holding custody.

Article 8. Relationship to Licensing Authority.

§ 2.21. The facility shall submit or make available to the licensing authority such reports and information as the licensing authority may require to establish compliance with these standards and the appropriate statutes.

§ 2.22. The governing body or its official representative shall notify the licensing authority(ies) within five working days of:

1. Any change in administrative structure or newly hired chief administrative officer; and

2. Any pending changes in the program.

§ 2.23. In the event of a disaster, fire, emergency or any other condition at the facility that may jeopardize the health, safety and well-being of the children in care, the facility shall:

1. Take appropriate action to protect the health, safety and well-being of the children in care;

2. Take appropriate actions to remedy such conditions as soon as possible, including reporting to and cooperating with local health, fire, police or other appropriate officials; and

3. Notify the licensing authority(ies) of the conditions at the facility and the status of the children in care as soon as possible.

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Article 9.

Participation of Children in Research.

§ 2.24. The facility shall establish and implement written policies and procedures regarding the participation of children as subjects in research that are consistent with Chapter 13, of Title 37.1, of the Code of Virginia, unless the facility has established and implemented a written policy explicitly prohibiting the participation of children as subjects of human research as defined by the above statute.

§ 2.25. A separate case record on each child shall be maintained and shall include all correspondence relating to the care of that child.

§ 2.26. Each case record shall be kept up to date and in a uniform manner.

§ 2.27. Case records shall be maintained in such manner as to be accessible to staff for use in working with the child.

Article 11.

Confidentiality of Children's Records.

§ 2.28. The facility shall make information available only to those legally authorized to have access to that information under federal and state laws.

§ 2.29. There shall be written policy and procedures to protect the confidentiality of records which govern acquiring information, access, duplication, and dissemination of any portion of the records. The policy shall specify what information is available to the youth.

Article 12.

Storage of Confidential Records.

§ 2.30. Records shall be kept in areas which are accessible only to authorized staff.

§ 2.31. Records shall be stored in a metal file cabinet or other metal compartment.

§ 2.32. When not in use, records shall be kept in a locked compartment or in a locked room.

Article 13.

Disposition of Children's Records.

§ 2.33. Children's records shall be kept in their entirety for a minimum of three years after the date of the discharge unless otherwise specified by state or federal requirements.

§ 2.34. Permanent information shall be kept on each child even after the disposition of the child's record unless otherwise specified by state or federal requirements. Such information shall include:

1. Child's name;

2. Date and place of child's birth;

3. Dates of admission and discharge;

4. Names and addresses of parents and siblings; and

5. Name and address of legal guardian.

§ 2.35. Each facility shall have a written policy to provide for the disposition of records in the event the facility ceases operation.

Article 14.

Residential Facilities for Children Serving Persons Over the Age of 17 Years.

§ 2.36. Residential facilities for children subject to Interdepartmental licensure/certification which are also approved to maintain in care persons over 17 years of age, shall comply with the requirements of Core Standards for the care of all residents, regardless of age, except that residential programs serving persons over 17 years of age, shall be exempt from this requirement when it is determined by the licensing/certification authority(ies) that the housing, staff and programming for such persons is maintained separately from the housing, staff and programming for the children in care.

PART III PERSONNEL

Article 1.

Health Information.

§ 3.1. Health information required by these standards shall be maintained for the chief administrative officer, for all staff members who come in contact with children or handle food, and for any individual who resides in a building occupied by children including any such persons who are neither staff members nor children in care of the facility.

Article 2.

Initial Tuberculosis Examination and Report.

§ 3.2. Within 30 days of employment or contact with children each individual shall obtain an evaluation indicating the absence of tuberculosis in a communicable form.

§ 3.3. Each individual shall submit a statement that he is free of tuberculosis in a communicable form including the type(s) of test(s) used and the test result(s).

§ 3.4. The statement shall be signed by licensed physician the physician's designee, or an official of a local health department.

§ 3.5. The statement shall be filed in the individual's record.

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Article 3.

Subsequent Evaluations for Tuberculosis.

§ 3.6. An individual who had a significant (positive) reaction to a tuberculin skin test and whose physician certifies the absence of communicable tuberculosis must obtain chest x-rays on an annual basis for the following two years.

A. The individual shall submit statements documenting the chest x-rays and certifying freedom from tuberculosis in a communicable form.

B. The statements shall be signed by licensed physician, the physician's designee, or an official of a local health department.

C. The statements shall be filed in the staff member's record.

D. Screening beyond two years is not required unless there is known contact with a case of tuberculosis or development of chronic respiratory symptoms.

§ 3.7. Additional screening is not required for an individual who had a nonsignificant (negative) reaction to an initial tuberculin skin test.

§ 3.8. Any individual who comes in contact with a known case of tuberculosis or who develops chronic respiratory symptoms shall, within 30 days of exposure/development, receive an evaluation in accord with Part III, Article 2.

Article 4.

Physical or Mental Health of Personnel.

§ 3.9. At the request of the licensee/administrator of the facility or the licensing authority a report of examination by a licensed physician shall be obtained when there are indications that the care of children may be jeopardized by the physical, mental, or emotional health of a specific individual.

§ 3.10. Any individual who, upon examination by a licensed physician or as result of tests, shows indication of a physical or mental condition which may jeopardize the safety of children in care or which would prevent the performance of duties:

1. Shall immediately be removed from contact with children and food served to children; and
2. Shall not be allowed contact with children or food served to children until the condition is cleared to the satisfaction of the examining physician as evidenced by a signed statement from the physician.

Article 5.

Qualifications.

§ 3.11. Standards establishing the minimum qualifications

for the positions of Program Director, Child and Family Service Worker, Child Care Supervisor, and Child Care Worker shall be applicable to all facilities except (i) facilities subject to the rules and regulations of the Virginia Department of Personnel and Training, or (ii) the rules and regulations of a local government personnel office shall develop written minimum entry level qualifications in accord with the rules and regulations of the supervising personnel authority.

§ 3.12. Any person who assumes or is designated to assume the responsibilities of a staff position or any combination of staff positions described in these standards shall meet the qualifications of that position(s) and shall fully comply with all applicable standards for each function.

§ 3.13. When services or consultations are obtained on a contract basis they shall be provided by professionally qualified personnel.

Article 6.

Job Descriptions.

§ 3.14. For each staff position there shall be a written job description which, at a minimum, shall include:

1. The job title;
2. The duties and responsibilities of the incumbent;
3. The job title of the immediate supervisor; and
4. The minimum knowledge, skills and abilities required for entry level performance of the job.

§ 3.15. A copy of the job description shall be given to each person assigned to that position at the time of employment or assignment.

Article 7.

Written Personnel Policies and Procedures.

§ 3.16. The licensee shall approve written personnel policies.

§ 3.17. The licensee shall make its written personnel policies readily accessible to each staff member.

§ 3.18. The facility shall develop and implement written policies and procedures to assure that persons employed in or designated to assume the responsibilities of each staff position possess the knowledge, skills and abilities specified in the job description for that staff position.

§ 3.19. Written procedures related to child abuse and neglect shall be distributed to all staff members. These shall include:

1. Acceptable methods for discipline and behavior management of children;

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2. Procedures for handling accusations against staff; and

3. Procedures for promptly referring suspected cases of child abuse and neglect to the local protective service unit and for cooperating with the unit during any investigation. (See §5.147)

§ 3.20. Each staff member shall demonstrate a working knowledge of those policies and procedures that are applicable to his specific staff position.

Article 8. Personnel Records.

§ 3.21. A separate up-to-date personnel record shall be maintained for each staff member. The record shall include:

1. A completed employment application form or other written material providing:

a. Identifying information (name, address, phone number, social security number, and any names previously utilized);

b. Educational history; and

c. Employment history.

2. Written references or notations of oral references;

3. Reports of required health examinations;

4. Annual performance evaluations; and

5. Documentation of staff development activities.

§ 3.22. Each personnel record shall be retained in its entirety for two years after employment ceases.

§ 3.23. Information sufficient to respond to reference requests on separated employees shall be permanently maintained. Information shall minimally include name, social security number, dates of employment, and position(s) held.

Article 9. Staff Development.

§ 3.24. New employees, relief staff, volunteers and students, within one calendar month of employment, shall be given orientation and training regarding the objectives and philosophy of the facility, practices of confidentiality, other policies and procedures that are applicable to their specific positions, and their specific duties and responsibilities.

§ 3.25. Provision shall be made for staff development activities, designed to update staff on items in § 3.24 and to enable them to perform their job responsibilities

adequately. Such staff development activities include, but shall not necessarily be limited to, supervision and formal training.

§ 3.26. Regular supervision of staff shall be provided.

§ 3.27. Regular supervision of staff shall not be the only method of staff development.

§ 3.28. Participation of staff, volunteers and students in orientation, training and staff development activities shall be documented.

Article 10. Staff Supervision of Children.

§ 3.29. No person shall work more than six consecutive days between rest days.

§ 3.30. Child care staff who have at least one 24-hour period of direct supervisory contact with children during a week shall have an average of not less than two days off per week in any four-week period. This shall be in addition to vacation time and holidays.

§ 3.31. Child care staff who work in shifts shall have an average of not less than two days off per week in any four-week period. This shall be in addition to vacation time and holidays.

§ 3.32. Child care staff who work in shifts shall not be on duty more than 16 consecutive hours except in emergencies when relief staff cannot be used.

§ 3.33. There shall be at least one responsible adult on the premises and on duty at all times that one or more children are present.

§ 3.34. There shall be at least one child care staff member on duty in each living unit when one or more children are present.

§ 3.35. During the hours that children normally are awake there shall be no less than one child care staff awake, on duty and responsible for supervision of every ten children present who are two years of age or older.

§ 3.36. During the hours that children normally are awake there shall be no less than one child care staff member awake, on duty, and responsible for supervision of every three children present under two years of age.

§ 3.37. In buildings where 30 or more children are sleeping there shall be no less than one child care staff member awake and on duty during night hours.

§ 3.38. There shall be at least one child care staff member awake on each floor and on each major wing of each floor where 30 or more children are sleeping.

§ 3.39. When children are away from the facility they and

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the adults responsible for their care during that absence shall be furnished with telephone number where a responsible facility staff member or other responsible adult may be reached at all times.

Article 11. The Chief Administrative Officer.

§ 3.40. The chief administrative officer shall be responsible to the governing body for:

1. The overall administration of the program;
2. Implementation of all policies;
3. Maintenance of the physical plant; and
4. Fiscal management of the residential facility for children.

§ 3.41. Duties of the chief administrative officer may be delegated to qualified subordinate staff.

§ 3.42. Duties delegated by the chief administrative officer shall be reflected in the job description of the position assigned each delegated function.

§ 3.43. A qualified staff member shall be designated to assume responsibility for the operation of the facility in the absence of the chief administrative officer.

Article 12. The Program Director.

§ 3.44. The program director shall be responsible for the development and implementation of the programs and services (See Part V) offered by the residential facility for children.

§ 3.45. A program director appointed after July 1, 1981, shall have:

1. A bachelor's degree from an accredited college or university with two years of successful work experience with children in the field of institutional management, social work, education or other allied profession; or
2. A graduate degree from an accredited college or university in a profession related to child care and development; or
3. A license or certification in the Commonwealth of Virginia as a drug or alcoholism counselor/worker if the facility's purpose is to treat drug abuse or alcoholism; or
4. Any combination of training and experience equivalent to a graduate degree.

§ 3.46. Any qualified staff member, including the chief

administrative officer, may serve as the program director.

§ 3.47. A qualified staff member shall be appointed to fulfill the duties of program director.

Article 13. Child and Family Service Worker(s).

§ 3.48. If not provided by external resources in accord with § 5.47, counseling and social services (see §5.45), shall be provided by a staff member(s) qualified to provide such services.

§ 3.49. If employment begins after July 1, 1981, the Child and Family Service Worker shall have:

1. A graduate degree in social work, psychology, counseling or a field related to family services or child care and development; or
2. A baccalaureate degree and two years of successful experience in social work, psychology, counseling or a field related to family services or child care and development (In lieu of two years of experience, the person may work under the direct supervision of a qualified supervisor for a period of two years); or
3. A license or certificate in the Commonwealth of Virginia to render services as a drug abuse or alcoholism counselor/worker only in facilities which are certified to provide drug abuse or alcoholism counseling; or
4. Any combination of training and experience equivalent to a graduate degree; or
5. A license or certificate when required by law issued in the Commonwealth of Virginia to render services in the field of:
 - a. Social Work, or
 - b. Psychology, or
 - c. Counseling (individual, group or family).

Article 14. Child Care Staff.

§ 3.50. On each child care unit a designated staff member shall have responsibility for the development of the daily living program within the child care unit.

§ 3.51. A designated staff member shall be responsible for the coordination of all services offered to each child.

§ 3.52. A designated staff member(s) shall have responsibility for the orientation, training and supervision of child care workers.

§ 3.53. An individual employed after July 1, 1981 to

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supervise child care staff shall have:

1. A baccalaureate degree from an accredited college or university and two years experience in the human services field, at least one of which shall have been in a residential facility for children; or

2. A high school diploma or a General Education Development Certificate (G.E.D.) and a minimum of five years experience in the human service field with at least two years in a residential facility for children.

§ 3.54. The child care worker shall have direct responsibility for guidance and supervision of the children to whom he is assigned. This shall include:

1. Overseeing physical care;
2. Development of acceptable habits and attitudes;
3. Discipline; and
4. Helping to meet the goals and objectives of the child's service plan.

§ 3.55. A child care worker shall be no less than 18 years of age.

§ 3.56. A child care worker shall:

1. Be a high school graduate or have a General Education Development Certificate (G.E.D.) except that individuals employed prior to the effective date of these standards shall meet this requirement by July 1, 1986; and

2. Have demonstrated, through previous life and work experiences, an ability to maintain a stable environment and to provide guidance to children in the age range for which the child care worker will be responsible.

Article 15.
Relief Staff.

§ 3.57. Sufficient relief staff shall be employed to maintain required staff/child ratios during:

1. Regularly scheduled time off of permanent staff, and
2. Unscheduled absences of permanent staff.

§ 3.58. Relief staff shall meet the minimum qualifications and the personal health requirements for the position which they are temporarily occupying.

Article 16.
Medical Staff.

§ 3.59. Services of a licensed physician shall be available

for treatment of children as needed.

§ 3.60. Any nurse employed shall hold a current nursing license issued by the Commonwealth of Virginia.

§ 3.61. At all times that youth are present there shall be at least one responsible adult on the premises who has received within the past three years a basic certificate in standard first-aid (Multi-Media, Personal Safety, or Standard First Aid Modular) issued by the American Red Cross or other recognized authority except that this requirement does not apply during those hours when a licensed nurse is present at the facility.

Article 17.
Recreation Staff.

§ 3.62. There shall be designated staff responsible for organized recreation who shall have:

1. Experience in working with and providing supervision to groups of children with varied recreational needs and interests;
2. A variety of skills in group activities;
3. A knowledge of community recreational facilities; and
4. An ability to motivate children to participate in constructive activities.

Article 18.
Volunteers and Students Receiving Professional Training.

§ 3.63. If a facility uses volunteers or students receiving professional training it shall develop written policies and procedures governing their selection and use. A facility that does not use volunteers shall have a written policy stating that volunteers will not be utilized.

§ 3.64. The facility shall not be dependent upon the use of volunteers/students to ensure provision of basic services.

§ 3.65. The selection of volunteers/students and their orientation, training, scheduling, supervision and evaluation shall be the responsibility of designated staff members.

§ 3.66. Responsibilities of volunteers/students shall be clearly defined.

§ 3.67. All volunteers/students shall have qualifications appropriate to the services they render based on experience and/or orientation.

§ 3.68. Volunteers/students shall be subject to all regulations governing confidential treatment of personal information.

§ 3.69. Volunteers/students shall be informed regarding

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liability and protection.

§ 3.70. Facilities shall provide for support functions including, but not limited to, food service, maintenance of buildings and grounds, and housekeeping.

§ 3.71. All food handlers shall comply with applicable State Health Department regulations and with any locally adopted health ordinances.

§ 3.72. Child care workers and other staff may assume the duties of service personnel only when these duties do not interfere with their responsibilities for child care.

§ 3.73. Children shall not be solely responsible for support functions.

PART IV RESIDENTIAL ENVIRONMENT

Article 1. Location.

§ 4.1. A residential facility for children shall be located so that it is reasonably accessible to schools, transportation, medical and psychiatric resources, churches, and recreational and cultural facilities in order that residents may participate in community life.

Article 2. Buildings, Inspections and Building Plans.

§ 4.2. All buildings and installed equipment shall be inspected and approved by the local building official when required. This approval shall be documented by a Certificate of Use and Occupancy indicating that the building is classified for its proposed licensed/certified purposes.

§ 4.3. At the time of the original application and at least annually thereafter the buildings shall be inspected and approved by:

1. Local fire authorities with respect to fire safety and fire hazards, except in state operated facilities;
2. State fire officials, where applicable; and
3. State or local health authorities, whose inspection and approval shall include:
 - a. General sanitation;
 - b. The sewage disposal system;
 - c. The water supply;
 - d. Food service operations; and
 - e. Swimming pools.

§ 4.4. The buildings shall be suitable to house the programs and services provided.

Article 3. Plans and Specifications for New Buildings and Additions, Conversions, and Structural Modifications to Existing Buildings.

§ 4.5. Building plans and specifications for new construction, conversion of existing buildings, and any structural modifications or additions to existing licensed buildings shall be submitted to and approved by the licensing/certification authority and the following authorities, where applicable, before construction begins:

1. Local building officials;
2. Local fire departments;
3. Local or state health departments; and
4. Office of the State Fire Marshal.

§ 4.6. Documentation of the approvals required by § 4.5 shall be submitted to the licensing authority(ies).

Article 4. Heating Systems, Ventilation and Cooling Systems.

§ 4.7. Heat shall be evenly distributed in all rooms occupied by the children such that a temperature no less than 65°F is maintained, unless otherwise mandated by state or federal authorities.

§ 4.8. Natural or mechanical ventilation to the outside shall be provided in all rooms used by children.

§ 4.9. All doors and windows capable of being used for ventilation shall be fully screened unless screening particular doors and windows is explicitly prohibited in writing by state or local fire authorities and those doors and windows are not used for ventilation.

§ 4.10. Mechanical ventilating systems or air conditioning shall be provided in all rooms occupied by children when the temperature in those rooms exceeds 85°F.

Article 5. Lighting.

§ 4.11. Artificial lighting shall be by electricity.

§ 4.12. All areas within buildings shall be lighted for safety.

§ 4.13. Night lights shall be provided in halls and bathrooms.

§ 4.14. Lighting shall be sufficient for the activities being performed in a specific area.

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§ 4.15. Operable flashlights or battery lanterns shall be available for each staff member on the premises between dusk and dawn for use in emergencies.

§ 4.16. Outside entrances and parking areas shall be lighted for protection against injuries and intruders.

§ 4.17. All plumbing shall be maintained in good operational condition.

§ 4.18. There shall be an adequate supply of hot and cold running water available at all times.

§ 4.19. Precautions shall be taken to prevent scalding from running water. In all newly constructed or renovated facilities mixing faucets shall be installed.

§ 4.20. There shall be at least one toilet, one hand basin and one shower or bathtub in each living unit, and there shall be at least one bathroom equipped with a bathtub in each facility.

§ 4.21. There shall be at least one toilet, one hand basin and one shower or tub for every eight children in care.

§ 4.22. In any facility constructed or reconstructed after July 1, 1981, except secure detention facilities there shall be one toilet, one hand basin and one shower or tub for every four children in care.

§ 4.23. When a separate bathroom is not provided for staff on duty less than 24-hours, the maximum number of staff members on duty in the living unit at any one time shall be counted in the determination of the number of toilets and hand basins.

§ 4.24. There shall be at least one mirror securely fastened to the wall at a height appropriate for use in each room where hand basins are located except in security rooms in hospitals, secure detention facilities and learning centers.

§ 4.25. At all times an adequate supply of personal necessities shall be available to the children for purposes of personal hygiene and grooming; such as, but not limited to, soap, toilet tissue, toothpaste, individual tooth brushes, individual combs and shaving equipment.

§ 4.26. Clean, individual washclothes and towels shall be available twice each week or more often if needed.

Article 7.

Facilities and Equipment for Residents with Special Toileting Needs.

§ 4.27. When residents are in care who are not toilet trained:

1. Provision shall be made for sponging, diapering and other similar care on a nonabsorbent changing surface which shall be cleaned with warm soapy water after

each use.

2. A covered diaper pail, or its equivalent, with leakproof disposable liners shall be available. If both cloth and disposable diapers are used there shall be a diaper pail for each.

3. Adapter seats and toilet chairs shall be cleaned with warm soapy water immediately after each use.

4. Staff shall thoroughly wash their hands with warm soapy water immediately after assisting an individual resident or themselves with toileting.

Article 8. Sleeping Areas.

§ 4.28. When children are four years of age or older, boys shall have separate sleeping areas from girls.

§ 4.29. No more than four children may share a bedroom or sleeping area.

§ 4.30. When a facility is not subject to the Virginia Public Building Safety Regulations or the Uniform Statewide Building Code, children who are dependent upon wheelchairs, crutches, canes or other mechanical devices for assistance in walking shall be assigned sleeping quarters on ground level and provided with a planned means of effective egress for use in emergencies.

§ 4.31. There shall be sufficient space for beds to be at least three feet apart at the head, foot and sides and five feet apart at the head, foot and sides for double-decker beds.

§ 4.32. In facilities previously licensed by the Department of Social Services and in facilities established, constructed or reconstructed after July 1, 1981, sleeping quarters shall meet the following space requirements:

1. There shall be not less than 450 cubic feet of air space per person;

2. There shall be not less than 80 square feet of floor area in a bedroom accommodating only one person;

3. There shall be not less than 60 square feet of floor area per person in rooms accommodating two or more persons; and

4. All ceilings shall be at least 7-1/2 feet in height.

§ 4.33. Each child shall have a separate, clean, comfortable bed equipped with mattress, pillow, blanket(s), bed linens, and, if needed, a waterproof mattress cover.

§ 4.34. Bed linens shall be changed at least every seven days or more often, if needed.

§ 4.35. Mattresses and pillows shall be clean and those

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placed in service after July 1, 1981, shall also be fire retardant as evidenced by documentation from the manufacturer.

§ 4.36. Cribs shall be provided for children under two years of age.

§ 4.37. Each child shall be assigned drawer space and closet space, or their equivalent, accessible to the sleeping area for storage of clothing and personal belongings.

§ 4.38. The sleeping area environment shall be conducive to sleep and rest.

§ 4.39. Smoking by any person shall be prohibited in sleeping areas.

Article 9. Privacy for Children.

§ 4.40. Where bathrooms are not designated for individual use, each toilet shall be enclosed for privacy except in secure detention facilities.

§ 4.41. Where bathrooms are not designated for individual use, bathtubs and showers, except in secure detention facilities, shall provide visual privacy for bathing by use of enclosures, curtains or other appropriate means.

§ 4.42. Windows in bathrooms shall have translucent material or window coverings for privacy.

§ 4.43. Every sleeping area shall have a door that may be closed for privacy or quiet and this door shall readily open in case of fire or other emergency.

§ 4.44. Windows in sleeping and dressing areas shall have translucent material or window coverings for privacy.

Article 10. Living Rooms/Indoor Recreation Space.

§ 4.45. Each living unit shall contain a living room or an area for informal use for relaxation and entertainment. The furnishings shall provide a comfortable, home-like environment that is age appropriate.

§ 4.46. In facilities licensed to care for more than 12 children there shall be indoor recreational space distinct from other living areas that contains recreational equipment appropriate to the ages and interests of the children in residence. Such space shall not be required in every living unit.

Article 11. Study Space.

§ 4.47. Study space shall be provided in facilities serving a school age population and may be assigned in areas used interchangeably for other purposes.

§ 4.48. Study space shall be well lighted, quiet, and equipped with at least tables or desks and chairs.

Article 12. Kitchen and Dining Areas.

§ 4.49. Meals shall be served in areas equipped with sturdy tables and benches or chairs of a size appropriate for the sizes and ages of the residents.

§ 4.50. Adequate kitchen facilities and equipment shall be provided for preparation and serving of meals.

§ 4.51. Walk-in refrigerators, freezers, and other enclosures shall be equipped to permit emergency exits.

§ 4.52. If laundry is done at the facility, appropriate space and equipment in good repair shall be provided.

Article 14. Storage.

§ 4.53. Space shall be provided for safe storage of items such as first-aid equipment, household supplies, recreational equipment, luggage, out-of-season clothing, and other materials.

Article 15. Staff Quarters.

§ 4.54. A separate (private) bathroom and bedroom shall be provided for staff and their families when staff are required to be in the living unit for 24-hours or more except, that when there are no more than four persons, including staff and family of staff, residing in and/or on duty in the living unit, a private bathroom is not required for staff.

§ 4.55. Off duty staff and members of their families shall not share bedrooms with children in care.

§ 4.56. When 13 or more children reside in one living unit a separate (private) living room shall be provided for child care staff who are required to be in the living unit for 24-hours or more.

§ 4.57. When child care staff are on duty for less than 24 hours, a bed shall be provided for use of each staff member on duty during night hours unless such staff member is required to remain awake.

§ 4.58. Space shall be provided for administrative activities including provision for storage of records and materials (See Part II, Article 12).

Article 17. Buildings and Grounds.

§ 4.59. Buildings and grounds, including roads, pavements, parking lots, stairways, railings and other potentially hazardous areas, shall be safe, properly maintained and

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free of clutter and rubbish.

§ 4.60. There shall be outdoor recreational space appropriately equipped for the children to be served.

Article 18. Equipment and Furnishings.

§ 4.61. All furnishings and equipment shall be safe, easy to clean, and suitable to the ages and number of residents.

§ 4.62. There shall be at least one continuously operable, nonpay telephone accessible to staff in each building in which children sleep or participate in programs.

§ 4.63. The facility shall have a written policy governing the possession and use of firearms, pellet guns, air rifles and other weapons on the premises of the facility that shall provide that: (i) No firearms, (ii) pellet guns, (iii) air rifles, or (iv) other weapons, shall be permitted on the premises of the facility unless they are:

1. In the possession of licensed security personnel; or
2. Kept under lock and key; or
3. Used under the supervision of a responsible adult in accord with policies and procedures developed by the facility for their lawful and safe use.

Article 19. Housekeeping and Maintenance.

§ 4.64. The interior and exterior of all buildings, including required locks and mechanical devices, shall be maintained in good repair.

§ 4.65. The interior and exterior of all buildings shall be kept clean and free of rubbish.

§ 4.66. All buildings shall be well-ventilated and free of stale, musty or foul odors.

§ 4.67. Adequate provisions shall be made for the collection and legal disposal of garbage and waste materials.

§ 4.68. Buildings shall be kept free of flies, roaches, rats and other vermin.

§ 4.69. All furnishings, linens, and indoor and outdoor equipment shall be kept clean and in good repair.

§ 4.70. A sanitizing agent shall be used in the laundering of bed, bath, table and kitchen linens.

§ 4.71. Lead based paint shall not be used on any surfaces and items with which children and staff come in contact.

§ 4.72. Horses and other animals maintained on the premises shall be quartered at a reasonable distance from

sleeping, living, eating, and food preparation areas.

§ 4.73. Stables and corrals shall be located so as to prevent contamination of any water supply.

§ 4.74. Manure shall be removed from stalls and corrals as often as necessary to prevent a fly problem.

§ 4.75. All animals maintained on the premises shall be tested, inoculated and licensed as required by law.

§ 4.76. The premises shall be kept free of stray domestic animals.

§ 4.77. Dogs and other small animal pets and their quarters shall be kept clean.

Article 21. Primitive Campsites.

§ 4.78. The standards in Article 21 through Article 28 are applicable exclusively to the residential environment and equipment at primitive campsites. Permanent buildings and other aspects of the residential environment at a wilderness camp shall comply with the remaining standards in Part IV.

§ 4.79. All campsites shall be well drained and free from depressions in which water may stand.

§ 4.80. Natural sink-holes and other surface collectors of water shall be either drained or filled to prevent the breeding of mosquitoes.

§ 4.81. Campsites shall not be in proximity to conditions that create or are likely to create offensive odors, flies, noise, traffic, or other hazards.

§ 4.82. The campsite shall be free from debris, noxious plants, and uncontrolled weeds or brush.

Article 22. Water in Primitive Campsites.

§ 4.83. Drinking water used at primitive campsites and on hikes away from permanent campsites, shall be from a source known to be safe (free of coliform organisms) or shall be rendered safe before use in a manner approved by the Virginia Department of Health.

§ 4.84. An adequate supply of water, under pressure where possible, shall be provided at the cooking area for handwashing, dishwashing, food preparation and drinking.

Article 23. Food Service Sanitation in Primitive Campsites.

§ 4.85. Food shall be obtained from approved sources and shall be properly identified.

§ 4.86. Milk products shall be pasteurized.

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§ 4.87. Food and drink shall be maintained and stored so as to prevent contamination and spoilage.

§ 4.88. The handling of food shall be minimized through the use of utensils.

§ 4.89. Fruits and vegetables shall be properly washed prior to use.

§ 4.90. Food and food containers shall be covered and stored off the ground and on clean surfaces. Refrigerated food shall also be covered.

§ 4.91. Sugar and other condiments shall be packaged or served in closed dispensers.

§ 4.92. Poisonous and toxic materials shall be properly used properly identified and stored separately from food.

§ 4.93. Persons with wounds or communicable diseases shall be prohibited from handling food.

§ 4.94. Persons who handle food and eating utensils for the group shall maintain personal cleanliness, shall keep hands clean at all times, and shall thoroughly wash their hands with soap and water after each visit to the toilet.

§ 4.95. Food contact surfaces shall be kept clean.

§ 4.96. All eating utensils and cookware shall be properly stored.

§ 4.97. Disposable or single use dishes, receptacles and utensils shall be properly stored, handled and used only once.

§ 4.98. Eating utensils shall not be stored with food or other materials and substances.

§ 4.99. The use of a common drinking cup shall not be permitted.

§ 4.100. Only food which can be maintained in a wholesome condition with the equipment available shall be used at primitive camps.

§ 4.101. Ice which comes in contact with food or drink shall be obtained from an approved source and shall be made, delivered, stored, handled, and dispensed in a sanitary manner and be free from contamination.

§ 4.102. When ice and ice chests are used, meats and other perishable foods shall not be stored for more than 24-hours.

§ 4.103. Eating utensils and cookware shall be washed and sanitized after each use.

§ 4.104. No dish, receptacle or utensil used in handling food for human consumption shall be used or kept for use if chipped, cracked, broken, damaged or constructed in

such a manner as to prevent proper cleaning and sanitizing.

§ 4.105. Solid wastes which are generated in primitive camps shall be disposed of at an approved sanitary landfill or similar disposal facility. Where such facilities are not available, solid wastes shall be disposed of daily by burial under at least two feet of compacted earth cover in a location which is not subject to inundation by flooding.

Article 24.

Toilet Facilities in Primitive Campsites.

§ 4.106. Where a water supply is not available sanitary type privies or portable toilets shall be provided. All such facilities shall be constructed as required by the Virginia Department of Health.

§ 4.107. All facilities provided for excreta and liquid waste disposal shall be maintained and operated in a sanitary manner to eliminate possible health or pollution hazards, to prevent access of flies and animals to their contents, and to prevent flybreeding.

§ 4.108. Privies shall be located at least 150 feet from a stream, lake or well and at least 75 feet from a sleeping or housing facility.

§ 4.109. Primitive campsites which are not provided with approved permanent toilet facilities shall have a minimum ratio of one toilet seat for every 15 persons.

§ 4.110. If chemical control is used to supplement good sanitation practices, proper pesticides and other chemicals shall be used safely and in strict accordance with label instructions.

Article 25.

Heating in Primitive Campsites.

§ 4.111. All living quarters and service structures at primitive campsites shall be provided with properly installed, operable, heating equipment.

§ 4.112. No portable heaters other than those operated by electricity shall be used.

§ 4.113. Any stoves or other sources of heat utilizing combustible fuel shall be installed, and vented in such a manner as to prevent fire hazards and a dangerous concentration of gases.

§ 4.114. If a solid or liquid fuel stove is used in a room with wooden or other combustible flooring, there shall be a concrete slab, installed metal sheet, or other fireproof materials on the floor under each stove and extending at least 18 inches beyond the perimeter of the base of the stove.

§ 4.115. Any wall or ceiling within 18 inches of a solid or liquid fuel stove or a stove-pipe shall be of fireproof

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material.

§ 4.116. A vented metal collar or other insulating device shall be installed around a stove pipe or vent passing through a wall, ceiling, floor or roof to prevent melting or combustion.

§ 4.117. A vented collar, insulating device, or chimney shall extend above the peak of the roof or otherwise be constructed in a manner which allows full draft of smoke.

§ 4.118. When a heating system has automatic controls the controls shall be of the type which will cut off the fuel supply upon the failure or interruption of the flame or ignition, or whenever a pre-determined safe temperature or pressure is exceeded.

§ 4.119. All heating equipment shall be maintained and operated in a safe manner to prevent the possibility of fire.

Article 26.

Sleeping Areas and Equipment in Primitive Campsites.

§ 4.120. Bedding shall be clean, dry, and sanitary.

§ 4.121. Bedding shall be adequate to ensure protection and comfort in cold weather.

§ 4.122. If used, sleeping bags shall be fiberfill and rated for O°F.

§ 4.123. Linens shall be changed as often as required for cleanliness and sanitation but not less frequently than once a week.

§ 4.124. Bedwetters shall have their bedding changed or dried as often as it is wet.

§ 4.125. If mattresses are used they shall be clean.

§ 4.126. Mattresses placed in service after July 1, 1981, shall be fire retardant as evidenced by documentation from the manufacturer.

§ 4.127. A mattress cover shall be provided for each mattress.

§ 4.128. Sleeping areas shall be protected by screening or other means to prevent admittance of flies and mosquitos.

§ 4.129. A separate bed, bunk, or cot shall be made available for each person.

Article 27.

Clothing in Primitive Campsites.

§ 4.130. Each child shall be provided with an adequate supply of clean clothing suitable for outdoor living appropriate to the geographic location and season.

§ 4.131. Sturdy, water-resistant, outdoor shoes or boots shall be provided for each child.

§ 4.132. An adequate personal storage area shall be available for each resident.

Article 28.

Fire Prevention in Primitive Campsites.

§ 4.133. With the consultation and approval of the local fire authority a written fire plan shall be established indicating the campsite's fire detection system, fire alarm and evacuation procedures.

§ 4.134. The fire plan shall be implemented through the conduct of fire drills at the campsite at least once each month.

§ 4.135. A record of all fire drills shall be maintained.

§ 4.136. The record for each fire drill shall be retained two years subsequent to the drill.

§ 4.137. An approved 2A 10BC fire extinguisher in operable condition shall be maintained immediately adjacent to the kitchen or food preparation area.

§ 4.138. Fire extinguishers of a 2A 10BC rating shall be maintained so that it is never necessary to travel more than 75 feet to a fire extinguisher from combustion-type heating devices, campfires, or other combustion at the primitive campsite.

PART V

PROGRAMS AND SERVICES

Article 1.

Criteria for Admission.

§ 5.1. The residential facility for children shall have written criteria for admission that shall be made available to all parties when placement for a child is being considered. Such criteria shall include:

1. A description of the population to be served;
2. A description of the types of services offered; and
3. Intake and admission procedures including necessary referral documentation.

§ 5.2. No child with special needs shall be accepted for placement by a facility unless that facility has a program appropriate to meet those needs or arrangements are made for meeting those needs through community resources.

§ 5.3. The facility shall accept and maintain only those children whose needs are compatible with those services provided through the facility.

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§ 5.4. A facility shall not knowingly accept into care a child whose health or behavior shall present a clear and present danger to the child or others residing in the facility unless the facility is licensed or certified to provide such care. (See requirements for certification or special licensure.)

Article 2. Admission of Blind or Visually Impaired Children.

§ 5.5. When a blind or visually impaired child is admitted to a residential facility for children, the facility shall obtain the services of the staff of the Virginia Department for the Visually Handicapped as consultants for assessment, program planning and prescribed teaching (if not previously obtained).

§ 5.6. Provision of the services of the Department for the Visually Handicapped shall be documented in the child's record.

§ 5.7. If the services of the Department for the Visually Handicapped are not obtained the child's placement shall be considered inappropriate.

Article 3. Interstate Compact on the Placement of Children.

§ 5.8. No child shall be accepted for placement from outside of the Commonwealth of Virginia without the prior approval of the administrator of the Interstate Compact on the Placement of Children, Virginia Department of Social Services, except that this section shall not apply when the Interstate Compact Relating to Juveniles applies.

§ 5.9. Documentation of approval of the contract administrator shall be retained in the child's record.

Article 4. Documented Study of the Child.

§ 5.10. Acceptance for care, other than emergency or diagnostic care, shall be based on an evaluation of a documented study of the child except that this requirement shall not apply (i) to temporary care facilities, or (ii) to secure detention facilities.

§ 5.11. If a facility is specifically approved to provide residential respite care, the acceptance by the facility of a child as eligible for respite care is considered admission to the facility. Each individual period of respite care is not considered a separate admission.

§ 5.12. In facilities required to base their acceptance for care on a documented study of the child, at the time of a routine admission or 30 days after an emergency admission each child's record shall contain all of the elements of the documented study.

§ 5.13. The documented study of the child shall include all of the following elements (When information on the child

is not available, the reason shall be documented in the child's record):

1. A formal request or written application for admission;
2. Identifying information documented on a face sheet (see § 5.14);
3. Physical examination as specified in § 5.61;
4. Medical history (see § 5.15);
5. A statement, such as a report card, concerning the child's recent scholastic performance, including a current Individual Education Plan (IEP), if applicable;
6. Results of any psychiatric or psychological evaluations of the child, if applicable;
7. Social and developmental summary (see § 5.16);
8. Reason for referral; and
9. Rationale for acceptance.

§ 5.14. Identifying information on a face sheet shall include:

1. Full name of resident;
2. Last known residence;
3. Birthdate;
4. Birthplace;
5. Sex of child;
6. Racial and national background;
7. Child's Social Security number;
8. Religious preference of child and/or parents;
9. Custody status indicating name and address of legal guardian, if any;
10. Names, addresses and telephone numbers for emergency contacts, parents, guardians or representative of the child-placing agency, as applicable; and
11. Date of admission.

§ 5.15. A medical history shall include:

1. Serious illnesses and chronic conditions of the child's parents and siblings, if known;
2. Past serious illnesses, infectious diseases, serious

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injuries, and hospitalizations of the child;

3. Psychological, psychiatric and neurological examinations, if applicable;

4. Name, address and telephone number of child's former physician(s), when information is available; and

5. Name, address and telephone number of child's former dentist(s), when information is available.

§ 5.16. A social and developmental summary shall include:

1. Description of family structure and relationships;

2. Previous placement history;

3. Current behavioral functioning including strengths, talents, and problems;

4. Documentation of need for care apart from the family setting;

5. Names, address(es), Social Security numbers, and marital status of parents; and

6. Names, ages, and sex of siblings.

Article 5.

Preplacement Activities Documentation.

§ 5.17. At the time of the admission, except emergency admissions, involuntary admissions to security settings or admissions by court order the facility shall provide evidence of its cooperation with the placing agency in preparing the child and the family for the child's admission by documenting the following:

1. A preplacement visit by the child accompanied by a family member, an agency representative or other responsible adult;

2. Preparation through sharing information with the child, the family and the placing agency about the facility, the staff, the children and activities; and

3. Written confirmation of the admission decision to the family or legal guardian and to the placing agency.

Article 6.

Authority to Accept Children.

§ 5.18. Children shall be accepted only by court order or by written placement agreement with parents, legal guardians or other individuals or agencies having legal authority to make such an agreement, except that this requirement shall not apply to temporary care facilities when a voluntary admission is made according to Virginia law. (See Part V, Article 9)

Article 7.

Written Placement Agreement.

§ 5.19. At the time of admission the child's record shall contain the written placement agreement from the individual or agency having custody and/or a copy of the court order authorizing the child's placement.

§ 5.20. The written placement agreement shall:

1. Give consent for the child's placement in the facility designating the name and physical location of the facility and the name of the child;

2. Recognize the rights of each of the parties involved in the placement clearly defining areas of joint responsibility in order to support positive placement goals;

3. Include financial responsibility, where applicable;

4. Specify the arrangements and procedures for obtaining consent for necessary medical, dental and surgical treatment or hospitalization;

5. Address the matter of all absences from the facility and shall specify the requirements for notifying and/or obtaining approval of the party having legal responsibility for the child. If there are to be regular and routine overnight visits away from the facility without staff supervision the agreement must state that advance approval of the individual(s) or agency legally responsible for the child is required.

Article 8.

Emergency Admissions.

§ 5.21. Facilities other than temporary care facilities or secure detention facilities receiving children under emergency circumstances shall meet the following requirements:

1. Have written policies and procedures governing such admissions; and

2. Place in each child's record a written request for care or documentation of an oral request for care.

Article 9.

Temporary Care Facility.

§ 5.22. At the time of admission to a temporary care facility except a secure detention facility the following shall be documented in the child's record:

1. A written request for admission or documentation of an oral request for care;

2. A court order or a written placement agreement (see § 5.18), if the facility is licensed pursuant to Chapter 10 of Title 63.1 of the Code of Virginia, as a

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Child Caring Institution;

3. Identifying information documented on a face sheet which shall include:

- a. Full name of child;
- b. Birthdate;
- c. Sex of child;
- d. Racial/ethnic background;
- e. Last known address;
- f. Names and addresses of persons or agencies to contact in case of emergency;
- g. Date of admission; and
- h. Child's social security number.

4. The child's health status including:

- a. A statement of known and/or obvious illnesses and handicapping conditions;
 - b. A statement of medications currently being taken;
 - c. A statement of the child's general health status; and
 - d. Name, address and telephone number of the child's physician, if known; and
5. A statement describing the child's need for immediate temporary care.

§ 5.23. When identifying information is not available the reason shall be documented on the face sheet.

§ 5.24. The temporary care facility shall implement written policies and procedures for the prompt provision of:

1. Medical and dental services for any health problems identified at admission;
2. Routing on-going and follow-up medical and dental services after admission; and
3. Emergency medical or dental services.

Article 10. Discharge.

§ 5.25. If a facility is specifically approved to provide residential respite care a child will be discharged when the child and his parents/guardians no longer intend to use the facility's services.

§ 5.26. All facilities, except for secure detention facilities,

shall have written criteria for termination of care that shall include:

1. Criteria for a child's completion of the program as described for compliance with § 2.5; and
2. Conditions under which a child may be discharged before completing the program.

§ 5.27. Except in a secure detention facility, prior to the planned discharge date each child's record shall contain the following:

1. Documentation that the termination of care has been planned with the parent/guardian/child-placing agency and with the child or upon order of a court of competent jurisdiction; and
2. A written discharge plan and documentation that it was prepared and discussed with the child, when appropriate, prior to the child's discharge. The plan shall contain at least:
 - a. An assessment of the child's continuing needs; and
 - b. A recommended plan for services in the youth's new environment.

§ 5.28. No later than 10 days after any discharge, except those from secure detention, the child's record shall contain the following information:

1. Date of discharge;
2. Reason for discharge;
3. Documentation that the reason for discharge was discussed with the parent/guardian/child-placing agency and, when appropriate, with the child;
4. Forwarding address of the child, if known;
5. When the child is under age 18, name and address of legally responsible party to whom discharge was made; and
6. In cases of interstate placement documentation that the Administrator of the Interstate Compact on the Placement of Children was notified of the discharge.

§ 5.29. A comprehensive discharge summary shall be placed in the child's record no later than 30 days after discharge except in a secure detention facility.

§ 5.30. A comprehensive discharge summary shall include:

1. Length of a child's residence at the time of discharge;
2. The name of the child's designated case coordinator, if assigned;

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3. Information concerning new or currently prescribed medication including when and why it was prescribed, the dosage, and whether it is to be continued;

4. Summary of the child's overall progress during placement;

5. Summary of family contracts during placement, if any; and

6. Reasons for discharge.

§ 5.31. Except in secure detention, children under 18 years of age shall be discharged only to the legally responsible party from whom they were accepted except (i) in cases where legal responsibility has been transferred to another person or agency during the period of the child's stay in the facility or (ii) in cases where a child committed pursuant to a court order is given a direct discharge by the agents of the appropriate State Board in accordance with law and policy.

Article 11.

Placement of Children Outside the Facility.

§ 5.32. Except in a secure detention facility the facility shall not place a child away from the facility, including in staff residences regardless of location, without first having obtained a Child Placing Agency license from the Department of Social Services. Temporary absences for the purposes of medical care, attendance at day school, or vacations shall not be deemed to be placements.

Article 12.

Service Plan.

§ 5.33. A written individualized service plan, based on information derived from the documented study of the child and other assessments made by the facility, shall be developed for each child, within 30 days of admission and placed in the child's master file except that this section does not apply (i) to secure detention facilities, or (ii) to temporary care facilities.

§ 5.34. The following parties shall participate, unless clearly inappropriate, in developing the initial individualized service plan except, that this section does not apply to secure detention facilities;

1. The child;
2. The child's family or legally authorized representative;
3. The placing agency; and
4. Facility staff.

§ 5.35. The degree of participation, or lack thereof, of each of the parties listed in § 5.34 in developing the service plan shall be documented in the child's record.

§ 5.36. For all facilities except secure detention facilities, the individualized service plan shall include, but not necessarily be limited to, the following:

1. A statement of the resident's current level of functioning including strengths and weaknesses, and corresponding educational, residential and treatment/training needs;

2. A statement of goals and objectives meeting the above identified needs;

3. A statement of services to be rendered and frequency of services to accomplish the above goals and objectives;

4. A statement identifying the individual(s) or organization(s) that will provide the services specified in the statement of services;

5. A statement identifying the individual(s) delegated the responsibility for the overall coordination and integration of the services specified in the plan;

6. A statement of the timetable for the accomplishment of the resident's goals and objectives; and

7. The estimated length of the resident's stay.

§ 5.37. For all facilities except secure detention facilities there shall be evidence of a structured program of care designed to meet the objectives of the child's service plan.

Article 13.

Quarterly Progress Reports.

§ 5.38. For all facilities except secure detention facilities written progress summary reports completed at least every 90 days shall be included in each child's record and shall include:

1. Reports of significant incidents, both positive and negative;

2. Reports of visits with the family;

3. Changes in the child's family situation;

4. Progress made toward the goals and objectives described in the Service Plan required by § 5.33;

5. School reports;

6. Discipline problems in the facility and the community;

7. Summary of the child's social, emotional, and physical development during the previous three months including a listing of any specialized services and on-going medications prescribed;

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8. Reevaluation of the placement including tentative discharge plans.

Article 14. Annual Service Plan Review.

§ 5.39. For all facilities except secure detention facilities at least annually the following parties shall participate, unless clearly inappropriate, in formally reviewing and rewriting the service plan based on the child's current level of functioning and needs:

1. The resident;
2. The resident's family or legally authorized representative;
3. The placing agency; and
4. Facility staff.

§ 5.40. The degree of participation, or lack thereof, of each of the parties listed in § 5.39 in reviewing and rewriting the service plan shall be documented in the child's record.

§ 5.41. Staff responsible for the daily implementation of the child's individual service plan shall be represented on the staff team that evaluates adjustment and progress and makes plans for individual children except that this section does not apply to secure detention facilities.

§ 5.42. Staff responsible for daily implementation of the child's individualized service plan shall be able to describe resident behavior in terms of the objectives in the service plan except that this section does not apply to secure detention facilities.

Article 15. Service Plan for Temporary Care Facilities.

§ 5.43. In any facility where a child is admitted for temporary care not to exceed 60 days an individualized service plan shall be developed for each child and placed in the child's master file within 72 hours of admission.

§ 5.44. The individualized service plan shall include:

1. The child's description of his situation/problem;
2. Documentation of contact with the child's parent or guardian to obtain his description of the child's situation/problem;
3. The facility staff's assessment of the child's situation/problem;
4. A plan of action including:
 - a. Services to be provided;

b. Activities to be provided;

c. Who is to provide services and activities; and

d. When services and activities are to be provided;

5. The anticipated date of discharge; and

6. An assessment of the child's continuing need for services.

Article 16. Counseling and Social Services.

§ 5.45. For all facilities except secure detention facilities the program of the facility shall be designed to provide counseling and social services which address needs in the following areas:

1. Helping the child and the parents or guardian to understand the effects on the child of separation from the family and the effect of group living;

2. Assisting the child and the family in maintaining their relationships and planning for the future care of the child;

3. Utilizing appropriate community resources in providing services and maintaining contacts with such resources;

4. Helping the child with problems affecting the ability to have satisfying personal relationships and use of the capacity for growth;

5. Conferring with the child care staff to help them understand the child's needs in order to promote adjustment to group living; and

6. Working with the child and with the family or any placing agency that may be involved in planning for the child's future and in preparing the child for return home, for independent living, or for other residential care.

§ 5.46. The provision of counseling and social services shall be documented in each child's record except that this section does not apply to secure detention facilities.

§ 5.47. For all facilities, except secure detention facilities, counseling and/or other social services consistent with the goals of the Service Plan shall be provided to meet the specific needs of each child in one of the following ways:

1. By a qualified staff member;

2. By service staff of the agency that placed the child provided such staff is available on an as needed basis rather than on a limited basis (e.g. quarterly or semi-annually);

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3. On a contract basis by a professional child and family service worker licensed to practice in the Commonwealth of Virginia, other state(s) or the District of Columbia; or

4. On a contract basis by a professional child and family service worker who is working under the auspices of a public or private, nonprofit agency sponsored by a community based group.

Article 17. Residential Services.

§ 5.48. There shall be evidence of a structured program of care that is designed to:

1. Meet the child's physical needs;
2. Provide protection, guidance and supervision;
3. Promote a sense of security and self-worth; and
4. Meet the objectives of the child's service plan.

§ 5.49. There shall be evidence of a structured daily routine that is designed to assure the delivery of program services.

§ 5.50. A daily activity log shall be maintained as a means of informing staff of significant happenings or problems experienced by children including health and dental complaints or injuries.

§ 5.51. Entries in the daily activity log shall be signed or initialed by the person making the entry.

§ 5.52. Routines shall be planned to assure that each child shall have the amount of sleep and rest appropriate for his age and physical condition.

§ 5.53. Staff shall provide daily monitoring and supervision, and instruction, as needed, to promote the personal hygiene of the children.

Article 18. Health Care Procedures.

§ 5.54. For all facilities except temporary care facilities the facility shall have written procedures for the prompt provision of:

1. Routine ongoing medical and dental services; and
2. Emergency services for each child as provided by statute or by agreement with the child's parent(s) and/or legal guardian.

§ 5.55. For all facilities except temporary care facilities written information concerning each child shall be readily accessible to staff who may have to respond to a medical or dental emergency:

1. Name, address, and telephone number of the physician and/or dentist to be notified;

2. Name, address, and telephone number of relative or other person to be notified;

3. Medical insurance company name and policy number or Medicaid number except that this requirement does not apply to secure detention facilities;

4. Information concerning:

- a. Use of medication;
- b. Medication allergies;
- c. Any history of substance abuse except that this requirement does not apply to secure detention; and
- d. significant medical problems; and

5. Written permission for emergency medical or dental care or a procedure and contacts for obtaining consent for emergency medical or dental care except that this section does not apply to secure detention facilities.

§ 5.56. Facilities specifically approved to provide respite care shall update the information required by § 5.55 at the time of each individual stay at the facility.

Article 19. Physical Examinations.

§5.57. Each child accepted for care shall have a physical examination by or under the direction of a licensed physician no earlier than 90 days prior to admission to the facility, except that (i) the report of an examination within the preceding 12 months shall be acceptable if a child transfers from one residential facility licensed or certified by a state agency to another, (ii) a physical examination shall be conducted within 30 days after admission if a child is admitted on an emergency basis and a report of physical examination is not available, and (iii) this section does not apply if a child is admitted to a secure detention facility or to a temporary care facility.

§5.58. Following the initial examination, each child shall have a physical examination annually except that this section does not apply to (i) security detention facilities, or (ii) temporary care facilities.

§5.59. In all facilities, except (i) secure detention facilities, and (ii) temporary care facilities additional or follow-up examination and treatment shall be required when:

1. Prescribed by the examining physician; or
2. Symptoms indicate the need for an examination or treatment by a physician.

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§ 5.60. For all facilities, except (i) secure detention facilities, and (ii) temporary care facilities, each physical examination report shall be included in the child's record.

§5.61. For all facilities except (i) secure detention facilities, and (ii) temporary care facilities each physical examination report shall include:

1. Immunizations administered;
2. Visual acuity;
3. Auditory acuity;
4. General physical condition, including documentation of apparent freedom from communicable disease including tuberculosis;
5. Allergies, chronic conditions, and handicaps, if any;
6. Nutritional requirements, including special diets, if any;
7. Restriction of physical activities, if any;
8. Recommendations for further treatment, immunizations, and other examinations indicated;
9. The date of the physical examination; and
10. The signature of a licensed physician, the physician's designee, or an official of a local health department.

§5.62. In all facilities except (i) secure detention facilities, and (ii) temporary care facilities a child with a communicable disease, whose best interests would not be served by prohibiting admission, may be admitted only after a licensed physician certifies that:

1. The facility is capable of providing care to the child without jeopardizing other children in care and staff; and
2. The facility is aware of the required treatment for the child and procedures to protect other children in care and staff.

§5.63. Recommendations for follow-up medical observation and treatment shall be carried out at the recommended intervals except that this section does not apply to (i) secure detention facilities, or (ii) temporary care facilities.

§5.64. Except for (i) secure detention facilities, (ii) temporary care facilities, and (iii) respite care facilities, each facility shall provide written evidence of:

1. Annual examinations by a licensed dentist; and
2. Follow-up dental care as recommended by the dentist or as indicated by the needs of each child.

§5.65. Each child's record shall include notations of health and dental complaints and injuries showing symptoms and treatment given.

§5.66. Each child's record shall include a current record of ongoing psychiatric or other mental health treatment and reports, if applicable.

§5.67. Provision shall be made for suitable isolation of any child suspected of having a communicable disease.

§5.68. A well stocked first-aid kit shall be maintained and readily accessible for minor injuries and medical emergencies.

Article 20. Medication.

§5.69. All medication shall be securely locked and properly labeled.

§5.70. Medication shall be delivered only by staff authorized by the director to do so.

§5.71. Staff authorized to deliver medication shall be informed of any known side effects of the medication and the symptoms of the effect.

§5.72. A program of medication shall be instituted for a specific child only when prescribed in writing by a licensed physician.

§5.73. Medications that are classified as "controlled substances" as defined in § 54-524.2 of the Code of Virginia, shall only be obtained from a licensed physician or from a licensed pharmacist upon individual prescription of a licensed physician.

§5.74. A daily log shall be maintained of all medicines received by the individual child.

§5.75. The attending physician shall be notified immediately of drug reactions or medication errors.

The telephone number of a Regional Poison Control Center shall be posted on or next to at least one nonpay telephone in each building in which children sleep or participate in programs.

§5.77. At least one 30 cc bottle of syrup of Ipecac shall be available on the premises of the facility for use at the direction of the Poison Control Center or physician.

Article 21. Nutrition.

§5.78. Provisions shall be made for each child to have three nutritionally balanced meals daily.

§5.79. Menus shall be planned at least one week in advance.

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§5.80. Any deviation(s) from the menu shall be noted.

§5.81. The menus including any deviations shall be kept on file for at least six months.

§5.82. The daily diet for children shall be based on the generally accepted "Four Food Groups" system of nutrition planning. (The Virginia Polytechnic Institute and State University Extension Service is available for consultation.)

§5.83. The quantity of food served shall be adequate for the ages of the children in care.

§5.84. Special diets shall be provided when prescribed by a physician.

§5.85. The established religious dietary practices of the child shall be observed.

§5.86. Staff who eat in the presence of the children shall be served the same meals.

§5.87. There shall be no more than 15 hours between the evening meal and breakfast the following day.

§5.88. There shall be at least one nutritious snack provided between the evening meal and breakfast the following day.

Article 22.

Discipline and Management of Resident Behavior.

§5.89. The facility shall have written disciplinary and behavior management policies, including written rules of conduct, appropriate to the age and developmental level of the children in care.

§5.90. Disciplinary and behavior management policies and rules of conduct shall be provided to children, families and referral agencies prior to admission.

§5.91. There shall be written procedures for documenting and monitoring use of the disciplinary and behavior management policies.

§5.92. Control, discipline and behavior management shall be the responsibility of the staff.

Article 23.

Confinement Procedures.

§5.93. When a child is confined to his own room as a means of discipline, the room shall not be locked nor the door secured in any manner that will prohibit the child from opening it, except that this section does not apply to secure detention facilities.

§5.94. Any child confined to his own room shall be able to communicate with staff.

§5.95. There shall be a staff check on the room at least every 30 minutes.

§5.96. The use of confinement procedures shall be documented.

Article 24.

Prohibited Means of Discipline and Behavior Management.

§5.97. The following methods of discipline and behavior management shall be prohibited:

1. Deprivation of nutritionally balanced meals, snacks, and drinking water;

2. Prohibition of contacts and visits with family, legal guardian, attorney, probation officer, or placing agency representative;

3. Limitation of receipt of mail;

4. Humiliating or degrading practices including ridicule or verbal abuse;

5. Corporal punishment, including any type of physical punishment inflicted upon the body;

6. Subjection to unclean and unsanitary living conditions;

7. Deprivation of opportunities for bathing and access to toilet facilities; and

8. Deprivation of health care including counseling.

Article 25.

Chemical or Mechanical Restraints.

§5.98. The use of mechanical and/or chemical restraints is prohibited unless use is specifically permitted by a special license or certification module.

Article 26.

Physical Force.

§5.99. The use on any child of physical force that restricts the physical movements of the child is prohibited except in extreme emergency situations in which it is likely that the child could harm himself or others and in which less restrictive interventions have failed.

§5.100. The use of physical force shall be only that which is minimally necessary to protect the child or others.

§5.101. If the use of physical force or the use of other measures permitted by a certification module is unsuccessful in calming and moderating the child's behavior the child's physician, the rescue squad, the police or other emergency resource shall be contacted for assistance.

§5.102. Any application of physical force shall be fully documented in the child's record as to date, time, staff

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involved, circumstances, reasons for use of physical force, and extent of physical force used.

Article 27. Seclusion.

§5.103. Secluding a child in a room with the door secured in any manner that will prohibit the child from opening it shall be prohibited unless it is specifically permitted by a special license or certification module.

Article 28. Timeout Procedures.

§5.104. Timeout procedures may only be used at times and under conditions specified in the facility's disciplinary or behavior management policies except that this section does not apply to secure detention facilities.

§5.105. When a child is placed in a timeout room, the room shall not be locked nor the door secured in any manner that will prohibit the child from opening it, except that this section does not apply to secure detention facilities.

§5.106. Any child in a timeout room shall be able to communicate with staff except that this section does not apply to secure detention facilities.

§5.107. The use of timeout procedures shall not be used for periods longer than 30 consecutive minutes except that this section does not apply to secure detention facilities.

§5.108. Written documentation shall be maintained verifying that each child placed in a timeout room has been checked by staff at least every 15 minutes, except that this section does not apply to secure detention facilities.

§5.109. A child placed in a timeout room shall have bathroom privileges according to need, except that this section does not apply to secure detention facilities.

§5.110. If a meal is scheduled while a child is in timeout, the meal shall be provided to the child at the end of the timeout procedure except that this requirement does not apply to secure detention facilities.

Article 29. Education.

§5.111. Each child of compulsory school attendance age shall be enrolled in an appropriate educational program as provided in the Code of Virginia.

§5.112. The facility shall provide educational guidance and counseling for each child in selection of courses and shall ensure that education is an integral part of the child's total program.

§5.113. Facilities operating educational programs for

handicapped children shall operate those programs in compliance with applicable state and federal regulations.

§5.114. When a handicapped child has been placed in a residential facility without the knowledge of school division personnel in the child's home locality; the facility shall contact the superintendent of public schools in that locality in order to effect compliance with applicable state and federal requirements relative to the education of handicapped children.

§5.115. When a facility has an academic or vocational program that is not certified or approved by the Department of Education, teachers in the program shall provide evidence that they meet the qualifications that are required in order to teach those specific subjects in the public schools.

Article 30. Religion.

§5.116. The facility shall have clearly defined written policies that ensure opportunities for the children to participate in religious activities.

§5.117. The facility's policies on religious participation shall be available to the child and any individual or agency considering the placement of a child in the facility.

§5.118. Children shall not be coerced to participate in religious activities.

§5.119. Each child shall be permitted to observe his established religious practices.

Article 31. Recreation.

§5.120. There shall be a written description of the recreation program for the facility showing activities which are consistent with the facility's total program and with the ages, developmental levels, interests, and needs of the children and which includes:

1. Opportunities for individual and group activities;
2. Free time for children to pursue personal interests which shall be in addition to a formal recreation program;
3. Use of available community recreational resources and facilities;
4. Scheduling of activities so that they do not conflict with meals, religious services, educational programs or other regular events; and
5. Regularly scheduled indoor and outdoor recreational activities that are specifically structured to develop skills and attitudes (e.g., cooperation, acceptance of losing, etc.).

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§5.121. The recreational program provided indoors, outdoors (both on and off the premises), and on field trips shall be directed and supervised by adults who are knowledgeable in the safeguards required for the specific activities.

§5.122. Opportunities shall be provided for coeducational activities appropriate to the ages and developmental levels of the children.

Article 32. Community Relationships.

§5.123. Opportunities shall be provided for the children in a group living situation to participate in activities and to utilize resources in the community except that this section does not apply to secure detention facilities.

§5.124. Community interest in children and efforts on their behalf (public parties, entertainment, invitations to visit families) shall be carefully evaluated to ascertain that these are in the best interest of the children.

Article 33. Clothing.

§5.125. Provisions shall be made for each child to have his own adequate supply of clean, comfortable, well-fitting clothes and shoes for indoor and outdoor wear.

§5.126. Clothes and shoes shall be similar in style to those generally worn by children of the same age in the community who are engaged in similar activities.

§5.127. Children shall have the opportunity to participate in the selection of their clothing except that this section does not apply to secure detention facilities.

§5.128. Each child's clothing shall be inventoried and reviewed at regular intervals to assure repair or replacement as needed.

§5.129. The child shall be allowed to take personal clothing when the child leaves the facility.

Article 34. Allowances and Spending Money.

§5.130. The facility shall provide opportunities appropriate to the ages and developmental levels of the children for learning the value and use of money through earning, budgeting, spending, giving and saving except that this section does not apply to secure detention facilities.

§5.131. There shall be a written policy regarding allowances except that this section does not apply to secure detention facilities.

§5.132. The written policy regarding allowances shall be made available to parents and/or guardians at the time of admission, except that this section does not apply to

secure detention facilities.

§5.133. The facility shall provide for safekeeping and for record keeping of any money that belongs to children.

Article 35. Work and Employment.

§5.134. Any assignment of chores which are paid or unpaid work assignments, shall be in accordance with the age, health, ability, and service plan of the child.

§5.135. Chores shall not interfere with regular school programs, study periods, meals or sleep.

§5.136. Work assignments or employment outside the facility including reasonable rates of payment shall be approved by the program director with the knowledge and consent of the parent, guardian or placing agency, except that this section does not apply to secure detention facilities.

§5.137. The facility shall ensure that any child employed inside or outside the facility is paid at least at the minimum wage required by the applicable law concerning wages and hours, and that such employment complies with all applicable laws governing labor and employment except that this section does not apply to secure detention facilities.

§5.138. Any money earned through employment of a child shall accrue to the sole benefit of that child.

Article 36. Visitation at the Facility and to the Child's Home.

§5.139. The facility shall provide written visitation policies and procedures permitting reasonable visiting privileges and flexible visiting hours.

§5.140. Copies of the written visitation policies and procedures shall be made available to the parents, the child, the staff and other interested persons important to the child no later than the time of admission.

Article 37. Use of Vehicles and Power Equipment.

§5.141. Any transportation provided for and/or used by children shall be in compliance with state, federal and/or international laws relating to:

1. Vehicle safety and maintenance;
2. Licensure of vehicles; and
3. Licensure of drivers.

§5.142. There shall be written safety rules for transportation of children, including handicapped children, appropriate to the population served.

Proposed Regulations

§5.143. There shall be written safety rules for the use and maintenance of vehicles and power equipment.

Article 38. Reports to Court.

§5.144. When the facility has received legal custody of a child pursuant to §§ 16.1-279A or 16.1-279B of the Code of Virginia copies of any foster care plans (required by §§ 16.1-281 and 16.1-282 of the Code of Virginia) submitted to the court shall be filed in the child's record except that this section does not apply to secure detention facilities.

Article 39. Emergency Reports.

§5.145. Any serious incident, accident or injury to the child; any overnight absence from the facility without permission; any runaway; and/or any other unexplained absence shall be reported to the parent/guardian/placing agency within 24-hours.

§5.146. The child's record shall contain:

1. The date and time the incident occurred;
2. A brief description of the incident;
3. The action taken as a result of the incident;
4. The name of the person who completed the report;
5. The name of the person who made the report to the parent/guardian or placing agency; and
6. The name of the person to whom the report was made.

Article 40. Suspected Child Abuse or Neglect.

§5.147. Any case of suspected child abuse or neglect shall be reported immediately to the local department of public welfare/social services as required by §63.1-248.3 of the Code of Virginia.

§5.148. The child's record shall include:

1. Date and time the suspected abuse or neglect occurred;
2. Description of the incident;
3. Action taken as a result of the incident; and
4. Name of the person to whom the report was made at the local department.

PART VI DISASTER OR EMERGENCY PLANS

Article 1. Procedures for Meeting Emergencies.

§6.1. Established written procedures shall be made known to all staff and residents, as appropriate for health and safety, for use in meeting specific emergencies including:

1. Severe weather;
2. Loss of utilities;
3. Missing persons;
4. Severe injury; and
5. Emergency evacuation including alternate housing.

Article 2. Written Fire Plan.

§6.2. Each facility with the consultation and approval of the appropriate local fire authority shall develop a written plan to be implemented in case of a fire at the facility.

§6.3. Each fire plan shall address the responsibilities of staff and residents with respect to:

1. Sounding of fire alarms;
2. Evacuation procedures including assembly points, head counts, primary and secondary means of egress, evacuation of residents with special needs, and checking to ensure complete evacuation of the building(s);
3. A system for alerting fire fighting authorities;
4. Use, maintenance and operation of fire fighting and fire warning equipment;
5. Fire containment procedures including closing of fire doors, fire windows or other fire barriers;
6. Posting of floor plans showing primary and secondary means of egress; and
7. Other special procedures developed with the local fire authority.

§6.4. Floor plans showing primary and secondary means of egress shall be posted on each floor in locations determined by the appropriate local fire authority.

§6.5. The written fire plan shall be reviewed with the local fire authority at least annually and updated, if necessary.

§6.6. The procedures and responsibilities reflected in the written fire plan shall be made known to all staff and residents.

Proposed Regulations

Article 3.

Posting of Fire Emergency Phone Number.

§6.7. The telephone number of the fire department to be called in case of fire shall be prominently posted on or next to each telephone in each building in which children sleep or participate in programs.

Article 4.

Portable Fire Extinguishers.

§6.8. There shall be at least one approved 2A IOBC fire extinguisher on each floor and in, or immediately adjacent to, the kitchen, incinerator, and each combustion-type heating device. Additional fire extinguishers shall be provided so that it is never necessary to travel more than 75 feet to an extinguisher.

§6.9. Fire extinguishers shall be mounted on a wall or a post where they are clearly visible and so that the top is not more than five feet from the floor. They shall be easy to reach and remove and they shall not be tied down, locked in a cabinet, or placed in a closet or on the floor, except that where extinguishers are subject to malicious use, locked cabinets may be used provided they include a means of emergency access.

§6.10. All required fire extinguishers shall be maintained in operable condition at all times.

§6.11. Each fire extinguisher shall be checked by properly oriented facility staff at least once each month to ensure that the extinguisher is available and appears to be in operable condition. A record of these checks shall be maintained for at least one year and shall include the date and initials of the person making the inspection.

§6.12. Each fire extinguisher shall be professionally maintained at least once each year. Each fire extinguisher shall have a tag or label securely attached which indicates the month and year the maintenance check was last performed and which identifies the company performing the service.

Article 5.

Smoke Alarms.

§6.13. The facility shall provide at least one approved and properly installed battery-operated smoke detector:

1. In each bedroom hallway;
2. At the top of each interior stairway;
3. On each area designated for smoking;
4. In or immediately adjacent to each room with a furnace or other heat source; and
5. In each location directed by the local building official, the local fire authority, and/or the state fire

authority.

§6.14. Battery-operated smoke detectors shall signal when the battery is exhausted or missing.

§6.15. Each smoke detector shall be maintained in operable condition at all times.

§6.16. Each smoke detector shall be tested by properly oriented facility staff at least once each month and restored immediately to proper working order when the battery is exhausted or missing. A record of these tests shall be maintained for at least one year and shall include the date and initials of the person making the test.

Article 6.

Fire Drills.

§6.17. Fire drills (the simulation of fire safety procedures included in the written fire plan), shall be conducted in each building at the facility at least once each month.

§6.18. Fire drills shall include, as a minimum:

1. Sounding of fire alarms;
2. Practice in building evacuation procedures;
3. Practice in alerting fire fighting authorities;
4. Simulated use of fire fighting equipment;
5. Practice in fire containment procedures; and
6. Practice of other simulated fire safety procedures as may be required by the facility's written fire plan.

§6.19. Fire drills shall be conducted at a variety of times during the day to ensure that all staff and children have an opportunity to experience fire drills under various conditions.

§6.20. In buildings used by children for sleeping during each quarter or three month period at least one fire drill shall be conducted during the hours that children are normally asleep.

§6.21. False alarms shall not be counted as fire drills.

§6.22. The facility shall designate a staff member for each building to be responsible for conducting and documenting fire drills.

§6.23. A record shall be maintained on each fire drill conducted and shall include the following information:

1. Building in which the drill was conducted;
2. Date of drill;
13. Time of drill;

Proposed Regulations

4. Amount of time to evacuate building;
5. Specific problems encountered;
6. Staff tasks completed:
 - a. Doors and windows closed,
 - b. Head count,
 - c. Practice in notifying fire authority, and
 - d. Other;
7. Summary; and
8. Signature of staff member responsible for conducting and documenting the drill.

mobility specialist from the Department of Visually Handicapped to provide "sighted guide" training for use in emergencies except that this requirement shall not apply to secure detention facilities.

§6.29. "Sighted guide" training for use in emergencies shall be required of all personnel having responsibility for supervision of a blind or visually handicapped child.

§6.24. The record for each fire drill shall be retained for two subsequent years to the drill.

§6.25. The facility shall designate a staff member to be responsible for the fire drill program at the facility who shall:

1. Ensure that fire drills are conducted at the times and intervals required by these standards and the facility's written fire plan;
2. Review fire drill reports to identify problems in the conduct of fire drills and in the implementation of the requirements of the written fire plan;
3. Consult with the local fire authority, as needed, and plan, implement and document training or other actions taken to remedy any problems found in the implementation of the procedures required by the written fire plan; and
4. Consult and cooperate with the local fire authority to plan and implement an educational program for facility staff and residents on topics in fire prevention and fire safety.

Article 7. Staff Training in Fire Procedures.

§6.26. Each new staff member shall be trained in fire procedures and fire drill procedures within seven days after employment.

§6.27. Each new staff member shall be trained in fire procedures and fire drill procedures prior to assuming sole responsibility for the supervision of one or more children.

Article 8. "Sighted Guide" Training for Emergency Use.

§6.28. When a blind or visually impaired child is admitted the facility shall obtain the services of an orientation and

SURVEY

DEPARTMENT OF SOCIAL SERVICES

Please remove the pages of this survey from the Register of Regulations before returning it to the Virginia Department of Social Services

VIRGINIA DEPARTMENT OF CORRECTIONS
VIRGINIA DEPARTMENT OF EDUCATION
VIRGINIA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
VIRGINIA DEPARTMENT OF SOCIAL SERVICES

COMMENTS ON PROPOSED REVISIONS TO
"CORE STANDARDS FOR INTERDEPARTMENTAL LICENSURE AND
CERTIFICATION OF RESIDENTIAL FACILITIES FOR CHILDREN"

PUBLIC COMMENT PERIOD: MARCH 4, 1985, THROUGH MAY 14, 1985

INTRODUCTION: Every comment which is submitted is important. It is the desire of the Departments to give equal consideration to every comment. Automated equipment (a computer and word processing equipment) will be utilized to tabulate and collate responses received during the public comment period. Following the instructions will assure that each submitted comment receives equal consideration. Your cooperation will also permit the Departments to analyze the comments received in the most cost efficient manner. Completed survey instruments should be submitted to:

Office of the Coordinator
Interdepartmental Licensure and Certification
8007 Discovery Drive
Richmond, Virginia 23229-8699

GENERAL INSTRUCTIONS: The survey instrument consists of three portions: (I) Respondent Identification; (II) Standards Evaluation; and (III) Narrative Comments. Instructions for completing each section of the survey instrument precede the section; please follow the specific instructions for the section. If you wish to make a narrative comment about one or more specific standards please use the forms provided in Section III for that purpose. **PRIOR TO COMPLETING THE SURVEY INSTRUMENT, IT IS RECOMMENDED THAT THE COMPLETE SET OF STANDARDS BE REVIEWED.** If you do not have a complete set of the standards, one may be obtained by contacting Mr. Barry Craig at (804) 281-9025 or by calling (toll-free) 1-800-552-7091. Any questions concerning the standards or the survey instrument may also be directed to Mr. Craig.

I. RESPONDENT IDENTIFICATION:

A. Instructions: Complete each item. In the space provided, record the code letter for the category of which you are a member. **SELECT ONLY ONE CATEGORY.** If you belong to more than one category, select the category with which you wish your response to be tabulated.

..... 1. Indicate in the space on the left the code letter of the category of which you are a member. **RECORD ONLY ONE CATEGORY.**

CATEGORIES:

- a. The operator of a licensed/certified residential facility for children. (Operators include directors, superintendents, chief-administrators and owners.)
- b. A staff member (other than the operator) of a licensed residential facility for children.
- c. An employee of the Department of Corrections, Department of Education, Department of Mental Health and Mental Retardation, or the Department of Social Services.

Survey

- d. The parent/guardian of a child residing in a residential facility for children.
- e. An interested party other than those listed above.
- f. Unidentified.

..... 2. Indicate in the space on the left the code letter of the type of facility with which you are affiliated. **SELECT ONLY ONE CATEGORY.** The parent/guardian of a child residing in a licensed residential facility for children is requested to record the category for the type of facility in which the child resides.

- a. A facility operated by the Commonwealth of Virginia.
- b. A facility operated by a city, county, or town.
- c. A facility operated by a board or commission established by the ordinance of one or more cities, counties, and/or towns.
- d. A facility operated by a private organization.
- e. Not affiliated with a specific residential facility for children.

B. Instructions: It is requested that you provide your name and address in order that your response may be tabulated in the categories that you recorded above. Equal consideration will be given to every comment; however, responses which do not include a name and address will be tabulated in category f - Unidentified. It is necessary to provide your name and address if you wish your response tabulated in one of the other categories. Providing your name and address will also allow us to contact you should we have questions about your response or need additional information.

Name:

Address:

City, State and Zip:

II. STANDARDS EVALUATION

Those standards which, during the development process, have generated the most discussion and/or disagreement about their content have been included in this section. These standards have been selected for specific review independently of other standards concerning the same topical area in the complete set of standards. To appreciate the full context of the topical area, it may be beneficial to review the complete set of standards, if you have not already done so, prior to completing this section.

If you wish to make a narrative comment about one or more specific standards please use the forms provided in Section III for that purpose. The forms may be used for making comments about standards included in this section, as well as any other standards in the complete set of standards.

Instructions: You are requested to evaluate each standard on the specific items described below:

Protection: Does the standard provide sufficient protection to the well-being of children in care?

Cost: Is the cost required to comply with the standard justified to protect children in care? (Cost includes both financial aspects of a facility's operation and the time of facility staff.)

Clarity: Is the meaning of the standard clear and understandable to you as it is written? (This question asks only whether the standard is written in an understandable manner; it does not ask whether you agree or disagree with the standard.)

IN THE SPACES PROVIDED TO THE LEFT OF EACH STANDARD, PLEASE WRITE THE CODE NUMBERS WHICH REFLECTS YOUR OPINION ABOUT THE STANDARD.

1. § 1.17. *An extended license/certificate may be issued following the expiration of an annual or an extended license/certificate and, additionally, it is determined by the licensing/certification authority that (i) the facility has a satisfactory compliance history; and (ii) the facility has had no significant changes in its program, population, sponsorship, staffing and management, or financial status during the term of the previous annual or extended license.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

2. *§ 2.10. Facilities having an approved rate established in accordance with the Interdepartmental Rate Setting Process shall submit evidence of financial responsibility. This shall include:*

1. *A copy of the facility's most recently completed financial audit;*

2. *A report on any changes in income, expenses, assets, and liabilities that significantly change the fiscal condition of the facility as reflected in the financial audit submitted or a statement that no such changes have occurred; and*

3. *A working budget showing projected revenue and expenses for the coming year.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

3. *§ 3.11. Standards establishing the minimum qualifications for the positions of Program Director, Child and Family Service Worker, Child Care Supervisor, and Child Care Worker shall be applicable to all facilities except (i) facilities subject to the rules and regulations of the Virginia Department of Personnel and Training or (ii) the rules and regulations of a local government personnel office shall develop written minimum entry level qualifications in accord with the rules and regulations of the supervising personnel authority.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

4. *§ 3.29. No person shall work more than six consecutive days between rest days.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

5. *§ 3.30. Child care staff who have at least one 24-hour period of direct supervisory contact with children during a week shall have an average of not less than two days off per week in any four-week period. This shall be in addition to vacation time and holidays.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

6. *§ 3.31. Child care staff who work in shifts shall have an average of not less than two days off per week in any four-week period. This shall be in addition to vacation time and holidays.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

Survey

7. § 4.10. *Mechanical ventilating systems or air conditioning shall be provided in all rooms occupied by children when the temperature in those rooms exceeds 85°F.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

8. § 4.20. *There shall be at least one hand basin and one shower or bathtub in each living unit, and there shall be at least one bathroom equipped with a bathtub in each facility.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

9. § 5.87. *There shall be no more than 15 hours between the evening meal and breakfast the following day.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

10. § 5.88. *There shall be at least one nutritious snack provided between the evening meal and breakfast the following day.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

11. § 5.97. *The following methods of discipline and behavior management shall be prohibited:*

- 1. Deprivation of nutritionally balanced meals, snacks, and drinking water;*
- 2. Prohibition of contacts and visits with family, legal guardian, attorney, probation officer, or placing agency representative;*
- 3. Limitation of receipt of mail;*
- 4. Humiliating or degrading practices including ridicule or verbal abuse;*
- 5. Corporal punishment, including any type of physical punishment inflicted upon the body;*
- 6. Subjection to unclean and unsanitary living conditions;*
- 7. Deprivation of opportunities for bathing and access to toilet facilities; and*
- 8. Deprivation of health care counseling.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

12. § 5.98. *The use of mechanical and/or chemical restraints is prohibited unless use is specifically permitted by a special license or certification module.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

13. § 5.99. *The use on any child of physical force that restricts the physical movements of the child is prohibited except in extreme emergency situations in which it is likely that the child could harm himself or others and in which less restrictive interventions have failed.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

14. § 5.100. *The use of physical force shall be only that which is minimally necessary to protect the child or others.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

15. § 5.101. *If the use of physical force or the use of other measures permitted by a certification module is unsuccessful in calming and moderating the child's behavior the child's physician, the rescue squad, the police or other emergency resource shall be contacted for assistance.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

16. § 5.116. *The facility shall have clearly defined written policies that ensure opportunities for the children to participate in religious activities.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

17. § 5.117. *The facility's policies on religious participation shall be available to the child and any individual or agency considering the placement of a child in the facility.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

18. § 5.118. *Children shall not be coerced to participate in religious activities.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

19. § 5.119. *Each child shall be permitted to observe his established religious practices.*

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

Survey

20. § 6.2. Each facility with the consultation and approval of the appropriate local fire authority shall develop a written plan to be implemented in case of a fire at the facility.

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

21. § 6.3. Each fire plan shall address the responsibilities of staff and residents. (Please refer to the complete standards draft for a listing of the specific responsibilities which must be addressed.)

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

22. § 6.5. The written fire plan shall be reviewed with the local fire authority at least annually and updated, if necessary.

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

23. § 6.8. There shall be at least one approved 2A 10BC fire extinguisher on each floor and in, or immediately adjacent to, the kitchen, incinerator, and each combustion-type heating device. Additional fire extinguishers shall be provided so that it is never necessary to travel more than 75 feet to an extinguisher.

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

24. § 6.12. Each fire extinguisher shall be professionally maintained at least once each year. Each fire extinguisher shall have a tag or label securely attached which indicates the month and year the maintenance check was last performed and which identifies the company performing the service.

..... protection	1: insufficient	2: sufficient	3: overly protective
..... cost	1: justified	2: unjustified	3: not applicable
..... clarity	1: clear meaning	2: unclear meaning	

25. § 6.13. The facility shall provide at least one approved and properly installed battery-operated smoke detector:

1. In each bedroom hallway;
2. At the top of each interior stairway;
3. In each area designated for smoking;
4. In or immediately adjacent to each room with a furnace or other heat source; and
5. In each location directed by the local building official, the local fire authority, and/or the state fire authority.

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

26. § 6.17. *Fire drills (the simulation of fire safety procedures included in the written fire plan), shall be conducted in each building at the facility at least once each month.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

27. § 6.19. *Fire drills shall be conducted at a variety of times during the day to ensure that all staff and children have an opportunity to experience fire drills under various conditions.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

28. § 6.20. *In buildings used by children for sleeping during each quarter or three-month period at least one fire drill shall be conducted during the hours that children are normally asleep.*

..... protection 1: insufficient 2: sufficient 3: overly protective
 cost 1: justified 2: unjustified 3: not applicable
 clarity 1: clear meaning 2: unclear meaning

III. NARRATIVE COMMENTS

COMMENTS ON PROPOSED REVISIONS TO "CORE STANDARDS FOR INTERDEPARTMENTAL LICENSURE AND CERTIFICATION OF RESIDENTIAL FACILITIES FOR CHILDREN"

PUBLIC COMMENT PERIOD: MARCH 4, 1985, THROUGH MAY 14, 1985

INSTRUCTIONS: Comments will be sorted and collated using automated word processing equipment. Comments may be made on any standard(s) including both those included in the preceding section, as well as any other standards in the complete set of standards.

Please assist in preparing comments for the equipment operator:

1. Put the complete number of the Standard in Column #1.
2. Identify the problem with the Standard in Column #2.
3. Suggest a solution to the problem in Column #3.
4. Fill in all three columns for each comment made. (All three columns need to be filled in for the automated equipment to sort and collate the comments.)
5. Place only one number in Column 1 for each comment made. (If the same comment applies to two standards, please list each number and repeat the comment and suggested solution. You may use ditto marks when the same comment and/or solution applies to comments you list consecutively on the form.)
6. Place only one comment and solution by each number. (If you wish to make more than one comment and solution to a single standard, please repeat the number of the standard by each comment.)
7. Write legibly, use only generally accepted abbreviations, and use ink or pencil that makes a dark imprint.
8. The form may be reproduced as necessary if additional space is needed.

Thank you for your interest in residential facilities for children and this revision effort. Comments should be submitted to:

Office of the Coordinator
Interdepartmental Licensure and Certification
8007 Discovery Drive
Richmond, Virginia 23229-8699

COMMENTS ON PROPOSED REVISIONS TO
CORE STANDARDS FOR INTERDEPARTMENTAL LICENSURE AND CERTIFICATION
OF RESIDENTIAL FACILITIES FOR CHILDREN
PUBLIC COMMENT PERIOD MARCH 4, 1985 THROUGH MAY 14, 1985

COLUMN 1: STANDARD NUMBER	COLUMN 2: DESCRIBE THE PROBLEM WITH THE STANDARD	COLUMN 3: SUGGESTED SOLUTION TO THE PROBLEM
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FINAL REGULATIONS

For information concerning Final Regulations, see information page.

Symbol Key

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

STATE BOARD OF ACCOUNTANCY

Notice: *The State Board of Accountancy has resubmitted its Public Participation Guidelines in order that they may be codified under the codification system established by the Virginia Code Commission. These regulations became effective on October 25, 1984, and are published in this issue for informational purposes only.*

Title of Regulations: VR 105-01-1. Virginia State Board of Accountancy Public Participation Guidelines.

Statutory Authority: § 9-6.14:7.1 of the Code of Virginia.

Effective Date: October 25, 1984

§ 1. Mailing List.

The Virginia State Board of Accountancy, referred to as "the agency", will maintain a list of persons and organizations which will be mailed the following documents as they become available:

1. "Notice of intent" to promulgate regulations.
2. "Notice of public hearing" or "informational proceeding," the subject of which is proposed or existing regulation.
3. Final regulation adopted.

§ 2. Being Placed on List; Deletion.

Any person wishing to be placed on the mailing list may do so by writing the agency. In addition, the agency, in its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all information stated in § 1. Individuals and organizations will be periodically requested to indicate their desire to continue to receive documents or be deleted from the list. When mail is returned as undeliverable, individuals and organizations will be deleted from the list.

§ 3. Notice of Intent.

At least 30 days prior to publication of the notice to conduct an informational proceeding as required by §

9-6.14:1 of the Code of Virginia, the agency will publish a "notice of intent." This notice will contain a brief and concise statement of the possible regulations, or the problem the regulation would address, and invite any person to provide written comment on the subject matter. Such notice shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

§ 4. Informational Proceedings or Public Hearings for Existing Regulations.

At least once each biennium, the agency will conduct an informational proceeding, which may take the form of a public hearing, to receive public comment on existing regulations. The purpose of the proceeding will be to solicit public comment on all existing regulations as to the effectiveness, efficiency, necessity, clarity, and cost of compliance. Notice of such proceeding will be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations. Such proceeding may be held separately or in conjunction with other informational proceedings.

§ 5. Petition for Rulemaking.

Any person may petition the agency to adopt, amend, or delete any regulation. Any petition received shall appear on the next agenda of the agency. The agency shall have sole authority to dispose of the petition.

§ 6. Notice of Formulation and Adoption.

At any meeting of the board or any subcommittee or advisory committee, where it is anticipated the formulation or adoption of the regulation will occur, the subject matter shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

§ 7. Advisory Committees.

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

§ 8. Applicability.

Sections 1 through 3 and §§ 5 through 7 shall apply to all regulations promulgated except emergency regulations adopted in accordance with § 9-6.14:6 of the Code of Virginia.

Final Regulations

VIRGINIA STATE BOARD OF NURSING

Title of Regulations: [§ IX VR 495-01-1.] **Public Participation Guidelines for the Virginia State Board of Nursing [Regulations]**

Statutory Authority: § 54-367.11 of the Code of Virginia.

Summary and Analysis:

The Virginia State Board of Nursing's Public Participation Guidelines will be used to solicit and promote the participation of all interested and affected parties in the development, formulation and adoption of such regulations as the Board may promulgate under the authority established by state law.

[Section IX VR 495-01-1.] - Public Participation Guidelines [for the Virginia State Board of Nursing]

PART IX Public Participation Guidelines

[§ 9.1. A.] Mailing List.

The Virginia State Board of Nursing (Board) will maintain a list of persons and organizations who will be mailed the following documents as they become available:

1. "Notice of intent" to promulgate regulations.
2. "Notice of public hearing" or "informational proceeding", the subject of which is proposed or existing regulation.
3. Final regulation adopted.

B. Any person wishing to be placed on the mailing list may do so by writing the Board. In addition, the Board in its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all [above listed] information. stated in Section A. Individuals and organizations will be periodically requested to indicate their desire to continue to receive documents or be deleted from the list. Where mail is returned as undeliverable, individuals and organizations will be deleted from the list.

[§ 9.2. C.] Notice of Intent.

At least 30 days prior to publication of the notice to conduct an informational proceeding as required by § 9-6.14:7.1 [of the Code of Virginia], the Board will publish a "notice of intent". This notice will contain a brief and concise statement of the possible regulation or the problem the regulation would address, and invite any person to provide written comment on the subject matter. Such notice shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of

Regulations.

[§ 9.3. D.] Public Comment Period.

At least once each biennium, the Board will conduct an informational proceeding, which may take the form of a public hearing, to receive public comment on existing regulations. The purpose of the proceeding will be to solicit public comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance. Notice of such proceeding will be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations. Such proceedings may be held separately or in conjunction with other informational proceedings.

[§ 9.4. E.] Petitions to the Board.

Any person may petition the Board to adopt, amend, or delete any regulation. Any petition received shall appear on the next agenda of the Board. The Board shall have sole authority to dispose of the petition.

[§ 9.5. F.] Publication in the Virginia Register of Regulations.

At any meeting of the Board or any subcommittee or advisory committee, where the formulation or adoption of regulation occurs, the subject matter shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

[§ 9.6. G.] Advisory Committee.

The Board, in cooperation with the Commission on Health Regulatory Boards, may appoint advisory committees as they deem necessary to provide for adequate citizen participation in the formation, promulgation, adoption and review of regulations.

VIRGINIA WATER AND SEWER ASSISTANCE AUTHORITY

Title of Regulations: VR 672-01-1. **Guidelines for Public Participation in the Promulgation of Regulations.**

Statutory Authority: § 62.1-203 of the Code of Virginia.

Effective Date: April 5, 1985.

Summary and Analysis:

In order to elicit public input in the formation, promulgation and adoption of its regulations, the Virginia Water and Sewer Assistance Authority has adopted guidelines for public participation in the promulgation of regulations. These guidelines set forth procedures to be followed by the Authority in its regulatory process and will apply to all regulations of

Final Regulations

the Authority except emergency regulations.

Comments Solicited:

A public hearing on the proposed regulation relating to guidelines for public participation in the promulgation of regulations was held on February 8, 1985, at 10 a.m. in the Board Room of the State Water Control Board, 2107 N. Hamilton Street, Richmond, Virginia. In addition to the representatives of the Authority, three persons attended the public hearing. There were no comments concerning the proposed regulation relating to Guidelines for Public Participation in the Promulgation of Regulations. Accordingly, the Board of Directors of the Virginia Water and Sewer Assistance Authority at a meeting held on February 11, 1985, adopted the regulations as proposed without change, effective upon the expiration of the 30-day final adoption period provided for under the Administrative Process Act or upon its adoption should the 30-day final adoption period not apply.

VR 672-01-1. Guidelines for Public Participation in the Promulgation of Regulations.

[§ 1.] Application.

These guidelines shall apply to all regulations promulgated by the Authority except emergency regulations in connection with which the public procedures required by the Administrative Process Act are dispensed with pursuant to the provisions of the Act.

[§ 2.] Mailing List.

The Executive Director of the Authority will maintain a mailing list of individuals, associations, governmental units and other parties, including public interest groups, which in the reasonable determination of the Executive Director would appropriately be notified by direct mailing of regulatory activities of the Authority.

[§ 3.] Notification.

The mailing list maintained by the Executive Director will be utilized as deemed appropriate by the Executive Director to notify interested parties by direct mailing of regulatory activities contemplated from time to time by the Authority. Where deemed appropriate by the Executive Director, the Executive Director will also employ notification by publication in newsletters, newspapers, trade and professional publications and/or The Virginia Register of Regulations.

[§ 4.] Solicitation of Public Input.

The Executive Director will receive and compile suggestions and comments submitted by interested parties with respect to regulations of the Authority. The Executive Director will also notify interested parties of the Authority's intent to promulgate regulations in order to solicit comments and suggestions in the formation of the

proposed regulations. Such notification will be as provided in [§ 3] of these guidelines.

[§ 5.] Formation of Proposed Regulations.

The comments and suggestions of interested parties received and compiled by the Executive Director will be considered by the Authority and the Executive Director in the formation of proposed regulations. In addition, the Authority or the Executive Director may form an ad hoc committee of interested parties to assist in the formation of regulations.

[§ 6.] Public Hearing.

Regulations proposed for adoption by the Authority will be the subject of a public hearing conducted by the Executive Director or other authorized representatives of the Authority in order to provide the general public with an opportunity to comment upon the proposed regulations prior to their adoption. Not less than [~~sixty~~ 60] days prior to the public hearing, the proposed regulations and notice of the public hearing will be published in The Virginia Register of Regulations and as otherwise required by the Administrative Process Act. Copies of the proposed regulations may also be mailed by the Executive Director in his discretion to interested parties and will be made available at the offices of the Authority for public inspection.

[§ 7.] Additional Public Comment.

If the Governor suspends the regulatory process with respect to a regulation adopted by the Authority and requires solicitation of additional public comment, the Executive Director will solicit such additional public comment in the manner specified by the Governor or, in the absence of such specification, as the Executive Director deems appropriate.

Title of Regulations: VR 672-02-1. Criterion for Eligibility to Participate in Initial Financing.

Statutory Authority: § 62.1-203 of the Code of Virginia.

Effective Date: April 5, 1985.

Summary and Analysis:

Virginia Water and Sewer Assistance Authority intends to issue an initial series of its bonds to finance water and sewer projects of local governments. The initial issuance is expected to finance projects of local governments whose credit ratings are sufficient to enable the Authority more readily to establish a market presence and acceptability at a financing cost acceptable to the Authority. Having thus issued bonds, the Authority will then be able to finance projects of local governments requiring an existing ability on the part of the Authority to issue its bonds. The regulation

adopted by the Authority establishes the eligibility criterion for local governments whose water and sewer projects will be financed by the Authority's initial issuance of bonds, and requires only that the local government have an A rating or better from either Standard & Poor's Corporation or Moody's Investor Service for its utility systems or its general obligation indebtedness.

Comments Solicited:

A public hearing on the proposed regulation relating to the criterion for eligibility to participate in the initial financing was held on February 8, 1985, at 10 a.m. in the Board Room of the State Water Control Board, 2107 N. Hamilton Street, Richmond, Virginia. In addition to the representatives of the Authority, three persons attended the public hearing. A number of questions were posed concerning the Authority's proposed initial financing; however, the only question relating to the regulation was whether it was intended to be permanent. This question was answered in the negative as the proposed regulation would only apply to the Authority's initial issue of bonds. Accordingly, the Board of Directors of the Virginia Water and Sewer Assistance Authority at a meeting held on February 11, 1985, adopted the regulation as proposed without change, effective upon the expiration of the 30-day final adoption period provided for under the Administrative Process Act or upon its adoption should the 30-day final adoption period not apply.

VR 672-02-1. Criterion for Eligibility to Participate in Initial Financing.

All local governments with an A rating or better by Standard and Poor's Corporation or Moody's Investors Service for their utility systems or general obligations are eligible to participate in the initial financing of the Authority.

EMERGENCY REGULATION

VIRGINIA MARINE RESOURCES COMMISSION

Title of Regulations: VR 450-01-0032. Emergency Regulations Pertaining to the Potomac River Tributaries.

Statutory Authority: §§ 28.1-23 and 28.1-25 of the Code of Virginia.

Effective Date: February 16, 1985.

PREAMBLE

This regulation closes Virginia's Potomac River tributaries to the taking of striped bass from February 16, 1985 to March 31, 1985. This regulation, in addition to Regulation VR 450-01-0029, closes the Potomac River tributaries to the taking of striped bass for the period January 1, 1985 to May 31, 1985.

Recognizing the need for immediate protection of the striped bass stock of the Potomac River and, in particular, of the 1982 year class of striped bass and to ensure uniform regulation of the Potomac River mainstem and its tributaries, the Marine Resources Commission, acting under the authority of §§ 28.1-23 and 28.1-25 of the Code of Virginia, does hereby promulgate the following emergency regulation.

§ 1. Authority, Prior Regulations, Effective Date, Termination Date:

A. This emergency regulation is promulgated pursuant to the authority contained in §§ 28.1-23 and 28.1-25 of the Code of Virginia.

B. This emergency regulation is in addition to, and compliments Regulation VR 450-01-0029, Pertaining to the Taking of Striped Bass, which was promulgated by the Marine Resources Commission and made effective January 1, 1985.

C. The effective date of this emergency regulation is February 16, 1985.

D. This emergency regulation shall terminate on April 1, 1985.

§ 2. Purpose:

The purpose of the regulation is to provide for the immediate protection of the striped bass stock of the Potomac River and, in particular, to reduce the harvest pressure on the 1982 year class of striped bass. This regulation also provides for uniform regulation of the Potomac River mainstem and its tributaries by providing for identical closed seasons in the two areas.

§ 3. Definition:

For the purposes of this emergency regulation, "Potomac River tributaries" shall mean all rivers, creeks,

bays, sounds, coves, and hollows bordering the Virginia-Maryland line and flowing into the Potomac River between Smith Point and the District of Columbia, including the following: Hack Creek; Cubitt Creek; Hull Creek including Rogers Creek and Bridgeman Creek; Presley Creek; Cod Creek; Coan River and Judith Sound including Balls Creek, Mill Creek, The Glebe, Glebe Creek, and Kingscote Creek; Yeocomico River including South Yeocomico River, Cornish Creek, Lodge Creek, Mill Creek, West Yeocomico River, Hampton Hall Branch, Kinsale Branch, Northwest Yeocomico River, White Point Creek, and Shannon Branch; Bonum Creek; Jackson Creek; Gardner Creek; Ragged Point Hollow inshore of a line connecting Potomac River boundary markers PRV-4A and PRV-4B; Lower Machodoc Creek including Glebe Creek and Cabin Point Creek; Nomini Bay including Buckner Creek, Nomini Creek, Peirce Creek, and Smarts Creek; Currioman Bay including Poor Jack Creek, Cold Harbor Creek, and Currioman Creek; Popes Creek; Mattox Creek; Monroe Bay and Monroe Creek; Rosier Creek including Goldman Creek; Upper Machodoc Creek including Gambo Creek, Williams Creek, and Deep Creek; Chotank Creek; Potomac Creek including Accokeek Creek; Aquia Creek; Widewater Hollow inshore of a line connecting Potomac River boundary markers PRV-12A, PRV-12B, and PRV-12C; Chopawamsic Creek; Chopawamsic Island Hollow inshore of a line connecting Potomac River boundary markers PRV-13A and PRV-13B; Quantico Creek; Powells Creek and Hollow inshore of a line connecting Potomac River boundary markers PRV-15A and PRV-15B; Occoquan Bay and Belmont Bay including Farm Creek, Marumsco Creek, Occoquan River, Massey Creek, Kaness Creek, and Neabsco Creek; Hallowing Point Hollow inshore of a line connecting Potomac River boundary markers PRV-34 and PRV-35; Gunston Cove including Pohick Bay, Pohick Creek, Accotink Bay, and Accotink Creek, Dogue Creek; Little Hunting Creek; and Hunting Creek and Hollow inshore of a line connecting Potomac River boundary markers PRV-41, PRV-42, and PRV-43 and including Cameron Run.

§ 4. Closed Area and Season:

A. The Potomac River tributaries are closed to the taking of striped bass from February 16 through March 31, inclusive.

B. Striped bass taken during the closed season by any gear, including gill net, fyke net, pound net, and hook-and-line, shall be returned immediately to the water.

C. Possession of any striped bass by any person, firm, or corporation within the Potomac River tributaries during the closed season shall be a violation of this regulation.

§ 5. Penalty:

As set forth in § 28.1-23 of the Code of Virginia, any person, firm, or corporation violating any provision of this regulation shall be guilty of a Class I misdemeanor.

02/04/85 /s/ William A. Pruitt, Commissioner
Commonwealth of Virginia
Marine Resources Commission

REPORTING FORMS

STATE CORPORATION COMMISSION

Bureau of Insurance

Administrative Letter 1985-1

Date: January 18, 1985

TO: All Persons Licensed as Surplus Lines Brokers in Virginia

RE: SURPLUS LINES BROKERS
Gross Premium Tax Report
Calendar Year - 1984

Pending final determination by the State Corporation Commission regarding the proposed Surplus Lines Insurance Regulation, you are being sent the necessary forms for payment of the Gross Premium Taxes on business transacted during the preceding calendar year.

ON OR BEFORE March 1, 1985, every person who held a license as a Surplus Lines Broker in the preceding calendar year must file a "Gross Premiums Tax Report" on business transacted during the preceding calendar year and must pay the applicable premium taxes and/or assessment. Failure to file and/or pay on or before March 1st will subject you to the penalties prescribed by law.

PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS IN COMPLETING THE ENCLOSED "GROSS PREMIUM TAX REPORT" FORMS:

1. FORMS MUST BE COMPLETED AND FILED WHETHER OR NOT YOU TRANSACTED BUSINESS IN THE PRECEDING CALENDAR YEAR. ASSESSMENT (MINIMUM \$300.00) APPLICABLE IN ALL CASES IF LICENSE IN EFFECT JANUARY 1, 1985.
2. REPORT PREMIUMS ACCURATELY AS FOLLOWS:
 - a. INITIAL GROSS PREMIUMS taken from monthly reports on Form SLB-7a. (Must agree with premiums on original affidavits - Form SLB-5.) If "NIL", so state.
 - b. ADDITIONAL PREMIUMS BY ENDORSEMENTS & AUDITS Form SLB-7b. If "NIL", so state.
 - c. RETURN PREMIUMS BY ENDORSEMENTS, AUDITS, CANCELLATIONS Form SLB-7c. If "NIL", so state.
3. ENTER TOTALS FROM FORMS SLB-7a, 7b, and 7c to FORM SLB-7, EXECUTE FROM SLB-7 BEFORE A NOTARY PUBLIC.
4. INCLUDE YOUR REMITTANCE FOR THE TAXES WITH THE REPORT.

Your current Surplus Lines Broker's license expires March 15, 1985. To renew your license, a renewal license application must be submitted; however, the renewal license application is not being sent at this time, pending the aforementioned determination to be made by the Commission. The renewal license application will be sent at a later date.

Please direct any questions you might have to James L. Sheets.

/s/ James M. Thomson
Commissioner of Insurance

Attached Forms:

- Form SLB-7 - Gross Premiums Tax Report
- Form SLB-7a - Monthly Report
- Form SLB-7b - Additional Premiums Report
- Form SLB-7c - Return Premiums Report

FORM SLB-7
(REV. 1/85)

COMMONWEALTH OF VIRGINIA, STATE CORPORATION COMMISSION, BUREAU OF INSURANCE
Richmond, Virginia 23209

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SURPLUS LINES BROKER'S

GROSS PREMIUMS TAX REPORT

Year ended December 31, 19 ____

(Surplus Lines Broker)

(Address)

To: STATE CORPORATION COMMISSION, BUREAU OF INSURANCE, Richmond, Va.

In compliance with Section 38.1-327.53 of the Code of Virginia, following is a report of ALL GROSS PREMIUMS, ASSESSMENTS, DUES AND FEES charged on contracts of insurance effected in unlicensed insurers on Virginia risks by the undersigned. This report also includes details of all return premiums on such business.

- 1 - GROSS PREMIUMS (SLB-7a Monthly report attached). . . \$ _____
 - 2 - ADDITIONAL PREMIUMS (See Form SLB-7b, attached). . . \$ _____
 - 3 - Less: RETURN PREMIUMS (See Form SLB-7c attached). \$ _____
 - 4 - BALANCE (Taxable Premium Income). . . \$ _____
 - 5 - Premium Tax (2 3/4% of BALANCE, Line 4). \$ _____
 - 6 - Assessment for Maintenance of Bureau of Insurance
(based upon Taxable Premium (Line 4) at 6/100ths
of 1% subject to minimum of \$300.00). \$ _____
- TOTAL AMOUNT DUE AND CHECK ATTACHED (Lines 5 & 6) \$ _____

(Date)

By _____

(Title)

(over)

STATE of VIRGINIA }
County (City) of _____ } To-wit:

This day _____
(Name) (Title)

of _____

personally appeared before me in the County (City) aforesaid, and made oath that the foregoing report is correct.

Given under my hand this _____ day of _____, 19 _____.

(Notary Public)

My commission expires _____.

Reporting Forms

Administrative Letter 1985-3

Date: February 4, 1985

TO: All Persons Licensed as Surplus Lines Brokers in Virginia

RE: Application for License as Surplus Lines Broker

Pending final determination by the State Corporation Commission regarding the proposed Surplus Lines Insurance Regulation, you are being sent the necessary forms to apply for renewal of your license as a Surplus Lines Broker which expires on March 15, 1985. Under the provisions of Article 5, Chapter 7.1, Title 38.1 of the Code of Virginia, the new license, regardless of when issued and effective, will expire on March 15, 1986.

At such time as the Commission reaches final determination regarding the proposed Regulation, which could amend some of the information set forth in the enclosed Application, a copy of the Regulation adopted by the Commission will be forwarded to you.

To assure that a lapse in Surplus Lines Broker licensing does not occur, the application, fee remittance, bond, affidavit and acknowledgements, all properly completed, must be received by the Bureau of Insurance at the earliest possible moment, but in any event, prior to March 15, 1985.

Please direct any questions you might have to James L. Sheets at (804) 786-6099.

/s/ James M. Thomson
Commissioner of Insurance

Attached Forms:

Form SLB-1 - Application For License

Form SLB-2 - Bond

Form SLB-2a - Acknowledgement of Principal

Form SLB-2b - Acknowledgement Of Principal

Reporting Forms

VIRGINIA
FORM SLB-1
(REV. 1/85)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
Richmond, Virginia

APPLICATION FOR LICENSE
AS SURPLUS LINES BROKER

TO: STATE CORPORATION COMMISSION, BUREAU OF INSURANCE, RICHMOND, VIRGINIA

The undersigned applicant who is currently licensed as a Property & Casualty Agent in the Commonwealth of Virginia hereby applies for a license as a Surplus Lines Broker under the provisions of Article 5, Chapter 7.1, Title 38.1 of the Code of Virginia, for the term expiring on the 15th day of March next succeeding the license issue date.

Remittance of (\$50.00) (\$25.00) is submitted herewith to cover the required license fee. (If license application is filed before September 15, the license fee is \$50.00; if filed after September 15, the license fee is \$25.00).

The applicant submits the following statements and answers in support of this application:

1. Name of Applicant _____ IRS # _____
Tel No. _____
2. Business Address _____
(Street Number) _____
_____ () Individual
_____ () Partnership
_____ () Corporation

_____ (Town or City) _____ (State) _____ (Zip Code)

3. Residence Address (if applicant is an INDIVIDUAL)

_____ (Street Number) _____ (Town or City) _____ (State) _____ (Zip Code)

4. Active Members (if applicant is a PARTNERSHIP or a CORPORATION)

NOTE: Individuals to act for partnership or corporation in the transaction of insurance under authority of license applied for - limited to officers, directors, members, or employees of applicant, each of whom is individually licensed as a Property and Casualty Insurance Agent as defined in Section 38.1-327.1 of the Code of Virginia.

NAME	SS#	TITLE	RESIDENCE ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIRGINIA
FORM SLB-1
(continued)

5. The submission of this application signifies the applicant's understanding and agreement to abide by the following conditions pertaining to insurance transacted under the authority of the license applied for:
 - A. Applicant will not procure or aid in the procurement, directly or indirectly, of any contract of insurance on a Virginia risk from any insurer not licensed to transact insurance in Virginia unless the applicant has been unable after diligent effort to procure the kind and class of insurance requested in a form and at a premium acceptable to the insured from among insurers which are licensed to transact that kind and class of insurance in Virginia.
 - B. Not more than thirty days after the end of the calendar month in which any such insurance has been procured by the Surplus Lines Broker, an individual or combined affidavit executed by the Surplus Lines Broker will be filed with the Bureau of Insurance of the State Corporation Commission setting forth the following:
 - (1) Non-availability of the subject insurance from insurers licensed in Virginia in a form and at a premium acceptable to the insured.
 - (2) Details of the insurance including full name of the company from which procured; description and location of the risk; kind and class of insurance; amount of insurance; effective date; policy number; date procured; term of policy; and premiums, assessments, dues, and fees charged for the policy.
 - C. Licensee will comply with Section 38.1-327.52.B. by giving to the insured the notice in a form prescribed by the Commission.
 - D. Licensee will not issue or deliver any policy or other written evidence of insurance or represent the insurance will be or has been granted by an unlicensed insurer unless he has prior written authority from such insurer for the insurance, or has received information from such insurer in the regular course of business that such insurance has been granted, or actually issued by the insurer and delivered to the insured.
 - E. Each policy or other written evidence of insurance procured under this authority shall be delivered promptly to the insured.
 - F. Applicant will keep in his office a complete record of each contract of insurance procured under this authority, including:
 - (1) Full name and address of the insurer or insurers and the insured;
 - (2) Description and location of the risk;
 - (3) The perils insured against;
 - (4) Amount of coverage, and inception and expiration dates;
 - (5) The premium rate and the gross premium (including assessments, dues and fees) charged for the policy;
 - (6) The amount of additional and/or returned premium, if any;
 - (7) Such other information as the State Corporation Commission may require.
 - G. Applicant may accept surplus lines business from any PROPERTY AND CASUALTY AGENT duly licensed in Virginia and may compensate such agent therefor, and any such duly licensed PROPERTY AND CASUALTY AGENT may place surplus lines business with a licensed Surplus Lines Broker as constituted and accept compensation therefor.

Reporting Forms

VIRGINIA
FORM SLB-1
(continued)

- H. Annually on or before March 1, the Surplus Lines Broker will file with the Bureau of Insurance of the State Corporation Commission a statement verified by oath or affidavit containing, with regard to each contract of insurance transacted during the previous calendar year, information in a form prescribed by the Commission.
- I. Annually on or before MARCH 1, the Surplus Lines Broker must file Virginia Form SLB-7, Gross Premiums Tax Report, and pay to the State Corporation Commission the assessment provided for in Sections 38.1-44 and 38.1-45 of the Code of Virginia, and the taxes provided for in Sections 58.1-2500 and 58.1-2501 of the Code of Virginia, both assessment and taxes being based upon gross premiums on business transacted under this authority during the preceding calendar year. Any penalty imposed by the Commission pursuant to Title 38.1 or Title 58.1 must be paid prior to the issuance of any new or renewal Surplus Lines Broker's license.
- J. The authority under a Surplus Lines Broker's license applies to the kinds and classes of insurance enumerated in Section 38.1-327.46 of the Code of Virginia.
- K. The applicant understands that any violation of the foregoing conditions or other applicable insurance laws of Virginia is punishable by a fine as provided by Section 38.1-40 of the Code of Virginia; or by suspension or revocation of license, as provided by Section 38.1-327.43 of the Code of Virginia, or by both.

The applicant hereby declares that the foregoing answers are true and correct; and that the conditions set forth above are fully understood and will be fully complied with.

(Signature of Applicant, if an individual)
(Print name of applicant, if a partnership
or corporation)

By _____
(Officer or Partner)

Title _____

VIRGINIA
FORM SLB-1
(continued)

NOTARIAL ACKNOWLEDGMENT

STATE OF VIRGINIA
COUNTY (CITY) OF _____

This day _____
(Name of Deponent) appeared before me, a Notary Public in and for the State
and County (City) aforesaid, and, being duly sworn, deposed and stated that the answers and
declarations given in this application are true and correct; and he has this day acknowledged the same
before me. Subscribed and sworn to before me this _____ day of _____, 19__.

(Notary Public)

My commission expires _____.

Reporting Forms

VIRGINIA
FORM SLB-2
(REV. 1/85)

BOND FOR SURPLUS LINES INSURANCE BROKER
(To comply with Section 38.1-327.50 of the Code of Virginia)

KNOW ALL MEN BY THESE PRESENTS, That _____ of _____ as Principal, and the _____ Company, a corporation organized and existing under the laws of the State of _____, and authorized to do business in the Commonwealth of Virginia, as Surety, are held and firmly bound unto the COMMONWEALTH OF VIRGINIA in the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000) for the payment of which, well and truly to be made, we, and each of us, bind ourselves, our heirs, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED, AND DATED THIS _____ day of _____, 19__.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the said Principal has applied to the State Corporation Commission of the Commonwealth of Virginia for a license to act as a Surplus Lines Broker pursuant to Article 5, Chapter 7.1, Title 38.1 of the Code of Virginia and, in accordance with Section 38.1-327.50 thereof, is required to give a corporate surety bond unto the COMMONWEALTH OF VIRGINIA in the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000);

NOW THEREFORE, the condition of this obligation is such that if the said Principal shall conduct business under said license in accordance with the provisions of the laws and regulations of the Commonwealth of Virginia pertaining to Surplus Lines Brokers, and, further, shall promptly remit the taxes and assessments provided by such laws and regulations, then this obligation shall be null and void; otherwise, to remain in full force and effect;

PROVIDED, this bond shall cover the acts of the Principal during the period beginning on the date such license becomes effective and ending on the fifteenth day of March next succeeding; and in no event shall the Surety's aggregate liability hereunder for all losses exceed the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000);

PROVIDED FURTHER, the Surety may be released from liability for future breaches of the conditions of this bond only after thirty days have elapsed from the giving of written notice to the State Corporation Commission of the Commonwealth of Virginia of its desire to be so released;

IN WITNESS WHEREOF, the said Principal has caused these presents to be signed and the said Surety has caused these presents to be signed by its duly authorized officer or Attorney-in-Fact and its corporate seal affixed on the day and year first written above.

(Principal)

BY _____
(If Principal is Partnership or Corporation)

(SEAL OF SURETY)

TITLE _____

(Surety)

COUNTERSIGNED BY:

BY _____
(Officer or Attorney-in-Fact)

(Licensed Virginia Agent of Surety)

Date _____

VIRGINIA
FORM SLB-2a
(REV. 1/85)

ACKNOWLEDGMENT OF PRINCIPAL
(INDIVIDUAL OR PARTNERSHIP)

STATE OF VIRGINIA
CITY (COUNTY) OF _____, to wit:

I, _____, a Notary Public in and for the City (County)
aforesaid, in the State of Virginia, do certify that _____

whose name or names is or are signed to Virginia Form SLB-2 bearing date on the _____ day of
_____, 19___, personally appeared before me and acknowledged the same.

My term of office expires on the _____ day of _____, 19___.

Given under my hand this _____ day of _____, 19___.

Notary Public

AFFIDAVIT AND ACKNOWLEDGMENT OF SURETY

STATE OF VIRGINIA
CITY (COUNTY) OF _____, to wit:

I, _____, a Notary Public in and for the City (County)
aforesaid, in the State of Virginia, do certify that _____

personally appeared before me and made oath that he is _____
of the _____; that he is duly authorized to execute the
foregoing bond by virtue of a certain power of attorney of said company, dated _____,
and recorded in the Clerk's office of the _____

of _____, in Deed Book No. _____, page _____; that said power
of attorney has not been revoked; that the said company has complied with all the requirements of law
regulating the admission of such companies to transact business in the State of Virginia; that the said
company holds a license authorizing it to do business in the State of Virginia; that it has a surplus to
policyholders of \$ _____; that the penalty of the foregoing bond is not in excess of ten per
centum of said sum; that the said company is not by said bond incurring in the aggregate on behalf or on
account of the principal named in said bond a liability for an amount larger than one-tenth of its surplus
to policyholders; that the said company is solvent and fully able to meet promptly all of its obligations,
and the said _____ thereupon, in the name and on behalf of the
said company, acknowledging the foregoing writing as its act and deed.

My term of office expires on the _____ day of _____, 19___.

Given under my hand this _____ day of _____, 19___.

Notary Public

Reporting Forms

VIRGINIA
FORM SLB-2b
(REV. 1/85)

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATIONS ONLY)

STATE OF VIRGINIA
CITY (COUNTY) OF _____, to wit:

I, _____, a Notary Public in and for the City (County) aforesaid, in the State of Virginia, do certify that _____ appeared before me personally on the _____ day of _____, 19__ and, being duly sworn by me, deposed and stated that he resides in _____; that he is the _____ of the _____, the corporation described in and which executed Virginia Form SLB-2; and that he signed his name thereto by like order.

I further certify that my term of office expires on the _____ day of _____, 19__.

Given under my hand this _____ day of _____, 19__.

(Notary Public)

AFFIDAVIT AND ACKNOWLEDGMENT OF SURETY

STATE OF VIRGINIA
CITY (COUNTY) OF _____, to wit:

I, _____, a Notary Public in and for the City (County) aforesaid, in the State of Virginia, do certify that _____ personally appeared before me and made oath that he is _____ of the _____; that he is duly authorized to execute the foregoing bond by virtue of a certain power of attorney of said company, dated _____, and recorded in the Clerk's office of the _____ of _____, in Deed Book No. _____, page _____; that said power of attorney has not been revoked; that the said company has complied with all the requirements of law regulating the admission of such companies to transact business in the State of Virginia; that the said company holds a license authorizing it to do business in the State of Virginia; that it has a surplus to policyholders of \$_____; that the penalty of the foregoing bond is not in excess of ten per centum of said sum; that the said company is not by said bond incurring in the aggregate on behalf or on account of the principal named in said bond a liability for an amount larger than one-tenth of its surplus to policyholders; that the said company is solvent and fully able to meet promptly all of its obligations, and the said _____ thereupon, in the name and on behalf of the said company, acknowledging the foregoing writing as its act and deed.

My term of office expires on the _____ day of _____, 19__.

Given under my hand this _____ day of _____, 19__.

Notary Public

GENERAL NOTICES/ERRATA

Symbol Key †

† Indicates entries since last publication of the Virginia Register

NOTICES OF INTENDED REGULATORY ACTION

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL Virginia Alcoholic Beverage Control Commission

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Alcoholic Beverage Control is considering the possible promulgation of regulations entitled: **Use of "Happy Hours" and Other Reduced Price Promotions Regarding Alcoholic Beverages by Licensed Retail Establishments.** The entities affected would be (i) retail on-premises licensees; and (ii) the general public.

The purpose would be to place limits on use of "Happy Hours" and other reduced price promotions which could cause persons to consume more alcoholic beverages than they otherwise would in an attempt to reduce the number of persons who drive while intoxicated.

The issues involved are:

1. Do happy hours and other promotions of alcoholic beverages cause persons to consume more than they would if such practices were not allowed?
2. Would limits on such practices decrease the incidence of alcohol related accidents?
3. Should such practices be limited or prohibited?
4. If limited only, what limits should be established?

The Commission will also be appointing an ad hoc committee consisting of persons on its General Mailing List who will be affected by or interested in such a regulation. This committee will study the matter and make recommendations for actual language of a regulation, if it concludes a regulation is necessary. Anyone interested in serving on such a committee should notify the undersigned as soon as possible.

The Commission will hold a public meeting to receive the comments or suggestions from the public on March 7, 1985, at 10 a.m. in the First Floor Hearing Room, 2901 Hermitage Road, Richmond, Virginia.

Statutory Authority: §§ 4-11, 4-69, 4-69.2, 4-98.14, 4-103, and 9-6.14:1 et seq. of the Code of Virginia.

Written comments may be submitted until March 7, 1985.

CONTACT: Larry E. Gilman, Secretary to the Commission, P. O. Box 27491, Richmond, Va. 23261, telephone (804) 257-0616.

VIRGINIA STATE BOARD OF ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND CERTIFIED LANDSCAPE ARCHITECTS

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Board of Architects, Professional Engineers, Land Surveyors and Certified Landscape Architects intends to consider the repeal of its current regulations and to promulgate new regulations consistent with Governor's Regulatory Review Program so as to ensure that they represent the least burdensome alternative to meet clearly established and justified regulatory needs.

Statutory Authority: §§ 54-1.28, 54-25; 9-6.14:7 and 9-6.14:7.1 of the Code of Virginia.

Written comments may be submitted until April 12, 1985.

CONTACT: Johnsie Williams, Assistant Director, Architects, Professional Engineers, Land Surveyors, and Certified Landscape Architects Board, 3600 W. Broad St., Richmond, Va. 23230-4917, telephone (804) 257-8555, toll-free 1-800-552-3016.

VIRGINIA AUCTIONEERS BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Auctioneers Board intends to consider amending regulations entitled: **Rules and Regulations of the Virginia Auctioneers Board.**

The Board intends to consider proposals to revise rules and regulations for the Registration program and to consider proposals for certification of auctioneers and reciprocity with other jurisdictions.

General Notices/Errata

Statutory Authority: §§ 54-824.9:2 and 54-824.9:3 of the Code of Virginia.

Written comments may be submitted until March 31, 1985 to Assistant Director, Virginia Auctioneers Board, 3600 West Broad Street, Richmond, Virginia 23230.

CONTACT: Jennifer S. Wester, Assistant Director, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8505, toll free 1-800-552-3016.

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VIRGINIA DEPARTMENT OF HEALTH Division of Water Programs

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Health, Division of Water Programs, is considering the possible amendment to regulations entitled: **Commonwealth of Virginia, Sewerage Regulations**. The purpose of the proposed amendment is to update disinfection policy and standards; permit procedures; current treatment technology; sludge management; facility siting and facility reliability, etc.

Statutory Authority: § 62.1-44.19 of the Code of Virginia.

Written comments may be submitted until March 16, 1985 to Dr. C. M. Sawyer, P. E., Director, Bureau of Wastewater Engineering, Virginia Department of Health, 109 Governor Street, 927 Madison Building, Richmond, Virginia 23219.

CONTACT: E. Paul Farrell, Applications Engineer, Virginia Department of Health, Division of Water Programs, 109 Governor St., 927 Madison Bldg., Richmond, Va. 23219, telephone (804) 786-1758.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Health, Division of Water Programs is considering the possible amendment to regulations entitled: **Rules and Regulations of the Board of Health, Commonwealth of Virginia, Governing Sanitary and Sewerage Facilities at Marinas and Other Places Where Boats Are Moored**. The purpose of the proposed amendment is to define facilities to be in keeping with the public's understanding; specify minimum requirements for equipment to be used to remove sewage from boat holding tanks and require sewage pump-out equipment to be operated.

Statutory Authority: § 32.1-246 of the Code of Virginia.

Written comments may be submitted until March 16, 1985 to Dr. C. M. Sawyer, P. E., Director, Bureau of Wastewater Engineering, Virginia Department of Health, 109 Governor Street, 927 Madison Building, Richmond, Virginia 23219.

CONTACT: E. Paul Farrell, Applications Engineer, Virginia Department of Health, Division of Water Programs, 109 Governor St., 927 Madison Bldg., Richmond, Va. 23219, telephone (804) 786-1758

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VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Labor and Industry intends to consider the promulgation of regulations entitled: **Marine Terminals**. The purpose of the proposed regulations is to establish protections against the hazards associated with marine cargo handling ashore. The proposed standard will be applicable to marine terminal public sector employment only. (The standard proposed was originally published in Federal Register Notice 48 FR 30886 on July 5, 1983.)

NOTICE: This Notice extends the comment period to March 20, 1985.

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

Written comments may be submitted until March 20, 1985.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Labor and Industry intends to consider the promulgation of regulations entitled: **Occupational Exposure to Ethylene Oxide**. The purpose of the proposed regulations is to establish a permissible exposure limit of 1 part EtO per million parts of air determined as an 8-hour time weighted average (TWA) concentration. The standard also includes provisions for methods of exposure control, personal protective equipment, measurement of employee exposure, training, signs, labels, medical surveillance, regulated areas, emergencies and record keeping. (The standard proposed was originally published in Federal Register Notices 49 FR 25734 on June 22, 1984.)

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

Written comments may be submitted until March 20, 1985, to Eva S. Teig, Commissioner, Virginia Department of Labor and Industry, P. O. Box 12064, Richmond, Virginia 23241.

General Notices/Errata

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Labor and Industry intends to consider the amendment of regulations entitled: **Virginia Hazard Communication Standard**. The purpose of the proposed regulations is to expand the scope of the current Virginia Hazard Communication Standard in order to allow emergency services personnel access to information regarding the hazards of chemicals present at the scene of an industrial accident to which they are responding.

NOTICE: This Notice extends the comment period to March 20, 1985.

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

Written comments may be submitted until March 20, 1985 to Eva S. Telg, Commissioner, Virginia Department of Labor and Industry, P. O. Box 12064, Richmond, Virginia 23241.

CONTACT: Janice L. Thomas, VOSH Chief Administrator, Virginia Department of Labor and Industry, P. O. Box 12064, Richmond, Virginia 23241, telephone (804) 786-5873.

* * * * *

VIRGINIA STATE LIBRARY BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia State Library Board intends to consider the promulgation of regulations entitled: **Standards for Recorded Instruments and Standards for Plats**. The purpose of the proposed regulations is to provide minimum standards for instruments and plats submitted for recordation to the circuit court clerks so as to ensure that the instruments and plats when recorded on microfilm or otherwise can be read and will produce legible copies.

Subcommittees of the Public Records Advisory Committee have been working for the past two years on developing working drafts, which have now been reviewed by the Public Records Advisory Committee and presented to the State Library Board. It is proposed that, if adopted, the effective date of the regulations will be January 1, 1986.

Statutory Authority: §§ 17-60, 17-68, 42.1-82, and 55-108 of the Code of Virginia.

Written comments may be submitted until March 4, 1985.

CONTACT: Louis H. Manarin, State Archivist, 11th St., Capitol Sq., Richmond, Va. 23219-3491, telephone (804) 786-5579.

* * * * *

DEPARTMENT OF SOCIAL SERVICES

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Social Services is considering the promulgation of regulations entitled: **Grant Diversion Program**. The purpose of the proposed regulations is to provide a mechanism in the Department's Employment Services Program which permits the Commonwealth to convert public assistance grants of participating recipients into wage subsidies to employers who hire these participants.

Statutory Authority: Deficit Reduction Act (DEFRA) of 1984 (P. L. 98-369)

Written comments may be submitted until April 2, 1985.

CONTACT: Rick Pond, Assistant Employment Services Supervisor, Virginia Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23288, telephone (804) 281-9032, toll-free 1-800-552-7091.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Social Services is considering the possible amendment to regulations entitled: **General Relief Shelter Policy**. The purpose of the proposed amendment is to exempt shelter contributions as income to the assistance unit in determining eligibility and amount of assistance, provided such contributions are not in the form of cash paid directly to the assistance unit.

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

Written comments may be submitted until March 19, 1985 to Mr. Guy Lusk, Director, Division of Benefit Programs, Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

CONTACT: Carolyn Ellis, Supervisor, Economic Assistance Unit, Division of Benefit Programs, Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9046.

General Notices/Errata

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Social Services intends to consider the promulgation of regulations entitled: **1985-86 Fuel Assistance Program**.

The purpose of the proposed regulations is to develop policies and procedures for implementation of the 1985-86 Fuel Assistance Program which will include any needed changes based on problems identified in the 1984-85 program; the addition of a new component to cover energy crisis situations; and the reduction of administrative costs.

Regulatory requirements are contained in Title VI of the Human Services Reauthorization Act of 1984 (P.L. 98-558)

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

Written comments may be submitted until March 4, 1985 to Mr. I. Guy Lusk, Director, Division of Benefit Programs, Virginia Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

CONTACT: Charlene H. Chapman, Supervisor; Energy and Emergency Assistance, Division of Benefit Program, Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9046

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Social Services intends to consider amending regulations entitled: **Aid to Dependent Children Program Maximum Resource Levels**.

These regulations, if amended, will provide opportunities for public comment, and for board consideration of an increase in the maximum resource level from \$600 to \$1000. Resources to be counted toward that level are real and personal property not specifically excluded, including liquid assets such as, cash, bank accounts, stocks, bonds, savings certificates, insurance policies.

The proposed amendments are based on Code of Federal Regulations § 233.20 (a)(3)(B), Title 45.

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

Written comments may be submitted until March 6, 1985 to Mr. I. Guy Lusk, Director, Division of Benefit Programs, Virginia Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

CONTACT: Carolyn Ellis, Supervisor, Economic Assistance Unit, Division of Benefit Programs, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9046

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Social Services intends to consider amending regulations entitled: **The Aid to Dependent Children Program Standards of Need**.

These regulations, if amended, will provide opportunities for public comment on the Standards of Need Study Report submitted to the Department in November, 1984, by the consulting firm of Ernst & Whinney; and to solicit comments on local agency groupings, and rent costs statewide which provided the base on which Ernst & Whinney recommended locality groupings; the use and value of other public benefits in setting Standards of Need.

The proposed amendments are based on § 401 of the Social Security Act and Code of Federal Regulations § 233.20 (a)(2)(i), Title 45.

Statutory Authority: § 65.1-25 of the Code of Virginia.

Written comments may be submitted until March 6, 1985 to Mr. I. Guy Lusk, Director, Division of Benefit Programs, Virginia Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

CONTACT: Carolyn Ellis, Supervisor, Economic Assistance Unit, Division of Benefit Programs, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9046.

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DEPARTMENT OF THE TREASURY AND THE TREASURY BOARD

† Notice of Intended Regulatory Action

Notice is hereby given that the Department of the Treasury and the Treasury Board is considering the promulgation of regulations entitled: **Guidelines for Public Participation in Regulation Development and Promulgation**. The purpose of the proposed regulations is to establish public participation in the development of all regulations permitted by statutes and issued by the Department of the Treasury for itself and for the Treasury Board as staff to that Board.

Statutory Authority: Code of Virginia:

§ 2.1-180.1. Department of the Treasury. re: Depositing money.

§ 55-210.27. Department of the Treasury, Unclaimed Property Division. re: Reporting and disposition of unclaimed property.

§ 55-200.1. Department of the Treasury, Unclaimed

General Notices/Errata

Property Division. re: Escheats, generally.

Written comments may be submitted until April 1, 1985.

CONTACT: Joseph K. Reid, Director of Planning, P. O. Box 6-H, 101 N. 14th St., Richmond, Va. 23215, telephone (804) 225-2142.

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GENERAL NOTICES

VIRGINIA STATE BOARD OF ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND CERTIFIED LANDSCAPE ARCHITECTS

Notice to the Public

Notice is given that the Virginia State Board of Architects, Professional Engineers, Land Surveyors and Certified Landscape Architects, in accordance with the provisions of its Public Participation Guidelines, requests that any individual or organization interested in participating in the development of Regulations or Rules of Practice notify the Board.

Upon notification, the names of such persons or organizations will be added to the Board's General Mailing List and will receive notices of proposed actions on Regulations or Rules.

* * * * *

STATE CORPORATION COMMISSION Bureau of Insurance

Administrative Letter 1985-1

Date: January 18, 1985

TO: All Persons Licensed as Surplus Lines Brokers in Virginia

RE: SURPLUS LINES BROKERS
Gross Premium Tax Report
Calendar Year - 1984

NOTE: Please see Reporting Forms Section

Administrative Letter 1985-2

Date: January 31, 1985

TO: All Companies and Rate Service Organizations Licensed for Motor Vehicle Insurance in the

Commonwealth of Virginia

RE: Safe Driver Insurance Plans
§ 38.1-279.33(c) of the Code of Virginia

By Administrative Letter 1982-13, date May 28, 1982, you were notified of the statutory changes effective July 1, 1982, which altered the manner in which insurers could charge increased or surcharged rates under a Safe Driver Insurance Plan.

It has come to our attention that most companies did not file an amended experience period rule in response to this statutory change. We suggest that you review your experience period wording to determine whether or not it complies with the July 1, 1982, change. Irrespective of the wording contained in your manual rules, points cannot be charged for accidents or convictions for a period of time in excess of the prescribed by law.

A copy of Administrative Letter 1982-3 is attached for your review. (see below)

/s/ James M. Thomson
Commissioner of Insurance

Administrative Letter 1982-13

Date: May 28, 1982

TO: All Companies Licensed to Write
Motor Vehicles Insurance in Virginia

RE: Competitive Pricing Rating Law
Chapter 226 (H213), 1982 Acts of
Assembly
Rate Standards - Motor Vehicle Insurance

By Administrative Letter 1982-5, date April 30, 1982, I forwarded to you summaries of statutes enacted or amended and reenacted by the General Assembly of Virginia during its 1982 Session, including the above captioned which becomes effective on July 1, 1982, and which changes the manner in which insurers may charge increased or surcharged rates under a "Safe Driver Insurance Plan", by whatever name such be referred to, and which permits premium credits for up to sixty (60) months, both related to motor vehicle insurance.

The amendment to Section 38.1-279.33 of the Code of Virginia provides, in subsection (c) thereof, that no insurer shall use, in whole or in part, any information pertaining to any motor vehicle conviction or accident to produce increased or surcharged rates above their filed manual rates for individual risks for a period in excess of thirty-six months commencing no later than twelve months after the date of such conviction or

General Notices/Errata

accident, whichever is earlier.

This means that effective July 1, 1982, an insurer who uses any information, in whole or in part, to first charge for an accident (where the accident was caused in whole or in part by the fault of its insured - Section 38.1-279.33:1) or for a conviction under its "Safe Driver Insurance Plan" within twelve (12) months of the date of such accident or conviction, is permitted to make such charge for a period not in excess of thirty-six (36) months.

If the insurer makes its first charge for such accident or conviction later than (after) twelve (12) months from the date of such accident or conviction, the insurer is not permitted to make such charge for a period of thirty-six (36) months.

In example of the foregoing paragraph, where an insured under a policy effective June 1, 1982 to December 1, 1982 is involved in a chargeable accident on July 15, 1982, the point can be charged either beginning on December 1, 1982 and charged until the December 1, 1985 renewal, or beginning on June 1, 1983 and charged until the June 1, 1986 renewal.

If the point for the accident of July 15, 1982 was not learned of until August 1, 1983, for example, the point could be charged beginning on December 1, 1983 until the June 1, 1986 renewal only.

The amendment to Section 46.1-31 of the Code provides, in subsection B.2. thereof, that the Commissioner of Motor Vehicles will provide abstracts of the operating record of any person covering a period of sixty (60) months.

As such, insurers can provide premium credits in their motor vehicle insurance rating plans for insurers who are accident-free and/or conviction-free for a period up to sixty (60) months, based upon information available from the Division of Motor Vehicles.

Should you have any questions concerning this matter, kindly communicate same to the Bureau in writing.

/s/ James M. Thomson
Commissioner of Insurance

Administrative Letter 1985-3

Date: February 4, 1985

TO: All Persons Licensed as Surplus Lines Brokers in Virginia

RE: Application for License as Surplus Lines Brokers

NOTE: Please see Reporting Forms Section

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NOTICE TO STATE AGENCIES

A list of major meetings of various trade associations and organizations is maintained in the office of the Registrar of Regulations. Upon request, this list will be made available to you in order that you can avoid conflicts when setting up meetings and hearings.

CALENDAR OF EVENTS

Symbol Key †

† Indicates entries since last publication of the Virginia Register

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

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

THE VIRGINIA CODE COMMISSION

EXECUTIVE

STATE BOARD OF ACCOUNTANCY

† **March 6, 1985 - 10 a.m.** – Open Meeting
Department of Commerce, 3600 West Broad Street,
Conference Room 3, Richmond, Virginia

The purpose of the meeting is to conduct an informal fact-finding proceeding regarding: State Board of Accountancy v. Charles B. Howard, Richmond, Virginia.

Contact: Sylvia W. Bryant, Hearings Coordinator,
Department of Commerce, 3600 W. Broad St.,
Richmond, Va. 23230, telephone (804) 257-8424

† **May 14, 1985 - 7 p.m.** – Public Hearing
Travelers Building, 3600 West Broad Street, Conference
Room 395, 3rd Floor, Richmond, Virginia

† **May 15, 1985 - 7:30 p.m.** – Public Hearing
Northern Virginia Community College, Annandale Campus,
8333 Little River Turnpike, Science Building, Annandale,
Virginia

† **May 16, 1985 - 7 p.m.** – Public Hearing
City Hall Building, Court House Drive, Council Chambers,
Virginia Beach, Virginia

† **May 16, 1985 - 7 p.m.** – Public Hearing
Municipal Building, 215 Church Avenue, Council Chambers,
Roanoke, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1

of the Code of Virginia that the Virginia State Board of Accountancy intends to amend regulations entitled: **Regulations of the Board of Accountancy.** The regulations govern the practice of public accountancy, including entry qualifications, standards of practice, and provisions for revoking and reinstating licenses and certificates.

STATEMENT

The Virginia State Board of Accountancy proposes to repeal current regulations, and adopt new regulations consistent with the Commonwealth's policy of intruding as little as possible into the legitimate operations of the Commonwealth's businesses and citizens. The Board is proposing to delete those requirements considered procedural or informational only. Regulations which merely repeat applicable statutes is also being proposed for elimination. A complete listing of the changes is on file in the Board's office and at the office of the Registrar of Regulations, General Assembly Building, Richmond, Virginia.

The proposed regulations are grouped into three major parts or categories: General, Entry, and Standards of Practice.

Part I, General, describes definitions, fees, license renewal requirements and appeals.

Part II, Entry, describes the education requirements to become eligible to sit for the CPA examination; the administration and passing requirements for the examination; experience requirements for licensure; and requirements for applicants applying from other jurisdictions.

Part III, Standards of Practice, describes practice requirements for individual licenses and CPA professional corporations. Included in Part III are the requirements for maintaining independence, integrity and objectivity, for maintaining conformity with Generally Accepted Auditing Standards (GAAS) and Generally Accepted Accounting Principles (GAAP), for maintaining confidentiality of client information, for release of clients' documents, and for revocation, suspension, fines and reinstatement of licenses and certificates.

1. Part I of the proposed regulations incorporate and modify definitions. Policy statements and sections which relate to the structure of the Board of Accountancy are being deleted as they are informational in nature. Proposed § 1.3 adds new language so as to provide a better explanation of the renewal procedure. Part I deals

Calendar of Events

with general provisions involving license requirements, a definition of the practice of public accountancy, and the use of professional designations and titles. The Board is revising the definition of the term "practice of public accountancy" to include, not only the rendering of opinions and disclaimers, but also the use of language so similar to that used by CPAs that it could be misunderstood by the public. The Board also intends to retain its prohibition against the use of the term "public accountant" by individuals who are not CPAs, since the term may be confusing to the public. These provisions are considered both significant and controversial. Comments on these provisions will be sought at the scheduled public hearings.

2. Part II of the proposed regulations outlines the education requirements for the Uniform CPA Examination, examination conduct, the work experience required for licensing, and the endorsement requirements for applicants from other jurisdictions seeking licensure in Virginia. Part II incorporates much of the requirements outlined in current § 5.00 of the regulations, with major modifications in the education and certification requirements. Education requirements for the CPA examination are being modified to provide that an applicant may have: a degree in accounting; a degree with a concentration in accounting; 120 semester hours (which must include 60 semester hours of designated business and accounting courses); or a written examination demonstrating the equivalent of a bachelor's degree plus 27 semester hours of accounting subjects. The current requirement, a bachelor's degree of any kind, plus 27 semester hours of accounting subjects, is being given a three-year extension period. Under the proposed regulations a candidate who completes the CPA examination and an ethics examination will be eligible for certification. Under current regulations, certification is granted after an experience requirement has been met. The proposal provides that experience must be documented for obtaining a license if the applicant wishes to practice as a CPA. These changes are expected to have a positive effect on those seeking to enter the profession by eliminating the experience requirement for certification.

3. Part III of the proposed regulations provides for a substantial modification in the licensing requirements for firms. The proposed regulations eliminate temporary permits, which are considered unnecessary, and should result in less burdensome requirements and lessen the administrative requirements for the regulatory program. Part III of the proposed regulations also describes revocation, suspension, censure, fines and probation, which are restated from current regulations. Procedural requirements for hearings and reinstatement found in current regulations are being deleted.

Purpose: The aim of the proposed regulations is to clarify, simplify and reduce regulations wherever possible.

Statutory Authority: §§ 54-84 and 54-1.28 of the Code of Virginia.

Written comments may be submitted until May 24, 1985, to the office of the Board of Accountancy.

Contact: Jennifer S. Wester, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8505, (toll-free number 1-800-552-3016)

VIRGINIA ALCOHOLIC BEVERAGE CONTROL COMMISSION

March 11, 1985 - 9 a.m. - Open Meeting

March 25, 1985 - 9 a.m. - Open Meeting

April 8, 1985 - 9 a.m. - Open Meeting

April 22, 1985 - 9 a.m. - Open Meeting

2901 Hermitage Road, Richmond, Virginia. (Location accessible to handicapped.)

A meeting of the Commission to receive and discuss reports on activities from staff members. Other matters not yet determined.

Contact: Larry E. Gilman, 2901 Hermitage Rd., Richmond, Va., telephone (804) 257-0616

STATE BOARD OF ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND CERTIFIED LANDSCAPE ARCHITECTS

March 8, 1985 - 9 a.m. - Open Meeting

3600 West Broad Street, 5th Floor, Richmond, Virginia

A meeting to approve minutes from the December 12, 1984 meeting, review investigative cases, work on regulations.

† March 13, 1985 - 10 a.m. - Open Meeting

Department of Commerce, Travelers Building, 3600 West Broad Street, Conference Room 3, 5th Floor, Richmond, Virginia

The purpose of the meeting is to conduct an informal fact-finding proceeding regarding: APELSCLA v. John E. Pruitt, Jr., Fredericksburg, Virginia.

Architects

March 22, 1985 - 9 a.m. - Open Meeting

3600 West Broad Street, 5th Floor, Richmond, Virginia

A meeting to approve minutes from the January 4, 1985, meeting, review applications, and to review investigative cases.

Contact: Sylvia W. Bryant, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8424

Calendar of Events

VIRGINIA AUCTIONEERS BOARD

† **March 11, 1985 - 9 a.m.** - Open Meeting
Department of Commerce, 3600 West Broad Street,
Richmond, Virginia. (Location accessible to handicapped.)

The Board will meet to review proposed certification regulations, complaints, and to hear an update on the registration program. **NOTICE: This is an amended notice to add March 11 to the published date of March 12.**

† **March 12, 1985 - 9 a.m.** - Open Meeting
Department of Commerce, 3600 West Broad Street,
Richmond, Virginia. (Location accessible to handicapped.)

A regular business meeting of the Board for the (i) review of disciplinary cases; (ii) consideration of Certification Program; (iii) update on Registration Program; and (iv) an update on the budget.

Contact: Jennifer S. Wester, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8505, (toll-free number 1-800-552-3016)

BREAKS INTERSTATE PARK COMMISSION

† **March 16, 1985 - 9 a.m.** - Open Meeting
Empire Restaurant, Abingdon, Virginia

The Commission will hold its regular quarterly meeting. They will discuss the operation and development of Breaks Interstate Park.

Contact: James L. Childress, Superintendent, Breaks Interstate Park, Breaks, Va. 24607, telephone (703) 865-4413

STATE BOARD FOR COMMUNITY COLLEGES

† **March 20, 1985 - 9 a.m.** - Open Meeting
Monroe Building, 101 North 14th Street, Board Room, 15th Floor, Richmond, Virginia

A meeting of the Facilities Committee of the State Board.

† **March 20, 1985 - 1 p.m.** - Open Meeting
Monroe Building, 101 North 14th Street, Board Room, 15th Floor, Richmond, Virginia

The State Board will meet for a working session.

† **March 21, 1985 - 8:30 a.m.** - Open Meeting
Monroe Building, 101 North 14th Street, Board Room, 15th Floor, Richmond, Virginia

A meeting of the State Board Committees: Audit, Personnel, Curriculum and Program, Budget and

Finance. (No agenda available.)

† **March 21, 1985 - 10 a.m.** - Open Meeting
Monroe Building, 101 North 14th Street, Board Room, 15th Floor, Richmond, Virginia

The State Board meeting. (No agenda available.)
Contact: Don W. Galbreath/Nancy Finch, State Board for Community Colleges, Monroe Bldg., 101 N. 14th St., Richmond, Va., telephone (804) 225-2117

DEPARTMENT OF CONSERVATION AND HISTORIC RESOURCES

Outdoor Recreation Advisory Committee

† **March 7, 1985 - 9:30 a.m.** - Open Meeting
State Capitol, House Room 2, Richmond, Virginia

Periodic meeting to make recommendations on grants for park and recreation projects.

Contact: Art Buehler, Division of Parks and Recreation, 1201 Washington Bldg. Richmond, Va. 23219, telephone (804) 786-2556

Division of Historic Landmarks' State Review Board

† **March 19, 1985 - 10 a.m.** - Open Meeting
221 Governor Street, Richmond, Virginia

A general business meeting.

Contact: Margaret T. Peters, Information Officer, 221 Governor St., Richmond, Va. 23219, telephone (804) 786-3143

BOARD OF CORRECTIONS

March 13, 1985 - 10 a.m. - Open Meeting
4615 West Broad Street, Richmond, Virginia. (Location accessible to handicapped.)

A regular monthly meeting of the Board to consider such matters as may be presented.

Contact: Vivian Toler, Board of Corrections, P. O. Box 26963, Richmond, Va. 23261, telephone (804) 257-1900

† **May 14, 1985 - 9 a.m.** - Public Hearing
Division of Motor Vehicles, 2300 West Broad Street, Room 131, Richmond, Virginia

Title of Regulation: **Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.**

NOTICE: Please refer to Notice of Comment Period

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listed under the Department of Social Services.

BOARD FOR COMMERCIAL DRIVER TRAINING SCHOOLS

† **March 22, 1985 - 10 a.m.** – Open Meeting
3600 West Broad Street, Richmond, Virginia. (Location accessible to handicapped.)

The Board will meet to discuss the Tractor-Trailer Driving School regulations and instructors - Class A licensees.

Contact: Geralde W. Morgan, Assistant Director, 3600 W. Broad St., Richmond, Va. 23230-4917, telephone (804) 257-8508

BOARD OF EDUCATION

† **May 14, 1985 - 9 a.m.** – Public Hearing
Division of Motor Vehicles, 2300 West Broad Street, Room 131, Richmond, Virginia

Title of Regulation: Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

NOTICE: Please refer to Notice of Comment Period listed under the Department of Social Services.

March 28, 1985 - 2:45 p.m. – Public Hearing
General Assembly Building, House Room D, Richmond, Virginia

*Notice is hereby given in accordance with § 9.6.14:7.1 of the Code of Virginia that the Virginia Board of Education intends to amend regulations entitled: **Certification Regulations for Teachers.** The proposed amendments establish requirements for all personnel whose employment must be certified based on the standards in the regulations.*

STATEMENT

The basis and purpose for the certification of teachers and other instructional personnel are to maintain standards of professional competence and to ensure a level of training and preparation that will lead to successful practice in the classroom. The proposed changes in the Certification Regulations for Teachers and Other Instructional Personnel, which became effective in 1982, further strengthen and modify existing standards, create new standards, and clarify various interpretations of existing certification regulations.

These proposed changes in the regulations (1) clarify and broaden the requirements for instructional and supervisory personnel; (2) eliminate reading as an area of concentration in middle school endorsement; (3) allow for

separate endorsements in speech; (4) eliminate data processing as a separate subject; and (5) specify the number of graduate reading hours required for an endorsement as a reading specialist. A complete and detailed description of these changes is contained in Appendix B.

In accordance with §§ 22.1-298 and 22.1-299 of the Code of Virginia, the Board of Education shall, by regulation, prescribe the requirements for the certification of teachers and other instructional personnel. The Board is now proposing modifications and changes in these regulations which govern the certification of teachers and other instructional personnel. These changes will become a part of the Certification Regulations for Teachers, which became effective July 1, 1982.

Statutory Authority: §§ 22.1-298 and 22.1-299 of the Code of Virginia.

Contact: Dr. E. B. Howerton, Jr., Virginia Department of Education, P. O. Box 6Q, Richmond, Va. 23216, telephone (804) 225-2027

April 19, 1985 - 10 a.m. – Public Hearing
James Monroe Building, 101 North 14th Street, Conference Room D, Richmond, Virginia. (Location accessible to handicapped; interpreter for deaf provided if requested.)

*Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Board of Education intends to amend regulations entitled: **Proposed Regulations Governing Adult High School Programs.** The purpose of the proposed amendment is to upgrade the standards governing adult high school programs.*

STATEMENT

Subject, Substance, Issues, Basis and Purpose: *In accordance with Chapter 13, Article 3, §§ 22.1-223 through 22.1-226 of the Code of Virginia, the Board of Education intends to promulgate appropriate standards and guidelines for adult education programs. The Board is now proposing amendments which will make the adult education regulations consistent with regulations for high school graduation.*

The proposed changes are consistent with existing federal and state statutes, regulations, and judicial decisions.

The proposed regulations are needed in order for the Board of Education to strengthen and clarify existing instructional requirements for adults who wish to receive a high school diploma in the Commonwealth of Virginia.

The amendments have been prepared and reviewed by a committee consisting of local adult education specialists, local administrative personnel, and state adult education staff members. Alternative approaches to these regulations were considered; the proposed changes will have a minimum impact on school divisions and students.

Statutory Authority: Chapter 13, Article 3, §§ 22.1-223 through 22.1-226 of the Code of Virginia.

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Written comments may be submitted until April 18, 1985.

Contact: Dr. Maude P. Goldston, Associate Director of Adult Education, Virginia Department of Education, P. O. Box 6Q, Richmond, Va. 23216, telephone (804) 225-2024

April 22, 1985 - 10 a.m. - Public Hearing
James Monroe Building, 101 North 14th Street, Conference Room D, Richmond, Virginia. (Location accessible to handicapped; interpreter for deaf provided if requested.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Board of Education intends to adopt regulations entitled: Regulations Governing the Educational Programs for Gifted Students.

STATEMENT

Subject and Substance: *The proposed Regulations Governing the Educational Programs for Gifted Students provide the required guidelines for the Board of Education to implement differentiated programs for identified gifted students in kindergarten through grade 12. Each local school division will be required to submit an annual plan to be approved by the Board of Education that includes (i) a statement of philosophy, goals and objectives; (ii) a process for identification and placement of students into appropriate programs; (iii) a program design; (iv) a process for selection and training of personnel; and (v) a design for the evaluation of such programs.*

Basis and Purpose: *The purpose of the proposed regulations is to provide specific requirements for local school divisions to follow when implementing Standard 5 of the Standards of Quality for Public Schools in Virginia and for the receipt of state funds to support programs for the education of gifted students.*

Statutory Authority: Chapter 13.1, § 22.1-253.5 of the Code of Virginia.

Written comments may be submitted until April 19, 1985.

Contact: Dr. William H. Cochran, Deputy Superintendent of Public Instruction, Virginia Department of Education, P. O. Box 6Q, Richmond, Va. 23216, telephone (804) 225-2024

COMMISSION OF GAME AND INLAND FISHERIES

March 15, 1985 - 9:30 a.m. - Public Hearing
March 16, 1985 - 9:30 a.m. - Public Hearing
Hyatt Richmond (at Brookfield) 6624 West Broad Street at I-64, Richmond, Virginia. (Location accessible to handicapped.)

The Commission will consider recommendations and proposals from the staff and public relative to changes in the game regulations of the Commission, for the

1985 and 1986 hunting seasons. This will involve season dates, bag limits, etc. on various species of game animals and game birds.

Further changes will be considered in the Boating Regulations pertaining to the contents of an application for a certificate of number required for motorboats.

Contact: Norma G. Adams, 4010 W. Broad St., Richmond, Va. 23230, telephone (804) 257-1000

DEPARTMENT OF GENERAL SERVICES

Art and Architectural Review Council

April 5, 1985 - 10 a.m. - Open Meeting
† **May 3, 1985 - 10 a.m. - Open Meeting**
Virginia Museum of Fine Arts, Boulevard and Grove Avenues, Main Conference Room, Richmond, Virginia

The Council will advise the Director of the Department of General Services and the Governor on architecture of state facilities to be constructed, and works of art to be accepted or acquired by the Commonwealth.

Contact: Dorothy E. Ivankoe, Department of General Services, 209 Ninth Street Office Bldg., Richmond, Va. 23219, telephone (804) 786-3311

State Insurance Advisory Board

March 29, 1985 - 9:30 a.m. - Open Meeting
Department of General Services, 209 Ninth Street Office Building, Conference Room of the Director, Richmond, Virginia

The Board will advise the Director of the Department of General Services regarding review of Risk Management Program progress and legislative report.

Contact: Charles F. Scott, Director, Office of Risk Management, Department of General Services, 805 E. Broad St., Richmond, Va. 23219, telephone (804) 786-5968

HAZARDOUS WASTE FACILITY SITING BOARD

March 6, 1985 - 10 a.m. - Open Meeting
James Monroe Building, 101 North 14th Street, Conference Room B, Richmond, Virginia

A meeting to consider the development of proposed facility siting criteria, and implementation of public participation procedures.

Contact: Barbara M. Wrenn, P. O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-4169

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VIRGINIA STATEWIDE HEALTH COORDINATING COUNCIL

† March 11, 1985 - 10 a.m. - Open Meeting
† March 12, 1985 - 9 a.m. - Open Meeting
Holiday Inn, 6531 West Broad Street, Richmond, Virginia.
(Location accessible to handicapped.)

The Council's Executive Committee, Analysis and Plans Development Committee, and the Progress and Evaluation Committee will meet on Monday, March 11, 1985.

The full Council will hold its regular business meeting on Tuesday, March 12, 1985.

Contact: Beverly Stone, 109 Governor St., Room 1010, Richmond, Va. 23219, telephone (804) 786-6970

DEPARTMENT OF HEALTH

Division of Biologics and Drugs

April 8, 1985 - 10 a.m. - Public Hearing
James Madison Building, 109 Governor Street, Main Floor Auditorium, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Health, Division of Biologics and Drugs, intends to amend regulations entitled: Virginia Voluntary Formulary. The amended regulations are a list of drugs of accepted therapeutic value, commonly prescribed and available from more than one source of supply.

STATEMENT

Statement of Subject, Substance, Issues, Basis and Purpose:

The purpose of the Virginia Voluntary Formulary is to provide a list of drugs of accepted therapeutic value, commonly prescribed within the Commonwealth which are available from more than one source of supply, and a list of chemically and therapeutically equivalent drug products which have been determined to be interchangeable. Utilization of the Formulary by practitioners and pharmacists enables citizens of Virginia to obtain safe and effective drug products at a reasonable price consistent with high quality standards.

The proposed revised Virginia Voluntary Formulary adds and deletes drugs and drug products to the Formulary that became effective July 1, 1984. These additions and deletions are based upon recommendations of the Virginia Voluntary Formulary Council following its review of scientific data submitted by pharmaceutical manufacturers. The Council makes its recommendations to the State Board of Health.

The Virginia Voluntary Formulary is needed to enable citizens of Virginia to obtain safe and effective drug products at a reasonable price consistent with high quality

standards. Without the Formulary, physicians, dentists, and pharmacists in Virginia would not have the assurance that those generic drug products that may be substituted for brand name products have been evaluated and judged to be interchangeable with the brand name products.

Statutory Authority: §§ 32.1-12 and 32.1-79 et seq. of the Code of Virginia.

Written comments may be submitted no later than 5 p.m., April 8, 1985.

Contact: James K. Thomson, Director, Bureau of Pharmacy Services, Department of Health, James Madison Building, 109 Governor St., Richmond, Va. 23219, telephone (804) 786-4326

WIC Program Advisory Board

† March 13, 1985 - 10 a.m. - Open Meeting
Central Regional Office, Dominion Bank Building, 5001 West Broad Street, 3rd Floor Conference Room, Richmond, Virginia

The Advisory Board will discuss the WIC participant handbook, rural outreach, compliance buying, the ADP system and the vendor specific system.

Contact: Paul Matthias, Division of Public Health Nutrition, James Madison Bldg., 6th Floor, Richmond, Va. 23219, telephone (804) 786-5420

COMMISSION OF HEALTH REGULATORY BOARDS

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Commission of Health Regulatory Boards intends to adopt regulations entitled: Public Participation Guidelines. The proposed guidelines establish procedures for the identification and notification of that segment of the public interested in the regulation of health professions and occupations in Virginia.

STATEMENT

Subject and Substance: *Public Participation Guidelines proposed for adoption by the Virginia Commission of Health Regulatory Boards provide the mechanism for identifying and notifying the relevant public of the formulation, development and adoption of regulations that the Commission may promulgate. The Guidelines are required by state law.*

Issues: *1. Estimated Impact with Respect to Number of Persons Affected - The Guidelines will provide a mechanism for all persons affected by regulations of the Commission to participate in their development, formation and adoption.*

2. Projected Costs for Implementation and Compliance - The proposed guidelines codify existing procedures for

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identifying and notifying the relevant public of meetings and proposed actions of the Commission of Health Regulatory Boards, thus no material increase in costs to the agency is anticipated. Additionally, no increase in costs to those affected is anticipated. Participation of the relevant public is voluntary.

Basis: § 9-6.14:7.1 of the Code of Virginia.

Purpose: To identify and solicit the participation of the affected public in the formation of regulations prior to and during the drafting, formation, revision, adoption and promulgation phases. The guidelines establish mechanisms whereby affected parties may be placed on or deleted from mailing lists used for mailing notices of intent to promulgate regulations, notices of public hearings or notices of information proceedings, and notices of final regulations adopted. The guidelines also establish mechanism for periodic review of existing regulations, for petitions for rulemaking by the public, for notification of the public regarding any meetings at which rulemaking is a subject, and for the establishment of advisory committees to provide for citizen participation by the Commission of Health Regulatory Boards.

Statutory Authority: § 54-955.1.J of the Code of Virginia.

Written comments may be submitted no later than 5:00 p.m., March 11, 1985.

Contact: Richard D. Morrison, Policy Analyst, Virginia Department and Commission of Health Regulatory Boards, 517 W. Grace St., P. O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0822

DEPARTMENT OF HEALTH REGULATORY BOARDS

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Department of Health Regulatory Boards intends to adopt regulations entitled: **Public Participation Guidelines**. The guidelines establish procedures for the identification and notification of that segment of the public interested in the regulation of health professions and occupations in Virginia.

STATEMENT

Subject and Substance: Public Participation Guidelines proposed for adoption by the Virginia Department of Health Regulatory Boards provide the mechanism for identifying and notifying the relevant public of the formulation, development and adoption of regulations that the Department may promulgate. The Guidelines are required by state law.

Issues: 1. *Estimated Impact with Respect to Number of Persons Affected* – The Guidelines will provide a mechanism for all persons affected by regulations of the Department to participate in their development, formation

and adoption.

2. *Projected Costs for Implementation and Compliance* – The proposed guidelines codify existing procedures for identifying and notifying the relevant public of meetings and proposed actions of the Commission and Department of Health Regulatory Boards, thus no material increase in costs to the agency is anticipated. Additionally, no increase in costs to those affected is anticipated. Participation of the relevant public is voluntary.

Basis: § 9-6.14:7.1 of the Code of Virginia.

Purpose: To identify and solicit the participation of the affected public in the formation of regulations prior to and during the drafting, formation, revision, adoption and promulgation phases. The guidelines establish mechanisms whereby affected parties may be placed on or deleted from mailing lists used for mailing notices of intent to promulgate regulations, notices of public hearings or notices of informational proceedings, and notices of final regulations adopted. The guidelines also establish mechanism for periodic review of existing regulations, for petitions for rulemaking by the public, for notification of the public regarding any meetings at which rulemaking is a subject, and for the establishment of advisory committees to provide for citizen participation by the Department of Health Regulatory Boards.

Statutory Authority: § 54-955.K of the Code of Virginia.

Written comments may be submitted no later than 5:00 p.m., March 11, 1985.

Contact: Richard D. Morrison, Policy Analyst, Virginia Department and Commission of Health Regulatory Boards, 517 W. Grace St., Richmond, Va. 23220, telephone (804) 786-0822

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

March 6, 1985 - 10 a.m. – Open Meeting

April 3, 1985 - 10 a.m. – Open Meeting
101 North 14th Street, Council Conference Room,
Richmond, Virginia

May 1, 1985 - 9 a.m. – Open Meeting
Virginia Military Institute, Blacksburg, Virginia

The Council will hold its monthly meeting.

Contact: State Council of Higher Education, 101 N. 14th St., Richmond, Va. 23219, telephone (804) 225-2137

DEPARTMENT OF HIGHWAYS AND TRANSPORTATION

† March 14, 1985 - 10 a.m. – Public Hearing
Fredericksburg District Highway Office Building,
Fredericksburg, Virginia. (Location accessible to
handicapped.)

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† **March 15, 1985 - 10 a.m.** – Public Hearing
Suffolk District Highway Office Building, Suffolk, Virginia.
(Location accessible to handicapped; interpreter for deaf provided if requested.)

† **March 19, 1985 - 10 a.m.** – Public Hearing
Richmond District Highway Office Building, Petersburg, Virginia. (Location accessible to handicapped; interpreter for deaf provided if requested.)

Public hearings to receive comments on highway allocations for the coming year; and on updating the six-year improvement program for the interstate, primary, and urban systems.

† **March 21, 1985 - 10 a.m.** – Open Meeting
Department of Highways and Transportation, 1221 East Broad Street, Commission Room, Richmond, Virginia. (Location accessible to handicapped; interpreter for deaf provided if requested.)

A monthly meeting of the Highway and Transportation Commission to vote on proposals presented regarding bids, permits, additions and deletions to the highway system and any other matters requiring Commission approval.

Contact: J. T. Warren, Director of Administration, Department of Highways and Transportation, 1221 E. Broad St., Richmond, Va. 23219, telephone (804) 786-2711

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

Board of Commissioners

† **March 19, 1985 - 10 a.m.** – Open Meeting
13 South 13th Street, Richmond, Virginia. (Location accessible to handicapped.)

This will be the regular monthly meeting of the Board of Commissioners. The Board of Commissioners will review and, if appropriate, approve the minutes from the prior monthly meeting; will consider for approval and ratification mortgage loan commitments under its various programs; will review the Authority's operations for the prior month; and will consider such other matters and take other actions as they may deem appropriate. The planned agenda of the meeting will be available at the offices of the Authority one week prior to the date of the meeting.

Contact: Judson McKeellar, General Counsel, 13 S. 13th St., Richmond, Va. 23219, telephone (804) 782-1986

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

† **March 18, 1985 - 1 p.m.** – Open Meeting
205 North Fourth Street, 7th Floor Conference Room, Richmond, Virginia. (Location accessible to handicapped; interpreter for deaf provided if requested.)

The Board's regular formal business meeting to review and approve the minutes from the January 21, 1985, meeting; to provide an opportunity for public comments; to review the report of the Director on the operation of the Department of Housing and Community Development since the last Board meeting; to hear reports of the committees of the Board; and to consider other matters as they may deem necessary. The planned agenda of the meeting will be available at the above address of the Board meeting one week prior to the date of the meeting.

Building Codes and Standards Committee

† **March 18, 1985 - 10 a.m.** – Open Meeting
205 North Fourth Street, 2nd Floor Conference Room, Richmond, Virginia. (Location accessible to handicapped.)

A regularly scheduled meeting of the committee of the Board of Housing and Community Development to consider work items and issues in the area of building codes and standards, and to develop recommendations as deemed appropriate for review by the Board.

Community Development Committee

† **March 18, 1985 - 10 a.m.** – Open Meeting
205 North Fourth Street, 7th Floor Conference Room, Richmond, Virginia. (Location accessible to handicapped.)

A regularly scheduled meeting of the committee of the Board of Housing and Community Development to consider work items and issues in the area of community development, and to develop recommendations as deemed appropriate for review by the Board.

Contact: Neal J. Barber, 205 N. 4th St., Richmond, Va. 23219, telephone (804) 786-5381

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Virginia Community Development Block Grant Program

March 7, 1985 - 1 p.m. – Public Hearing
Richmond Public Library Auditorium, 101 East Franklin Street, Richmond, Virginia. (Location accessible to handicapped.)

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A meeting to allow for comment on the 1985 proposed Program Design and to obtain the views of citizens on Virginia's community development and housing needs.

Contact: Shea Hollifield, 205 N. 4th St., Richmond, Va. 23219, telephone (804) 786-4474

COMMISSION ON LOCAL GOVERNMENT

March 4, 1985 - 4 p.m. - Open Meeting
207 West Second Avenue, City of Franklin Municipal Building, Franklin, Virginia

A regular meeting of the Commission on Local Government to conduct business and discuss pending issues.

March 4, 1985 - 8 p.m. - Public Hearing
Route 258, Isle of Wight Courthouse, Isle of Wight, Virginia

A public hearing regarding proposed "City of Franklin - Isle of Wight County Settlement Agreement."

March 5, 1985 - 9 a.m. - Open Meeting
207 West Second Avenue, City of Franklin Municipal Building, General District Courtroom, Franklin, Virginia

Oral presentations regarding the proposed "City of Franklin - Isle of Wight County Settlement Agreement" and the proposed "City of Franklin - Southampton County Settlement Agreement."

March 5, 1985 - 7 p.m. - Public Hearing
825 Hunterdale Road, Hunterdale Elementary School, Southampton County, Virginia

A public hearing regarding the proposed "City of Franklin - Southampton County Settlement Agreement."

Contact: Barbara Bingham, Ninth Street Office Bldg., Room 901, Richmond, Va. 23219, telephone (804) 786-6508

STATE BOARD OF MEDICINE

† April 18, 1985 - 8:30 a.m. - Open Meeting
† April 19, 1985 - 8:30 a.m. - Open Meeting
† April 20, 1985 - 8:30 a.m. - Open Meeting
Holiday Inn, Old Town Alexandria, 480 King Street, Alexandria, Virginia. (Location accessible to handicapped.)

The Board will meet to review reports, interview licensees and make decisions on discipline matters before the Board.

† April 20, 1985 - 1:30 p.m. - Open Meeting
Holiday Inn, Old Town Alexandria, 480 King Street, Alexandria, Virginia. (Location accessible to handicapped.)

The full Board will meet in open session to conduct general Board business.

Advisory Committee on Physical Therapy

† April 19, 1985 - 1:30 p.m. - Open Meeting
Holiday Inn, Old Town Alexandria, 480 King Street, Alexandria, Virginia. (Location accessible to handicapped.)

The Advisory Committee will meet to conduct general Board business, set examination dates, and respond to correspondence.

Contact: Eugenia K. Dorson, Executive Secretary, 517 W. Grace St., P. O. Box 27708, Richmond, Va. 23220, telephone (804) 786-0575

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

† May 8, 1985 - 9 a.m. - Public Hearing
James Madison Building, 109 Governor Street, Main Floor Conference Room, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to adopt regulations entitled: Home and Community-Based Care Waiver for the Mentally Retarded and the Geriatric Mentally Ill. This waiver would allow the Medicaid Program to provide community-based services to a group of mentally retarded and geriatric mentally ill clients who are presently institutionalized in intermediate-care certified areas of state institutions.

STATEMENT

Legal Authority: The Social Security Act, § 1915(c) allows State Medicaid Programs to offer home and community-based care to individuals who are eligible for intermediate-care in certified areas of geriatric treatment centers, geriatric hospitals, and training centers for the mentally retarded. "Intermediate care" is defined to mean the provision primarily of services such as help with bathing, dressing or feeding; and other types of personal assistance which are usually provided by trained aides under the supervision of a registered nurse and/or habilitative services for the mentally retarded. Specific requirements are outlined in the Federal Register of October 1, 1981, and in the Code of Federal Regulations (42 CFR §§ 440.180, 441.300-305, 447.15).

Summary, Purpose, and Need: Within the Commonwealth of Virginia, there are currently hundreds of mentally retarded and mentally ill citizens living in state institutions who could be more appropriately served in their own communities. Their presence in the institution is predicated on the lack of appropriate community-based services for them outside the institution, rather than on their inability to function in a community-based setting,

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and the lack of service dollars to fund the types of community-based services these clients need.

In response to the nationwide need for community services for mentally retarded and mentally ill persons, as well as for elderly and disabled persons, Congress responded with the enactment of § 2176 of P. L. 97-35 of the Social Security Act, entitled "The Omnibus Budget Reconciliation Act of 1981". Section 2176 allowed for waivers to be approved by the Secretary of the Department of Health and Human Services, in order to give states the opportunity for innovation in providing home and community-based services to eligible persons who would otherwise require care in a skilled nursing facility, an intermediate-care facility, or in an intermediate-care facility for the mentally retarded.

The Virginia Medicaid Program seeks to expand its existing Home and Community-Based Services Program by requesting a waiver to provide services to a group of mentally retarded and geriatric mentally ill clients who are presently institutionalized in intermediate-care certified areas of the geriatric treatment centers, geriatric hospitals, or the state training centers for the mentally retarded. The goal of the waiver is to serve clients in community-based settings at a cost equal to or less than the cost of their care in the institution.

In order to guarantee that adoption of new services under Medicaid does not result in greater expenditures of Medicaid funds than is currently being spent for care of individuals in intermediate-care facilities for the mentally retarded and geriatric mentally ill, certain administrative controls will be placed on these Home and Community-Based Care services. First, only individuals institutionalized in Central Virginia Training Center, Southside Virginia Training Center, Barrow Geriatric Treatment Center, and Piedmont Geriatric Hospital may receive these Home and Community-Based Care services. Second, no individual may receive these services without assessment of need and determination that he meets the Medicaid criteria for intermediate-care. Third, the individual's plan of care in the community must be certified by a physician and monitored at specific intervals for necessity and quality of care. In addition, this monitoring will also include an evaluation of the cost-effectiveness of the services. At the point that the cost of in-home services surpasses the cost of institutional care, the individual will no longer be eligible for the Home and Community-Based Care services.

Statutory Authority: 1983 Appropriations Act

Written comments may be submitted until May 8, 1985.

Contact: R. Beth Lloyd, Policy Analyst, Planning/Policy Development Unit, Department of Medical Assistance Services, 109 Governor St., 8th Floor, Richmond, Va. 23219, telephone (804) 786-7933

STATE MENTAL HEALTH AND MENTAL RETARDATION BOARD

† **March 27, 1985 - 10 a.m.** — Open Meeting
Alexandria Community Services Board, Alexandria, Virginia. (Location accessible to handicapped.)

A regular monthly meeting of the Board. The agenda will be published March 20, and may be obtained by calling Jane Helfrich.

Contact: Jane V. Heldrich, State Mental Health and Mental Retardation Board Secretary, Department of Mental Health and Mental Retardation, P. O. Box 1797, Richmond, Va. 23214, telephone (804) 786-3921

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

† **May 14, 1985 - 9 a.m.** — Public Hearing
Division of Motor Vehicles, 2300 West Broad Street, Room 131, Richmond, Virginia

Title of Regulation: **Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.**

NOTICE: Please refer to Notice of Comment Period listed under the Department of Social Services.

† **May 14, 1985 - 9 a.m.** — Public Hearing
Division of Motor Vehicles, 2300 West Broad Street, Room 131, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Mental Health and Mental Retardation intends to amend regulations entitled: **Mandatory Certification/Licensure Standards for Treatment Programs for Residential Facilities for Children.** These standards are the minimum requirements for treatment programs for mentally ill, mentally retarded and substance abuse clients in residential facilities for children, except private psychiatric hospitals licensed by the department. This treatment module for treatment programs for mentally ill, mentally retarded and substance abuse clients in residential facilities for children will be reviewed along with the Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children. These standards do not apply to private psychiatric hospitals licensed by the department.

STATEMENT

Purpose: The Mandatory Certification/Licensure Standards for Treatment Programs for Residential Facilities for Children (Mandatory Standards) are designed to work in conjunction with the Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children (Core Standards). The State Departments of Corrections, Education, Mental Health and Mental Retardation, and Social Services are

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responsible under the Code of Virginia for the licensure, certification and/or approval of public and private residential facilities for children. Residential facilities for children (because of whom they serve, the sources of funds or the types of services they provided) are subject to the authority of one and often more than one of the four departments. To better coordinate their efforts, the four departments have entered into an interdepartmental agreement that provides for the application of common standards for residential care that must be met by all residential facilities for children in order to qualify for licensure/certification by one or more of these four departments.

The **Mandatory Standards**, originally promulgated in February, 1981, are a treatment module that delineate the areas necessary for programs to become certified/licensed as providing treatment or training for the mentally ill, mentally retarded or substance abusing client in 24-hour residential care. The purpose of the proposed regulations is to establish minimum requirements for treatment programs in residential facilities for children (except those in private psychiatric hospitals licensed by the department) in the areas of the residential environment, an organized management structure, qualifications of personnel, admission and discharge procedures, an individual program of care and a system record keeping.

Basis: Chapter 8 of Title 37.1 (§§ 37.1-179 et seq.) and § 37.1-199.

Issues and Substance: Residential care facilities in Virginia provide services to children with a wide range of needs and problems including educational difficulties, mental retardation, emotional disturbance, dysfunctional families, behavior problems and chemical dependency. Residential facilities offer a wide variety of approaches for addressing these needs and problems. Children and their families who find no appropriate services available in the community may need the intensive and comprehensive programming that is often available only in a residential setting. As courts, families and schools encounter more and more children in the community with complex difficulties, out-of-home residential care will continue to be a resource for intensive service delivery.

Residential care is inherently a high risk situation for children. Institutionalized children are typically not in regular contact with their families or others who will act as their advocates or protectors. These children are usually more disabled or dysfunctional as a group than other children; and because of their greater disabilities, they are subject to more structured, more intensive and often riskier treatment and training methods in institutions. It is imperative, therefore, to have a regulatory oversight process that thoroughly and frequently monitors treatment programming to assure that it exists and is adequate and appropriate for the clients.

The current standards were evaluated in several ways to assure that each proposed regulation was the least burdensome available alternative. Each standard was (i) challenged on the grounds of clarity and ease to compliance determination; (ii) reviewed to assure that the

requirement was the most effective way to achieve the protection of children in residential care; and (iii) examined to ascertain whether a lack of observance of the standard would negatively affect the care of children.

The proposed effective date of the regulation is November 1, 1985.

Statutory Authority: §§ 37.1-179 through 37.1-189 and § 37.1-199 of the Code of Virginia.

Written comments may be submitted until May 14, 1985.
Contact: Dr. Joseph W. Avellar, P. O. Box 1797, Richmond, Va. 23214, telephone (804) 786-0070

Prevention Advisory Council

† **March 20, 1985 - 10:15 a.m. – Open Meeting**
Zincke Building, 203 Governor Street, Reimbursement Conference Room, 3rd Floor, Richmond, Virginia.
(Location accessible to handicapped.)

A quarterly meeting of the Council to review prevention activities within the Department of Mental Health and Mental Retardation.
Contact: Denise Jones, P. O. Box 1797, Richmond, Va. 23214, telephone (804) 786-1530

DEPARTMENT OF MINES, MINERALS AND ENERGY

April 10, 1985 - 10 a.m. – Public Hearing
Mountain Empire Community College, Dalton-Cantrell Building, Big Stone Gap, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Mines, Minerals and Energy intends to adopt regulations entitled: Proposed Rules and Regulations Governing the Use of Diesel-Powered Equipment in Underground Coal Mines. This regulation sets forth the conditions under which diesel-powered equipment can be used in underground coal mines.

STATEMENT

Basis: The regulation as proposed is being adopted pursuant to the provisions of § 45.1-90 (b) of the Code of Virginia. The amendment permits the utilization of diesel-powered equipment in underground coal mines. The amendment requires the Chief, Division of Mines, to promulgate regulations necessary to carry out the provisions of § 45.1-90 (b) of the Code of Virginia.

Purpose: The purpose of this proposed regulation is to provide for a safe and healthful working environment in underground coal mines where diesel-powered equipment is utilized.

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Impact: The proposed Rules and Regulations Governing the Use of Diesel-Powered Equipment in Underground Coal Mines will impact only those mine operators who choose to use diesel equipment. The proposed regulation provides a safe and healthful working environment for underground workers. The proposed regulation will not increase capital or operating costs. No significant costs will be encountered to implement the proposed regulation.

Summary: The proposed regulation addresses the mandate of § 45.1-90 (b) of the Code of Virginia and provides guidelines necessary to maintain a safe and healthful working environment where diesel equipment is utilized in underground coal mines.

Statutory Authority: §§ 45.1-90 (b) and 34.1-104 (b) of the Code of Virginia.

Written comments may be submitted until April 10, 1985.
Contact: Harry D. Childress, Chief, Division of Mines, 219 Wood Ave., Big Stone Gap, Va. 24219, telephone (703) 523-0335

VIRGINIA DEPARTMENT OF MOTOR VEHICLES

April 19, 1985 - 10 a.m. – Public Hearing
Department of Motor Vehicles, 2300 West Broad Street, Room 702, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Department of Motor Vehicles intends to adopt regulations entitled: Rules and Regulations for the Motorcycle Rider Safety Training Center Program.

STATEMENT

Subject and Substance: The proposed rules and regulations will be used by the Department of Motor Vehicles in administering the Motorcycle Rider Safety Training Program, including criteria for training center approval, curriculum, facilities and equipment approval, instructor qualification and certification, and administrative reporting requirements.

Issues: The Motorcycle Rider Safety Training Act authorizes the Department of Motor Vehicles to administer the operation of regional motorcycle rider safety training centers. The source of the funding for training center operation is the Motorcycle Rider Safety Training Program Fund. The Department of Motor Vehicles will approve and award contract funds to training centers that meet the requirements of the rules and regulations.

Basis: §§ 46.1-564 through 46.1-570 of the Code of Virginia.

Purpose: To promote the safe operation of motorcycles; to establish requirements for training center approval and basis for award of contract funds.

Statutory Authority: §§ 46.1-564 through 46.1-570 of the Code of Virginia.

Written comments may be submitted until April 18, 1985. All persons who intend to comment at the public hearing are requested to give notice of this intent to Susan R. Metcalf by April 12, 1985.

Contact: Susan R. Metcalf, Program Coordinator, or Dan W. Byers, Manager, Division of Motor Vehicles, Room 415, P. O. Box 27412, Richmond, Va., telephone (804) 257-0410

STATE BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

† **March 14, 1985 - 9 a.m. – Open Meeting**
3600 West Broad Street, Richmond, Virginia. (Location accessible to handicapped.)

The Board will meet to (i) administer examinations; (ii) discuss the Administrator-in-Training program; (iii) hear the report from the committee appointed to study the feasibility of requiring Continuing Education for its licensees; and (iv) review applications.

Contact: Gerald W. Morgan, Assistant Director, 3600 W. Broad St., Richmond, Va. 23230-4917, telephone (804) 257-8508

VIRGINIA BOARD OF OPTOMETRY

May 1, 1985 - 9 a.m. – Public Hearing
Department of Health Regulatory Boards, 517 West Grace Street, Board Room, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Board of Optometry intends to adopt regulations entitled: Public Participation Guidelines. These regulations will establish guidelines for soliciting participation of interested parties in the revision and adoption of regulations.

STATEMENT

Subject and Substance: Proposed adoption by the Virginia Board of Optometry of Public Participation Guidelines to be used to solicit participation by interested parties in the formulation, development, and adoption of regulations that the Board may promulgate as required or authorized by state law.

Issues: 1. Estimated Impact with Respect to Number of Persons Affected:

The guidelines will provide a means for all persons affected by regulations of the agency to participate in their development, formulation, and adoption.

Calendar of Events

2. Projected Cost for Implementation and Compliance:

Since the Board of Optometry is part of an agency that generates operating funds from licensees, any additional costs would be borne by them. At present, a one-day Board meeting cost approximately \$1,000. If additional meetings would be required to fulfill the requirement of a biennial review of regulations' effectiveness and continued need, then this cost figure need be borne in mind.

The cost of a public hearing and transcript should not exceed \$500. There is no enforcement cost.

Basis: §§ 9-6.14:7.1 and 54-376 of the Code of Virginia.

Purpose: To solicit participation of interested parties in the development of regulations prior to and during the entire drafting, formulation, promulgation, and final adoption process.

Statutory Authority: §§ 9-6.14:7.1 and 54-376 of the Code of Virginia.

Written comments may be submitted until May 1, 1985.

Contact: Lawrence H. Redford, Executive Director, 517 W. Grace St., P. O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0131

BOARD OF COMMISSIONERS TO EXAMINE PILOTS

† April 17, 1985 - 11 a.m. - Open Meeting
3329 Shore Drive, Virginia Beach, Virginia

A meeting of the Commissioner to receive reports of any incidents; and to conduct general business.

Contact: William L. Taylor, 3329 Shore Dr., Virginia Beach, Va. 23451, telephone (804) 496-0995

VIRGINIA REAL ESTATE COMMISSION

† March 13, 1985 - 10 a.m. - Open Meeting
Massey Building, 4100 Chain Bridge Road, Board of Supervisors Room, Fairfax, Virginia

The purpose of the meeting is to conduct a formal administrative hearing regarding: Virginia Real Estate Commission v. Karl O. Grutter, Broker, Arlington, Virginia.

Contact: Sylvia W. Bryant, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8424

Education Coordinating Committee

† March 15, 1985 - 10 a.m. - Open Meeting
Department of Commerce, 3600 West Broad Street,

Conference Room 1, 5th Floor, Richmond, Virginia

The committee is meeting to discuss old and new business, including reports from staff, requests from the public/proprietary schools, etc.

Contact: Steven L. Higgs, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8516

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

† March 18, 1985 - 9 a.m. - Public Hearing
State Capitol, House Room 2, Richmond, Virginia

The Authority will conduct a public hearing to consider Industrial Development Bond Applications received by the Authority, and for which public notice has appeared in the appropriate newspapers of general circulation. Following the public hearing, the Authority will conduct its regular business meeting.

Contact: Nic Walker, Virginia Small Business Financing Authority, 1000 Washington Bldg., Richmond, Va. 23219, telephone (804) 786-3791

DEPARTMENT OF SOCIAL SERVICES

† May 14, 1985 - 9 a.m. - Public Hearing
Division of Motor Vehicles, 2300 West Broad Street, Room 131, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Boards of Corrections, Education, Mental Health and Mental Retardation, and Social Services, intend to adopt regulations entitled: **Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.** The proposed standards will provide children in residential facilities with at least a minimal level of care.

STATEMENT

Subject: Proposed revisions to the Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children.

Substance: Under the current definitions and exceptions in the Code of Virginia, the Departments of Corrections, Education, Mental Health and Mental Retardation, Social Services are responsible for the licensure, certification and/or approval of public and private residential facilities for children. Such facilities are licensed, certified, or approved under the "Core Standards for Interdepartmental Licensure and Certification of Children" except (i) facilities which do not accept public funds, (ii) private psychiatric hospitals serving children, and (iii) residential facilities serving children which successfully meet the

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requirements of nationally recognized standards setting agencies.

Issues: The document is comprised of the following issues which have impact on residential facilities for children subject to licensure, certification, and/or approval: Organization and administration, personnel, residential environment, programs and services, and disaster or emergency plans.

Basis: Chapters 11 and 14 of Title 16.1, Chapters 13 and 16 of Title 22.1, Chapters 8 and 10 of Title 37.1, Chapters 3 and 10 of Title 63.1, and Chapter 14 of Title 53.1 of the Code of Virginia provide the statutory basis for promulgation of standards for licensure and certification of residential facilities for children. The State Boards of Corrections, Education, Mental Health and Mental Retardation, and Social Services have approved the proposed revisions for 60-day public comment period.

Purpose: The purpose of the proposed revisions is to establish the minimum requirements necessary to protect children in the care of residential facilities for children. The document has been revised with an emphasis on clarity and ease of comprehension.

Statutory Authority: §§ 16.1-286, 53.1-237 through 53.1-239, 16.1-310 through 16.1-314, 53.1-249, 22.1-319 through 22.1-335, 22.1-218, 37.1-179 through 37.1-189, 37.1-199, 63.1-195 through 63.1-219, and 63.1-56.1 of the Code of Virginia.

Written comments may be submitted until May 14, 1985.

Contact: Barry P. Craig, Coordinator, Interdepartmental Licensure and Certification, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9025, (toll-free number 1-800-552-7091)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Social Services, Division of Licensing Programs intends to amend regulations entitled: Standards and Regulations for Licensed Homes for Adults. These standards and regulations have been revised to (1) incorporate statutory requirements relating to resident's rights, (2) delete general licensing procedures, and (3) delete requirements relating to kitchen equipment.

STATEMENT

Subject: Proposed amendments to the following regulations: Standards and Regulations for Licensed Homes for Adults.

These amendments are being proposed for a 60-day period of public comment.

Substance: The standards have been amended to incorporate new statutory requirements dealing with resident rights; to delete general licensing procedures; and

to delete requirements relating to kitchen equipment.

Issues: The amendments incorporate the following issues which will impact homes for adults subject to licensure by the Department of Social Services.

Development of policies and procedures to protect rights; staff training; documentation; care and oversight of restrained residents.

Basis: Virginia Code, Chapter 9, § 63.1-182 provides the statutory basis for the promulgation of standards for homes for adults. The State Board of Social Services has approved proposed amendments for a 60-day public comment period.

Purpose: The proposed amendments are designed to protect the rights of residents of homes for adults; to delete licensing procedures from the Standards and to prevent duplication of newly promulgated Health Department regulations.

Statutory Authority: § 63.1-182.1 of the Code of Virginia.

Written comments may be submitted until March 29, 1985.

Contact: C. A. Loveland, Program Specialist, Division of Licensing Programs, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9025, (toll-free number 1-800-552-7091).

VIRGINIA SOIL AND WATER CONSERVATION COMMISSION

March 21, 1985 - 9 a.m. - Open Meeting
Zincke Building, 203 Governor Street, Division of Soil and Water Conservation Conference Room, Room 200, Richmond, Virginia. (Location accessible to handicapped.)

A regular bi-monthly business meeting.

Contact: Donald L. Wells, 203 Governor St., Suite 206, Richmond, Va. 23219, telephone (804) 786-2064

SOLID WASTE COMMISSION

March 12, 1985 - 10 a.m. - Open Meeting
State Capitol, House Room 1, Richmond, Virginia

A meeting of the Commission to consider waste related legislation enacted by the 1985 General Assembly Session; Southeast Compact Commission actions; and the 1985 Work Program.

Contact: Barbara M. Wrenn or Cheryl Cashman, P. O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-4169

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TOURISM AND TRAVEL SERVICES ADVISORY BOARD

March 7, 1985 - 9 a.m. - Open Meeting
Commonwealth Park Hotel, 9th and Bank Streets, Madison Room, Richmond, Virginia

A regularly scheduled meeting to discuss issues of interest to the travel industry.

Contact: Margaret M. Lesniak, Acting Director, Virginia Division of Tourism, 202 N. 9th St., Suite 500, Richmond, Va., telephone (804) 786-2051

STATE WATER CONTROL BOARD

† **March 12, 1985 - 7 p.m. - Open Meeting**
William C. Taylor Junior High School, 350 East Shirley Avenue, Warrenton, Virginia

An informal fact-finding hearing pursuant to § 9-6.14:11 of the Code of Virginia, and the Board's Procedural Rule No. 1, to receive testimony as to whether the Board should grant an amendment to Bio Gro Systems, Inc.'s No-Discharge Certificate No. IW-ND-1656 to allow land application of Class A sewage sludge in Fauquier and King George Counties.

† **March 12, 1985 - 8:30 p.m. - Open Meeting**
William C. Taylor Junior High School, 350 East Shirley Avenue, Warrenton, Virginia

An informal fact-finding hearing pursuant to § 9-6.14:11 of the Code of Virginia, and the Board's Procedural Rule No. 1, to receive testimony as to whether the Board should grant an amendment to Recyc Systems, Inc.'s No-Discharge Certificate No. IW-ND-1792 to allow land application of Class A sewage sludge in Fauquier County. No action will be taken at this hearing.

† **March 13, 1985 - 7 p.m. - Open Meeting**
Williamsburg/James City County Council Chambers, South Henry Street, Williamsburg, Virginia

An informal fact-finding hearing pursuant to § 9-6.14:11 of the Code of Virginia, § 6.33 of the Board's Regulation No. 6, and the Board's Procedural Rule No. 1, to receive testimony as to whether the Board should grant an NPDES permit to H. N. Ertl, a single-family home discharge directly into the James River just upstream from Shellbank Creek and Shellbank Woods in James City County. No action will be taken at this hearing.

† **March 14, 1985 - 7 p.m. - Open Meeting**
County Administration Office, Route 13, Powhatan County Board of Supervisors Meeting Room, Powhatan, Virginia

An informal fact-finding hearing pursuant to § 9-6.14:11 of the Code of Virginia, § 6.33 of the Board's Regulations No. 6, and the Board Procedural Rule No. 1, to receive testimony as to whether the Board

should grant an NPDES Permit to Luck Stone Coporation, for a quarry operation in Powhatan County and discharge into a tributary of Dutoy Creek. No action will be taken at this hearing.

† **March 25, 1985 - 9 a.m. - Open Meeting**
† **March 26, 1985 - 9 a.m. - Open Meeting**
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia

A regular quarterly board meeting.

† **March 29, 1985 - 2 p.m. - Public Hearing**
Virginia War Memorial, 621 South Belvidere Street, Auditorium, Richmond, Virginia

A public hearing for the purpose of affording interested persons an opportunity to comment on the proposed revisions to the project priority system (system for ranking wastewater treatment projects to receive funds in Fiscal Year 1986 and Extended Fiscal Years 1987-1990). No action will be taken at this hearing.

Contact: Doneva A. Dalton, State Water Control Board, Office of Policy Analysis, P. O. Box 11143, Richmond, Va. 23230, telephone (804) 257-6829

VIRGINIA WATER AND SEWER ASSISTANCE AUTHORITY

March 5, 1985 - 9 a.m. - Open Meeting
Radisson Hotel, 601 Main Street, Lynchburg, Virginia

The Board of Directors will meet to approve minutes of February 11, 1985; to review the Authority's operations for the prior month; and to consider other matters and take other actions as they may deem appropriate. The planned agenda of the meeting will be available at the offices of the Authority one week prior to the date of the meeting.

March 5, 1985 - 1 p.m. - Public Hearing
Radisson Hotel, 601 Main Street, Lynchburg, Virginia

The Board and staff will conduct a fact-finding hearing from the general public regarding the needs for funding of water and sewer projects.

Contact: Shockley D. Gardner, Jr., Executive Director, P. O. Box 1300, Richmond, Va. 23210, telephone (804) 788-8174

THE COLLEGE OF WILLIAM AND MARY

Board of Visitors

March 21, 1985 - 5 p.m. - Open Meeting

Calendar of Events

March 22, 1985 - 8 a.m. - Open Meeting
March 23, 1985 - 8 a.m. - Open Meeting
Alumni House, 500 Richmond Road, Williamsburg, Virginia

A regularly scheduled meeting of the Board of Visitors of the College of William and Mary to review the budgets and fees of the College and Richard Bland College; to receive reports from several committees of the Board, and to act on those regulations that are present by the administrations of William and Mary and Richard Bland College.

An informational release will be available four days prior to the Board meeting for those individuals and/or organizations who request it.

April 25, 1985 - 5 p.m. - Open Meeting
April 26, 1985 - 8 a.m. - Open Meeting
April 27, 1985 - 8 a.m. - Open Meeting
Alumni House, 500 Richmond Road, Williamsburg, Virginia

A regularly scheduled meeting of the Board of Visitors of the College of William to approve the budgets and fees of the College and Richard Bland College; to receive reports from several committees of the Board; and to act on those resolutions that are presented by the administrations of William and Mary and Richard Bland College.

An informational release will be available four days prior to the Board meeting for those individuals and/or organizations who request it.

Contact: Office of University Communications, James Blair Hall, Room 308, College of William and Mary, Williamsburg, Va. 23185, telephone (804) 253-4226

LEGISLATIVE

No legislative meetings were submitted for this issue.

CHRONOLOGICAL LIST OPEN MEETINGS

March 4, 1985
Local Government, Commission on

March 5
Local Government, Commission on
Water and Sewer Assistance Authority, Virginia

March 6
Accountancy, State Board of
Hazardous Waste Facility Siting Board
Higher Education for Virginia, State Council of

March 7
Conservation and Historic Resources, Department of
Outdoor Recreation Advisory Committee
Tourism and Travel Services Advisory Board

March 8
Architects, Professional Engineers, Land Surveyors and
Certified Landscape Architects, State Board of

March 11
Alcoholic Beverage Control Commission, Virginia
Auctioneers Board, Virginia
Health Coordinating Council, Virginia Statewide

March 12
Auctioneers Board, Virginia
Health Coordinating Council, Virginia Statewide
Solid Waste Commission
Water Control Board, State

March 13
Corrections, Board of
Health, Department of
WIC Program Advisory Board
Real Estate Commission, Virginia
Water Control Board, State

March 14
Nursing Home Administrators, State Board of
Examiners for
Water Control Board, State

March 15
Real Estate Commission, Virginia
Education Coordinating Committee

March 16
Breaks Interstate Park Commission

March 18
Housing and Community Development, Board of
Building Codes and Standards Committee
Community Development Committee

March 19
Conservation and Historic Resources, Department of
Division of Historic Landmarks' State Review
Board
Housing Development Authority, Virginia
Board of Commissioners

March 20
Community Colleges, Virginia State Board for
Mental Health and Mental Retardation, Department of
Prevention Advisory Council

March 21
Community Colleges, Virginia State Board for
Highways and Transportation, Department of
Soil and Water Conservation Commission, Virginia
The College of William and Mary, Board of Visitors

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March 22
Architects, Professional Engineers, Land Surveyors and
Certified Landscape Architects, State Board of
Commercial Driver Training Schools, Board for
The College of William and Mary, Board of Visitors

March 23
The College of William and Mary, Board of Visitors

March 25
Alcoholic Beverage Control Commission, Virginia
Water Control Board, State

March 26
Water Control Board, State

March 27
Mental Health and Mental Retardation Board, State

March 29
General Services, Department of
State Insurance Advisory Board

April 3
Higher Education for Virginia, State Council of

April 5
General Services, Department of
Art and Architectural Review Council

April 8
Alcoholic Beverage Control Commission, Virginia

April 17
Pilots, Board of Commissioners to Examine

April 18
Medicine, State Board of

April 19
Medicine, State Board of

April 20
Medicine, State Board of

April 22
Alcoholic Beverage Control Commission, Virginia

April 25
William and Mary, Board of Visitors

April 26
William and Mary, Board of Visitors

April 27
William and Mary, Board of Visitors

May 1
Higher Education for Virginia, State Council of

May 3

General Services, Department of

PUBLIC HEARINGS

March 4, 1985
Local Government, Commission on

March 5
Local Government, Commission on
Water and Sewer Assistance Authority, Virginia

March 7
Housing and Community Development, Department of

March 14
Highways and Transportation, Department of

March 15
Game and Inland Fisheries, Commission of
Highways and Transportation, Department of

March 16
Game and Inland Fisheries, Commission of

March 18
Small Business Financing Authority, Virginia

March 19
Highways and Transportation, Department of

March 28
Education, Virginia Board of

March 29
Water Control Board, State

April 8
Health, Department of

April 10
Mines, Minerals and Energy, Department of

April 19
Education, Board of
Motor Vehicles, Virginia Department of

April 22
Education, Board of

May 1
Optometry, Virginia Board of

May 8
Medical Assistance Services, Department of

May 14
Accountancy, State Board of

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Corrections, Department of
Education, Board of
Mental Health and Mental Retardation, Department of
Social Services, Department of

May 15
Accountancy, State Board of

May 16
Accountancy, State Board of

