

# THE VIRGINIA REGISTER

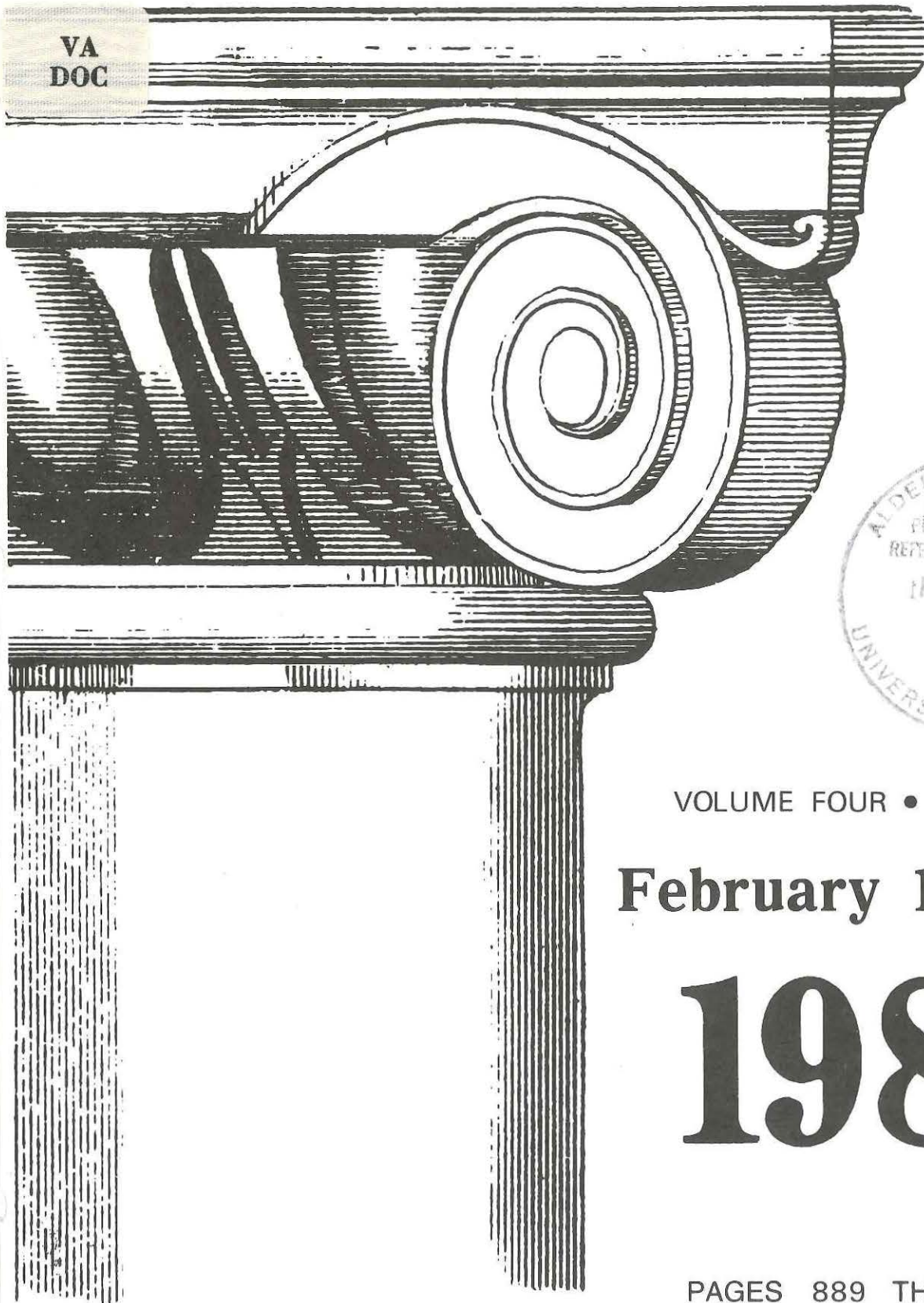
OF REGULATIONS

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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

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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.

## AUDITOR OF PUBLIC ACCOUNTS

Title of Regulation: VR 160-01-01. Specifications for Audit.

Statutory Authority: §§ 2.1-164 and 15.1-167 of the Code of Virginia.

Public Hearing Date: February 22, 1988 - 9 a.m.  
(See Calendar of Events section  
for additional information)

### Summary:

The proposed text is an addendum to the existing Specifications for Audit, issued by the Auditor of Public Accounts and sets forth policies and procedures to be followed in the review of audits of local political subdivisions performed by independent Certified Public Accountants (CPAs). Included in the regulation are procedures which will be followed in the referral of a CPA's work to the Virginia Department of Commerce, State Board of Accountancy in the event that this work is determined by the Auditor of Public Accounts to be of substandard quality.

VR 160-01-01. Specifications for Audit.

### § 1. Background and authority.

A. Section 15.1-167 of the Code of Virginia requires that all counties, cities and towns having a population of 3,500 or over, and towns constituting a separate school division regardless of their population, have an annual audit according to the specifications furnished by the Auditor of Public Accounts. Section 2.1-164 of the Code of Virginia places a similar requirement on "each authority, commission, district, or other political subdivision the members of whose governing bodies are not elected by popular vote." Currently, all audits of local political subdivisions are performed by independent certified public accountants, except in certain circumstances, where upon the approval of the Joint Legislative Audit and Review Commission, the Auditor of Public Accounts may audit the accounts and records of counties, cities, and certain towns as described above.

B. The Auditor of Public Accounts has issued the following audit specifications for use by independent Certified Public Accountants pursuant to §§ 2.1-164 and 15.1-167: Specifications for Audits of Counties, Cities and Towns; Specifications for Audits of Authorities, Boards and Commissions; and Specifications for Audits of Industrial Development Authorities.

### § 2. Audits to be monitored.

Audits of the foregoing entities should be monitored to ensure that they are being conducted in accordance with the specifications prescribed. Accordingly, the Auditor of Public Accounts will utilize the following types of reviews, or combinations thereof, in performing this monitoring function:

#### A. Desk reviews.

1. Desk reviews of audit reports for counties, cities, towns, authorities, boards, commissions and other political subdivisions will be performed as reports are received by this office. These reviews will consist of:

a. A review of the financial statements for adherence to generally accepted accounting principles and additional reporting requirements of the Auditor of Public Accounts, as applicable; and,

b. A review of the auditor's reports on the financial statements, the schedule of federal financial assistance, internal accounting and administrative controls, and compliance, as applicable, for adherence to reporting requirements of generally accepted auditing standards, Standards for Audits of Governmental Organizations, Programs, Activities and Functions (1981) issued by the U.S. General Accounting Office, The Single Audit Act of 1984 and Office of Management and Budget Circular A-128, Audits of State and Local Governments;

2. Upon completion of the initial desk review, findings, questions, comments and deficiencies, if any, will be communicated with officials of the political subdivision or their auditors for resolution. Resolution of desk review findings will be at the discretion of the Auditor of Public Accounts and may include:

a. Clarification of items noted in the report, involving no requirement for changes to the report;

b. Agreement on the part of the political subdivision or auditor to incorporate or consider certain changes in future reports, without requirement for changes to the current report; or,

c. Correction or reissuance of the current report.

3. Upon resolution of desk review findings, the Auditor of Public Accounts will notify, in writing, the governing body of the political subdivision of the acceptance of the report, the nature of the review

# Proposed Regulations

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performed and the resolution of findings, if any.

4. In the event desk review findings are not resolved, the governing body will be notified, in writing, of the unacceptable aspects of the report and the steps necessary to make the report acceptable to this office.

5. Significant or repetitive deficiencies noted during the desk review may result in a quality control review of the auditor's working papers.

## B. Quality control reviews.

1. Quality control reviews (QCRs) will consist of a review of the auditor's workpapers and certain policies and procedures to determine whether:

a. The audit has been conducted in accordance with generally accepted government auditing standards as set forth in Standards for Audit of Governmental Organizations, Programs, Activities, and Functions, issued by the Comptroller General of the United States, as these standards relate to financial and compliance audits;

b. The audit has been conducted in accordance with the Specifications for Audit issued by the Auditor of Public Accounts;

c. The annual financial report has been presented in accordance with generally accepted accounting principles for governmental entities and, as applicable, include the additional requirements prescribed by the Uniform Financial Reporting Manual for Virginia Counties and Municipalities; and,

d. The audit has included an examination of the systems of internal accounting and administrative controls and tests of compliance as required by generally accepted government auditing standards, Specifications for Audit issued by the Auditor of Public Accounts, the Single Audit Act of 1984, and OMB Circular A-128, Audits of the State and Local Governments.

2. Audits of political subdivisions may be selected for a quality control review of the auditor's working papers as a result of:

a. Significant or repetitive deficiencies noted as a result of a desk review of the financial report;

b. A routine random selection of audits for the ongoing monitoring of audit quality;

c. Concerns raised by officials of a local government or by state or federal agencies regarding the quality of the local government's audit; or

d. A prior quality control review requiring, in the

judgment of the Auditor of Public Accounts, a followup review of the firm's progress in correcting areas of deficiency.

3. Quality control reviews will be conducted in accordance with a Quality Control Review Program developed by and available upon request from the Auditor of Public Accounts.

4. Upon completion of the initial fieldwork, a draft report of the results of the quality control review will be submitted to appropriate members of the CPA firm for discussion at a formal exit conference. This conference will be followed by a final draft of the Auditor of Public Accounts' report on the review. The CPA will be given a reasonable period of time, not to exceed 60 days, to respond to the draft prior to the issuance of the final report.

5. Final quality control review reports will consist of a report on the overall adequacy of the audit and a report of review findings.

a. The report on the overall adequacy of the audit will state whether or not, based on the results of the quality control review, the audit was conducted in accordance with the standards and requirements of § 2.b.1, above.

b. The report of review findings will consist of a report to the CPA firm concerning findings noted during the quality control review, which were considered in the determination of the overall adequacy of the audit.

6. Final quality control review reports will be distributed to the CPA firm and will be maintained on file at the office of the Auditor of Public Accounts as a matter of public record in accordance with the Virginia Freedom of Information Act, except in instances described in subdivision 7, below. In addition, once released as a matter of public record, the report on the overall adequacy of the audit will be distributed to the governing body of the political subdivision whose audit has been reviewed.

7. In the event that the quality control review results in a conclusion that deficiencies in the performance of the audit have, in the judgment of the Auditor of Public Accounts, resulted in an overall failure to adhere to the applicable standards, as set forth in § 2.b.1, above, the Auditor of Public Accounts will consider referral of the audit to the Department of Commerce, State Board of Accountancy for investigation and possible action. Upon final action, if any, by the Department of Commerce, quality control reports by the Auditor of Public Accounts will become a matter of public record in accordance with the Virginia Freedom of Information Act.

SAMPLE REPORT OF OVERALL ADEQUACY OF AUDIT

DATE

CPA Firm  
Address

Dear Sirs:

We have completed our review of the working papers for the audit of the County of \_\_\_\_\_, Virginia for the year ended June 30, 198X. The purpose of our review was to determine whether:

- A. the audit was conducted in accordance with the Specifications for Audit - Counties, Cities and Towns, (1983) issued by the Auditor of Public Accounts;
- B. the audit was conducted in accordance with generally accepted government auditing standards as set forth in Standards for Audit of Governmental Organizations, Programs, Activities, and Functions, (1981) issued by the Comptroller General of the United States, as these standards relate to financial and compliance audits;
- C. the annual financial report was presented in accordance with

generally accepted accounting principles for governmental entities and the Uniform Financial Reporting Manual for Virginia Counties and Municipalities (Rev. 5-84); and,

- D. the audit included an examination of the systems internal controls to ensure compliance with laws and regulations affecting the expenditure of Federal funds, financial transactions and accounts, and financial statements and reports of recipient organizations, with appropriate reporting thereon, as required by OMB Circular A-102, Uniform Requirements for Grants-in-Aid to State and Local Governments, Attachment P, Audit Requirements.

Our review was conducted in accordance with the Quality Control Review Program, Audits of Local Governments - Year Ended June 30, 198X, developed by the Auditor of Public Accounts. A copy of this program is available on request.

In our opinion, based on our review of the working papers, the audit of the County of \_\_\_\_\_, Virginia for the year ended June 30, 198X, was sufficient to meet the requirements listed in the first paragraph above. During our review, we noted several items which we believe should be addressed in the performance of future audits of local governments in Virginia. These items, which are discussed in the accompanying report of review findings, were considered in our determination of the overall adequacy of the working papers and do not affect our opinion on the overall adequacy of the audit.

We would like to gratefully acknowledge the cooperation of members of



SAMPLE REPORT ON REVIEW FINDINGS

your firm during this review. Should you have any questions or if we can be of assistance, please do not hesitate to contact us.

DATE

Sincerely,

CPA Firm  
Address

Dear Sirs:

We have performed a review of the workpapers for the audit of the County of \_\_\_\_\_, Virginia for the year ended June 30, 198X, and have issued our report on the overall adequacy of that audit, dated [DATE].

During our review, we noted several issues that should be addressed by the firm to further enhance the quality and effectiveness of audits of local governments in Virginia. The issues that we noted during our review did not result in a material nonconformance to established auditing and reporting standards; therefore, we include them only in this management letter. The issues addressed in this management letter do not affect our report on the overall adequacy of the audit of the County of \_\_\_\_\_, Virginia for the year ended June 30, 198X.

[DISCUSSION OF ISSUES NOTED DURING THE REVIEW]

Auditor of Public Accounts

## DEPARTMENT OF LABOR AND INDUSTRY

### APPRENTICESHIP COUNCIL

**Title of Regulation:** VR 425-01-27. Regulations Governing the Administration of Apprenticeship Programs in the Commonwealth of Virginia: Biennial Program Sponsor Evaluation (XI).

**Statutory Authority:** § 40.1-118 of the Code of Virginia.

**Public Hearing Date:** April 18, 1988 - 10 a.m.  
(See Calendar of Events section for additional information)

#### Summary:

*This regulation is amended to include the program sponsor evaluation procedure which will be used when program sponsors are evaluated once every two years to determine their compliance with the intent of the Voluntary Apprenticeship Act. The Apprenticeship Council may cancel apprenticeship programs where preexisting criteria are not met.*

*The proposed program sponsor evaluation procedure is intended to improve the quality control capabilities of the Virginia Apprenticeship Council and the Division of Apprenticeship Training by establishing an evaluation system which will provide sufficient information to recognize outstanding programs and to aid in the identification and correction of deficiencies in sponsors' apprenticeship programs.*

VR 425-01-27. Regulations Governing the Administration of Apprenticeship Programs in the Commonwealth of Virginia: Biennial Program Sponsor Evaluation (XI).

#### § 1. Purpose of regulation.

This regulation establishes procedures and standards for the approval and registration of apprenticeship programs and agreements in accordance with Chapter 6, Title 40.1 of the Code of Virginia. This regulation is intended to insure that apprenticeship training programs developed and registered with the Virginia Apprenticeship Council are of the highest possible quality in all aspects of on-the-job training and related instruction and that all apprenticeship programs provide meaningful employment and relevant training for all apprentices.

#### § 2. Definitions.

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

"Apprentice" means a person as defined by § 40.1-120 of the Code of Virginia.

"Apprenticeable occupation" means an occupation as

defined by § 40.1-120 of the Code of Virginia.

"Apprenticeship agreement" means a written agreement between an apprentice and a program sponsor, which agreement shall meet the criteria outlined in § 5 of these regulations.

"Apprenticeship council" or "council" means the Virginia Apprenticeship Council established pursuant to § 40.1-117 of the Code of Virginia.

"Apprenticeship program" means a written plan conducted or sponsored by an employer, an association of employers, a joint apprenticeship committee or an organization of employees, which contains all terms and conditions as outlined in this regulation.

"Commissioner" means the Commissioner of the Virginia Department of Labor and Industry.

"Sponsor" means an employer, an association of employers, a joint apprenticeship committee or an organization of employees that has an approved apprenticeship program registered with the council.

"Supervisor of apprentices" means the person designated by the sponsor to perform the duties outlined in the standards of apprenticeship.

#### § 3. Eligibility for registration of programs and agreements.

A. Proposed apprenticeship programs conforming to § 4 of these regulations may be submitted to the council for approval and registration by any of the following potential program sponsors:

1. A Joint Apprenticeship Committee (Commonwealth, area or in plant).
2. An individual employer having no bargaining agreement with those of his employees engaged in the trade to which the standards apply.
3. An association of employers whose members participating under the standards have no bargaining agreement with their employees.
4. An individual employer or an association of employers where there is a collective bargaining agreement or other instrument that provides for union participation in any manner in the proposed program, and such participation is exercised. The sponsor must obtain from the collective bargaining agent written acknowledgement of the union agreement or a statement of no objection to the registration of the proposed program.

(NOTE: Where no such participation is evidenced and practiced, the employer or association of employers shall simultaneously furnish to the union, which is the

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collective bargaining agent of the employees to be trained, a copy of the apprenticeship program. The council will allow 60 days for receipt of union comments, if any, before final action is taken on the application for approval and registration.)

5. An organization of employees when the employer or employer association waives participation in the standards.

6. Apprenticeship programs and standards to employers and unions in other than the building and construction industry, which jointly form a sponsoring entity on a multistate basis and are registered, pursuant to all requirements of Title 29, Part 29 of the Code of Federal Regulations, by any recognized State Apprenticeship Agency/Council or the Bureau of Apprenticeship and Training, U.S. Department of Labor, shall be accorded registration upon request by the sponsoring entity.

B. Apprentices must be individually registered under a registered program. Such registration may be effected:

1. By program sponsors filing copies of each apprenticeship agreement; or
2. By program sponsors filing a master copy of such agreement followed by a listing of the name and other required data of each individual when apprenticed.

C. The council may refuse to accept a program proposed for registration if, in its judgment, the program, the sponsor or any participants are unable to conduct the program in accordance with this regulation.

D. Approved apprenticeship programs shall be accorded registration, evidenced by written notification of registration.

## § 4. Standards for apprenticeship programs.

An apprenticeship program to be eligible for registration with the Virginia Apprenticeship Council shall conform to the following standards:

A. The program is an organized written plan embodying the terms and conditions of employment, training and supervision of one or more apprentices in an apprenticeable occupation and subscribed to by a sponsor who has undertaken to carry out the apprentice training program.

B. The program standards contain the equal opportunity pledge and, when applicable, conform with all other requirements in accordance with the Virginia State Plan for Equal Employment Opportunity in Apprenticeship and provisions concerning the following:

1. The employment and training of the apprentice in an apprenticeable occupation.

2. A statement that on or after the date the standards of apprenticeship are duly executed, it shall be the policy of the sponsor that all apprentices employed in the occupation covered herein shall be governed by the terms and conditions of the standards of apprenticeship, a copy of which will be provided for the sponsor who will make it available to the apprentice for review, upon request.

3. The minimum qualifications required by a sponsor for persons entering the apprenticeship program, with an eligible starting age of not less than 16 years.

4. A provision for the granting of advanced standing or credit on the term of apprenticeship for previously acquired experience, training or skills for all applicants equally, with commensurate wages for any progression step so granted. Credit will be granted only after the record of the apprentice has been reviewed by the sponsor's supervisor of apprentices.

5. The placement of an apprentice under a written apprenticeship agreement, which agreement shall conform to the standards for apprenticeship agreements as stated in § 5 of this regulation.

6. A term of apprenticeship not less than 2,000 hours of work experience, consistent with training requirements as established by industry practice and a statement that overtime hours worked by the apprentice will or will not be credited to the term of apprenticeship.

7. Provisions for an initial probationary period of not less than 500 clock hours and no more than 2,000 clock hours of employment and training, during which time termination of the apprenticeship agreement may be effected by the council upon written notification from either party. Full credit will be given for the initial probationary period toward completion of the apprenticeship program.

8. The designation of the supervisor of apprentices whose duties shall include.

- a. Maintaining adequate records of the progress of each apprentice;
- b. Assurance of qualified training personnel and adequate supervision on the job;
- c. Making reports as required at specified intervals regarding the aptitude, skill and progress of each apprentice;
- d. Assurance the apprentice is given instruction in safe working methods in each operation as it is encountered throughout the term of apprenticeship;
- e. Making arrangements with the local vocational education authorities for the required related

instruction;

f. Such other duties as may be necessary in developing and maintaining an effective apprenticeship program.

9. An outline of the work processes in which the apprentice will receive supervised work experience on the job and the allocation of the approximate time to be spent in each major process.

10. Provision for organized, related and supplemental instruction in technical subjects related to the trade. Such instruction may be given in a classroom through trade industrial courses or correspondence courses of equivalent value, or other forms of self-study. All related and supplemental instruction will be approved by the director of vocational education. A minimum of 144 hours is recommended for each year of apprenticeship.

11. Provision for a periodic evaluation of each apprentice's progress in job performance and related instruction prior to the expiration of each wage period. Should such a review reveal a lack of interest or ability on the part of the apprentice, the apprentice will be informed of the deficiency and may be placed on probation for a sufficient period of time to determine improvement or failure. At the end of the probationary period, if the apprentice has not shown acceptable improvement, the apprentice agreement may be suspended or revoked. The sponsor will provide written notice of the final action taken to the apprentice and the Virginia Apprenticeship Council.

12. A statement that hours of work for apprentices shall be the same as for other employees in the trade and whether time spent at related instruction will or will not be considered as hours of work.

13. A progressively increasing schedule of wages to be paid the apprentice consistent with the skill acquired and established in accordance with federal and state wage laws.

14. The numeric ratio of apprentices to journeymen consistent proper supervision, training, safety and continuity of employment and applicable provisions contained in collective bargaining agreements or an industry area practice. The ratio language shall be specific and clear as to application in terms of job site, work force, department or plant. (Where there is no bargaining agreement or existing area practice, the ratio shall not exceed one apprentice to every three journeymen or a fraction thereof.) Emergency ratios exceeding area practice or the ratio stated above may be granted for specified periods of time as determined justifiable.

15. A procedure for lay-off suspension, cancellation and reinstatement of apprentices. Apprentices may be

laid off in the commensurate ratio of apprentices to journeymen. Provided, however, any apprentice laid off shall be offered reinstatement in the seniority standing before any new apprentices shall be registered. Where there is a collective bargaining agreement providing for lay-off procedures for apprentices, it shall prevail over the above stated procedures. The council will be notified in writing of all lay-offs, suspensions, cancellations and reinstatements. The notice will state the reason for the specific action.

16. A statement that if and when the sponsor is no longer able to fulfill his obligations for the training of an apprentice, the apprentice may be transferred or registered with credit for previous training to another sponsor.

17. A statement that the sponsor will notify the council of persons who have successfully completed the apprenticeship program and request the council to prepare a Certificate of Completion for issuance to each person.

18. A statement that the sponsor shall instruct the apprentice in safe and healthful work practices and shall insure that the apprentice is trained in facilities and other environments that meet the Virginia Occupational Safety and Health Standards for General Industry and the Construction Industry, developed pursuant to the Federal Occupational Safety and Health Act.

19. A statement that in the event a difference of opinion should arise as to any provision of the apprenticeship agreement, either party to the apprenticeship agreement may consult with the council for clarification of the matter in question.

20. The sponsor's assurance that any modification or amendment of the apprenticeship program will be promptly submitted to the council. Any such modification must be approved by the council and such modification shall not alter or affect apprenticeship agreements in effect without the consent of all parties affected.

21. A statement that the sponsor may have the program cancelled by submitting a written request to the council.

22. A statement that the apprenticeship program may be cancelled by the council if the program is not conducted in accordance with these regulations.

23. A statement identifying the Virginia Apprenticeship Council as the registration agency which agency is recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.

24. A statement identifying the apprentice's

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responsibilities as an employee.

## § 5. Standards for apprenticeship agreements.

The apprenticeship agreement shall contain explicitly or by reference:

1. Names and signatures of the contracting parties (apprentice and sponsor) and the signature of a parent or guardian if the apprentice is a minor.
2. The date of birth, sex, race, social security number and veteran status of the apprentice.
3. Name and address of the sponsor, apprentice and the Virginia Apprenticeship Council.
4. The trade or craft in which the apprentice is to be trained, and the beginning date and duration of the apprenticeship.
5. The number of hours to be spent by the apprentice in work on the job and the number of hours to be spent in related or supplemental instruction.
6. A schedule of the work processes in the trade or industry divisions in which the apprentice is to be trained and the approximate time to be spent at each process.
7. A graduated scale of wages to be paid the apprentice contingent upon satisfactory performance and whether or not the apprentice will be paid for attendance at related or supplemental instruction.
8. Statements providing:
  - a. For a specific initial probationary period conforming to subsection B, paragraph 7 of § 4 of these regulations;
  - b. That after the initial probationary period, the apprenticeship agreement and as it may be amended or modified during the period of the agreement.
9. A reference incorporating as part of the agreement the standards of the apprenticeship program as it exists on the date of the agreement and as it may be amended or modified during the period of the agreement.
10. A statement that the employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex or physical handicap which is unrelated to the person's qualification and ability to perform the job.
11. The educational level of the apprentice.

12. Credit for previous experience granted the apprentice.

13. A provision that a sponsor who is unable to fulfill his obligation under the apprentice agreement may, with the approval of the council, transfer such contract to any other sponsor, provided the apprentice consents and such other sponsor agrees to assume the obligations of the apprentice agreement.

## § 6. Deregistration procedure.

Deregistration of a program may be effected upon the voluntary action of the sponsor by a written request for cancellation of the registration or by the council instituting formal deregistration proceedings in accordance with the provisions of this section.

### A. Voluntary deregistration.

The council may cancel the registration of an apprenticeship program by a written acknowledgement of a request stating, but not limited to, the following matters:

1. The registration is cancelled at the sponsor's request, and the effective date thereof.
2. That within 15 days of the date of the acknowledgement, the sponsor shall:
  - a. Notify all apprentices of such cancellation and the effective date;
  - b. Inform each apprentice that such cancellation automatically deprives the apprentice of individual registration; and
  - c. That the cancellation of the program removes the apprentice from coverage for federal and state purposes which require approval of an apprenticeship program.

### B. Involuntary deregistration.

Deregistration proceedings may be undertaken by the council when an apprenticeship program is not conducted, operated and administered in accordance with these regulations, except that deregistration proceedings for violation of equal opportunity requirements shall be processed in accordance with the provisions of the Virginia State Plan for Equal Employment Opportunity in Apprenticeship.

1. Where it appears a program is not being operated in accordance with these regulations, the council will notify the sponsor in writing.
2. The notice shall:
  - a. Be sent by registered or certified mail, with return receipt requested;

b. State the violation(s) and the remedial action required; and

c. State that deregistration proceedings will be initiated unless corrective action is effected within 30 days of the receipt of the notice.

3. Upon request by the sponsor and for good cause, the 30-day term may be extended for another 30 days. During the period of correction, the sponsor shall be assisted by the council in every reasonable way to achieve conformity.

4. If the council determines that the required correction is not effected within the allotted time, a notice will be sent to the sponsor, by certified or registered mail, return receipt requested, stating the following:

a. The notice is sent pursuant to this subsection;

b. Certain deficiencies or violations (stating them) were called to the sponsor's attention and remedial measures requested, with dates of such occasions and letters, and that the sponsor has failed to effect correction;

c. Based upon the stated deficiencies and failure of remedy, the program will be deregistered, unless within 15 days of the receipt of this notice, the sponsor requests a hearing before the council;

d. If a request for a hearing is not made, the program will be deregistered.

## § 7. Reinstatement of program registration.

Any apprenticeship program deregistered pursuant to these regulations may be reinstated upon presentation of adequate evidence that the program is operating in accordance with these regulations. Such evidence shall be presented to the council.

## § 8. Hearings.

All hearings will be held in accordance with the provisions of the Administrative Process Act, Chapter 1.1:1, § 9-6.14:11 of Title 9, of the Code of Virginia.

## § 9. Limitations.

Nothing in these regulations or in any apprenticeship agreement shall operate to invalidate:

1. Any apprenticeship provision in any collective bargaining agreement between employers and employees establishing higher apprenticeship standards; or

2. Any special provisions for veterans, minority persons or females in the standard apprentice

qualifications or operation of the program, or in the apprenticeship agreement, which is not otherwise prohibited by state or federal law, executive order or other regulation adopted pursuant thereto.

## § 10. Complaints.

A. This section is not applicable to any complaint concerning discrimination or equal opportunity matters; all such complaints will be processed in accordance with the provisions in the Virginia State Plan for Equal Employment Opportunity in Apprenticeship.

B. Except for matters described in subsection A of this section, any controversy or difference arising under an apprenticeship agreement which cannot be adjusted locally and which is not covered by a collective bargaining agreement, may be submitted by an apprentice or his authorized representative within 60 days after the local decision to the council for review. Matters covered by a collective bargaining agreement are not subject to review.

C. The complaint must be in writing and signed by the complainant or his authorized representative. It shall state the specific matter(s) complained of, together with all relevant facts and circumstances. Copies of all pertinent documents and correspondence shall accompany the complaint.

D. The council shall render an opinion within 90 days after receipt of the complaint. During such 90 day period, the council shall make reasonable efforts to effect a satisfactory resolution between the parties involved.

E. If so resolved, the parties shall be notified that the case is closed. Where an opinion is rendered, copies of same shall be sent to all interested parties.

## § 11. Program sponsor evaluation procedure.

Program sponsors will be evaluated once every two years to determine adequate compliance with the goal of training apprentices under proper supervision, in a safe environment, in such a manner as to acquire the skills of the trade, with fair compensation based on individual progress consistent with average like compensation of similar industries in the area. Such evaluations will be conducted by the Apprenticeship Division staff pursuant to procedures and criteria established by the Virginia Apprenticeship Council. The council may cancel apprenticeship programs where preexisting criteria are not met.

### PROGRAM SPONSOR EVALUATION PROCEDURE

#### A. Statement of Purpose.

*Program sponsors will be evaluated once every two years to determine adequate compliance with the goal of training apprentices under proper supervision, in a safe environment, in such a manner as to acquire the skills of*

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the trade, with fair compensation based on individual progress consistent with average like compensation of similar industries in the area. Such evaluations will be conducted by the Apprenticeship Division staff pursuant to the below procedures and criteria established by the Virginia Apprenticeship Council. The council may cancel apprenticeship programs where preexisting criteria are not met.

## B. General Program Information.

Sponsor Name:

Address:

Apprenticeship Supervisor:

Craft(s)/Trade(s):

Number of Apprentices:

Training Ratio Requested:

Is there a collective bargaining agreement in place?

DLI Apprenticeship Representative:

## C. Compliance with Standards of Apprenticeship.

1. Date of adoption:

2. Has the program sponsor adhered to the Equal Opportunity Pledge, and when applicable, conformed to the Virginia State Plan for Equal Employment Opportunity in Apprenticeship?

3. Does the program sponsor award proper credit for previous experience?

4. Have apprenticeship agreements been properly executed?

5. Are the terms of the apprenticeship, in practice, in accordance with the Virginia Voluntary Apprenticeship Act?

6. Have the apprentices been:

- a. punctual and regular in attendance?
- b. proper in conduct?
- c. working diligently toward learning the craft?

7. Has the Supervisor of Apprentices:

- a. kept adequate records of the progress of each apprentice?
- b. monitored the apprentice's experience in the work processes outlined in the Training Program?
- c. submitted/received the periodic reports concerning the aptitude, skill, and progress of each apprentice?

d. ensured that the apprentice is given instruction in safe and healthful working methods in each operation as it is encountered throughout the term of apprenticeship?

8. Has a schedule of work processes necessary to develop a skilled journeyman in the trade been updated as necessary and adhered to?

9. Have the apprentices enrolled and received the required amount of related instruction? If so, have they submitted or the school provided, to their supervisor, evidence of satisfactory participation and progress in the required related instruction?

10. Has the apprentice supervisor conducted periodic evaluations of each apprentice's job performance and related instruction?

11. Are the regular hours of work the same for apprentices as for other employees in the craft or trade?

12. Are the apprentice wages progressively increased as the apprentice progresses in skill and productivity?

13. Are apprentices that are laid off entitled to seniority privileges and reinstated in the seniority standing before any new apprentices are registered?

14. Have certificates of completion of apprenticeship been requested by the program sponsor in a timely fashion?

15. Have any provisions of the standards of apprenticeship been submitted to the Apprenticeship Council for interpretation? If so, explain.

16. Have any apprentices been transferred or reregistered with credit for previous training to a different program sponsor?

17. Has the sponsor complied with the qualifications set for apprenticeship?

18. Has the sponsor complied with the initial probationary period?

19. What ratio of apprentices to journeymen did the program sponsor request?

20. Has the program sponsor promptly notified the Apprenticeship Council of modifications to their apprenticeship programs?

## D. Qualitative Measures.

1. Complaint Resolution.

Have any complaints been lodged against the program sponsor? If so, how many? Were the

complaints resolved?

## 2. Program Results (During the past two years).

a. How many apprentices completed the sponsor's program in the past two years?

b. How many of the sponsor's apprenticeship graduates are still employed by the program sponsor?

c. How many apprentices voluntarily terminated the program?

d. How many apprentices were dismissed due to:

(a) failure to attend related instruction?

(b) poor job performance?

(c) other (specify)?

e. Is there a pattern to the dismissals? If so, explain.

## 3. Apprentice Interviews (Randomly Selected/Sliding Scale).

Do interviews with randomly selected apprentices indicate general satisfaction or dissatisfaction with the training program?

### 1. Summary of Interviews:

E. Apprenticeship Representative's Comments Summarized.

F. Recommendations.

G. Commendations.

H. Sponsor's Comments.

## MARINE RESOURCES COMMISSION

**Title of Regulation:** VR 450-01-0047. Criteria for the Siting of Marinas or Community Facilities for Boat Mooring.

**Statutory Authority:** § 62.1-3 of the Code of Virginia.

**Public Hearing Date:** May 3, 1988 - 9:30 a.m.  
(See Calendar of Events section for additional information)

### Summary:

These guidelines set forth the criteria which will be evaluated by the Marine Resources Commission and its staff in the permitting of boat mooring facilities pursuant to § 62.1-3 of the Code of Virginia.

VR 450-01-0047. Criteria for the Siting of Marinas or Community Facilities for Boat Mooring.

### § 1. Objective.

As a result of increasingly intensive development through the subdivision of lands adjacent to waters of the Commonwealth, the Commission finds it necessary to develop more detailed criteria for the siting of facilities to serve the needs of boaters in order to protect, conserve and manage properly the natural resources of the Commonwealth for the reasonable and beneficial use of all its citizens.

### § 2. Goals.

The goals of the Commission are to:

1. Insure that its decisions concerning use of the Commonwealth's natural resources are consistent with the Constitution and laws of Virginia.

2. Develop and administer siting criteria consistent with the Chesapeake Bay initiatives and the Governor's commitments contained in the 1987 Chesapeake Bay Agreement.

3. Maintain all fisheries resources, and where possible, enhance production on both public and private currently productive or potentially productive shellfish grounds.

4. Discourage the acquisition of private shellfish leases for any purpose other than the propagation of shellfish.

5. Accommodate, wherever possible, all reasonable and permissible uses of state waters and state-owned bottomlands.

6. Promote navigational safety.

7. Protect private riparian rights while facilitating public access to, and use of state waters to the maximum practicable extent.

8. Promote best management practices which protect and, where possible, enhance water quality.

### § 3. Background.

The pressures to develop shoreline property and state-owned subaqueous lands are increasing at an unprecedented rate. Boat mooring facilities have become an attractive and effective mechanism to enhance the marketing of subdivided lots in proximity to state waters.

In the process of providing mooring facilities to serve such developments, private benefits are realized but public detriments are often increased. Automatic shellfish closures may result; water quality can deteriorate; habitat values can be irrevocably affected and the character of the water body can be permanently changed.



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The Commonwealth is historically a key shellfish producing state. Unfortunately, current shellfish leasing practices encourage the acquisition of shellfish leases by developers in order to eliminate or reduce opposition to seasonal shellfish closures which may result from the siting of mooring facilities.

In order to protect public health, the Bureau of Shellfish Sanitation of the State Health Department has established a policy which requires the establishment of buffer zones around boat mooring facilities within which shellfish cannot be harvested for direct marketing during the months of April through October. These buffer zones are as follows:

0-50 slips – 1/8 mile in all directions

51-100 slips – 1/4 mile in all directions

over 100 slips – 1/2 mile in all directions

As a result of this policy, the State Water Control Board, also as a matter of policy, considers it a violation of water quality standards if a proposed facility will result in a seasonal shellfish closure. The Commission is required by law to give due consideration to water quality standards established by the Water Control Board and to enforce the shellfish closures established by the Health Department.

## § 4. Policy.

A comprehensive siting review process for boat mooring facilities requiring permits from the Commission is necessary to insure that permit decisions comply with statutory requirements and the legislative mandate that our natural resources be maintained and conserved for present and future generations. All public and private interests will be carefully considered in this review. As the size, density, complexity and range of services offered by a proposed facility increase, so shall the detail in design and implementation of best management practices in its siting, construction and operation. Minimizing adverse environmental impacts shall be the ultimate goal in all phases of planning, siting construction and operation. Furthermore, the acquisition of shellfish leases which may be affected by a seasonal shellfish closure around a proposed facility will be given no weight and absent mitigating circumstances will be viewed as a negative factor by the Commission in its evaluation of the facility.

## § 5. Definitions.

For purposes of standardization, the definitions contained in Article 1 of Part I of the Department of Health regulation, VR 355-17-01; Sanitary Regulations for Marinas and Boat Moorings; will pertain. For reference purposes, the following two definitions are reproduced herein:

“Marina means any installation operating under public or private ownership, which provides dockage or moorage for boats (exclusive of paddle or row boats)

and provides, through sale, rental or fee basis, any equipment, supply or service (fuel, electricity or water) for the convenience of the public or its leasee, renters or users of its facilities.”

“Other places where boats are moored means any installation operating under public or private ownership which provides dockage, moorage or mooring for boats (exclusive of paddle or row boats) either on a free rental or fee basis or for the convenience of the public.”

For purposes of this document, “other place where boats are moored” and “community facility for boat mooring” are interchangeable.

Additionally, since community facilities increase significantly the value of the upland property they are intended to serve, the Commission has a long standing policy that such facilities are classified as commercial in nature. Accordingly, only noncommercial, private piers placed by individual owners of riparian lands in the waters opposite such riparian lands are considered statutorily exempt from public interest review.

## § 6. General siting criteria.

In addition to the criteria contained on pages 8 and 9 of the current Subaqueous Guidelines promulgated by the Commission in 1979 and revised in 1986, the following should be considered by the applicant in planning and will be considered by the Commission during the public interest review of each application for recreational boat mooring facilities.

1. The physical dimensions and characteristics of the water body should be compatible with the size of the marina and the type of vessels it will house. For example, a shallow cove or basin is not an appropriate site for a deep draft sailboat marina.
2. Marinas must have sufficient upland area to provide all necessary parking, stormwater management BMP's, fuel, and sanitary facilities without filling wetlands or subaqueous bottom.
3. All marinas should be located in areas with good natural flushing to minimize the build-up of organic material and other pollutants on the bottom.
4. Marinas should not be sited close to areas of very high natural resource value such as shellfish beds, seagrass communities and areas frequented by endangered species.
5. The transfer of control of shellfish leases in order to accommodate marina development is generally unacceptable.
6. Projects that by their cumulative impact will result in dense concentrations of boats in one area will be

critically evaluated as to their impacts on natural resources; however, in densely populated areas, concentration of slips in a single facility may be justified to prevent disturbance at undeveloped shorelines.

## § 7. Specific siting guidelines.

1. For community piers and marina facilities which are appurtenances to residential developments, the number of slips will not necessarily be predicated by the number of units on the property.
2. The dredging of access channels should be limited to the minimum dimensions necessary for navigation and should avoid sensitive areas such as wetlands, shellfish grounds and seagrass beds.
3. Dredged material disposal areas for initial as well as future disposal needs should be clearly defined and designated.
4. Dredged areas should be no more than one foot deeper than controlling depths in the waterway and should be connected to natural channels of similar depth.
5. Piers and wharves crossing vegetated wetland and seagrass areas should be limited to the minimum necessary for water access.
6. Where vegetated areas are crossed, the height of the pier above the substrate should be equal to one foot less than its width with a three foot minimum required.
7. Site specific stormwater management BMP's are required (such as buffer strips, grassed swales, wet detention ponds and permeable parking surfaces).
8. A solid waste disposal and recovery plan with facilitated marina user access shall accompany marina development plans.
9. Sanitary pumpout facilities convenient to marina users should accompany development plans.
10. All fuel facilities shall incorporate automatic shutoff valves and shall have spill contingency plans.
11. Methods of insuring against the discharge of wastes, gray water, fuels, bilge wastes and the use of TBT paints shall be provided.
12. Facilities incorporating boat maintenance operations shall include plans for the efficient collection and removal of sand blasting material, paint chips and other by-products of maintenance operations.

## § 8. Best management practices (BMP's).

In order to reduce discharge of nonpoint source pollutants into state waters, the Commission will require the applicant to demonstrate how appropriate BMP's will be incorporated into both the upland development plan associated with the facility as well as the Erosion and Sediment (E & S) Control Plan required by local government.

The Commission may require, as a condition of any permit issued, that BMP structures be completed before any slips can be occupied and that the permittee cooperate fully with local governmental agencies in complying with the E&S Plan, including maintenance of any required BMP structures. An appropriate surety bond or letter of credit may be required to ensure proper installation, stabilization and maintenance of any vegetative or structural measures.

## § 9. Siting criteria check list.

The following criteria will be considered by the Commission in determining whether, and upon what condition to issue any permit for a boat mooring facility. In addition, the Commission may consider other factors relevant to a specific project or application.

Criteria	Undesirable	Desirable
Water Depth	Less than 3 ft. mlw	Greater than 3 ft. mlw
Salinity	Suitable for shellfish growth	Unsuitable for shellfish growth
Water Quality	Approved, conditionally approved or seasonally approved for shellfish harvesting	Closed for direct marketing of shellfish. Little or no potential for future productivity
Designated Shellfish Grounds	Private leases or public oyster ground in proximity	No private leases or public ground within affected area. No potential for future productivity
Maximum Wave Height	Greater than 1 ft.	Less than 1 ft.
Current	Greater than 1 knot	Less than 1 knot
Dredging	Requires frequent dredging	Does not require frequent maintenance
	No suitable site for dredged material	Suitable site for all dredged material
Flushing Rate (Tidal Exchange)	Inadequate to maintain water quality	Adequate to maintain water quality
Proximity to Natural or Improved Channel	Greater than 50 ft. to navigable water depths	Less than 50 ft. to navigable channel

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Threatened or Endangered Species	Present as defined in existing regulations, or project has potential to affect habitat	Absent; project will not affect
Adjacent Wetlands	Cannot maintain suitable buffer	Suitable buffer to be maintained
Navigation & Safety	Water body difficult to navigate or presently overcrowded conditions exist	Navigation not impeded
Existing Use of Site	Presently used for skiing, crabbing, fishing, swimming or other potentially conflicting uses	Not presently used for skiing, fishing, swimming or other recreational use
Location of Suitable Alternative Facility for Water Access	Within 5 driving miles of proposed facility	Not within 5 driving miles of proposed facility
Submerged Aquatic Vegetation	Present	Absent
Shoreline Stabilization	Bulkheading Required	Shoreline protected by natural or planted vegetation or riprap
Erosion Control Structures	Groins and/or jetties necessary	No artificial structures needed
Finfish Habitat Usage	Important spawning and nursery area	Unimportant area for spawning or nursery for any commercially or recreationally valuable species

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

**NOTICE:** Due to its length, the State Plan for Medical Assistance is not being published. The proposed amendments to the Plan are set out below. The full text of the Plan is available for public inspection at the office of the Registrar of Regulations and the Department of Medical Assistance Services.

**Title of Regulations:** State Plan for Medical Assistance Relating to Rehabilitative Services; VR 460-02-3.1114 and VR 460-02-3.1304.

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

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

### Summary:

*These proposed regulations clarify the differences between inpatient and outpatient admission requirements, add criteria for rehabilitative nursing and make various technical corrections in titles applied to several professional groups. The department expects that providing this clarifying language will better convey expectations to providers about appropriate patients to recommend for intensive rehabilitation therapy.*

VR 460-02-3.1114. Rehabilitative Services.

### PART I. REHABILITATIVE SERVICES.

§ 1.1. Medicaid covers intensive inpatient rehabilitation services as defined in § 2.1 in facilities certified as rehabilitation hospitals or rehabilitation units in acute care hospitals which have been certified by the Department of Health to meet the requirements to be excluded from the Medicare Prospective Payment System.

§ 1.2. Medicaid covers intensive outpatient rehabilitation services as defined in § 2.1 in facilities which are certified as Comprehensive Outpatient Rehabilitation Facilities (CORFs), or when the outpatient program is administered by a rehabilitation hospital or an exempted rehabilitation unit of an acute care hospital certified and participating in Medicaid.

§ 1.3. These facilities are excluded from the 21 day limit otherwise applicable to inpatient hospital services. Cost reimbursement principles are defined in Attachment 4.19-A.

### PART II. COVERED REHABILITATION PROGRAM.

§ 2.1. An intensive rehabilitation program provides intensive skilled rehabilitation nursing, physical therapy, occupational therapy, and, if needed, speech therapy, cognitive rehabilitation, prosthetic-orthotic services, psychology, social work, and therapeutic recreation. The nursing staff must support the other disciplines in carrying out the activities of daily living, utilizing correctly the training received in therapy and furnishing other needed nursing services. The day-to-day activities must be carried out under the continuing direct supervision of a physician with special training or experience in the field of rehabilitation.

VR 460-02-3.1304. Rehabilitative Services.

### PART I. ADMISSION CRITERIA FOR REHABILITATIVE SERVICES.

§ 1.1. A patient qualifies for intensive inpatient or outpatient rehabilitation if:

A. Adequate treatment of his medical condition requires

an intensive rehabilitation program consisting of a multi-disciplinary coordinated team approach to upgrade his ability to function as independently as possible; and

B. It has been established that the rehabilitation program cannot be safely and adequately carried out in a less intense setting.

§ 1.2. In addition to the initial disability requirement, participants must meet the following criteria:

A. Require at least two of the listed therapies in addition to rehabilitative nursing:

1. Occupational Therapy
2. Physical Therapy
3. Cognitive Rehabilitation
4. Speech Therapy

B. Medical condition stable and compatible with an active rehabilitation program.

## PART II. INPATIENT ADMISSION AUTHORIZATION.

§ 2.1. Within 72 hours of a patient's admission to a *an inpatient* rehabilitation program, or within 72 hours of notification to the facility of the patient's Medicaid eligibility, the facility must notify the Department of Medical Assistance Services in writing of the patient's admission. This notification must include a description of the admitting diagnoses, plan of treatment, expected progress and a physician's certification that the patient meets the admission criteria. The Department of Medical Assistance Services will make a determination as to the appropriateness of the admission for Medicaid payment and notify the facility of its decision. If payment is approved, the Department will establish and notify the facility of an approved length of stay. Additional lengths of stay must be requested in writing and approved by the Department. Admissions or lengths of stay not authorized by the Department of Medical Assistance Services will not be approved for payment.

## PART III. DOCUMENTATION REQUIREMENTS.

§ 3.1. Documentation of rehabilitation services must, at a minimum:

A. Describe the clinical signs and symptoms of the patient necessitating admission to the rehabilitation program;

B. Describe any prior treatment and attempts to rehabilitate the patient;

C. Document an accurate and complete chronological

picture of the patient's clinical course and progress in treatment;

D. Document that a *multi-disciplinary coordinated* treatment plan specifically designed for the patient has been developed;

E. Document in detail all treatment rendered to the patient in accordance with the plan with specific attention to frequency, duration, modality, response to treatment, and identify who provided such treatment;

F. Document each change in each of the patient's conditions;

G. Describe responses to and the outcome of treatment; and

H. Describe a discharge plan which includes the anticipated improvements in functional levels, the time frames necessary to meet these goals, and the patient's discharge destination.

§ 3.2. Services not specifically documented in the patient's medical record as having been rendered will be deemed not to have been rendered and no coverage will be provided.

## PART IV. INPATIENT REHABILITATION EVALUATION.

§ 4.1. For a patient with a potential for rehabilitation for which an outpatient assessment cannot be adequately performed, an inpatient evaluation of no more than seven calendar days will be allowed. A comprehensive assessment will be made of the patient's medical condition, functional limitations, prognosis, possible need for corrective surgery, attitude toward rehabilitation, and the existence of any social problems affecting rehabilitation. After these assessments have been made, the physician, in consultation with the rehabilitation team, must determine and justify the level of care required to achieve the stated goals.

§ 4.2. If during a previous hospital stay an individual completed a rehabilitation program for essentially the same condition for which inpatient hospital care is now being considered, reimbursement for the evaluation will not be covered unless there is a justifiable intervening circumstance which necessitates a re-evaluation.

§ 4.3. Admissions for evaluation and/or training for solely vocational or educational purposes or for *developmental or behavioral assessments* are not covered services.

## PART V. CONTINUING EVALUATION.

§ 5.1. Team conferences must be held as needed but at least every two weeks to assess and document the patient's progress or problems impeding progress. The team must

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periodically assess the validity of the rehabilitation goals established at the time of the initial evaluation, and make appropriate adjustments in the rehabilitation goals and the prescribed treatment program. A review by the various team members of each others' notes does not constitute a team conference. A summary of the conferences, noting the team members present, must be recorded in the clinical record and reflect the reassessments of the various contributors.

§ 5.2. Rehabilitation care is to be terminated, regardless of the approved length of stay, when further progress toward the established rehabilitation goal is unlikely or further rehabilitation can be achieved in a less intensive setting.

## PART VI. THERAPEUTIC FURLOUGH DAYS.

§ 6.1. Properly documented medical reasons for furlough may be included as part of an overall rehabilitation program. Unoccupied beds (or days) resulting from an overnight therapeutic furlough will not be reimbursed by the Department of Medical Assistance Services.

## PART VII. DISCHARGE PLANNING.

§ 7.1. Discharge planning must be an integral part of the overall treatment plan which is developed at the time of admission to the program. The plan shall identify the anticipated improvements in functional abilities and the probable discharge destination. The patient, unless unable to do so, or the responsible party shall participate in the discharge planning. Notations concerning changes in the discharge plan shall be entered into the record at least every two weeks, as a part of the team conference.

## PART VIII. REHABILITATION SERVICES TO PATIENTS.

§ 8.1. Rehabilitation services are medically prescribed treatment for improving or restoring functions which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury, to improve the individual's ability to perform those tasks required for independent functioning. The rules pertaining to them are:

### A. Rehabilitative nursing.

*Rehabilitative nursing requires education, training, or experience that provides special knowledge and clinical skills to diagnose and treat individuals who have health problems characterized by alteration in cognitive and functional ability.*

*Rehabilitative nursing are those services furnished a patient which meet all of the following conditions:*

- 1. The services must be directly and specifically related to an active written treatment plan approved*

*by a physician after any needed consultation with a registered nurse who is experienced in rehabilitation;*

- 2. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a registered nurse or licensed professional nurse, nursing assistant, or rehabilitation technician under the direct supervision of a registered nurse who is experienced in rehabilitation;*

- 3. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and*

- 4. The service must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice and include the intensity of rehabilitative nursing services which can only be provided in an intensive rehabilitation setting.*

### A- B. Physical therapy.

1. Physical therapy services are those services furnished a patient which meet all of the following conditions:

- a. The services must be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a ~~qualified~~ physical therapist *licensed by the Board of Medicine* ;

- b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a ~~qualified~~ physical therapist *licensed by the Board of Medicine*, or a ~~qualified~~ physical therapy assistant who is under the direct supervision of a qualified physical therapist *licensed by the Board of Medicine* ;

- c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

- d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical

practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

## B- C. Occupational therapy.

1. Occupational therapy services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan designed by the physician after any needed consultation with a ~~qualified~~ *an occupational therapist registered and certified by the American Occupational Therapy Certification Board* ;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature, that the services can only be performed by a ~~qualified~~ *an occupational therapist registered and certified by the American Occupational Therapy Certification Board* or a ~~qualified~~ *an occupational therapy assistant certified by the American Occupational Therapy Certification Board* under the direct supervision of a qualified occupational therapist;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

## C- D. Speech -Language therapy.

1. Speech therapy services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a ~~qualified speech therapist~~ *speech-language pathologist licensed by the Board of Medicine* ;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a ~~qualified speech therapist~~ *speech-language pathologist licensed by the Board of*

## Medicine ;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

## D- E. Cognitive rehabilitation.

1. Cognitive rehabilitation services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan designed by the physician after any needed consultation with a ~~qualified cognitive rehabilitation therapist~~ *clinical psychologist licensed by the Board of Medicine* ;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature, that the services ~~can only be performed by,~~ or under the direct supervision of a ~~qualified cognitive rehabilitation therapist.~~ A ~~qualified cognitive rehabilitation therapist~~ is a *Virginia Board of Medicine licensed clinical psychologist can only be rendered after a neuro-psychological evaluation administered by a clinical psychologist or physician licensed by the Board of Medicine and in accordance with a plan of care based on the findings of the neuro-psychological evaluation* ;

c. Cognitive rehabilitation therapy services may be provided by occupational therapists, ~~speech and language therapists,~~ *speech-language pathologists,* and psychologists with experience in working with the neurologically impaired when provided under a plan ~~developed and supervised~~ *recommended and coordinated* by a ~~qualified cognitive rehabilitation therapist~~ *physician or clinical psychologist licensed by the Board of Medicine* ;

d. The cognitive rehabilitation services must be an integrated part of the total patient care plan and must relate to information processing deficits which are a consequence of and related to a neurologic event;

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e. The services include activities to improve a variety of cognitive functions such as orientation, attention/concentration, reasoning, memory, discrimination and behavior; and

f. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis.

## E. F. Psychology.

1. Psychology services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan ordered by a physician;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a qualified psychologist as required by state law;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

## F. G. Social work.

1. Social work services are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan ordered by a physician;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services can only be performed by a qualified social worker as required by state law;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

## G. H. Recreational therapy.

1. Recreational therapy are those services furnished a patient which meet all of the following conditions:

a. The services must be directly and specifically related to an active written treatment plan ordered by a physician;

b. The services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that the services are performed as an integrated part of a comprehensive rehabilitation plan of care by a recreation therapist certified with the National Council for Therapeutic Recreation at the professional level;

c. The services must be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of practice; this includes the requirement that the amount, frequency and duration of the services must be reasonable.

## H. I. Prosthetic/orthotic services.

1. Prosthetic services furnished to a patient include prosthetic devices that replace all or part of an external body member, and services necessary to design the device, including measuring, fitting, and instructing the patient in its use;

2. Orthotic device services furnished to a patient include orthotic devices that support or align extremities to prevent or correct deformities, or to improve functioning, and services necessary to design

the device, including measuring, fitting and instructing the patient in its use; and

3. ~~Prosthetic/orthotic services must be ordered by the physician and must be necessary to carry out the rehabilitation plan~~ *Maxillofacial prosthetic and related dental services are those services that are specifically related to the improvement of oral function not to include routine oral and dental care.*

4. *The services must be directly and specifically related to an active written treatment plan approved by a physician after consultation with a prosthetist, orthotist, or a licensed, board eligible prosthodontist, certified in Maxillofacial prosthetics.*

5. *The services must be provided with the expectation, based on the assessment made by physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and predictable period of time, or must be necessary to establish an improved functional state of maintenance.*

6. *The services must be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical and dental practice; this includes the requirement that the amount, frequency, and duration of the services be reasonable.*

#### **I. J. Durable medical equipment.**

1. Durable medical equipment furnished the patient receiving approved covered rehabilitation services is covered when the equipment is necessary to carry out an approved plan of rehabilitation. A rehabilitation hospital or a rehabilitation unit of a hospital enrolled with Medicaid under a separate provider agreement for rehabilitative services may supply the durable medical equipment. The provision of the equipment is to be billed as an outpatient service. All durable medical equipment over \$1,000 must be preauthorized by the department; however, all durable medical equipment is subject to justification of need. Durable medical equipment normally supplied by the hospital for inpatient care is not covered by this provision.



301 INPATIENT REHABILITATION CERTIFICATION FORM - DMAS 121-R  
INSTRUCTIONS FOR COMPLETION

At the time of admission, a DMAS 121-R must be completed and submitted to the Department of Medical Assistance Services. A staff member designated by the physician may complete the form but the physician must sign and date the form in his own handwriting. Initials and rubber stamps will not be accepted in lieu of the physician's signature.

- NUMBER 1. REQUIRED- Enter the patient's name and date of Birth.
- NUMBER 2. REQUIRED- Enter the patient's Medicaid number (12 digit), Medicare number, and any other insurance.
- NUMBER 3. REQUIRED- Enter responsible party name, address and relationship to patient.
- NUMBER 4. REQUIRED- List all prior hospitalizations that were related to the condition requiring intensive rehabilitation. Include hospital names, dates of stay, and reason for admission.
- NUMBER 5. REQUIRED- List all admitting diagnoses and date of onset.
- NUMBER 6. REQUIRED- Detailed description of current level of functional status.
- NUMBER 7. REQUIRED- Describe the developed plan of care including all therapies, frequency of treatment, projected duration of treatment, and measurable goals.
- NUMBER 8. REQUIRED- Describe anticipated progress in all areas of treatment. Include discharge plans.
- NUMBER 9. REQUIRED- Signature of the physician and date signed must be in the physician's handwriting.
- NUMBER 10. REQUIRED- Complete provider name, address, phone number and seven digit rehabilitation provider number assigned by the Department of Medical Assistance Services.
- NUMBER 11. REQUIRED- List contact person for additional information or clarification.
- NUMBER 12. REQUIRED- Indicate the actual or anticipated admission date and the anticipated length of stay or service. (It is understood that the actual length of stay may be greater or less than the "anticipated length of stay".)
- NUMBER 13. REQUIRED- Indicate the purpose of the request. Requests for extensions of stay or service should be submitted two weeks prior to the end date of the initial or previously approved extensions of stay in number 12.
- NUMBER 14. FOR OFFICE USE ONLY: will be completed by the Department of Medical Assistance Services.

INPATIENT REHABILITATION CERTIFICATION FORM

<p>(1) <u>PATIENT</u> LAST FIRST I. DATE OF BIRTH</p> <p>(2) MEDICAID NUMBER (12 DIGIT) MEDICARE NUMBER OTHER INSURANCE</p> <p>(3) RESPONSIBLE PARTY NAME ADDRESS RELATIONSHIP</p> <p>(4) Prior Hospitalization(s) (Include Hospital Name, Dates, Reason)</p> <p>(5) Admitting Diagnosis (Include Date of Onset)</p> <p>(6) Description of Functional Status</p> <p>(7) Plan of Care (Therapies, Frequency, Duration, Measurable Goals)</p> <p>(8) Anticipated Progress and Discharge Plan</p> <p>(9) Name of Physician Signature of Physician Date</p> <p>Revised 6/22/87 - 121R IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEETS</p>	<p>(10) Provider Name Telephone</p> <p>Provider Number Telephone</p> <p>Provider Address Zip Code</p> <p>(11) Contact Person Telephone</p> <p>(12) Admission Date (Anticipated) Telephone</p> <p>Admission Date (Actual) Telephone</p> <p>Anticipated Length of Stay Telephone</p> <p>(13) REQUEST APPROVAL FOR:</p> <p>( ) 1. Admission</p> <p>( ) 2. Extension of Stay</p> <p>( ) 3. Reconsideration</p> <p>FOR OFFICE USE ONLY</p> <p>(14) INPATIENT ADMITTANCE NO. Dental</p> <p>(A) Approval: Admission Extension</p> <p>Initial Days Extended Days</p> <p>Total Days (C) Pending</p> <p>Initial Dates of Services to</p> <p>Dates of Extension to</p> <p>Dates of Extension to</p> <p>Comments: (Send Discharge Summary)</p>
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REQUEST FOR DURABLE MEDICAL EQUIPMENT FORM-DMAS-122R  
INSTRUCTIONS FOR COMPLETION

A DMAS 122-R must be completed and submitted to the Department Medical Assistance Services for reimbursement approval for durable medical equipment. A separate DMAS 122-R must be completed for each piece of equipment requested. A staff member designated by the physician may complete the form but the physician must sign and date the form in his own handwriting. Initials and rubber stamps will not be accepted in lieu of the physician's signature.

- NUMBER 1. REQUIRED- Enter patient's name and date of Birth.
- NUMBER 2. REQUIRED- Enter Medicaid number (12 digits), Medicare number and any other insurance.
- NUMBER 3. REQUIRED- Enter responsible party name, address and relationship to patient.
- NUMBER 4. REQUIRED- List all current diagnoses and date of onset.
- NUMBER 5. REQUIRED- Detailed description of current Level of Functional Status.
- NUMBER 6. REQUIRED- Detailed description of equipment to include all adaptations and modifications.
- NUMBER 7. REQUIRED- Describe purpose of and therapeutic value of equipment.
- NUMBER 8. REQUIRED- Enter length of time that equipment will be needed.
- NUMBER 9. REQUIRED- List Billing Vendor name, address, telephone number and contact person.
- NUMBER 10. REQUIRED- List estimated cost of equipment. Identify if item is to be rented or purchased.
- NUMBER 11. REQUIRED- Describe discharge plan to include anticipated/actual discharge date and destination. If patient is not independent, identify plan for assistive care giver. Include patient prognosis.
- NUMBER 12. REQUIRED- Signature of the physician and date signed must be in the physicians handwriting.
- NUMBER 13. REQUIRED- Complete provider name, address, phone number and seven digit rehabilitation provider number assigned by the Department of Medical Assistance Services.
- NUMBER 14. REQUIRED- List contact person and telephone number for additional information or clarification.
- NUMBER 15. FOR OFFICE USE ONLY- Will be completed by the Department of Medical Assistance Services.

7/7/87-Rehab

REQUEST FOR DURABLE MEDICAL EQUIPMENT FORM

<p>(1) (PATIENT) LAST FIRST I. DATE OF BIRTH</p>	<p>(2) MEDICAID NUMBER (12 DIGIT) MEDICARE NUMBER OTHER INSURANCE</p>	<p>(3) (RESPONSIBLE PARTY) NAME ADDRESS RELATIONSHIP</p>	<p>(4) DIAGNOSIS (5) FUNCTIONAL LIMITATIONS</p>
<p>(6) ITEM REQUESTED (INCLUDE ALL ADAPTATIONS AND MODIFICATIONS)</p>	<p>(7) THERAPEUTIC VALUE OF EQUIPMENT</p>	<p>(8) EQUIPMENT WILL BE NEEDED FOR _____ months</p>	<p>(9) VENDOR (Name, Address, telephone &amp; contact person) (10) COST OF EQUIPMENT (PURCHASE/RENTAL)</p>
<p>(11) DISCHARGE PLAN (include patient prognosis, discharge date, destination, and care giver)</p>			
<p>(12) I certify that the requested equipment is medically necessary for the care and treatment of the above patient. I certify that the patient is cognitively and functionally able to utilize the requested equipment.</p>			
<p>1/7/87-202 Name of Physician</p>	<p>Signature of Physician</p>	<p>Date</p>	<p>Referrer Signature</p>
<p>IF ADDITIONAL SPACE IS REQUIRED, A 1CH ADDITIONAL SHEET</p>			<p>Date</p>
<p>(13) Provider Name</p>			
<p>Provider Number</p>			
<p>Provider Address</p>			
<p>City/State Zip Code</p>			
<p>Contact Person Telephone</p>			
<p>FOR OFFICE USE ONLY</p>			
<p>(15) Approved _____</p>			
<p>Denied _____</p>			
<p>Pending _____</p>			
<p>COMMENTS:</p>			

# Proposed Regulations

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**Title of Regulations:** State Plan for Medical Assistance Relating to Cost Report Filing Requirements.

**VR 460-02-4.191. Methods and Standards for Establishing Payments Rates - In-Patient Hospital Care.**

**VR 460-02-4.192. Methods and Standards for Establishing Payment Rates - Other Types of Care.**

**VR 460-03-4.194. Nursing Home Payment System.**

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

**Public Hearing Date:** N/A

(See Calendar of Events section for additional information)

**Summary:**

*These proposed regulations standardize uniform cost report filing requirements across all institutional provider types. The Health Care Financing Administration requires the filing of year end reports by cost providers for reimbursement purposes. The department is presently conveying cost report filing requirements to providers in correspondence. These proposed regulations are formalizing the department's current policies and procedures into regulatory language.*

**VR 460-02-4.191. Methods and Standards for Establishing Payment Rates - In-Patient Hospital Care.**

The state agency will pay the reasonable cost of inpatient hospital services provided under the Plan. In reimbursing hospitals for the cost of inpatient hospital services provided to recipients of medical assistance.

I. For each hospital also participating in the Health Insurance for the Aged Program under Title XVIII of the Social Security Act, the state agency will apply the same standards, cost reporting period, cost reimbursement principles, and method of cost apportionment currently used in computing reimbursement to such a hospital under Title XVIII of the Act, except that the inpatient routine services costs for medical assistance recipients will be determined subsequent to the application of the Title XVIII method of apportionment, and the calculation will exclude the applicable Title XVIII inpatient routing service charges or patient days as well as Title XVIII inpatient routine service cost.

II. For each hospital not participating in the Program under Title XVIII of the Act, the state agency will apply the standards and principles described in 42 CFR 447.250 and either (a) one of the available alternative cost apportionment methods in 42 CFR 447.250, or (b) the "Gross RCCAC method" of cost apportionment applied as follows: For a reporting period, the total allowable hospital inpatient charges; the resulting percentage is applied to the bill of each inpatient under the Medical Assistance Program.

III. For either participating or nonparticipating facilities, the Medical Assistance Program will pay no more in the aggregate for inpatient hospital services than the amount it is estimated would be paid for the services under the Medicare principles of reimbursement, as set forth in 42 CFR 447.253(b)(2), and/or lessor of reasonable cost or customary charges in 42 CFR 447.250.

IV. The state agency will apply the standards and principles as described in the state's reimbursement plan approved by the secretary on a demonstration or experimental basis for the payment of reasonable costs by methods other than those described in paragraphs (a) and (b) above.

V. The reimbursement system for hospitals includes the following components:

(1) Hospitals should be grouped by classes according to number of beds and urban versus rural. (Three groupings for rural—less than 100 beds, 101 to 170 beds, and over 171 beds; four groupings for urban—less than 100, 100 to 400, 401 to 600, and over 601 beds.) Groupings are similar to those used by the Health Care Financing Administration (HCFA) in determining routine cost limitations.

(2) Prospective reimbursement ceilings on allowable operating costs should be established as of July 1, 1982, for each grouping. Hospitals with a fiscal year end after June 30, 1982 shall be subject to the new reimbursement ceilings.

The calculation of the initial group ceilings as of July 1, 1982, should be based on available, allowable cost data for all hospitals in calendar year 1981. Individual hospital operating costs should be advanced by a reimbursement escalator from the hospital's year end to July 1, 1982. After this advancement, the operating costs should be standardized using SMSA wage indices, and median should be determined for each group. These medians should be readjusted by the wage index to set an actual cost ceiling for each SMSA. Therefore, each hospital grouping should have a series of ceilings representing one of each SMSA area. The wage index should be based on those used by HCFA in computing its Market Basket Index for routine cost limitations.

Effective July 1, 1986, providers subject to the prospective payment system of reimbursement will have their prospective operating cost rate and prospective operating cost ceiling computed using a new methodology. This method will use an allowance for inflation based on the percent of change in the quarterly average of the Medical Care Index of the Chase Econometrics - Standard Forecast determined in the quarter in which the provider's new fiscal year begins.

The prospective operating cost rate will be based on

the provider's allowable cost from the most recent filed cost report, plus the inflation percentage add-on.

The prospective operating cost ceiling will be determined by using the base that was in effect for the provider's fiscal year that began between July 1, 1985, and June 1, 1986. The medical care index percent of change for the quarter in which the provider's new fiscal year began will be added to this base to determine the new operating cost ceiling. This new ceiling is to be effective for all providers on July 1, 1986. For subsequent cost reporting periods beginning on or after July 1, 1986, the last prospective operating rate ceiling determined under this new methodology will become the base for computing the next prospective year ceiling.

The new method will still require comparison of the prospective operating cost rate to the prospective operating ceiling. The provider is allowed the lower of the two amounts subject to the lower of cost or charges principles.

(3) Subsequent to June 30, 1982, the group ceilings should not be recalculated on allowable costs, but should be updated by the escalator.

(4) Prospective rates for each hospital should be based upon the hospital's allowable costs plus the escalator, or the appropriate ceilings, or charges; whichever is lower. Except to eliminate costs that are found to be unallowable, no retrospective adjustment should be made to prospective rates.

Depreciation, capital interest, and education costs approved pursuant to HIM-15 (Sec. 400), should be considered as pass throughs and not part of the calculation.

(5) Hospitals which have a disproportionately higher level of Medicaid patients and which exceed the ceiling should be allowed a higher ceiling based on the individual hospital's Medicaid utilization. This should be measured by the percent of Medicaid patient days to total hospital patient days. Each hospital with a Medicaid utilization of over 8.0% should receive an adjustment to its ceiling. The adjustment should be set at a percent added to the ceiling for each percent of utilization up to 30%.

(6) There will be special consideration for exception to the median operating cost limits in those instances where extensive neonatal care is provided.

(7) An incentive plan should be established whereby a hospital will be paid on a sliding scale, percentage for percentage, up to 25% of the difference between allowable operating costs and the appropriate per diem group ceiling when the operating costs are below the ceilings. The incentive should be calculated based on the annual cost report.

The table below presents three examples under the new plan:

Group Ceiling	Hospital's Allowable Cost Per Day \$	Difference % of Ceiling	Difference \$	Sliding Scale Incentive % of Difference
\$230	\$230	-0-	-0-	-0-
\$230	207	23.00	10%	2.30 10%
\$230	172	57.50	25%	14.38 25%
\$230	143	76.00	33%	19.00 25%

VI. In accordance with the requirements of section 1902(a)(13)(A) of the Social Security Act and in accordance with the regulations at 42CFR 447.250 through 447.272, the Virginia Medical Assistance Program will continue using the Medicare retrospective cost system guidelines to determine allowable costs for Virginia's prospective payment system. Virginia adheres to the Medicare principals in effect prior to October 1, 1983. In accordance with Title 42 §§ 447.250 through 447.272 of the Code of Federal Regulations which implements § 1902(a)(13)(A) of the Social Security Act, the Department of Medical Assistance Services ("DMAS") establishes payment rates for services that are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated facilities to provide services in conformity with state and federal laws, regulations, and quality and safety standards. To establish these rates Virginia uses the Medicare principles of cost reimbursement in determining the allowable costs for Virginia's prospective payment system. Allowable costs will be determined from the filing of a uniform cost report by participating providers. The cost reports are due not later than 90 days after the provider's fiscal year end. If a complete cost report is not received within 90 days after the end of the provider's fiscal year, the Program shall take action in accordance with its policies that an overpayment is not being made. The cost report will be judged complete when DMAS has all of the following:

1. Completed cost reporting form(s) provided by DMAS, with signed certification(s);
2. The provider's trial balance showing adjusting journal entries;
3. The provider's financial statements including, but not limited to, a balance sheet, a statement of income and expense, a statement of retained earnings (or fund balance), a statement of changes in financial position, and footnotes to the financial statements;
4. Schedules which reconcile financial statements and trial balance to expenses claimed in the cost report;
5. Home office cost report, if applicable; and
6. Such other analytical information or supporting documents requested by DMAS when sending the cost reporting forms to the provider.

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*Although utilizing the cost apportionment and cost finding methods of the Medicare Program, Virginia does not adopt the prospective payment system of the Medicare Program enacted October 1, 1983.*

## VII. Revaluation of assets.

A. Effective October 1, 1984, the valuation of an asset of a hospital or long-term care facility which has undergone a change of ownership on or after July 18, 1984, shall be the lesser of the allowable acquisition cost to the owner of record as of July 18, 1984, or the acquisition cost to the new owner.

B. In the case of an asset not in existence as of July 18, 1984, the valuation of an asset of a hospital or long-term care facility shall be the lesser of the first owner of record, or the acquisition cost to the new owner.

C. In establishing an appropriate allowance for depreciation, interest on capital indebtedness, and return on equity (if applicable prior to July 1, 1986) the base to be used for such computations shall be limited to A or B above.

D. Costs (including legal fees, accounting and administrative costs, travel costs, and feasibility studies) attributable to the negotiation or settlement of the sale or purchase of any capital asset (by acquisition or merger) shall be reimbursable only to the extent that they have not been previously reimbursed by Medicaid.

E. The recapture of depreciation up to the full value of the asset is required.

F. Rental charges in sale and leaseback agreements shall be restricted to the depreciation, mortgage interest and (if applicable prior to July 1, 1986) return on equity based on cost of ownership as determined in accordance with A and B above.

## VIII. Refund of overpayments-Effective July 1, 1986.

A. Lump sum payment. When the provider files a cost report indicating that an overpayment has occurred, full refund is to be remitted with the cost report, or, in cases where DMAS discovers an overpayment during desk review, field audit, or final settlement, DMAS will immediately send the first demand letter requesting a lump sum refund. Recovery will be undertaken even though the provider disputes in whole or in part DMAS's determination of the overpayment.

B. Payment schedule. If the provider cannot refund the total amount of the overpayment within ~~thirty~~ 30 days after receiving the letter, the provider should immediately request an extended repayment schedule. DMAS may establish a repayment schedule of up to ~~twelve~~ 12 months to recover all or part of an overpayment.

It ~~must~~ shall offset any money owned to the provider

prior to establishing a repayment plan. When a repayment schedule is used to recover only part of an overpayment, the remaining amount should be recovered by the reduction of interim payments to the provider or by lump sum payments.

C. Extension request documentation. The provider ~~must~~ shall document its need for extended (beyond ~~thirty~~ 30 days) repayment and submit a written proposal scheduling the dates and amounts of repayments. The Program will send the provider written notification of the approved repayment schedule, which will be in effect from the date the provider submits the proposal. If an audit later uncovers an additional overpayment, the provider ~~must~~ shall submit further documentation if it wishes to request an extended repayment schedule for the additional amount.

D. Interest charge on extended repayment. Interest will be charged to the provider at the rate specified in § 32.1-313 of the Code of Virginia (~~1950~~) as amended, on the unpaid balance of the approved repayment schedule. Interest will accrue from the date the overpayment is determined. Interest will not be charged or accrued during the period of the Program's administrative review. Interest will be charged on any unpaid balance from the date of the director's final administrative determination.

In any case in which any initial determination of overpayment has been reversed in a subsequent judicial proceeding, the provider shall be reimbursed that portion of the payment to which he is entitled, plus any applicable interest paid.

IV. Effective October 1, 1986, hospitals that have obtained Medicare certification as inpatient rehabilitation hospitals or rehabilitation units in acute care hospitals, which are exempted from the Medicare Prospective Payment System (DRG), shall be reimbursed in accordance with the current Medicaid Prospective Payment System as described in the preceding sections I, II, III, IV, V, VI, VII, VIII and excluding V(6). Additionally, rehabilitation hospitals and rehabilitation units of acute care hospitals which are exempt from the Medicare Prospective Payment System will be required to maintain separate cost accounting records, and to file separate cost reports annually utilizing the applicable Medicare cost reporting forms (HCFA 2552 series) and the Medicaid forms (MAP-783 series).

A new facility shall have an interim rate determined using a pro forma cost report or detailed budget prepared by the provider and accepted by the DMAS, which represents its anticipated allowable cost for the first cost reporting period of participation. For the first cost reporting period, the provider will be held to the lesser of its actual operating cost or its peer group ceiling. Subsequent rates will be determined in accordance with the current Medicaid Prospective Payment System as noted in the preceding paragraph of IX.

VR 460-02-4.192. Methods and Standards for Establishing Payment Rates - Other Types of Care.

The policy and the method to be used in establishing payment rates for each type of care or service (other than inpatient hospitalization, skilled nursing and intermediate care facilities) listed in § 1905(a) of the Social Security Act and included in this State Plan for Medical Assistance are described in the following paragraphs:

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

b. Participation in the program will be limited to providers of services who accept, as payment in full, the state's payment plus any copayment required under the State Plan.

c. Payment for care or service will not exceed the amounts indicated to be reimbursed in accord with the policy and methods described in this Plan and payments will not be made in excess of the upper limits described in 42 CFR 447.304(a). The state agency has continuing access to data identifying the maximum charges allowed; such data will be made available to the Secretary, HHS, upon request.

d. Payments for services listed below shall be on the basis of reasonable cost following the standards and principles applicable to the Title XVIII Program. The upper limit for reimbursement shall be no higher than payments for Medicare patients on a facility by facility basis in accordance with 42 CFR 447.321 and 42 CFR 447.325. In no instance, however, shall charges for beneficiaries of the program be in excess of charges for private patients receiving services from the provider. The professional component for emergency room physicians shall continue to be uncovered as a component of the payment to the facility.

*Reasonable costs will be determined from the filing of a uniform cost report by participating providers. The cost reports are due not later than 90 days after the provider's fiscal year end. If a complete cost report is not received within 90 days after the end of the provider's fiscal year, the Program shall take action in accordance with its policies that an overpayment is not being made. The cost report will be judged complete when DMAS has all of the following:*

1. Completed cost reporting form(s) provided by DMAS, with signed certification(s);

2. The provider's trial balance showing adjusting journal entries;

3. The provider's financial statements including, but not limited to, a balance sheet, a statement of income and expense, a statement of retained earnings (or fund balance), a statement of changes in financial position, and footnotes to the financial statements;

4. Schedules which reconcile financial statements and trial balance to expenses claimed in the cost report;

5. Depreciation schedule or summary;

6. Home office cost report, if applicable; and

7. Such other analytical information or supporting documents requested by DMAS when sending the cost reporting forms to the provider.

*The services that are cost reimbursed are:*

(1) Inpatient hospital services to persons over 65 years of age in tuberculosis and mental disease hospitals

(2) Home health care services

(3) Outpatient hospital services excluding laboratory

(4) Rural health clinic services

(5) Rehabilitation agencies

(6) Comprehensive outpatient rehabilitation facilities

(7) Rehabilitation hospital outpatient services.

e. Payment for the following services shall be the lowest of: State agency fee schedule, actual charge, or Medicare (Title XVIII) allowances:

(1) Physicians' services

(2) Dentists' services

(3) Mental health services including:

Community mental health services

Services of a licensed clinical psychologist

Mental health services provided by a physician

(4) Podiatry

(5) Nurse-midwife services

(6) Durable medical equipment

(7) Local health services

(8) Laboratory services (Other than inpatient hospital)

(9) Payments to physicians who handle laboratory

# Proposed Regulations

specimens, but do not perform laboratory analysis (limited to payment for handling)

(10) X-Ray services

(11) Optometry services

(12) Medical supplies and equipment.

f. Payment for pharmacy services shall be the lowest of:

(1) Whichever is applicable below (except that (a) and (b) are not applied for prescriptions certified as brand necessary by the prescribing physician, if the brand cost is higher than the FMAC or VMAC cost):

(a) The Federal Maximum Allowable Cost (FMAC), determined by the Pharmaceutical Reimbursement Board, Health Care Financing Administration, plus the dispensing fee established by the state agency, or

(b) For other specific multiple source legend drugs listed in the Virginia Voluntary Formulary, a Virginia Maximum Allowable Cost (VMAC) shall be established, plus a dispensing fee, or

(c) For other legend drug, with the exception of oral contraceptives, the estimated acquisition cost determined by the state agency plus the dispensing fee established by the state agency, or

(d) For covered nonlegend drugs and oral contraceptives, a markup allowance determined by the state agency, or

(2) The provider's usual and customary charges to the public, as identified by the claim charge.

Payment for pharmacy services to patients of skilled or intermediate care facilities will be as described above; however, payments for legend drugs will include the allowed cost of the drugs plus only one dispensing fee per month for each specific drug.

The Program recognizes the unit dose delivery system of dispensing drugs only for patients residing in skilled or intermediate care facilities. Reimbursements are based on the allowed payments described above plus the unit dose add on fee and an allowance for the cost of unit dose packaging established by the state agency. The allowed drug cost for VMAC drugs will not exceed the 60th percentile cost level identified by the state agency. All other drugs including FMAC drugs will be reimbursed at drug costs not to exceed the estimated acquisition cost determined by the state agency.

g. All reasonable measures will be taken to ascertain the legal liability of third parties to pay for authorized care and services provided to eligible recipients including those measures specified under 42 USC 1396(a)(25).

h. The single state agency will take whatever measures are necessary to assure appropriate audit of records whenever reimbursement is based on costs of providing care and services, or on a fee-for-service plus cost of materials.

i. Payment for transportation services shall be according to the following table:

TYPE OF SERVICE	PAYMENT METHODOLOGY
Taxi services	Rate set by the single state agency
Wheelchair van	Rate set by the single state agency
Nonemergency ambulance	Rate set by the single state agency
Emergency ambulance	Rate set by the single state agency
Volunteer drivers	Rate set by the single state agency
Air ambulance	Rate set by the single state agency
Mass transit	Rate charged to the public
Transportation agreements	Rate set by the single state agency
Special Emergency transportation	Rate set by the single state agency

j. Payments for Medicare coinsurance and deductibles for noninstitutional services shall not exceed the allowed charges determined by Medicare in accordance with 42 CFR 447.304(b) less the portion paid by Medicare, other third party payors, and recipient copayment requirements of this Plan.

k. Payment for eyeglasses shall be the actual cost of the frames and lenses not to exceed limits set by the single state agency, plus a dispensing fee not to exceed limits set by the single state agency.

VR 460-03-4.194. Nursing Home Payment System.

## Article 5.

### Cost Report Due Date Reports .

§ 2.20. Cost report submission.

A. Cost reports are due not later than ~~(ninety)~~ 90 days after the provider's fiscal year end. If a complete cost report is not received within ~~(90)~~ 90 days after the end of the provider's fiscal year, DMAS shall take action to

assure that overpayment is not being made.

*The cost report will be judged complete when DMAS has all of the following:*

- 1. Completed cost reporting form(s) provided by DMAS, with signed certification(s);*
- 2. The provider's trial balance showing adjusting journal entries;*
- 3. The provider's financial statements including, but not limited to, a balance sheet, a statement of income and expense, a statement of retained earnings (or fund balance), a statement of changes in financial position, and footnotes to the financial statements;*
- 4. Schedules which reconcile financial statements and trial balance to expenses claimed in the cost report;*
- 5. Depreciation schedule or summary;*
- 6. Home office cost report, if applicable; and*
- 7. Such other analytical information or supporting documents requested by DMAS when sending the cost reporting forms to the provider.*

*B. Accordingly. When cost reports are delinquent, the provider's interim rate shall be reduced by a minimum of 20% the first month and an additional 20% for each month the report has not been submitted. DMAS shall notify the provider of the schedule of reductions which shall start on the first of the following month. Thus, for a September 30 fiscal year end, notification would be mailed in early January that payments would be reduced starting with the first payment in February. If the provider fails to submit a complete cost report within ~~one hundred eighty~~ 180 days after the fiscal year end, a penalty in the amount of 10% of the balance withheld shall be forfeited to DMAS.*

After the overdue cost report is received, desk reviewed, and a new prospective rate established, the amounts withheld shall be computed and paid.



Department of Medical Assistance Services

Reporting Form  
Cost Report Filing Requirements

Freestanding Intermediate Care Facility

Provider Questionnaire

A. Provider's Organization and Operation

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Has the provider changed ownership?<br>If "yes," complete Exhibit 1- Disclosure of Ownership  | _____      | _____     |
| 2. Is compensation claimed in the cost report for:   |            |           |
| a. Owners  | _____      | _____     |
| b. Partners  | _____      | _____     |
| c. Shareholders  | _____      | _____     |
| d. Officers  | _____      | _____     |
| e. Related parties (relatives)   | _____      | _____     |
| If "yes," reference Exhibit 1.   |            |           |
| 3. Do any owners and/or officers of the provider or its home office have any interest in any business providing goods or services to this facility or any other facility?<br>If "yes," list the organizations below: | _____      | _____     |

Name of Owner	Name of Related Organization	Provider Number	Percent of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- |  |       |       |
|--|-------|-------|
| 4. Are any employees directly related (as defined by HIM - 15) to owners, partners, shareholders or officers of the provider or its home office?<br>If "yes," provide listing of employee(s) and related owner, partner, shareholder and/or officer. | _____ | _____ |
| 5. Is your facility certified under Internal Revenue Code Section 501 (c)(3)?  | _____ | _____ |
| 6. Was a Certificate of Public Need (CPN) approved for the establishment of your facility or for any additions and/or new service to your facility this fiscal year?   | _____ | _____ |

Department of Medical Assistance Services

Reporting Form  
Cost Report Filing Requirements

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 7. Has your facility applied for a change in licensure status by the State Health Department during the cost report period under review?  | _____      | _____     |
| 8. Has your facility been granted a change in licensure status by the State Health Department since the last cost reporting period?   | _____      | _____     |
| 9. Has your facility floor plan changed during this fiscal year?<br>If "yes", provide a copy of the revised floor plan of the facility.   | _____      | _____     |
| <b>B. <u>Provider's Contractual Arrangements</u></b>  |            |           |
| 1. Are management, administrative, and/or patient care services or other services furnished through contractual arrangements with suppliers of services?<br>If "yes", have these arrangements changed during the fiscal year?<br>- Attach a list of services purchased and costs included in the cost report.<br>Are these services with a related party? | _____      | _____     |
| 2. Have you acquired during this fiscal year any property, buildings, or major movable equipment through lease agreements?<br>If "yes," is lease with a related party?<br>If "yes," provide a copy of the lease(s).<br>Nature of new lease is<br>- operating _____<br>- capital _____<br>- lease-purchase _____   | _____      | _____     |
| 3. Have costs been included in the cost report for non-paid workers during this fiscal year?<br>If "yes," submit<br>- copies of agreement(s)<br>- Exhibit 2 - Non-paid Workers<br>- description of method used to value volunteer services  | _____      | _____     |

Department of Medical Assistance Services  
Reporting Form  
Cost Report Filing Requirements

	<u>Yes</u>	<u>No</u>
7. Is a deferred compensation or pension plan provided for facility employees and claimed as costs?	_____	_____
Has the plan(s) changed during the fiscal year?	_____	_____
If "yes," provide a copy of the amendments.	_____	_____
8. Is the provider organization part of a chain?	_____	_____
If "yes," provide the following:	_____	_____
Full name and address of home office	_____	_____

Department of Medical Assistance Services  
Reporting Form  
Cost Report Filing Requirements

	<u>Yes</u>	<u>No</u>
4. Have consulting services been provided to provider during the fiscal year?	_____	_____
If "yes," provide list of services and amount claimed in the cost report.	_____	_____
Is consulting service with a related party?	_____	_____
C. <u>Financial Information</u>	_____	_____
1. During this cost reporting period, have the financial statements been	_____	_____
a. Audited	_____	_____
b. Reviewed	_____	_____
c. Compiled	_____	_____
d. Unaudited	_____	_____
e. The public accounting firm is:	_____	_____
_____	_____	_____
2. Has the nature of the accounting system changed during the fiscal year?	_____	_____
If "yes," explain changes.	_____	_____
3. Has there been a change in significant accounting policies, such as capitalization, during the fiscal year?	_____	_____
If "yes," provide a description of the nature of the change(s).	_____	_____
4. Have any loan or mortgage agreements been entered into by your facility during the fiscal year?	_____	_____
If "yes," submit	_____	_____
- a copy of loan or mortgage agreement	_____	_____
- amortization schedule	_____	_____
5. Have any assets been assigned revised useful lives since the last cost reporting period?	_____	_____
If "yes," attach list and provide an explanation.	_____	_____
6. Were costs claimed for educational activities? Has the nature of educational activities changed during this fiscal year?	_____	_____
If "yes," submit what changes have taken place.	_____	_____

# Proposed Regulations

Department of Medical Assistance Services  
Reporting Form  
Cost Report Filing  
Requirements

**Exhibit 1  
DISCLOSURE OF OWNERSHIP AND COMPENSATION**

Provider No.: \_\_\_\_\_  
Period Ended: \_\_\_\_\_

	Name of Owner, Partner, Major Stock- holders and Officers	Title	Address	% Owned	\$ Salary	\$Auto	Health Insurance	\$ Life Insurance	\$Other
1. Sole Prop.:	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. Partnerships:	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. Corporation*	Name of Corp. _____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____

Corporations must insert information on all major stockholders (over 5% ownership of outstanding stock) and all officers of corporation.  
For providers where ownership is by a chain organization, the name, address, and phone number of the home office must be included in addition to the information required in the corporation section of this form.

\*\*Amounts reported as compensation to the Internal Revenue Service (W-2, 1099, etc...)

Map 128 - Worksheet Q

Department of Medical Assistance Services  
Reporting Form  
Cost Report Filing Requirements

**Exhibit 2  
NON-PAID WORKERS**

Department	Volunteer Position	Number of Positions/Dept.	Type of Work Performed	Average Number of Hours Worked Per Position/Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Ray T. Sorrell, Director  
Department of Medical Assistance Services

CERTIFIED:

Date \_\_\_\_\_

Map 128 - Worksheet Q

\* \* \* \* \*

**Title of Regulations:** State Plan for Medical Assistance Relating to Audit Requirements.

**VR 460-02-4.194. Methods and Standards for Establishing Payments Rates - Other Types of Long-term Care.**

**VR 460-03-4.194. Nursing Home Payment System.**

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

**Public Hearing Date:** N/A

(See Calendar of Events section for additional information)

**Summary:**

*These proposed regulations modify the frequency of onsite field audits of nursing home providers' financial and statistical records. The Health Care Financing Administration (HCFA) requires Medicaid programs to periodically audit providers' records. The Department of Medical Assistance Services has varied from Medicare's principles of reimbursement regarding the frequency of onsite field audits. These proposed regulations seek to change the standing requirement to audit every three years to a system allowing for professional desk reviews which will determine the frequency of onsite field audits.*

**VR 460-02-4.194. Methods and Standards for Establishing Payment Rates - Long-term Care.**

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

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

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

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

d. Payments for services to skilled and intermediate nursing homes shall be on the basis of reasonable cost in accordance with the standards and principles set

forth in 42 CFR 447.252 as follows:

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

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

(3) Field audits will be conducted on the cost data submitted by the provider to verify the accuracy and reasonableness of such data. Audits will be conducted for each facility ~~no less than once every three years~~ on a periodic basis as determined from internal desk audits and more often as required. Audit procedures are in conformance with SSA standards set forth in HIM-13-2. Internal desk ~~reviews~~ audits are conducted annually within six months of receipt of a completed cost report from the provider.

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

(5) Overpayments are accounted for in accordance with 42 CFR 447-625 (no later than the second quarter following the quarter in which they were recovered by the state agency).

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

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

(8) Covered cost will include such items as:

(a) Cost of meeting certification standards.

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

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

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

# Proposed Regulations

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

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

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

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

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

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

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

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

VR 460-03-4.194. Nursing Home Payment System.

## § 2.33. Audit requirements.

A. Field audits shall be required as follows:

1. For the first cost report on all new facilities;
2. For the first cost report in which a significant number of additional beds are reflected;
3. Immediately following the sale or lease of a facility;
4. At least every three years on all providers, and As may be determined from the desk audit review.

5. As may be indicated from the desk audit review.

## VIRGINIA STATE BOARD OF MEDICINE

Title of Regulation: VR 465-02-1. Practice of Medicine, Osteopathic Medicine, Chiropractic, Podiatry, Clinical Psychology, and Acupuncture.

Statutory Authority: § 54-291 of the Code of Virginia.

Public Hearing Date: April 20, 1988 - 9:30 a.m.  
(See Calendar of Events section for additional information)

### Summary:

*The board proposes to repeal existing regulations and promulgate new regulations to set forth requirements for licensure to practice medicine, osteopathy, podiatry, chiropractic, clinical psychology and acupuncture in Virginia.*

*An "Index to the Proposed and Existing Regulation" is incorporated by reference and states other proposed changes to the regulations. This index and all other relevant documents are available to the public through the Board of Medicine.*

VR 465-02-1. Practice of Medicine, Osteopathic Medicine, Chiropractic, Podiatry, Clinical Psychology, and Acupuncture.

### PART I. GENERAL PROVISIONS.

#### § 1.1. Definitions.

*A. The following words and terms, when used in these regulations, shall have the meaning ascribed to them in Chapter 12 (§ 54-273), Medicare and Other Healing Arts, of Title 54 of the Code of Virginia:*

*Acupuncture*

*Board*

*Clinical psychologist*

*Practice of clinical psychology*

*Practice of medicine or osteopathy*

*Practice of chiropractic*

*Practice of podiatry*

*The healing arts.*

*B. The following words and terms, when used in these regulations, shall have the following meanings, unless the*

context clearly indicates otherwise:

"American institution" means any accredited licensed medical school, college of osteopathic medicine, school of podiatry, chiropractic college, or institution of higher education offering a doctoral program in clinical psychology, located in the United States, its territories, or Canada.

"Approved foreign institution" means any foreign institution that is approved by the board under the provisions of VR 465-02-2, Regulations for Granting Approval of Foreign Medical Schools and Other Foreign Institutions That Teach the Healing Arts.

"Foreign institution" means any medical school, college of osteopathic medicine, school of podiatry, chiropractic college, or institution of higher education offering a doctoral program in clinical psychology, located elsewhere than in the United States, its territories, or Canada.

"Home country" means the country in which a foreign institution's principal teaching and clinical facilities are located.

"Principal site" means the location in the home country where a foreign institution's principal teaching and clinical facilities are located.

§ 1.2. A separate Virginia State Board of Medicine regulation, VR 465-02-2, Requirements for Approval of Foreign Medical Schools and Other Foreign Institutions That Teach the Healing Arts, is incorporated by reference in these regulations. Prospective applicants for licensure in Virginia who studied at a foreign institution should refer to that regulation in addition to the regulations contained here.

### § 1.3. Vitamins, minerals and food supplements.

A. The use or recommendation of vitamins, minerals or food supplements and the rationale for that use or recommendation shall be documented by the practitioner. The rationale for said use shall be therapeutically proven and not experimental.

B. Vitamins, minerals or food supplements shall not be sold, dispensed, recommended, prescribed, or suggested in toxic doses.

C. The practitioner shall conform to the standards of his particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

§ 1.4. A separate board regulation, VR 465-01-1, entitled Public Participation Guidelines, which provides for involvement of the public in the development of all regulations of the Virginia State Board of Medicine, is incorporated by reference in these regulations.

## PART II.

### LICENSURE: GENERAL REQUIREMENTS AND LICENSURE BY EXAMINATION.

#### § 2.1. Licensure, general.

A. No person shall practice medicine, osteopathy, chiropractic, podiatry, acupuncture, or clinical psychology in the Commonwealth of Virginia without a license from this board, except as provided in § 4.3, Exemption for temporary consultant, of these regulations.

B. For all applicants for licensure by this board except those in clinical psychology, licensure shall be by examination by this board or by endorsement, whichever is appropriate.

C. Applicants for licensure in clinical psychology shall take the examination of the Virginia State Board of Psychology, which will recommend those qualifying to the Board of Medicine for licensure.

#### § 2.2. Licensure by examination.

##### A. Prerequisites to examination.

1. Every applicant for examination by the Board of Medicine for initial licensure shall:

a. Meet the educational requirements specified in subdivision 2 or 3 of this subsection;

b. File the complete application and credentials required in subdivision 4 of this subsection with the executive director of the board not less than 75 days prior to the date of examination; and

c. Pay the appropriate fee, specified in § 7.1, Fees ..., of these regulations, at the time of filing the application.

2. Education requirements: Graduates of American institutions.

Such an applicant shall be a graduate of an American institution that meets the criteria of subdivision a, b, c, or d of § 2.2 A.2, whichever is appropriate to the profession in which he seeks to be licensed:

a. For licensure in medicine. The institution shall be a medical school that is approved or accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association, or by the Committee for the Accreditation of Canadian Medical Schools or its appropriate subsidiary agencies.

b. For licensure in osteopathy. The institution shall be a college of osteopathic medicine that is approved or accredited by the Committee on Colleges and Bureau of Professional Education of

# Proposed Regulations

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*the American Osteopathic Association.*

*c. For licensure in podiatry. The institution shall be a school of podiatry approved and recommended by the Council on Podiatry Education of the American Podiatry Medical Association.*

*d. For licensure in chiropractic.*

*(1) If the applicant matriculated in a chiropractic college on or after July 1, 1975, he shall be a graduate of a chiropractic college approved by the Commission on Accreditation of the Council of Chiropractic Education.*

*(2) If the applicant matriculated in a chiropractic college prior to July 1, 1975, he shall be a graduate of a chiropractic college approved by the American Chiropractic Association or the International Chiropractic Association.*

**3. Educational requirements: Graduates and former students of foreign institutions.**

*a. No person who studied at or graduated from a foreign institution shall be eligible for board examination unless that institution has been granted approval by the board according to the provisions of VR 465-02-2, Regulations for Granting Approval of Foreign Medical Schools and Other Foreign Institutions That Teach the Healing Arts.*

*b. A graduate of an approved foreign institution applying for board examination for licensure shall also present documentary evidence that he:*

*(1) Was enrolled at the institution's principal site for a minimum of two consecutive years and fulfilled at least half of the degree requirements while enrolled at the institution's principal site.*

*(2) Received a degree from the institution; and*

*(3) Has fulfilled the appropriate requirements of § 54-305(d) of the Code of Virginia.*

*c. A graduate of an approved foreign institution applying for examination for licensure in medicine or osteopathy shall also possess a standard Educational Council of Foreign Medical Graduates certificate (ECFMG), or its equivalent. Proof of licensure by the board of another state or territory of the United States or a Province of Canada may be accepted in lieu of ECFMG certification.*

*d. An applicant for examination for licensure in medicine who completed all degree requirements except social services and post-graduate internship at an approved foreign institution shall be admitted to examination provided that he:*

*(1) Was enrolled at the institution's principal site for a minimum of two consecutive years and fulfilled at least half of the degree requirements while enrolled at the institution's principal site;*

*(2) Has qualified for and completed an appropriate supervised clinical training program as established by the American Medical Association;*

*(3) Has completed the postgraduate hospital training required of all applicants for licensure as defined in § 54-305(d) of the Code of Virginia; and*

*(4) Presents a document issued by the approved foreign institution certifying that he has met all the formal requirements of the institution for a degree except social services and postgraduate internship.*

*These regulations are promulgated pursuant to § 54-306.1:2 of the Code of Virginia and shall not be deemed to apply to graduates of foreign medical schools who matriculated before July 1, 1985. By resolution adopted at a public meeting on November 20, 1982, the board voted to promulgate the following regulations to be effective July 1, 1985, thereby placing potential foreign medical students on notice that such regulations would become effective on said date. Foreign medical students matriculating on and after July 1, 1985, should take care to determine whether their school satisfies these regulations before applying for licensure in Virginia. Inquiries may be directed to the board office at 1601 Rolling Hills Drive, Richmond, Virginia 23229-5005, (804) 662-9908.*

**4. Credentials to be filed prior to examination.**

*Applicants shall file with the executive director of the board, along with their applications for board examination (and at least 75 days prior to the date of examination) the credentials specified in subdivisions a, b, or c of § 2.2 A.4, whichever are appropriate:*

*a. Every applicant who is a graduate of an American institution shall prefile:*

*(1) Documentary evidence that he received a degree from the institution; and*

*(2) A complete chronological record of all professional activities since graduation, giving location, dates, and types of services performed.*

*b. Every applicant who attended a foreign institution shall prefile:*

*(1) The documentary evidence of education required by subdivisions 3.b, c, or d of this subsection, whichever is or are appropriate;*

*(2) For all such documents not in the English language, a translation made and endorsed by the*

consul of the home country of the applicant or by a professional translating service; and

(3) A complete chronological record of all professional activities since the applicant attended the foreign institution, giving location, dates, and types of services performed.

c. Every applicant discharged from the United States military service within the last 10 years shall in addition prefile with his application a notarized photostatic copy of his discharge papers.

B. Applicants for licensure by board examination shall take the appropriate examination prescribed by the board as provided in § 3.1 Examinations, of these regulations.

§ 2.3. Supervision of unlicensed persons practicing as psychologists in exempt settings.

#### A. Supervision.

Pursuant to § 54-944(d) of the Code of Virginia, supervision by a licensed psychologist, shall mean that the supervisor shall:

1. Provide supervision of unlicensed personnel who are providing psychological services as defined in § 54-936 and who are functioning in practice and title as a professional psychologist, including the review of assessment protocols, intervention plans and psychological reports, with review denoted by countersignature on all client records and reports as specified in the required protocols within 30 days of origination;
2. Determine and carry out instructional and evaluative consultation with supervisees appropriate to their levels of training and skill, and adjust their service delivery according to current standards of professional practice; and
3. Supervise only those psychological services that fall within the supervisor's area of competence as demonstrated by his own professional practice and experience.

#### B. Reporting.

A clinical psychologist who is providing supervision, as provided for in § 54-944(d), shall:

1. Submit to the board, within 120 days of the effective date of this regulation, a copy of the supervisory protocol established for each unlicensed supervisee and signed by the supervisor, supervisee, and authorized representative of the institution or agency.
2. Notify the board of any changes in supervisory relationships, including terminations or additions, prior

to or within 10 days of such change, with copies of supervisory protocol for all new supervisory relationships to follow within 30 days of such notice.

#### § 2.4. Advertising ethics.

Any statement specifying a fee for professional services which does not include the cost of all related procedures, services and products which, to a substantial likelihood will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person, shall be deemed to be deceptive or misleading. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

### PART III. EXAMINATIONS.

#### § 3.1. Examinations, general.

The following general provisions shall apply for applicants taking Board of Medicine examinations:

A. Applicants may take Parts I and II of the Federation Licensing Examination (FLEX) separately or as a unit. However, in no case shall an applicant who has not passed Part I be eligible to sit for Part II as a separate examination.

B. A minimum score of 75 is required for passing each part of the examination for licensure administered or recognized by the board.

#### § 3.2. Reexamination.

An applicant for licensure by examination who fails three consecutive attempts to pass the examination(s) administered by the board shall be eligible to sit for another series of three consecutive attempts upon presenting proof to the Credentials Committee of the board that he has fulfilled the requirements of subsection A, B, or C of this section, whichever is appropriate.

A. An applicant for licensure in medicine or osteopathy who fails three consecutive attempts to pass Part I and Part II of the FLEX examination in Virginia or any other state or territory of the United States, the District of Columbia, or Province of Canada, shall engage in one year of additional post-graduate training to be obtained in a hospital in the United States or Canada approved by the American Medical Association or the American Osteopathic Association.

B. An applicant for licensure in podiatry who fails three consecutive attempts to pass the Virginia examination administered by the board shall appear before the Credentials Committee of the board and shall engage in such additional post-graduate training as may be deemed appropriate by the Credentials Committee.



# Proposed Regulations

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C. An unsuccessful candidate for chiropractic licensure after each series of three unsuccessful attempts for licensure by examination, shall engage in one year of additional professional training acceptable to the board before he will be eligible to retake another series of examinations.

## § 3.3. Administration of examination.

A. The board may employ monitors for the examination.

B. For examinations given by the board other than those for which answer sheets are furnished, plain paper shall be used, preferably white, and no reference shall be made indicating either school or date of graduation. One side of paper only may be written upon and as soon as each sheet is finished, it shall be reversed to prevent its being read by others.

C. Questions will be given out and papers collected punctually at the appointed time and all papers shall be handed in at once when expiration time is announced by the chief proctor.

D. Sections of the examination shall be in such sequence as may be determined by the Federation Licensure Examination (FLEX) Committee or appropriate testing agency.

E. The order of examination shall be posted or announced at the discretion of the board. If the board has no objections, the examiners may exchange hours or days of monitoring the examination.

F. For the guidance of examiners and examinees, the following rules shall govern the examination.

1. Only members of the board, office staff, proctors, and applicants shall be permitted in the examination room, except by consent of the chief proctor.
2. Applicants shall be seated as far apart as possible at desks or desk chairs and each shall have in plain view an admission card bearing his number and photograph.
3. No examinee shall have any compendium, notes or textbooks in the examination room.
4. Any conversation between applicants will be considered prima facie evidence of an attempt to give or receive assistance.
5. Applicants are not permitted to leave the room except by permission of and when accompanied by an examiner or monitor.
6. The use of unfair methods will be grounds to disqualify an applicant from further examination at that meeting.

7. No examiner shall tell an applicant his grade until the executive director has notified the applicant that he has passed or failed.

8. No examination will be given in absentia or at any time other than the regularly scheduled examination.

9. The chief proctor shall follow the rules and regulations recommended by the FLEX Test Committee or other testing agencies.

## § 3.4. Scoring of examination.

A. All examination papers shall be scored according to the rules and regulations set forth by the board herein.

B. Each examiner who scores papers shall score all papers as promptly as possible.

C. Scores forwarded to the executive director shall not be changed by the examiner without the consent of the executive committee.

## PART IV. LICENSURE BY ENDORSEMENT.

### § 4.1. Licensure by endorsement.

A. An applicant for licensure by endorsement will be considered on his merits and in no case shall be licensed unless the Credentials Committee is satisfied that he has passed an examination equivalent to the Virginia Board of Medicine examination at the time he was examined and meets all other requirements of the Virginia Board of Medicine.

B. A Doctor of Medicine who meets the requirements of the Virginia Board of Medicine and has passed the examination of the National Board of Medical Examiners, FLEX, or the examination of the Licensing Medical Council of Canada may be accepted for licensure by endorsement without further examination.

C. A Doctor of Osteopathy who meets the requirements of the Virginia Board of Medicine and has passed the examination of the National Board of Osteopathic Examiners may be accepted for licensure by endorsement without further examination.

D. A Doctor of Podiatry who meets the requirements of the Virginia Board of Medicine and has passed the National Board of Podiatry Examiners examination and has passed a clinical competence examination equivalent to the Virginia Board of Medicine examination may be accepted for licensure by endorsement without further examination.

E. A Doctor of Chiropractic who meets the requirements of the Virginia Board of Medicine, who has passed the National Board of Chiropractic Examiners examination, and has passed an examination equivalent to the Virginia

Board of Medicine Part III examination, may be accepted for licensure without further examination.

## § 4.2. Licensure to practice acupuncture.

Acupuncture is an experimental therapeutic procedure, used primarily for the relief of pain, which involves the insertion of needles at various points in the human body. There are many acupuncture points, and these points are located on most portions of the human body. Insufficient information is available regarding the general usefulness of acupuncture and the risks attendant. Among the risks that attend upon it are the possibilities of prolonged and inappropriate therapy. It is clear that the administration of acupuncture is accompanied by the possibility of serious side effects and injuries, and there are reported cases of such injuries. Possible complications and injuries include peritonitis, damage from broken needles, infections, serum hepatitis, acquired immunity deficiency syndrome, pneumothorax, cerebral vascular accident (stroke), damage to the eye or the external or middle ear, and the inducement of cardiac arrhythmia.

In the judgment of the board, acupuncture shall be performed only by those practitioners of the healing arts who are trained and experienced in medicine, as only such a practitioner has (i) skill and equipment to determine the underlying cause of the pain; (ii) the capability of administering acupuncture in the context of a complete patient medical program in which other methods of therapeutics and relief of pain, including the use of drugs and other medicines, are considered and coordinated with the acupuncture treatment; and (iii) skill and training which will minimize the risks attendant with its use.

Based on the foregoing considerations, the board will license as acupuncturists only doctors of medicine, osteopathy, and podiatry, as only these practitioners have demonstrated a competence in medicine by passing the medicine/osteopathy licensure examination or podiatry licensure examination.

A. No person shall practice acupuncture in the Commonwealth of Virginia without being licensed by the board to do so.

B. The board shall license as acupuncturists only licensed doctors of medicine, osteopathy, and podiatry. Such licensure shall be subject to the following conditions:

1. At least 100 hours of instruction in general and basic aspects, specific uses and techniques of acupuncture and indications and contraindications for acupuncture administration.

2. At least 100 hours of supervised clinical experience acceptable to the Board of Medicine and under the supervision of a currently licensed physician in acupuncture.

3. A podiatrist may use acupuncture only for treatment of pain syndromes originating in the human foot.

4. The licensee shall maintain records of the diagnosis, treatment and patient response to acupuncture and shall submit records to the board upon request.

## § 4.3. Exemption for temporary consultant.

A. A practitioner may be exempted from licensure in Virginia if:

1. He is authorized by another state or foreign country to practice the healing arts;

2. Approval for such exemption is granted by the executive director of the board; and

3. The practitioner is called in for consultation by a licensee of the Virginia State Board of Medicine.

B. Such practitioner shall not open an office or designate a place to meet patients or receive calls from his patient within this Commonwealth, nor shall he be exempted from licensure for more than two weeks unless such continued exemption is expressly approved by the board upon a showing of good cause.

## PART V. RENEWAL OF LICENSE; REINSTATEMENT.

### § 5.1. Renewal of license.

Every licensee who intends to continue his practice shall renew his license biennially during his birth month and pay to the board the renewal fee prescribed in § 7.1, Fees ..., of these regulations.

A. A practitioner who has not renewed his license by the first day of the month following the month in which renewal is required may be dropped from the registration roll.

B. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$25 for each renewal cycle.

### § 5.2. Reinstatement.

A practitioner who has not renewed his certificate in accordance with § 54-315.1 of the Code of Virginia for two successive years or more and who requests reinstatement of licensure shall:

A. Submit to the board a chronological account of his professional activities since the last renewal of his license; and

# Proposed Regulations

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*B. Pay the reinstatement fee prescribed in § 7.1 of these regulations.*

## PART VI. ADVISORY COMMITTEES AND PROFESSIONAL BOARDS.

### § 6.1. Advisory committees to the board.

#### A. Advisory Committee on Acupuncture.

*The board may appoint an Advisory Committee on Acupuncture from licensed practitioners in this Commonwealth to advise and assist the board on all matters relating to acupuncture. The committee shall consist of three members from the state-at-large and two members from the board. Nothing herein is to be construed to make any recommendation by the Advisory Committee on Acupuncture binding upon the board. The term of office of each member of the committee shall be for one year or until his successor is appointed.*

#### B. Psychiatric Advisory Board.

*1. The board may appoint a Psychiatric Advisory Board from licensed practitioners in this Commonwealth to examine persons licensed under these regulations and advise the board concerning the mental or emotional condition of such person when his mental or emotional condition is an issue before the board. Nothing herein is to be construed to make any recommendations by the Psychiatric Advisory Board binding upon the Board of Medicine.*

*2. The term of office for each member of the Psychiatric Advisory Board shall be one year or until his successor is appointed. Members of the Psychiatric Advisory Board shall be paid a fee for professional services set by the Board of Medicine.*

*3. Professional services for the Psychiatric Advisory Board shall be reimbursed as follows: \$75 per hour for reviewing the file, interviewing the practitioner, and writing a report to the Board of Medicine. Professional services for the Psychiatric Advisory Board attendance during the full Board of Medicine meetings shall be \$250 per day, plus travel and lodging expenses incurred performing such services.*

## PART VII. FEES REQUIRED BY THE BOARD.

### § 7.1. Fees required by the board are:

*A. Examination fee for medicine or osteopathy: The fee for the Federation Licensing Examination (FLEX) for Component I shall be \$275 and Component II shall be \$275.*

*B. Examination fee for podiatry: The fee for the Virginia Podiatry Examination shall be \$250.*

*C. Examination fee for chiropractic: The fee for the Virginia Chiropractic Examination shall be \$250.*

*D. The fees for taking the FLEX, podiatry, and chiropractic examination are nonrefundable. An applicant may, upon request 21 days prior to the scheduled exam, and payment of a \$100 fee, reschedule for the next time such examination is given.*

*E. The fee for rescoring the Virginia Chiropractic Examination or the Virginia Podiatry Examination shall be \$75.*

*F. Certification of licensure: The fee for certification of licensure to another state or the District of Columbia by the board shall be \$25. The fee shall be due and payable upon submitting the form to the board.*

*G. The fee for a limited license issued pursuant to §§ 54-311.1 and 54-311.2 of the Code of Virginia shall be \$125. The annual renewal is \$25.*

*H. The fee for a duplicate certificate shall be \$25.*

*I. Biennial renewal of license: The fee for renewal shall be \$125, due in the licensee's birth month. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$25 for each renewal cycle.*

*J. The fee for requesting reinstatement of licensure pursuant to § 54-321 of the Code of Virginia shall be \$750.*

*K. The fee for a temporary permit to practice medicine pursuant to § 54-276.5 B of the Code of Virginia shall be \$25.*

*L. The fee for licensure by endorsement for medicine, osteopathy, chiropractic, and podiatry shall be \$300.*

*M. The fee for licensure to practice acupuncture shall be \$100. The biennial renewal fee shall be \$80, due and payable by June 30 of each even-numbered year.*

*N. Lapsed license: The fee for reinstatement of a license issued by the Board of Medicine pursuant to § 54-315.1, which has expired for a period of two years or more, shall be \$250 and shall be submitted with an application for licensure reinstatement.*

*O. The fee for a limited license issued pursuant to § 54-311.3 shall be \$10 a year. An additional fee for late renewal of licensure shall be \$10.*



# Proposed Regulations

ALL QUESTIONS MUST BE ANSWERED. If any of the following questions is answered YES, explain and substantiate with available documentation. Letters must be submitted by your attorney regarding malpractice suits. Letters must be submitted by any treating professionals regarding treatment. These shall include diagnosis, treatment, and prognosis.

3. I hereby certify that I studied Medicine/Osteopathy and received the degree of \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ (BORROW)
4. Do you intend to engage in the active practice of medicine/osteopathy in the Commonwealth of Virginia? \_\_\_\_\_. If YES, give location \_\_\_\_\_
5. List all states in which you have been issued a license to practice medicine/osteopathy and surgery, active or inactive. Indicate number and date issued. \_\_\_\_\_
6. Have you ever been denied the privilege of taking a medical licensing examination?  YES  NO
7. Have you ever been denied a certificate or the privilege of taking an examination before any state, territory, or country licensing board?  YES  NO
8. Have you ever taken the Flex examination?  YES  NO  
If yes, how many times, and list by state, month, and year in which you took the Flex. \_\_\_\_\_
9. Have you ever been convicted of a violation of or Pled Nolo Contendere to any Federal, State, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence)  YES  NO
10. Have you ever been censured, warned, or requested to withdraw from any licensed hospital staff, nursing home, or other health care facility?  YES  NO
11. Have you ever had any of the following disciplinary actions taken against your license to practice medicine, DEA, or state controlled registration, or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) have your practice monitored (e) limitation placed on scheduled drugs. If YES, please send complete details. \_\_\_\_\_
12. Have you ever had any membership in a state or local professional society revoked, suspended, or withdrawn?  YES  NO
13. Have you had any malpractice suits brought against you in the last ten years? If so, how many, and provide a letter from your attorney explaining each case. \_\_\_\_\_
14. Have you ever been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for substance abuse? If so, please provide a letter from the treating professional. \_\_\_\_\_
15. Have you ever received treatment for or been hospitalized for a nervous, emotional or mental disorder? If so, please provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis. \_\_\_\_\_  
(a) Do you have a serious physical disease or diagnosis which could affect your performance of professional duties? If so, please provide a letter from the treating professional. \_\_\_\_\_  
(b) Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Please provide details. \_\_\_\_\_

## 16. AFFIDAVIT OF APPLICANT:

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, fed, rat, or foreign) to release to the Virginia State Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to the Board and its application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Virginia.

RIGHT THUMB PRINT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

\*\*\* — THIS MUST BE NOTARIZED — \*\*\*

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE.

NOTARY: City/County of \_\_\_\_\_ State of \_\_\_\_\_ Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

My Commission Expires \_\_\_\_\_ NOTARY PUBLIC \_\_\_\_\_  
NOTARY SEAL \_\_\_\_\_

\*\*\*\*\*  
CERTIFICATE OF MEDICAL EDUCATION  
\*\*\*\*\*

It is hereby certified that \_\_\_\_\_ of \_\_\_\_\_ matriculated in \_\_\_\_\_ at \_\_\_\_\_ date \_\_\_\_\_ attended \_\_\_\_\_ courses of lectures of \_\_\_\_\_ months each, and received a diploma from \_\_\_\_\_ conferring the degree of \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL SEAL \_\_\_\_\_

(PRESIDENT SECRETARY or DEAN)

FOREIGN MEDICAL GRADUATES — Attach a notarized copy of your diploma and transcript of grades from medical school, with an ENGLISH translation.

#B

VIRGINIA STATE BOARD OF MEDICINE  
1601 Rolling Hills Drive  
Richmond, VA 23229-5005

Please print or type name of hospital place of employment:

\_\_\_\_\_  
\_\_\_\_\_

(Name of applicant)

\*Applicant must sign on reverse side of this form.

To Whom It May Concern:

The Virginia State Board of Medicine receives a great number of applications for licensure. Since we cannot personally interview these applicants, we are forced to depend on information from the businesses/institutions in which the applicant has been employed, had post-graduate training, affiliations, and/or staff privileges. We feel that in making our decisions we can get invaluable help from those with whom the applicant has worked. Please complete the following to the best of your ability and return this form to us at your earliest convenience. Thank you. (Please use reverse side for further comments if needed.)

1. Date and type of service: This doctor served with us as \_\_\_\_\_  
from (month) \_\_\_\_\_ (year) \_\_\_\_\_ to (month) \_\_\_\_\_ (year) \_\_\_\_\_

2. Please evaluate:

(Please indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge _____				
Clinical judgement _____				
Relationship with patients _____				
Ethical/professional conduct _____				
Interest in work _____				
Ability to communicate _____				

3. Recommendation: (Please indicate with check mark) 1. Recommend highly and without reservation \_\_\_\_\_  
2. Recommend as qualified and competent \_\_\_\_\_  
3. Recommend with some reservation (explain) \_\_\_\_\_  
4. Do not recommend (explain) \_\_\_\_\_

4. Of particular value to us in evaluating any candidate are comments regarding his/her notable strengths and/or weaknesses (including personal demeanor). We would appreciate such comments from you.  
\_\_\_\_\_  
\_\_\_\_\_

5. The above report is based on: (Please indicate with check mark) 1. Close personal observation \_\_\_\_\_  
2. General impression \_\_\_\_\_  
3. A composite of evaluations \_\_\_\_\_  
4. Other \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Please print or type name)

Title: \_\_\_\_\_

(This report will become a part of the applicant's file and may be reviewed by the applicant upon demand)

Signed release of information:

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia State Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

\_\_\_\_\_  
Signature of Applicant

End  Exam  Reg  FC

Please complete top portion and forward one form to each State Medical Board where you hold or have held a medical license. Extra copies may be xeroxed if needed.

NOTE: Some states require a fee, paid in advance, for providing clearance information. To expedite, you may wish to contact the applicable state/states.

\*\*\*\*\*

CLEARANCE FROM OTHER STATE BOARDS

I was granted license # \_\_\_\_\_ on \_\_\_\_\_ by the state of \_\_\_\_\_

The Virginia Board of Medicine requests that I submit evidence that my license in the state of \_\_\_\_\_ is in good standing. You are hereby authorized to release any information in your files, favorable, or otherwise, directly to the Virginia State Board of Medicine, 1601 Rolling Hills Dr., Richmond VA. Your early attention is appreciated.

SIGNATURE \_\_\_\_\_

(Please print or type name) \_\_\_\_\_

\*\*\*\*\*

EXECUTIVE OFFICE OF STATE BOARD:

Please complete and return this form to the Virginia State Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229-5005.

State of \_\_\_\_\_ Name of Licenses \_\_\_\_\_

Graduate of \_\_\_\_\_ License No. \_\_\_\_\_ Issued \_\_\_\_\_

By reciprocity/endorsement \_\_\_\_\_ by examination \_\_\_\_\_

License is current \_\_\_\_\_ lapsed \_\_\_\_\_

Has applicant's license ever been suspended or revoked? \_\_\_\_\_

If so, for what reason? \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

Signed \_\_\_\_\_

(Board Seal)

Title \_\_\_\_\_

ED

VIRGINIA

REQUEST FOR PHYSICIAN PROFILE

This form is to be completed by the physician (whether a member or not) and mailed directly to one of the following:

American Medical Association  
Department of Data Release  
535 N. Dearborn  
Chicago, Illinois 60610

OR

American Osteopathic Association  
Dept. of Membership and Info. Services  
212 East Ohio Street  
Chicago, Illinois 60611

PLEASE PRINT OR TYPE

FULL NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street City State Zip

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

MEDICAL/OSTEOPATHIC SCHOOL: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

ECFPG # IF FOREIGN MEDICAL GRADUATE: \_\_\_\_\_

STATE(S) IN WHICH LICENSE(S) ARE HELD: 1) \_\_\_\_\_ 2) \_\_\_\_\_

LICENSE NUMBER(S): 1) \_\_\_\_\_ 2) \_\_\_\_\_

DATE(S) ISSUED: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Requesting organization: VIRGINIA BOARD OF MEDICINE  
1601 Rolling Hills Drive  
Richmond, Virginia 23229

(AMA/AOA -- Please return to \_\_\_\_\_)

4E

PLEASE COMPLETE THIS FORM AND MAIL IT TO:

DISCIPLINARY INQUIRIES  
 Federation of State Medical Boards  
 2630 West Freeway - Suite 138  
 Fort Worth, Texas 76102-7199

The VIRGINIA STATE BOARD OF MEDICINE requests a disciplinary search concerning the following physician:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Medical School of Graduation and Branch Location \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Physician's Signature \_\_\_\_\_

PLEASE NOTE: THERE IS NO CHARGE TO THE PHYSICIAN FOR THIS SERVICE.

The Federation will mail the results to the following address:

VIRGINIA STATE BOARD OF MEDICINE

1601 Rolling Hills Drive

Richmond, Virginia 23229-5005

ATTENTION: Mrs. Ola Powers

Administrative Assistant

HRB-30-058  
 9-3-87

**COMMONWEALTH of VIRGINIA**

Department of Health Regulatory Boards  
 Board of Medicine  
 1601 Rolling Hills Drive  
 Richmond, Virginia 23229-5005

EXAM \_\_\_\_\_

END \_\_\_\_\_

APPLICATION  
 FOR A  
 CERTIFICATE  
 TO PRACTICE  
 CHIROPRACTIC

SECURELY PASTE A PASSPORT-TYPE  
 PHOTOGRAPH NOT LESS THAN  
 2 1/4" x 2 1/4" IN THIS SPACE

PLEASE SIGN PHOTO

TO THE BOARD OF MEDICINE OF VIRGINIA:

I HEREBY MAKE APPLICATION FOR A CERTIFICATE TO PRACTICE CHIROPRACTIC IN THE STATE OF VIRGINIA AND SUBMIT THE FOLLOWING STATEMENTS:

1. NAME IN FULL (PLEASE PRINT OR TYPE)

(LAST)	(FIRST)	(MIDDLE/MAIDEN)	(GENDER)
(STREET)	(CITY)	(STATE)	(ZIP CODE)
(DATE OF BIRTH) MO DAY YR	(PLACE OF BIRTH)	(SOCIAL SECURITY NUMBER)	
(GRADUATION DATE) MO DAY YR	(PROF. SCH. DEGREE)	(SCHOOL, CITY, STATE)	

APPLICANTS DO NOT USE SPACES BELOW THIS LINE — FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_

(CLASS)	(LICENSE NO.)	(SUFFIX)	(SCH. CODE)	(FEE)	(HOW REG.)	(BASE STATE)
(LICENSE NO.)		(EXPIRATION DATE)		(DATE ISSUED)		

(ADDRESS CHANGE)

(STREET)	(CITY)	(STATE)	(ZIP CODE)
----------	--------	---------	------------

\*PLEASE SUBMIT ADDRESS CHANGES IN WRITING IMMEDIATELY!

\*PLEASE ATTACH CERTIFIED CHECK OR MONEY ORDER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE. DO NOT SUBMIT FEE WITHOUT AN APPLICATION. IT WILL BE RETURNED.





16. AFFIDAVIT OF APPLICANT:

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice chiropractic in the State of Virginia.

RIGHT THUMB PRINT [ ]

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\*\*\* [ - THIS MUST BE NOTARIZED - ] \*\*\*

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE.

NOTARY: City/County of \_\_\_\_\_ State of \_\_\_\_\_ Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

My Commission Expires \_\_\_\_\_ NOTARY PUBLIC

NOTARY SEAL

\*\*\*\*\*  
CERTIFICATE OF CHIROPRACTIC EDUCATION  
\*\*\*\*\*

It is hereby certified that \_\_\_\_\_ of \_\_\_\_\_ matriculated in \_\_\_\_\_ at \_\_\_\_\_ date \_\_\_\_\_ attended \_\_\_\_\_ courses of lectures of \_\_\_\_\_ months each, and received a diploma from \_\_\_\_\_ conferring the degree of \_\_\_\_\_

\_\_\_\_\_  
DATE

SCHOOL SEAL

\_\_\_\_\_  
(PRESIDENT, SECRETARY or DEAN)

Dear Sirs:

The chiropractor listed below is applying for a license to practice chiropractic in the State of Virginia. The state board of medicine requires that this form be completed by each jurisdiction in which he/she hold or has held licenses. Please complete the form and return it to the address below. Thank you.

NAME \_\_\_\_\_

LICENSE \_\_\_\_\_

COMMONWEALTH OF VIRGINIA  
DEPT. OF HEALTH REGULATORY BOARDS  
BOARD OF MEDICINE  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

State of \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Graduate of \_\_\_\_\_

License No. \_\_\_\_\_ Issued effective \_\_\_\_\_

By reciprocity/endorsement \_\_\_\_\_ by examination \_\_\_\_\_

License is current \_\_\_\_\_ lapsed \_\_\_\_\_

Has the applicant's license ever been suspended or revoked? \_\_\_\_\_

If so, for what reason? \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

(BOARD SEAL)

State Board \_\_\_\_\_

\*\*NOTE - TO APPLICANT - PLEASE PROVIDE LICENSE NUMBER AND FORWARD TO STATE INDICATED.

EXAM



COMMONWEALTH of VIRGINIA

Department of Health Regulatory Boards

Board of Medicine  
1601 ROLLING HILLS DRIVE  
RICHMOND, VIRGINIA 23229

Please print/type name of hospital/place of employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_

(Name of applicant)

\*Applicant must sign on reverse side of this form.

To Whom It May Concern:

The Virginia State Board of Medicine receives a great number of applications for licensure. Since we cannot personally interview these applicants, we are forced to depend on information from the businesses/institutions in which the applicant has been employed or had professional affiliations. We feel that in making our decisions we can get invaluable help from those with whom the applicant has worked or has been associated with.

Please answer the following questions to the best of your ability, and return this form to us at your earliest convenience. Thank you. (Please use reverse side for further comments if needed.)

Virginia State Board of Medicine

1. Date and type of employment or affiliations:  
This Chiropractor served with us from (month) \_\_\_\_\_ (year) \_\_\_\_\_ to (month) \_\_\_\_\_ (year) \_\_\_\_\_.
2. Was this Chiropractor a person of responsibility? \_\_\_\_\_
3. Was this Chiropractor ethical and honest? \_\_\_\_\_
4. Did he/she have the ability to get along with others? \_\_\_\_\_
5. Did he/she have a good knowledge of his/her profession? \_\_\_\_\_
6. Did he/she have any defects or handicaps which might limit his/her effectiveness? \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_
7. Were you satisfied with this Chiropractor's performance, and would you welcome him/her to work with you in the future? \_\_\_\_\_
8. My judgement of this Chiropractor's character and professional ability is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Title \_\_\_\_\_

(This report will become a part of the applicant's file and may be reviewed by the applicant upon demand)

\_\_\_\_\_  
Signature of Applicant



ALL QUESTIONS MUST BE ANSWERED. If any of the following questions is answered YES, explain and substantiate with available documentation. Letters must be submitted by your attorney regarding malpractice suits. Letters must be submitted by any treating professionals regarding treatment. These shall include diagnosis, treatment, and prognosis.

3. I hereby certify that I studied Podiatry and received the degree of \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_.

4. Do you intend to engage in the active practice of podiatry in the Commonwealth of Virginia? \_\_\_\_\_. If YES, give location \_\_\_\_\_.

5. List all states in which you have been issued a license to practice podiatry and surgery, active or inactive. Indicate number and date issued. \_\_\_\_\_

6. Have you ever been denied the privilege of taking a podiatry licensing examination? Yes No

7. Have you ever been denied a certificate or the privilege of taking an examination before any state, territory, or country licensing board? Yes No

8. Are you a diplomate of the National Board of Podiatry Examiners? Yes No

Are you Board eligible in a subspecialty? \_\_\_\_\_. Are you Board Certified? \_\_\_\_\_. (Attach copy)

9. Have you ever been convicted of a violation of or Pled Nolo Contendere to any Federal, State, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence) Yes No

10. Have you ever been censured, warned, or requested to withdraw from any licensed hospital staff, nursing home, or other health care facility? Yes No

11. Have you ever had any of the following disciplinary actions taken against your license to practice podiatry, DEA, or state controlled registration, or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) have your practice monitored (e) limitation placed on scheduled drugs. If YES, please send complete details. Yes No

12. Have you ever had any membership in a state or local professional society revoked, suspended, or withdrawn? Yes No

13. Have you had any malpractice suits brought against you in the last ten years? If so, how many, and provide a letter from your attorney explaining each case. Yes No

14. Have you ever been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for substance abuse? If so, please provide a letter from the treating professional. Yes No

15. Have you ever received treatment for or been hospitalized for a nervous, emotional or mental disorder? If so, please provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis. Yes No

(a) Do you have a serious physical disease or diagnosis which could affect your performance of professional duties? If so, please provide a letter from the treating professional. Yes No

(b) Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Please provide details. Yes No

16. AFFIDAVIT OF APPLICANT:

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice podiatry and surgery in the state of Virginia.

RIGHT THUMB PRINT

SIGNATURE OF APPLICANT

\*\*\* - THIS MUST BE NOTARIZED - \*\*\*

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE.

NOTARY: City/County of \_\_\_\_\_ State of \_\_\_\_\_ Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

My Commission Expires \_\_\_\_\_ NOTARY PUBLIC

NOTARY SEAL

CERTIFICATE OF PODIATRY EDUCATION

It is hereby certified that \_\_\_\_\_ of \_\_\_\_\_ matriculated in \_\_\_\_\_ at \_\_\_\_\_ date \_\_\_\_\_ attended \_\_\_\_\_ courses of lectures of \_\_\_\_\_ months each, and received a diploma from \_\_\_\_\_ conferring the degree of \_\_\_\_\_

DATE

SCHOOL SEAL

(PRESIDENT, SECRETARY or DEAN)

FOREIGN MEDICAL GRADUATES — Attach a notarized copy of your diploma and transcript of grades from medical school, with an ENGLISH translation.

Podiatry  
Exam



COMMONWEALTH of VIRGINIA

Department of Health Regulatory Boards  
Virginia State Board of Medicine

1401 POLLING HILLS DR  
RICHMOND VA 23229-5005

Please print/type name of  
hospital/place of employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_  
(Name of applicant)  
\*Applicant must sign on reverse side  
of this form.

To Whom it may concern:

The Virginia State Board of Medicine receives a great number of applications for licensure. Since we cannot personally interview these applicants, we are forced to depend on information from the businesses/institutions in which the applicant has been employed, had post-graduate training, affiliations, and/or staff privileges. We feel that in making our decisions we can get invaluable help from those with whom the applicant has worked.

Please answer the following questions to the best of your ability, and return this form to us at your earliest convenience. Thank you. (Please use reverse side for further comments if needed.)

VIRGINIA STATE BOARD OF MEDICINE

1. Date and type of service: This doctor served with us as \_\_\_\_\_  
from (month) \_\_\_\_\_ (year) \_\_\_\_\_ to (month) \_\_\_\_\_ (year) \_\_\_\_\_
2. Was this doctor a person of responsibility? \_\_\_\_\_
3. Was this doctor ethical and honest? \_\_\_\_\_
4. Did he/she have the ability to get along with others? \_\_\_\_\_
5. Did he/she have a good knowledge of his/her profession? \_\_\_\_\_
6. Did he/she have any defects or handicaps which might limit his/her effectiveness? \_\_\_\_\_  
(if yes, please explain) \_\_\_\_\_
7. Were you satisfied with this doctor's performance, and would you welcome him/her to work with you in the future? \_\_\_\_\_
8. My judgement of this doctor's character and professional ability is as follows:  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Title \_\_\_\_\_

(This report will become a part of the applicant's file and may reviewed by the applicant upon demand)

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia State Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

\_\_\_\_\_  
Signature of Applicant

NATIONAL BOARD OF PODIATRY EXAMINERS CERTIFICATION

(This section to be completed by the office of the Executive Director/ Secretary of the National Board of Podiatry Examiners.)

This is to certify that \_\_\_\_\_ D.P.M.

was granted a certificate by the \_\_\_\_\_ (Name of Board)

No. \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,

and is a DIPLOMATE of the above-named Board.

\* \* \* \*

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

(SEAL OF BOARD)

Please return completed form directly to:

Virginia Board of Medicine  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

The applicant must assume the responsibility for completion of this form and is forewarned that it must be fully completed and forwarded to the Virginia State Board of Medicine before any application may be considered.

Please attach certification of grades.

Dear Sirs:

The podiatrist listed below is applying for a license to practice Podiatry and Surgery in the State of Virginia. The state board of medicine requires that this form be completed by each jurisdiction in which he/she holds or has held license. Please complete the form and return it to the address below. Thank you.

NAME \_\_\_\_\_

LICENSE \_\_\_\_\_

Commonwealth of Virginia  
Dept. of Health Regulatory Boards  
Board of Medicine  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

State of \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Graduate of \_\_\_\_\_

License No. \_\_\_\_\_ Issued effective \_\_\_\_\_

By reciprocity/endorsement \_\_\_\_\_ by examination \_\_\_\_\_

License is current \_\_\_\_\_ lapsed \_\_\_\_\_

Has the applicant's license ever been suspended or revoked? \_\_\_\_\_

If so, for what reason? \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

(BOARD SEAL)

State Board \_\_\_\_\_

\*\*NOTE - TO APPLICANT - PLEASE PROVIDE LICENSE NUMBER AND FORWARD TO STATE INDICATED.

VIRGINIA STATE BOARD OF MEDICINE  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

APPLICATION FOR LIMITED LICENSE TO PRACTICE MEDICINE AND SURGERY UNDER SECTION 54-311.1 OF THE MEDICAL PRACTICE ACT OF THE CODE OF VIRGINIA

To The State Board of Medicine of Virginia

I hereby make application and enclose \$125.00 statutory fee for a limited certificate of licensure to practice Medicine and surgery in the State of Virginia and submit the following statement concerning my age, character, preliminary and medical education and practice.

1. Name in Full: (Print) \_\_\_\_\_  
First Middle Last  
Citizen of \_\_\_\_\_
2. Present Address: \_\_\_\_\_  
Present Immigration Status \_\_\_\_\_
3. Planned Length of Stay in U.S.A.: \_\_\_\_\_ Months; \_\_\_\_\_ Years: \_\_\_\_\_  
Permanently; \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_
5. School of Graduation: \_\_\_\_\_ Year of Grad: \_\_\_\_\_

I have spent \_\_\_\_\_ years in the study of medicine in the institutions named below:

Day,Month,Year	Day,Month,Year	Name of School	Location
FROM _____	TO _____	_____	_____
FROM _____	TO _____	_____	_____
FROM _____	TO _____	_____	_____
FROM _____	TO _____	_____	_____
FROM _____	TO _____	_____	_____

6. Chronological record of professional activities since graduation. (List all locations and indicate internship, residences, practice and teaching experience.)

FROM	TO	At
FROM _____	TO _____	At _____
FROM _____	TO _____	At _____
FROM _____	TO _____	At _____
FROM _____	TO _____	At _____
FROM _____	TO _____	At _____

I have received degree of \_\_\_\_\_ from the \_\_\_\_\_ College located at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

I am the person named in the diploma and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within sixty dayd prior to the date of this application.

(Right Thumb Print) \_\_\_\_\_ Signed \_\_\_\_\_ (Name in Full) \_\_\_\_\_  
Date \_\_\_\_\_

Affidavit of Applicant \_\_\_\_\_  
City/County of \_\_\_\_\_ State of \_\_\_\_\_ ss.  
In \_\_\_\_\_ in said City/County on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ personally appeared before me \_\_\_\_\_ who, being duly sworn, deposes and says that he had read carefully, and truthfully answered the questions in this application.

(Notary Seal) \_\_\_\_\_ (Notary Public) \_\_\_\_\_  
My commission expires \_\_\_\_\_

\*\*\*\*\*

CERTIFICATION OF MEDICAL SCHOOL IN VIRGINIA

It is hereby certified that \_\_\_\_\_ M.D. of \_\_\_\_\_ is known to this school as a graduate of \_\_\_\_\_ who has attained prominence in the field of \_\_\_\_\_ and who will have faculty position of \_\_\_\_\_ and we hereby request that this doctor be considered for licensure under Section 54-311.1 of the Medical Practice Act of the Code of Virginia.

Signed \_\_\_\_\_ (Dean) \_\_\_\_\_  
Date \_\_\_\_\_ Name of Medical School \_\_\_\_\_



Virginia State Board of Medicine  
 1601 Rolling Hills Drive  
 Richmond, Virginia 23229-5005

APPLICATION FOR CERTIFICATION TO PRACTICE ACUPUNCTURE  
 IN VIRGINIA

1. PRINT FULL NAME: (Please type or print)

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_  
 (ADDRESS) \_\_\_\_\_  
 (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

2. Documentation of One Hundred (100) hours of Acupuncture training approved by the Virginia State Board of Medicine must accompany this application. Attached notarized photostatic copy of certifications. If certifications are not in the English Language, official translation must accompany same.

Acupuncture School/s

INSTITUTION	LOCATION	COMPLETION DATE	# OF HOURS

3. Do you hold an acupuncture license in another State/s. Please list.

STATE \_\_\_\_\_ LICENSE # \_\_\_\_\_  
 DATE ISSUED \_\_\_\_\_

4. a. Have you ever been refused a license to practice Acupuncture?  
 YES  
 NO
- b. If licensed to practice Acupuncture, has license ever been revoked?  
 YES  
 NO

(If yes to the above questions, explain on a separate sheet)

(OVER)

ACUPUNCTURE EXPERIENCE  
 (List Chronologically)

5. Original verification of all acupuncture practice, with English translations if necessary, should be submitted with this application.

DATE		Name & Location of Inst.	Description
FROM	TO		

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with may application may be cause of denial or loss of license.

\*\*\*\*\*

TO BE COMPLETED BY THE STATE BOARD OF MEDICINE

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_



Page Three

2. Have you ever had a license to practice revoked or suspended?  

YES	NO
-----	----
3. Have you ever been denied a certificate or the privilege of taking an examination before any state, territory, or country licensing board/agency?  

YES	NO
-----	----
4. Have you ever been called before any state board for interrogation concerning any violation of the laws or rules pertaining to the profession for which you are applying or for unethical conduct?  

YES	NO
-----	----
5. Have you ever been censured, warned, or requested to withdraw from any licensed hospital staff, nursing home, or other health care facility?  

YES	NO
-----	----
6. Have you ever been convicted of a violation of/or Pled Nolo Contendere to any Federal, State, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence)  

YES	NO
-----	----
7. Have you ever been convicted of a violation of any state or federal Controlled Substance Act, or any drug or narcotic law?  

YES	NO
-----	----
8. Have you ever been addicted to or treated for addiction to any controlled substance/non-controlled substance?  

YES	NO
-----	----
9. Have you ever received psychiatric treatment or received treatment for a mental illness?  

YES	NO
-----	----
10. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?  

YES	NO
-----	----
11. Are you presently suffering from any disability or illness which could affect your ability to safely practice medicine?  

YES	NO
-----	----
12. List all malpractice actions that have been filed against you, including the nature of the case, date and address of court where it is filed, and case status. Provide a letter from your attorney explaining each case. If none, please indicate.  


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---



---

**AFFIDAVIT OF APPLICANT:**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I hereby authorize all hospitals, institutions, or organizations, my references, personal physi-

cians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine [any information], files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I understand upon recommendation by the Chief/director of the graduate training program that the Board may issue a temporary annual license to participate in an approved internship or residency training program that such temporary license shall expire upon my withdrawal or termination from such internship or residency program. As an intern or resident holding a temporary license, I may only be employed in a legally established and licensed hospital or other organizations operating an approved graduate medical/professional education program and I shall be confined to those persons who are patients within the hospital, other organizations, or outpatient departments operating an approved graduate medical/professional internship or residency program.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice the healing arts in the state of Virginia.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\*\*\* — THIS MUST BE NOTARIZED — \*\*\*

NOTARY: City/County of \_\_\_\_\_ State of \_\_\_\_\_ Subscribed

and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

My Commission Expires \_\_\_\_\_

NOTARY PUBLIC

NOTARY SEAL



COMMONWEALTH of VIRGINIA  
Department of Health Regulatory Boards  
Board of Medicine

BERNARD L. HENDERSON, JR.  
DIRECTOR

HILARY H. CONNOR, M.D.  
EXECUTIVE DIRECTOR

EUGENIA K. DORSON  
BOARD ADMINISTRATOR

1601 ROLLING HILLS DRIVE  
RICHMOND, VIRGINIA 23229-5005  
(804) 562-9908

TO: Eugenia K. Dorson, Board Administrator  
Virginia State Board of Medicine

FROM: Associate Dean for Graduate Medical Education

Name of Training Institute - \_\_\_\_\_  
Attention - \_\_\_\_\_  
Complete Mailing Address - \_\_\_\_\_  
Telephone Number - \_\_\_\_\_

This is to certify that \_\_\_\_\_ is/will be enrolled  
(Name of Intern/Resident)

in \_\_\_\_\_ at \_\_\_\_\_,  
(Specialty) (Name of Training Facility in Virginia)

\_\_\_\_\_ from \_\_\_\_\_ with an expected  
(Complete Mailing Address) (mo/day/yr)

date of completion of \_\_\_\_\_. Dr. \_\_\_\_\_ is a graduate of  
(mo/day/yr) (Name of Intern/Resident)

Med Schl. We have character reference letters on  
file for him/her in the program office.

\_\_\_\_\_  
ASSOCIATE DEAN FOR GRADUATE MEDICAL EDUCATION  
(Please Print or Type)

\_\_\_\_\_  
SIGNATURE

#B



COMMONWEALTH of VIRGINIA  
Department of Health Regulatory Boards  
Board of Medicine

BERNARD L. HENDERSON, JR.  
DIRECTOR

HILARY H. CONNOR, M.D.  
EXECUTIVE DIRECTOR

EUGENIA K. DORSON  
BOARD ADMINISTRATOR

1601 ROLLING HILLS DRIVE  
RICHMOND, VIRGINIA 23229-5005  
(804) 562-9908

\*\*\*\*\*  
CERTIFICATE OF PROFESSIONAL EDUCATION  
\*\*\*\*\*

It is hereby certified that \_\_\_\_\_ of \_\_\_\_\_  
matriculated in \_\_\_\_\_ at \_\_\_\_\_ date \_\_\_\_\_  
attended \_\_\_\_\_ courses of lectures of \_\_\_\_\_ months each,  
and received a diploma from \_\_\_\_\_ conferring the degree of \_\_\_\_\_  
\_\_\_\_\_  
DATE

SCHOOL SEAL

\_\_\_\_\_  
(PRESIDENT, SECRETARY or DEAN)

Please return to: Virginia State Board of Medicine  
1601 Rolling Hills Drive  
Richmond, VA 23229-5005

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES:  
3624 Market Street  
Philadelphia, PA 19104

Please certify that the following applicant for licensure in Virginia has a Standard ECFMG Certificate.

\_\_\_\_\_  
(Name of Applicant) ECFMG # \_\_\_\_\_

Applicants Do Not Complete Below - - - For ECFMG Use Only

\*\*\*\*\*

This is to certify that \_\_\_\_\_  
(Name of applicant in full)

was granted the Commission for Foreign Medical Graduates Standard Certificate  
Number \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

This certificate is:

- 1. \_\_\_\_\_ Valid Indefinitely
- 2. \_\_\_\_\_ Under Investigation
- 3. \_\_\_\_\_ Recertified (Date)
- 4. \_\_\_\_\_ Other (Explain)

Signature \_\_\_\_\_  
Ray L. Casterline, M.D.,  
Executive Director

Date \_\_\_\_\_

Please return directly to:

Virginia State Board of Medicine  
1601 Rolling Hills Dr.  
Richmond, VA 23229-5005

(SEAL OF ECFMG)

# Proposed Regulations

\* \* \* \* \*

**Title of Regulation:** VR 465-03-1. Physical Therapy.

**Statutory Authority:** § 54-291 of the Code of Virginia.

**Public Hearing Date:** April 20, 1988 - 10:30 a.m.  
(See Calendar of Events section  
for additional information)

**Summary:**

*The board proposes to repeal existing regulations and promulgate new regulations to provide the standards for examination and licensure to ensure competency in the practice of physical therapy in Virginia.*

*An "Index to the Proposed and Existing Regulations" is incorporated by reference and states other proposed changes to the regulations. This index and all other relevant documents are available to the public through the Board of Medicine.*

VR 465-03-1. Physical Therapy.

## PART I. GENERAL PROVISIONS.

### § 1.1. Definitions.

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

*"Board" means the Virginia State Board of Medicine.*

*"Committee" means the Advisory Board on Physical Therapy to the board.*

*"Evaluation" means the carrying out by a physical therapist of the sequential process of assessing a patient, planning the patient's physical therapy treatment program, and appropriate documentation.*

*"Examination" means an examination approved and prescribed by the board for licensure as a physical therapist or physical therapy assistant.*

*"Physical therapist" means a person qualified by education and training to administer a physical therapy program under the direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery.*

*"Physical therapist assistant" means a person qualified by education and training to perform physical therapy functions under the supervision of and as directed by a physical therapist.*

*"Referral and direction" means the referral of a patient by a licensed doctor of medicine, osteopathy, chiropractic,*

*podiatry, or dental surgery to a physical therapist for a specific purpose and for consequent treatment that will be performed under the direction of and in continuing communication with the referring doctor or dentist.*

*"Trainee" means a person undergoing a traineeship.*

*1. "Relicensure trainee" means a physical therapist or physical therapist assistant who has been inactive for four years or more and who wishes to return to the practice of physical therapy.*

*2. "Unlicensed graduate trainee" means a graduate of an approved physical therapy program who has not taken the state licensure examination or who has taken the examination but not yet received a license from the board.*

*"Traineeship" means a period of activity during which an unlicensed physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.*

*"Direct supervision" means a physical therapist is present and is fully responsible for the activities assigned to the trainee.*

*§ 1.2. A separate board regulation entitled VR 465-01-1, Public Participation Guidelines, which provides for involvement of the public in the development of all regulations of the Virginia State Board of Medicine, is incorporated by reference in these regulations.*

## PART II. LICENSURE: GENERAL REQUIREMENTS AND LICENSURE BY EXAMINATION.

### § 2.1. Requirements, general.

*A. No person shall practice as a physical therapist or physical therapist assistant in the Commonwealth of Virginia except as provided in these regulations.*

*B. Licensure by this board to practice as a physical therapist or physical therapist assistant shall be by examination or by endorsement, whichever is appropriate.*

### § 2.2. Licensure by examination: Prerequisites to examination.

*A. Every applicant for initial board licensure by examination shall:*

- 1. Meet the age and character requirements of §§ 54-308.5 and 54-308.6 of the Code of Virginia;*
- 2. Meet the educational requirements prescribed in §§ 2.3 or 2.4 of these regulations;*
- 3. Submit the required application and credentials to the board not less than 30 days prior to the date of*

# Proposed Regulations

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examination; and

4. Submit, along with his application, the examination fee prescribed in § 9.1, Fees, of these regulations.

B. Every applicant shall take the examination at the time prescribed by the board.

§ 2.3. Education requirements: Graduates of American institutions or programs.

A. A graduate of an American institution who applies for licensure as a physical therapist shall be a graduate of a school of physical therapy approved by the American Physical Therapy Association and shall submit to the board documented evidence of his graduation from such a school.

B. An applicant for licensure as a physical therapist assistant who attended an American institution shall be a graduate of a two-year college-level educational program for physical therapist assistants approved by the board and shall submit to the board documented evidence of his graduation from such a program.

§ 2.4. Educational requirement: Graduates of foreign institutions.

A. An applicant for licensure as a physical therapist who graduated from a school outside the United States or Canada shall be a graduate of such a school which offers and requires courses in physical therapy acceptable to the board on the advice of the committee.

B. An applicant under this section for licensure as a physical therapist, when filing his application and examination fee with the board, shall also:

1. Submit proof of proficiency in the English language by passing with a grade of not less than 560, the Test of English as a Foreign Language (TOEFL); or an equivalent examination approved by the board.

2. Submit a photostatic copy of the original certificate or diploma verifying his graduation from a physical therapy curriculum;

3. If such certificate or diploma is not in the English language, submit either:

a. A translation of such certificate or diploma by a qualified translator other than the applicant; or

b. An official certification from the school attesting to the applicant's attendance and graduation date; and

4. Submit satisfactory evidence that the curriculum of the school or course of study from which he graduated is substantially equivalent to that approved by the American Physical Therapy Association.

The board may accept as such evidence verification of the equivalency of the foreign physical therapy curriculum from a scholastic credentials evaluation service approved by the board.

## PART III. EXAMINATION.

§ 3.1. Conditions of examinations.

A. The licensure examinations for both physical therapists and physical therapist assistants shall be prepared and graded as prescribed and approved by the board.

B. The committee shall schedule and conduct the examinations at least once each fiscal year, the time and place to be determined by the committee.

C. The physical therapy examination shall be a three part examination as follows: Part I shall cover the topics of Basic Sciences; Part II shall cover the topics of Clinical Sciences; and Part III shall cover the topics of Theory and Procedures, and physical therapy treatment.

D. The physical therapy assistant examination shall be a one part examination to include the topics of basic and clinical sciences.

§ 3.2. Examination scores.

A. The minimum passing scores shall be:

1. For the physical therapist examination: 70% on each of the three parts and an overall average of 75%.

2. For the physical therapist assistant examination: 75%.

B. The scores shall be filed with the appropriate interstate reporting services.

§ 3.3. Failure to pass.

A. An applicant who fails the examination after three attempts shall be required to satisfactorily complete a full time supervised traineeship approved by the chairman of the Advisory Board on Physical Therapy as prescribed in § 8.4, Traineeship, prior to being eligible for three additional attempts.

## PART IV. LICENSURE BY ENDORSEMENT.

§ 4.1. A physical therapist or physical therapist assistant who has been licensed by another state or territory or the District of Columbia by examination equivalent to the Virginia examination at the time of licensure and who has met all other requirements of the board may, upon recommendation of the Advisory Board to the board, be

licensed in Virginia by endorsement.

## PART V. PRACTICE OF PHYSICAL THERAPY.

### § 5.1. General requirements.

All services rendered by a physical therapist shall be performed only upon medical referral by and under the direction of a doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery.

§ 5.2. Individual responsibilities to patients and to referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery.

A. The physical therapist responsibilities are to evaluate a patient, plan the treatment program and administer and document treatment within the limit of his professional knowledge, judgment, and skills.

B. A physical therapist shall maintain continuing communication with and shall report the results of periodic evaluation of patients to the referring practitioner.

### § 5.3. Supervisory responsibilities.

A. A physical therapist shall supervise no more than three physical therapist assistants at any one time participating in the treatment of patients.

B. A physical therapist shall be responsible for any action of persons performing physical therapy functions under the physical therapist's supervision or direction.

C. A physical therapist or physical therapist assistant shall be available in person to supervise nonlicensed personnel involved in patient care activities. Such nonlicensed personnel shall not perform those patient care functions that do require professional judgment or discretion.

D. For patients assigned to a physical therapist assistant, the physical therapist shall make visits to such patients jointly with the assistant at the frequency prescribed in § 6.1 of these regulations.

## PART VI. PRACTICE OF PHYSICAL THERAPIST ASSISTANTS.

### § 6.1. Scope of responsibility.

A. A physical therapist assistant is permitted to perform all physical therapy functions within his capabilities and training as directed by a physical therapist. The scope of such functions excludes initial evaluation of the patient, initiation of new treatments, and alteration of the plan of care of the patient.

B. Direction by the physical therapist shall be

interpreted as follows:

1. The initial patient visit shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.

2. The physical therapist assistant's first visit to the patient shall be made jointly with the physical therapist.

3. The physical therapist shall provide on-site supervision one of every five visits made to the patient by the physical therapist assistant during a 30-day period. Should there be fewer than five visits to the patient by the physical therapist assistant in a 30-day period, the assistant shall be supervised on-site at least once during that period by the physical therapist.

4. Failure to abide by this regulation due to absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute violation of the foregoing provisions.

## PART VII. RENEWAL OF LICENSURE; UPDATE FOR QUALIFICATIONS.

### § 7.1. Biennial renewal of license.

Every physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially during his birth month in each even numbered year and pay to the board the renewal fee prescribed in § 9.1 of these regulations.

A. A licensee whose license has not been renewed by the first day of the month following the month in which renewal is required may be dropped from the registration roll.

B. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$25 for each renewal cycle.

### § 7.2. Updates on professional activities.

A. The board may require from physical therapists and physical therapist assistants licensed or applying for licensure in Virginia reports concerning their professional activities as may be necessary to implement the provisions of these regulations.

B. The practice of physical therapy for a minimum of 600 hours cumulatively during the last four licensure years will satisfy professional activity requirements.

C. Any physical therapist or physical therapist assistant who fails to meet the requirements of subsection B of this



# Proposed Regulations

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section shall be considered to have been inactive since the professional activity requirement was last satisfied and the license shall be deemed to have expired and become invalid.

## PART VIII. TRAINEESHIP REQUIREMENTS.

### § 8.1. Traineeship required for relicensure.

A. Any physical therapist or physical therapist assistant who has been inactive as described in § 7.1 for a period of four years or more and who wishes to resume practice shall first serve a traineeship.

B. The period of traineeship to be served by such person shall be:

1. A minimum of one month full time for those inactive for a period of four to six years.
2. A minimum of two months full time for those inactive for a period of six to 10 years.
3. A minimum of three months full time for those inactive for a period exceeding 10 years.

C. The physical therapist who serves as the supervisor of a trainee under this section shall certify to the committee upon completion of the traineeship that the trainee's knowledge and skills meet current standards of the practice of physical therapy.

D. Upon receipt of a petition from a person seeking relicensure and declaring hardship, the committee may, at its discretion, recommend to the board that the traineeship provision be waived.

### § 8.2. Additional requirement for physical therapist: Examination.

In addition to the traineeship required in § 8.1, any physical therapist seeking relicensure who has been inactive for six years or more shall take and pass the theory and procedures portion of the P.E.S. examination with a grade of 70% or more.

### § 8.3. Exemption for physical therapist assistant.

A physical therapist assistant seeking relicensure who has been inactive shall be exempt from reexamination requirements but not from traineeship requirements.

### § 8.4. Traineeship required for unlicensed graduate scheduled to sit for the board's licensure examination as required by regulation in § 2.1.

A. Upon approval of the chairman of the Advisory Board, an unlicensed graduate trainee may be employed under the direct supervision of a physical therapist while awaiting the results of the next licensure examination.

B. The traineeship shall terminate upon receipt by the candidate of the licensure examination results.

C. A person not taking the licensure examination within three years after graduation shall serve a three-month traineeship before taking the licensure examination.

## PART IX. FEES.

### § 9.1. The following fees have been established by the board:

1. The fee for physical therapist examination shall be \$200.

2. The fee for the physical therapist assistant examination shall be \$200.

3. The fee for licensure by endorsement for the physical therapist shall be \$200.

4. The fee for licensure by endorsement for the physical therapist assistant shall be \$200.

5. The fees for taking the physical therapy or physical therapy assistant examination are nonrefundable. An applicant may, upon request 21 days prior to the scheduled exam, and payment of the \$100 fee, reschedule for the next time such examination is given.

6. The fee for license renewal for a physical therapy assistant's license is \$80 and shall be due in the licensee's birth month, in each even number year. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$25 for each renewal cycle.

7. The fee for license renewal for a physical therapy license is \$125 and shall be due in the licensee's birth month, in each even numbered year. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$25 for each renewal cycle.



ALL QUESTIONS MUST BE ANSWERED. If any of the following questions is answered YES, explain and substantiate with available documentation. Letters must be submitted by your attorney regarding malpractice suits. Letters must be submitted by any treating professionals regarding treatment. These shall include diagnosis, treatment, and prognosis.

3. I hereby certify that I studied physical therapy and received the degree of \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ (DATE) (SCHOOL)

4. Do you intend to engage in the active practice of physical therapy in the Commonwealth of Virginia? \_\_\_\_\_. If YES, give location \_\_\_\_\_

5. Specify type of practice. \_\_\_\_\_

6. List all states in which you have been issued a license to practice physical therapy, active or inactive. Indicate number and date issued. \_\_\_\_\_

7. Have you ever been denied the privilege of taking a physical therapy examination? Yes No

8. Have you ever taken the PES examination? If so, what state? Yes No

9. Have you ever been denied a certificate or the privilege of taking an examination before any state, territory, or country licensing board? Yes No

10. Have you ever been convicted of a violation of or Pled Nolo Contendere to any Federal, State, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence) Yes No

11. Have you ever been censured, warned, or requested to withdraw from any licensed hospital staff, nursing home, or other health care facility? Yes No

12. Have you ever had any of the following disciplinary actions taken against your license to practice physical therapy, or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) have your practice monitored. If YES, please send complete details. Yes No

13. Have you ever had any membership in a state or local professional society revoked, suspended, or withdrawn? Yes No

14. Have you had any malpractice suits brought against you in the last ten years? If so, how many, and provide a letter from your attorney explaining each case. Yes No

15. Have you ever been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a professional for substance abuse? If so, please provide a letter from the treating professional. Yes No

16. Have you ever received treatment for or been hospitalized for a nervous, emotional or mental disorder? If so, please provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis. Yes No

(a) Do you have a serious physical disease or diagnosis which could affect your performance of professional duties? If so, please provide a letter from the treating professional. Yes No

(b) Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Please provide details. Yes No

17. AFFIDAVIT OF APPLICANT:

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice physical therapy in the state of Virginia.

RIGHT THUMB PRINT

SIGNATURE OF APPLICANT

\*\*\* — THIS MUST BE NOTARIZED — \*\*\*

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE

NOTARY: City/County of \_\_\_\_\_ State of \_\_\_\_\_ Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_

My Commission Expires \_\_\_\_\_

NOTARY SEAL NOTARY PUBLIC

CERTIFICATE OF PROFESSIONAL EDUCATION

It is hereby certified that \_\_\_\_\_ of \_\_\_\_\_ matriculated in \_\_\_\_\_ at \_\_\_\_\_ date \_\_\_\_\_ attended \_\_\_\_\_ courses of lectures of \_\_\_\_\_ months each, and received a diploma from \_\_\_\_\_ conferring the degree of \_\_\_\_\_

DATE \_\_\_\_\_

SCHOOL SEAL (PRESIDENT, SECRETARY or DEAN)

HRB-30-059  
Revised: 8/26/87

VERIFICATION OF PHYSICAL THERAPY PRACTICE

I hereby authorize all hospital, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia State Board of Medicine any information files or records requested by the Board in connection with the processing of my application.

Print Full Name \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
\*\*\*\*\*

Director of Physical Therapy Department:

The Virginia State Board of Medicine receives a great number of applications for licensure. Since we cannot personally interview these applicants, we are forced to depend on information from the employment settings in which the applicant has had work experience. We feel that in making our decision we can get invaluable help from those with whom the applicant has worked.

Will you answer the following questions and return this form to us as soon as possible. Thank you.

Virginia Board of Medicine  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

1. Date and type of service: This applicant served in our facility as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.
2. I consider this individual to have practiced ethically.  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, explain: \_\_\_\_\_
3. My judgement of this individual's professional competence is as follows: \_\_\_\_\_

(Use back of sheet if needed)

Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_  
Name of Employment Setting \_\_\_\_\_

(This report will become a part of the applicant's file and may be reviewed by the applicant upon demand)

HRB-30-059  
Revised: 8/26/87

VERIFICATION OF STATE LICENSURE

Applicant:

Please supply license number and forward to each state in which you are now or have been licensed.

Applicant's Name \_\_\_\_\_

Applicant's License # \_\_\_\_\_

\*\*\*\*\*  
To State Board Office:

I am applying for a license to practice physical therapy in the State of Virginia. The Board of Medicine requires that this form be completed by each jurisdiction in which I hold or have held licenses. Please complete the form and return it to the address below. Thank you.

Virginia Board of Medicine  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

\*\*\*\*\*

STATE OF \_\_\_\_\_

NAME OF LICENSEE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

LICENSED THROUGH (CHECK ONE):

- \_\_\_\_\_ P.E.S. EXAMINATION
- \_\_\_\_\_ RECIPROCITY/ENDORSEMENT FROM \_\_\_\_\_ (NAME OF STATE)
- \_\_\_\_\_ BOARD EXAMINATION OTHER THAN P.E.S.
- \_\_\_\_\_ OTHER

LICENSE IS CURRENT \_\_\_\_\_ LAPSED \_\_\_\_\_ (DATE LAPSED)

HAS APPLICANT'S LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF SO, FOR WHAT REASON? \_\_\_\_\_

DEROGATORY INFORMATION, IF ANY \_\_\_\_\_

COMMENTS, IF ANY \_\_\_\_\_

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

\*\*\*BOARD SEAL\*\*\*

STATE BOARD \_\_\_\_\_

HRB-30-059  
Revised: 8/26/87

VIRGINIA STATE BOARD OF MEDICINE  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

TRAINEESHIP APPLICATION

Authorization to work as a trainee is valid only for the dates indicated on the "Statement of Authorization" issued by the State Board of Medicine. Unforeseen circumstances that require interruption or prevent successful completion of the Traineeship should be brought to the attention of the Board.

This traineeship may only be served under a Virginia licensed physical therapist.

(Check one)

- Applying for the examination for licensure as a physical therapist/physical therapist assistant.
- Applying for relicensure as an inactive physical therapist/physical therapist assistant.

Traineeship will begin on \_\_\_\_\_ and will end on \_\_\_\_\_ or upon receipt of the exam results.

Type or print name of Trainee: \_\_\_\_\_

Type or print name and title of Supervisor of Trainee: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Complete Address: \_\_\_\_\_

We, the undersigned, have read and understand Article IX of the "Rules and Regulations of the Healing Arts Licenssed and Regulated by the Virginia State Board of Medicine" pertaining to the trainee program and the document "Physical Therapy Traineeship for relicensure" and agree to abide by the conditions contained herein.

Signature of Trainee \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_  
\*\*\*\*\*

Approved by \_\_\_\_\_  
Chairman, Advisory Board on Physical Therapy

Date Approved \_\_\_\_\_

HRB-30-060  
10-15-84

COMMONWEALTH of VIRGINIA

Department of Health Regulatory Boards  
Board of Medicine  
1601 ROLLING HILLS DR  
RICHMOND VA 23229-5005

EXAM \_\_\_\_\_

END \_\_\_\_\_

APPLICATION  
FOR A  
CERTIFICATE  
TO PRACTICE  
AS A PHYSICAL THERAPIST  
ASSISTANT

SECURELY PASTE A PASSPORT-TYPE  
PHOTOGRAPH NOT LESS THAN  
2 1/4" x 2 1/2" IN THIS SPACE

PLEASE SIGN PHOTO

TO THE BOARD OF MEDICINE OF VIRGINIA:

I HEREBY MAKE APPLICATION FOR A CERTIFICATE TO PRACTICE PHYSICAL THERAPY AS A PHYSICAL THERAPIST ASSISTANT IN THE STATE OF VIRGINIA AND SUBMIT THE FOLLOWING STATEMENTS:

1. NAME IN FULL (PLEASE PRINT OR TYPE)

(LAST)	(FIRST)	(MIDDLE/MAIDEN)	(GENDER)
(STREET)	(CITY)	(STATE)	(ZIP CODE)
(DATE OF BIRTH) MO DAY YR	(PLACE OF BIRTH)	(SOCIAL SECURITY NUMBER)	
(GRADUATION DATE) MO DAY YR	(PROF. SCH. DEGREE)	(SCHOOL, CITY, STATE)	

APPLICANTS DO NOT USE SPACES BELOW THIS LINE — FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
CHAIRMAN, ADVISORY COMMITTEE ON PHYSICAL THERAPY

(CLASS)	(LICENSE NO.)	(SUFFIX)	(SCH. CODE)	(FEE)	(HOW REG.)	(BASE STATE)
(LICENSE NO.)		(EXPIRATION DATE)		(DATE ISSUED)		

(STREET)	(CITY)	(STATE)	(ZIP CODE)
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\*PLEASE SUBMIT ADDRESS CHANGES IN WRITING IMMEDIATELY!

\*PLEASE ATTACH CERTIFIED CHECK OR MONEY ORDER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE. DO NOT SUBMIT FEE WITHOUT AN APPLICATION. IT WILL BE RETURNED.



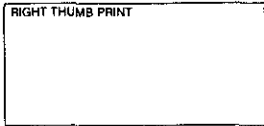
HRB-30-059  
Revised: 8/26/87

17. AFFIDAVIT OF APPLICANT:

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice physical therapy as a physical therapist assistant in the state of Virginia.



IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\*\*\* - THIS MUST BE NOTARIZED - \*\*\*

NOTARY: City/County of \_\_\_\_\_ State of \_\_\_\_\_ Subscribed  
and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

My Commission Expires \_\_\_\_\_ NOTARY PUBLIC

NOTARY SEAL

\*\*\*\*\*  
CERTIFICATE OF PROFESSIONAL EDUCATION  
\*\*\*\*\*

It is hereby certified that \_\_\_\_\_ of \_\_\_\_\_  
matriculated in \_\_\_\_\_ at \_\_\_\_\_ date \_\_\_\_\_  
attended \_\_\_\_\_ courses of lectures of \_\_\_\_\_ months each,  
and received a diploma from \_\_\_\_\_ conferring the degree of \_\_\_\_\_

\_\_\_\_\_  
DATE

SCHOOL SEAL \_\_\_\_\_  
(PRESIDENT, SECRETARY or DEAN)

VERIFICATION OF PHYSICAL THERAPY PRACTICE

I hereby authorize all hospital, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia State Board of Medicine any information files or records requested by the Board in connection with the processing of my application.

Print Full Name \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
\*\*\*\*\*

Director of Physical Therapy Department: \_\_\_\_\_

The Virginia State Board of Medicine receives a great number of applications for licensure. Since we cannot personally interview these applicants, we are forced to depend on information from the employment settings in which the applicant has had work experience. We feel that in making our decision we can get invaluable help from those with whom the applicant has worked.

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Virginia Board of Medicine  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

1. Date and type of service: This applicant served in our facility as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.
2. I consider this individual to have practiced ethically.  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, explain: \_\_\_\_\_
3. My judgement of this individual's professional competence is as follows: \_\_\_\_\_

(Use back of sheet if needed)

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Name of Employment Setting

(This report will become a part of the applicant's file and may be reviewed by the applicant upon demand)

HRB-30-059  
Revised: 8/26/87

VERIFICATION OF STATE LICENSURE

Applicant:

Please supply license number and forward to each state in which you are now or have been licensed.

Applicant's Name \_\_\_\_\_

Applicant's License # \_\_\_\_\_

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I am applying for a license to practice as a physical therapist assistant in the State of Virginia. The Board of Medicine requires that this form be completed by each jurisdiction in which I hold or have held licenses. Please complete the form and return it to the address below. Thank you.

Virginia Board of Medicine  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

\*\*\*\*\*

STATE OF \_\_\_\_\_

NAME OF LICENSEE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

LICENSED THROUGH (CHECK ONE):

- P.E.S. EXAMINATION
- RECIPROCITY/ENDORSEMENT FROM \_\_\_\_\_ (NAME OF STATE)
- BOARD EXAMINATION OTHER THAN P.E.S.
- OTHER

LICENSE IS CURRENT \_\_\_\_\_ LAPSED \_\_\_\_\_ (DATE LAPSED)

HAS APPLICANT'S LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF SO, FOR WHAT REASON? \_\_\_\_\_

DEROGATORY INFORMATION, IF ANY \_\_\_\_\_

COMMENTS, IF ANY \_\_\_\_\_

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

STATE BOARD \_\_\_\_\_

\*\*\*BOARD SEAL\*\*\*

HRB-30-059  
Revised: 8/26/87

VIRGINIA STATE BOARD OF MEDICINE  
1601 Rolling Hills Drive  
Richmond, Virginia 23229-5005

TRAINEESHIP APPLICATION

Authorization to work as a trainee is valid only for the dates indicated on the "Statement of Authorization" issued by the State Board of Medicine. Unforeseen circumstances that require interruption or prevent successful completion of the Traineeship should be brought to the attention of the Board.

This traineeship may only be served under a Virginia licensed physical therapist.

(Check one)

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- Applying for relicensure as an inactive physical therapist/physical therapist assistant.

Traineeship will begin on \_\_\_\_\_ and will end on \_\_\_\_\_ or upon receipt of the exam results.

Type or print name of Trainee: \_\_\_\_\_

Type or print name and title of Supervisor of Trainee: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Complete Address: \_\_\_\_\_

We, the undersigned, have read and understand Article IX of the "Rules and Regulations of the Healing Arts Licensed and Regulated by the Virginia State Board of Medicine" pertaining to the trainee program and the document "Physical Therapy Traineeship for relicensure" and agree to abide by the conditions contained herein.

Signature of Trainee \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_

\*\*\*\*\*

Approved by \_\_\_\_\_  
Chairman, Advisory Board on Physical Therapy

Date Approved \_\_\_\_\_



# Proposed Regulations

\* \* \* \* \*

**Title of Regulation:** VR 465-05-1. Physician Assistants.

**Statutory Authority:** § 54-291 of the Code of Virginia.

**Public Hearing Date:** April 20, 1988 - 1:30 p.m.

(See Calendar of Events section  
for additional information)

## Summary:

*The board proposes to repeal existing regulations and promulgate these regulations to provide the basis for registration of capable and flexible physician's assistants who have met certain educational standards and have been specifically trained to function in a dependent-employee relationship with doctors of medicine, osteopathy, or podiatry as herein prescribed.*

*An "Index to the Proposed and Existing Regulations" is incorporated by reference and states other proposed changes to the regulations. This index and all other relevant documents are available to the public through the Board of Medicine.*

VR 465-05-1. Physician Assistants.

## PART I. GENERAL PROVISIONS.

### § 1.1. Definitions.

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

*"Alternate supervising physician" means a member of the same group or professional corporation or partnership of any licensee, any hospital or any commercial enterprise with the supervising physician. Such alternating supervising physician shall be a physician licensed in the Commonwealth of Virginia who has registered with the board and who has accepted responsibility for the supervision of the service that a physician's assistant renders.*

*"Assistant to a Doctor of Medicine, Osteopathy, or Podiatry," or "Physician's Assistant," means an individual who is qualified as an auxiliary paramedical person by academic and clinical training and is functioning in a dependent-employee relationship with a doctor of medicine, osteopathy, or podiatry licensed by the board.*

*"Board" means the Virginia State Board of Medicine.*

*"Committee" means the Advisory Committee on Physician's Assistants appointed by the president of the board to advise the board on matters relating to physician's assistants. The committee is composed of four members of the board, one supervising physician, and two*

*physician's assistants.*

*"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.*

*"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.*

*"NCCPA" means the National Commission on Certification of Physician Assistants.*

*"Protocol" means a set of directions developed by the supervising physician that defines the supervisory relationship between the physician assistant and the physician and the circumstances under which the physician will see and evaluate the patient.*

*"Supervising physician" means a doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth of Virginia who has registered with the board and who has accepted responsibility for the supervision of the service that a physician's assistant renders.*

*"Substitute supervising physician" means a doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth of Virginia who has accepted responsibility for the supervision of the service that a physician's assistant renders in the absence of such assistant's supervising physician.*

### § 1.2. Applicability.

*These regulations apply to physician's assistants only, as defined in § 1.1.*

*§ 1.3. A separate board regulation, VR 465-01-1, entitled Public Participation Guidelines, which provides for involvement of the public in the development of all regulations of the Virginia State Board of Medicine, is incorporated by reference in these regulations.*

## PART II. REQUIREMENTS FOR PRACTICE AS A PHYSICIAN'S ASSISTANT.

### § 2.1. Requirements, general.

*A. No person shall practice as a physician's assistant in the Commonwealth of Virginia except as provided in these regulations.*

*B. All services rendered by a physician's assistant shall be performed only under the supervision of a doctor of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth of Virginia.*

## § 2.2. Certification, entry requirements and application.

A. A certificate to practice as a physician's assistant shall be obtained from the board before such assistant begins to practice with a supervising doctor of medicine, osteopathy, or podiatry.

B. Entry requirements. An applicant for certification shall:

1. Possess the educational qualifications prescribed in § 2.3 of these regulations; and

2. Meet the requirements for examination prescribed in §§ 3.1 through 3.3 of these regulations.

C. Application for board approval of a physician's assistant shall be submitted to the board by the supervising physician under whom the assistant will work, and who will assume the responsibility for the assistant's performance.

D. The application shall:

1. Be made on forms supplied by the board and completed in every detail;

2. Spell out the roles and functions of the assistant with a protocol acceptable to the board; and

3. Provide that, if for any reason the assistant discontinues working in the employment and under the supervision of the licensed practitioner who submitted the application:

a. Such assistant and the employing practitioner shall so inform the board and the assistant's approval shall terminate.

b. A new application shall be submitted to the board and approved by the board in order for the assistant either to be reemployed by the same practitioner or to accept new employment with another supervising physician.

E. The application fee prescribed in § 5.1 of these regulations shall be paid at the time the application is filed.

## § 2.3. Educational requirements.

An applicant for certification shall:

1. Have successfully completed a prescribed curriculum of academic study in a school or institution accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association and accredited by the American Academy of Physician Assistants; and

2. Present documented evidence of eligibility for the

NCCPA examination or completed certification requirements.

## PART III. EXAMINATION.

§ 3.1. The proficiency examination of the NCCPA constitutes the board examination required of all applicants for certification.

## § 3.2. Provisional registration.

An applicant who has met the requirements of the board at the time his initial application is submitted may be granted provisional registration by the board if he meets the provisions of § 54-281.7 of the Code of Virginia and § 2.3 of these regulations. Such provisional registration shall be subject to the following conditions:

A. The provisional registration shall be valid until the applicant takes the next subsequent NCCPA examination and its results are reported, but this period of validity shall not exceed 30 days following the reporting of the examination scores.

B. An applicant who fails the examination may be granted individual consideration by the board and granted an extension of the provisional registration upon evidence that he is eligible for admission to the next scheduled board examination.

## § 3.3. Examination.

A. Every applicant shall take the NCCPA examination at the time scheduled by the NCCPA.

B. An applicant who fails the examination three consecutive times shall surrender his certificate to practice until proof has been provided to the board that the standards of NCCPA have been met.

## § 3.4. Renewal of certificate.

A. Every certified physician's assistant intending to continue his practice shall annually on or before July 1:

1. Register with the board for renewal of his certificate;

2. Present documented evidence of compliance with continuing medical education standards established by the NCCPA; and

3. Pay the prescribed renewal fee at the time he files for renewal.

B. Any physician's assistant who allows his NCCPA certification to lapse shall be considered not certified by the board. Any such assistant who proposes to resume his practice shall make a new application for certification.

# Proposed Regulations

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## PART IV. INDIVIDUAL RESPONSIBILITIES.

### § 4.1. Individual responsibilities.

A supervising physician and the physician's assistants working with him shall observe the following division of responsibilities in the care of patients:

#### A. The supervising physician shall:

1. See and evaluate any patient who presents with the same complaint twice in a single episode of care and has failed to improve significantly. Such physician involvement shall occur not less frequently than every fourth visit for a continuing illness.

2. The board expressly reserves the right to approve a protocol which differs from the scope of practice guidelines listed above upon application of a supervising physician and for cause.

3. Any such protocols shall take into account such factors as the number of patients, the types of illness treated by the physician, the nature of the treatment, special procedures, and the nature of the physician's availability in ensuring direct physician involvement at an early stage and regularly thereafter.

4. Review the record of services rendered the patient by the physician's assistant and sign such records within 24 hours after any such care was rendered by the assistant.

B. the physician's assistant shall not render independent health care. Such assistant:

1. Shall perform only those medical care services that are within the scope of the practice and proficiency of the supervising physician.

2. Shall not sign prescriptions.

3. Shall, during the course of performing his duties, wear identification showing clearly that he is a physician's assistant.

C. If the assistant is to perform duties away from the supervising physician, such supervising physician shall obtain board approval in advance for any such arrangement and shall establish written policies to protect the patient.

D. If, due to illness, vacation, or unexpected absence, the supervising physician is unable to supervise personally the activities of his assistant, such supervising physician may temporarily delegate the responsibility to another doctor of medicine, osteopathy, or podiatry. The employing supervising physician so delegating his responsibility shall report such arrangement for coverage, with the reason therefor, to the board office in writing,

subject to the following provisions:

1. For planned absence, such notification shall be received at the board office at least one month prior to the supervising physician's absence.

2. For sudden illness or other unexpected absence, the board office shall be notified as promptly as possible, but in no event later than one week.

3. Temporary coverage may not exceed four weeks unless special permission is granted by the board.

E. With respect to assistants employed by institutions, the following additional regulations shall apply:

1. No assistant may render care to a patient unless the physician responsible for that patient has signed an application to act as supervising physician for that assistant. The board shall make available appropriate forms for physicians to join the application for an assistant employed by an institution.

2. Any such application as described in subdivision 1 above shall delineate the duties which said physician authorizes the assistant to perform.

3. The assistant shall within an hour, but as soon as circumstances may dictate report to the supervising physician concerning the examination of the patient. The assistant shall also record his findings in appropriate institutional records.

4. No physician assistant shall perform the initial evaluation, or institute treatment of a patient who has been admitted to a critical care unit or emergency room. In noncritical care areas, the physician assistant may perform the initial evaluation in an inpatient setting provided the supervising physician evaluates the patient within eight hours of the physician assistant's initial evaluation.

## PART V. FEES.

### § 5.1. The following fees are required:

A. The application fee, payable at the time application is filed, shall be \$100.

B. The annual fee for renewal of registration, payable on or before July 1, shall be \$40.

C. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$10 for each renewal cycle.



**ALL QUESTIONS MUST BE ANSWERED.** If any of the following questions are answered YES, explain and substantiate with available documentation. Letters must be submitted by any treating professionals regarding treatment. These shall include diagnosis, treatment, and prognosis.

3. PA Program Attended: \_\_\_\_\_  
(name and date of graduation)
4. NCCPA# \_\_\_\_\_ Expiration date \_\_\_\_\_ (Attach a copy of NCCPA certificate or proof of eligibility for certification)
5. List the state(s) in which you have been or are certified or licensed as a PA. \_\_\_\_\_
6. Have you ever been denied certification or licensure in any state?  Yes  No
  - (a) Has any state ever denied, suspended, or revoked your certification or licensure?  Yes  No
  - (b) Has your license or certification to practice ever been limited in any way either by a licensing agency, supervising physician; or hospital in which you have been allowed to practice?  Yes  No
7. Have you ever been convicted of a violation and/or pled nolo contendere to any federal, state, or local statute relating to a felony or misdemeanor (excluding traffic violations)?  Yes  No
8. Have you ever been convicted of a violation of any state or federal controlled substance law?  Yes  No
9. Have you ever received treatment for/or been hospitalized for a nervous, emotional or mental disorder? If so, please provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis.  Yes  No
  - (a) Do you have a serious physical disease or diagnosis which could affect your performance of professional duties? If so, please provide a letter from the treating professional.  Yes  No
  - (b) Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Please provide details.  Yes  No
10. Have you ever been physically or emotionally dependent upon the use of alcohol/drugs or treated by, consulted with, or been under the care of a physician as a habitual chronic abuser?  Yes  No
11. Have you read carefully and do you understand the rules and regulations for an assistant to a physician adopted by the Virginia Board of Medicine?  Yes  No
12. Work Setting: (check appropriate area)
  - Out patient setting
  - Hospital (if employer, complete hospital information section)
  - Nursing Home
  - Other (specify in complete detail)

13. Physician Practice Information

Supervising Physicians Name \_\_\_\_\_  
 Specialty \_\_\_\_\_ VA License # \_\_\_\_\_  
 Name of Practice \_\_\_\_\_  
 Address of Practice \_\_\_\_\_  
 (street) (city) (zip)  
 Type of Practice (family practice, surgery, etc.) \_\_\_\_\_  
 Do you have primary responsibility for the supervision of other physicians assistants? If yes, please list name(s) below  Yes  No

Name and address of all physicians who will serve as supervising physicians (if more than three, provide information on a separate sheet)

Name #1 \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ VA License # \_\_\_\_\_

Name #2 \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ VA License # \_\_\_\_\_

Name #3 \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ VA License # \_\_\_\_\_

Will PA perform medical acts when the supervising physician is not in the office/medical facility? If yes, describe situations in which this might occur and the arrangements made to ensure communication is maintained with either the supervising physician or an alternate supervising physician on a separate sheet of paper.  Yes  No

If for any reason the assistant discontinues working in the employment and under the supervision of the licensed practitioner who submitted the application, such assistant and the employing practitioner shall so inform the Board and the assistant's approval shall terminate, and a new application must be submitted to the Board and approved by the Board in order for the assistant either to be re-employed by the same practitioner or to accept new employment with another supervising physician.

14. Hospital Employed Physician Assistant

Name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_  
(street) (city) (zip)

In what department will the PA assist the Supervising Physician or Alternate Supervising Physician:  
\_\_\_\_\_

Explain on a separate sheet of paper, the guidelines established by the hospital to ensure proper supervision of the PA in the hospital setting.

Are there other features pertaining to the hospital function of the PA which should be called to the Board's attention? If so, describe on a separate sheet.

15. Summary

Each of the undersigned has read this application and certifies that the information therein is correct to the best of his/her knowledge and belief. Each further certifies that he/she has read carefully and understands the rules and regulations for an assistant to a physician adopted by the Virginia Board of Medicine. Such regulations will be fully complied with by the undersigned, and each undersigned physician accepts the responsibility of the applicant's conduct as an assistant to the physician.

DATE: \_\_\_\_\_, M.D.  
Supervising Physician

DATE: \_\_\_\_\_, M.D.  
Alternate Supervising Physician

DATE: \_\_\_\_\_, M.D.  
Alternate Supervising Physician

DATE: \_\_\_\_\_, M.D.  
Alternate Supervising Physician

DATE: \_\_\_\_\_, M.D.  
Alternate Supervising Physician

DATE: \_\_\_\_\_  
Hospital Administrator (if applicable)

16. Release of Information

I hereby authorize all past and present hospitals, institutions, or organizations, my references, personal physicians, employers, business and professional associates and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my certificate to practice as a Physicians' Assistant in the Commonwealth of Virginia.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

\*\*\*\*\*  
CERTIFICATE OF PHYSICIAN ASSISTANT EDUCATION  
\*\*\*\*\*

It is hereby certified that \_\_\_\_\_  
matriculated in \_\_\_\_\_ at \_\_\_\_\_  
date \_\_\_\_\_ attended \_\_\_\_\_ courses of  
lectures of \_\_\_\_\_ months each, and received a  
diploma from \_\_\_\_\_ conferring the  
degree of \_\_\_\_\_  
date \_\_\_\_\_

SCHOOL SEAL

\_\_\_\_\_  
(President, Secretary or Dean)

# Proposed Regulations

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\* \* \* \* \*

**Title of Regulation:** VR 465-06-1. Correctional Health Assistants.

**Statutory Authority:** § 54-291 of the Code of Virginia.

**Public Hearing Date:** April 20, 1988 - 2:30 p.m.  
(See Calendar of Events section for additional information)

**Summary:**

The board proposes to repeal existing regulations entitled *Physicians Assistants - Category II* and promulgate new regulations to provide the basis for registration of capable and flexible correctional health assistants who have met certain educational standards and have been specifically trained to function in correctional institutions in the Commonwealth of Virginia in a dependent relationship with the institutional physicians as herein prescribed.

An "Index to the Proposed and Existing Regulations" is incorporated by reference and states other proposed changes to the regulations. This index and all other relevant documents are available to the public through the Board of Medicine.

VR 465-06-1. Correctional Health Assistants.

**PART I.  
GENERAL PROVISIONS.**

**§ 1.1. Definitions.**

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

"Board" means the Virginia State Board of Medicine.

"Chief physician" means the chief physician of the Virginia Department of Corrections, who reviews the applications of persons applying to become correctional health assistants and makes recommendations to the Board of Medicine as to their acceptability for registration by the board.

"Correctional health assistant" means an auxiliary paramedical person employed by a correctional institution operated by the Virginia Department of Corrections and working in a dependent relationship to the institutional physician.

"Committee" means the Physician's Assistant Advisory Committee appointed by the president of the board to advise the board on matters relating to correctional health assistants.

"Institution" means a state prison, local or regional jail,

or other correctional institution operated by the Virginia Department of Corrections.

"Supervising physician" means a doctor of medicine licensed by the board who is employed by the Virginia Department of Corrections and who has accepted responsibility for the supervision of the service that a correctional health assistant renders in a correctional institution operated by that department.

**§ 1.2. Applicability.**

A. These regulations apply only to correctional health assistants employed in Virginia correctional institutions.

B. The individuals registered by the board with this title will be registered as correctional health assistants only while employed in a correctional facility operated by the Department of Corrections, a prison or jail. These regulations will be used by the board in registering individuals under this title.

§ 1.3. A separate board regulation entitled VR 465-01-1, *Public Participation Guidelines*, which provides for involvement of the public in the development of all regulations of the Virginia State Board of Medicine, is incorporated by reference in these regulations.

**PART II.  
EXPERIENCE AND TRAINING REQUIREMENTS.**

**§ 2.1. General.**

A. No person shall practice as a correctional health assistant in the Commonwealth of Virginia except as provided in these regulations and when registered by this board.

B. Every applicant for board registration under these regulations shall:

1. Meet the experience requirements of § 2.2; and
2. Be recommended by Virginia Department of Corrections physicians as prescribed in § 4.1.

**§ 2.2. Experience required.**

Every applicant shall demonstrate three years of responsible work experience in a medical organization or facility. Such experience may include:

A. Experience in providing general patient care to demonstrate the individual's ability to render emergency care and treatment. Such experience shall include all of the following functions:

1. Taking and charting the patient's temperature, pulse, respiration, and blood pressure.
2. Correctly recognizing and reporting illnesses and

disorders, including abnormal behavior.

3. Administering emergency as well as prescribed care and treatment.

B. Experience under professional supervision in any one of the following specialties, which may be substituted for six months of required work experience.

1. Medical laboratory – performance of urinalyses, blood counts, staining and examining of smears for bacteria, and administering of electrocardiograms.

2. Medical radiology (x-ray) – operation of x-ray equipment, including the positioning of patients, taking x-rays, and developing films.

C. Successful completion of certain courses of study which may be substituted for work experience but only as specifically set forth in § 3.1.

### PART III. EDUCATIONAL SUBSTITUTIONS FOR WORK EXPERIENCE.

#### § 3.1. Educational qualifications.

Subject to the time limit specified in each instance in this section, an applicant for registration may substitute completed studies in one or more of the following courses for work experience in partial fulfillment of the experience requirements of § 2.2.

A. Successful completion of studies in an approved school in x-ray or in medical laboratory may be substituted for work experience on a month-for-month basis, but not for more than one year of required work experience.

B. Successful completion of prescribed courses of study in the armed services or the maritime service in x-ray or in medical laboratory may be substituted for work experience on a month-for-month basis, but not for more than six months of required work experience.

C. Medical laboratory experience. Successful completion at an accredited college or university of at least 18 semester hours in chemistry or biological sciences, including courses in bacteriology and biology, may be substituted for work experience on a month-for-month basis, but not for more than one year of the work experience required.

### PART IV. CONDITIONS OF REGISTRATION.

#### § 4.1. Advance interview; recommendations; condition of employment.

A. Before an individual submits an application for board registration, the supervising physician at the correctional

facility to which the individual applies for employment shall interview him to determine his qualifications and potential acceptability for registration as a correctional health assistant. The interviewing physician shall then forward the application and his recommendation to the chief physician of the Department of Corrections for final review and consideration.

B. Should the chief physician consider the applicant to be qualified for employment, he shall submit the application, together with his and the interviewing physician's recommendation regarding the acceptability of the applicant, to the executive director of this board for processing of the application.

C. Condition of employment. Individuals registered as correctional health assistants will be registered as such only while employed by the Department of Corrections. Should the individual leave the employment of the department, his registration will become null and void.

### PART V. DUTIES.

#### § 5.1. Duties of registrants.

The correctional health assistant may carry out the following duties, with a minimum of supervision while assisting the institutional physician in accomplishing a wide variety of medical procedures:

A. Registrants may participate in conducting daily sick call for inmates within the Virginia penal system. During such sick calls, the registrants may interview inmates, determine an inmate's primary medical complaint, record symptoms of the inmate's complaint and his vital signs, request appropriate laboratory procedures when necessary, and suggest treatment for routine and common illnesses. The registrants may also assist the physician in performing diagnosis and treatment of inmates.

B. Registrants may provide emergency medical care to inmates. Registrants are subject to emergency callbacks to the institution after normal duty hours or on weekends to provide emergency medical care in the absence of the institutional physician(s) until such time as the institutional physician(s) can arrive or the inmate is transported to a hospital or other appropriate medical facility.

C. Registrants may serve as operating room technicians under the supervision of a physician, and may provide pre-operative and post-operative inmate care.

D. In the penal medical setting, registrants may provide care to inmates to include charting of inmate temperatures, pulses, and respiration, and administration of treatment and medication prescribed by the attending physician. Registrants may monitor unusual behavioral changes, insuring the safety of the inmate.



# Proposed Regulations

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*E. Registrants may make periodic rounds of receiving units, confinement cells, and cell blocks within the penal system for the purpose of receiving inmate medical complaints. Registrants may administer drugs prescribed by physicians and assist in the transfer of inmates to hospitals or other medical facilities. Registrants may make ward rounds to observe the condition of inmate patients, review inmate patient charts, and render appropriate patient care to inmates confined in such wards. Registrants may also accompany physicians on ward rounds and record new directives from the physicians.*

*F. Registrants may make appropriate entries in inmate medical records for inpatient and outpatient medical treatment.*

*G. Registrants shall provide security for all drugs under procedures set forth by the pharmacist in charge of the Department of Corrections pharmacy and pursuant to Pharmacy Board regulations.*

*H. Registrants may perform such other assigned duties under the direct supervision of the institutional physician(s) as deemed appropriate by such physician(s) and as approved by the Board of Medicine.*

## *PART VI. FEES.*

*§ 6.1. The following fees are required:*

*A. The application fee, payable at the time the application is filed, shall be \$50.*

*B. The annual fee for renewal of registration, payable on or before July 1, shall be \$10.*

*C. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$10 for each renewal cycle.*

VIRGINIA STATE BOARD OF MEDICINE

SBM-001-10  
(07-11-78)  
Revised

1601 ROLLING HILLS DR  
RICHMOND VA 23229-5005

PLEASE PRINT OR TYPE!

PHYSICIAN'S ASSISTANT - CATEGORY II  
DEPARTMENT OF CORRECTIONS-PENAL INSTITUTIONS ONLY

APPLICATION FOR EMPLOYMENT \$50.00

1. Assistant's Name \_\_\_\_\_

2. Address \_\_\_\_\_

\*\*Questions 3-5: Proof of education and training experience must be documented,  
either by photostatic copies of certificates and/or letters of certification.  
Submit this documentation with application and fee.

3. Education \_\_\_\_\_

4. Other Degrees \_\_\_\_\_ Certificates \_\_\_\_\_ Date \_\_\_\_\_

5. Assistant's Training \_\_\_\_\_

6. Name of Penal Institution \_\_\_\_\_

7. Address \_\_\_\_\_

8. Expected Date of Employment \_\_\_\_\_

9. Hiring (SUPERVISING) Physician \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

10. Resume of Assistant's Duties: USE THE BACK OF THE APPLICATION

\*\*\*\*\*

TO BE COMPLETED BY THE STATE BOARD OF MEDICINE

APPROVED BY \_\_\_\_\_ Date \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_ DATE ISSUED & MAILED \_\_\_\_\_

NOTE: THE ORIGINAL APPLICATION FORM MUST BE RETURNED TO THIS OFFICE. COPIES WILL NOT BE  
ACCEPTABLE. APPLICATION FORMS ARE AVAILABLE UPON REQUEST.  
A LETTER OF RECOMMENDATION FROM THE INTERVIEWING PHYSICIAN MUST BE SUBMITTED TO  
THE MEDICAL DIRECTOR OF THE DEPARTMENT OF CORRECTIONS, TO BE FORWARD TO THE STATE  
BOARD OF MEDICINE.

10. RESUME OF ASSISTANT'S DUTIES. THESE DUTIES MUST BE LISTED EXPLICITLY IN DETAIL!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*This is to certify that I have thoroughly investigated this person's training  
and background experience and realize that I am fully responsible for any duties  
performed by this assistant.

11. Signature Of Hiring Physician \_\_\_\_\_

12. Signature Of Assistant \_\_\_\_\_

13. Signature of Medical Director of the Department of Corrections \_\_\_\_\_

Approval--

Chief Physician  
Department of Corrections

# Proposed Regulations

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## STATE WATER CONTROL BOARD

**Title of Regulation:** VR 680-16-17. Rappahannock River Basin Water Quality Management Plan.

**Statutory Authority:** § 62.1-44.15(3) of the Code of Virginia.

**Public Hearing Date:** April 4, 1988 - 7 p.m.  
(See Calendar of Events section for additional information)

**REGISTRAR'S NOTICE:** Due to its length, the Rappahannock River Basin Water Quality Management Plan filed by the State Water Control Board, is not being published. However, in accordance with § 9-6.14:22 of the Code of Virginia, a summary, in lieu of full text, is being published. The full text of the regulation is available for public inspection at the office of the Registrar of Regulations and the State Water Control Board.

**Summary:**

*The purpose of the Rappahannock River Basin Water Quality Management Plan is to provide a management tool to assist the state and localities in attaining and maintaining the applicable water quality goals in the Basin. The Plan identifies water quality problems in the Basin in broad terms and sets forth a remedial action program to alleviate these problems so that desired water quality objectives can be met. The Plan is divided into five sections entitled: Water Quality Goals; Municipal and Industrial Wastes; Nonpoint Pollution; Monitoring and Surveillance Programs; and Coordination with Other Planning. A discussion of each section is followed by a presentation of specific actions to be taken by the State Water Control Board in carrying out the Plan.*

# FINAL REGULATIONS

For information concerning Final Regulations, see information page.

## Symbol Key

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

## DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

**REGISTRAR'S NOTICE:** This regulation is excluded from Article 2 of the Administrative Process Act in accordance with § 9-6.14:4.1 C 3 of the Code of Virginia, which excludes from Article 2 regulations which consist only of changes in style or form or corrections of technical errors. The Department of Agriculture and Consumer Services will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

**Title of Regulation:** VR 115-04-16. Rules and Regulations for the Enforcement of the Virginia Petroleum Products Franchise Act.

**Statutory Authority:** § 59.1-21.16:2 of the Code of Virginia.

**Effective Date:** March 15, 1988

### Summary:

*VR 115-04-16, Rules and Regulations for the Enforcement of the Virginia Petroleum Products Franchise Act, is being amended to provide that filing retail locations is optional for producer/refiner outlets that were operating July 1, 1979. This amendment is a technical change required by an opinion of the Attorney General. The regulation was amended without the public participation procedures prescribed in the Administrative Process Act. The Board of Agriculture and Consumer Services will receive, consider, and respond to petitions by any interested persons at any time with respect to reconsideration of this amended regulation.*

VR 115-04-16. Rules and Regulations for the Enforcement of the Virginia Petroleum Franchise Act.

§ 1. Conditions under which a producer/refiner may temporarily operate a franchised retail outlet.

A. A producer or refiner may temporarily operate a previously franchised dealer-operated retail outlet which is within 1 1/2 miles of any franchised dealer-operated outlet for a period not to exceed 60 days; provided that the franchisee is lawfully terminated or not renewed under any provisions of the Virginia Petroleum Products Franchise Act, § 59.1-21.14, Chapter 22 2.2, §§ ~~59.1-28.8~~ 59.1-21.8 through 59.1-21.18:1 of the Code of Virginia, or the Petroleum Marketing Practices Act, 15 U.S.C. § 2801. In the case of illness or personal injury of the franchised dealer, a producer/refiner may operate the franchised

outlet when mutually agreed by both parties for a period up to one year, subject to certification upon the request of the commissioner.

B. A producer/refiner may operate the outlet for additional 30-day periods, provided that he can show that a good faith effort has been made and no new franchisee can be found. A good faith effort shall be considered advertising in a newspaper of general circulation in the area where the establishment is located for three consecutive days during each 30-day period. The producer/refiner shall document the advertising and maintain a file or respondents or other potential franchisees. He shall also certify upon request that no acceptable franchisees responded during each 30-day period of operation.

§ 2. Rebuilding and relocating of producer or refiner operated retail outlets.

### A. Relocating:

A retail outlet lawfully operated by a producer/refiner on or before July 1, 1979, may be relocated at a distance of not more than 10 miles; but it must be at least 1 1/2 miles from any other franchised retail outlet of the same brand. All distance shall be measured by the nearest primary road or street. This move shall be allowed if the retail outlet location is lost through:

1. Involuntary condemnation by state or other political subdivision for any reason;
2. The nonrenewal by the owner of the property lease under which the station was operating, and this nonrenewal can be certified by the property owner; or
3. Denial of building permit or prohibited zoning by any political subdivision.

### B. Rebuilding:

Producer/refiner locations may be rebuilt at the same location, or in reasonable proximity, when the station is lost to fire, other disasters, or being remodeled or renewed. For the purposes of this section, reasonable proximity shall not be more than 1000 feet in any direction from the current property line.

§ 3. Producer/refiner and franchise dealers shall file a listing of retail outlets operated.

A. For each outlet operating on July 1, 1979, each producer/refiner and each franchised dealer shall provide

# Final Regulations

the name under which the location is operated, the street address or other designation which identifies the exact location, and the correct mailing address including the zip code. Forms shall be provided by the Department of Agriculture and Consumer Services. These forms shall be certified by a responsible person who is authorized to represent the producer/refiner or the franchised dealer. *Filing is optional for producer/refiner outlets that were operating July 1, 1979, as provided for in § 59.1-21.16:2 D of the Code of Virginia.*

1. All retail outlets existing July 1, 1979, shall be reported to the Virginia Department of Agriculture and Consumer Services (VDACS) not later than August 31, 1979.

2. Any retail outlets newly created after July 1, 1979, shall be reported to VDACS as outlined above within 10 days of:

- a. Any franchisee entering into an agreement with a producer/refiner;
- b. The issuance of a building permit to any producer/refiner for any new location; or
- c. The acquisition of any current facility by a producer/refiner to be operated by the producer/refiner as a retail outlet.

B. The transfer or assignment of a franchise by a dealer to a qualified transferee shall be filed with the Virginia Department of Agriculture and Consumer Services by the new franchisee within 30 days after the normal contractual transfer.

C. Failure to register as required may mean loss of protection provided by the Virginia Petroleum Products Franchise Act, § 59.1-21.16:2 of the Code of Virginia or the rules and regulations for the enforcement of that Act.

## DEPARTMENT OF GENERAL SERVICES

**REGISTRAR'S NOTICE:** The Regulations for the Approval of Independent Laboratories to Analyze Blood for Drugs in Driving Under the Influence Cases (VR 330-02-02) were previously submitted by the Department of General Services and printed as final regulations in 4:9 V.A.R. 841-846 February 1, 1988, prior to the agency's receipt of the Governor's comments. The agency has requested that the regulations published in 4:9 V.A.R. 841-846 February 1, 1988, be withdrawn and has resubmitted the following final regulations which incorporate the technical revisions suggested by the Governor.

**Title of Regulation:** VR 330-02-02. Regulations for the Approval of Independent Laboratories to Analyze Blood for Drugs in Driving Under the Influence Cases.

**Statutory Authority:** §§ 2.1-424, 2.1-426, and 18.2-268 of the

Code of Virginia.

**Effective Date:** April 1, 1988

### Summary:

Sections 18.2-266 and 18.2-268 of the Code of Virginia have been amended (effective April 1, 1988) to permit drug analyses in blood samples from suspected drug-impaired drivers. The Division of Consolidated Laboratory Services has been designated by these sections of the Code of Virginia to approve independent laboratories to perform qualitative and quantitative drug analyses in blood from suspected drug-impaired drivers. These regulations describe the application and evaluation procedures and the minimum technical requirements for approval of independent laboratories. They also describe the three types of approval and criteria to achieve and maintain same.

The final regulations include an additional provision for unannounced on-site visits by the approval team, clarify the process by which an independent laboratory may appeal a determination of "provisionally approved" or "not approved," and include a schedule of fees which the independent laboratory must receive for drug analyses.

VR 330-02-02. Regulations for the Approval of Independent Laboratories to Analyze Blood for Drugs in Driving Under the Influence Cases.

### PART I DEFINITIONS.

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

"Approval authority" means the Director of the Bureau of Forensic Science, the division or his designee.

"Division" means the Division of Consolidated Laboratory Services, the Department of General Services which is responsible for approval of independent laboratories.

[ "DUID" means driving under the influence of drugs. ]

"First sample" means the blood sample sent to the division for analysis.

"Independent laboratory" means any nongovernment laboratory in Virginia.

[ "List of approved laboratories" means a list of independent laboratories approved to perform drugs in blood analyses which is published by the division and provided to law-enforcement agencies in Virginia. The driver charged with DUI may select any laboratory on this

list to analyze the second blood sample for drugs. ]

"Minimum requirements" means criteria which are deemed critical to the generation of valid data. These criteria describe the minimum level of capability at which the analyses can be successfully performed.

"On-site inspection" means evaluation of the independent laboratory facilities and procedures by a division team visiting the laboratory premises.

"Proficiency sample" means a blood sample prepared or provided by the division for proficiency evaluation of independent laboratories to perform qualitative and quantitative drug analyses.

"Second sample" means the blood sample sent for analysis to an independent approved laboratory at the request of the accused.

§ 1.2. These regulations and the steps set forth herein relating to the handling, identification and disposition of blood samples, the testing of such samples, and the completion and filing of any form or record prescribed by these regulations are procedural in nature and not substantive. Substantial compliance therewith shall be deemed sufficient.

PART II. REGULATIONS.

Article 1. General.

§ 2.1. Sections 18.2-266 and 18.2-268 of the Code of Virginia have been amended to permit drug analyses of blood samples from suspected drug-impaired drivers. Portions of these blood samples will be sent for drug analysis to the division and, upon request of accused, to an approved independent laboratory, selected from a list of such laboratories by the accused. When analyses by the division indicate the presence of one or more drugs (listed herein), the approved independent laboratory will be directed to analyze the second sample to confirm or refute the qualitative results of the division and to conduct a quantitative analysis of those drugs (or their metabolites) confirmed.

§ 2.2. Partial expenses for the on-site inspection and approval processes and on-going monitoring will be borne by an application fee charged to the applying independent laboratory. A fee to be established by the division for each [ analyte drug or metabolite tested for ] may be charged by the approved independent laboratory to the court system. Such fees shall be paid out of the appropriation for criminal charges.

§ 2.3. The objective of this approval process is to establish each laboratory's ability to consistently produce accurate results. Documentation is the key element of this program. Each laboratory shall effectively show evidence of its

capabilities and substantiate its performance. Its internal recordkeeping shall be an integral part of its quality assurance program. To assure that each laboratory is producing data of quality, the division has established a program of reviewing each laboratory's equipment-in-use, methods of analyses, personnel, laboratory techniques, and quality control program at the time of the on-site evaluation. As a continuing evaluation of each laboratory's performance, periodic proficiency samples will be sent to each approved laboratory.

§ 2.4. The laboratory shall be secure not only in the [ traditional conventional ] sense of resisting breaking and entering, but also in the sense of limiting access to areas where specimens are being processed and records are stored. Access to these secure areas [ is shall be ] limited to specifically authorized individuals whose authorization is documented. Visitors and maintenance and service personnel shall be escorted at all times. Documentation of individuals accessing these areas, dates, time and purpose of entry shall be maintained.

§ 2.5. A written, signed and dated record [ or of ] possession of each blood sample for drug determination shall be maintained to document the chain of custody.

Article 2. Process of Approval of Independent Laboratories.

§ 2.6. To uniformly handle laboratory on-site evaluation and approval, the division will process prospective laboratories for approval in the following sequence:

A. Request for approval.

- 1. The director of a laboratory wishing to be approved to analyze blood for drugs shall submit a request in writing to the division. Laboratories seeking approval for DUID testing must also be approved for blood alcohol analyses.
2. An application packet consisting of the instructions, a copy of these regulations, and any pertinent information regarding the program will then be forwarded to the requesting laboratory.
3. The division will administratively review the information provided. The application fee shall accompany this submitted application.
4. The division will forward proficiency samples.
5. The division will then schedule an on-site evaluation if the laboratory proficiency test results are satisfactory.

B. On-site evaluation protocol.

- 1. The division will notify an independent laboratory of a pending on-site evaluation in writing at least three weeks in advance of the intended visit; the

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notification may include preliminary information sheets to be completed and returned to the division before the on-site evaluation occurs. The preliminary sheets will include name of laboratory, location, listing of personnel and important vitae, methods of analyses and updated list of equipment.

2. During the on-site evaluation, the approval team will evaluate the procedures and equipment, review the records and procedure manual for compliance with the criteria stated in these regulations and evaluate the effectiveness of the security system, internal chain of custody procedures, and laboratory's quality control program. The team will use a general laboratory survey form as a working guideline for the evaluation and will review the results of the evaluation at the end of the visit with the appropriate laboratory staff. The review will include observed deviations in procedures and records, recommendations for improvements as necessary, and a discussion of how the division may aid the local laboratory in its attempt to be approved.

NOTE: A laboratory may be required to perform specific test procedures for a given test parameter during the on-site review.

## C. Approval status.

The approval team will prepare a formal narrative report and action memorandum for the approval authority. This report will contain all information pertinent to the evaluation and also recommend one of the following actions:

1. **Approved.** A laboratory that meets the minimum requirements as determined by the evaluation team using these regulations. The approval shall be effective for three years [ (in the absence of any deficiencies described in § 2.9 below) ].

2. **Provisionally approved.** A laboratory that has demonstrated its analytical capabilities but is [ judged ] deficient in its adherence to one or more of the administrative or procedural requirements of these regulations. A laboratory may be given a grace period of up to one year to correct deficiencies. In no case shall provisional approval be given if the evaluation team believes that the laboratory lacks the capability of performing the analysis. Laboratories placed in this category shall be reevaluated unless they can document in some other acceptable way that the deficiency has been corrected.

3. **Not approved.** A laboratory that does not meet the minimum requirements as determined by the evaluation team using these regulations. A laboratory in this category may appeal to the approval authority by requesting reevaluation. The results of a reevaluation will be sent to the independent laboratory within 30 days. Should the reevaluation confirm the

"not approved" classification, the laboratory may correct the deficiencies noted and then begin the request for approval procedure again, including application fees.

[ 4. Appeals. If a laboratory is deemed "provisionally approved" or "not approved," the laboratory may appeal such status by requesting, in writing, a meeting with the approval authority at which time it may present information to show that it should not be "provisionally approved" or "not approved." The approval authority's final decision, or an order to reevaluate the laboratory should be sent to the laboratory within 30 days; but in no event shall failure of the approval authority to send a final decision on the appeal be deemed to grant the laboratory's appeal. ]

§ 2.7. A laboratory wishing to maintain approval shall continue to meet the requirements listed in these regulations as well as pass annual performance evaluation studies. [ In addition, these laboratories shall be subject to periodic unannounced on-site visits by the approval team. ]

§ 2.8. An approved laboratory will be downgraded to a provisionally approved status for any of the following reasons:

1. Failure to analyze proficiency samples within the acceptable limits and time frames established by the division. After downgrading to a provisionally approved status, a laboratory may request quality control samples and technical assistance to help identify and resolve the problem. A provisionally approved status will continue until the laboratory's analysis of follow-up performance evaluation sample produces data within the acceptance limits established by the division.

2. Failure of an approved laboratory to notify the division within 60 days of major changes in personnel, equipment, laboratory location, or methodology which might impair analytical capability.

3. Failure to satisfy the division that the laboratory is maintaining the required standard of quality based upon an on-site evaluation.

4. Failure to report results within four weeks of receipt of proficiency samples or four weeks from receipt of the division's notification on court samples.

During the provisional status period, which may last up to one year, the laboratory may continue to analyze samples for enforcement purposes until it resolves its [ difficulties deficiencies ] or is further downgraded to the nonapproved status.

§ 2.9. A laboratory will be downgraded from an approved or provisionally approved status to a not approved classification for the following reasons:

1. Failure to adhere to acceptable methods of analyses.
2. Failure to analyze follow-up proficiency samples within the acceptable limits established by the division.
3. A second failure to report results to the court within the four weeks from the notification by the division.
4. Submitting a performance evaluation check sample to another laboratory for analysis and reporting data as its own.
5. Failure to correct identified deviations by the time specified by the approving authority.
6. Permitting persons other than qualified laboratory personnel to perform and report results to the courts.
7. Failure to maintain acceptable security or custody of samples.
8. Falsifying data or using other deceptive practices.

§ 2.10. Approval will be reinstated when and if the laboratory can demonstrate to the approval authority's satisfaction that the deficiencies which produce provisionally approved status or revocation have been corrected. This may include an on-site evaluation, a successful analysis of samples on the next regularly scheduled proficiency study, or any other measure the approving authority deems appropriate.

§ 2.11. An approved independent laboratory will be notified in writing by the division of its next on-site evaluation which will be approximately 36 months from the previous approval. The continuing on-site evaluations will be performed essentially the same as the initial visit with emphasis on past deviations and their corrections.

### Article 3. Technical Requirements.

#### § 2.12. Quality control.

A written description of a laboratory's quality control program shall be available; this program shall emphasize:

1. The use of approved analytical procedures.
2. Adequate training of laboratory personnel.
3. Calibration procedures, intervals, and standardizations to ensure control of the system.
4. Compliance with all sampling criteria.
5. A current working manual of procedures in an area readily available for the working analyst. The manual

shall contain procedures used for each parameter, descriptions of how the procedures are EXACTLY performed (NOT how they should ideally be performed), calibration and standardization procedures, and appropriate references regarding their use.

6. Calibration results and dates.
7. Preparation of standard curves requiring a sufficient number of known concentrations to establish linearity.
8. Appropriate record of drug and metabolite standards including source, purity, date of receipt and security measures for storage.
9. Maintenance logs on appropriate instruments and equipment.
10. A system of recordkeeping for the handling, storage, logging, numbering, and reporting of samples.
11. A record of occurrences [ of out-of-control situations which could affect results ] and the corrective actions taken to resolve the problem. The compilation of these records will develop into a good referencing guide for corrective actions of troubleshooting.
12. Records of analyses shall be confidential and shall be kept by the laboratory for three years. This includes raw data, calculations, and quality control data. A copy of each actual laboratory report shall be kept on file, including the name of the suspect; date of sample receipt; person receiving sample; date of analysis; person performing the analysis; result of analysis; and date sample returned.

§ 2.13. Each second sample for potential drug or metabolite determination(s) shall be identified as such by the submitting agencies. Upon receipt by the approved laboratory the container (box) shall be opened, date of receipt and name of the accused recorded and the sealed blood vial retained under refrigeration. Each vial shall remain sealed and under refrigeration until the division provides written instructions to the laboratory on sample disposition. These instructions will vary depending on the division's findings on the first sample. If the division finds no significant alcohol or drugs, the approved laboratory will be instructed to return the blood vial to the appropriate court unanalyzed. If the division finds only a significant amount of alcohol, the approved laboratory will be instructed to perform only an alcohol determination. If the division finds one or more drugs, metabolites or alcohol, the approved laboratory will be instructed to confirm or refute these findings. In each case the approved laboratory will be appraised of the qualitative, but not quantitative, results of the division before analysis of the second sample is to begin.

Section 18.2-268 of the Code of Virginia specifies that



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the approved independent laboratory shall analyze the second blood sample only when drugs, metabolites or an elevated concentration of alcohol have been reported by the division. Furthermore, only those [ ~~analytes~~ drugs or metabolites ] reported by the division shall be addressed in the report to the court by the approved laboratory. Incidental detection of alcohol, drugs or metabolites other than those reported by the division shall not be reported to the court and are not subject to compensation by the court.

§ 2.14. The one general analytical technique required for confirmation of drugs or metabolites is gas chromatography/positive ion electron-impact mass spectrometry. Selected ion monitoring of three or more ions and their relative ratios is also permitted for confirmation. These and other modes of gas chromatography/mass spectrometry including positive and negative chemical ionization are also permitted for drug and metabolite quantitation. Other acceptable techniques for quantitation are capillary or megabore gas chromatography with flame ionization, nitrogen-phosphorus or electron capture detectors. Likewise, quantitative immunoassays and high performance liquid chromatography with ultraviolet absorbance, fluorescence or electrochemical detectors may be used for drug and metabolite quantitation.

§ 2.15. The following list indicates which drugs and metabolites which an approved laboratory shall be able to detect and the minimum concentration above which each must be quantitated. Drugs and metabolites below these concentrations may be quantitated if the approved laboratory wishes to do so and can document adequate analytical precision at the lower concentrations. Drugs and metabolites detected and confirmed but which are subsequently found to be below minimum measurable concentrations shall be reported as "detected, less than (x) nanograms/milliliter" (i.e. the minimum measurable concentration). If the laboratory does not confirm the presence of a drug or metabolite, the report shall read "none detected" followed by the laboratory's stated limit of detection for that drug or metabolite.

Required Limit of  
Quantitation (Nanograms  
per Milliliter)

Category: Stimulants

Drug:

Cocaine .....	100
(Benzoylcegonine) .....	100
Amphetamine .....	20
Methamphetamine .....	20
Phenmetrazine .....	100

Category: Barbiturates

Drug:

Butalbital .....	1000
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Butabarbital .....	1000
Amobarbital .....	1000
Pentobarbital .....	1000
Secobarbital .....	1000
Phenobarbital .....	1000

Category: Benzodiazepines

Drug:

Diazepam .....	100
Nordiazepam .....	100
Chlordiazepoxide .....	500

Category: Antidepressants

Drug:

Amitriptyline .....	50
Nortriptyline .....	50
Imipramine .....	50
Desipramine .....	50
Doxepin .....	50

Category: Antihistamines

Drug

Diphenhydramine .....	50
Chlorpheniramine .....	20
Brompheniramine .....	20

Category: Analgesics

Drug:

Morphine .....	50
Codeine .....	50
Hydrocodone .....	50
Oxycodone .....	50
Meperidine .....	100
Propoxyphene .....	100
Methadone .....	100

Category: Miscellaneous

Drug:

Phencyclidine .....	20
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Category: Cannabinoids

Drug:

delta-9-Tetrahydrocannabinol .....	2.5
11-nor-delta-9-Tetrahydrocannabinol-9-carboxylic acid .....	25

[ PART III.  
FEES.

§ 3.1. Section 18.2-268 I of the Code of Virginia (effective April 1, 1988) states, "A fee not to exceed the amount established on a schedule of fees to be published by the Division for the required procedure or procedures shall be allowed the approved laboratory for making an analysis of the second blood sample to determine the presence of a

drug or drugs, ...”

§ 3.2. A fee of \$10 shall be allowed an approved laboratory for handling of each second sample, regardless of whether or not an analysis is performed.

§ 3.3. In addition, a fee of \$80 shall be allowed an approved laboratory for each drug or metabolite analysis performed by the approved laboratory at the instruction of the division. (See Article 3, § 2.13) ]

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Commonwealth of Virginia  
Department of General Services  
Division of Consolidated Laboratory Services  
Bureau of Forensic Science  
P. O. Box 999  
Richmond, Virginia 23208

APPLICATION FOR APPROVAL TO CONDUCT INDEPENDENT ANALYSIS IN  
DRIVING UNDER THE INFLUENCE CASES

BLOOD ALCOHOL //            DRUGS IN BLOOD //            BOTH //

ORIGINAL APPLICATION // RENEWAL APPLICATION // REINSTATEMENT APPLICATION //

Laboratory Name: \_\_\_\_\_

Laboratory Address: \_\_\_\_\_  
\_\_\_\_\_

Laboratory Director: \_\_\_\_\_

Please attach the following:

1. Curriculum vita for Laboratory Director.
2. If laboratory is certified by other agencies, list name of certifying agency(s) and type(s) of certification(s).
3. Laboratory Quality Control Procedures. (See Regulations Part II, Article 4)
4. Check or Money Order made payable to Treasurer, Commonwealth of Virginia in the amount of:

\$300 for Drugs in Blood  
\$100 for Blood Alcohol  
\$350 for both of the above.

Note: By Regulation, a laboratory seeking approval for Drugs in Blood must also be approved for Blood Alcohol.

I hereby certify that I have reviewed and understand the REGULATIONS FOR APPROVAL OF INDEPENDENT LABORATORIES TO CONDUCT ANALYSES IN DRIVING UNDER THE INFLUENCE CASES and I certify that the information contained in this application is correct.

\_\_\_\_\_  
Signature of Laboratory Director

\_\_\_\_\_  
Date

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**REGISTRAR'S NOTICE:** The Regulations for the Approval of Independent Laboratories to Analyze Blood Alcohol in Driving Under the Influence Cases (VR 330-02-03) were previously submitted by the Department of General Services and printed as final regulations in 4:9 V.A.R. 847-851 February 1, 1988, prior to the agency's receipt of the Governor's comments. The agency has requested that the regulations published in 4:9 V.A.R. 847-851 February 1, 1988, be withdrawn and has resubmitted the following final regulations which incorporate the technical revisions suggested by the Governor.

**Title of Regulation:** VR 330-02-03. Regulations for Approval of Independent Laboratories to Conduct Blood Alcohol Analyses in Driving Under Influence Cases.

**Statutory Authority:** §§ 2.1-424, 2.1-426 and 18.2-268 of the Code of Virginia.

**Effective Date:** April 1, 1988

**Summary:**

The Department of General Services, Division of Consolidated Laboratory Services, is repealing its Regulations for Approval of Independent Laboratories to Conduct Blood Alcohol Analysis in Driving Under Influence Cases, previously adopted on September 17, 1984, effective November 1, 1984, pursuant to § 18.2-268 of the Code of Virginia. These regulations replace the repealed regulations and become effective on April 1, 1988. The new regulations more clearly describe the technical and administrative performance required to achieve and maintain an approval status. They also provide for a provisionally approved status to allow a laboratory an opportunity to correct deficiencies without being relegated to a nonapproved status.

The final regulations contain the following provisions which were not included in the proposed regulations:

1. The approval team may make unannounced on-site visits;
2. The process for appealing a determination that a laboratory is "provisionally approved" or "not approved" is more clearly specified; and
3. The fee which is allowed for each blood analysis is specified.

VR 330-02-03. Regulations for Approval of Independent Laboratories to Conduct Blood Alcohol Analysis in Driving Under Influence Cases.

**PART I.  
DEFINITIONS.**

**PART II.  
REGULATIONS.**

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

"Alcohol" means ethyl alcohol, ethanol.

"Alcohol determination" means quantitative assay of alcohol in blood in percent by weight by volume, i.e. grams ethanol per deciliter blood.

"Analyst" means a toxicologist, chemist or technician who actually performs a test.

"Approval authority" means the Director of the Bureau of Forensic Science or his designee.

"Division" means Department of General Services, Division of Consolidated Laboratory Services, which is responsible for approval of independent laboratories.

"DUI" means driving under the influence.

"Independent laboratory" means any nongovernment laboratory in Virginia.

"List of approved laboratories" means a list of independent laboratories approved to perform blood alcohol analyses which is published by the division and provided to law-enforcement agencies in Virginia. The driver charged with DUI may select any laboratory on this list to analyze the second blood sample for alcohol.

"Minimum requirements" means criteria which enable the generation of valid data. These criteria describe the minimum level of capability at which the analyses can be successfully performed.

"On-site inspection" means evaluation of the independent laboratory facilities and procedures by a division team visiting the laboratory premises.

"Proficiency sample" means a blood sample prepared or provided by the division for proficiency evaluation of independent laboratories to perform alcohol determinations.

"Second sample" means the blood sample sent for analysis to an independent approved laboratory at the request of the accused.

§ 1.2. These regulations and the steps set forth herein relating to the handling, identification and disposition of blood samples, the testing of such samples, and the completion and filing of any form or record prescribed by these regulations are procedural in nature and not substantive. Substantial compliance therewith shall be deemed sufficient.

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## Article 1. General.

§ 2.1. Section 18.2-268 of the Code of Virginia provides that the Division of Consolidated Laboratory Services shall approve laboratories to perform independent analysis of blood samples to determine the blood alcohol content of persons arrested for driving a motor vehicle while under the influence of alcohol.

§ 2.2. Partial expenses for the on-site inspection, approval process and on-going monitoring will be borne by an application fee charged to the applying independent laboratory.

§ 2.3. The objective of this approval process is to establish each laboratory's ability to consistently produce accurate results. Documentation is the key element of this program. Each laboratory shall effectively show evidence of its capabilities and substantiate its performance. Its internal recordkeeping shall be an integral part of its quality assurance program. To assure that each laboratory is producing data of quality, the division has established a program of reviewing each laboratory's equipment-in-use, methods of analyses, personnel, laboratory techniques, and quality control program at the time of the evaluation. As a continuing evaluation of each laboratory's performance, 12 annual proficiency samples will be sent to each approved laboratory.

§ 2.4. The laboratory shall be secure not only in the [ ~~traditional~~ conventional ] sense of resisting breaking and entering, but also in the sense of limiting access to areas where specimens are being processed and records are stored. Access to these secure areas [ ~~is~~ shall be ] limited to specifically authorized individuals whose authorization is documented. Visitors and maintenance and service personnel shall be escorted at all times. Documentation of individuals accessing these areas, dates, time and purpose of entry shall be maintained.

§ 2.5. A written, signed and dated record or possession of each blood sample for alcohol determination shall be maintained to document the chain of custody.

## Article 2. Process of Approval of Independent Laboratories.

§ 2.6. To uniformly handle laboratory evaluation and approval, the division will process prospective laboratories for approval in the following sequence:

### A. Request for approval.

1. The director of a laboratory wishing to be approved for blood alcohol determinations shall submit a request in writing to the division.
2. An application packet consisting of the instructions, a copy of these regulations, and any pertinent information regarding the program will then be

forwarded to the requesting laboratory.

3. The division will administratively review the information provided. The application fee shall accompany this submitted application.

4. The division will forward six proficiency samples.

a. Each proficiency test result must be within  $\pm 10\%$  of the theoretical (target) value, or 0.01 g/dL, whichever is greater. Proficiency test results shall be reported to the nearest one-thousandth of a percent, i.e. 0.001g/dL.

b. If the proficiency test results do not meet the above criteria, a second set will be issued. If these results are also unsatisfactory, the laboratory will not be approved. The laboratory may reapply for approval after six months.

c. If the laboratory proficiency test results are satisfactory, the division may then schedule an on-site evaluation.

### B. On-site evaluation protocol.

1. The division will notify an independent laboratory of a pending on-site evaluation in writing at least three weeks in advance of the intended visit; the notification may include preliminary information sheets to be completed and returned to the division before the on-site evaluation occurs. The preliminary sheets will include name of laboratory, location, listing of personnel and important vitae, methods of analyses and updated list of equipment.

2. During the on-site evaluation, the approval team will evaluate the procedures and equipment, review the records and procedure manual for compliance with the criteria stated in these regulations and evaluate the effectiveness of the security system, internal chain of custody procedures, and laboratory's quality control program. The team will use a general laboratory survey form as a working guideline for the evaluation and will review the results of the evaluation at the end of the visit with the appropriate laboratory staff. The review will include observed deviations in procedures and records, recommendations for improvements as necessary, and a discussion of how the division may aid the local laboratory in its attempt to be approved.

NOTE: A laboratory may be required to perform blood alcohol determinations during the on-site review.

### C. Approval status.

The approval team will prepare a formal narrative report and action memorandum for the approval authority. This report will contain all information pertinent to the evaluation and also recommend one of

the following actions:

1. *Approved.* A laboratory that meets the minimum requirements as determined by the evaluation team using these regulations. The approval shall be effective for three years [ (in the absence of any deficiencies described in § 2.9 below )].

2. *Provisionally approved.* A laboratory that has demonstrated its analytical capabilities but is judged deficient in its adherence to one or more of the administrative or procedural requirements of these regulations. A laboratory may be given a grace period of up to one year to correct deficiencies. In no case shall provisional approval be given if the evaluation team believes that the laboratory lacks the capability of performing the analysis. Laboratories placed in this category shall be reevaluated unless they can document in some other acceptable way that the deficiency has been corrected.

3. *Not approved.* A laboratory that does not meet the minimum requirements as determined by the evaluation team using these regulations. A laboratory in this category may appeal to the approval authority by requesting reevaluation. The results of a reevaluation shall be sent to the independent laboratory within 30 days. Should the reevaluation confirm the "not approved" classification, the laboratory may correct the deficiencies noted and then begin the request for approval procedure again, including application fees.

[ 4. *Appeals.* If a laboratory is deemed "provisionally approved" or "not approved," the laboratory may appeal such status by requesting, in writing, a meeting with the approval authority at which time it may present information to show that it should not be "provisionally approved" or "not approved." The approval authority's final decision, or an order to reevaluate the laboratory should be sent to the laboratory within 30 days; but in no event shall failure of the approval authority to send a final decision on the appeal be deemed to grant the laboratory's appeal. ]

§ 2.7. A laboratory wishing to maintain approval shall continue to meet the requirements listed in these regulations as well as pass annual performance evaluation studies. [ In addition, these laboratories shall be subject to periodic unannounced on-site visits by the approval team. ]

§ 2.8. An approved laboratory will be downgraded to a provisionally approved status for any of the following reasons:

1. Failure to analyze proficiency samples within the acceptable limits established by the division. The division will send four proficiency samples for analysis every four months. To maintain an approved status a

laboratory must report results within the acceptable range (see § 2.6.A.4.a) on at least three out of the four samples. Failure to meet this standard at any one time will result in downgrading to provisional approval. Failure to meet this standard on any two consecutive proficiency sample series will result in a not approved status. After downgrading to a provisionally approved status, a laboratory may request quality control samples and technical assistance to help identify and resolve the problem. A provisionally approved status will continue until the laboratory's analyses of follow-up performance evaluation samples produce data within the acceptable limits established by the division.

2. Failure of an approved laboratory to notify the division within 60 days of major changes in personnel, equipment, laboratory location, or methodology which might impair analytical capability.

3. Failure to satisfy the division that the laboratory is maintaining the required standard of quality based upon an on-site evaluation.

4. Failure to report results within four weeks of receipt of samples (either proficiency samples or court samples).

During the provisional status period, which may last up to one year, the laboratory may continue to analyze samples until it resolves its difficulties or is downgraded further to the nonapproved status.

§ 2.9. A laboratory will be downgraded from an approved or provisionally approved status to a not approved classification for the following reasons:

1. Failure to adhere to acceptable methods of analyses.

2. Failure to analyze consecutive sets of proficiency samples within the acceptable limits and time frames established by the division.

3. A second failure to report results to the court within the four week time frame.

4. Submitting a blood alcohol sample to another laboratory for analysis and reporting data as its own.

5. Failure to correct identified deviations by the time specified by the approving authority.

6. Permitting persons other than qualified laboratory personnel to perform and report results to the courts.

7. Failure to maintain acceptable security or custody of samples.

8. Falsifying data or using other deceptive practices.

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§ 2.10. Approval will be reinstated when and if the laboratory can demonstrate to the approval authority's satisfaction that the deficiencies which produce provisionally approved status or revocation have been corrected. This may include an on-site evaluation, a successful analysis of samples on the next regularly scheduled proficiency study, or any other measure the approval authority deems appropriate.

§ 2.11. An approved independent laboratory will be notified in writing by the division of its next on-site evaluation which will be approximately 36 months from the previous approval. The continuing on-site evaluations will be performed essentially the same as the initial visit with emphasis on past deviations and their corrections.

## Article 3. Technical Requirements.

### § 2.12. Quality control.

A written description of a laboratory's quality control program shall be available; this program shall emphasize:

1. The use of approved analytical procedures.
2. Adequate training of laboratory personnel.
3. Calibration procedures, intervals, and standardizations to ensure control of the system.
4. Compliance with all sampling criteria.
5. A current working manual of procedures in an area readily available for the working analyst. The manual shall contain procedures used for each parameter, descriptions of how the procedures are EXACTLY performed (NOT how they should ideally be performed), calibration and standardization procedures, and appropriate references regarding their use.
6. Calibration results and dates.
7. Preparation of standard curves requiring a sufficient number of known concentrations to establish linearity.
8. Appropriate record of alcohol standards including source, purity, date of receipt and security measures for storage.
9. Maintenance logs on appropriate instruments and equipment.
10. A system of recordkeeping for the handling, storage, logging, numbering, and reporting of samples.
11. A record of occurrences of out-of-control situations and the corrective actions taken to resolve the problem. The compilation of these records will

develop into a good referencing guide for corrective actions of troubleshooting.

12. Records of alcohol analyses shall be confidential and shall be kept by the laboratory for three years. This includes raw data, calculations, and quality control data. A copy of each actual laboratory report shall be kept on file, including the name of the suspect; date of sample receipt; person receiving sample; data of analysis; person performing the analysis; result of analysis; date sample returned.

§ 2.13. The general analytical techniques recommended for alcohol determination are gas chromatography, enzymatic or dichromate oxidation. Alternate techniques may be employed only with written permission by the division.

§ 2.14. Analyses of all blood alcohol samples shall be performed at least in duplicate with appropriate controls and standards. Replicable results must agree within 10% or 0.010 g/dL of each other, whichever is greater. For reporting purposes, replicate DUI results will be averaged and rounded down to the nearest hundredth of a percent (0.01 g/dL).

## [ PART III. FEES.

§ 3.1. Section 18.2-268 I of the Code of Virginia states, "A fee not to exceed \$25 shall be allowed the approved laboratory for making the analysis to determine the alcoholic content of the second blood sample ..." For purposes of consistency, the allowed fee shall be \$25. ]

Commonwealth of Virginia  
Department of General Services  
Division of Consolidated Laboratory Services  
Bureau of Forensic Science  
P. O. Box 999  
Richmond, Virginia 23208

APPLICATION FOR APPROVAL TO CONDUCT INDEPENDENT ANALYSIS IN  
DRIVING UNDER THE INFLUENCE CASES

BLOOD ALCOHOL //                      DRUGS IN BLOOD //                      BOTH //

ORIGINAL APPLICATION // RENEWAL APPLICATION // REINSTATEMENT APPLICATION //

Laboratory Name: \_\_\_\_\_

Laboratory Address: \_\_\_\_\_

Laboratory Director: \_\_\_\_\_

Please attach the following:

1. Curriculum vita for Laboratory Director.
2. If laboratory is certified by other agencies, list name of certifying agency(s) and type(s) of certification(s).
3. Laboratory Quality Control Procedures. (See Regulations Part II, Article 4)
4. Check or Money Order made payable to Treasurer, Commonwealth of Virginia in the amount of:

\$300 for Drugs in Blood  
\$100 for Blood Alcohol  
\$350 for both of the above.

Note: By Regulation, a laboratory seeking approval for Drugs in Blood must also be approved for Blood Alcohol.

I hereby certify that I have reviewed and understand the REGULATIONS FOR APPROVAL OF INDEPENDENT LABORATORIES TO CONDUCT ANALYSES IN DRIVING UNDER THE INFLUENCE CASES and I certify that the information contained in this application is correct.

\_\_\_\_\_  
Signature of Laboratory Director

\_\_\_\_\_  
Date



# Final Regulations

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

**Title of Regulation:** State Plan for Medical Assistance Relating to Construction Requirements Applicable to Related Organizations.

VR 460-03-4.194. Nursing Home Payment System.

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

**Effective Date:** July 1, 1988

**REGISTRAR'S NOTICE:** Due to its length, the final regulation of the Nursing Home Payment System (VR 460-03-4.194) filed by the Board of Medical Assistance Services, is not being published. However, in accordance with § 9-6.14:22 of the Code of Virginia, a summary, in lieu of full text, explaining the amendments to the Nursing Home Payment System, is being published. The full text of the regulation is available for public inspection at the Office of the Registrar of Regulations and the Department of Medical Assistance Services.

### Summary:

*These regulations, adopted in the final form as they were proposed, clarify the types of construction excluded from bid requirements and the effect on reimbursement when a related organization is involved. They primarily affect nursing homes under new construction or having major renovation to increase the bed complement and the work is being completed by an organization or individual related to the owner.*

## DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

**Title of Regulations:** VR 615-01-9. Definition of a Home in the Aid to Dependent Children (ADC) and General Relief (GR) Programs.

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

**Effective Date:** April 1, 1988

### Summary:

*Section 63.1-25 of the Code of Virginia delegates authority to the State Board of Social Services to promulgate rules and regulations necessary for operation of public assistance programs in Virginia. In the administration of the Aid to Dependent Children (ADC) program, the board may adopt regulations which are not in conflict with federal regulations found in Title 45 of the Code of Federal Regulations.*

*The regulation amends the definition of a home in the Aid to Dependent Children (ADC) and General Relief (GR) programs to include the house, the house lot, and all contiguous property. In both programs, the home is a disregarded resource. It also corrects a*

*technical error made in the emergency regulation published in the April 27, 1987, issue of the Virginia Register regarding exempted resources in the General Relief program. The final regulation is identical to the proposed definition of a home in the Aid to Dependent Children (ADC) and General Relief (GR) programs which was published in the Virginia Register (Volume 3, Issue 25) on September 14, 1987.*

VR 615-01-9. Definition of a Home in the Aid to Dependent Children (ADC) and General Relief (GR) Programs.

## PART I. DEFINITIONS.

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

*"Allowable reserves"* means all nonexempt real and personal property, including cash and other assets owned by an applicant/recipient, the combined value of which does not exceed \$1,000.

*"Contiguous"* means land which adjoins the home, not separated by land owned by others. Streams and public rights-of-way which run through the adjoining property and separate it from the home will not affect the property's contiguity.

*"Home"* means the house and lot used as the principal residence and contiguous property. This exemption will also apply to any buildings, in addition to the house, which are situated on the property. If income is received from the use of this property or the buildings on it, however, the income shall be considered available to the applicant/recipient.

## PART II. RESOURCE EVALUATION.

§ 2.1. In determining financial eligibility for assistance in the Aid to Dependent Children (ADC) Program, real and personal property owned by the applicant/recipient, excluding the home in which the applicant/recipient lives, one motor vehicle with equity value of \$1,500 or less, income producing farm and business equipment, one burial plot per assistance unit member and burial funds or funeral arrangements with equity value of \$1,500 or less, is an available resource and must be considered in relation to the allowable reserves.

§ 2.2. In determining financial eligibility for assistance in the General Relief Program, real and personal property of an applicant/recipient excluding the home in which the applicant/recipient lives; furnishings and equipment used in operation of the home; personal effects; one motor vehicle; the cash surrender value of life insurance owned by any assistance unit member under 21, or over 21 if the policy's face value is less than \$1,500 or less; income producing farm and business equipment; income producing

real property; burial plots; funeral arrangements valued at \$900 or less per assistance unit member; life interests in real property; payments from the Uniform Relocation Assistance and Real Property Acquisition Act of 1970; and payments from §§ 25-239, 25-240, and 25-241 of the Code of Virginia for relocation assistance; is an available resource and must be considered in relation to the allowable reserves.

# STATE CORPORATION COMMISSION

## STATE CORPORATION COMMISSION

AT RICHMOND, JANUARY 20, 1988

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

CASE NO. INS870345

Ex Parte, In re: Adoption of reporting form for lines and subclassifications of insurance designated pursuant to Virginia Code §§ 38.1-1905.1.B and 38.1-1905.2.B.

### ORDER ADOPTING SUPPLEMENTAL REPORTING FORM

WHEREAS, pursuant to an order entered herein November 17, 1987, a hearing was conducted by the Commission in its Courtroom at 10:00 a.m. on December 16, 1987 for the purpose of receiving comments from interested parties concerning the adoption of a proposed supplemental reporting form for lines and subclassifications of insurance designated by the Commission pursuant to Virginia Code §§ 38.2-1905.1.B and 38.2-1905.2.B.; and

WHEREAS, the Commission has considered the supplemental reporting form, as proposed and as amended at the hearing, the comments of interested parties and the law applicable herein,

THE COMMISSION is of the opinion and ORDERS that the reporting form entitled "Supplemental Report Required by § 38.2-1905.2 for Certain Lines of Subclassifications of Liability Insurance," which is attached hereto and made a part hereof, should be, and it is hereby, ADOPTED for filing with the Commission's Bureau of Insurance by licensed insurers in this Commonwealth on or before May 1, 1988.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to Honorable Mary Sue Terry, Attorney General of Virginia, in care of Anthony Gambardella, Esquire and Gale D. Jaspen, Esquire, Office of the Consumer Counsel of the Office of the Attorney General, 101 North 8th Street, Richmond, Virginia 23219; C. William Waechter, Jr., Esquire, 6722 Patterson Avenue, Richmond, Virginia 23226, counsel for the Alliance of American Insurers; Donald G. Owens, Esquire, P.O. Box 1122, Richmond, Virginia 23208-9970, counsel for the American Insurance Association; John William Crews, Esquire, 700 E. Main Street, Suite 1015, 700 Building, Richmond, Virginia 23219, counsel for The Virginia Insurance Reciprocal; and the Bureau of Insurance in care of Robert A. Miller, Deputy Commissioner, who shall forthwith cause a copy of this order and the attachment hereto to be sent to all insurers licensed to transact the lines and subclassifications designated in Attachment A of the order entered herein

November 17, 1987 and all rate service organizations licensed pursuant to Chapter 19 of Title 38.2 of the Code of Virginia.

### SUPPLEMENTAL REPORT REQUIRED BY VIRGINIA CODE § 38.2-1905.2 FOR CERTAIN LINES OR SUBCLASSIFICATIONS OF LIABILITY INSURANCE

BY ORDER OF THE STATE CORPORATION COMMISSION THIS REPORT IS DUE ON OR BEFORE MAY 1, 1988, AT THE STATE CORPORATION COMMISSION BUREAU OF INSURANCE, P.O. BOX 1157, RICHMOND, VIRGINIA 23209.

All insurers licensed to write the classes of insurance defined in Sections 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) shall file a report showing their direct experience in the Commonwealth attributable to all lines or subclassifications of liability insurance designated by the Commission in accordance with subsection B of Section 38.2-1905.1; provided such reports shall be required only of insurers actually writing any such designated line or subclassification of insurance in the Commonwealth.

For each line or subclassification designated, provide the information requested below: (000's omitted)

Designated line or subclassification	Insurer				
	NAIC#				
Calendar Year	1983	1984	1985	1986	1987
1. Number of exposures written*					
2. Direct premiums written					
3. Direct premiums earned					
4. Direct losses paid for prior calendar years					
5. Number of claims paid <u>and</u> closed					
6a. Direct losses incurred during the year					
b. Direct losses incurred during the year which occurred and were paid during the year					
c. Direct losses incurred during the year which were reported during the year but were not yet paid					
7. Any loss development factor used and supporting					

data used in the calculating IBNR losses in 6a.

- 8. Number of claims unpaid and open at end of year
- 9. Investment income allocated to this line or subclassification (in \$) (attach information to describe the allocation method used)
- 10. Are your rates for this line or subclassification recommended or filed by a rate service organization?...yes ...no. If yes, name of organization ..... Do you deviate from the filed rate or any other company's filed rate? ...yes ...no. Deviation for this line or subclassification ....%
- 11. Have you sought to write or obtain new business within the line or subclassification within the past year? ...yes ...no. If yes, indicate calendar year 1987 policy count and written premium. .... Policy Count \$ ..... Written Premium.

An insurer may submit other relevant information as part of this report that it would like the Commission to consider in determining whether competition is an effective regulator of rates for this line or subclassification.

\* The term "number of exposures" as used in this report shall mean the unit of measure of risk which is used by the insurer for the designated line or subclassification. Each insurer shall indicate in this report the unit of measure, e.g., number of individuals insured, number of entities insured, payroll, square foot, etc., used by each insurer for each line and subclassification. Such insurer shall use such unit consistently in all reports required by this section.

- 12. Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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# GOVERNOR

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## EXECUTIVE MEMORANDUM 1-88

### Subject:

Increasing state government efficiency by improving government's capability to contract with the private sector.

### Definitions:

For purposes of this memorandum, definitions under the Virginia Public Procurement Act, § 11-37 of the Code of Virginia, shall apply.

### Purpose:

This memorandum sets forth procedures which will aid state agencies in increasing their capabilities to contract with the private sector for goods and services, and thereby enhance economic and small business development and reduce the cost of state government operations.

Applicability: This memorandum applies to all executive branch agencies and institutions.

Effective Date: January 15, 1988

### Requirements:

By virtue of the authority vested in me as Governor, I hereby charge the Governor's Secretaries to work in cooperation with their agency heads to explore and pursue opportunities for contracting with the private sector. Key considerations should include whether such contracting will result in the provision of goods and services which are no more costly and have equal quality and reliability, and whether there will be any diminution in government's ability to protect the health, safety and welfare of its citizens. Consideration should also be given to the administrative cost of periodic re-procurement and contract administration as well as whether or not there is a significant need for the continuity which permanent state employees may provide.

A. By February 1, 1988, each agency head or chief executive officer will designate an individual, hereinafter referred to as a contract administrator, to be in charge of procurement and administration of contracts. Each agency head or chief executive officer will furnish the Department of General Services, Division of Purchases and Supply, the name of the contract administrator and a list of all individuals within the agency who have the authority to contract. Such lists shall state the types of goods or services which each individual is authorized to procure and the dollar limits, if any, placed upon his authority. In addition, the agency head will insure that the Department of General Services is informed of all subsequent changes to the list.

B. By April 15, 1988, the Division of Purchases and Supply will develop a comprehensive training program for contract administrators and other procurement personnel

to foster effective contracting with private sector firms for procurement of goods and professional and nonprofessional services. As a part of this training program, the Division will provide education on a process for state agencies to use in analyzing service delivery alternatives ("make or buy" analysis). In each instance of contracting, agencies will be expected to consider the cost, quality, reliability, and availability of the service, as well as other relevant considerations. The Division of Purchases and Supply will assist agencies in determining appropriate standards to assess contracting opportunities.

Also, in the course of training, the Division of Purchases and Supply will include information on 1) what is currently being contracted in state government and on 2) areas in which model solicitations for contracting exist.

C. By April 15, 1988, in order to provide agencies with incentives to contract with the private sector, the Department of Planning and Budget will develop alternatives through which agencies may share in demonstrated savings which are a result of a newly initiated contract with a private sector firm. These alternatives will be available for consideration in the 1989 budget development process.

D. By September 15, 1988, all agency contract administrators and, at the discretion of the agency heads, all other persons within agencies who have the authority to contract, will have completed an initial training program developed by the Division of Purchases and Supply. Agency personnel with contracting authority will continue to receive regular and periodic training, as appropriate, after these initial sessions.

E. By October 15, 1988, each agency contract administrator will develop a plan for his or her agency to effectively and appropriately contract with private sector firms. The plan will set out how the agency will: 1) insure that service delivery ("make or buy") analysis occurs; 2) have managerial capacity to contract; 3) document and implement procedures to monitor contractor performance closely; 4) maintain direction of and accountability for contracting; and 5) assess agency progress in reviewing a specified list of contracting opportunities and in using contracts with the private sector.

F. On October 15, 1988, and on October 1, 1989, and at such other times as may be designated, each agency head or chief executive officer will furnish to the respective Governor's Secretary a report on the agency's activities in implementing the purpose of this executive memorandum.

The effective exploration and pursuit of appropriate contracting opportunities and the sound management of contracts will be criteria against which the Governor's Secretaries will evaluate the performance of their agency heads.

This Executive Memorandum shall remain in full force and effect until June 30, 1990, unless superseded or

rescinded by further executive memorandum.

/s/ Gerald L. Baliles  
Governor

EXECUTIVE MEMORANDUM 2-88

Subject:

Eliminating unfair competition with the private sector.

Purpose:

This memorandum sets forth procedures which will aid state agencies in examining their mission with respect to the provisions of goods and services, determining which of their operations are in unfair competition with private sector companies, and identifying opportunities for eliminating such competition, thereby enhancing economic development, increasing business receipts subject to taxation, and reducing the cost of state government operations.

Applicability:

This memorandum applies to all executive branch agencies and institutions.

Effective Date:

January 15, 1988

Requirements:

By virtue of the authority vested in me as Governor, I hereby charge the Governor's Secretaries to work in cooperation with their agency heads to explore instances of unfair competition with the private sector where such competition has resulted in the state providing goods and services which are readily available from the private sector at no more cost and with equal quality, reliability, and accessibility to citizens of the Commonwealth.

A. By March 15, 1988, each agency head or chief executive officer will examine his or her agency's role in the provision of goods and services, according to its statutory mission and purpose, and will determine whether any activities might place the Commonwealth in a position of unfair competition with the private sector.

B. By May 1, 1988, each agency will implement a process by which private sector complaints and inquiries regarding unfair competition are handled on an orderly and timely basis.

C. Each agency head will ensure that the above mentioned process provides an effective mechanism to:

- 1. objectively investigate complaints about unfair competition with the private sector;

- 2. provide the agency head with a factual report and recommendation concerning such complaints;

- 3. report each investigation to the agency's Governor's Secretary;

- 4. report each investigation to the Governor's Office; and

- 5. inform the firm or individual making the complaint of the findings of the investigation and the actions which the agency will take, if any, as a result of the investigation.

D. Whenever the agency, either in the process for handling complaints about unfair competition or through other means, finds that unfair competition has occurred, it shall be the responsibility of the agency head to prepare and implement a plan which will result in the cessation of such unfair competition.

The effective handling of complaints and inquiries regarding unfair competition and the implementation of this Executive Memorandum will be criteria against which the Secretaries will evaluate the performance of their agency heads.

This Executive Memorandum shall remain in full force and effect until June 30, 1990, unless superseded or rescinded by further executive memorandum.

/s/ Gerald L. Baliles  
Governor

**GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS**

(Required by § 9-6.12:9.1 of the Code of Virginia)

**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

Title of Regulation: **VR 115-02-12. Rules and Regulations Pertaining to the Health Requirements Governing the Admission of Livestock, Poultry, Companion Animals, and Other Animals or Birds Into Virginia.**

Governor's Comment:

No objection to the proposed regulation as presented.

/s/ Gerald L. Baliles  
January 20, 1988

\* \* \* \* \*

Title of Regulation: **VR 115-05-10. Rules and Regulations Defining Standards for Grades/Sizes of Shell Eggs.**

Governor's Comment:

# Governor

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The proposed changes to the regulation of grading and sizing of eggs will bring Virginia into conformance with USDA standards and will afford better guarantees of wholesomeness to the consumer and more protection to the seller.

/s/ Gerald L. Baliles  
January 20, 1988

## Virginia Seed Potato Board

**Title of Regulation: VR 115-03-08. Rules and Regulations for the Enforcement of the Virginia Seed Potato Inspection Law.**

Governor's Comment:

No objection to the proposed regulation as presented.

/s/ Gerald L. Baliles  
January 20, 1988

## DEPARTMENT OF GENERAL SERVICES Division of Consolidated Laboratory Services

**Title of Regulation: VR 330-02-02. Regulations for the Approval of Independent Laboratories to Analyze Blood for Drugs in Driving Under Influence Cases.**

Governor's Comment:

The regulations have been carefully drawn to clearly describe the technical and administrative requirements for an independent laboratory to obtain approval to test for drugs in Driving Under the Influence cases. While I have no objections to the proposals as presented, I encourage the Department to incorporate the technical revisions suggested by the Secretary of Administration and the Department of Planning and Budget.

/s/ Gerald L. Baliles  
January 29, 1988

\* \* \* \* \*

**Title of Regulation: VR 330-02-03. Regulations for the Approval of Independent Laboratories to Conduct Blood Alcohol Analysis in Driving Under Influence Cases.**

Governor's Comment:

The regulations have been carefully drawn to clearly describe the technical and administrative requirements for an independent laboratory to obtain approval to test for alcohol in Driving Under the Influence cases. While I have no objections to the proposals as presented, I encourage the Department to incorporate the technical revisions suggested by the Secretary of Administration and the Department of Planning and Budget.

/s/ Gerald L. Baliles

January 29, 1988

## VIRGINIA BOARD OF GEOLOGY

**Title of Regulation: VR 335-01-2. Rules and Regulations of the Virginia Board of Geology.**

Governor's Comment:

No objection to the proposed regulation as presented.

/s/ Gerald L. Baliles  
January 20, 1988

## DEPARTMENT OF HEALTH

**Title of Regulation: VR 355-20-1. Ionizing Radiation Rules and Regulations.**

Governor's Comment:

At this time, I have no substantive objection to the proposed regulations. My final approval of these policies will, however, be contingent upon the outcome of the relevant budgetary and legislative actions of the 1988 session of the General Assembly.

/s/ Gerald L. Baliles  
January 14, 1988

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

**Title of Regulation: VR 460-03-4.194. Nursing Home Payment System.**

Governor's Comment:

The regulations appear carefully drawn to clarify nursing home construction requirements as they affect related organizations. Because of the positive impact and policy considerations addressed by these regulations, I have no objections to these proposals as presented.

/s/ Gerald L. Baliles  
January 16, 1988

## STATE WATER CONTROL BOARD

**Title of Regulation: VR 680-21-08. Water Quality Standards - River Basin Section Table.**

Governor's Comment:

The proposed regulations extend the protection of public water supplies to ensure proper water quality protection. I have no objection to the promulgation of these amendments.

/s/ Gerald L. Baliles  
January 16, 1988

# DELEGATIONS OF DUTIES AND RESPONSIBILITIES

The 1987 General Assembly passed Legislation allowing an agency's chief executive officer to delegate to any officer or employee of his agency the duties and responsibilities conferred upon him by law and, in the case of an agency with a supervisory board, such board may delegate its duties and responsibilities. Section 1-17.2 of the Code of Virginia requires that when duties and responsibilities conferred or imposed upon a chief executive officer or supervisory board are delegated, such reports are to be published in the Virginia Register of Regulations as soon after filing as practicable.

## STATE WATER CONTROL BOARD

**Address:**

2111 North Hamilton Street  
P.O. Box 11143  
Richmond, Virginia 23230

**Telephone:** (804) 257-6384

**Title of Chief Executive Officer:**  
Executive Director

**Duty or Responsibility Delegated:**  
To authorize disbursements of less than \$25,000 from the Oil Spill Contingency Fund and the Virginia Underground Petroleum Storage Tank Fund.

**Position Receiving Delegation:** Pollution Remediation Officer; Ground Water Program Manager; Director, Office of Water Resources Management

**Official Title:**  
Geologist C, Ground Water Management Division  
Director and Assistant Director of Operations

\* \* \* \* \*

**Title of Chief Executive Officer:**  
Executive Director

**Duty or Responsibility Delegated:**  
1. To sign letters informing persons responding to a public notice that their request for a public hearing has been approved or denied in accordance with the provisions of Procedural Rules No. 1, 2 and 3.  
2. To approve Operation and Maintenance Manuals for sewage treatment plants.

**Position Receiving Delegation:**  
Regional Directors

**Official Title:**  
Water Regional Office Director

\* \* \* \* \*

**Title of Chief Executive Officer:**  
Executive Director

**Duty or Responsibility Delegated:**  
To close Agency offices outside of the Richmond area due to inclement weather.

**Position Receiving Delegation:**

Regional Office Directors in Virginia Beach, Alexandria, Bridgewater, Roanoke, and Abingdon and Office Directors in Kilmarnock and Charlottesville

**Official Title:**

Water Regional Office Directors, Water Resources Manager and Surface Water Investigations Division Director

\* \* \* \* \*

**Title of Chief Executive Officer:**  
Executive Director

**Duty or Responsibility Delegated:**  
1. To issue Certificates to Operate in accordance with the Sewerage Regulations.  
2. To approve plans and specifications for wastewater treatment facilities and lines after effluent conditions have been established.  
3. To issue certifications for State and Local Sales Tax Exemptions, and Accelerated Amortization and Industrial Development Bonds.

**Position Receiving Delegation:**  
Director, Office of Engineering Applications

**Official Title:**  
Water Control Bureau Management Assistant Director

\* \* \* \* \*

**Title of Chief Executive Officer:**  
Executive Director

**Duty or Responsibility Delegated:**  
1. Authority to act on behalf of the Executive Director in the programs assigned to Administration; e.g. Personnel and Training, Support Services, and Information Services.  
2. Authority to act on behalf of the Executive Director in other program areas in the absence of the Executive Director.

**Position Receiving Delegation:**  
Deputy Executive Director for Administration

**Official Title:**  
Water Control Board Director of Administration

\* \* \* \* \*



# Delegations

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**Title of Chief Executive Officer:**

Executive Director

**Duty or Responsibility Delegated:**

1. Authority to act on behalf of the Executive Director in the programs assigned to Operations; e.g., Water Resources Management, Water Resources Planning, Engineering Applications and Environmental Research and Standards.
2. Authority to act on behalf of the Executive Director in other program areas in the absence of the Executive Director.

**Position Receiving Delegation:**

Deputy Executive Director for Operations

**Official Title:**

Water Control Board Director of Operations

\* \* \* \* \*

**Title of Chief Executive Officer:**

Executive Director

**Duty or Responsibility Delegated:**

1. Authority to act on behalf of the Executive Director in the programs assigned to policy; e.g., Chesapeake Bay and Policy Analysis and Budget.
2. Authority to act on behalf of the Executive Director in other program areas in the absence of the Executive Director.

**Position Receiving Delegation:**

Deputy Executive Director for Policy

**Official Title:**

Water Control Policy Analysis Director

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# GENERAL NOTICES/ERRATA

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<b>Symbol Key †</b>
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† Indicates entries since last publication of the Virginia Register

## CHILD DAY-CARE COUNCIL

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Child Day-Care Council intends to consider promulgating regulations entitled: **Public Participation Guidelines**. The purpose of the proposed regulation is to establish written procedures to solicit input from "interested parties" prior to formation and drafting of the proposed regulations and during the formation, promulgation and final adoption process of the regulations. Public participation guidelines have been approved by the Governor on a temporary emergency basis and are in effect until November 29, 1988.

Statutory Authority: § 63-1.202 of the Code of Virginia.

Written comments may be submitted until March 16, 1988.

**Contact:** Arlene Kasper, Program Development Supervisor, Department of Social Services, Division of Licensing Programs, 8007 Discovery Dr., Richmond, Va. 23229, telephone (804) 662-9025 or SCATS 662-9025

## DEPARTMENT OF COMMERCE

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Commerce intends to consider amending regulations entitled: **Board for Certification of Operators of Water and Wastewater Works**. The purpose of the proposed regulation is to clarify and simplify areas pertaining to experience, education and the examination process.

Statutory Authority: § 54-1.28 of the Code of Virginia.

Written comments may be submitted until March 1, 1988.

**Contact:** Geralde W. Morgan, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 367-8534, toll-free 1-800-552-3016, or SCATS 367-8534

## DEPARTMENT OF CORRECTIONS (STATE BOARD OF) Division of Youth Services

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Corrections, Division of Youth Services intends to consider amending regulations entitled: **Rules and Regulations Governing Applications for Virginia Delinquency Prevention and Youth Development Act Grants**. The purpose of the proposed regulation is to provide regulations governing applications for Virginia Delinquency Prevention and Youth Development Act grants with respect to eligibility, developmental process, criteria for application review and funding, and the review process.

Statutory Authority: §§ 53.1-5 and 53.1-253 of the Code of Virginia.

Written comments may be submitted until June 1, 1988.

**Contact:** Thomas J. Northern, III, Delinquency Prevention Specialist, Department of Corrections, P. O. Box 26963, Richmond, Va. 23261, telephone (804) 367-1633 or SCATS 367-1633

## DEPARTMENTS OF CORRECTIONS; EDUCATION; MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES; AND SOCIAL SERVICES

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Departments of Corrections; Education; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services intends to consider amending regulations entitled: **Core Standards for Interdepartmental Licensure and Certification of Residential Facilities for Children**. The purpose of the proposed regulation is to establish standards to provide children in residential facilities with at least a minimal level of care. The current effort is intended to amend and clarify those sections of the regulation that define which facilities are subject to regulation under the Core Standards. Only those sections of the regulation that define which facilities are subject to regulation will be considered for amendment.

Statutory Authority: §§ 16.1-311, 22.1-321, 37.1-179.1, 63.1-196.4 and 63.217 of the Code of Virginia.

Written comments may be submitted until February 15, 1988.

**Contact:** John J. Allen, Jr., Coordinator, Office of the Coordinator, Interdepartmental Licensure and Certification, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone

# General Notices/Errata

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(804) 662-9025 or SCATS 662-9025

## VIRGINIA BOARD OF DENTISTRY

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Board of Dentistry intends to consider promulgating new regulations and repeal existing regulations entitled: **Virginia Board of Dentistry Regulations**. The purpose of the proposed regulations is to (i) set standards for the administration of general anesthesia, conscious sedation and nitrous oxide oxygen inhalation analgesia; (ii) consider setting standards for restraint techniques; (iii) consider fee adjustments; (iv) consider setting standards for infectious disease control; (v) consider dental assistants posting radiation certification certificates; and (vi) review any new and existing regulations believed to be necessary by the public.

Statutory Authority: § 54-163 of the Code of Virginia.

Written comments may be submitted until April 10, 1988.

**Contact:** N. Taylor Feldman, Executive Director, 1601 Rolling Hills Dr., Richmond, Va. 23229, telephone (804) 662-9906

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Medical Assistance Services intends to consider promulgating regulations entitled: **Lock In and Lock Out Program**. The purpose of the proposed action is to promulgate as regulations the department's administrative requirements for the control of excessive and inappropriate utilization of services.

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

Written comments may be submitted until March 1, 1988, to Sharon A. Long, Supervisor, Recipient Monitoring Unit, Division of Health Services Review, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219, telephone (804) 786-6548.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219, telephone (804) 786-7933 or SCATS 786-7933

## VIRGINIA BOARD OF OPTOMETRY

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Board of Optometry intends to consider amending regulations entitled: **Regulations of the Virginia Board of Optometry**. The purpose of the proposed action is to establish baseline procedures to be performed by optometrists on patients during eye examinations, and is intended to help assure that members of the public receive adequate eye examinations.

Statutory Authority: § 54-376 of the Code of Virginia.

Written comments may be submitted until March 15, 1988.

**Contact:** Moira C. Lux, Executive Director, Virginia Board of Optometry, 1601 Rolling Hills Dr., Richmond, Va. 23229, telephone (804) 662-9910

## DEPARTMENT OF TRANSPORTATION (COMMONWEALTH TRANSPORTATION BOARD)

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Transportation intends to consider promulgating regulations entitled: **Minimum Standards of Entrances to State Highways**. The purpose of the proposed regulation is to establish guidelines for controlling the use of highway right-of-way where it is necessary to provide access to commercial, private and industrial properties abutting state roads.

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

Written comments may be submitted until February 23, 1988.

**Contact:** John L. Butner, Assistant State Traffic Engineer, 1401 E. Broad St., Richmond, Va. 23219, telephone (804) 786-2965

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Transportation intends to consider promulgating regulations entitled: **State Noise Abatement Policy**. The purpose of the proposed regulation is to implement a statewide noise abatement program for all new federal and nonfederal highway projects.

Statutory Authority: § 33.1-12 of the Code of Virginia.

Written comments may be submitted until May 27, 1988, to J.S. Hodge, Chief Engineer, Department of Transportation, 1401 E. Broad St., Richmond, Va. 23219.

**Contact:** A.C. Anday, Coordinator, Air, Noise & Energy,

Department of Transportation, 1401 E. Broad St., Room 1111, Richmond, Va. 23219, telephone (804) 786-6556 or SCATS 786-6556

## STATE WATER CONTROL BOARD

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Water Control Board intends to consider amending regulations entitled: **VR 680-16-05. York River Basin Water Quality Management Plan.** The purpose of the proposed amendment is to update the plan taking into consideration new or changed NPDES permits, new or changed no discharge certificates, current modeling, changes in water quality, studies, community and nonpoint source development, and institutional or financial arrangements for constructions and operation of facilities.

Statutory Authority: § 62.1-44.15(3) of the Code of Virginia.

Written comments may be submitted until 5 p.m., February 19, 1988.

**Contact:** Dale F. Jones, Office of Water Resources Planning, State Water Control Board, P. O. Box 11143, Richmond, Va. 23230, telephone (804) 367-0061

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Water Control Board intends to consider amending regulations entitled: **Richmond-Crater Water Quality Management Plan.** The purpose of the proposed action is to amend the Richmond-Crater Water Quality Management Plan by adding ammonia and ortho-phosphorus limits for existing and proposed discharges and adding limits for the City of Petersburg sewage treatment plant.

Section 62.1-44.15(3) of the Code of Virginia authorizes the board to establish water quality standards and policies. Section 62.1-44.15(13) authorizes the board to establish policies and programs for effective area-wide or basin-wide water quality control and management.

Water Quality Management Plans set forth those measures to be taken by the board to reach and maintain applicable water quality goals in general terms and also by establishing numeric loadings for five day carbonaceous biochemical oxygen demand (CBOD5), ammonia (NH4), ortho-phosphorus (O-P), and dissolved oxygen (DO). The purpose of this proposal is to amend the Richmond-Crater Water Quality Management Plan by adding NH4 and O-P limits for existing and proposed discharges and adding limits for the City of Petersburg sewage treatment plant (STP).

Federal and state laws require that National Pollutant

Discharge Elimination System (NPDES) permits be in compliance with appropriate area or basinwide water quality management plans. The proposed amendment would add loadings for NH4 and O-P limits for existing discharges. NH4 and O-P limits will also be added to the proposed Henrico County's STP, and CBOD5, NH4, O-P and DO limits added for the City of Petersburg's STP.

Applicable laws and regulations include the Clean Water Act, 33 USCA § 1251 et seq., Title 40 Parts 35 and 130 CFR; §§ 62.1-44.15(3) and (13) of the State Water Control Law; Regulation No. 6 - NPDES Permit Program; and Water Quality Standards.

For copies or inspection of materials, please contact Mr. Thomas Modena at the address below.

Statutory Authority: § 62.1-44.15(3) of the Code of Virginia.

Written comments may be submitted until 4 p.m., February 29, 1988.

**Contact:** Thomas D. Modena, Supervisor, Water Resources, Development, State Water Control Board, 2201 W. Broad St., Richmond, Va. 23220, telephone (804) 367-1006

## GENERAL NOTICES

### NOTICES TO STATE AGENCIES

**RE:** Forms for filing material on dates for publication in the Virginia Register of Regulations.

All agencies are required to use the appropriate forms when furnishing material and dates for publication in the Virginia Register of Regulations. The forms are supplied by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Jane Chaffin, Virginia Code Commission, P.O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-3591

#### FORMS:

NOTICE OF INTENDED REGULATORY ACTION - RR01  
NOTICE OF COMMENT PERIOD - RR02  
PROPOSED (Transmittal Sheet) - RR03  
FINAL (Transmittal Sheet) - RR04  
EMERGENCY (Transmittal Sheet) - RR05  
NOTICE OF MEETING - RR06  
AGENCY RESPONSE TO LEGISLATIVE OR GUBERNATORIAL OBJECTIONS - RR08

Copies of the 1987 Virginia Register Form, Style and Procedure Manual may also be obtained from Jane Chaffin at the above address.

# General Notices/Errata

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## ERRATA

### DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

Title of Regulation: VR 394-01-04. Virginia Amusement Device Regulations/1987.

Publication: 4:8 VA.R. 671-678 January 18, 1988

Correction:

Page 671, Section 100.5, line 4, after the words "to a site" insert [ *including kiddie rides defined by section 200.0 of these regulations* ].

Portion italicized was omitted.

Title of Regulation: VR 394-01-6. Virginia Statewide Fire Prevention Code/1987.

Publication: 4:8 VA.R. 678-685 January 18, 1988

Correction:

Page 680, F-103.2, line 3; after Statewide Fire Prevention Code, change "of" to "for";

Page 680, F-104.5, "NOTE:"; insert "Virginia" in front of "Department" and strike "and the Environmental Protection Agency";

Page 681, F-105.1.1, line 3; strike "Building Code."

Page 681, F-105.7 last line; reference to Administrative Process Act should read, "Chapter 1.1:1 (§ 9-6.14:1 et seq.) of Title 9 of the Code of Virginia."

Title of Regulation: VR 394-01-22. Virginia Uniform Statewide building Code, Volume II - Building Maintenance Code/1987.

Publication: 4:8 VA.R. 685-693 January 18, 1988

Correction:

Page 686, Section 100.1 in the Note:

The second sentence of the note that reads "See Volume III-Fire Prevention Code for fire safety requirements applying to existing public buildings used by 10 or more persons" should be stricken. There is no Volume III, so the sentence must be deleted.

Page 687, Section 102.5, line 3, strike the word "his" and insert "technical" to read "code official and [ his technical ] assistants...."

Page 688, Section 103.3, line 2, strike the word "his"

before "duties and powers."

Page 690, Section 107.3, last line of left column on page, strike the word "his" after "without delay."

Page 692, Section ES-704.2.1, line 15, spelling should be "100 candela."

Title of Regulation: 394-01-31. Virginia Industrialized Building and Manufactured Home Safety Regulations/1987.

Publication: 4:8 VA.R. 693-706 January 18, 1988

Correction:

Page 695, Section 102.2, lines 1 and 2, strike the words "and mobile homes."

Page 696, Section 102.4, line 6, should read "to be conspicuously...."

Page 696, Section 102.5, Item 6, strike the word "unit."

Page 696, definition of "Approved", line 1, strike the word "means."

Page 699, Section 400.2, lines 2 and 6, the word "a" in front of compliance assurance agency in both places should be uppercase "A."

Page 699, Section 400.3, item 3 should be one paragraph, not shown as two paragraphs with space between.

Page 701, Section 501.2, line 7, last word should be "manufacture" not "manufacturer."

Page 703, definition of "Defect," line 6 should read "of death" not "to death."

Page 706, Section 621.4, item 1, first line, the last word on the line should be "than."

Title of Regulation: VR 394-01-41. Virginia Public Building Safety Regulations.

Publication: 4:8 VA.R. 706 January 18, 1988

Correction:

Page 706, right column, second paragraph, fifth line, reference to "Part C, Article C-4 Fire Safety Features of Construction, Section C-404.0 Fire Retardant Ceilings C-404.1 Construction" was omitted.

The same change was made in both sections C-404.1 and D-404.1.

### STATE BOARD OF PHARMACY

Title of Regulation: VR 530-01-1. Regulations of the Board

of Pharmacy.

Publication: 4:6 VA.R. 522-529 December 21, 1987

Correction:

Page 522, under "storage temperature," item number 3 "controlled room temperature"; strike 50° and insert 59°.

Page 529, § 5.3 B.1, at end of paragraph add an s to word "unit," place a period and strike the word "dose."

Page 529, § 5.3 B.3, at end of paragraph add an s to the word "unit," place a period and strike the word "doses."

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# CALENDAR OF EVENTS

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<b>Symbols Key</b>	
†	Indicates entries since last publication of the Virginia Register
☒	Location accessible to handicapped
☎	Telecommunications Device for Deaf (TDD)/Voice Designation



## NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the Virginia Register deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the Standing Committees of the Legislature during the interim, please call Legislative Information at (804) 786-6530.

## VIRGINIA CODE COMMISSION

### EXECUTIVE

#### BOARD OF AGRICULTURE AND CONSUMER SERVICES

February 24, 1988 - 1 p.m. – Open Meeting  
February 25, 1988 - 9 a.m. – Open Meeting  
Washington Building, 1100 Bank Street, Room 204,  
Richmond, Virginia. ☒

A regular meeting of the board.

Contact: Raymond D. Vaughan, Secretary, P. O. Box 1163,  
Richmond, Va. 23209, telephone (804) 786-3501 or SCATS  
786-3501

#### ALCOHOLIC BEVERAGE CONTROL BOARD

February 23, 1988 - 9:30 a.m. – Open Meeting  
† March 8, 1988 - 9:30 a.m. – Open Meeting  
† March 22, 1988 - 9:30 a.m. – Open Meeting  
† April 5, 1988 - 9:30 a.m. – Open Meeting  
† April 19, 1988 - 9:30 a.m. – Open Meeting  
2901 Hermitage Road, Richmond, Virginia. ☒

A meeting to receive and discuss reports on activities from staff members. Other matters not yet determined.

Contact: Robert N. Swinson, 2901 Hermitage Rd.,  
Richmond, Va., telephone (804) 367-0617

#### STATE BOARD OF ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND CERTIFIED LANDSCAPE ARCHITECTS

##### Virginia State Board of Professional Engineers

February 16, 1988 - 9 a.m. – Open Meeting  
Travelers Building, 3600 West Broad Street, 5th Floor,  
Richmond, Virginia. ☒

A meeting to (i) approve minutes of November 17, 1987; (ii) review applications; and (iii) review enforcement cases.

Contact: Bonnie S. Salzman, Assistant Director, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 367-8512, toll-free 1-800-552-3016 or SCATS 367-8512

#### AUCTIONEERS BOARD

May 3, 1988 - 10 a.m. – Open Meeting  
Roanoke City Circuit Court, 315 W. Church Avenue,  
Roanoke, Virginia

The board will meet to conduct a formal administrative hearing: Virginia Auctioneers Board v. Earl Frith.

Contact: Sylvia Bryant, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 367-8524

#### AUDITOR OF PUBLIC ACCOUNTS

† February 22, 1988 - 9 a.m. – Public Hearing  
James Monroe Building, 101 North 14th Street, Richmond,  
Virginia. ☒

† March 23, 1988 - 9 a.m. – Public Hearing  
Roanoke City Council Chambers, City Hall, Roanoke,  
Virginia

Notice is hereby given in accordance § 9-6.14:7.1 of the Code of Virginia that the Auditor of Public Accounts intends to amend regulations entitled: **VR 160-01-01. Specifications for Audit.** The purpose of the proposed action is to establish policies and procedures of the Auditor of Public Accounts related to the review of audits of local political subdivisions performed by independent Certified Public Accountants.

## STATEMENT

**Subject and statements:** Proposed amendment to the existing Specifications for Audit, issued by the Auditor of Public Accounts, to add policies and procedures adopted by the Administrative Process Act for the review of audits of local political subdivisions in Virginia performed by independent certified public accountants.

**Issues:** Included are criteria and procedures for the referral of audits determined to be of substandard quality to the Virginia Department of Commerce, State Board of Accountancy for investigation.

**Statutory Authority:** §§ 2.1-164 and 15.1-167 of the Code of Virginia.

Written comments may be submitted until April 15, 1988.

**Contact:** Cynthia J. Hartley, Director, Systems and Quality Control, P. O. Box 1295, Richmond, Va. 23210, telephone (804) 225-3350

## VIRGINIA AVIATION BOARD

**NOTE: CHANGE OF MEETING DATE AND LOCATION**  
**February 23, 1988 - 10 a.m. – Open Meeting**  
Virginia Aviation Museum, 5701 Huntsman Road, Sandston, Virginia

A meeting to discuss aviation matters affecting Virginia.

**Contact:** Kenneth A. Rowe, 4508 S. Laburnum Ave., P. O. Box 7716, Richmond, Va. 23231, telephone (804) 786-6284

## BOARD OF BARBER EXAMINERS

† **March 7, 1988 - 9 a.m. – Open Meeting**  
Travelers Building, 3600 West Broad Street, Conference Room 3, Richmond, Virginia. ☐

A meeting to (i) review regulations; (ii) review correspondence; and (iii) review enforcement cases.

**Contact:** Roberta L. Banning, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230-4917, telephone (804) 367-8590 or toll-free 1-800-552-3016

## STATE BUILDING CODE TECHNICAL REVIEW BOARD

**February 19, 1988 - 10 a.m. – Open Meeting**  
Fourth Street State Office Building, 205 North 4th Street, 2nd Floor Conference Room, Richmond, Virginia. ☐  
(Interpreter for deaf provided if requested)

A meeting to (i) consider requests for interpretation of

the Virginia Uniform Statewide Building Code; (ii) consider appeals from the rulings of local appeal boards regarding application of the Virginia Uniform Statewide Building Code, and (iii) approve minutes of previous meeting.

**Contact:** Jack A. Proctor, 205 N. 4th St., Richmond, Va. 23219, telephone (804) 786-4752

## GOVERNOR'S ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

**March 4, 1988 - 10 a.m. – Open Meeting**  
Koger Building, Koger Executive Center, Room 124, Richmond, Virginia. ☐

A regular quarterly meeting.

**Contact:** D. Ray Sirry, Division Director, Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 662-9308

## DEPARTMENT OF CONSERVATION AND HISTORIC RESOURCES

### Virginia Historic Landmarks Board

**February 16, 1988 - 2 p.m. – Open Meeting**  
221 Governor Street, Richmond, Virginia

A general business meeting to consider (i) proposed additions to the Virginia Landmarks Register; and (ii) proposed historical highway markers.

**Contact:** Margaret T. Peters, Information Officer, Division of Historic Landmarks, 221 Governor St., Richmond, Va. 23219, telephone (804) 786-3143

### Virginia Soil and Water Conservation Board

† **March 17, 1988 - 9 a.m. – Open Meeting**  
203 Governor Street, Division Conference Room, Richmond, Virginia. ☐

A regular bi-monthly business meeting.

**Contact:** Donald L. Wells, 203 Governor St., Suite 206, Richmond, Va. 23219, telephone (804) 786-2064

## STATE BOARD FOR CONTRACTORS

**March 16, 1988 - 10 a.m. – Open Meeting**  
Massey Building, 4100 Chain Bridge Road, Board of Supervisors Conference Room, Fairfax, Virginia

The board will meet to conduct a formal administrative hearing: State Board for Contractors v. Herbert Rose.



# Calendar of Events

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**Contact:** Sylvia Bryant, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 367-8524

## STATE BOARD OF CORRECTIONS

**February 16, 1988 - 10 a.m. - Open Meeting**  
**March 16, 1988 - 10 a.m. - Open Meeting**  
Department of Corrections, 4615 West Broad Street, Richmond, Virginia. ☐

A regular monthly meeting to consider such matters as may be presented.

**Contact:** Vivian Toler, Secretary to the Board, 4615 W. Broad St., P.O. Box 26963, Richmond, Va. 23261, telephone (804) 367-6274

## VIRGINIA BOARD OF COSMETOLOGY

**February 22, 1988 - 9 a.m. - Open Meeting**  
Travelers Building, 3600 West Broad Street, Conference Room 3, Richmond, Virginia. ☐

A meeting to (i) review applications; (ii) review correspondence; (iii) review enforcement files; and (iv) discuss regulations.

**Contact:** Roberta L. Banning, Assistant Director, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 367-8590 or toll-free 1-800-552-3016

## VIRGINIA BOARD OF DENTISTRY

**March 5, 1988 - 9 a.m. - Open Meeting**  
**March 6, 1988 - 7:30 a.m. - Open Meeting**  
Koger Center, 1601 Rolling Hills Drive, Surry Building, Richmond, Virginia. ☐

The board will conduct the following committee meetings:

Executive Committee  
Test Implementation Committee  
Anesthesia Committee  
Regulation Implementation Committee

Also, the board will discuss the results of the Public Informational Hearing held December 5, 1987, regarding regulations.

**Contact:** N. Taylor Feldman, Executive Director, 1601 Rolling Hills Dr., Richmond, Va. 23229, telephone (804) 662-9906

## STATE BOARD OF EDUCATION

**February 25, 1988 - 9 a.m. - Open Meeting**  
**February 26, 1988 - 9 a.m. - Open Meeting**  
**March 17, 1988 - 9 a.m. - Open Meeting**  
**March 18, 1988 - 9 a.m. - Open Meeting**  
James Monroe Building, 101 North 14th Street, Conference Rooms D and E, Richmond, Virginia. ☐

A regularly scheduled meeting to conduct business according to items listed on the agenda. The agenda is available upon request. The public is reminded that the Board of Vocational Education may convene, if requested.

**Contact:** Margaret N. Roberts, James Monroe Bldg., 101 N. 14th St., 25th Fl., Richmond, Va. 23219, telephone (804) 225-2540

## DEPARTMENT OF EDUCATION (STATE BOARD OF)

**February 25, 1988 - 1:30 p.m. - Public Hearing**  
James Monroe Building, 101 North 14th Street, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Education intends to amend regulations entitled: **VR 270-01-0006. Regulations Governing Pupil Transportation Including Minimum Standards for School Buses in Virginia.** The purpose of these amendments is to prescribe the scope of operational procedures and requirements, distribution of funds, driver requirements, body and chassis standards including life-gate buses, and requirements for activity buses.

Statutory Authority §§ 22.1-16 and 22.1-176 of the Code of Virginia.

Written comments may be submitted until January 22, 1988.

**Contact:** R. A. Bynum, Associate Director, Pupil Transportation Service, Department of Education, P. O. Box 6Q, Richmond, Va. 23216, telephone (804) 225-2037

\* \* \* \* \*

**February 25, 1988 - 7 p.m. - Public Hearing**  
Northside High School, 6758 Northside High School Road, Roanoke, Virginia

**February 25, 1988 - 7 p.m. - Public Hearing**  
Hermitage High School, 8301 Hungary Spring Road, Richmond, Virginia

**February 25, 1988 - 7 p.m. - Public Hearing**  
Marshall High School, 7731 Leesburg Pike, Falls Church, Virginia

# Calendar of Events

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Education intends to amend regulations entitled: **VR 270-01-0014. Management of the Student's Scholastic Record.** These regulations provide for the protection, confidentiality and management of student records.

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

Written comments may be submitted until February 18, 1988.

**Contact:** Kathe Klare, Supervisor of Due Process Proceedings, Department of Education, P. O. Box 6Q, Richmond, Va. 23216, telephone (804) 225-2044

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**February 25, 1988 - 8 p.m. - Public Hearing**  
Northside High School, 6758 Northside High School Road, Roanoke, Virginia

**February 25, 1988 - 8 p.m. - Public Hearing**  
Hermitage High School, 8301 Hungary Spring Road, Richmond, Virginia

**February 25, 1988 - 8 p.m. - Public Hearing**  
Marshall High School, 7731 Leesburg Pike, Falls Church, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Education intends to amend regulations entitled: **VR 270-02-0007. Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia.** The purpose of this action is to ensure the provision of a free and appropriate public education in the least restrictive environment to all handicapped youth ages two to 21, inclusive, residing in the Commonwealth.

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

Written comments may be submitted until February 18, 1988.

**Contact:** Kathe Klare, Supervisor of Due Process Proceedings, Department of Education, P. O. Box 6Q, Richmond, Va. 23216, telephone (804) 225-2044

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**February 25, 1988 - 3 p.m. - Public Hearing**  
James Monroe Building, 101 North 14th Street, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Education intends to adopt regulations entitled: **VR 270-04-0015. Secondary School Transcripts.** The secondary school transcript will be standardized in

order that all school divisions will report student information to colleges, universities, and prospective employers in the same format.

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

Written comments may be submitted until February 25, 1988.

**Contact:** Cheryle C. Gardner, Supervisor of Art, Fine Arts Service, P. O. Box 6Q, Department of Education, Richmond, Va. 23216, telephone (804) 225-2053

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**March 17, 1988 - 3 p.m. - Public Hearing**  
James Monroe Building, 101 North 14th Street, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Education intends to adopt regulations entitled: **Regulations Governing Criteria to Identify Toxic Art Materials; Labeling; Use in Elementary Grades Prohibited.** The proposed criteria will be used by the Department of Education to evaluate all art materials used in schools and identify those which are toxic. All materials used in the public schools which meet the criteria as toxic will be so labeled and the use of such art materials will be prohibited in the elementary grades.

Statutory Authority: § 22.1-274.1 of the Code of Virginia.

Written comments may be submitted until March 21, 1988.

**Contact:** Cheryle C. Gardner, Supervisor of Art, Fine Arts Service, Department of Education, P. O. Box 6-Q, Richmond, Va. 23216, telephone (804) 225-2053

## LOCAL EMERGENCY PLANNING COMMITTEE

† **April 6, 1988 - 10 a.m. - Open Meeting**  
Mount Rogers Planning District Commission's Conference Room, 1021 Terrace Drive, Marion, Virginia. ☒

A meeting to update committee and review the plan to date.

**Contact:** Mt. Rogers Planning District Commission, 1021 Terrace Dr., Marion, Va. 24354, telephone (703) 783-5103

## ROANOKE VALLEY LOCAL EMERGENCY PLANNING COMMITTEE

† **February 17, 1988 - 9 a.m. - Open Meeting**  
Salem Civic Center, 1001 Roanoke Boulevard, Room C, Salem, Virginia. ☒

# Calendar of Events

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The committee will begin planning process for Sara Title III regulations and appointment of subcommittees.

**Contact:** Warren E. Trent, Coordinator of Emergency Services, 215 Church Ave., S.W., Roanoke, Va. 24011, telephone (703) 981-2425

## VIRGINIA FARMERS' MARKET BOARD

† **February 18, 1988 - 10 a.m.** – Open Meeting  
Washington Building, 1100 Bank Street, 2nd Floor Board Room, Richmond, Virginia. ☒

A business meeting.

**Contact:** R. Duke Burrus, Washington Bldg., 1100 Bank St., Richmond, Va. 23219, telephone (804) 786-1949

## VIRGINIA FIRE SERVICES BOARD

† **March 3, 1988 - 1 p.m.** – Open Meeting  
James Monroe Building, 101 North 14th Street, 17th Floor, Richmond, Virginia. ☒

Fire Services Board committee meetings to discuss fire training and fire policies. The committee meetings are open to the public for their input.

† **March 4, 1988 - 9 a.m.** – Open Meeting  
James Monroe Building, 101 North 14th Street, Conference Room D, 1st Floor, Richmond, Virginia. ☒

A business meeting to discuss fire training and fire policies. The meeting is open to the public for their input.

**Contact:** Anne J. Bales, James Monroe Bldg., 101 N. 14th St., 17th Fl., Richmond, Va. 23219, telephone (804) 225-2681

## VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS

† **March 8, 1988 - 10 a.m.** – Open Meeting  
† **March 9, 1988 - 10 a.m.** – Open Meeting  
† **March 10, 1988 - 9 a.m.** – Open Meeting  
Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Conference Room 1, Richmond, Virginia

Tuesday, March 8, 1988 - Informal Conferences. Examinations may be given.

Wednesday, March 9, 1988 - Formal administrative hearings.

Thursday, March 10, 1988 - A general board meeting. Proposed regulations may be discussed.

**Contact:** Mark L. Forberg, Executive Secretary, 1601 Rolling Hills Dr., Richmond, Va. 23229-5005, telephone (804) 662-9907 or toll-free 1-800-533-1560

## DEPARTMENT OF GENERAL SERVICES

### State Insurance Advisory Board

† **March 17, 1988 - 9:30 a.m.** – Open Meeting  
Department of General Services, Ninth Street Office Building, 9th and Grace Streets, Room 209, Director's Conference Room, Richmond, Virginia. ☒

A quarterly meeting.

**Contact:** Charles F. Scott, Director, Department of General Services, Division of Risk Management, 805 E. Broad St., Richmond, Va. 23219, telephone (804) 225-4619

## BOARD OF HEALTH/DEPARTMENT OF HEALTH

**February 22, 1988 - 9 a.m.** – Open Meeting  
James Madison Building, 109 Governor Street, Main Floor Conference Room, Richmond, Virginia. ☒

A meeting to consider and discuss how the repacking of crab meat should be regulated in the Commonwealth of Virginia. Reference Manual - Sanitation of the Picking, Packing and Marketing of Crab Meat - §§ 13.06 and 15.03.

**Contact:** Cloyde W. Wiley, Director, DSS, James Madison Bldg., 109 Governor St., Room 904, Richmond, Va. 23219, telephone (804) 786-7937

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

**February 24, 1988 - 9:30 a.m.** – Open Meeting  
Department of Rehabilitative Services, 4901 Fitzhugh Avenue, Richmond, Virginia. ☒

A monthly business meeting of the council for the purpose of addressing financial, policy or technical matters which may have arisen since the last meeting.

**Contact:** Ann Y. McGee, Director, 805 E. Broad St., 9th Fl., Richmond, Va. 23219, telephone (804) 786-6371

## HOPEWELL INDUSTRIAL SAFETY COUNCIL

**March 1, 1988 - 9 a.m.** – Open Meeting  
Hopewell Community Center, Second and City Point Road, Hopewell, Virginia. ☒ (Interpreter for deaf provided if requested)

Local Emergency Preparedness Committee meeting on emergency preparedness as required by SARA Title

III.

Contact: Robert Brown, Emergency Service Coordinator, City of Hopewell, 300 N. Main St., Hopewell, Va. 23860, telephone (804) 541-2298

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

February 16, 1988 - 10 a.m. - Open Meeting  
13 South 13th Street, Richmond, Virginia. ☒

A regular monthly meeting to (i) review and, if appropriate, approve the minutes from the prior monthly meeting; (ii) consider for approval and ratification mortgage loan commitments under its various programs; (iii) review the authority's operations for the prior month; and (iv) consider such other matters and take such other actions as it may deem appropriate. The planned agenda of the meeting will be available at the office of the authority one week prior to the date of the meeting.

Contact: J. Judson McKellar, Jr., General Counsel, 13 S. 13th St., Richmond, Va. 23219, telephone (804) 782-1986

\* \* \* \* \*

February 15, 1988 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Housing Development Authority intends to amend regulations entitled: **VR 400-02-0001. Procedures, Instructions and Guidelines for Multi-Family Housing Developments.** The proposed regulations authorize the modification of the authority's regulatory controls over certain existing multi-family rental developments currently financed by the authority.

Statutory Authority: § 36-55.30:3 of the Code of Virginia.

Written comments may be submitted until February 15, 1988.

Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 13 S. 13th St., Richmond, Va. 23219, telephone (804) 782-1986

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

Amusement Device Technical Advisory Committee

† February 16, 1988 - 8:30 a.m. - Open Meeting  
205 North Fourth Street, 7th Floor Conference Room, Richmond, Virginia. ☒

A meeting to review and discuss regulations pertaining

to the construction, maintenance, operation and inspection of amusement devices adopted by the Board of Housing and Community Development.

Contact: Jack A. Proctor, CPCA, Deputy Director, Department of Housing and Community Development, Division of Building Regulatory Services, 205 N. 4th St., Richmond, Va. 23219-1747, telephone (804) 786-4752

COUNCIL ON INDIANS

† March 16, 1988 - 2 p.m. - Open Meeting  
Ninth Street Office Building, 9th and Grace Streets, 6th Floor, Richmond, Virginia. ☒

A meeting to discuss revision of educational curriculum with Department of Education and other council activities.

Contact: Mary Zoller, Special Assistant, Office of the Secretary of Human Resources, Ninth Street Office Bldg., Richmond, Va. 23219, telephone (804) 786-7765

GOVERNOR'S JOB TRAINING COORDINATING COUNCIL

† February 22, 1988 - 10:30 a.m. - Open Meeting  
Jefferson Sheraton Hotel, Franklin and Adams Streets, Richmond, Virginia

A general meeting of the council open to the public.

Contact: Gladys Walker, Governor's Employment and Training Department, P. O. Box 12083, Richmond, Va. 23219, telephone (804) 786-7900

DEPARTMENT OF LABOR AND INDUSTRY

† April 18, 1988 - 10 a.m. - Public Hearing  
General Assembly Building, Capitol Square, House Room C, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Labor and Industry intends to amend regulations entitled: **VR 425-01-27. Regulations Governing the Administration of Apprenticeship Programs in the Commonwealth of Virginia, XI. Program Sponsor Evaluation Procedure.** The program sponsor evaluation procedure will be used when program sponsors are evaluated once every two years to determine their compliance with the intent of the Voluntary Apprenticeship Act.

STATEMENT

Basis: The Virginia Apprenticeship Council is authorized under § 40.1-118(1) of the Code of Virginia to "determine standards for apprenticeship agreements..." Section

# Calendar of Events

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40.1-118(9) of the Code of Virginia further provides that the council may "initiate deregistration proceedings when the apprenticeship program is not conducted, operated and administered in accordance with the registered provisions..."

**Statement of purpose:** The proposed program sponsor evaluation procedure is intended to improve the quality control capabilities of the Virginia Apprenticeship Council and the Division of Apprenticeship Training by establishing an evaluation system which will provide sufficient information to recognize outstanding programs and to aid in the identification and correction of deficiencies in sponsors' apprenticeship programs.

**Impact:** Currently, there are 7,075 apprentices training with over 2,000 employers/program sponsors. The proposed apprenticeship program sponsor evaluation procedure would affect all program sponsors. Note, however, that all of these program sponsors have unilaterally decided to voluntarily participate in apprenticeship training. It is not unreasonable for the Commonwealth to monitor their participation in this Commonwealth-sanctioned program. Moreover, there should be no adverse impact on those employers that are operating training programs in accordance with the intent of the Voluntary Apprenticeship Act. This regulation will have no impact since it merely establishes an evaluation framework; it does not require program sponsors to do anything additional.

**Summary:** This program sponsor evaluation procedure will be used when program sponsors are evaluated once every two years to determine their compliance with the intent of the Voluntary Apprenticeship Act. The Apprenticeship Council may cancel apprenticeship programs where preexisting criteria are not met.

**Proposed effective date:** July 1, 1988

Statutory Authority: § 40.1-118 of the Code of Virginia.

Written comments may be submitted until April 15, 1988.

**Contact:** Robert S. Baumgardner, Director of Apprenticeship, Department of Labor and Industry, P. O. Box 12064, Richmond, Va. 23241, telephone (804) 786-2381 or SCATS 786-2381

## LIBRARY BOARD

**February 29, 1988 - 9:30 a.m. – Open Meeting**  
Blue Ridge Regional Library, 310 East Church Street,  
Martinsville, Virginia. ☐

A regular meeting to discuss administrative matters.

### Executive Committee

**February 28, 1988 - 2 p.m. – Open Meeting**  
Blue Ridge Regional Library, 310 East Church Street,

Martinsville, Virginia. ☐

A meeting to discuss administrative matters of the Virginia State Library and Archives.

## Public Library Development Committee

† **February 28, 1988 - 4 p.m. – Open Meeting**  
Dutch Inn, Collinsville, Virginia

A meeting to discuss the matter that was brought to the attention of the board at the last board meeting by Pittsylvania County.

**Contact:** Jean K. Reynolds, Virginia State Library and Archives, 11th St. and Capitol Square, Richmond, Va. 23219, telephone (804) 786-2332

## STATE LOTTERY BOARD

† **February 19, 1988 - 10 a.m. – Open Meeting**  
James Monroe Building, 101 North 14th Street, Lobby,  
Conference Room C, Richmond, Virginia. ☐

Monthly meeting of the State Lottery Director and State Lottery Board.

**Contact:** Kenneth W. Thorson, Lottery Director, Ninth Street Office Bldg., 12th Fl. (temporarily), Richmond, Va. 23219, telephone (804) 367-9130

## MARINE RESOURCES COMMISSION

**March 1, 1988 - 9:30 a.m. – Open Meeting**  
Newport News City Council Chambers, 2400 Washington  
Avenue, Newport News, Virginia. ☐

The Virginia Marine Resources Commission will meet on the first Tuesday of each month, at 9:30 a.m. in Newport News City Council Chambers, located at 2400 Washington Avenue, Newport News, Virginia. The commission will hear and decide cases on fishing licensing; oyster ground leasing; environmental permits in wetlands, bottomlands, coastal sand dunes and beaches. It will also hear and decide appeals made on local wetlands board decisions.

Fishery management and conservation measures will be discussed by the commission. The commission is empowered to exercise general regulatory power within 15 days, and is empowered to take specialized marine life harvesting and conservation measure within five days.

**Contact:** Sandra S. Schmidt, Secretary to the Commission, 2401 West Ave., P. O. Box 756, Newport News, Va. 23607-0756, telephone (804) 247-2206

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## Habitat Management Division

† **May 3, 1988 - 9:30 a.m.** – Public Hearing  
Newport News City Council Chambers, Newport News,  
Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Marine Resources Commission intends to adopt guidelines entitled: **VR 450-01-0047. Criteria for the Siting of Marinas or Community Facilities for Boat Mooring.** The purpose of these guidelines is to set forth criteria which will be used by the Virginia Marine Resources Commission to evaluate the siting of marinas and community boat mooring facilities pursuant to the permitting authority provided in § 62.1-3 of the Code of Virginia.

### STATEMENT

These guidelines set forth specific criteria for the siting of marinas and community boat mooring facilities. The purpose of these guidelines is to make available to applicants and the public-at-large the criteria which will be evaluated carefully by the Marine Resources Commission and its staff in the permitting of boat mooring facilities under the authority provided in § 62.1-3 of the Code of Virginia.

Statutory Authority: § 62.1-3 of the Code of Virginia.

Written comments may be submitted until April 15, 1988.

**Contact:** Norman E. Larsen, Chief, Habitat Management, Marine Resources Commission, P. O. Box 756, Newport News, Va. 23607-0756, telephone (804) 247-2200

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

† **April 15, 1988** – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: **The State Plan for Medical Assistance Relating to Audit Requirements.** This proposed amendment replaces provision requiring audits every three years with proposed provision for periodic audits as determined from internal desk audits.

### STATEMENT

**Purpose:** The purpose of the proposed regulation is to modify the frequency of periodic onsite audits of the financial and statistical records of participating nursing home providers.

**Summary and analysis:** This amendment reflects a

proposed change in the language related to the methods and standards for establishing payment rates for long-term care facility services.

Periodic onsite audits of the financial and statistical records of participating providers have been required of the Program by the Health Care Financing Administration (HCFA) of the federal Department of Health and Human Services. DMAS has a long-standing policy of adhering to the Medicare principles of reimbursement except when the department elects to establish its own policy on certain issues. At the present time, this department performs onsite field audits for nursing home providers every three years.

HCFA formerly required at least one field audit every three years. This automatic field audit requirement has now been eliminated and HCFA relies upon the professional preview and review programs to determine the necessity for and scope of periodic field audits. HCFA regulations currently state that "The audit work plan and selection process is influenced by the budgetary restriction imposed on the intermediary and the findings from the professional preview and/or the professional desk audit.... The professional preview is a preliminary analysis of the cost report and the provider's background to determine whether any further desk review, or ultimately, field audit is necessary.... After the professional preview has been completed, and taking into consideration the audit priorities, the intermediary will decide to: (1) settle the cost report as filed, (2) perform a professional review to determine if field audit is necessary, or (3) perform a field audit." (HIM 13-IV, § 4104 et seq.)

Because DMAS uses similar professional preview and review programs, the DMAS requirement that a mandatory field audit be completed every three years is no longer necessary. However, DMAS will conduct periodic field audits as determined from internal desk audits and more often as required, and field audits will be mandatory for the first fiscal year of a new facility, for the fiscal year when a significant number of additional beds are added to an existing facility, and following the sale or lease of a facility.

**Impact:** There are approximately 198 licensed and operating nursing homes in the Commonwealth. There is no estimated budgetary impact on Program administrative costs.

**Forms:** The department will use currently existing forms to administer this Plan amendment.

**Evaluation:** The department will include the monitoring of the implementation of this action in its ongoing Plan monitoring activities. The department is also monitored closely by the federal Department of Health and Human Services' Health Care Financing Administration in this area of institutional provider reimbursement.

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

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Written comments may be submitted until 4:30 p.m., April 15, 1988, to N. Stanley Fields, Director, Provider Reimbursement, Department of Medical Assistance Services, 600 E. Broad St., Richmond, Va. 23219.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219, telephone (804) 786-7933 or SCATS 786-7933

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† **April 15, 1988** – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend **The State Plan for Medical Assistance Relating to the Cost Report Filing Requirements**. The amendments standardize information to be supplied by institutional providers which is necessary for the process of finalizing cost reports.

## STATEMENT

**Purpose:** The purpose of the proposed regulation is to establish the requirements for filing a uniform cost report by each participating institutional provider.

**Summary and analysis:** This amendment reflects a proposed change in the language of the methods and standards for establishing payment rates for inpatient hospital care, other types of care, and long-term care facility services.

Uniform cost reporting by participating providers is required by the Health Care Financing Administration (HCFA), federal Department of Health and Human Services. The Program has been conveying filing requirements in an agency letter attached to the cost reporting forms sent to each provider on or about the end of the fiscal year. In the past there have been problems with hospital, nursing home and other cost providers properly complying with the correspondence instructions.

Because there have been conflicting interpretations of what provider information must be submitted in order to meet the criteria for uniform reporting and filing deadlines, these proposed regulations are intended to reduce the varying interpretations by formalizing the department's current policies and procedures into regulatory language.

Hospitals and skilled nursing homes that participate in the Medicare program currently complete a questionnaire (HCFA-339) as a part of the requirements for filing cost reports. Because intermediate care nursing homes do not participate in the Medicare program, they do not complete the HCFA-339 form. Currently, in order to obtain comparable information from the intermediate care

nursing homes, the department has to conduct a field audit (costly to the department and inconvenient for the provider) or specifically request this information. Concurrent with the department's proposed elimination of periodic on-site nursing home audits, the department has developed for freestanding intermediate care nursing homes (of which there are approximately 96) an informational questionnaire which is similar to form HCFA-339. This questionnaire, which will become part of the department's record, will enhance the department's ability to review and complete desk audits effectively, accurately and on a consistent basis for all institutional providers.

**Impact:** There are approximately 198 licensed and operating nursing homes and 103 short-term nonfederal hospitals in the Commonwealth. This Plan action is a proposed amendment intended to clarify existing department policies. There is no estimated budgetary impact on the Program's providers as this language is causing no change in current ongoing policies and procedures.

**Forms:** The department will use currently existing forms to administer this Plan amendment, except for a questionnaire that is proposed to be added to the existing cost reporting form (MAP-128) for intermediate care facilities.

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

Written comments may be submitted until 4:30 p.m., April 15, 1988, to N. Stanley Fields, Director, Provider Reimbursement, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219, telephone (804) 786-7933 or SCATS 786-7933

\* \* \* \* \*

† **April 14, 1988** – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend **The State Plan for Medical Assistance Relating to Rehabilitative Services**. These proposed amendments clarify requirements for inpatient and outpatient admission authorizations, add criteria for rehab nursing and make technical corrections to existing language.

## STATEMENT

**Basis:** The Code of Federal Regulations, at 42 CFR 440.130 (d) allows the Medicaid Program to cover rehabilitative

services at the option of the Commonwealth. The Medical Assistance State Plan has covered (through 42 CFR 405.1126) rehabilitative services in skilled nursing facilities out of state and in long stay hospitals in state since 1969, as a routine part of the services rendered by these facilities.

**Purpose:** The purpose of these proposed changes is clarification and discrimination between the requirements for inpatient and outpatient admission authorization, addition of criteria for rehabilitative nursing, correction of the title of "speech therapist" to parallel the licensure status and various technical changes.

**Summary and analysis:** In February, 1986, the Governor authorized emergency regulations allowing for Medicaid coverage in any facility certified as a rehabilitation hospital or rehabilitation units in acute care hospitals which are certified by the Department of Health as meeting the exclusion requirements for the Medicare Prospective Payment System. This action provided for coverage of outpatient rehabilitation services rendered in Comprehensive Outpatient Rehabilitation Facilities (CORF's) or a rehabilitation hospital or an exempted rehabilitation unit of an acute care hospital certified to participate in Medicaid.

The department promulgated its Rehabilitative Services regulations during the latter part of 1986. Valuable public comments were received during the comment period and several were incorporated into the final regulations. The final regulations became effective February 5, 1987.

During the 18 months of regulation administration, it has become apparent that the requirement for admission preauthorization by outpatient facilities is not practical and manageable. Providers have also advised the department of problems with the regulations' terminology concerning speech pathologists.

Rehabilitative nursing care is required for all patients eligible for this service. These proposed amendments contain a more specific definition that is expected to be a reduction in the level of inappropriate admission requests for this service.

**Impact:** These proposed regulations will have no budgetary or recipient impact. It is expected that providing this clarifying language will better convey the department's expectations to providers about appropriate patients to recommend for intensive rehabilitation therapy.

To date, the department has experienced a 30% denial rate of admission requests. In part, this unexpectedly high rate is due to providers' inadequate understanding of the purpose of intensive rehabilitation therapy. The clarifying language contained in these proposed changes will more clearly convey expectations and standards and thereby reduce the paperwork impact on both providers and the department.

Additionally, a title change is being made to conform with the language contained in the Code of Virginia. Specifically, the current regulations' language referencing "qualified speech therapist" is being modified to read "licensed speech-language pathologist."

**Forms:** The current form in use by inpatient rehabilitation facilities to obtain payment authorization will not require any changes nor any additional forms.

**Evaluation:** The Department of Medical Assistance Services will include the monitoring of this policy in its ongoing monitoring efforts, which ensure the appropriate utilization of medically necessary services.

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

Written comments may be submitted until 4:30 p.m., April 14, 1988, to Tinnie Conover, Manager of Institutional Services, Division of Medical Social Services, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, Va. 23219, telephone (804) 786-7933 or SCATS 786-7933

## VIRGINIA STATE BOARD OF MEDICINE

† April 20, 1988 - 9:30 a.m. - Public Hearing  
Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Surry Building, Board Room 1, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia State Board of Medicine intends to adopt regulations entitled: **VR 465-02-1. Practice of Medicine, Osteopathic Medicine, Chiropractic, Podiatry, Clinical Psychology, and Acupuncture** and repeal existing regulations. The purpose of this action is to establish the requirements governing the practice of medicine, osteopathic medicine, chiropractic, clinical psychology, podiatry, acupuncture and other healing arts.

## STATEMENT

**Statement of purpose:** The proposed regulations establish the requirements governing the practice of medicine, osteopathic medicine, chiropractic, clinical psychology, podiatry, acupuncture, and other healing arts in the Commonwealth of Virginia. They set forth requirements for education and examination for the healing arts.

The proposed regulations are the result of a comprehensive regulatory review conducted by the Board of Medicine pursuant to Executive Order 52 (84) of former Governor Charles S. Robb. These proposed regulations have been stated with more specificity, clarity,



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and understandability.

During its review of existing regulations, the Board of Medicine examined the educational, examination, and practice requirements. In most areas, the proposed regulations reflect less burdensome requirements for practice.

This statement, required by the Administrative Process Act (§ 9-6.14:9 B of the Code of Virginia) estimates the impact of changes to the existing regulations that increase the regulatory burden. Other proposed changes to the regulations are stated in an "Index to the Proposed and Existing Regulations," which is incorporated by reference for the purpose of this statement. The "Index of the Proposed and Existing Regulations" and all other relevant documents are available to the public through the Board of Medicine, Department of Health Regulatory Boards, 1601 Rollings Hills Drive, Richmond, Virginia 23229-5005, (804) 662-9908.

## Estimated impact:

A. Regulated entities: Virginia's 18,521 Doctors of Medicine, 214 Doctors of Osteopathy, 381 Doctors of Podiatry, 490 Doctors of Chiropractic, 66 Doctors of Acupuncture, 818 Clinical Psychologists, 27 university limited license, and 1,250 interns and residents are affected by the proposed regulations as well as approximately 2,000 applicants for licensure each year.

B. Projected costs to regulated entities: The impact on licensees and applicants of those regulations that increase the regulatory burden is assessed below.

1. § 1.1. Definitions: The implementation of the proposed definitions will have no monetary impact on the practitioners of the healing arts or applicants for licensure. The proposed definitions provide a clearer and more explicit statement of the regulated professions, American and foreign institutions of higher health care education, and locations of principal teaching facilities of the healing arts.

2. § 1.2. Regulations for approval of foreign medical schools and other foreign institutions that teach the healing arts: The impact of these regulations are addressed in a separate Board of Medicine regulation VR 465-02-2, adopted as emergency regulations and published in the Virginia Register on December 2, 1985, and are incorporated by reference. The impact and need will be stated in the analysis of these regulations when they are formally proposed.

3. § 1.3. Vitamins, minerals and food supplements: This proposed regulation further defines § 54-278.2 of the Code of Virginia, as amended in 1984. The proposed regulations would require practitioners to document the rationale or therapeutic purpose of prescribing vitamins, minerals, and food supplements to prevent them from being used in toxic amounts or for experimental purposes. The cost to

the practitioner is minimal as the regulations only require documentation to be made in the patient's records. Practitioners who dispense large amounts of such products may experience a decrease in revenues from the loss of large volume sales. Consumers of health care services should benefit from both the expense of unnecessary vitamins, minerals, or food supplements, and a decrease in the potential of abuse by practitioners who dispense and prescribe vitamins, minerals, and food supplements for experimental purposes. The cost benefits to the board should be a continued decrease in the number of complaints received since § 54-278.2 of the Code of Virginia was implemented.

4. § 1.4. Public participation guidelines: This section adopts by reference and makes the reader aware of regulation VR 465-01-1 which provides for public involvement in the development of regulations. Public participation guidelines are continued to ensure the involvement of the public in the development of all regulations. These regulations will have no monetary impact on the licensees; however, a minimal cost may be incurred by the public wishing to attend the meeting relating to rulemaking. These costs may be avoided by the submission of written documents.

5. § 2.2. Licensure by examination; § 3.1. Educational requirements, graduates or former students of foreign institutions; a, b, and d:

3.a. Establishes the requirements foreign institutions must meet as set forth in emergency regulations 465-02-2 effective December 2, 1985, for graduates to be eligible for licensure in the Commonwealth. There is no financial impact on the applicant; however, the educational institution may experience a significant monetary impact in loss of students should the requirements or standards not be met or costs associated with upgrading the institution in meeting the requirements. As previously stated, this impact will be analyzed in a subsequent document to be prepared to accompany proposed regulations governing foreign institutions.

3.b.(1)-(3) Establishes requirements for the applicant to document evidence of enrollment of two years at the institution of graduation and has also met the requirement of post-graduate training as specified in the country of graduation. There is no evidence the public would be affected by these requirements.

3.d(1)-(4) Sets forth conditions for examination for applicants who have completed all degree requirements at an approved foreign institution except social services and post-graduate requirements. (See § 54-306.1:1 of the Code of Virginia) The impact of these regulations is minimal since they serve to clarify the exception provide in § 54-306.1:1. There are no new costs of implementation anticipated.

6. § 2.3. Supervision of unlicensed persons practicing as

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**psychologists in exempt settings:** Pursuant to § 54-944(d) and emergency regulations effective July 1, 1986, licensed clinical psychologists are required to supervise unlicensed persons providing psychological services in exempt settings. State agencies and private nonprofit organizations who provide psychological services to persons in exempt settings have experienced an increase in cost by contracting with licensed clinical psychologists to provide the required supervision of unlicensed persons. The estimated cost to each agency is variable as the number of unlicensed persons employed differ from agency to agency.

7. § 2.4. **Advertising ethics:** This proposed regulation establishes ethical guidelines for health practitioners who choose to advertise and specify a fee for medical services. The cost of complying with this regulation is minimal. Health care consumers should experience little or no additional cost and may be able to save money by comparison shopping of practitioners who provide like or similar medical services.

8. § 4.2.B.2. **Licensure to practice acupuncture:** An additional requirement of 100 hours of clinical experience is proposed to ensure clinical competence of an applicant to practice with safety and protection of the public health. The additional clinical work will impose direct expenses of \$500 to \$800 in addition to opportunity costs. The requirement will affect five to eight applicants each year. There is no impact on small businesses.

9. § 7.1. **Fees:** The following proposed fees are new fees and fees which were established by emergency regulations in December 1985. The increased fees apply to examinations, endorsement of license, biennial license renewal, examination regrades, and reinstatement of a revoked or lapsed license. The fee increases are necessary to cover increased examination administrative costs, increased cost relating to board meetings, investigative costs, and operating costs of the board office. It is reasonable to assume that these costs will be passed on to the consumer, but the amount of increased cost to each consumer will be negligible.

Type of Fee	Old Fee	Emergency	Proposed
Medicine/Osteopathy Examination	\$250	Part I \$275 Part II \$275	Part I \$275 Part II \$275
Podiatry Examination	\$225	\$250	\$250
Chiropractic Examination	\$225	\$250	\$250
Reschedule Examination	None	None	\$100
Rescoring Chiropractic and Podiatry Exam	None	None	\$75
Certification of Licensure	\$25	\$25	\$25

Limited License 54-311.1 & 2	\$100	same	\$125
Duplicate License	\$10	\$25	\$25
Biennial Renewal of Licensure	\$50	\$80	\$125
Reinstatement of Licensure (Revoked)	None	\$80	\$750
Temporary License Summer Camp	\$25	\$25	\$25
Licensure by Endorsement	\$225	\$250	\$300
Residency Limited License	None	\$10	\$10
Acupuncture License	\$100	\$100	\$100
Biennial Licensure Renewal Acupuncture	\$80	same	same
Reinstatement Lapsed License	\$50	\$80	\$250

C. **Expected costs to the agency:** The board expects an increase in operating costs due to the establishment of two new requirements; (i) for licensure of medical residents and other post-graduates, and (ii) supervision of unlicensed persons providing psychological services in exempt settings. In addition, it is estimated that about 25 new applications for examinations in chiropractic and podiatry, five new applications requesting reinstatement of revoked licenses, 75 additional applications for reinstatement of lapsed licenses and 50 additional applications for licensure as clinical psychologist can be anticipated. Cost increases related to data processing, investigations, and other administrative functions are estimated at \$100,000 to \$400,000 annually. Absent fee increases established in emergency regulations and in these proposed regulations a deficit of \$1 million for the 1988-90 biennium is projected.

The proposed fee increases are the first to be enacted since May 1984 and December 1985, although the costs of examinations, investigations, new staff position of executive director, two public board members, and program administration have increased significantly.

D. **Source of funds:** All funds of the board are derived from the fees paid by licensees and applicants for licensure.

Statutory Authority: § 54-291 of the Code of Virginia.

Written comments may be submitted until April 29, 1988, to Hilary H. Connor, M.D., Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Surry Bldg., Richmond, Va. 23229-5005.

**Contact:** Eugenia K. Dorson, Board Administrator, Board of Medicine, 1601 Rolling Hills Dr., Surry Bldg., Richmond, Va. 23229-5005, telephone (804) 662-9925

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† April 20, 1988 - 10:30 a.m. – Public Hearing  
Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Surry Building, Board Room 1, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia State Board of Medicine intends to adopt regulations entitled: VR 465-03-1. **Physical Therapy** and repeal existing regulations. The purpose of this action is to establish the requirements governing the practice of physical therapy.

## STATEMENT

Statement of purpose: The proposed regulations establish the requirements governing the practice of physical therapy in the Commonwealth. They set forth education and examination requirements for licensure as a physical therapist or physical therapist assistant and establish required minimum hours for work to ensure that the therapist remains knowledgeable of the standards of practice. Requirements for traineeships for new graduates and for therapists who have allowed their license to lapse and who request reinstatement are also stipulated.

The proposed regulations are the result of a comprehensive review of existing regulations conducted by the Advisory Board on Physical Therapy and approved by the Board of Medicine pursuant to Executive Order 52 (84) of former Governor Charles S. Robb. These proposed regulations have been stated with more specificity, clarity, and understandability.

During the process of review, the Advisory Board on Physical Therapy examined education, examination, scope of practice, and traineeship requirements. The proposed regulations generally impose less burdensome requirements than the existing regulations they are designed to replace.

This statement, required by the Administrative Process Act (§ 9-6.14:9 B of the Code of Virginia) estimates the impact of changes to the existing regulations that increase the regulatory burden. Other proposed changes to the regulations are stated in an "Index to the Proposed and Existing Regulations," which is incorporated by reference for the purpose of this statement. The "Index of the Proposed and Existing Regulations" and all other relevant documents are available to the public through the Board of Medicine, Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Richmond, Virginia 23229-5005, (804) 662-9908.

### Estimated impact:

A. Regulated entities: Virginia's 1,671 physical therapists and 234 physical therapist assistants are affected by the proposed regulations as well as approximately 125 applicants for licensure each year.

B. Projected costs to regulated entities: The impact on licensees and applicants of those regulations that increase the regulatory burden is assessed below.

1. § 1.1. Definitions: The implementation of the proposed definitions will have no monetary impact on physical therapists, physical therapist assistants, or applicants for licensure. The proposed definitions provide a clearer and more explicit statement of the scope of practice of physical therapy.

2. § 1.2. Public participation guidelines: This section adopts by reference and makes the reader aware of regulation VR 465-01-1 which provides for public involvement in the development of regulations. Public participation guidelines are continued to ensure the involvement of the public in the development of all regulations. These regulations will have no monetary impact on the licensees; however, a minimal cost may be incurred due to the public's wishing to attend the meetings relating to rulemaking. These costs may be avoided by the submission of written documents.

3. § 2.4.B Educational requirements: Graduates of foreign institutions: Establishes a grade requirement of 560 of a possible 660 points for passing the test of English. This requirement will ensure proficiency in the English language by foreign-trained physical therapists. This requirement will affect an estimated 15 applicants each year. The requirement will impose no additional cost upon the foreign graduates who pass the examination. For those who do not achieve a passing score, no clinical work will in all likelihood be required prior to reexamination, although the applicant may incur some cost in the acquisition of proficiency in the English language.

4. § 7.1.B. Biennial renewal of license: Proposes a late fee of \$25 for failure to renew a license within the stated time period. This late fee is an avoidable cost; it will minimally affect an estimated 25 physical therapists or therapist assistants who seek to renew a license which has lapsed through nonpayment of the required renewal fee.

5. § 7.2. Hours worked: The number of hours of active practice required for licensure renewal has been reduced from 360 each year for three years (total 1,080) to a total of 600 hours accumulated over the four years prior to renewal of licensure. The reduction of required hours will be less burdensome for the therapist.

6. § 9.1. Fees: The following proposed fees are new fees and fees which were established by emergency regulations on December 2, 1985. The increased fees apply to biennial license renewal, examinations, and licensure by endorsement. The fee increases are necessary to cover increased examination and administrative costs, increased costs relating to board meetings and investigative costs, and increased operating costs of the board staff. Physical therapy services are provided on referral by and under the direction of a physician. Since these services are typically provided on a fee-for-service basis, it is

# Calendar of Events

reasonable to assume that some small cost will be passed on to the individual consumer.

Type of Fee	Old Fee	Emergency	Proposed
Therapist (PT) Examination	\$100	\$200	\$200
Therapist Assistant (PTA) Examination	\$85	\$200	\$200
Endorsement Licensure PT	\$100	\$200	\$200
Endorsement Licensure by PTA	\$85	\$200	\$200
Examination Reschedule Fee	\$200	\$200	\$200
Biennial License Renewal PT	\$50	\$80	\$125
Biennial License Renewal PTA	\$50	\$80	\$80
Late Renewal Licensure Fee (PTs/PTAs)	None	\$25	\$25

C. Expected costs to the agency: The board expects an increase in operating costs due to the establishment of two new educational programs for therapist assistants in Virginia and active recruitment of foreign-trained therapists to meet the shortage of therapists in hospitals and geriatric institutions in Virginia. An increase of about 130 new applications for examinations and traineeships annually is expected. Cost increases related to data processing and administrative functions are estimated to be \$3,500 to \$5,000 annually.

The proposed fee increases are the first to be imposed since May, 1984. Although the costs of examinations over the past three years' program administration have increased significantly, with the exception of biennial license renewal fees, the proposed fees are the same as those imposed by emergency regulations on December 2, 1985.

D. Source of funds: All funds of the board are derived from the fees paid by licensees and applicants for licensure.

Statutory Authority: § 54-291 of the Code of Virginia.

Written comments may be submitted until April 29, 1988, to Hilary H. Conner, M.D., Executive Director, 1601 Rolling Hills Drive, Surry Building, Richmond, Va. 23229-5005.

**Contact:** Eugenia K. Dorson, Board Administrator, Board of Medicine, 1601 Rolling Hills Dr., Surry Bldg., 2nd Fl., Richmond, Va. 23229-5005, telephone (804) 662-9925

\* \* \* \* \*

† **April 20, 1988 - 1:30 p.m. – Public Hearing**  
Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Surry Building, Board Room 1, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia State Board of Medicine intends to adopt regulations entitled: **VR 465-05-1. Physician Assistants.** and repeal existing regulations. The purpose of this action is to establish the requirements governing the practice of physician's assistants in the Commonwealth.

## STATEMENT

Statement of purpose: The proposed regulations establish the requirements governing the practice of physician's assistants in the Commonwealth. They set forth requirements for education and examination for the physician's assistant and establish minimum requirements to ensure physician's assistants are competent and knowledgeable of the standards of practice. The regulation also provides guidelines for new graduates and physician's assistants who have allowed their certificates to lapse and who request reinstatement of their certification for active practice.

The proposed regulations are the result of a comprehensive review of existing regulations conducted by the Advisory Committee on Physician's Assistants and approved by the Board of Medicine pursuant to Executive Order 52 (84) of former Governor Charles S. Robb. These proposed regulations have been stated with more specificity, clarity and understandability.

During the process of review, the Advisory Committee on Physician's Assistants examined education, examination, and scope of practice requirements. The proposed regulations impose less burdensome requirements on physician's assistants.

This statement, required by the Administrative Process Act (§ 9-6.14:9 B of the Code of Virginia) estimates the impact of changes to the existing regulations that increase the regulatory burden. Other proposed changes to the regulations are stated in an "Index to the Proposed and Existing Regulations," which is incorporated by reference for the purpose of this statement. The "Index of the Proposed and Existing Regulations" and all other relevant documents are available to the public through the Board of Medicine, Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Richmond, Virginia 23229-5005, (804) 662-9908.

### Estimated impact:

A. Regulated entities: Virginia's 98 physician's assistants are affected by the proposed regulations as well as approximately 25 applicants for licensure each year.

B. Projected costs to regulated entities: The impact on

# Calendar of Events

licensees and applicants of those regulations that increase the regulatory burden is assessed below.

1. § 1.1. Definitions: The implementation of the proposed definitions will have no monetary impact on physician's assistants or applicants for licensure. The proposed definitions provide a clearer and more explicit statement of the scope of practice of physician assistants, practice settings and supervision.

2. § 1.2. Applicability: This proposal has no impact other than to identify the regulated party as defined in § 1.1.

3. § 1.3. Public participation guidelines: This section adopts by reference and makes the reader aware of board regulation VR 465-01-1 which provides for public involvement in the development of regulations. Public participation guidelines are continued to ensure the involvement of the public in the development of all regulations. These regulations will have no monetary impact on the licensees; however, a minimal cost may be incurred by the public wishing to attend the meeting relating to rulemaking. These costs may be avoided by the submission of written documents.

4. § 2.2.E. Application fee: This regulation establishes that fees prescribed in § 5.1 of the regulations must be submitted at the time the applicant submits his application to the Board of Medicine.

5. § 3.3. Examinations: Establishes mandatory National Commission on Certification of Physician's Assistants (NCCPA) examination of applicants or surrender of certificates if the National Commission on Certification of Physician's Assistants (NCCPA) standards have not been met. This requirement will impose a direct cost on each applicant who wishes to be certified. Although this cost will ultimately be passed on to the consumer, the cost to the individual consumer will be minimal.

6. § 4.1.A. Individual responsibilities: This section sets forth the basic responsibilities of the physician and the assistant. The use of these guidelines will ensure that the physician's assistant receives a minimum of supervision by the physician. The regulation impacts primarily on the supervising physician who must take the time to oversee the assistant's work.

7. § 4.1.E. Assistants employed by institutions: This proposed regulation establishes requirements for physician's assistants employed by or in an institutional setting under the supervision of a physician. It also requires the appropriate application to be filed with the board prior to such employment. The proposed regulations will affect approximately 300 institutionally employed physician's assistants.

8. § 5.1. Fees: The following proposed fees include new fees which were established by emergency regulations in December 1985 and increased fees to be applied to biennial certificate renewal. The fee increases are

necessary to cover administrative costs, increased costs related to board meetings, and investigative costs. Physician's assistants' services are provided under the supervision of a physician. The fee increases should have little impact on the consumer.

Type of Fee	Old Fee	Emergency	Proposed
Application Fee	\$50	\$100	\$100
Renewal Fee	\$10	\$25	\$40
Late Renewal	None	None	\$10 (for each renewal cycle)

C. Expected costs to the agency: The board expects an increase in operating costs due to additional applications by physicians who desire to supervise an assistant in an institution. Cost increases are related to an additional 300 new applications, data processing, increased investigations, and other administrative functions estimated at \$5,000 to \$7,000 annually.

The proposed fee increases are the first to be imposed since May, 1984. The cost of administration and investigation over the past three years has increased significantly, and the board adopted a new fee structure by emergency regulation on December 2, 1985. Since that time, experience has demonstrated the need to increase renewal fees beyond the fee set by emergency regulations and to propose a new fee for late renewals.

D. Source of funds: All funds of the board are derived from those individuals regulated by the board and applicants for licensure and certification.

Statutory Authority: § 54-291 of the Code of Virginia.

Written comments may be submitted until April 29, 1988, to Hilary H. Connor, M.D., Executive Director, Board of Medicine, 1601 Rolling Hills Drive, Surry Building, Richmond, Va. 23229-5005.

Contact: Eugenia K. Dorson, Board Administrator, Board of Medicine, 1601 Rolling Hills Dr., Surry Building, 2nd Fl., Richmond, Va. 23229-5005, telephone (804) 662-9925

\* \* \* \* \*

† April 20, 1988 - 2:30 p.m. - Public Hearing  
Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Surry Building, 2nd Floor, Board Room 1, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia State Board of Medicine intends to adopt regulations entitled: **VR 465-06-1. Correctional Health Assistants** and repeal existing regulations entitled **Physicians Assistants - Category II**. The purpose of this action is to establish requirements for the practice of **Correctional Health Assistants** employed in correctional institutions.

## STATEMENT

**Statement of purpose:** The proposed regulations establish the requirements for the practice of Correctional Health Assistants employed in correctional institutions. The proposed regulations replace existing regulations for Physician Assistants - Category II. They are the result of a comprehensive regulatory review conducted by the Board of Medicine pursuant to Executive Order 52 (84) of former Governor Charles S. Robb. These proposed regulations have been stated with more specificity, clarity and understandability.

During its review of existing regulations, the Board of Medicine examined education, examination and practice requirements. In most areas, the proposed regulations impose less burdensome requirements for practice.

This statement, required by the Administrative Process Act (§ 9-6.14:9 B of the Code of Virginia) estimates the impact of changes to the existing regulations that increase the regulatory burden. Other proposed changes to the regulations are stated in an "Index to the Proposed and Existing Regulations," which is incorporated by reference for the purpose of this statement. The "Index of the Proposed and Existing Regulations" and all other relevant documents are available to the public through the Board of Medicine, Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Richmond, Va. 23229-5005, (804) 662-9908.

**Estimated impact:**

**A. Regulated entities:** Virginia's 99 correctional health assistants are affected by the proposed regulations.

**B. Projected costs to regulated entities:** The impact on those who are registered as correctional health assistants and applicants is assessed below.

1. **§ 1.1. Definitions:** This new section has been proposed to clarify the terminology used in the following regulations. The term "Correctional Health Assistant" is new replacing "Physician Assistant II." Otherwise, this section is not substantively new; this section codifies and makes uniform the meaning of terms related to the practice of correctional health assistants. No additional or new financial impact is anticipated.

2. **§ 1.2. Applicability of regulations to correctional health assistants:** This statement makes clear the board's intent that these regulations apply only to correctional health assistants employed in a correctional facility operated by the Department of Corrections.

3. **§ 1.3 Incorporation of VR 465-01-1:** This section adopts by reference and makes the reader aware of board regulation VR 465-01-1 which provides for public involvement in the development of regulations. Public participation guidelines are continued to ensure the involvement of the public in the development of all

regulations. These regulations will have no monetary impact on the licensees; however, a minimal cost may be incurred by the public wishing to attend the meeting relating to rulemaking. These costs may be avoided by the submission of written documents.

4. **§ 6.1 Fees:** To cover administrative processing costs incurred by the board in licensing and regulating correctional health assistants, an application fee of \$50, and a renewal late fee of \$10 are established by this regulation. The costs are not passed on to the consumer because the patients are incarcerated and not required to pay for health care services. The late fee is an avoidable cost and does not impact on the licensees as a whole.

<u>Type of Fee</u>	<u>Old Fee</u>	<u>Emergency</u>	<u>Proposed</u>
Certificate Fee	\$25	\$50	\$50
Certificate Renewal	\$10	same	same
Late Renewal	None	\$10	\$10

**C. Expected costs to the agency:** The board does not expect any increase in operating costs since the proposed regulations establish no new requirements. Fee increases are necessary to defray inflation costs.

**D. Source of funds:** All funds of the board are derived from the fees paid by those entities regulated by the board.

Statutory Authority: § 54-291 of the Code of Virginia.

Written comments may be submitted until April 29, 1988, to Hilary H. Connor, M.D., Executive Director, Board of Medicine, Surry Building, Richmond, Va. 23229-5005.

**Contact:** Eugenia K. Dorson, Board Administrator, Board of Medicine, 1601 Rolling Hills Dr., Surry Bldg., 2nd Fl., Richmond, Va. 23229-5005, telephone (804) 662-9925

### Chiropractic Examination Committee

**March 1, 1988 - 12:30 p.m. – Open Meeting**

**April 21, 1988 - 12:30 p.m. – Open Meeting**

Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Surry Building, Board Room 1, 2nd Floor, Richmond, Virginia. ☒

A meeting in open and executive session for the purpose of reviewing and developing chiropractic questions for the June, 1988 exam.

### Credentials Committee

**† April 9, 1988 - 8:15 a.m. – Open Meeting**

Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Surry Building, Board Room 1, 2nd Floor, Richmond, Virginia. ☒

A meeting to conduct general business, interview, and

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review medical credentials of applicants applying for licensure in Virginia in open and closed sessions and to discuss any other items which may come before this committee.

## Informal and Formal Conference Committees

**February 16, 1988 - 11 a.m.** – Open Meeting  
**February 23, 1988 - 10 a.m.** – Open Meeting  
Radisson Hotel Lynchburg, 601 Main Street, Lynchburg, Virginia. ☒

**February 25, 1988 - 9 a.m.** – Open Meeting  
† **April 6, 1988 - 9 a.m.** – Open Meeting  
Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Surry Building, Board Room 1, 2nd Floor, Richmond, Virginia. ☒

A meeting to inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine in Virginia. The committee will meet in open and closed sessions pursuant to § 2.1-344 of the Code of Virginia.

**Contact:** Eugenia K. Dorson, Board Administrator, 1601 Rolling Hills Dr., Surry Bldg., 2nd Floor, Richmond, Va. 23229-5005, telephone (804) 662-9925

## STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

**February 24, 1988 - 10 a.m.** – Open Meeting  
Department of Mental Health, Mental Retardation and Substance Abuse Services Central Office, James Madison Building, 13th Floor Conference Room, Richmond, Virginia. ☒

A regular monthly meeting. The agenda will be published on February 17 and may be obtained by calling Jane Helfrich.

**Contact:** Jane V. Helfrich, State Board Staff, Department of Mental Health, Mental Retardation and Substance Abuse Services, P. O. Box 1797, Richmond, Va. 23214, telephone (804) 786-3921

## PROTECTION AND ADVOCACY FOR THE MENTALLY ILL ADVISORY BOARD

**February 26, 1988 - 10 a.m.** – Open Meeting  
James Monroe Building, 101 North 14th Street, 17th Floor, Richmond, Virginia. ☒

A regularly scheduled board meeting for the conduct of business.

**Contact:** Barbara Hoban, Program Manager, Department for Rights of the Disabled, James Monroe Bldg., 101 N. 14th St., Richmond, Va. 23219, telephone (804) 225-2042,

toll-free 1-800-552-3962, SCATS 225-2042 or 1-800-552-3962/TDD ☎

## MILK COMMISSION

**February 17, 1988 - 10 a.m.** – Open Meeting  
Ninth Street Office Building, 9th and Grace Streets, Room 1015, Richmond, Virginia. ☒

A routine meeting.

**February 17, 1988 - 11 a.m.** – Public Hearing  
John Marshall Hotel, 5th and Franklin Streets, Jackson Room, Mezzanine Level, Richmond, Virginia. ☒

A public hearing to receive evidence and testimony relative to amending Regulation No. 8 or adopting a temporary pricing ORDER.

**Contact:** C. H. Coleman, Administrator, Ninth Street Office Bldg., 9th and Grace Sts., Room 1015, Richmond, Va. 23219, telephone (804) 786-2013

## VIRGINIA MUSEUM OF FINE ARTS

### Education in the Arts Committee

† **February 17, 1988 - 2 p.m.** – Open Meeting  
Virginia Museum of Fine Arts, Boulevard and Grove Avenue, The Payne Room, Members' Dining Room, Richmond, Virginia. ☒

A meeting to discuss the philosophy and format of the Education in the Arts Committee.

**Contact:** Emily C. Robertson, Secretary of the Museum, 2800 Grove Ave., Richmond, Va. 23221-2466, telephone (804) 367-0553

## BOARD OF COMMISSIONERS TO EXAMINE PILOTS

**April 13, 1988 - 10 a.m.** – Open Meeting  
Hasler and Company, 121 Tazwell Street, Norfolk, Virginia

A regular quarterly business meeting.

**Contact:** David E. Dick, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 367-8531 or William L. Taylor, 3329 Shore Drive, Virginia Beach, Va. 23451, telephone (804) 496-0995

## VIRGINIA BOARD OF PROFESSIONAL COUNSELORS

**March 30, 1988** – Written comments may be submitted until this date.

Notice is hereby given in accordance § 9-6.14:7.1 of

the Code of Virginia that the Virginia Board of Professional Counselors intends to repeal existing and adopt new regulations entitled: **VR 560-01-02. Regulations Governing the Practice of Professional Counseling.** The proposed regulations were developed as a part of the comprehensive review of regulations initiated by Governor Charles S. Robb.

Statutory Authority: § 54-929(a) of the Code of Virginia.

Written comments may be submitted until March 30, 1988.

**Contact:** Stephanie A. Sivert, Executive Director, Board of Professional Counselors, 1601 Rolling Hills Dr., Richmond, Va. 23229, telephone (804) 662-9912

## BOARD ON CONSERVATION AND DEVELOPMENT OF PUBLIC BEACHES

**February 17, 1988 - 1:30 p.m. – Open Meeting**  
203 Governor Street, 2nd Floor, Room 200, Richmond, Virginia. ☒

A meeting to consider local government requests for grant funding for public beach development and requests for use of state owned sand resources for beach nourishment.

**Contact:** Jack E. Frye, Shoreline Programs Manager, Shoreline Programs, P. O. Box 1024, Gloucester Point, Va. 23062, telephone (804) 642-7121 or SCATS 842-7121

## VIRGINIA REAL ESTATE BOARD

**February 17, 1988 - 9 a.m. – Open Meeting**  
Travelers Building, 3600 West Broad Street, 5th Floor, Richmond, Virginia. ☒

A regular business meeting of the board. The agenda will consist of investigative cases (files) to be considered, files to be reconsidered, matters relating to fair housing, property registration, and licensing issues (e.g., reinstatement, eligibility requests). The agenda may include possible revision of the Rules and Regulations of Fair Housing, Property Registration, and Licensing.

**Contact:** Joan L. White, Assistant Director for Real Estate, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 367-8552, toll-free 1-800-552-3016 or SCATS 367-8552

**February 19, 1988 - 10 a.m. – Open Meeting**  
Yorktown Commerce Center, 228 North Lynnhaven Road, Suite 108, Office of Michael E. Bowerman, Esquire, Virginia Beach, Virginia

The board will meet to conduct a formal administrative hearing: Virginia Real Estate Board v.

Joyce Z. Prescott.

**April 5, 1988 - 10 a.m. – Open Meeting**  
**April 6, 1988 - 10 a.m. – Open Meeting**  
**April 7, 1988 - 10 a.m. – Open Meeting**  
Holiday Inn, 2460 Eisenhower Drive, Alexandria, Virginia

The board will meet to conduct a formal administrative hearing: Virginia Real Estate Board v. Merrill W. Gitlin.

**Contact:** Sylvia W. Bryant, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 367-8524

## BOARD OF REHABILITATIVE SERVICES

**† February 26, 1988 - 9:30 a.m. – Open Meeting**  
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The board will (i) review committee reports; (ii) discuss the status of legislative initiatives for further action, (iii) receive current information on the order of selection for services, and (iv) conduct the regular business of the board.

### Finance Committee

**† February 25, 1988 - 3 p.m. – Open Meeting**  
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will review financial reports, grants and contracts, and develop recommendations for presentation to the board.

### Legislative and Analysis Committee

**† February 25, 1988 - 1 p.m. – Open Meeting**  
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will review legislative activity and make appropriate recommendations for further action to the board.

### Program Committee

**† February 25, 1988 - 9 a.m. – Open Meeting**  
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will review grants and contracts proposed or entered into by the department and review proposed regulatory amendments for recommendations to the board.

**Contact:** James L. Hunter, Administrator, 4901 Fitzhugh Ave., Richmond, Va. 23230, telephone (804) 367-6446,



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toll-free 1-800-552-5019, SCATS 367-6446 or (804) 367-0280/TDD ☎

## STATE SEWAGE HANDLING AND DISPOSAL APPEALS REVIEW BOARD

† **February 24, 1988 - 10 a.m.** – Open Meeting  
James Monroe Building, 101 North 14th Street, Main Floor, Meeting Room C, Richmond, Virginia. ☒

A meeting to hear and render a decision on all appeals of denials of on-site sewage disposal system permits.

**Contact:** Deborah E. Randolph, 109 Governor St., Room 500, Richmond, Va. 23219, telephone (804) 786-3559

## DEPARTMENT OF SOCIAL SERVICES

### Division of Licensing Programs

**March 31, 1988** – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Social Services, Division of Licensing Programs intends to amend regulations entitled: **VR 615-22-02. Standards and Regulations for Licensed Homes for Adults.** The purpose of the proposed regulation is to regulate homes which provide maintenance and care to aged, infirm, and disabled adults.

Statutory Authority: §§ 63.1-174 and 63.1-182.1 of the Code of Virginia.

Written comments may be submitted until March 31, 1988.

**Contact:** Kathryn Thomas, Program Development Supervisor, Department of Social Services, Licensing Programs, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 662-9025, toll-free 1-800-552-7091 or SCATS 662-9025

## VIRGINIA BOARD OF SOCIAL WORK

† **February 19, 1988 - 9 a.m.** – Open Meeting  
Department of Health Regulatory Boards, 1601 Rolling Hills Drive, Richmond, Virginia

A meeting to (i) conduct general board business; (ii) review applications; (iii) respond to correspondence; and (iv) discuss regulations.

**Contact:** Beverly Putnam, Administrative Assistant, 1601 Rolling Hills Dr., Richmond, Va. 23229, telephone (804) 662-9914

## REFORESTATION OF TIMBERLANDS BOARD

**March 16, 1988 - 10 a.m.** – Open Meeting  
Department of Forestry Office, Alderman and McCormick, Charlottesville, Virginia. ☒

A semi-annual meeting of the board to review accomplishments and budget.

**Contact:** James D. Starr, Department of Forestry, P. O. Box 3758, Charlottesville, Va. 22903-0758, telephone (804) 977-6555

## COMMONWEALTH TRANSPORTATION BOARD

**February 18, 1988 - 10 a.m.** – Open Meeting  
Department of Transportation, 1401 East Broad Street, Board Room, Third Floor, Richmond, Virginia. ☒  
(Interpreter for deaf provided if requested)

A monthly meeting of the Commonwealth Transportation Board to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval.

**Contact:** Albert W. Coates, Jr., Assistant Commissioner, Department of Transportation, 1401 E. Broad St., Richmond, Va., telephone (804) 786-9950

## DEPARTMENT OF TRANSPORTATION

**April 1, 1988 - 2 p.m.** – Public Hearing  
Department of Transportation, Central Office, 1401 East Broad Street, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Department of Transportation intends to adopt regulations entitled: **VR 385-01-06. Minimum Standards of Entrances to State Highways.** These regulations establish guidelines for controlling the use of highway right-of-way where it is necessary to provide access to commercial, private and industrial properties abutting state roads.

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

Written comments may be submitted until April 1, 1988.

**Contact:** John L. Butner, Assistant State Traffic Engineer, 1401 E. Broad St., Richmond, Va. 23219, telephone (804) 786-2878 or SCATS 786-2878

## TREASURY BOARD

**February 19, 1988 - 9 a.m.** – Open Meeting  
**March 16, 1988 - 9 a.m.** – Open Meeting

James Monroe Building, 101 North 14th Street, 3rd Floor, Treasury Board Conference Room, Richmond, Virginia. ☒

A regular monthly meeting.

**Contact:** Betty A. Ball, Department of Treasury, James Monroe Bldg., 3rd Fl., Richmond, Va. 23219, telephone (804) 225-2142

## VIRGINIA BOARD OF VETERINARY MEDICINE

**February 17, 1988 - 9 a.m. - Open Meeting**  
**February 18, 1988 - 9 a.m. - Open Meeting**  
Sheraton Premier at Tyson's Corner, 8061 Leesburg Pike, Vienna, Virginia

A meeting to (i) consider general business; (ii) review examination; (iii) discuss regulations; and (iv) conduct disciplinary hearings.

At 1 p.m. on February 18, State Board Licensure Examination.

**Contact:** Moria Lux, Executive Director, Virginia Board of Veterinary Medicine, 1601 Rolling Hills Dr., Richmond, Va. 23229, telephone (804) 662-9942

## BOARD FOR THE VISUALLY HANDICAPPED

† **March 10, 1988 - 11 a.m. - Open Meeting**  
397 Azalea Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

A bi-monthly meeting to review policy and procedures of the department; and to review and approve department's budget, executive agreement, and operating plan.

**Contact:** Diane E. Allen, Executive Secretary Senior, 397 Azalea Ave., Richmond, Va. 23227, telephone (804) 371-3145, toll-free 1-800-622-2155, SCATS 371-3145 or 371-3140/TDD ☎

## DEPARTMENT FOR THE VISUALLY HANDICAPPED

### Advisory Committee on Services

† **April 23, 1988 - 10:30 a.m. - Open Meeting**  
Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

A quarterly meeting to advise the department on matters related to services for blind and visually handicapped citizens of the Commonwealth.

**Contact:** Diane E. Allen, Executive Secretary Senior, 397 Azalea Ave., Richmond, Va. 23227, telephone (804)

371-3145, toll-free 1-800-622-2155, SCATS 371-3145 or 371-3140/TDD ☎

## VIRGINIA COUNCIL ON VOCATIONAL EDUCATION

† **February 24, 1988 - 1 p.m. - Open Meeting**  
Sheraton Airport Inn, 4700 South Laburnum Avenue, Richmond, Virginia

† **February 25, 1988 - 10 a.m. - Open Meeting**  
James Monroe Building, 101 North 14th Street, Richmond, Virginia. ☒

February 24, 1988 - business session: will receive reports from the Executive Committee, Virginia Department of Education, Governor's Job Training Coordinating Council, and Virginia Community College System; will include work session for meeting with Virginia Board of Education

February 25, 1988 - will meet with Virginia Board of Education to present council recommendations on vocational education and the 1988-90 State Plan for Vocational Education, and an update on local vocational education advisory councils.

**Contact:** George S. Orr, Jr., Executive Director, Virginia Council on Vocational Education, P. O. Box U, Blacksburg, Va. 24063-1035, telephone (703) 961-6945

## VIRGINIA VOLUNTARY FORMULARY BOARD

**February 22, 1988 - 10 a.m. - Public Hearing**  
James Madison Building, 109 Governor Street, Main Floor Conference Room, Richmond, Virginia. ☒

A public hearing to consider the proposed adoption and issuance of revisions to the Virginia Voluntary Formulary. The proposed revisions to the Formulary add and delete drugs and drug products to the Formulary that became effective on November 1, 1987, and a supplement to the Formulary that becomes effective on February 1, 1988.

Copies of the proposed revisions to the Formulary are available for inspection at the Virginia Department of Health, Bureau of Pharmacy Services, James Madison Building, 109 Governor Street, Richmond, Virginia 23219. Written comments sent to the above address and received prior to 5 p.m. on February 22, 1988, will be made a part of the hearing record and considered by the board.

**Contact:** James K. Thomson, Director, Bureau of Pharmacy Services, Virginia Department of Health, 109 Governor St., Richmond, Va. 23219, telephone (804) 786-4326

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## DEPARTMENT OF WASTE MANAGEMENT

**February 22, 1988 - 1 p.m. - Open Meeting**  
County of Henrico Government Complex, Prince Henry Road at Parham and Hungary Springs Roads, Administration Building, First Floor, Board Room, Richmond, Virginia

A public meeting will be held to present, answer questions concerning, and receive comments on a draft Amendment 9 to the Virginia Hazardous Waste Management Regulations. This meeting is preliminary to development of the draft amendment into the proposed amendment to be reviewed further in a formal public hearing at a later date.

**February 17, 1988 - 1 p.m. - Open Meeting**  
City of Winchester, Rouss City Hall, 15 Cameron Street, 4th Floor, Trade Center, Winchester, Virginia

**February 18, 1988 - 2:30 p.m. - Open Meeting**  
Central Virginia Community College, 3506 Wards Road, Auditorium, Lynchburg, Virginia

**February 22, 1988 - 2:30 p.m. - Open Meeting**  
County of Henrico, Administration Building, Prince Henry Road at Parham and Hungary Springs Roads, 1st Floor, Board Room, Richmond, Virginia

**February 24, 1988 - 2:30 p.m. - Open Meeting**  
Donaldson Brown Center, Otey Street, Auditorium (Rear Section), Blacksburg, Virginia

**February 26, 1988 - 2:30 p.m. - Open Meeting**  
County of Fairfax, 4100 Chain Bridge Road, Massey Building, A - Level, Supervisors Board Room, Fairfax, Virginia

A public meeting will be held to present, answer questions concerning, and receive comment on draft Infectious Waste Management Regulations. These meetings are preliminary to development of the draft regulations into the proposed regulations to be reviewed further in a formal public hearing at a later date.

**February 17, 1988 - 3 p.m. - Open Meeting**  
City of Winchester, Rouss City Hall, 15 Cameron Street, 4th Floor, Trade Center, Winchester, Virginia

**February 18, 1988 - 7:30 p.m. - Open Meeting**  
Central Virginia Community College, 3506 Wards Road, Auditorium, Lynchburg, Virginia

**February 22, 1988 - 7:30 p.m. - Open Meeting**  
County of Henrico, Administration Building, Prince Henry Road at Parham and Hungary Springs Roads, 1st Floor, Board Room, Richmond, Virginia

**February 24, 1988 - 7:30 p.m. - Open Meeting**  
Donaldson Brown Center, Otey Street, Auditorium (Rear

Section), Blacksburg, Virginia

**February 26, 1988 - 7:30 p.m. - Open Meeting**  
County of Fairfax, 4100 Chain Bridge Road, Massey Building, A - Level, Supervisors Board Room, Fairfax, Virginia

A public meeting will be held to present, answer questions concerning and receive comments on draft Solid Waste Management Regulations. These meetings are preliminary to development of the draft regulations into the proposed regulations to be reviewed further in a formal public hearing at a later date.

**Contact:** Robert G. Wickline, Director, Research and Development, James Monroe Bldg., 101 N. 14th St., 11th Fl., Richmond, Va. 23219, telephone (804) 225-3672

## STATE WATER CONTROL BOARD

**February 23, 1988 - 2 p.m. - Public Hearing**  
Prince William County, 1 County Complex, McCourt Building, 4850 Davis Ford Road, Prince William, Virginia

**February 25, 1988 - 2 p.m. - Public Hearing**  
Williamsburg/James City Courthouse, 321-45 Court Street - West, Council Chambers, Williamsburg, Virginia

**February 29, 1988 - 10 a.m. - Public Hearing**  
Washington County Administratio Office Building, 205 Academy Drive, Board of Supervisors Room, Abingdon, Virginia

**March 1, 1988 - 1 p.m. - Public Hearing**  
Roanoke County Administration Center Community Room, 3738 Brambleton Avenue, S.W., Roanoke, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled: **VR 680-14-01. Permit Regulation.** The proposed amendments include language changes to ensure that the National Pollutant Discharge Elimination System (NPDES) permit program conforms with federal regulations and the incorporation of other permit/certificate regulations into a single permit regulation.

Statutory Authority: § 62.1-44.15(10) of the Code of Virginia.

Written comments may be submitted until 5 p.m., March 22, 1988, to Doneva Dalton, Hearing Reporter, State Water Control Board, P. O. Box 11143, Richmond, Virginia 23230.

**Contact:** Martin Ferguson, Jr., Permit Manager, State Water Control Board, P. O. Box 11143, Richmond, Va. 23230, telephone (804) 367-6984

# Calendar of Events

† **February 29, 1988 - 7 p.m.** – Public Hearing  
Graham Middle School, Little Theatre, Double Gates,  
Bluefield, Virginia

A public hearing to receive comments on the proposed National Pollutant Discharge Elimination System (NPDES) Permit for Westwood Health Center Sewage Treatment Plant, in the Town of Bluefield, Virginia.

**Contact:** Doneva A. Dalton, State Water Control Board, P. O. Box 11143, Richmond, Va. 23230, telephone (804) 367-6829

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**March 9, 1988 - 7 p.m.** – Public Hearing  
Court Room, City Municipal Building, 300 East Washington Street, 2nd Floor, Lexington, Virginia

Notice is hereby given with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled: **VR 680-16-03. Upper James River Basin Water Quality Management Plan.** The proposed amendments would revise the BOD5 poundage limits for Cascades Creek at Ashwood-Healing Springs, for Cabin River at Millboro and for Maury River at Lexington.

Statutory Authority: § 62.1-44.15(3) of the Code of Virginia.

Written comments may be submitted until 5 p.m., March 22, 1988, to Doneva Dalton, Hearing Reporter, State Water Control Board, P. O. Box 11143, Richmond, Virginia 23230.

**Contact:** Charles T. Mizell, Water Resources Development Supervisor, Valley Regional Office, State Water Control Board, P. O. Box 268, Bridgewater, Va. 22812, telephone (703) 828-2595

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† **April 4, 1988 - 7 p.m.** – Public Hearing  
Spotsylvania County Board of Supervisors Room, Route 208 at Spotsylvania Courthouse, Spotsylvania, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to adopt regulations entitled: **VR 680-16-17. Rappahannock River Basin Water Quality Management Plan.** The Plan sets forth measures to be implemented by the State Water Control Board to reach and maintain applicable water quality goals.

## STATEMENT

**Purpose:** Water Quality Management Plans set forth measures for the State Water Control Board to implement in order to reach and maintain water quality goals in general terms. The plans also establish numeric loadings for five day biochemical (BOD5) oxygen demand.

**Basis and statutory authority:** Sections 62.1-44.15(3) and (10) of the Code of Virginia authorize the State Water Control Board to establish water quality standards and policies for any state waters consistent with the purpose and general policy of the State Water Control Law, and to modify, amend, or cancel any such standards and policies.

Sections 62.1-44.15(13) of the Code of Virginia authorizes the establishment of policies and programs for area and basin wide water quality control and management.

Title 40, Parts 35 and 130 of the Code of Federal Regulations requires states to develop a continuing planning process of which water quality management plans (WQMP) are a part. No National Pollutant Discharge Elimination System (NPDES) permit may be issued which is in conflict with an approved WQMP.

**Estimated impact:** There are 79 permitted or certificated facilities and approximately 146,000 persons residing in the York River Basin who are directly affected by the Plan. However, no financial impact to the regulated community is anticipated.

Statutory Authority: § 62.1-44.15(3) of the Code of Virginia.

Written comments may be submitted until April 18, 1988, to Doneva Dalton, Hearing Reporter, State Water Control Board, P. O. Box 11143, Richmond, Va. 23230.

**Contact:** Dale J. Jones, Director, Office of Water Resources Planning, State Water Control Board, P. O. Box 11143, Richmond, Va. 23230, telephone (804) 367-6422

## THE COLLEGE OF WILLIAM AND MARY

### Board of Visitors

**April 21, 1988 - 3 p.m.** – Open Meeting  
**April 22, 1988 - 8 a.m.** – Open Meeting  
Campus Center, Jamestown Road, Williamsburg, Virginia

A regularly scheduled meeting to (i) approve the budgets and fees of the college and Richard Bland College; (ii) receive reports from several committees of the board, and (iii) act on those resolutions that are presented by the administrations of William and Mary and Richard Bland College.

An informational release will be available four days prior to the board meeting for those individuals or organizations who request it.

**Contact:** Office of University Relations, James Blair Hall, Room 308, College of William and Mary, Williamsburg, Va. 23185, telephone (804) 253-4226

# Calendar of Events

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## COUNCIL ON THE STATUS OF WOMEN

**February 16, 1988 - 8 p.m. - Open Meeting**  
Jefferson Sheraton Hotel, Franklin and Adams Streets,  
Richmond, - Virginia

**March 15, 1988 - 8 p.m. - Open Meeting**  
Embassy Suites Hotel, 2925 Emerywood Parkway,  
Richmond, Virginia

Meetings of the Standing Committees of the Virginia  
Council on the Status of Women.

**February 17, 1988 - 10 a.m. - Open Meeting**  
NOTE: CHANGE OF LOCATION AND TIME  
Jefferson Sheraton Hotel, Franklin and Adams Streets,  
Richmond, Virginia

**March 16, 1988 - 9 a.m. - Open Meeting**  
Embassy Suites Hotel, 2925 Emerywood Parkway,  
Richmond, Virginia

A regular meeting of the council to conduct general  
business and to receive reports from the council  
standing committees.

**Contact:** Bonnie H. Robinson, Executive Director, 8007  
Discovery Dr., Richmond, Va. 23229-8699, telephone (804)  
662-9200 or SCATS 662-9200

## LEGISLATIVE

### Notice to Subscribers

Legislative meetings held during the Session of the  
General Assembly are exempted from publication in the  
Virginia Register of Regulations. You may call Legislative  
Information for information on standing committee  
meetings. The number is (804) 786-6530.

## CHRONOLOGICAL LIST

### OPEN MEETINGS

**February 16**  
Architects, Professional Engineers, Land Surveyors and  
Certified Landscape Architects, Board of  
- Virginia State Board of Professional Engineers  
Conservation and Historic Resources, Department of  
- Virginia Historic Landmarks Board  
Corrections, State Board of  
Housing Development Authority, Virginia  
† Housing and Community Development, Board of  
- Amusement Device Technical Advisory Committee  
Medicine, Virginia State Board of  
- Informal Conference Committee  
Women, Council on the Status of

### February 17

† Emergency Planning Committee, Roanoke Valley  
Local  
Milk Commission  
† Museum of Fine Arts, Virginia  
- Education in the Arts Committee  
Public Beaches, Board on Conservation and  
Development of  
Real Estate Board, Virginia  
Veterinary Medicine, Virginia Board of  
Waste Management, Department of  
Women, Council on the Status of

### February 18

† Farmers' Market Board, Virginia  
Transportation Board, Commonwealth  
Veterinary Medicine, Virginia Board of  
Waste Management, Department of

### February 19

Building Code Technical Review Board, State  
† Lottery Board, State  
Real Estate Board, Virginia  
† Social Work, Virginia Board of  
Treasury Board

### February 22

Cosmetology, Virginia Board of  
Health, Board of/Health, Department of  
† Job Training Coordinating Council, Governor's  
Waste Management, Department of

### February 23

Alcoholic Beverage Control Board  
Aviation Board, Virginia  
Medicine, Virginia State Board of

### February 24

Agriculture and Consumer Services, Board of  
Health Services Cost Review Council, Virginia  
Mental Health, Mental Retardation and Substance  
Abuse Services Board, State  
† Sewage Handling and Disposal Appeals Review  
Board, State  
† Vocational Education, Virginia Council on  
Waste Management, Department of

### February 25

Agriculture and Consumer Services, Board of  
Education, State Board of  
Medicine, Virginia State Board of  
Nursing, Virginia State Board of  
- Informal Conference Committee  
† Rehabilitative Services, Board of  
- Finance Committee  
- Legislative and Analysis Committee  
- Program Committee  
† Vocational Education, Virginia Council on

### February 26

Education, State Board of

# Calendar of Events

Mentally Ill Advisory Board, Protection and Advocacy  
for the  
† Rehabilitative Services, Board of  
Waste Management, Department of

## February 28

Library Board  
- Executive Committee

## February 29

Library Board  
- Public Library Development Committee

## March 1

Hopewell Industrial Safety Council  
Marine Resources Commission  
Medicine, Virginia State Board of  
- Chiropractic Examination Committee

## March 3

† Fire Services Board, Virginia

## March 4

Child Abuse and Neglect, Governor's Advisory Board  
on  
† Fire Services Board, Virginia

## March 5

Dentistry, Virginia Board of

## March 6

Dentistry, Virginia Board of

## March 7

† Barber Examiners, Board of

## March 8

† Alcoholic Beverage Control Board  
† Funeral Directors and Embalmers, Virginia Board of

## March 9

† Funeral Directors and Embalmers, Virginia Board of

## March 10

† Funeral Directors and Embalmers, Virginia Board of  
† Visually Handicapped, Board for the

## March 15

Women, Council on the Status of

## March 16

Contractors, State Board for  
Corrections, State Board of  
† Indians, Council on  
Timberlands Board, Reforestation of  
Treasury Board  
Women, Council on the Status of

## March 17

† Conservation and Historic Resources, Department of  
- Virginia Soil and Water Conservation Board

Education, State Board of  
† General Services, Department of  
- State Insurance Advisory Board

## March 18

Education, State Board of

## March 22

† Alcoholic Beverage Control Board

## April 5

† Alcoholic Beverage Control Board  
Real Estate Board, Virginia

## April 6

† Emergency Planning Committee, Local  
† Medicine, Virginia State Board of  
- Informal Conference Committee  
Real Estate Board, Virginia

## April 7

Real Estate Board, Virginia

## April 9

† Medicine, Virginia State Board of  
- Credentials Committee

## April 13

Pilots, Board of Commissioners to Examine

## April 19

† Alcoholic Beverage Control Board

## April 21

Medicine, Virginia State Board of  
- Chiropractic Examination Committee  
William and Mary, The College of  
- Board of Visitors

## April 22

William and Mary, The College of  
- Board of Visitors

## April 23

† Visually Handicapped, Department for the  
- Advisory Committee on Services

## May 3

Auctioneers Board

## PUBLIC HEARINGS

## February 17

Milk Commission

## February 22

† Auditor of Public Accounts  
Voluntary Formulary Board, Virginia

## February 23

# Calendar of Events

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Water Control Board, State

**February 25**

Education, Department of  
Water Control Board, State

**February 29**

Water Control Board, State

**March 1**

Water Control Board, State

**March 9**

Water Control Board, State

**March 17**

Education, Department of

**March 23**

† Auditor of Public Accounts

**April 1**

Transportation, Department of

**April 4**

† Water Control Board, State

**April 18**

† Labor and Industry, Department of

**April 20**

† Medicine, Virginia State Board of

**May 3**

† Marine Resources Commission  
- Habitat Management Division