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† Indicates entries since last publication of the Virginia Register

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

VA.R. Doc. No. R94-831; Filed April 12, 1994, 3:06 p.m.

† Notice of Intended Regulatory Action

† Notice of Intended Regulatory Action

AMENDED NOTICE

AMENDED NOTICE

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Agriculture and Consumer Services intends to consider amending regulations entitled: **VR 115-02-02. Rules and Regulations Governing the Prevention, Control, and Eradication of Bovine Tuberculosis in Virginia.** The purpose of the proposed regulation is to review the regulation for effectiveness and continued need, including but not limited to: (i) adding provisions to require testing and subjecting to other requirements within the regulation of (a) all classes of bovidae (not just cattle), (b) all cervidae (many of the deer), and (c) all capridae (goats); (ii) considering alternative ways of disposing of tuberculosis-infected animals; (iii) a proposal to shorten the time in which a report must be made to the State Veterinarian when tuberculosis is suspected; (iv) requiring owners of cervidae to maintain records for three years to include: (a) owners name and address, (b) individual identification of each animal to include species, (c) name and address of where the animal was purchased, (d) date of purchase, (e) date and to whom the animal was sold, and (f) date and results of any official tests performed; and (v) requiring dealers in livestock/exotic species to register with the State Veterinarian's office.

The agency invites comment on whether there should be an advisor appointed for the present regulatory action. An advisor is: (i) a standing advisory panel; (ii) an ad-hoc advisory panel; (iii) consultation with groups, (iv) consultation with individuals; or (v) any combination thereof.

The agency plans to hold a public hearing on the proposed regulation after it is published.

Statutory Authority: §§ 3.1-724, 3.1-726, and 3.1-730 of the Code of Virginia.

Written comments may be submitted until 8:30 a.m. on June 6, 1994, to Dr. W.M. Sims, Jr., VDACS, Division of Animal Health, P. O. Box 1163, Richmond, VA 23209-1163.

Contact: T.R. Lee, Program Supervisor, Department of Agriculture and Consumer Services, 1100 Bank Street, P. O. Box 1163, Richmond, VA 23209-1163, telephone (804) 786-2483.

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Agriculture and Consumer Services intends to consider amending regulations entitled: **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.** The purpose of the proposed regulation is to review the regulation for effectiveness and continued need, including but not limited to: (i) adding provisions governing the importation of cervidae—most varieties of deer; (ii) repealing provisions requiring a permit for the importation of psittacine (parrot-like) birds and repealing provisions requiring that they be treated for psittacosis; (iii) repealing provisions requiring South American camelids of the genus *Lama* to be tested for bluetongue; (iv) requiring rabies vaccination for cats entering the Commonwealth; (v) adding importation requirements for bison, to treat them more consistently with cattle; and (vi) relaxing certain requirements pertaining to feeder cattle.

The agency invites comment on whether there should be an advisor appointed for the present regulatory action. An advisor is: (i) a standing advisory panel; (ii) an ad-hoc advisory panel; (iii) consultation with individuals; or (v) any combination thereof.

The agency plans to hold a public hearing on the proposed regulation after it is published.

Statutory Authority: §§ 3.1-724, 3.1-726, and 3.1-730 of the Code of Virginia.

Written comments may be submitted until 8:30 a.m. on June 6, 1994, to Dr. W.M. Sims, Jr., VDACS, Division of Animal Health, P. O. Box 1163, Richmond, VA 23209-1163.

Contact: T.R. Lee, Program Supervisor, Department of Agriculture and Consumer Services, 1100 Bank Street, P. O. Box 1165, Richmond, VA 23209-1163, telephone (804) 786-2483.

VA.R. Doc. No. R94-832; Filed April 12, 1994, 3:06 p.m.

Notices of Intended Regulatory Action

STATE AIR POLLUTION CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Air Pollution Control Board intends to consider promulgating regulations entitled: **VR 120-99-04. Regulation for the Control of Motor Vehicle Emissions in the Richmond Area.** The purpose of the proposed action is to develop a regulation for the testing of emissions from motor vehicles located in or primarily operated in the Richmond area which conforms to state law and federal requirements.

Public Meeting: A public meeting will be held by the department in the Board Room, Department of Environmental Quality, Innsbrook, 4900 Cox Road, Glen Allen, Virginia, at 7 p.m. on May 18, 1994, to discuss the intended action. Unlike a public hearing, which is intended only to receive testimony, this meeting is being held to discuss and exchange ideas and information relative to regulation development.

Accessibility to Persons with Disabilities: The meeting is being held at a public facility believed to be accessible to persons with disabilities. Any person with questions on the accessibility of the facility should contact Ms. Doneva Dalton at the Office of Regulatory Services, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240, or by telephone at (804) 762-4379 or TDD (804) 762-4021. Persons needing interpreter services for the deaf must notify Ms. Dalton no later than May 4, 1994.

Ad Hoc Advisory Group: The department will form an ad hoc advisory group to assist in the development of the regulation. If you desire to be on the group, notify the agency contact in writing by close of business May 18, 1994, and provide your name, address, phone number and the organization you represent (if any). Notification of the composition of the ad hoc advisory group will be sent to all applicants. If you wish to be on the group, you are encouraged to attend the public meeting mentioned above.

Public Hearing Plans: After publication in The Virginia Register of Regulations, the department will hold at least one public hearing to provide opportunity for public comment on any regulation drafted pursuant to this notice.

Need: One of the primary goals of the federal Clean Air Act (Act) is the attainment and maintenance of the National Ambient Air Quality Standards (NAAQS). These standards, designed to protect public health and welfare, apply to six pollutants, of which ozone is the primary focus of this proposed action. Ozone is formed when volatile organic compounds (VOCs) and nitrogen oxides (NOx) in the air react together in the presence of sunlight. VOCs are chemicals contained in gasoline, polishes, paints, varnishes, cleaning fluids, inks, and other household and industrial products. NOx emissions are a byproduct from the combustion of fuels and industrial processes.

The National Ambient Air Quality Standard for ozone is 0.12 parts per million (ppm) and was established by the U.S. Environmental Protection Agency (EPA) to protect the health of the general public with an adequate margin of safety. When concentrations of ozone in the ambient air exceed the federal standard the area is considered to be out of compliance and is classified as "nonattainment." Numerous counties and cities within the Northern Virginia, Richmond, and Hampton Roads areas have been identified as ozone nonattainment areas according to new provisions of the Act.

States are required to develop plans to ensure that areas will come into compliance with the federal health standard. Failure to develop adequate programs to meet the ozone air quality standard: (i) will result in the continued violations of the standard; (ii) may result in assumption of the program by EPA at which time the Commonwealth would lose authority over matters affecting its citizens; and (iii) may result in the implementation of sanctions by EPA, such as more restrictive requirements on new major industrial facilities and loss of federal funds for highway construction. Furthermore, if a particular area fails to attain the federal standard by the legislatively mandated attainment date, EPA is required to reassign it to the next higher classification level (denoting a worse air quality problem), thus subjecting the area to more stringent control requirements.

More vehicle emissions inspection programs, known as inspection and maintenance (I/M) programs, are an integral part of the effort to reduce mobile source air pollution. Cars and trucks create about half of the ozone air pollution. Of all highway vehicles, passenger cars and light trucks emit most of the vehicle-related carbon monoxide and ozone-forming hydrocarbons. Tremendous progress has been made in reducing these pollutants; however, total vehicle emissions remain high. This is because the number of vehicle miles travelled on our highways has doubled in the last 20 years, offsetting much of the technological progress in vehicle emission control over the same two decades. Ongoing efforts to reduce emissions from individual vehicles will be necessary to achieve our air quality goals.

I/M programs achieve their objective by identifying vehicles that have high emissions as a result of one or more malfunctions and requiring them to be repaired. Minor malfunctions in the emissions control system can increase emissions significantly. The average car on the road can emit three to four times the carbon monoxide and hydrocarbons allowed by new car standards if emission control systems are malfunctioning. Unfortunately, rarely is it obvious which cars have malfunctions as the emissions themselves may not be noticeable and emission control malfunctions do not necessarily affect vehicle driveability. I/M programs provide a way to check whether the emission control systems on a vehicle are working correctly. All new passenger cars and trucks sold in the United States today must meet stringent air pollution standards and those standards became more

Notices of Intended Regulatory Action

stringent in model year 1994, but they can only retain this low-polluting profile if the emission controls and engine are functioning properly. An I/M program is designed to ensure that vehicles stay clean in actual use. This, in turn, can substantially reduce the amount of volatile organic compounds, carbon monoxide, and nitrogen oxides emitted to the ambient air, thereby reducing the formation of ozone and lowering ozone concentrations.

Alternatives:

1. Draft new regulations which will provide for implementation of a motor vehicle emissions testing program that meets the provisions of the state code, federal Clean Air Act and associated EPA regulations and policies.

2. No regulatory alternatives to a basic I/M program have been promulgated by EPA as meeting the requirements of the Act. Adopting an unapprovable program will result in sanctions being imposed by EPA.

3. Take no action to develop the regulations and risk sanctions by EPA.

Costs and Benefits: The department is soliciting comments on the costs and benefits of the alternatives stated above or other alternatives.

Applicable Federal Requirements: The 1990 Amendments to the Clean Air Act represent the most comprehensive piece of clean air legislation ever enacted to address air quality planning requirements for areas that had not attained the federal air quality standard for ozone (that is, nonattainment areas). The new Act established a process for evaluating the air quality in each region and identifying and classifying each nonattainment area according to the severity of its air pollution problem. Nonattainment areas are classified as marginal, moderate, serious, severe and extreme. Marginal areas are subject to the least stringent requirements and each subsequent classification (or class) is subject to successively more stringent control measures. Areas in a higher classification of nonattainment must meet the mandates of the lower classifications plus the more stringent requirements of its own class. Virginia's ozone nonattainment areas are classified as marginal for the Hampton Roads Nonattainment Area, moderate for the Richmond Nonattainment Area, and serious for the Northern Virginia Nonattainment Area.

The Richmond area has an ozone air pollution problem classified by the EPA as "moderate." The problem is a result of emissions from both industrial sources and motor vehicles. The Act requires that all areas classified as moderate must implement a vehicle inspection and maintenance program, commonly referred to as I/M.

The Act requires that basic I/M programs be implemented as expeditiously as practicable. The program implemented

by the state must achieve emission reductions equivalent to or greater than those resultant from the EPA model program having the following characteristics:

- Centralized testing,
- Annual testing,
- Idle emission test,
- Testing of 1968 and later model year vehicles,
- Testing of light duty vehicles,
- Twenty percent emission test failure rate among pre-1981 model year vehicles;
- Zero percent waiver rate, and
- One hundred percent compliance rate.

However, the state has the flexibility to design its own program and demonstrate that it is as effective as the EPA model program in reducing emissions. Legislation was passed by the General Assembly of Virginia in 1993 and 1994 that provides authority for a basic I/M program to be implemented in the Richmond nonattainment area. The program will apply to motor vehicles that have actual gross weights of 8,500 pounds or less registered in the affected counties and cities. Key provisions of the legislation include:

- A biennial inspection;
- An inspection fee cap of \$17;
- A minimum repair cost of \$75 for pre-1981 vehicles and \$200 for 1981 and newer vehicles to qualify for a waiver;
- Motor vehicles being titled for the first time may be registered for up to two years without being subject to an emissions inspection;
- An exemption for any of the following vehicles: (i) vehicles powered by a diesel engine; (ii) motorcycles; (iii) vehicles which, at the time of manufacture were not designed to meet emission standards set or approved by the federal government; or (iv) any antique motor vehicle as defined in § 46.2-100 and licensed pursuant to § 46.2-730;
- The requirement for the inspection to apply to all vehicles registered and/or operated in the affected area including (i) vehicles owned by government entities; (ii) vehicles owned by military personnel residing in the affected areas; and (iii) vehicles owned by leasing or rental companies; and
- The program shall be a basic, test and repair program with the greatest number of inspection

Notices of Intended Regulatory Action

facilities consistent with the consumer protection and fee provisions in accordance with the Clean Air Act.

The legislation directs the State Air Pollution Control Board to adopt regulations to implement the program.

Statutory Authority: § 46.2-1180 of the Code of Virginia.

Written comments may be submitted until close of business May 18, 1994, to the Manager, Air Programs Section, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240.

Contact: Mary E. Major, Policy Analyst Senior, Air Programs Section, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 762-4423.

V.A.R. Doc. No. R94-757; Filed March 30, 1994, 10:55 a.m.

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND LANDSCAPE ARCHITECTS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects intends to consider amending regulations entitled: **VR 130-01-2. Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects Rules and Regulations.** The purpose of the proposed action is to amend the current licensure and registration requirements and standards of practice and conduct. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 54.1-404 of the Code of Virginia.

Written comments may be submitted until May 18, 1994.

Contact: Willie Fobbs, III, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514.

V.A.R. Doc. No. R94-743; Filed March 28, 1994, 12:24 p.m.



DEPARTMENT OF HEALTH (STATE BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of

Health intends to consider amending regulations entitled: **VR 355-20-100 (formerly VR 355-20-01). Virginia Radiation Protection Regulations.** The proposed action is to adopt the 1991 version of the "Suggested State Regulations for Control of Radiation" published by the Conference of Radiation Control Program Directors, Inc.; revise the protection standards resulting from changes to 10 CFR 20; and consider adoption of comments solicited from the public. The agency intends to hold a public hearing on the proposed regulation after publication.

Purpose: The purpose of this Notice of Intended Regulatory Action is to solicit public comments regarding revisions to the Virginia Radiation Protection Regulations. The agency intends to adopt the model regulations contained in the document, "Suggested State Regulations for Control of Radiation," published by the Conference of Radiation Control Program Directors, Inc. (CRCPD) and available from CRCPD, 205 Capital Avenue, Frankfort, Kentucky 40601, telephone (502) 227-4543. The revisions also include replacing Part V, radiation protection standards, with the new federal Part 10 CFR 20 standards.

A summary of changes proposed by the agency's staff follows:

1. Update regulations from the latest version of the "Suggested State Regulations for Control of Radiation."
2. Implement Code of Virginia provisions for bonding of radioactive material licensees.
3. Remove all references to radioactive materials regulated by NRC and NRC Agreement states in Part IV.
4. Adopt the new federal 10 CFR 20 in Part V, radiation protection standards.
5. Adopt provisions of the Mammography Quality Standards Act.

The agency requests public comment for the following issues:

1. What qualifications should private inspectors have? Should individuals be allowed to work as interns and the supervisor not be on site for all of the surveys performed by the intern?
2. Should there be other categories of private inspectors besides diagnostic x-ray and radiation therapy machines, such as mammography, dental, CT, or others? What qualifications should they have?
3. Should the agency specify equipment used by private inspectors and require proof of equipment calibrations?
4. What data should private inspectors report to the agency for it to certify x-ray machines?

Notices of Intended Regulatory Action

5. Should there be any difference in what data the private inspector provides the agency for compliant machines versus noncompliant machines?

6. Should the inspection procedures be prescriptive, or should the agency provide guidance for the conduct of the inspection, or should the inspection procedure be left to the private inspector's judgment?

7. Should x-ray equipment manufactured prior to September 1974 (the date that the U.S. FDA began certification of x-ray machines manufactured for use in the healing arts) be certified for use in the healing arts after the year 2000?

8. Should portable x-ray machines be used as fixed machines in dental and medical facilities?

9. Should stretch cords be allowed for dental intraoral and panoramic machines?

10. Should dosimetry be eliminated for dental facilities that use machines with stretch cords or have open bay operatories?

11. How should the agency address the issue of exposure versus dose that is reported for occupational workers while performing interventional diagnostic procedures?

12. What limits should be placed on fluoroscopic x-ray machines that have an output rate exceeding 20 R/min?

13. Should nonimage-intensified fluoroscopic machines be certified for use in the healing arts?

14. What elements should a quality assurance program have at a facility with x-ray equipment used in the healing arts? Examples are processor temperature and time, fog measurements, sensitometric measurements, phantom exposure trends, and phantom image scores.

15. How frequently should analytical x-ray diffraction equipment and industrial x-ray equipment be inspected?

16. Should the shielding design of linear accelerators producing beam energies greater than 18 MeV be required to include calculations of neutron production or should the facility measure the neutron production for evaluating the effectiveness of the shielding design?

Any individual or organization interested in participating in the development of specific rules and regulations should also contact the Bureau of Radiological Health and ask to be placed on the interested parties list.

The Radiation Advisory Board will review all public comments and assist the agency in the review and

development of the regulations for the Board of Health.

Statutory Authority: § 32.1-299 of the Code of Virginia.

Written comments may be submitted until June 17, 1994.

Contact: Leslie P. Foldesi, Director, Bureau of Radiological Health, 1500 E. Main St., Room 104A, Richmond, VA 23219, telephone (804) 786-5932, FAX (804) 786-6979 or toll-free 1-800-468-0138.

VA.R. Doc. No. R94-755; Filed March 30, 1994, 10:19 a.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Health intends to consider amending regulations entitled: **VR 355-30-102. Virginia State Medical Facilities Plan: Perinatal Services.** The purpose of the proposed action is to amend the criteria and standards for approval of projects for establishment of neonatal special care services. A public hearing is planned during the public comment period to commence with the publication of the regulations.

Statutory Authority: §§ 32.1-12 and 32.1-102.1 et seq. of the Code of Virginia.

Written comments may be submitted until May 30, 1994.

Contact: Paul E. Parker, Director, Office of Resources Development, Department of Health, 1500 E. Main St., Suite 105, Richmond, VA 23219, telephone (804) 786-7463.

VA.R. Doc. No. R94-741; Filed March 25, 1994, 1:15 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Health intends to consider amending regulations entitled: **VR 355-30-104. Virginia State Medical Facilities Plan: General Surgical Services.** The purpose of the proposed action is to amend the criteria and standards for approval of projects involving surgical services and facilities. A public hearing is planned during the public comment period to commence with the publication of the regulations.

Statutory Authority: §§ 32.1-12 and 32.1-102.1 et seq. of the Code of Virginia.

Written comments may be submitted until May 30, 1994.

Contact: Paul E. Parker, Director, Office of Resources Development, Department of Health, 1500 E. Main St., Suite 105, Richmond, VA 23219, telephone (804) 786-7463.

VA.R. Doc. No. R94-740; Filed March 25, 1994, 1:15 p.m.

Notices of Intended Regulatory Action

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Health intends to consider amending regulations entitled: **VR 355-30-107. Virginia State Medical Facilities Plan Medical Rehabilitation Services.** The purpose of the proposed action is to amend the criteria and standards for approval of projects which involve medical rehabilitation services and facilities. A public hearing is planned during the public comment period to commence with the publication of the regulations.

Statutory Authority: §§ 32.1-12 and 32.1-102.1 et seq. of the Code of Virginia.

Written comments may be submitted until May 30, 1994.

Contact: Paul E. Parker, Director, Office of Resources Development, Department of Health, 1500 E. Main St., Suite 105, Richmond, VA 23219, telephone (804) 786-7463.

VA.R. Doc. No. R94-744; Filed March 28, 1994, 11 a.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Health intends to consider amending regulations entitled: **VR 355-30-111. Virginia State Medical Facilities Plan: Radiation Therapy Services.** The purpose of the proposed action is to amend the criteria and standards for approval of projects which involve radiation therapy services. A public hearing is planned during the public comment period to commence with the publication of the regulations.

Statutory Authority: §§ 32.1-12 and 32.1-102.1 et seq. of the Code of Virginia.

Written comments may be submitted until May 30, 1994.

Contact: Paul E. Parker, Director, Office of Resources Development, Department of Health, 1500 E. Main St., Suite 105, Richmond, VA 23219, telephone (804) 786-7463.

VA.R. Doc. No. R94-742; Filed March 28, 1994, 9:05 a.m.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Housing and Community Development intends to consider amending regulations: **VR 394-01-107. Procedures for Allocation of Low Income Housing Tax Credits.** The purpose of the proposed action is to modify the existing allocation plan to reflect changes in scoring criteria and other administrative procedures. The agency intends to

hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 36-139 of the Code of Virginia, Governor's Executive Order No. Forty (91), and § 42 of the Internal Revenue Code.

Written comments may be submitted until May 20, 1994.

Contact: H. Graham Driver, Program Manager, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 371-7122.

VA.R. Doc. No. R94-776; Filed March 30, 1994, 11:31 a.m.

COUNCIL ON HUMAN RIGHTS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Council on Human Rights intends to consider promulgating regulations entitled: **VR 402-01-011. Public Participation Guidelines.** The purpose of the proposed regulation is to comply with the Administrative Process Act to ensure public participation. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 9-6.14:7.1 of the Code of Virginia.

Written comments may be submitted until May 18, 1994.

Contact: Sandra D. Norman, Executive Assistant, Council on Human Rights, 1100 Bank Street, 12th Floor, Richmond, VA 23219, telephone (804) 225-2292 or toll free 1-800-633-5510.

VA.R. Doc. No. R94-774; Filed March 30, 1994, 11:53 a.m.

VIRGINIA MANUFACTURED HOUSING BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Manufactured Housing Board intends to consider amending regulations entitled: **VR 449-01-02. Manufactured Housing Licensing and Transaction Recovery Fund Regulations.** The purpose of the proposed action is to amend fee schedules and licensing requirements based on legislative changes made by the 1994 General Assembly. The board will hold a public hearing on proposed amendments to the proposed regulations after publication.

Statutory Authority: § 36-85.18 of the Code of Virginia.

Written comments may be submitted until June 2, 1994.

Contact: Curtis L. McIver, Associate Director, Department

Notices of Intended Regulatory Action

of Housing and Community Development, 501 N. 2nd Street, Richmond, VA 23219, telephone (804) 371-7160.

V.A.R. Doc. No. R94-817; Filed April 12, 1994, 11:27 a.m.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medical Assistance Services intends to consider amending regulations entitled: **Income Scale for indigent Children**. The purpose of the proposed action is to properly define in the State Plan the income methodology necessary to determine eligibility for children ages 6 to 19 to meet the requirements of the General Assembly and HCFA. The agency does not intend to conduct public hearings regarding this regulatory change.

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

Written comments may be submitted until June 1, 1994, to Roberta Jonas, Policy Division, 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 Street, Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

V.A.R. Doc. No. R94-795; Filed April 11, 1994, 11:03 a.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medical Assistance Services intends to consider promulgating regulations entitled: **VR 460-04-8.17. Kids Care**. The purpose of the proposed regulation is to establish the Kids Care Program under the administration of the Medicaid program to expand coverage for the limited benefit package of preventive and primary care services provided to uninsured children from birth to age three who have a family income between 133% and 200% of the federal poverty level who are currently not eligible for Medicaid. The agency does not intend to conduct public hearings regarding this regulatory action.

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

Written comments may be submitted until May 4, 1994, to Janet Kennedy, Policy Analyst, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad

St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

V.A.R. Doc. R94-678; Filed March 11, 1994, 9:35 a.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medical Assistance Services intends to consider promulgating regulations entitled: **VR 460-10-2500. Medicaid Financial Eligibility Requirements - Families and Children**. The purpose of the proposed action is to promulgate regulations which describe the methods and procedures to be used in setting standards and determining eligibility for aid to families with dependent children-related medical assistance. The agency does not intend to hold public hearings regarding this regulatory action.

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

Written comments may be submitted until May 4, 1994, to Ann Cook, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

V.A.R. Doc. No. R94-679; Filed March 10, 1994, 10:17 a.m.

BOARD OF MEDICINE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medicine intends to consider amending regulations entitled: **VR 465-06-1. Correctional Health Assistants**. The purpose of the proposed action is to amend the educational requirements and other areas pertaining to qualifications necessary for licensure. There will be no public hearing unless requested; the amended regulations address changes in the institutions where care is provided.

Statutory Authority: §§ 54.1-2400, 54.1-2949, 54.1-2950, 54.1-2951, and 54.1-2952 of the Code of Virginia.

Written comments may be submitted until May 6, 1994, to Hilary H. Connor, M.D., 6606 West Broad Street, 4th Floor, Richmond, Virginia 23230-1717.

Contact: Eugenia Dorson, Deputy Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908 or (804) 662-7197/TDD.

V.A.R. Doc. No. R94-726; Filed March 15, 1994, 4:40 p.m.

Notices of Intended Regulatory Action

REAL ESTATE BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Real Estate Board intends to consider amending regulations entitled: **VR 585-01-3. Virginia Real Estate Time-Share Regulations.** The purpose of the proposed action is to review and seek public comment on the registration and disclosure requirements of time-shares and related products offered and/or disposed of in the Commonwealth of Virginia. Other changes to the regulations which may be necessary will be considered. The agency does not intend to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 55-396 of the Code of Virginia.

Written comments may be submitted until May 20, 1994.

Contact: Emily O. Wingfield, Property Registration Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8510.

V.A.R. Doc. No. R94-775; Filed March 30, 1994, 10:42 a.m.

DEPARTMENT OF SOCIAL SERVICES (STATE BOARD OF)

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Social Services intends to consider amending regulations entitled: **VR 615-01-29. Aid to Families with Dependent Children (AFDC) Program - Disregarded Income and Resources.** The purpose of the proposed regulation is to exempt all bona fide loans from consideration, both as income and as a resource, in evaluating financial eligibility for AFDC. A public hearing is not planned. The State Board of Social Services will consider public comments on the proposed regulations at its regularly scheduled meeting.

Statutory Authority: § 63.1-25 of the Code of Virginia and 45 CFR 233.20(a)(3)(iv)(B) and (xxi).

Written comments may be submitted until June 2, 1994, to Constance O. Hall, AFDC Program Manager, Division of Benefit Programs, Department of Social Services, 730 E. Broad St., Richmond, VA 23219-1849.

Contact: Peggy Friedenber, Legislative Analyst, 730 E. Broad Street, Richmond, VA 23219-1849, telephone (804) 692-1820.

V.A.R. Doc. No. R94-816; Filed April 12, 1994, 4:50 p.m.

PROPOSED REGULATIONS

For information concerning Proposed Regulations, see information page.

Symbol Key

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



DEPARTMENT FOR THE AGING

Title of Regulation: VR 110-01-01. Public Participation Guidelines (REPEALING).

Title of Regulation: VR 110-01-01:1. Public Participation Guidelines.

Statutory Authority: §§ 2.1-373 and 9-6.14:7.1 of the Code of Virginia.

Public Hearing Date: N/A – Written comments may be submitted until July 2, 1994.

(See Calendar of Events section for additional information)

Basis: The department is issuing the proposed regulation for public comment pursuant to the applicable provisions of the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia). The guidelines in the proposed regulation are not applicable to the development of regulations which are exempted or excluded from the provisions of the Act.

Purpose: The proposed regulation provides guidelines which the Department for the Aging will use to involve the public in the process of developing and issuing regulations.

Substance: Under the guidelines, the department (i) will maintain a list of persons and organizations which have requested notification of proposed regulatory action, (ii) will respond to requests from persons and organizations to develop new regulations or to amend existing regulations, (iii) will give the public adequate notice of intended regulatory action and of the opportunity to submit data, views, and arguments relating to the regulatory action, and (iv) request the assistance of standing and ad hoc advisory groups, when appropriate, in developing or revising regulations.

Issues: Interested organizations and persons need to be involved in the process of developing and promulgating regulations which may affect them. The proposed regulation describes the process which the department will

use to request their participation.

Estimated Impact:

A. Regulated Persons and Entities: The regulation establishes guidelines for the involvement of the public in the regulatory activity of the department. Therefore, the regulation has a potential impact on all the citizens of the Commonwealth and the entities which represent or serve them. No particular locality will be affected by the regulation. The department cannot estimate the number of persons and organizations which may be affected by regulations which will be developed under the guidelines.

B. Cost of Compliance: There are no projected costs for compliance with the regulation.

C. Cost of Implementation: The department will not incur any additional costs associated with implementation of this regulation. The department has operated under Public Participation Guidelines since 1984.

Summary:

The proposed regulation establishes guidelines which the Department for the Aging will use to seek input from the public into the process of developing other regulations. Under the guidelines, the department (i) will maintain a list of persons and organizations which have requested notification of proposed regulatory action, (ii) will respond to requests from persons and organizations to develop new regulations or to amend existing regulations, (iii) will give the public adequate notice of intended regulatory action and of the opportunity to submit data, views, and arguments relating to the regulatory action, and (iv) request the assistance of standing and ad hoc advisory groups, when appropriate, in developing or revising regulations. The guidelines are not applicable to the development of regulations which are exempted or excluded from the provisions of the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia.

The proposed regulation will replace Public Participation Guidelines issued in 1984 as VR 110-01-01. Such action is necessary to bring the guidelines into compliance with the Administrative Process Act, as amended. The department has determined that it will be simpler and clearer to promulgate a new regulation than to revise the 1984 regulation.

The proposed regulation will make permanent the emergency regulation which was published in Volume

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9, Issue 25 of The Virginia Register (9:25 VA.R. 5062-5064 September 6, 1993). The proposed regulation makes no substantive changes to the emergency regulation.

VR 110-01-01:1. Public Participation Guidelines.

PART I. DEFINITIONS AND PURPOSE.

§ 1.1. Definitions.

"Board" means the Governor's Advisory Board on Aging.

"Department" means the Department for the Aging.

§ 1.2. Purpose.

This regulation is being promulgated pursuant to the applicable provisions of the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia). The regulation provides guidelines for the involvement of the public in the development and promulgation of regulations. The guidelines are not applicable to regulations exempted or excluded from the provisions of the Administrative Process Act.

PART II. MAILING LIST.

§ 2.1. Composition of the mailing list.

A. The Department for the Aging shall maintain a list of persons and organizations who have requested notification of the development and promulgation of regulations.

B. Any person or organization in Virginia may request in writing that he be placed on the mailing list.

C. The department may add to the list a person or organization which it believes will serve the purpose of increasing participation in the regulatory process.

D. The department may supplement the mailing list with persons and organizations who have expressed an interest in specific regulatory issues, proposals, or actions.

E. When mail to a person or organization is returned to the department as undeliverable, the department shall delete such person or organization from the mailing list.

§ 2.2. Documents to be sent to persons and organizations on the mailing list.

The department shall mail to persons and organizations on the mailing list the following documents related to the development and promulgation of regulations:

1. Notice of Intended Regulatory Action.
2. Notice of Comment Period.

3. A copy of any final regulation issued by the department.

4. Notice that the comment period on a final regulation has been extended beyond the period specified in the Notice of Comment Period.

PART III. PUBLIC PARTICIPATION PROCEDURES.

§ 3.1. Petition for rulemaking.

A. Any person or organization may petition the department to develop a new regulation or to amend an existing regulation.

B. The petition shall include, but is not limited to, the following:

1. The name, mailing address, and telephone number of the petitioner.
2. The number and title of the regulation to be addressed.
3. A description of the issue to be addressed.
4. A recommendation to develop a new regulation, delete a current regulation, or amend a current regulation.

C. The department shall respond to the petition within 180 days of receipt of the petition.

§ 3.2. Notice of Intended Regulatory Action.

A. The Notice of Intended Regulatory Action shall describe the subject matter and intent of the proposed regulation.

B. The Notice of Intended Regulatory Action shall indicate whether the department will hold a public hearing on the proposed regulation after it is published. The department shall state the reason in the Notice of Intended Regulatory Action if it does not intend to hold a public hearing.

C. If the department states in the Notice of Intended Regulatory Action that it does not plan to hold a public hearing, then no public hearing is required unless, during the 30-day comment period following publication of the Notice of Intended Regulatory Action in The Virginia Register, the Governor directs the department to hold a public hearing or the department receives requests for a public hearing from at least 25 persons.

§ 3.3. Notice of Comment Period.

A. The Notice of Comment Period shall indicate that any person or organization may request a copy of the proposed regulation by writing to the contact person

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specified in the Notice of Comment Period.

B. The Notice of Comment Period shall indicate that any person or organization may request in writing a copy of the statement of substance, issues, basis, purpose, and estimated impact of the proposed regulation.

C. The Notice of Comment Period shall make provision for either oral or written comments on the proposed regulation.

D. The Notice of Comment Period shall specify the last date for receiving comments. The comment period shall be open for a minimum of 60 days from publication of the proposed regulation in The Virginia Register.

E. The Notice of Comment Period shall include the date, time, and location of the public hearing, if a public hearing is scheduled.

§ 3.4. Public hearings on regulations.

A. If the department holds a public hearing, it shall be held during the 60-day comment period following publication of the proposed regulation or the amendment to a current regulation. The department shall state the reason in the Notice of Intended Regulatory Action if it does not intend to hold a public hearing.

B. The public hearing will be held in a building accessible to persons with disabilities. If requested, a sign language interpreter will be made available for persons with a hearing impairment.

§ 3.5. Review of regulations.

The department shall review all regulations periodically to determine whether new regulations should be adopted and current regulations should be amended or repealed.

PART IV. ADVISORY COMMITTEES.

§ 4.1. Governor's Advisory Board on Aging.

A. The department shall solicit comments from the Governor's Advisory Board on Aging on any new regulations or changes to current regulations.

B. Whenever the board intends to discuss at a regular or special meeting any regulatory action by the department, the Notice of Meeting published in The Virginia Register shall include such intent in the description of the nature of the meeting and the business to be conducted.

C. Whenever the board intends to discuss at a regular or special meeting any regulatory action by the department, a copy of the regulation under consideration shall be made available upon request to interested persons at least two days prior the meeting. A copy of the regulation under

consideration shall be made available to persons attending the meeting.

D. The board shall hold its meetings in a location accessible to the persons with disabilities. If requested, a sign language interpreter will be made available for persons with a hearing impairment.

§ 4.2. Ad hoc committees.

A. The department may appoint an ad hoc advisory committee to assist it in the development of regulations.

B. The department may appoint an ad hoc advisory committee to provide technical expertise and assistance when the department determines that such expertise is necessary to address a specific regulatory issue or when a group of individuals expresses an interest, during the 30-day period following publication of the Notice of Intended Regulatory Action, in working with the department around a specific regulatory issue.

C. An ad hoc committee shall remain in existence no longer than 12 months from its initial appointment, unless the department determines that the specific regulatory need continues to exist beyond that time.

V.A.R. Doc. Nos. R94-828 and R94-829; Filed April 13, 1994, 9:14 a.m.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

AMENDED NOTICE OF WITHDRAWAL

This notice amends a notice of withdrawal that appeared in 10:3 V.A.R. 452 November 1, 1993. The Board of Agriculture and Consumer Services has withdrawn the proposed regulation entitled "VR 115-02-02:1, Rules and Regulations Governing the Prevention, Control, and Eradication of Tuberculosis in Bovidae, Cervidae, and Capridae in Virginia," published in 8:20 V.A.R. 3470-3480 June 29, 1992.

V.A.R. Doc. R94-830; Filed April 12, 1994, 3:05 p.m.

DEPARTMENT OF CORRECTIONS (STATE BOARD OF)

Title of Regulation: VR 230-30-001. Minimum Standards for Jails and Lockups.

Statutory Authority: §§ 53.1-5, 53.1-68 and 53.1-131 of the Code of Virginia.

Public Hearing Date: June 8, 1994 - 10 a.m.

Written comments may be submitted until July 2, 1994.

(See Calendar of Events section for additional information)

Basis: Section 53.1-68 of the Code of Virginia directs the

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Board of Corrections to establish minimum standards for the construction, equipment, administration and operation of local correctional facilities. This section also authorizes the Board of Corrections to establish minimum standards for the construction, equipment, and operation of lockups. Section 53.1-131 directs the Board of Corrections to prescribe regulations governing work release, educational release, and other rehabilitative release programs. Also, the Board of Corrections is authorized to monitor the activities of the department and its effectiveness in implementing the standards and goals of the board as specified in § 53.1-5 of the Code of Virginia.

Purpose: The purpose of these amendments is to act upon the Board of Corrections' and the Department of Corrections' continuing review and findings of the administration and programs in local jails and lockups. Specifically, the changes aim to strengthen safety and inmate supervision; offer local jail and lockup management more flexibility in daily operations; and lend to the standards' overall clarity, consistency, and organization.

Substance:

A. Many of the changes are technical in nature:

1. The definition of "state offender" was changed to be consistent with the meaning in the Code of Virginia.
2. Concerning release programs, the word "release" is added after educational and rehabilitative programs to clarify that the standards only apply to educational release and rehabilitative release programs, not general educational and rehabilitative programs.
3. Titles are provided for each section, as in compliance with the Virginia Register Form, Style, and Procedure Manual.
4. Where written policies are required throughout the standards, the proposed amendments also stipulate that procedure and practice also comply with the standards.
5. The existing Part IX (Work Release, Educational Release, and other Rehabilitative Standards) has been moved to Part IV, as a part of Jail Programs and Services.
6. Other minor organizational and grammatical changes have been made to the standards.

B. Other proposed changes to the standards are substantive in nature:

1. Under § 3.4, jail administrators are now required to submit a report concerning deaths, escapes, discharging firearms, or other similar incidents. This new requirement is consistent with the existing requirement for lockup administrators.

2. Under § 3.6, nine calendar days defines a reasonable time limit for responding to grievances.

3. Under § 4.4, there is a requirement for a daily inmate count, as opposed to a periodic inmate count, for work release, educational release, and other rehabilitative release programs.

4. An existing requirement that educational release or rehabilitative release programs be approved or accepted in the community has been deleted.

5. An existing requirement that furloughs shall not exceed three days has been deleted.

6. Section 4.18 clarifies the requirements for the availability of commissary services.

7. Section 4.32 establishes a suicide prevention and intervention plan.

8. Section 4.45 requires that the expense of inmate phone access not exceed the average rate charged to the local community.

9. Section 4.47 allows attorneys to have confidential visits with clients, as consistent with lockup standards.

10. Section 5.3 clarifies that the two initial local telephone calls made by inmates are free.

11. Section 5.11 requires a receipt for the return of inmate property and funds.

12. Section 5.13 C 2 adds more flexibility for managing an inmate during a disciplinary charge.

13. Sections 5.17 A and 6.10 clarify that personnel who carry either firearms or ammunition shall not be assigned positions which are accessible to inmates and that firearms and ammunition shall be accessible to authorized personnel only.

14. Section 5.38 requires that plans for emergency situations shall be reviewed on a semiannual basis.

15. Section 6.2 requires that staff review fire prevention practices on a semiannual basis.

16. Section 6.6 allows pest control services to be performed by any certified personnel, in lieu of professional pest control personnel.

17. Part VIII concerning juveniles has been deleted, as regulations concerning juveniles are no longer under the jurisdiction of the Board of Corrections.

18. Section 7.4 requires that documentation of weekly inspections be performed.

19. Section 8.12 clarifies that a permanent log must be

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maintained on disclosable medical activities.

Issues: The proposed amendments should be beneficial to jails and lockups, the department, offenders confined to local jails and lockups, and to the community. The proposed amendments should be more understandable to jail and lockup administrators, where standards have been clarified or reformatted, e.g., defining a reasonable time for responding to grievances; clarifying the availability of commissary services; and addressing work release standards within the context of jail programs.

Many of the proposed amendments should offer management more flexibility, e.g., localities would no longer be required to have community approval for educational release and rehabilitative release programs; jails would no longer need to pay for professional pest control services if certified personnel is available; and new circumstances are proposed for when an inmate's disciplinary charge is heard in the inmate's presence.

Enhanced safety and inmate supervision standards, such as the proposed requirement for a suicide prevention and intervention plan, and requiring inspections of inmate housing areas with no less than 20 minute intervals, should benefit offenders, localities, and the community.

The proposed amendments should place minimal disadvantages upon the localities. More staff time would be required for reviewing emergency and fire plans on a semiannual basis, submitting reports on serious incidents, and developing a suicide prevention plan. Localities may also need to change telephone companies if current telephone services provide access to inmates at a rate exceeding the average rate charged to the local community.

Impact: These amended standards will directly affect 95 jails (including 9 regional jails) and 19 lockups in Virginia in terms of complying with amended requirements. At least 67 of these facilities have some type of work release programs subject to the work release portion of the standards. No jail, lockup, or work release program should be particularly affected more so than others.

The Department of Corrections will need to adjust auditing and review criteria to conform with the amended standards. Extra staff time may be needed to review audit materials, and to receive and review additional reports.

The amendments should not place additional costs upon the localities, except where a locality may need to change telephone services. The added cost is difficult to ascertain, given the wide range of locations and sizes of jails and lockups, as well as varying tariff rates. Costs may also be incurred through the advertising and soliciting of bids for new services. In addition, current telephone providers may have penalties built into contracts if contracts are broken. However, some telephone companies may "buy out" localities from present contracts. More specific information on tariff rates, interexchange carriers, and resellers may

be obtained for specific localities from the State Corporation Commission.

Summary:

The amendments to the Minimum Standards for Jails and Lockups alter the requirements for administration and programs in jails and lockups and are based on a board committee review of the implementation and application of the standards. In summary, the changes are directed toward offering more flexibility in terms of population management; strengthening requirements where inmate supervision and general safety is a concern; and rearranging portions of the standards to enhance clarity, organization, and consistency among standards.

VR 230-30-001. Minimum Standards for Jails and Lockups.

PART I. INTRODUCTION.

Article 1. Definitions.

§ 1.1. Definitions.

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

"Administrative segregation" means a form of segregation from the general population when the continued presence of the inmate in the general population would pose a serious threat to life, property, self, staff or other inmates, or to the security or orderly running of the institution. Inmates pending investigation for trial on a criminal act or pending transfer can also be included.

"Annually" means an action performed each calendar year.

"Appeal" means the procedure for review of an action by a higher authority.

"Appropriate heating" means temperatures appropriate to the summer and winter comfort zones. Heat shall be evenly distributed in all rooms so that a temperature no less than 65°F is maintained. Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided when the temperature exceeds 85°F.

"Appropriate lighting" means at least 20 footcandles at desk level and in personal grooming area.

"Audit" means the determination of facility compliance with standards through an examination of records and operations by a team of qualified professionals.

"Certification" means an official approval by the Board of Corrections which allows a facility to operate.

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"Chief executive" means the elected or appointed individual who by law or position has the overall responsibility for the facility's administration and operation.

"Classification" means the process for determining inmate housing, custody and program assignments.

"Communication system" means a mechanical audio transmission such as telephone, intercom, walkie talkie or T.V. monitor.

"Contraband" means any item possessed by inmates or found within the jail or lockup which is illegal by law or not specifically approved for inmate possession by the administrator of the facility.

"Daily log" means a written record for the recording of daily activities or unusual incidents.

"Department" means the Department of Corrections.

"Detainee" means any person confined but not serving a sentence.

"Director" means the Director of the Department of Corrections.

"Disciplinary detention" means the separation of an inmate from the general population for major violations of conduct or regulations.

"Facility" means the actual physical setting in which a program or agency functions.

"Fire prevention practices" means the activities and written procedures utilized and rehearsed to ensure the safety of staff, inmates and public.

"Fire safety inspection" means an inspection conducted by the Office of State Fire Marshal or local fire department.

"Grievance procedure" means the method by which inmates may formally address complaints to the facility administration.

"Health care personnel" means individuals whose primary duties are to provide health services to inmates.

"Health inspection" means an inspection conducted by the local or ~~state~~ Department of Health.

"Impartial officer or committee" means individual(s) who are unbiased and are not directly involved in the particular incident or situation being reviewed.

"Indigent inmate" means an inmate who has no financial means to purchase personal hygiene items or postage for mailing letters.

"Inmate handbook" means a manual, pamphlet or handout which contains information describing inmate activities and conduct.

"Inmate records" means written information concerning the individual's personal, criminal and medical history, behavior and activities while in custody.

~~*"Impartial officer or committee"* means individual(s) who are unbiased and are not directly involved in the particular incident or situation being reviewed.~~

"Juvenile" means a person less than 18 years of age.

"Legal mail" means mail addressed to or received from an attorney or court.

"Local offender" means an individual who has a conviction but who is not a state offender in accordance with § 53.1-20 of the Code of Virginia.

"Lockup" means a temporary detention facility where detainees are held for not more than 12 hours.

"Major violations" means those institutional violations for which an inmate may be punished either by being placed in disciplinary detention or by losing statutory good time.

"Medical screening" means an observation and interview process within the booking procedure designed to obtain pertinent information regarding an individual's medical or mental health condition.

~~*"Major violations"* means those institutional violations for which an inmate may be punished either by being placed in disciplinary detention or by losing statutory good time.~~

"Minor violations" means those institutional violations punishable by less severe sanctions such as reprimand or loss of privileges.

"Permanent log" means a written record of a facilities' activities which cannot be altered or destroyed subject to state law.

"Pharmaceuticals" means prescription and nonprescription drugs.

"Policy and procedures manual" means a written record containing all policies and procedures needed for the operation of the facility in accordance with the law and the minimum standards for local jails and lockups.

"Post order" means a list of specific job functions and responsibilities required of each duty position.

"Program" means the plan or system through which a correctional agency works to meet its goals; often the program requires a distinct physical setting.

"Protective custody" means a form of separation from

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the general population for inmates requesting or requiring protection from other inmates.

"Quarterly" means an action which occurs once every three months within a calendar year.

"Recreational activities" means any out-of-cell activity ranging from scheduled outside or inside recreation to informal table top games.

"Regular physical exercise" means exercise occurring at fixed intervals.

"Semiannual" means an action occurring once every six months within a calendar year.

"State offender" means an individual sentenced to a term of incarceration in a state correctional facility excess of two years in accordance with § 53.1-20 of the Code of Virginia. For the purpose of §§ 4.10 and 4.11 relative to work release, educational release or rehabilitative release, a state offender shall be defined in terms of the intake schedule pursuant to § 53.1-20.

"Volunteer" means an individual who provides services to the detention facility without compensation.

Article 2- Legal Base.

§ 1.2. The Code of Virginia is the foundation for the development of Minimum Standards for Local Jails and Lockups. Section 53.1-68 of the Code of Virginia directs the State Board of Corrections to establish minimum standards for the construction, equipment, administration and operation of local correctional facilities. This Code section also authorizes the Board of Corrections to establish minimum standards for the construction, equipment and operation of lockups.

§ 1.3. Section 53.1-131 of the Code of Virginia directs the State Board of Corrections to prescribe regulations governing work release, educational and other rehabilitative programs.

§ 1.4. The State Board of Corrections is authorized to monitor the activities of the department and its effectiveness in implementing the standards and goals of the board as specified by § 53.1-5 of the Code of Virginia.

Article 3- Administration.

§ 1.5. 1.2. Responsibility.

The primary responsibility for application of these standards shall be with the sheriff or chief executive officer of the jail or lockup.

PART II. JAIL ADMINISTRATION.

Article 1. Philosophy, Goals and Objectives.

§ 2.1. Requirement for written statement.

The facility shall have a written statement discussing its philosophy, goals and objectives.

Article 2. Policies and Procedures.

§ 2.2. Policy and procedures manual.

Written policy and procedures shall be maintained in a manual and shall be available 24 hours a day to all staff.

§ 2.3. Chief executive officer.

Written policy shall provide that each facility shall be headed by a single chief executive officer to whom all employees and functional units are responsible.

§ 2.4. Annual report.

A written annual report of the availability of services and programs to inmates in a facility shall be reviewed and provided to the sentencing courts and may be provided to relevant community agencies.

PART III. MANAGEMENT INFORMATION.

Article 1. Release of Information.

§ 3.1. Release of information.

Written policies and procedures covering the release of information shall be developed in accordance with the rules and Regulations *Relating to Criminal History Record Information Use and Security (VR 240-02-1)* promulgated by the Criminal Justice Services Board and the Virginia Plan for the Privacy and Security of Criminal History Record Identification .

Article 2. Inmate Records.

§ 3.2. Current and accurate inmate records.

Written policy and , procedures and practice shall ensure that inmate records are current and accurate.

§ 3.3. Content of personal inmate records.

Personal records shall be maintained on all inmates committed or assigned to the facility. These records shall contain, but not be limited to , the :

1. Inmates Inmate data form;

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2. Commitment form ~~and~~ or court order or both ;
3. Records developed as a result of classification;
4. All medical orders issued by the ~~facilities~~ facility's physician;
5. All disciplinary actions, or unusual incidents;
6. Work record and program involvement; and
7. Copies of inmates' property expenditure records and receipts.

Article 3. Facility Logs and Reports.

§ 3.4. Daily logs.

The facility shall maintain a daily log(s) which records the following information:

1. Inmate count and location;
2. Intake and release of inmates;
3. Entries and exits of physicians, attorneys, ministers, and other nonfacility personnel; ~~and~~
4. Any unusual incidents such as those that result in physical harm to or threaten the safety of any person, or the security of the facility ; ; and
5. A report setting forth in detail the pertinent facts of deaths, escapes, discharging firearms, or similar serious incidents shall be reported to the appropriate Regional Administrator, Department of Corrections, or designee.

Article 4. Classification.

§ 3.5. Classification.

Written policy ~~and procedures~~ , procedure and practice shall ensure the following:

1. Classification of inmates as to level of housing assignment and participation in correctional programs;
2. Separate living quarters for males, females, and juveniles;
3. Prohibition of segregation of inmates by race, color, creed or national origin;
4. Security permitting, equal access to all programs and activities, through separate scheduling, or other utilization of combined programs under supervision; and

5. The proper release of inmates; and
5. Any exception to the above to be documented in writing.

Article 5. Grievance Procedure.

§ 3.6. Written grievance procedure.

A written grievance procedure shall be developed and made available to all inmates with the following elements:

1. Grievance shall be responded to within a ~~prescribed reasonable time limit~~ nine calendar days of receipt ;
2. Written responses including the reason for the decision shall be made to all grievances;
3. A review shall be made by someone not directly involved in the grievance; ~~and~~
4. All inmates shall have access to the procedures with guaranty against reprisal ; ; and
5. All inmates ~~must~~ shall be afforded the opportunity to appeal the decision.

PART IV. JAIL PROGRAMS AND SERVICES.

Article 1. Inmate Participation.

§ 4.1. Awareness of programs.

The facility administrator shall make each inmate aware of available programs.

§ 4.2. Inmate participation.

Written policy ~~and procedures~~ , procedure and practice shall:

1. Provide inmates access to recreational activities consistent with health and security regulations;
2. Provide all inmates access to regular physical exercise;
3. Specify eligibility for work assignments; and
4. Govern the administration of local work programs ;
5. Govern the administration of local work or education release programs if applicable.

Any exception to the above shall be documented in writing.

Article 2.
Work Release, Educational Release and Other
Rehabilitative Release Programs.

§ 4.3. Written procedures for eligibility criteria.

Written procedures outlining the eligibility criteria for participation in a work release, educational release or rehabilitation release program shall be developed by each facility with a work release, educational or rehabilitation program. Offenders shall meet the established eligibility requirements prior to being released.

§ 4.4. Written procedures for accountability of participants.

Written procedures shall ensure the accountability of participants at all times and provide for supervision in the community. Such procedures shall include at a minimum:

1. Provisions for a daily inmate count;
2. Methods for determining and identifying inmates who are authorized to leave the facility;
3. Provisions for a controlled sign-out and sign-in process; and
4. Methods of verifying the inmate's location within the community, both by telephone and random field visits.

§ 4.5. Conditions for offender participation in a work release program.

Offender participation in a work release program shall conform to the following specific conditions unless ordered otherwise by an appropriate court.

1. Participation by the inmate shall be on a voluntary basis.
2. The following conditions shall be met where the employer has a federal contract.
 - a. Representatives of local union central bodies or similar labor union organizations shall have been consulted;
 - b. Employment shall not result in the displacement of employed workers, or be applied in skills, crafts or trades in which there is a surplus of available gainful labor in the locality, or impair existing contracts for services; and
 - c. Rates of pay and other conditions of employment shall not be less than those paid or provided for work of a similar nature in the locality in which the work is being performed.

§ 4.6. Conditions for offender participation in educational release or rehabilitative release program.

Offender participation in an educational release or rehabilitative release program shall conform to the following specific conditions unless ordered otherwise by an appropriate court.

1. Participation by the inmate may be voluntary or court ordered;
2. Meetings or classes shall be on a regularly scheduled basis; and
3. Other conditions shall not be more restrictive on the offender than those required by other participants.

§ 4.7. Furlough.

Participants in the work release, educational release or rehabilitative release programs may be considered for furlough. Written procedures shall govern the granting of furloughs.

§ 4.8. Earnings.

Written procedures shall be developed to ensure the accountability of all earnings received, disbursed, to whom and reason on behalf of the participant. Procedures shall be in accordance with § 53.1-131 of the Code of Virginia.

§ 4.9. Removing participants from program.

Written procedures shall establish the criteria and process for removing a participant from the program.

1. Procedures shall include provisions for an impartial hearing for the participant.
2. Procedures shall include provisions for the appeal of the removal.
3. Documentation shall reflect that this information was explained to all participants when they were assigned to the program.

§ 4.10. Written agreement with director.

Each facility having a work release, educational release or rehabilitation release program that includes state offenders as defined in § 53.1-20 of the Code of Virginia shall have a written agreement with the director.

§ 4.11. Offender participation in compliance with appropriate criteria and approval.

State offenders assigned to a work release, educational release or rehabilitation release program shall meet the Department of Corrections work release criteria and be approved by the department's Central Classification Board and the department's management review process pursuant to a written agreement as provided for in accordance with § 53.1-131 of the Code of Virginia.

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Article 2 3 . Religious, Social and Volunteer Services.

~~§ 4-3:~~ 4.12. *Participation in religious services or counseling.*

Written policy ~~and procedures~~ , *procedure and practice* shall allow inmates to participate voluntarily in available religious services or counseling of their choice during scheduled hours within the facility.

~~§ 4-4:~~ 4.13. *Social services and volunteer programs.*

The facility shall secure and support social services and volunteer programs from the community. Where volunteers provide direct services to inmates in the facility ~~there shall be written policies and procedures shall describe each available service or program~~ .

~~§ 4-5:~~ 4.14. *Coordination of volunteer program.*

The volunteer program shall be coordinated and administered in accordance with written policies and procedures. Each volunteer shall sign a statement agreeing to abide by facility rules and regulations.

Article 3 4 . Education and Library Services.

~~§ 4-6:~~ 4.15. *Availability and administration of educational services.*

Written policy ~~and procedures~~ , *procedure and practice* shall govern the availability and administration of educational services for inmates. The facility administrator shall coordinate and cooperate with local authorities for the provision of local community services and resources utilized for this purpose where they are available.

~~§ 4-7:~~ 4.16. *Provisions of reading materials.*

The facility shall provide reading materials which include current periodicals (not more than one year old).

~~§ 4-8:~~ 4.17. *Permission of reading materials.*

Reading materials, including newspapers, magazines and books, shall be permitted in the jail unless the material poses a threat to security.

Article 4 5 . Commissary.

~~§ 4-9:~~ 4.18. *Commissary services.*

The facility shall make available to inmates commissary services where they may purchase from an approved list of items *at a minimum of one time per week*. *Written policy and procedure shall describe the circumstances and duration under which inmates may be restricted from this privilege* .

Article 5 6 . Medical Services.

~~§ 4-10:~~ 4.19. *Licensed physician.*

A licensed physician shall supervise the facility's medical and health care services.

~~§ 4-11:~~ 4.20. *Restrictions on physician.*

No restrictions shall be imposed on the physician by the facility in the practice of medicine; however, administrative and security regulations applicable to facility personnel shall apply to medical personnel as well.

~~§ 4-12:~~ 4.21. *Licensing and certification of health care personnel.*

Health care personnel shall meet appropriate and current licensing or certification requirements.

~~§ 4-13:~~ 4.22. *Private examination and treatment of inmates.*

Where in-house medical and health care services are provided there shall be space for the private examination and treatment of inmates.

~~§ 4-14:~~ 4.23. *24-Hour emergency medical care.*

Written policy shall provide 24-hour emergency medical care availability.

~~§ 4-15:~~ 4.24. *Receiving and medical screening of inmates.*

Written policy ~~and~~ , *procedure and practice* shall provide that receiving and medical screening be performed on all inmates upon admission to the facility.

~~§ 4-16:~~ 4.25. *Inmate access to medical services.*

Written procedures shall be developed whereby inmates can be informed, at the time of admission to the facility, of the procedures for gaining access to medical services.

~~§ 4-17:~~ 4.26. *Training and competency of staff.*

All staff involved in security shall be trained and competent in rendering basic first aid equivalent to that defined by the American Red Cross in its use in emergency care procedures. Further, there shall be at least one person per shift who is competent in administering basic life support cardiopulmonary resuscitation (CPR).

~~§ 4-18:~~ 4.27. *Management of pharmaceuticals.*

Written standard operating procedures for the management of pharmaceuticals shall be established and approved by the facility's physician or pharmacist.

~~§ 4-19:~~ 4.28. *Inmate medical record.*

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The medical record for each inmate shall include:

1. The completed receiving screening form; and
2. All findings, diagnoses, treatment, dispositions, prescriptions, and administration of medication.

§ ~~4.20.~~ 4.29. *Transfer of summaries of medical record.*

Summaries of the medical record file shall be forwarded to the facility to which the inmate is transferred.

§ ~~4.21.~~ 4.30. *Medical or pharmaceutical testing for experimental or research purposes.*

Written policy , *procedure and practice* shall prohibit medical or pharmaceutical testing for experimental or research purposes.

§ ~~4.22.~~ 4.31. *Medical care provided by personnel other than physician.*

Medical care performed by personnel other than a physician shall be pursuant to a written protocol or order.

§ 4.32. *Suicide prevention and intervention plan.*

There shall be a written suicide prevention and intervention plan. These procedures shall be reviewed by an appropriate medical or mental health authority prior to implementation and reviewed semiannually by all staff. The semiannual reviews shall be documented.

Article 6 7 . Food Services.

§ ~~4.23.~~ 4.33. *Standards for food service equipment and personnel.*

Written policy ~~and procedures~~ , *procedure and practice* shall ensure that the facility's food service equipment and personnel meet the established safety and protection standards and requirements as set forth by the State Board of Health's rules and regulations governing restaurants and the requirements by the Virginia Department of Corrections.

§ ~~4.24.~~ 4.34. *Food service program.*

Written policy ~~and procedures~~ , *procedure and practice* shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure that:

1. The menu meets the dietary allowances as stated in the Recommended Dietary Allowances, National Academy of Sciences;
2. There is at least a one-week advance menu preparation; and

3. Modifications in menus are based on inmates' medical or reasonable religious requirements.

§ ~~4.25.~~ 4.35. *Meals served under direct supervision of staff.*

Written policy ~~and procedures~~ , *procedure and practice* shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure meals are served under the direct supervision of staff.

§ ~~4.26.~~ 4.36. *Records of meals served.*

Written policy ~~and procedures~~ , *procedure and practice* shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure that records of meals served are kept for a minimum of three years.

§ ~~4.27.~~ 4.37. *Food service program not a disciplinary measure.*

Written policy ~~and procedures~~ , *procedure and practice* shall ensure a food service program that is not used as a disciplinary measure and meets the requirements as set forth by the Virginia Department of Corrections.

§ ~~4.28.~~ 4.38. *Number and spacing of meals.*

Written policy ~~and procedures~~ , *procedure and practice* shall provide for at least three meals daily with no more than 14 hours between evening meal and breakfast, and a minimum of two hot meals within every 24 hours.

Article 7 8 . Mail.

§ ~~4.29.~~ 4.39. *Correspondence privileges.*

Written policy ~~and procedures~~ governing inmate ~~correspondence~~ , *procedure and practice* shall ensure that all inmates, regardless of their jail status, shall be afforded the same correspondence privileges; correspondence privileges shall not be withdrawn as punishment.

§ ~~4.30.~~ 4.40. *Volume and content of inmate mail.*

Written policy ~~and procedures~~ , *procedure and practice* shall ensure that there is no limit on the volume of letter mail an inmate may send or receive, or on the length, language, content or source of such letter mail, except where there is clear and convincing evidence to justify such limitations.

§ ~~4.31.~~ 4.41. *Postage allowance.*

Written policy ~~and procedures~~ , *procedure and practice* shall make available, when requested by an indigent inmate, a postage allowance of not more than five first-class rate (one ounce) letters per week, ~~not counting~~

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including legal mail.

§ ~~4.32.~~ 4.42. *Outgoing and incoming letters.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure that outgoing letters shall be collected and sent daily except Saturdays, Sundays, and holidays. Incoming letters to inmates shall be delivered no later than 24 hours after arrival at the facility or shall be promptly forwarded or returned to sender.

§ ~~4.33.~~ 4.43. *Reading of inmate mail.*

Inmate mail shall not be read except where there is reasonable suspicion that a particular item of correspondence threatens the safety or security of the institution, ~~or~~ the safety of any person, or is being used for furtherance of illegal activities.

§ ~~4.34.~~ 4.44. *Notice of seizures of mail contraband.*

Written policy ~~and procedures~~, *procedure and practice* shall assure that notice of the seizures of mailed contraband be given to the inmate and the sender together with the written reason for the seizure. The sender shall be allowed the opportunity to appeal and challenge the seizure before the facility administrator or a designee empowered to reverse seizure. Unless it is needed for a criminal investigation or prosecution, property which can legally be possessed outside the facility shall be stored, returned to sender or destroyed, as the inmate desires.

Article 8 9.
Telephone.

§ ~~4.35.~~ 4.45. *Access and expense of telephone facilities.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure inmates reasonable access to telephone facilities. *The expense of such access shall not exceed the average rate charged to the local community.*

§ ~~4.36.~~ 4.46. *Delivery of emergency messages to inmates.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure that emergency messages to inmates are delivered promptly and recorded. When possible, the jail chaplain shall be notified of an immediate family member's death or serious illness.

Article 9 10 .
Visiting.

§ ~~4.37.~~ 4.47. *Visiting opportunities.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure maximum visiting opportunities limited only by facility schedules, space ~~and~~, personnel constraints *and inmate disciplinary status. Attorneys shall be permitted to have confidential visits with their clients.*

§ ~~4.38.~~ 4.48. *Approved items which visitors may bring into facility.*

The facility shall have a list of approved items which visitors may bring into the facility. Items brought into the facility by visitors for inmates shall be subject to inspections and approval.

§ ~~4.39.~~ 4.49. *Requirements of visitor registration and visitor searches.*

Written policy ~~and procedures~~, *procedure and practice* shall specify requirements for visitor registration and the circumstances and methods under which visitors may be searched.

PART V.
JAIL OPERATIONS.

Article 1.
Reception and Orientation.

§ 5.1. *Admitting individuals into jail.*

Written policy ~~and procedures~~, *procedure and practice* for admitting individuals into the jail shall address the following:

1. Verification of commitment;
2. Complete search of the individual and his possessions;
3. Disposition of clothing and personal possessions;
4. Interview for obtaining identifying data;
5. Photograph; and
6. Telephone calls.

§ 5.2. *Inmates confined to jail.*

Written policy ~~and procedures~~, *procedure and practice* for those inmates to be confined in the jail shall address the following:

1. Shower/search;
2. Issue of clean clothing/hygiene items/linen;
3. Classification and housing assignment; and
4. Orientation.

§ 5.3. *Telephone calls during the booking process.*

Written policy ~~and procedures~~, *procedure and practice* shall specify that newly admitted inmates who are physically capable are permitted to complete at least two free local or collect long-distance telephone calls during

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the admissions booking process.

Article 2. Linen and Clothing.

§ 5.4. Requirements for linens and towels.

Written policy and , procedure and practice shall provide that a record be kept to show that clean linen and towels be supplied once a week, a clean change of clothing be provided twice a week and inmates shall be held accountable for their use.

§ 5.5. Issuance of special and protective clothing.

The facility shall provide for the issuance of special and protective clothing to inmates assigned to food services, farm, sanitation, mechanical services, and other special work functions.

Article 3. Bathing and Hygiene.

§ 5.6. Bathing.

There shall be sufficient hot and cold water for bathing. Each inmate shall be required to bathe twice a week.

§ 5.7. Provision of hygiene articles.

The facility shall provide soap, a toothbrush, and toothpaste or toothpowder to each inmate upon admission to the general population. Notwithstanding security considerations, shaving equipment, including a mirror, and haircuts shall be made available, and hygiene needs of all inmates shall be met.

Article 4. Inmate Money and Property Control.

§ 5.8. Items inmates may retain.

Written policy and procedures shall state what items the inmate may retain in his possession.

§ 5.9. Inventory of cash and personal property.

A written itemized inventory of cash and personal property of each inmate shall be made at the time of initial booking. A signed copy shall be furnished the inmate.

§ 5.10. Accounting of inmate expenditures and receipts of money.

An itemized account shall be maintained of each inmate's expenditures and receipts of money while in the facility and acknowledged by the inmate in writing.

§ 5.11. Return of inmate property and funds.

Inmate's property and funds shall be returned to him upon his release or transfer and ~~acknowledged~~ *received for* by the inmate in writing.

Article 5. Inmate Conduct and Discipline.

§ 5.12. Conduct.

Written policy and procedures shall govern inmate conduct and shall include:

1. Rules of conduct;
2. Definition of major and minor violations; and
3. Prohibition of the use of food as a disciplinary measure.
4. Upon assignment to general inmate housing, inmates shall be *informed of and* receive a copy of inmate conduct rules and policy and procedures governing inmate conduct.

§ 5.13. Discipline.

Written policy and ~~procedures~~ , *procedure and practice* shall govern the reporting and disposition of disciplinary infractions by inmates and shall include:

1. Procedures and provisions for pre- and post-disciplinary detention of inmates; and
2. Procedures for handling minor violations:
 - a. The accused inmate ~~is~~ *shall be* given written notice of the charge and the factual basis for it;
 - b. The accused inmate shall have an opportunity to explain or deny the charge;
 - c. The accused inmate shall be given a written statement by the fact finders as to the evidence relied upon and the reasons for the disciplinary action;
 - d. The accused inmate shall have an opportunity to appeal any finding of guilt to the facility administrator *or designee* ; and
3. Procedures for handling major violations:
 - a. The accused inmate ~~is~~ *shall be* given written notice of the charge and the factual basis for it at least 24 hours prior to the hearing of the charge;
 - b. The charge ~~is~~ *shall be* heard in the inmate's presence by an impartial officer or committee , *unless that right is waived in writing by the inmate or through the inmate's behavior. The accused inmate may be excluded during the testimony of*

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any inmate whose testimony must be given in confidence. The reasons for the inmate's absence or exclusion shall be documented ;

c. The accused inmate ~~is~~ shall be given an opportunity to have the assistance of a staff member or fellow inmate in defending the charge;

d. Witness statements and documentary evidence ~~will~~ shall be permitted in his defense;

e. The accused inmate shall be given a written statement by the fact finders as to the evidence relied upon and the reasons for the disciplinary action; and

f. The accused inmate ~~is~~ shall be permitted to appeal any finding of guilt to the facility administrator or designee .

Article 6. Security.

§ 5.14. Post to control security of jail.

The facility shall maintain a designated post, manned 24 hours a day, that controls activities and flow of people in and out of the secure area of the jail.

§ 5.15. Security of outside recreation.

The facility's outside recreation area shall be secure so that inmates shall not have physical access to the general public without authorization.

§ 5.16. Security of entrances and doors.

Written policy ~~and procedures~~ , *procedure and practice* shall require that all security perimeter entrances, control center doors, cell block doors and all doors opening into a corridor are kept locked except when used for admission or exit of employees, inmates or visitors, or in emergencies.

§ 5.17. Security and storage of security devices.

Written policy ~~and procedures~~ , *procedure and practice* shall govern the security, storage and use of firearms, ammunition, chemical agents, and related security devices to ensure that:

1. Personnel who carry firearms *and ammunition* are assigned positions that are inaccessible to inmates (with the exception of emergencies) ; .

2. Personnel who discharge firearms or use chemical agents submit written reports to the administrator or designated subordinate no later than the conclusion of the shift during which same are discharged or used.

§ 5.18. Officer entry.

Written policy and procedures shall specify the conditions under which an officer can enter a security cell or cell block.

§ 5.19. Mechanical audio communications system.

The facility shall provide a *mechanical audio communications system* allowing staff to communicate with each other to facilitate staff supervision.

§ 5.20. Examination and maintenance of security devices.

Written policy ~~and procedures~~ , *procedure and practice* shall specify that, at least once daily, a careful examination be made of all security devices and that maintenance be routinely performed to ensure their proper operation.

§ 5.21. Searches of facility and inmates.

Written policy and procedures shall specify the process for conducting and documenting searches of the facility and inmates.

§ 5.22. Policy for searches of contraband.

The facility shall post the policy regarding searches for the control of contraband or otherwise make it available to staff and inmates. Further, the policy shall be reviewed at least annually and updated as needed.

§ 5.23. Key and door control.

Written policy ~~and procedures~~ , *procedure and practice* shall govern key and door control.

§ 5.24. Tools, culinary items and cleaning equipment.

Written policy ~~and procedures~~ , *procedure and practice* shall govern the control and use of tools, culinary items and cleaning equipment.

§ 5.25. Flammable, toxic and caustic materials.

Written policy ~~and procedures~~ , *procedure and practice* shall specify the control, storage and use of all flammables, toxic and caustic materials.

§ 5.26. Functions of duty post.

Written post orders shall clearly describe the functions of each duty post in the facility and include copies in the policy and procedures manual.

§ 5.27. Restriction of physical force.

Written policy ~~and procedures~~ , *procedure and practice* shall specify and restrict the use of physical force which is necessary for instances of self-protection, protection of others, protection of property and prevention of escapes. Such physical force shall be restricted to that necessary

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only to overcome such force as is being exerted. A written report shall be prepared following all such incidents described above and shall be submitted to the administrator for review and justification.

§ 5.28. Restraint equipment.

Written policy and procedures shall govern the use of restraint equipment.

§ 5.29. Administrative segregation.

Written policy and procedures, procedure and practice shall provide for administrative segregation of inmates who pose a security threat to the facility or other inmates and for inmates requiring protective custody.

§ 5.30. Physical living conditions for disciplinary detention and administrative segregation.

Written policies and procedures policy, procedure and practice shall ensure that, inmate behavior permitting, the disciplinary detention and administrative segregation units provide physical living conditions that approximate those offered the general inmate population.

§ 5.31. Mental health inmates.

Written policy and , procedure and practice shall specify the handling of mental health inmates to include an agreement to utilize mental health services from either a private contractor or the community services board.

§ 5.32. Record of activities in disciplinary detention and administrative segregation units.

Written policy and procedures, procedure and practice shall ensure that a log be kept to record all activities in disciplinary detention and administrative segregation units.

§ 5.33. Assessment of inmate in administrative segregation or disciplinary detention.

Written policy and procedures, procedure and practice shall require that an assessment, including a personal interview and medical evaluation, is conducted when an inmate remains in administrative segregation or disciplinary detention beyond 15 days and every 15 days thereafter.

§ 5.34. Supervision of inmates.

The facility shall provide for around-the-clock supervision of all inmates by trained personnel. All inmate housing areas shall be inspected a minimum of twice per hour with no less than 20-minute intervals between inspections. All inspections and unusual incidents shall be documented.

§ 5.35. Institution inspection.

Supervisory staff shall inspect the institution daily. Unusual findings shall be indicated in writing and submitted to ~~an administrative official~~ the senior supervisor on duty for review.

§ 5.36. Movement of inmates.

Written policies and procedures policy, procedure and practice shall regulate the movement of inmates within the facility.

§ 5.37. Prohibition of inmate control over other inmates.

Written policy shall prohibit inmates from supervising, controlling or exerting any authority over other inmates.

§ 5.38. Emergency situations.

Written policy and procedures shall specify the process to be followed in emergency situations ; ; mass arrest, fire, disturbance, taking of hostages, escapes, attempted suicides, loss of utilities and natural disasters. All personnel shall be trained in the implementation of emergency plans. Plans shall be reviewed ~~annually~~ semiannually by all staff. The semiannual reviews shall be documented .

Article 7.

Release.

§ 5.39. Release of inmate.

Written policy and procedures, procedure and practice shall require that, prior to an inmate's release, positive identification is made of the releasee, authority for release is verified and a check for holds in other jurisdictions is completed.

PART VI. JAIL PHYSICAL PLANT.

Article 1.

Fire and Health Inspection.

§ 6.1. Food service and fire safety inspection.

The facility shall have an annual state or local health food service and fire safety inspection. Localities that do not enforce the Virginia Statewide Fire Prevention Code (VSFPC) shall have the inspections performed by the Office of the State Fire Marshal. Written reports of the fire safety and health food service inspection shall be on file with the facility administrator.

Article 2.

Fire Prevention and Safety.

§ 6.2. Fire prevention practices.

Written policy and procedures, procedure and practice shall specify the facility's fire prevention practices to

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ensure the safety of staff, inmates, and the public. They shall be reviewed annually. Fire prevention practices shall be reviewed semiannually by all staff. The semiannual reviews shall be documented.

§ 6.3. Mattresses, pillows and trash receptacles.

Mattresses, pillows and trash receptacles present in the secured housing shall be of nontoxic and fire retardant materials.

§ 6.4. Master plan for safe and orderly evacuation.

The facility shall have a written master plan for the safe and orderly evacuation of all persons in the event of a fire or an emergency. Such a plan shall be reviewed by all staff quarterly semiannually by all staff. The quarterly review semiannual reviews shall be documented.

Article 3. Facility Cleanliness.

§ 6.5. Cleanliness.

Facility floors, halls, corridors, and other walkway areas shall be maintained in a clean, dry, hazard-free manner.

§ 6.6. Vermin and pest control.

The facility shall control vermin and pests and shall be serviced at least quarterly by professional pest control personnel or personnel certified by the Virginia Pesticide Control Board.

Article 4. Housing Areas.

§ 6.7. Appropriate lighting and heating.

All housing and activity areas shall provide for appropriate lighting and heating.

§ 6.8. Water utilities.

All housing areas shall have toilets, showers, drinking water and washbasins with hot and cold running water accessible to inmates.

Article 5. Special Purpose Area.

§ 6.9. Special purpose area.

The facility shall have a special purpose area to provide for the temporary detention and care of persons under the influence of alcohol or narcotics or for persons who are uncontrollably violent or self-destructive and those requiring medical supervision.

Article 6. Security Equipment Storage.

§ 6.10. Security equipment storage.

The facility shall provide secure storage for firearms, ammunition, chemical agents, and related security equipment accessible to authorized personnel only and located outside the security perimeter or the inmate housing and activity areas.

PART VII. JUVENILES.

Article 1. Housing.

§ 7.1. Those facilities which, on occasion, house juveniles shall be certified by the Board of Corrections for the express purpose of holding juveniles.

§ 7.2. Juveniles shall be so housed as to be separated by a wall or other barrier which would result in preventing visual contact and normal verbal communication with adult prisoners except in instances of casual contact under supervision.

§ 7.3. The facility shall have one or more persons on duty at all times responsible for auditory and visual contact with each juvenile at least every 30 minutes. Contact shall be at least every 15 minutes when juveniles exhibit self-destructive or violent behavior.

Article 2. Isolation or Segregation.

§ 7.4. Isolation cells or segregation within a cellblock shall be utilized only as a protective or disciplinary measure.

PART VIII VII. LOCKUPS.

Article 1. Responsibility.

§ 8.1. 7.1. Responsibility.

The chief of police, town sergeant, or, in case of a county's operating a lockup, the sheriff shall be responsible for seeing that the lockup is operated in full conformity with these regulations.

Article 2. Coverage.

§ 8.2. 7.2. Coverage.

When the lockup is occupied at least one employee shall be on duty at the lockup at all times.

Article 3. Search and Inspection.

§ 8.3. 7.3. Search requirements.

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The facility shall comply with the search requirements included in § 19.2-59.1 of the Code of Virginia.

§ 8-4. 7.4. Inspection requirements.

~~Quarterly~~ Weekly inspections shall be made and recorded of bars, locks and all security devices. Weekly inspections shall be documented.

Article 4. Commitment and Release.

§ 8-5. 7.5. Commitment and release.

A written record shall be maintained to include name, date, and time of commitment and release of all detainees confined in the lockup.

Article 5. Property.

§ 8-6. 7.6. Property.

Written policy and procedures, procedure and practice shall govern the inventory and control of detainee property. The detainee shall sign for all property taken upon admission and returned to him upon release. If the detainee refuses to sign this shall be witnessed and documented.

Article 6. Telephone.

§ 8-7. 7.7. Telephone.

Written policy and procedures, procedure and practice shall specify that newly admitted inmates who are physically capable are permitted the opportunity to complete at least two local or collect long distance telephone calls during the admissions process.

Article 7. Separation of Inmates.

~~§ 8-8. A lockup shall detain juveniles in strict compliance with § 16.1-240 of the Code of Virginia.~~

§ 8-9. 7.8. Separate housing.

Males, females and juveniles shall be housed separately from females.

§ 8-10. 7.9. Protection of inmates.

There shall be written policy for the protection of inmates appearing to be vulnerable to physical or sexual attack.

Article 8. Medical.

§ 8-11. 7.10. Emergency medical and mental health care.

Written policy and procedures shall provide for 24-hour emergency medical and mental health care availability.

§ 8-12. 7.11. Log of medical activities.

A permanent log shall be maintained on all disclosable medical findings, diagnoses, treatment, dispositions, prescriptions and administration of medications.

Article 9. Visiting.

§ 8-13. 7.12. Visiting.

Written policy and procedures shall ensure that:

1. There be visiting opportunities limited only by facility schedules, security, space and personnel constraints;
2. Visitors register upon entry into the facility;
3. Circumstances and methods under which visitors may be searched are delineated;
4. Attorneys be permitted to have confidential visits with their clients; and
5. Any exception to the above shall be documented in writing.

Article 10. Inmate Control.

§ 8-14. 7.13. Inmate control.

Written policies and procedures shall ensure that punishment shall not be utilized as a means of control or discipline in lockups. Tear gas, chemical mace, or similar devices shall not be used as punishment and may only be used to control detainees where there is an imminent threat of physical injury.

Article 11. Incident Report.

§ 8-15. 7.14. Incident report.

A report setting forth in detail the pertinent facts of deaths, escapes, discharging firearms, using chemical agents, or any other serious occurrences or similar serious incidents shall be reported to the appropriate Regional Manager Administrator, Department of Corrections, or his designee.

Article 12. Facility and Inmate Cleanliness.

§ 8-16. 7.15. Inmate cleanliness.

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A detainee shall have access to a wash basin and toilet facility.

§ 8-17. 7.16. Facility cleanliness.

The detention area shall be maintained in a clean, dry, hazard-free manner.

PART IX: WORK RELEASE, EDUCATIONAL AND OTHER REHABILITATIVE PROGRAMS.

§ 9.1. Written procedures outlining the eligibility criteria for participation in a work release, educational or rehabilitation program shall be developed by each facility with a work release, educational or rehabilitation program. Offenders shall meet the established eligibility requirements prior to being released.

§ 9.2. Written procedures shall ensure the accountability of participants at all times and provide for supervision in the community. Such procedures shall include at a minimum:

1. Provisions for a periodic inmate count;
2. Methods for determining and identifying inmates who are authorized to leave the facility;
3. Provisions for a controlled sign-out and sign-in process; and
4. Methods of verifying the inmate's location within the community, both by telephone and random field visits.

§ 9.3. Offender participation in a work release program shall conform to the following specific conditions unless ordered otherwise by an appropriate court:

1. Participation by the inmate shall be on a voluntary basis;
2. The following conditions must be met where the employer has a federal contract:
 - a. Representatives of local union central bodies or similar labor union organizations shall have been consulted;
 - b. Employment will not result in the displacement of employed workers, or be applied in skills, crafts or trades in which there is a surplus of available gainful labor in the locality, or impair existing contracts for services; and
 - c. Rates of pay and other conditions of employment will not be less than those paid or provided for work of a similar nature in the locality in which the work is being performed.

§ 9.4. Offender participation in an educational or

rehabilitative program shall conform to the following specific conditions unless ordered otherwise by an appropriate court:

1. Participation by the inmate may be voluntary or court ordered;
2. The program must be approved or accepted in the community;
3. Meetings or classes must be on a regularly scheduled basis; and
4. Other conditions will not be more restrictive on the offender than those required by other participants.

§ 9.5. Written procedures governing the granting of furloughs shall include at a minimum provisions that a participant in the work release, educational or rehabilitative program may be considered for one furlough per month. A furlough shall not exceed three days.

§ 9.6. Written procedures shall be developed to ensure the accountability of all earnings received, disbursed, to whom and reason on behalf of the participant. Procedures shall be in accordance with § 53.1-131 of the Code of Virginia.

§ 9.7. Written procedures shall establish the criteria and process for removing a participant from the program as follows:

1. Procedures shall include provisions for an impartial hearing for the participant.
2. Procedures shall include provisions for the appeal of the removal.
3. Documentation shall reflect that this information was explained to all participants when they were assigned to the program.

§ 9.8. Each facility having a work release, educational or rehabilitation program that includes state offenders shall have a written agreement with the director.

§ 9.9. State offenders assigned to a work release, educational or rehabilitation program shall meet the Department of Corrections' work release criteria and be approved by the department's Central Classification Board and the department's management review process pursuant to a written agreement as provided for in accordance with § 53.1-131 of the Code of Virginia.

V.A.R. Doc. R94-837; Filed April 13, 1994, 11:16 a.m.

* * * * *

Title of Regulation: VR 230-30-002. Community Diversion Program Standards.

Statutory Authority: §§ 53.1-5 and 53.1-182 of the Code of

Proposed Regulations

Virginia.

Public Hearing Date: June 8, 1994 - 10 a.m.

Written comments may be submitted until July 2, 1994.

(See Calendar of Events section for additional information)

Basis: Section 53.1-182 of the Code of Virginia is the legal base for these standards as it directs the State Board of Corrections to prescribe standards for the development, operation, and evaluation of programs and services authorized by the Community Diversion Incentive Act.

Purpose: The purpose of these amendments is to act upon the Board of Corrections' and the Department of Corrections' continuing review and findings of the programs and services in Community Diversion Incentive (CDI) programs. Specifically, the changes aim to strengthen general safety and offender supervision, and to enhance the standards' overall clarity, consistency, and organization.

Substance:

A. Many of the proposed changes are technical in nature:

1. The requirements for behavioral contracts are moved from the Definitions section to § 4.3.
2. The requirements for case files are moved from the Definitions section to § 5.2.
3. The requirements for community service agreements are moved from the Definitions section to § 6.12.
4. The requirements for eligibility criteria are moved from the Definitions section to § 4.1.
5. The requirements for intensive supervision are moved from the Definitions section to § 6.1.
6. Requirements for the Community Corrections Resources Board are now in § 2.1.
7. Administrative and financial details of the program and program director are deleted. These standards are a part of the Request for Proposal (RFP), which is a component of the program contract between the Department of Corrections and the operating entity.
8. Titles have been identified for each section, as in accordance with the Virginia Register Form, Style, and Procedure Manual.

B. Other proposed amendments are substantive in nature:

1. Section 2.4, Record checks, has been added to

ensure that DMV and criminal record checks are performed on all program staff.

2. In § 6.2, requirements are added for the contractual agreement between the Community Diversion Program Director and Residential Facility Administrator.

3. In § 6.3, it is added that the residential facility provide written monthly progress reports and a termination summary on the offender to the Community Diversion program.

4. Section 6.5 clarifies that intensive supervision should be continuous when transferring offenders.

5. A definition for program administrator has been added.

Issues: The proposed amendments should be beneficial to CDI programs, residential facilities, the Department of Corrections, offenders sentenced to CDI programs, and to the community. The proposed amendments should be more understandable to CDI program staff, especially where standards have been clarified or reformatted; e.g., combining requirements of the Community Corrections Resources Board into one section; moving requirements from definitions to the body of the text; and identifying titles for each section.

Enhanced safety and offender supervision standards, such as the proposed requirements for the contractual agreement and the criminal records checks for program staff, should benefit offenders, localities, and the community.

The proposed amendments should place minimal disadvantages upon the localities. More staff time would be required by program staff in developing a procedure with the residential facility which provides for 24-hour monitoring of residents' whereabouts. Staff time would also be required by the residential facility in providing monthly progress reports and termination summaries to the CDI program.

Impact: There are currently 29 CDI programs which will be impacted by these amendments. Residential facilities will be affected through revised contracts with CDI programs. There are currently 11 contracts with such residential facilities. Offenders will experience increased monitoring by program staff. The latest data indicate there are approximately 4,615 offenders in CDI programs and 213 individuals in residential facilities.

Costs should not increase for the CDI programs, residential facilities, or the Department of Corrections in implementing the amendments to these regulations.

No CDI program or residential facility should be particularly affected more so than others.

Summary:

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The amendments to the Community Diversion Program Standards alter requirements for the development, operation and evaluation of programs and services provided under the Community Diversion Incentive Act. The amendments include format and organization changes in order to enhance clarity, and the deletion of some text which is now incorporated in other documents. Substantive changes include the addition of (i) language to ensure that Department of Motor Vehicle checks and criminal record checks are performed on program staff; (ii) requirements for the contractual agreement between the Community Diversion Program Director and Residential Facility Administrator; and (iii) a requirement that the residential facility provide written monthly progress reports and a termination summary on the offender to the Community Diversion Program.

VR 230-30-002. Community Diversion Program Standards.

PART I. INTRODUCTION.

Article 1. Definitions.

§ 1.1. Definitions.

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

"Appropriate program staff" means program director and case manager.

"Behavioral contract" means a written agreement between the offender and the appropriate program staff containing at a minimum:

1. A provision that the offender shall not change residence without prior notification to the case manager;
2. The number of community service hours to be completed;
3. A provision for restitution, if applicable;
4. Behavioral or treatment goals, or both;
5. A provision for intensive supervision;
6. A statement that the offender shall remain in the program until released by the court; and
7. A signed statement by the offender, witnessed by program staff, agreeing to abide by the contract.

"Case file" means the information that shall be maintained in a central location on each offender ; and which shall contain, at a minimum:

1. Pre- or Post-Sentence report (PSI) for a felon offender, if available.
2. All diagnostic evaluation information purchased by or made available to the program.
3. Document of referral signed by the judge or clerk of court. This may not be applicable for misdemeanants.
4. Document of Diversion signed by the judge or clerk of court.
5. Behavioral contract.
6. Community Service Agreement.
7. Offender's current address, phone number (if available), date of birth, and social security number.
8. Offender contract summaries.
9. Documentation of services provided.
10. Documentation of termination.

"Case manager" means the person , other than clerical staff, designated by the program director to perform intensive supervision of offenders, or to monitor offenders' compliance with the terms of the behavioral contracts.

"Community service" means any unpaid service or work performed for the good of the community at a nonprofit public or private agency.

"Community Service Agreement" means a written agreement , for each different community service placement, between the offender and the appropriate program staff ; containing at a minimum:

1. Work site agency
2. Work site supervisor
3. Work site location
4. Job duties
5. Service hours required
6. Time frame for completion

"Eligibility criteria" means the minimum requirements which shall be met by an offender which would allow for the Community Corrections Resources Board to evaluate for diversion, to recommend diversion to the referring court, and for the offender to participate in a local community diversion program. The criteria shall contain, at a minimum:

1. Each offender shall have received a sentence to be

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incarcerated in a state or local adult correctional institution.

2. Each offender shall be nonviolent as determined by the Community Corrections Resources Board. The Community Corrections Resources Board shall define "nonviolent."

3. No offender shall have a demonstrated pattern of violence as determined by the Community Corrections Resources Board.

4. No offender shall have any outstanding criminal charges, detainers, or dispositions which would preclude eventual program participation.

5. Each offender shall be deemed suitable for program participation by the Community Corrections Resources Board's determination that an appropriate, rational behavioral contract can be developed.

"Intensive supervision for local offenders" means at least two face-to-face contacts each 30 days after the program staff is made aware of the diversion. These contacts shall be with the program director or the person he has designated in writing to monitor compliance with the terms of the behavioral contract. At least one of these contacts shall be made by appropriate program staff. The initial contact shall be made by appropriate program staff within seven days after the program staff is made aware of the diversion. Within 30 days after the program staff is made aware of the diversion, one of the contacts shall be made at the offender's home by appropriate program staff. Subsequent face-to-face home contacts shall be made within every 90-day period until termination; the offender's place of residence shall be verified monthly by program staff. Home contacts are not required for an offender living out-of-state, but verification of the offender's place of residence shall be documented monthly by program staff.

"Intensive supervision for state offenders" means at least one weekly, face-to-face contact with appropriate program staff to monitor compliance with the terms of the behavioral contract. The first weekly contact shall be made within seven days after the program staff is made aware of the diversion. During each calendar month, one of these contacts shall be made at the offender's home by appropriate program staff. The first home contact shall be made within 30 days after the program staff is made aware of the diversion.

"Local offender" means an individual who has been sentenced to a term which would result in incarceration in a local adult correctional institution.

"Program" means the plan or system of diversion services provided by a unit of government or of a public or private agency as outlined in §§ 53.1-180 through 53.1-185 of the Code of Virginia.

"Program administrator" means the individual who signs the program contract on behalf of a unit of government or public or private nonprofit agency and who is responsible for full implementation of the contract.

"Program contract" means the community corrections contract between the Department of Corrections and the program a unit of government or of a public or private agency that sets forth the terms and conditions for funding and program operation.

"Program staff" means any program administrator, program director, case manager, or clerical worker who is employed by, contracts with, or volunteers services to the program.

"State offender" means an individual who has been sentenced to a term which would result in incarceration in a state adult correctional institution.

Article 2. Legal Base.

§ 1.2. The Code of Virginia is the legal base for the development of Community Diversion Program Standards. Section 53.1-182 of the Code of Virginia directs the State Board of Corrections to prescribe standards for the development, operation, and evaluation of programs and services authorized by the Community Diversion Incentive Act (§ 53.1-180 et seq.).

Article 3. Administration.

§ 1.3. The Community Diversion Program Standards, adopted by the Board of Corrections on May 7, 1989, are superseded on the effective date of July 1, 1991.

§ 1.4. 1.2. Primary responsibility.

The primary responsibility for application of these standards shall be with the program administrator.

PART II. PROGRAM ADMINISTRATION AND MANAGEMENT.

Article 1. Community Corrections Resources Board.

§ 2.1. Written policies and procedures.

Each program shall have a Community Corrections Resources Board whose composition and duties responsibilities shall be in compliance with the Community Diversion Incentive Act and which shall have written policies and procedures for the following:

1. Provide for the purchase or development of community services and programs for use by the courts in diverting offenders from state and local correctional facilities;

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2. Assist community agencies and organizations in establishing and modifying programs and services for offenders on the basis of an objective assessment of the community's needs and resources;

3. Evaluate and monitor community programs and services to determine their impact on offenders;

4. Provide a mechanism whereby all offenders with needs for services will be linked to appropriate services;

5. Attempt to resolve agency policies and procedures that make it difficult for offenders to receive services;

6. Upon referral to the board of individual offenders by any court, determine whether an appropriate, rational behavioral contract can be developed with the offenders for participation in a community diversion program; and

7. Provide the judge of the referring court with the findings and recommendations of the board made on individual offenders pursuant to subdivision 6 of this section.

§ 2.2. Bylaws.

Each Community Corrections Resources Board shall adopt bylaws for the ~~conduct~~ conducting of business in compliance with the Virginia Freedom of Information Act ; §§ 2.1-340 through 2.1-346.1 of the Code of Virginia (§ 2.1-340 et seq. of the Code of Virginia) .

Article 2. Administrative Responsibility.

§ 2.3. Each program shall have a program administrator who is an administrative officer of a unit of government or of a public or private agency and who is responsible for applying for Community Diversion Incentive Act funds, receiving these funds, administering these funds, and ensuring full implementation of the program contract.

§ 2.4. Each program shall also have a program director who is responsible for the overall daily administration of the program.

§ 2.5. § 2.3. Documentation.

The program's lines of authority, including an organizational chart and written roles and responsibilities of the program staff and the Community Corrections Resources Board, shall be documented.

§ 2.4. Record checks.

Record checks (Department of Motor Vehicles and criminal) shall be performed on all program staff prior to hiring or utilizing such staff.

§ 2.6. § 2.5. Orientation.

The program director shall provide Community Corrections Resources Board members and program staff with orientation as to their respective duties and responsibilities within 30 days of appointment or employment.

§ 2.7. § 2.6. Policies and procedures.

The Community Corrections Resources Board of each program utilizing volunteers or unpaid staff shall develop and implement written policies and procedures for the recruitment, selection, training, supervision and termination of those volunteers or unpaid staff.

§ 2.8. § 2.7. Written agreement.

There shall be a written agreement between the program director and each volunteer or unpaid staff member that outlines the ~~their~~ roles and responsibilities of the ~~volunteer or unpaid staff member~~ .

§ 2.9. The program director and all full-time program staff, excluding clerical staff, employed by the program shall complete a minimum of 40 hours of Department of Corrections approved training annually. Part-time program staff and clerical staff shall complete a minimum of 20 hours of Department of Corrections approved training annually.

§ 2.8. Training.

All program staff shall complete training as required by the Department of Corrections.

§ 2.10. § 2.9. Bonded.

All program staff shall be bonded.

§ 2.11. § 2.10. Reports and data.

The program administrator or designee shall submit financial, offender, and program activity reports and data as required by the Department of Corrections.

Article 3. Policy and Procedure Manual.

§ 2.12. § 2.11. Development of manual.

The Community Corrections Resources Board shall develop a written policy and procedure manual for program administration and operation.

§ 2.13. § 2.12. Manual provided to chief judges.

The policy and procedure manual shall be provided to each chief judge of the judicial circuits and ~~districts~~ the program serves , including general district courts, served by the program .

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PART III. FISCAL MANAGEMENT.

Article 1: Responsibility.

§ 3.1. Responsibility.

The Community Corrections Resources Board shall develop and implement written policies and procedures to approve and monitor program finances.

Article 2: Maintenance of Financial Records.

§ 3.2. Audited financial records shall be maintained by the program director for at least three years. Unaudited financial records and completed audits shall be retained for the duration of the program and shall be made available to the Department of Corrections upon request.

Article 3: Operation Within a Budget.

§ 3.3. Each program shall operate within a Department of Corrections approved budget.

PART IV. OFFENDER PARTICIPATION IN PROGRAM.

Article 1. Eligibility.

§ 4.1. Eligibility criteria.

The Community Corrections Resources Board shall establish written offender eligibility criteria which include, at a minimum, the Board of Corrections' Eligibility Criteria (see § 1.1). These offender eligibility criteria shall be approved by the Department of Corrections, shall be approved by the court. These criteria shall contain at a minimum:

1. Each offender shall have received a sentence to be incarcerated in a state or local adult correctional institution. No offender shall have received a sentence which would result in parole eligibility prior to program participation.

2. Each offender shall be nonviolent as determined by the Community Corrections Resources Board. The Community Corrections Resources Board shall define "nonviolent," which includes, at a minimum, "it is the opinion of the Community Corrections Resources Board that the offender does not pose a continuing threat to the victim or the safety of the community."

3. No offender shall have a demonstrated pattern of violence as determined by the Community Corrections Resources Board.

4. No offender shall have any outstanding criminal charges, detainers, or dispositions which would have precluded program participation within six months of diversion by the court.

5. Each offender shall be deemed suitable for program participation by the Community Corrections Resources Board's determination that an appropriate, rational behavioral contract can be developed.

§ 4.2. Policies and procedures.

The Community Corrections Resources Board shall develop and implement written policies and procedures for offender referral and evaluation for program diversion.

§ 4.3. The Community Corrections Resources Board shall develop and implement written policies and procedures for providing the judge of the referring court the recommendations of the board on offenders.

Article 2: Evaluation.

§ 4.4. The Community Corrections Resources Board shall develop and implement written policies and procedures for offender evaluation.

Article 3 2 . Diversion.

§ 4.5. The Community Corrections Resources Board shall develop and implement written policies and procedures for offender diversion.

§ 4.6. The Community Corrections Resources Board shall develop and implement written policies and procedures for the development of an appropriate, rational behavioral contract for each offender participating in the program.

§ 4.3. Behavioral contract.

A behavioral contract shall be established for each diverted offender. Each behavioral contract shall contain at a minimum:

1. A provision that the offender shall not change residence without prior notification to the case manager;

2. The number of community service hours to be completed;

3. A provision for restitution, if applicable;

4. Behavioral or treatment goals or both;

5. A provision for intensive supervision as defined in this document;

6. A statement that the offender shall remain in the

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program until released by the court; and

7. A signed statement by the offender, witnessed by appropriate program staff, agreeing to abide by the contract.

Article 4.3. Termination.

§ 4.7. § 4.4. Policies and procedures.

The Community Corrections Resources Board shall develop and implement written policies and procedures for offender termination.

§ 4.8. § 4.5. Determination.

The offender's termination shall be determined by the sentencing court.

PART V. CASE FILES.

Article 1. Case File Maintenance.

§ 5.1. Securing of case files.

The program director shall maintain individual offender case files. Individual offender case files shall be secured by program staff to protect against loss, theft, or unauthorized use.

§ 5.2. Contents of case file.

Offender case files shall be secured to protect against loss, theft, or unauthorized use. Each offender case file shall contain, at a minimum:

1. Presentence or Post-sentence report (PSI) for a felon offender.
2. All diagnostic evaluation information purchased by or made available to the program.
3. Document of Diversion signed by the judge or clerk of court.
4. Behavioral contract.
5. Community Service Agreement.
6. Offender's current address, phone number, date of birth, and Social Security number.
7. Offender contact summaries which include progress towards meeting the behavioral contract.
8. Documentation of services provided.
9. Documentation of termination.

10. Monthly progress reports on transferred cases and cases in residential placement.

Article 2. Confidentiality of Offender Information.

§ 5.3. Policies and procedures.

The Community Corrections Resources Board shall develop and implement written policies and procedures to govern the confidentiality, dissemination, and maintenance of offender information. These shall be in compliance with all applicable state and federal laws, including the Freedom of Information Act (§§ 2.1-340 through 2.1-346.1 of the Code of Virginia), the Privacy Protection Act (§§ 2.1-377 through 2.1-386 of the Code of Virginia), the Virginia Public Records Act (§§ 42.1-76 through 42.1-91, of the Code of Virginia, and § 19.2-389 of the Code of Virginia (Dissemination of Criminal History Record Information).

PART VI. OFFENDER MANAGEMENT.

Article 1. Intensive Supervision.

§ 6.1. Requirements for intensive supervision.

A. Intensive supervision shall be required for each diverted offender and documented in the case file. Intensive supervision shall not be provided by clerical staff.

B. Intensive supervision for local offenders requires:

1. The initial contact shall be face-to-face and shall be made by appropriate program staff within seven calendar days after the program staff is made aware of the diversion.
2. At least one face-to-face contact every other week after the program staff is made aware of the diversion. These contacts shall be made by the program director or the person he has designated in writing to monitor compliance with the terms of the behavioral contract. At least one of these contacts shall be made by appropriate program staff and, in the first 30 days, one of these contacts shall be made at the offender's home.
3. After the first home visit, at least one face-to-face contact in the offender's home shall be made within every 90-day period until termination.
4. The offender's place of residence shall be verified monthly by program staff.

C. Intensive supervision for state offenders requires:

1. An initial face-to-face contact within seven calendar

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days after the program is made aware of the diversion.

2. At least one weekly face-to-face contact with appropriate program staff to monitor compliance with the terms of the behavioral contract.

3. A face-to-face home contact within the first 30 days and thereafter each calendar month. This face-to-face home contact can replace one face-to-face contact required weekly in subdivision 2 of this subsection.

§ 6.2. In lieu of a transfer, intensive supervision may be temporarily provided by another program's appropriate program staff if it is mutually agreed upon and the supervision is documented in the diverting program's case file.

§ 6.3. § 6.2. Contractual agreement.

Placement of an offender in a residential treatment facility shall not satisfy the intensive supervision requirements while the offender is in residence at the facility. The residential treatment facility shall provide written monthly progress reports and a termination summary on the offender to the program, provided there is a contractual agreement between the Community Diversion Program Director and Residential Facility Administrator which ensures at a minimum:

1. Treatment needs are addressed.
2. A procedure in the residential facility which provides for 24-hour monitoring of residents' whereabouts.
3. A procedure whereby the Community Diversion Program Director is notified immediately when the offender's whereabouts are unknown.

§ 6.3. Progress reports.

The residential facility shall provide written monthly progress reports and a termination summary on the offender to the Community Diversion program.

§ 6.4. Intensive supervision requirements for an offender may be interrupted by the program director for a period not to exceed 15 days, under the following circumstances:

1. Inclement weather prevents supervision.
2. Court action has been requested for successful termination.
3. Excused absences for employment, training, vacation, military duty, medical emergencies, or family emergencies of the offender.
4. Offender incarcerated.

When intensive supervision is temporarily interrupted, such fact and circumstances shall be documented in the case file. Restoration of intensive supervision shall also be documented.

§ 6.5. Intensive supervision requirements for an offender may be interrupted by the Department of Corrections under extraordinary circumstances for a period not to exceed 90 days. When the Department of Corrections interrupts the supervision requirements, such fact, circumstances, and documentation shall be included in the case file. Restoration of intensive supervision shall also be documented.

Article 2. Offender Monitoring.

§ 6.6. § 6.4. Offender monitoring.

The Community Corrections Resources Board shall develop and implement written policies and procedures for the monitoring of an offender's compliance with the terms of the behavioral contract.

§ 6.7. The Community Corrections Resources Board shall develop and implement written policies and procedures for major and minor behavioral contract violations as defined by the Community Corrections Resources Board.

Article 3. Transfer of Cases.

§ 6.8. § 6.5. Transfer of cases.

The Community Corrections Resources Board shall develop and implement written policies and procedures to that allow for the permanent or temporary transfer of offenders an offender to and from other programs Community Diversion Incentive Programs without interruption of intensive supervision.

§ 6.9. The referring program director or Community Corrections Resources Board, or both, shall approve or deny the proposed transfer of an offender to another program and shall, along with the sentencing court, retain jurisdiction over the offender.

§ 6.10. Prior to the transfer, the referring program director shall provide written notification to the chief probation and parole officer in the referring and receiving districts of the transfer of an offender under consecutive or concurrent probation supervision.

§ 6.11. The receiving program director or the Community Corrections Resources Board, or both, shall approve the proposed transfer of an offender from a referring program, provided the offender meets the receiving program's eligibility criteria.

§ 6.12. The referring program director shall be responsible for all treatment and supervision costs of an offender who

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is transferred to another program.

§ 6.13. The referring program director shall document that intensive supervision is being provided to an offender who may be transferred until the transfer process is completed.

§ 6.14. The receiving program director shall provide intensive supervision and monitor compliance with the terms of the referring program's behavioral contract of the transferred offender, and shall provide written monthly progress reports documenting such supervision and monitoring to the referring program director.

§ 6.15. The referring program director shall document that the receiving program director is providing intensive supervision and is monitoring the transferred offender's compliance with the terms of the behavioral contract.

§ 6.16. The referring program director shall maintain a case file on an offender transferred to another program.

§ 6.17. The receiving program director may return the transferred offender to the referring program director for noncompliance or a change in offender circumstances, provided the receiving program director documents such noncompliance or change in circumstances and communicates such information to the referring program director with at least 10 days notice prior to the return.

§ 6.18. The receiving program director shall notify the referring program director of the completion of the transferred offender's behavioral contract, with the request that the referring program director recommend termination by the diverting court.

§ 6.19. The referring program director shall notify the diverting court of the successful or unsuccessful completion of a transferred offender and, after termination by the diverting court, shall close the offender's case according to local procedures.

§ 6.20. The receiving program director shall continue to provide intensive supervision until the offender's case is terminated by the diverting court or the offender is returned to the referring program.

§ 6.21. The receiving program shall maintain a case file on each offender transferred to the program.

Article 4. Restitution.

§ 6.22. § 6.6. Restitution.

The Community Corrections Resources Board shall develop and implement written policies and procedures for victim restitution.

Article 5. Community Service.

§ 6.23. § 6.7. Requirement.

Community service shall be required of each offender participating in the program.

§ 6.24. § 6.8. Policies and procedures.

The Community Corrections Resources Board shall develop and implement written policies and procedures for community service. Such service shall be unpaid and performed at public or private nonprofit agencies.

§ 6.25. § 6.9. Equitable and consistent assignment of hours.

The Community Corrections Resources Board shall develop and implement written policies and procedures to ensure equitable and consistent assignment of community service hours.

§ 6.26. § 6.10. Standard range.

The Community Corrections Resources Board shall establish a standard range of community service hours.

§ 6.27. § 6.11. On-site supervision.

Documented on-site supervision of each offender performing community service shall be provided by a work site supervisor. Work site supervision shall be at no cost to the program.

§ 6.12. Community Service Agreement.

The Community Service Agreement shall contain at a minimum:

1. Work site agency.
2. Work site supervisor.
3. Work site location.
4. Job duties.
5. Service hours required.
6. Time frame for completion.

PART VII. OFFENDER SERVICES.

Article 1. Establishment of Services and Service Providers.

§ 7.1. The Community Corrections Resources Board shall develop and implement written policies and procedures to establish services for offenders based on an assessment of the offenders' needs and community resources.

§ 7.2. § 7.1. Establishment of services and service providers.

Proposed Regulations

The Community Corrections Resources Board shall develop and implement written policies and procedures to recruit, screen, and select and evaluate service providers based on an assessment of offender needs and community resources .

Article 2: Purchases of Services.

§ 7.3. The Community Corrections Resources Board shall develop and implement written policies and procedures to monitor the purchase of offender services.

§ 7.4. The program director may only purchase services on behalf of the offender; no direct financial allowances are to be made to an offender.

§ 7.5. Routine offender services, including evaluations, shall be purchased through written formal contracts or agreements with service providers.

§ 7.6. Offender service funds may be used for the purchase of emergency services for food, clothing, housing, medical services and transportation. Food or housing services shall continue for no longer than 31 days. Emergency services shall not be a regular stipend or support for the offender.

Article 3: Residential Services.

§ 7.7. § 7.2. Compliance of residential services.

The program director shall document that the facilities in which offenders are placed for residential treatment are in compliance with applicable state and local health and fire regulations.

VA.R. Doc. No. R94-838; Filed April 13, 1994, 11:13 a.m.

Title of Regulation: VR 230-30-006. Jail Work/Study Release Program Standards (REPEALING).

Statutory Authority: §§ 53.1-5 and 53.1-131 of the Code of Virginia.

Public Hearing Date: N/A - Written comments may be submitted until July 2, 1994.

(See Calendar of Events section for additional information)

Basis: Section 53.1-131 of the Code of Virginia directs the Board of Corrections to prescribe regulations governing work release, educational release, and other rehabilitative programs. The board is incorporating such regulations into the document, VR 230-30-001, Minimum Standards for Jails and Lockups, instead of promulgating a separate set of regulations for this subject.

Purpose: The purpose of this repeal is to enhance the clarity and organization of all standards as they relate to jails, lockups, and work release standards. Through this action, the board is creating one comprehensive reference document for all related standards.

Substance: The substance of these regulations is now incorporated in Article 2 of Part IV of the Minimum Standards for Jails and Lockups.

Issues: No disadvantages should be incurred through repealing these standards. Jail, lockup, and work release administrators should advantage by this repeal as all standards may now be found within a comprehensive set of regulations.

Impact: This repeal should not impact any individual or locality as the substance of the repealed regulations is now found in the proposed VR 230-30-001, Minimum Standards for Jails and Lockups.

Summary:

The Board of Corrections is repealing the Jail Work/Study Release Program Standards. The provisions of these regulations will be included in the proposed amended regulations, VR 230-30-001, Minimum Standards for Jails and Lockups.

VA.R. Doc. No. R94-839; Filed April 13, 1994, 11:12 a.m.

BOARD FOR GEOLOGY

Title of Regulation: VR 335-01/2. Rules and Regulations for the Virginia Board for Geology.

Statutory Authority: § 54.1-1402 of the Code of Virginia.

Public Hearing Date: June 16, 1994 - 10 a.m.

Written comments may be submitted through July 1, 1994.

(See Calendar of Events section for additional information.)

Basis: The statutory authority to promulgate the Rules and Regulations for the Virginia Board for Geology is found in § 54.1-1402 of the Code of Virginia. The Board for Geology is empowered to establish regulations necessary for the reasonable administration of Chapter 14 of Title 54.1 of the Code of Virginia.

Purpose: The purpose of the regulations is to implement the standards for certification and conduct, established in Chapter 14 of Title 54.1, for persons who desire to act as Virginia certified professional geologists. The program is one of voluntary certification. Any person may practice as a geologist in Virginia but may not represent himself as a Virginia certified professional geologist without having first been certified by the Board for Geology. Citizens of the Commonwealth who seek geological services only from

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those holding current board certifications are assured of a qualified practitioner and the board's regulatory oversight of his practice. This regulatory action will revise the currently effective regulations entitled VR 335-01-2.

Substance: The proposed revisions will:

1. Increase the fees charged to applicants;
2. Allow the examination fee to be adjusted to reflect changes in costs to procure examinations under contracts competitively negotiated in compliance with the Virginia Public Procurement Act; and
3. Establish the status of a certified individual between the date his certification expires and the date it is reinstated.

Issues: The board has determined that the public will benefit from Virginia certified professional geologists who have met the valid and reasonable standards established by the current regulations and these revisions thereto.

Adjusting the fees charged to applicants will assure that the board generates revenues sufficient to enable it to discharge its statutory mandate and that the board will be in compliance with § 54.1-113 of the Code of Virginia which requires all regulatory boards to adjust fees periodically to assure revenues cover expenditures.

The board has increased the certification renewal fee by \$10 from \$100 per biennium to \$110 per biennium. Penalty fees for late renewal and reinstatement of certification, which can be avoided entirely by timely certification renewal, have been increased proportionately.

The examination fee has been increased by \$25 from \$75 to \$100 in anticipation of adopting the use of a national examination rather the current Virginia examination.

Language has been added to allow the board to adjust the examination fee in accordance with their contract with an outside vendor which has been competitively negotiated and contracted for in compliance with the Virginia Public Procurement Act.

A fee of \$25 has been added to cover the administrative costs for obtaining a duplicate wall certificate, \$25 to cover the administrative costs for obtaining a certificate of licensure and \$25 to cover the administrative costs caused by paying a fee with a dishonored check.

Establishing the status of a certified individual between the date his certification expires and the date it is reinstated adds a provision currently missing from the regulations and benefits the public by making clear that such certified individuals are governed by the board's regulations and subject to the board's discipline during the entire period in question.

No potential disadvantages to the entities regulated or to

the public have been identified.

Estimated Impact: The revised regulations will affect approximately 750 individuals employed as geologists.

The cost to obtain a certification under the proposed revisions is estimated to be \$200, \$100 for the application fee and \$100 for the examination fee. The cost will increase by \$100 each time an applicant sits for and fails the examination. The estimate does not include the costs to obtain a baccalaureate or higher degree and seven years of geological work, or the travel, subsistence and lodging costs necessary to sit for the examination, as these costs vary widely.

The fee increase reflects increases in ongoing costs to operate and anticipated increases in examination costs as the result of procuring a national examination. The board anticipates adjusting the examination fee before adopting final regulations when it has a better estimate of the cost of the national examination, which is currently the subject of a Request For Proposal (RFP) being developed for publication.

The board feels that the impact of these revisions will be slight.

The agency does not anticipate that additional resources will be necessary to implement the proposed regulation revisions.

No localities particularly affected by the regulation revisions have been identified.

Costs of implementation of the revisions are estimated to be limited to the costs of printing and mailing the proposed and the final regulations to those holding certifications and to those on the Public Participation Guideline List. That total is \$2,024.

Summary:

The proposed revisions are limited to an adjustment of fees in § 1.3 to comply with § 54.1-113 of the Code of Virginia; the addition of language to § 1.3 3 to allow the examination fee to be adjusted in accordance with contracts competitively negotiated under the Virginia Public Procurement Act; the addition of three new \$25 fees to cover administrative costs to produce duplicate wall certificates, to produce certifications of licensure and to offset costs associated with fees paid by "bad" checks; and the addition of § 1.6 to clearly establish the status of a regulant during the period after certification expiration and prior to reinstatement.

VR 335-01-2. Rules and Regulations for the Virginia Board for Geology.

PART I.
GENERAL.

Proposed Regulations

§ 1.1. Definitions:

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

"Board" means the Board for Geology.

"Geologist" means a person engaged in the public practice of geology.

"Geology" means the science dealing with (i) the earth and its history in general; (ii) the investigation, prediction, evaluation, and location of materials and structures which compose the earth; (iii) the natural processes that cause changes in the earth; and (iv) the application of knowledge of the earth, its processes, and its constituent rocks, minerals, liquids, gases and other natural materials.

"Practice of geology" means the performance of any service or work for the general public wherein the principles and methods of geology are applied.

"Qualified geologist" means an uncertified person who possesses all the qualifications specified in this chapter § 54.1-1403 of the Code of Virginia for certification.

"Virginia certified professional geologist" means a person who possesses all qualifications specified in this chapter for certification and whose competence has been attested by the board through certification.

§ 1.2. Determining qualifications for applicants.

In determining the qualifications of an applicant for certification, a majority vote of members of the board shall be required.

§ 1.3. Fees.

All fees for application, examination, renewal, and reinstatement shall be established by the board pursuant to § 54.1-201 of the Code of Virginia. All fees are nonrefundable and shall not be prorated.

1. The application fee for certification shall be \$100.
2. The fee for renewal of certification shall be \$ 100 110 .
3. The fee for taking the examination or reexamination for certification shall be \$ 75 100 . *This examination fee is subject to fees charged to the department by an outside vendor competitively negotiated and contracted for in compliance with the Virginia Public Procurement Act. Fees may be adjusted and charged to the candidate in accordance with this contract.*
4. The penalty fee for late renewal shall be \$ 50 55 in addition to the renewal fee.

5. The reinstatement fee shall be \$ 200 220 .

6. *The fee for duplicate wall certificates shall be \$25.*

7. *The fee for a Certificate of Licensure shall be \$25.*

8. *The fee for paying any of the above fees with a check or other instrument not honored by the bank or other financial institution upon which it is drawn shall be \$25.*

§ 1.4. Expiration, renewal and fee of certificate holders.

A. Certificates issued under these regulations shall expire on August 31 of the odd-numbered year following the date of issuance. Certificate holders shall be notified by mail of the fee and the procedure for certificate renewal at least 45 days before the certificate expires. Each certificate holder desiring to renew his certificate shall submit the renewal notice with the appropriate fee before the certificate expires.

B. There shall be a penalty fee for late renewal assessed in addition to the renewal fee for any certificate holder failing to renew the certificate within 30 days following the date of expiration.

C. Failure to receive written notice from the Department of ~~Commerce~~ *Professional and Occupational Regulation* does not relieve the regulant from the requirement to renew his certificate. If the certificate holder fails to receive the renewal notice, a copy of the certificate may be submitted with the required fee.

D. The date a fee is received by the Department of ~~Commerce~~ *Professional and Occupational Regulation* , or its agent, will be used to determine whether a penalty fee or the requirement for reinstatement of a certificate is applicable.

E. Revoked or suspended certificates are not renewable until reinstated by the board.

§ 1.5. Reinstatements.

If the certificate holder fails to renew the certificate within six months following the expiration date, the certificate holder will be required to apply for reinstatement of the certificate. The applicant will be required to present reasons that the certificate was allowed to expire, and the board may grant reinstatement of the certificate, or require requalification or reexamination, or both. The application fee for reinstatement of a certificate shall be an amount equal to twice the renewal fee.

§ 1.6. Status of certification during the period prior to reinstatement.

A. *Reinstated certifications shall continue to have the same certification number and shall be assigned an*

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expiration date two years from the previous expiration date of the certification.

B. Reinstated certifications shall be regarded as having been continuously licensed without interruption. Therefore, the holder of the reinstated certification shall remain under the disciplinary authority of the board during this entire period and may be held accountable for his activities during this period.

C. Certifications which are not renewed or reinstated shall be regarded as expired from the date of the expiration forward.

§ 1-6. 1.7. Use of seal.

A certified professional geologist may apply a rubber stamp or preprinted seal to final and complete cover sheets and to each original sheet of plans or drawings prepared or reviewed and approved by the regulant. The seal may be applied to the cover sheet of technical reports and specifications prepared or reviewed and approved by the regulant.

1. All seal imprints on final documents shall be signed.
2. Application of the seal and signature indicates acceptance of responsibility for work shown thereon.
3. The seal shall conform in detail and size to the design illustrated below:



* The number referred to is the number, usually three or four digits, as shown on the wall certificate and is the license renewal number issued each biennium as indicated on the licensee's pocket card. The number will not change every two years, but is permanent.

PART II. ENTRY.

§ 2.1. Qualifications for certification.

Each applicant for certification as a certified professional geologist in Virginia shall meet the education, experience and examination requirements as specified in §

54.1-1403 of the Code of Virginia.

§ 2.2. Certification by reciprocity.

Any person certified, registered or licensed in another state, jurisdiction or territory of the United States may be granted a Virginia certificate without written examination, provided that:

1. The applicant meets all the requirements for certification in Virginia; and
2. The applicant holds a currently valid license in good standing in another jurisdiction based upon successful completion of a comparable exam.

PART III. STANDARDS OF PRACTICE AND CONDUCT.

§ 3.1. Disclosure.

A certified professional geologist:

1. Shall not submit any false statements or fail to disclose any facts requested concerning his or another's application for certification.
2. Shall not falsely or maliciously attempt to injure the reputation or business of another.
3. Shall not engage in any fraud, deceit, or misrepresentation in advertising, in soliciting or in providing professional services.
4. Shall not knowingly sign, stamp, or seal any plans, drawings, blueprints, surveys, reports, specifications, or other documents not prepared or reviewed and approved by the certificate holder.
5. Shall make full disclosure to all parties of:
 - a. Any transaction involving payments made to any person for the purpose of securing a contract, assignment, or engagement; or
 - b. Any monetary, financial or beneficial interest he may have in any contract or entity providing goods or services, other than his professional services, to a project or engagement.
6. Shall express an opinion only when it is founded on adequate knowledge of established facts at issue, on a background of technical competence in the subject matter, and on an honest conviction of the accuracy of the testimony when serving as an expert or technical witness before any court, commission, or other tribunal.
7. Shall provide adequate representation of his qualifications and scope of responsibilities for all previous experience claimed when negotiating with

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prospective clients.

§ 3.2. Compliance with other laws.

A certified professional geologist:

1. Shall comply with all federal, state, and local building, fire, safety, real estate, or mining codes, as well as any other laws, codes, ordinances, or regulations pertaining to the practice of geology.

2. Shall not violate any state or federal criminal statute involving fraud, misrepresentation, embezzlement, bribery, theft, forgery, or breach of fiduciary duty relating to his professional practice.

3. Shall immediately notify the client or employer and the appropriate regulatory agency if his professional judgment is overruled and not adhered to in circumstances of a serious threat to the public health, safety, or welfare. If appropriate remedial action is not taken within a reasonable amount of time after making the report, he shall notify the appropriate governmental authority of the specific nature of the public threat.

4. Shall give written notice to the board, and shall cooperate with the board and the department in furnishing any further information or assistance needed, if he knows or believes that another geologist/firm may be violating any of the provisions of Chapter 14 ; (§ 54.1-1400 et seq.) of Title 54.1 of the Code of Virginia, or these regulations.

§ 3.3. Conflicts of interest.

A certified professional geologist shall not:

1. Accept any work on any project or other professional engagement when a duty to a client or to the public would conflict with his personal interest or the interest of another client, unless immediate disclosure of all material facts of the conflict is made to each client related to the project or engagement.

2. Accept compensation for services related to the same project or professional engagement from more than one party without making prior full disclosure to all parties involved.

3. Offer, either directly or indirectly, any commission, political contribution, or other consideration in seeking work except to secure a salaried position through employment agencies.

§ 3.4. Competence for assignments.

A certified professional geologist:

1. Shall exercise reasonable care when rendering professional services and shall apply the technical

knowledge and skills ordinarily applied by practicing geologists.

2. Shall not accept any professional assignment or engagement that he is not competent to perform by way of education, technical knowledge, or experience. An assignment requiring education or experience outside his field of competence may be accepted provided:

a. His professional services are restricted to those phases of the project in which he is qualified; and

b. All other phases of the project are performed by qualified associates, consultants, or employees.

§ 3.5. Grounds for suspension, revocation, or denial to renew or grant certification.

A. The board may suspend, revoke, or refuse to renew the certification of any geologist who, after a hearing as provided in the Administrative Process Act (~~Virginia Code § 9-6.14:1 through 9-6.14:21~~ et seq. of the Code of Virginia), is found to have committed:

1. Fraud or deceit in obtaining certification (See § 54-1.20(5) of the Code of Virginia) ; or

2. Any violation of Part III - Standards of Practice and Conduct, other regulations of the board, or governing statutes of the board; or

3. An act or acts of negligence, incompetence, or misconduct in the practice of geology as a certified professional geologist.

B. A person shall not be refused a certificate based solely on the prior conviction of a crime unless that conviction directly relates to the geology profession.

§ 3.6. Reissuance of certificate after revocation.

An individual whose certificate has been revoked in accordance with § 3.5 above shall file a new application and obtain approval of the board to regain the certificate.

V.A.R. Doc. No. R94-841; Filed April 13, 1994, 11:39 a.m.

COMMONWEALTH OF VIRGINIA
 VIRGINIA BOARD FOR GEOLOGY
 P. O. BOX 11066
 Richmond, Virginia 23230-1066

INSTRUCTIONS FOR REINSTATEMENT OF GEOLOGY CERTIFICATE

The Individual Application for Reinstatement form must be completed in its entirety.

1. An individual reinstatement fee of two hundred-twenty dollars (\$220.) is required. Make checks payable to the "Treasurer of Virginia." All fees are non refundable, including cases when the application is denied.
2. An application submitted more than four years after the date the certificate expired must be accompanied by three letters of reference from past employers or individuals who are currently licensed.
3. This application and the appropriate fee should be returned to the above address.

**APPLICATION FOR REINSTATEMENT OF CERTIFICATE
 ANSWER ALL QUESTIONS**

Name: _____ Date: _____
 Address: _____

Date issued Certificate:	Certificate Number:	Date Expired:	Did you pass a written examination leading to certification? ___ yes ___ no State: _____
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Give reasons for failure to renew. (Use a separate sheet if necessary.) _____

Have you ever been convicted of any criminal offense? ___ yes ___ no
 If the answer is "Yes," explain on a separate sheet.

For Official Use Only		
Date	Approved	Disapproved

10/94

Has any state suspended, revoked, or denied you a certificate?
 ___ yes ___ no If the answer is yes, explain on a separate sheet.

List the states where you are now currently certified and your certification number:

State	Certification No.	State	Certification No.

State the scope of your intended practice in Virginia: _____

Give an outline of your experience (by employer) since your certificate expired. (Use additional sheets if necessary.) _____

IF YOUR CERTIFICATE HAS EXPIRED FOR MORE THAN FOUR YEARS, ATTACH THREE LETTERS OF REFERENCE FROM PAST EMPLOYERS OR INDIVIDUALS WHO ARE CERTIFIED IN YOUR DISCIPLINE STATING SUPPORT OF THIS APPLICATION.

AFFIDAVIT AND NOTARIZATION:

The undersigned being duly sworn says that he/she is the person making the foregoing statements and they are made in good faith and are true in every respect.

 Signature of Applicant

STATE OF: _____

COUNTY OF: _____

I, _____ a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that _____ personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, sealed, and delivered same as he/her free and voluntary act.

Given under my hand and seal this _____ day of _____

Signature: _____

SEAL

My Commission Expires: _____

Proposed Regulations



DEPARTMENT OF HEALTH (STATE BOARD OF)

Title of Regulation: VR 355-32-500. Rules and Regulations Governing Emergency Medical Services Do Not Resuscitate Program.

Statutory Authority: §§ 32.1-151, 32.1-153 and 54.1-2987.1 of the Code of Virginia.

Public Hearing Date: June 3, 1994 - 10 a.m.

Written comments may be submitted until July 5, 1994.

(See Calendar of Events section for additional information)

Basis: Section 32.1-151 of the Code of Virginia requires the Board of Health to prescribe by regulation procedures, including requirements for forms, to authorized qualified emergency medical services personnel to follow Emergency Medical Services Do Not Resuscitate Orders pursuant to § 54.1-2987.1 of the Code of Virginia. Section 32.1-153 of the Code of Virginia requires the board to prescribe by regulation the emergency medical care attendants qualifications necessary for authorization to follow Emergency Medical Services Do Not Resuscitate Orders pursuant to § 54.1-2987.1 of the Code of Virginia. Section 54.1-2987.1 of the Code of Virginia authorizes qualified emergency medical services personnel to follow Emergency Medical Services Do Not Resuscitate Orders pertaining to adult patients in the prehospital setting in accordance with regulations promulgated by the board.

Purpose: Prior to 1992, Virginia law did not allow emergency medical services (EMS) personnel to follow a "Do Not Resuscitate" (DNR) Order for a terminally ill patient. Therefore, once summoned, EMS personnel had no alternative but to begin cardiopulmonary resuscitation for any patient in cardiac arrest, regardless of the existence of a "living will," a DNR Order or other evidence of the patient's desire to forego such resuscitation. The inability of EMS personnel to honor specific patient and physician directives in this regard had presented a significant problem for patients, their loved ones and the EMS personnel involved.

Senate Bill 360, approved by the 1992 General Assembly, authorized qualified EMS personnel to follow Do Not Resuscitate Orders pertaining to adult patients in the prehospital setting. Such EMS/DNR Orders would be based on the patient's wishes and/or advanced directives and the attending physician's determination that the patient has a terminal condition and should not be resuscitated. Implementation of the new statute requires promulgation of regulations by the Board of Health.

Substance: The regulations set forth the requirements, provisions, implementation procedures, and the EMS/DNR Order Form needed to carry out the new statute, which became effective July 1, 1992.

These regulations would replace emergency regulations that were adopted to allow for timely implementation of the program in accordance with the law.

Issues: The advantage of the regulations to the regulated public, the health care community and emergency medical services personnel is that they provide clear direction on how the EMS Do Not Resuscitate Program works, including the specific information that will be contained on the forms and how they can be distributed, as well as how EMS personnel should respond to a patient who has one of these Do Not Resuscitate Orders. They provide clear guidance as to what procedures should be withheld or withdrawn and what comfort care measures should be provided. No disadvantages have been identified.

Impact: These regulations will enable qualified EMS personnel to respond more appropriately to the expressed desires and needs of certain adult patients with terminal conditions. The legislation was introduced at the request of the EMS community and the medical community at large to address this specific need. The regulations provide an appropriate framework and necessary tools to guide the operation of this important program.

The costs to the agency associated with implementation of the regulations are related primarily to printing and distribution of the EMS/DNR Order Forms and Bracelets and the delivery of educational materials and programs to the EMS and health care community. Other educational efforts, for the health care community and the public, have been incorporated with such programs related to the "Health Care Decisions Act," of which this is a part.

Though there is no way to know exactly how many EMS Do Not Resuscitate Orders have actually been issued to patients across the state, since the program's inception in July 1992, over 25,000 EMS-DNR Order forms and bracelets have been requested by and distributed to physicians and health care institutions. No localities are specifically impacted by this program.

The costs to individual physicians, EMS personnel, and local agencies will be negligible.

Forms: There is one form, the approved EMS/DNR Order Form, and an EMS/DNR Order Bracelet, with insert, that have to be completed by the attending physician and the patient or the patient's designated agent or authorized decision maker when it is decided that an EMS/DNR Order is appropriate. The agency had significant input from the medical and the legal community in developing the EMS/DNR Order Form. These items have been in use since the inception of the program in July 1992.

Summary:

Proposed Regulations

These regulations set forth the purpose and applicability of the Emergency Medical Services Do Not Resuscitate Program, the requirements and provisions as to the EMS Do Not Resuscitate Order Form and Bracelet, and the implementation procedures, including resuscitative measures to be withheld or withdrawn and procedures to provide comfort care or to alleviate pain. These regulations will replace emergency regulations that were effective July 1, 1993.

VR 355-32-500. Rules and Regulations Governing Emergency Medical Services Do Not Resuscitate Program.

PART I. DEFINITIONS.

§ 1.1. Definitions.

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

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

"Attending physician" means the primary physician who has responsibility for the treatment and care of the patient.

"Authorized decision maker" means, in order of priority, designated agent, guardian or committee, spouse, adult child, parent, adult brother or sister, other relative in descending order of blood relationship; provided, however, that when two or more persons in the same class with equal decision-making priority are in disagreement, a majority authorization shall be controlling.

"Board" means the State Board of Health.

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

"Cardiopulmonary resuscitation" means medical procedures including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, and defibrillation, administration of cardiac resuscitation medications and related procedures.

"Commissioner" means the State Health Commissioner.

"Emergency medical services (EMS)" means the services utilized in responding to the perceived individual needs for immediate medical care in order to prevent loss of life, aggravation of physiological or psychological illness or injury including any or all services which could be described as first response, basic life support, advanced life support, specialized life support, patient transportation, medical control, and rescue.

"Emergency medical services agency" means any person, firm, corporation, or organization licensed by the board, which is properly engaged in the business, service, or regular activity of providing emergency medical care to persons who are sick, injured, wounded or otherwise incapacitated or helpless.

"Emergency Medical Services Do Not Resuscitate Order" ("EMS/DNR Order") means a written physician's order in a form approved by the board which authorizes qualified emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from a particular patient in the event of cardiac or respiratory arrest.

"Emergency medical services personnel" ("EMS personnel") means persons responsible for the direct provision of emergency medical services in a given medical emergency including any or all persons who could be described as a first responder, attendant, attendant-in-charge, or operator.

"Qualified emergency medical services personnel" means EMS personnel who are authorized to follow EMS/DNR Orders. This term shall include any person (i) holding current certification to provide emergency medical patient care or treatment by the Department of Health, including those certified as EMS First Responders, Emergency Medical Technicians (EMT), EMT-Shock/Trauma, EMT-Cardiac, and EMT-Paramedic and (ii) acting in accordance with EMS/DNR Order Implementation Protocols.

"Respiratory arrest" means cessation of breathing.

"Terminal condition" means a condition caused by injury, disease or illness from which, to a reasonable degree of medical probability, a patient cannot recover and (i) the patient's death is imminent or (ii) the patient is in a persistent vegetative state, as defined in § 54.1-2982 of the Code of Virginia.

PART II. PURPOSE AND APPLICABILITY.

§ 2.1. Purpose of regulations.

The board has promulgated these regulations in order to ensure timely and appropriate implementation and application of the EMS/DNR Order statute, effective July 1, 1992.

§ 2.2. Administration of regulations.

These regulations shall be administered by the board and the commissioner.

1. The board shall have the responsibility to promulgate and amend, as appropriate, regulations governing EMS/DNR Orders.
2. The commissioner, pursuant to his authority under §

Proposed Regulations

32.1-20 of the Code of Virginia, shall administer these regulations.

§ 2.3. Application of regulations.

These regulations shall have general application throughout the Commonwealth.

PART III. REQUIREMENTS AND PROVISIONS.

Article 1.

Emergency Medical Services Do Not Resuscitate Order Form.

§ 3.1. General.

The EMS/DNR Order Form shall be a unique document printed on distinctive security paper and sequentially numbered, as approved by the board, and consistent with these regulations. The requirements and provisions of §§ 3.2 through 3.6 shall apply to the approved EMS/DNR Order Form.

§ 3.2. Content of the form.

A valid EMS/DNR Order Form shall include (i) the attending physician's signed statement regarding the patient's terminal condition and his Do Not Resuscitate determination as set forth in the order form, (ii) the patient's signed directives, or (iii) a designated agent's or authorized decision maker's signature, if applicable.

§ 3.3. Effective period for a signed EMS/DNR Order Form.

A signed EMS/DNR Order Form shall be effective for no more than one year from the date the order is written. If the patient is still living at the end of that time, a new EMS/DNR Order Form may be executed and issued by the attending physician.

§ 3.4. Original EMS/DNR Order Form.

Only an original EMS/DNR Order Form, or an unaltered EMS/DNR Order Bracelet, as provided for in § 3.7 of these regulations, shall be valid for purposes of withholding or withdrawing cardiopulmonary resuscitation by qualified EMS personnel in the event of cardiac or respiratory arrest. The original form shall be maintained and displayed at the patient's home in one of the places designated on the form or shall accompany the patient, if traveling. Copies of the EMS/DNR Order Form may be given to other providers or persons for information, with the express consent of the patient or the patient's designated agent or authorized decision maker.

§ 3.5. Revocation of an EMS/DNR Order.

An EMS/DNR Order may be revoked at any time by the patient (i) by physical cancellation or destruction of

the EMS/DNR Order Form and Bracelet by the patient or another in his presence and at his direction; or (ii) by oral expression of intent to revoke, or by the patient's attending physician, or the designated agent or authorized decision maker for the patient.

§ 3.6. Distribution of EMS/DNR Order Forms.

Approved, sequentially numbered EMS/DNR Forms, with instructions, shall be available to physicians through local health department offices and local hospitals, and to private physicians, on request. Other distribution points may be approved by the commissioner to meet identified needs.

Article 2.

EMS/DNR Order Bracelet.

§ 3.7. The EMS/DNR Order Bracelet.

An EMS/DNR Order Bracelet, as approved by the board, shall be issued with the EMS/DNR Order. Such EMS/DNR Order Bracelet shall be a uniquely designed, easily identifiable plastic identification bracelet containing the patient's name, Social Security Number, attending physician's name and telephone number, number of the EMS/DNR Order, and date of issuance and expiration of the order. An intact, unaltered, current EMS/DNR Bracelet may be honored by qualified EMS personnel in lieu of an original EMS/DNR Order Form.

PART IV. IMPLEMENTATION PROCEDURES.

Article 1.

Issuance of an EMS/DNR Order.

§ 4.1. Issuance of an EMS/DNR Order.

An EMS Do Not Resuscitate Order may only be issued by an attending physician for a patient who has been diagnosed as having a terminal condition. The physician shall explain to the patient or, if pertinent, his agent or his family the alternatives available, including issuance of an EMS/DNR Order. If the option of an EMS/DNR Order is agreed upon, the attending physician shall have the following responsibilities:

1. Obtain the signature of the patient or designated agent or authorized decision maker or the spokesman for a majority of the highest class of decision makers.
2. Execute and date the physician order on the EMS/DNR Order Form.
3. Issue the original EMS/DNR Order Form and Bracelet and place bracelet on patient.
4. Explain how and by whom the EMS/DNR Order may be revoked.

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EMS Do Not Resuscitate Implementation Procedures.

§ 4.2. General.

Qualified emergency medical services personnel shall conform with the general procedures and published State EMS/DNR Order Implementation Protocols when responding to a patient who is in cardiac or respiratory arrest and who is known or suspected to have an EMS/DNR Order in effect.

§ 4.3. Initial assessment and intervention.

Perform routine patient assessment and resuscitation or intervention until EMS/DNR Order status is confirmed, as follows:

1. Determine that EMS/DNR Order Bracelet is intact and not defaced or that the original EMS/DNR Order Form is present and current.
2. Verify, through driver's license or other identification with photograph and signature or by positive identification by a family member or other person who knows patient, that the patient in question is the one for whom the EMS/DNR Order was issued.
3. If no EMS/DNR Order Bracelet is found, ask family member or other person to look for the original EMS/DNR Order Form.
4. If the EMS/DNR Order Bracelet is not attached or has been defaced, and if no valid EMS/DNR Order Form is produced, consider the EMS/DNR Order to be invalid.

§ 4.4. Resuscitative measures to be withheld or withdrawn.

In the event of cardiac or respiratory arrest of a patient with a valid EMS/DNR Order under the criteria set forth in § 4.3 of this regulation, the following procedures should be withheld or withdrawn by qualified EMS personnel, unless otherwise directed by the attending physician.

1. Cardiopulmonary resuscitation (CPR)
2. Endotracheal intubation or other advanced airway management
3. Artificial ventilation
4. Defibrillation
5. Cardiac resuscitation medications
6. Related procedures, as defined by attending physician or medical protocols.

§ 4.5. Procedures to provide comfort care or to alleviate pain.

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

1. Airway (excluding intubation or advanced airway management)
2. Suction
3. Oxygen
4. Pain medications (Advanced Life Support personnel only)
5. Control bleeding
6. Make patient comfortable
7. Be supportive to patient and family

§ 4.6. Revocation.

The patient, the attending physician, or the patient's designated agent or authorized decision maker may revoke the EMS/DNR Order at any time, as provided in § 3.5 of these regulations. If an EMS/DNR Order is revoked by one of these authorized persons, EMS personnel shall resume full resuscitation and treatment of the patient.

§ 4.7. Documentation.

When following an EMS/DNR Order for a particular patient, EMS personnel shall document the response in the following way:

1. Use a standard prehospital patient care report form.
2. Describe assessment of patient's status.
3. Document which identification (EMS/DNR Order Form or Bracelet) was used to confirm EMS/DNR status and that it was intact, not defaced, not canceled, or not officially revoked.
4. Record actual EMS/DNR Order number as well as name of patient's attending physician.
5. If transporting the patient, keep original EMS/DNR Order Form with the patient.

§ 4.8. General considerations.

The following general principles shall apply to implementation of EMS Do Not Resuscitate Orders:

1. If there is misunderstanding with family members or others present at the scene or if there are other concerns about following the EMS/DNR Orders, contact the attending physician or EMS medical control for guidance.

2. If there is any question about the validity of an EMS/DNR Order, resuscitate.

3. An EMS/DNR Order does not mean do not treat otherwise or do not provide appropriate care. Provide all possible comfort care and treat patient and family with care and concern.

V.A.R. Doc. No. R94-840; Filed April 13, 1994, 11:33 a.m.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Title of Regulation: VR 460-03-3.1100. Amount, Duration and Scope of Services: Coverage Limits for Single Antigen Vaccines.

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

Public Hearing Date: N/A – Written comments may be submitted through July 1, 1994.

(See Calendar of Events section for additional information)

Basis and Authority: Section 32.1-324 of the Code of Virginia grants to the Director of the Department of Medical Assistance Services (DMAS) the authority to administer and amend the Plan for Medical Assistance in lieu of board action pursuant to the board's requirements. The Code also provides, in § 9-6.14:9 of the Administrative Process Act (APA), for this agency's promulgation of proposed regulations subject to the Governor's review. Subsequent to an emergency adoption action, the agency is initiating the public notice and comment process as contained in Article 2 of the APA.

The Omnibus Budget Reconciliation Act of 1993, § 13631, prohibits the payment of federal financial participation for single-antigen vaccines except where medically justified.

Purpose: The purpose of this proposal is to promulgate permanent regulations to provide coverage policies for single-antigen vaccines.

Summary and Analysis: The sections of the State Plan affected by this action are the Amount, Duration, and Scope of Services Narrative (VR 460-03-3.1100).

Prior to the current emergency regulation, DMAS' policy for the coverage of childhood immunizations provided for the payment of claims for all single- and multi-antigen vaccines at the vaccines' acquisition cost without medical justification. The exception to this policy was the coverage of the measles, mumps, and rubella (MMR) vaccine which is provided to physicians through the DMAS/Merck MMR vaccine replacement program. Prior to the emergency regulation there were no requirements that in cases where a multi-antigen vaccine was available, that medical necessity be proven to receive Medicaid reimbursement for cases in which a single-antigen vaccine was

administered. With the DMAS/Merck MMR vaccine replacement program, approval by DMAS is necessary only to reimburse physicians who do not participate in the replacement program for the cost of MMR vaccine purchased by the physician for use with Medicaid children. The Merck vaccine replacement program remains unchanged by this regulation.

The Omnibus Budget Reconciliation Act of 1993 required that federal financial participation (FFP) be denied for any amount expended for a single-antigen vaccine and its administration when the use of a multi-antigen vaccine was medically appropriate. This change was effective October 1, 1993. Additionally, this requirement focused on immunizations for measles, mumps, and rubella.

Three different multi-antigen vaccines are available for immunizing Medicaid children against measles, mumps and rubella. The three multi-antigen vaccines are (i) measles/rubella, (ii) rubella/mumps, or (iii) measles, mumps, and rubella.

Medical reasons for using a single-antigen preparation instead of a multi-antigen vaccine include but are not limited to (i) when there is a specific contraindication to one component of MMR vaccine, (ii) when the child is known to be immune or adequately vaccinated for one or more of these diseases, (iii) when a measles outbreak occurs or in high risk population groups when the child is 12 months of age or younger, or (iv) when, in a physician's judgment, the single-antigen vaccine is the most appropriate vaccine for meeting the Commonwealth's school entrance requirements.

The proposed regulations concerning coverage limits for single-antigen vaccines have been modified from the initial emergency regulations to reflect recently promulgated federal guidelines from the U.S. Centers for Disease Control and Prevention, at the request of the Advisory Committee on Immunization Practices (ACIP), addressing the list and schedules of pediatric vaccines to be purchased and administered under the Vaccines for Children Program. The ACIP is also required, under § 1928(c)(2)(B)(i) and 1928(e) of the Social Security Act, to establish a list of vaccines for routine administration to children, along with schedules regarding the appropriate periodicity, dosage, and contraindications. Both the list of vaccines to be purchased and the administration schedule recommend that the single-antigen Haemophilus Influenzae b Conjugate vaccine (Hib) be one of the vaccines used to immunize children against Haemophilus Influenzae type b. The ACIP also notes that the combined DTP-Hib vaccine is also available for use where appropriate.

As a result, the proposed regulations will not require physicians to use the multi-antigen DTP-Hib vaccine when immunizing Medicaid children against diphtheria, tetanus, pertussis and haemophilus influenzae b. In other words, physicians may use the single-antigen Hib vaccine and receive reimbursement without providing medical justification. Physicians may, of course, continue to use the

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multi-antigen DTP-Hib vaccine.

Medical justification for the use of the single-antigen measles, mumps, or rubella vaccines with Medicaid children will continue to be required. The periodicity schedule promulgated by the ACIP recommends that two doses of the multi-antigen measles, mumps, and rubella vaccine be administered at 12-15 months of age and again before school entry. The ACIP further notes that the single-antigen measles, mumps, or rubella vaccines should be used only if (i) there is a specific contraindication to one component of the MMR vaccine, (ii) the child is known to be immune or adequately vaccinated for one or more of these diseases, or (iii) there is a need to immunize a child prior to one year of age (for example, during a measles outbreak).

Issues: The advantage to Medicaid eligible children, and the intent of Congress, is for more children to be more completely immunized. This policy will help ensure this. Parents who are required by the health care provider to return for multiple visits to attain full immunization for their children are less likely to keep such repetitive appointments. The number of children who for medical reasons require the single-antigen vaccines are an extremely small part of the population requiring immunizations. Therefore, this policy is expected to effect a significantly improved rate of complete immunization for affected Medicaid children.

Impact: There will be no significant fiscal impact associated with these proposed regulations because the incidence of use of single virus vaccines is relatively low. In FY '93, there were approximately 57 single-antigen mumps vaccines, 553 single-antigen measles vaccines, and 65 single-antigen rubella vaccines administered to Medicaid children at a total cost of \$10,540. If in every instance the multi-antigen MMR vaccine was used to immunize these children, the total cost would have been \$11,700. The total increased cost due to the multi-antigen vaccine requirement would be \$1,160 (\$580 GF; \$580 NGF).

Summary:

These regulations provide the agency with the regulatory authority to limit its coverage of single antigen vaccines to those circumstances which the federal government will reimburse with federal dollars consistent with OBRA 93. These regulations vary somewhat from the emergency regulation on the same subject.

VR 460-03-3.1100. Amount, Duration and Scope of Services.

General.

The provision of the following services cannot be reimbursed except when they are ordered or prescribed, and directed or performed within the scope of the license of a practitioner of the healing arts: laboratory and x-ray services, family planning services, and home health

services. Physical therapy services will be reimbursed only when prescribed by a physician.

§ 1. Inpatient hospital services other than those provided in an institution for mental diseases.

A. Medicaid inpatient hospital admissions (lengths-of-stay) are limited to the 75th percentile of PAS (Professional Activity Study of the Commission on Professional and Hospital Activities) diagnostic/procedure limits. For admissions under 15 days that exceed the 75th percentile, the hospital must attach medical justification records to the billing invoice to be considered for additional coverage when medically justified. For all admissions that exceed 14 days up to a maximum of 21 days, the hospital must attach medical justification records to the billing invoice. (See the exception to subsection F of this section.)

B. Medicaid does not pay the medicare (Title XVIII) coinsurance for hospital care after 21 days regardless of the length-of-stay covered by the other insurance. (See exception to subsection F of this section.)

C. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment to health or life of the mother if the fetus were carried to term.

D. Reimbursement for covered hospital days is limited to one day prior to surgery, unless medically justified. Hospital claims with an admission date more than one day prior to the first surgical date will pend for review by medical staff to determine appropriate medical justification. The hospital must write on or attach the justification to the billing invoice for consideration of reimbursement for additional preoperative days. Medically justified situations are those where appropriate medical care cannot be obtained except in an acute hospital setting thereby warranting hospital admission. Medically unjustified days in such admissions will be denied.

E. Reimbursement will not be provided for weekend (Friday/Saturday) admissions, unless medically justified. Hospital claims with admission dates on Friday or Saturday will be pended for review by medical staff to determine appropriate medical justification for these days. The hospital must write on or attach the justification to the billing invoice for consideration of reimbursement coverage for these days. Medically justified situations are those where appropriate medical care cannot be obtained except in an acute hospital setting thereby warranting hospital admission. Medically unjustified days in such admissions will be denied.

F. Coverage of inpatient hospitalization will be limited to a total of 21 days for all admissions within a fixed period, which would begin with the first day inpatient hospital services are furnished to an eligible recipient and end 60 days from the day of the first admission. There may be multiple admissions during this 60-day period; however, when total days exceed 21, all subsequent claims will be

reviewed. Claims which exceed 21 days within 60 days with a different diagnosis and medical justification will be paid. Any claim which has the same or similar diagnosis will be denied.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination. Medical documentation justifying admission and the continued length of stay must be attached to or written on the invoice for review by medical staff to determine medical necessity. Medically unjustified days in such admissions will be denied.

G. Repealed.

H. Reimbursement will not be provided for inpatient hospitalization for those surgical and diagnostic procedures listed on the mandatory outpatient surgery list unless the inpatient stay is medically justified or meets one of the exceptions. The requirements for mandatory outpatient surgery do not apply to recipients in the retroactive eligibility period.

I. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Coverage of transplant services for all eligible persons is limited to transplants for kidneys and corneas. Kidney transplants require preauthorization. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. The amount of reimbursement for covered kidney transplant services is negotiable with the providers on an individual case basis. Reimbursement for covered cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in Attachment 3.1 E.

J. The department may exempt portions or all of the utilization review documentation requirements of subsections A, D, E, F as it pertains to recipients under age 21, G, or H in writing for specific hospitals from time to time as part of their ongoing hospital utilization review performance evaluation. These exemptions are based on utilization review performance and review edit criteria which determine an individual hospital's review status as specified in the hospital provider manual. In compliance with federal regulations at 42 CFR 441.200, Subparts E and F, claims for hospitalization in which sterilization, hysterectomy or abortion procedures were performed, shall be subject to medical documentation requirements.

K. Hospitals qualifying for an exemption of all

documentation requirements except as described in subsection J above shall be granted "delegated review status" and shall, while the exemption remains in effect, not be required to submit medical documentation to support pended claims on a prepayment hospital utilization review basis to the extent allowed by federal or state law or regulation. The following audit conditions apply to delegated review status for hospitals:

1. The department shall conduct periodic on-site post-payment audits of qualifying hospitals using a statistically valid sampling of paid claims for the purpose of reviewing the medical necessity of inpatient stays.
2. The hospital shall make all medical records of which medical reviews will be necessary available upon request, and shall provide an appropriate place for the department's auditors to conduct such review.
3. The qualifying hospital will immediately refund to the department in accordance with § 32.1-325.1 A and B of the Code of Virginia the full amount of any initial overpayment identified during such audit.
4. The hospital may appeal adverse medical necessity and overpayment decisions pursuant to the current administrative process for appeals of post-payment review decisions.
5. The department may, at its option, depending on the utilization review performance determined by an audit based on criteria set forth in the hospital provider manual, remove a hospital from delegated review status and reapply certain or all prepayment utilization review documentation requirements.

§ 2. Outpatient hospital and rural health clinic services.

2a. Outpatient hospital services.

A. Outpatient hospital services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that:

1. Are furnished to outpatients;
2. Except in the case of nurse-midwife services, as specified in § 440.165, are furnished by or under the direction of a physician or dentist; and
3. Are furnished by an institution that:
 - a. Is licensed or formally approved as a hospital by an officially designated authority for state standard-setting; and
 - b. Except in the case of medical supervision of nurse-midwife services, as specified in § 440.165, meets the requirements for participation in Medicare.

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B. Reimbursement for induced abortions is provided in only those cases in which there would be substantial endangerment of health or life to the mother if the fetus were carried to term.

C. Reimbursement will not be provided for outpatient hospital services for any selected elective surgical procedures that require a second surgical opinion unless a properly executed second surgical opinion form has been obtained from the physician and submitted with the invoice for payment, or is a justified emergency or exemption.

2b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

The same service limitations apply to rural health clinics as to all other services.

2c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with § 4231 of the State Medicaid Manual (HCFA Pub. 45-4).

The same service limitations apply to FQHCs as to all other services.

§ 3. Other laboratory and x-ray services.

Service must be ordered or prescribed and directed or performed within the scope of a license of the practitioner of the healing arts.

§ 4. Skilled nursing facility services, EPSDT and family planning.

4a. Skilled nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Service must be ordered or prescribed and directed or performed within the scope of a license of the practitioner of the healing arts.

4b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

A. Payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities, and the accompanying attendant physician care, in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination.

B. Routine physicals and immunizations (except as provided through EPSDT) are not covered except that well-child examinations in a private physician's office are covered for foster children of the local social services

departments on specific referral from those departments.

C. Orthoptics services shall only be reimbursed if medically necessary to correct a visual defect identified by an EPSDT examination or evaluation. The department shall place appropriate utilization controls upon this service.

D. Consistent with the Omnibus Budget Reconciliation Act of 1989 6403, early and periodic screening, diagnostic, and treatment services means the following services: screening services, vision services, dental services, hearing services, and such other necessary health care, diagnostic services, treatment, and other measures described in the Social Security Act § 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services and which are medically necessary, whether or not such services are covered under the State Plan and notwithstanding the limitations, applicable to recipients ages 21 and over, provided for by the Act § 1905(a).

E. Consistent with the Omnibus Budget Reconciliation Act of 1993, § 13631, single-antigen vaccines shall be covered, in cases where combined-antigen vaccines are available, only if the administration of the single-antigen vaccine is medically necessary.

Medical reasons for using a single-antigen preparation instead of a multi-antigen vaccine include but are not limited to:

- 1. The patient has a history of hypersensitivity or anaphylactic shock reaction following egg ingestion;*
- 2. When there is a specific contraindication to one component of the MMR vaccine;*
- 3. The child is known to be immune or adequately vaccinated for one or more of these diseases;*
- 4. A measles outbreak occurs or in high risk population groups when the child is 12 months of age or younger;*
- 5. In the physician's judgment, the single-antigen vaccine is the most appropriate vaccine for meeting the Commonwealth's school entrance requirements.*

4c. Family planning services and supplies for individuals of child-bearing age.

A. Service must be ordered or prescribed and directed or performed within the scope of the license of a practitioner of the healing arts.

B. Family planning services shall be defined as those services which delay or prevent pregnancy. Coverage of such services shall not include services to treat infertility nor services to promote fertility.

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§ 5. Physician's services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

A. Elective surgery as defined by the Program is surgery that is not medically necessary to restore or materially improve a body function.

B. Cosmetic surgical procedures are not covered unless performed for physiological reasons and require Program prior approval.

C. Routine physicals and immunizations are not covered except when the services are provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and when a well-child examination is performed in a private physician's office for a foster child of the local social services department on specific referral from those departments.

D. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension (subject to the approval of the Psychiatric Review Board) of 26 sessions during the first year of treatment. The availability is further restricted to no more than 26 sessions each succeeding year when approved by the Psychiatric Review Board. Psychiatric services are further restricted to no more than three sessions in any given seven-day period. These limitations also apply to psychotherapy sessions by clinical psychologists licensed by the State Board of Medicine and psychologists clinical licensed by the Board of Psychology.

E. Any procedure considered experimental is not covered.

F. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health or life to the mother if the fetus were carried to term.

G. Physician visits to inpatient hospital patients are limited to a maximum of 21 days per admission within 60 days for the same or similar diagnoses and is further restricted to medically necessary inpatient hospital days as determined by the Program.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination. Payments for physician visits for inpatient days determined to be medically unjustified will be adjusted.

H. Psychological testing and psychotherapy by clinical psychologists licensed by the State Board of Medicine and

psychologists clinical licensed by the Board of Psychology are covered.

I. Repealed.

J. Reimbursement will not be provided for physician services performed in the inpatient setting for those surgical or diagnostic procedures listed on the mandatory outpatient surgery list unless the service is medically justified or meets one of the exceptions. The requirements of mandatory outpatient surgery do not apply to recipients in a retroactive eligibility period.

K. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Coverage of transplant services for all eligible persons is limited to transplants for kidneys and corneas. Kidney transplants require preauthorization. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. The amount of reimbursement for covered kidney transplant services is negotiable with the providers on an individual case basis. Reimbursement for covered cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in Attachment 3.1 E.

§ 6. Medical care by other licensed practitioners within the scope of their practice as defined by state law.

A. Podiatrists' services.

1. Covered podiatry services are defined as reasonable and necessary diagnostic, medical, or surgical treatment of disease, injury, or defects of the human foot. These services must be within the scope of the license of the podiatrists' profession and defined by state law.

2. The following services are not covered: preventive health care, including routine foot care; treatment of structural misalignment not requiring surgery; cutting or removal of corns, warts, or calluses; experimental procedures; acupuncture.

3. The Program may place appropriate limits on a service based on medical necessity or for utilization control, or both.

B. Optometrists' services.

Diagnostic examination and optometric treatment procedures and services by ophthalmologists, optometrists, and opticians, as allowed by the Code of Virginia and by regulations of the Boards of Medicine and Optometry, are covered for all recipients. Routine refractions are limited to once in 24 months except as may be authorized by the agency.

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C. Chiropractors' services.

Not provided.

D. Other practitioners' services.

1. Clinical psychologists' services.

a. These limitations apply to psychotherapy sessions by clinical psychologists licensed by the State Board of Medicine and psychologists clinical licensed by the Board of Psychology. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension of 26 sessions during the first year of treatment. The availability is further restricted to no more than 26 sessions each succeeding year when approved by the Psychiatric Review Board. Psychiatric services are further restricted to no more than three sessions in any given seven-day period.

b. Psychological testing and psychotherapy by clinical psychologists licensed by the State Board of Medicine and psychologists clinical licensed by the Board of Psychology are covered.

§ 7. Home health services.

A. Service must be ordered or prescribed and directed or performed within the scope of a license of a practitioner of the healing arts.

B. Nursing services provided by a home health agency.

1. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

2. Patients may receive up to 32 visits by a licensed nurse annually. Limits are per recipient, regardless of the number of providers rendering services. Annually shall be defined as July 1 through June 30 for each recipient. If services beyond these limitations are determined by the physician to be required, then the provider shall request prior authorization from DMAS for additional services. Payment shall not be made for additional service unless authorized by DMAS.

C. Home health aide services provided by a home health agency.

1. Home health aides must function under the supervision of a professional nurse.

2. Home health aides must meet the certification requirements specified in 42 CFR 484.36.

3. For home health aide services, patients may receive up to 32 visits annually. Limits shall be per recipient, regardless of the number of providers rendering services. Annually shall be defined as July 1 through

June 30 for each recipient.

D. Medical supplies, equipment, and appliances suitable for use in the home.

1. All medically necessary supplies, equipment, and appliances are covered for patients of the home health agency. Unusual amounts, types, and duration of usage must be authorized by DMAS in accordance with published policies and procedures. When determined to be cost-effective by DMAS, payment may be made for rental of the equipment in lieu of purchase.

2. Medical supplies, equipment, and appliances for all others are limited to home renal dialysis equipment and supplies, respiratory equipment and oxygen, and ostomy supplies, as authorized by the agency.

3. Supplies, equipment, or appliances that are not covered include, but are not limited to, the following:

a. Space conditioning equipment, such as room humidifiers, air cleaners, and air conditioners.

b. Durable medical equipment and supplies for any hospital or nursing facility resident, except ventilators and associated supplies for nursing facility residents that have been approved by DMAS central office.

c. Furniture or appliances not defined as medical equipment (such as blenders, bedside tables, mattresses other than for a hospital bed, pillows, blankets or other bedding, special reading lamps, chairs with special lift seats, hand-held shower devices, exercise bicycles, and bathroom scales).

d. Items that are only for the recipient's comfort and convenience or for the convenience of those caring for the recipient (e.g., a hospital bed or mattress because the recipient does not have a decent bed; wheelchair trays used as a desk surface); mobility items used in addition to primary assistive mobility aide for caregiver's or recipient's convenience (i.e., electric wheelchair plus a manual chair); cleansing wipes.

e. Prosthesis, except for artificial arms, legs, and their supportive devices which must be preauthorized by the DMAS central office (effective July 1, 1989).

f. Items and services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (for example, over-the-counter drugs; dentifrices; toilet articles; shampoos which do not require a physician's prescription; dental adhesives; electric toothbrushes; cosmetic items, soaps, and lotions which do not

require a physician's prescription; sugar and salt substitutes; support stockings; and nonlegend drugs).

g. Orthotics, including braces, splints, and supports.

h. Home or vehicle modifications.

i. Items not suitable for or used primarily in the home setting (i.e., car seats, equipment to be used while at school, etc.).

j. Equipment that the primary function is vocationally or educationally related (i.e., computers, environmental control devices, speech devices, etc.).

4. For coverage of blood glucose meters for pregnant women, refer to Supplement 3 to Attachments 3.1 A and B.

E. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

1. Service covered only as part of a physician's plan of care.

2. Patients may receive up to 24 visits for each rehabilitative therapy service ordered annually. Limits shall apply per recipient regardless of the number of providers rendering services. Annually shall be defined as July 1 through June 30 for each recipient. If services beyond these limitations are determined by the physician to be required, then the provider shall request prior authorization from DMAS for additional services.

§ 8. Private duty nursing services.

Not provided.

§ 9. Clinic services.

A. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health or life to the mother if the fetus was carried to term.

B. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that:

1. Are provided to outpatients;

2. Are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients; and

3. Except in the case of nurse-midwife services, as specified in 42 dentist.

§ 10. Dental services.

A. Dental services are limited to recipients under 21 years of age in fulfillment of the treatment requirements under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and defined as routine diagnostic, preventive, or restorative procedures necessary for oral health provided by or under the direct supervision of a dentist in accordance with the State Dental Practice Act.

B. Initial, periodic, and emergency examinations; required radiography necessary to develop a treatment plan; patient education; dental prophylaxis; fluoride treatments; dental sealants; routine amalgam and composite restorations; crown re cementation; pulpomies; emergency endodontics for temporary relief of pain; pulp capping; sedative fillings; therapeutic apical closure; topical palliative treatment for dental pain; removal of foreign body; simple extractions; root recovery; incision and drainage of abscess; surgical exposure of the tooth to aid eruption; sequestrectomy for osteomyelitis; and oral antral fistula closure are dental services covered without preauthorization by the state agency.

C. All covered dental services not referenced above require preauthorization by the state agency. The following services are also covered through preauthorization: medically necessary full banded orthodontics, for handicapping malocclusions, minor tooth guidance or repositioning appliances, complete and partial dentures, surgical preparation (alveoloplasty) for prosthetics, single permanent crowns, and bridges. The following service is not covered: routine bases under restorations.

D. The state agency may place appropriate limits on a service based on medical necessity, for utilization control, or both. Examples of service limitations are: examinations, prophylaxis, fluoride treatment (once/six months); space maintenance appliances; bitewing x-ray - two films (once/12 months); routine amalgam and composite restorations (once/three years); dentures (once per 5 years); extractions, orthodontics, tooth guidance appliances, permanent crowns, and bridges, endodontics, patient education and sealants (once).

E. Limited oral surgery procedures, as defined and covered under Title XVIII (Medicare), are covered for all recipients, and also require preauthorization by the state agency.

§ 11. Physical therapy and related services.

Physical therapy and related services shall be defined as physical therapy, occupational therapy, and speech-language pathology services. These services shall be prescribed by a physician and be part of a written plan of care. Any one of these services may be offered as the sole service and shall not be contingent upon the provision of another service. All practitioners and providers of services shall be required to meet state and federal licensing and/or certification requirements.

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11a. Physical therapy.

A. Services for individuals requiring physical therapy are provided only as an element of hospital inpatient or outpatient service, nursing facility service, home health service, services provided by a local school division employing qualified therapists, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

B. Effective July 1, 1988, the Program will not provide direct reimbursement to enrolled providers for physical therapy service rendered to patients residing in long term care facilities. Reimbursement for these services is and continues to be included as a component of the nursing homes' operating cost.

C. Physical therapy services meeting all of the following conditions shall be furnished to patients:

1. Physical therapy services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with a physical therapist licensed by the Board of Medicine;

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a physical therapist licensed by the Board of Medicine, or a physical therapy assistant who is licensed by the Board of Medicine and is under the direct supervision of a physical therapist licensed by the Board of Medicine. When physical therapy services are provided by a qualified physical therapy assistant, such services shall be provided under the supervision of a qualified physical therapist who makes an onsite supervisory visit at least once every 30 days. This visit shall not be reimbursable.

3. The services shall 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 shall be reasonable.

11b. Occupational therapy.

A. Services for individuals requiring occupational therapy are provided only as an element of hospital inpatient or outpatient service, nursing facility service, home health service, services provided by a local school division employing qualified therapists, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

B. Effective September 1, 1990, Virginia Medicaid will not make direct reimbursement to providers for occupational therapy services for Medicaid recipients residing in long-term care facilities. Reimbursement for these services is and continues to be included as a

component of the nursing facilities' operating cost.

C. Occupational therapy services shall be those services furnished a patient which meet all of the following conditions:

1. Occupational therapy services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with an occupational therapist registered and certified by the American Occupational Therapy Certification Board.

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by an occupational therapist registered and certified by the American Occupational Therapy Certification Board, a graduate of a program approved by the Council on Medical Education of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association when under the supervision of an occupational therapist defined above, or an occupational therapy assistant who is certified by the American Occupational Therapy Certification Board under the direct supervision of an occupational therapist as defined above. When occupational therapy services are provided by a qualified occupational therapy assistant or a graduate engaged in supplemental clinical experience required before registration, such services shall be provided under the supervision of a qualified occupational therapist who makes an onsite supervisory visit at least once every 30 days. This visit shall not be reimbursable.

3. The services shall 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 shall be reasonable.

11c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist; see Page 1, General and Page 12, Physical Therapy and Related Services.)

A. These services are provided by or under the supervision of a speech pathologist or an audiologist only as an element of hospital inpatient or outpatient service, nursing facility service, home health service, services provided by a local school division employing qualified therapists, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

B. Effective September 1, 1990, Virginia Medicaid will not make direct reimbursement to providers for speech-language pathology services for Medicaid recipients residing in long-term care facilities. Reimbursement for

these services is and continues to be included as a component of the nursing facilities' operating cost.

C. Speech-language pathology services shall be those services furnished a patient which meet all of the following conditions:

1. The services shall be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a speech-language pathologist licensed by the Board of Audiology and Speech-Language Pathology, or, if exempted from licensure by statute, meeting the requirements in 42 CFR 440.110(c);

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by or under the direction of a speech-language pathologist who meets the qualifications in number 1. The program shall meet the requirements of 42 CFR 405.1719(c). At least one qualified speech-language pathologist must be present at all times when speech-language pathology services are rendered; and

3. The services shall 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 shall be reasonable.

11d. Authorization for services.

A. Physical therapy, occupational therapy, and speech-language pathology services provided in outpatient settings of acute and rehabilitation hospitals, rehabilitation agencies, or home health agencies shall include authorization for up to 24 visits by each ordered rehabilitative service within a 60-day period. A recipient may receive a maximum of 48 visits annually without authorization. The provider shall maintain documentation to justify the need for services.

B. The provider shall request from DMAS authorization for treatments deemed necessary by a physician beyond the number authorized. This request must be signed and dated by a physician. Authorization for extended services shall be based on individual need. Payment shall not be made for additional service unless the extended provision of services has been authorized by DMAS.

11e. Documentation requirements.

A. Documentation of physical therapy, occupational therapy, and speech-language pathology services provided by a hospital-based outpatient setting, home health agency, a school division, or a rehabilitation agency shall, at a minimum:

1. Describe the clinical signs and symptoms of the patient's condition;

2. Include an accurate and complete chronological picture of the patient's clinical course and treatments;

3. Document that a plan of care specifically designed for the patient has been developed based upon a comprehensive assessment of the patient's needs;

4. Include a copy of the physician's orders and plan of care;

5. Include all treatment rendered to the patient in accordance with the plan with specific attention to frequency, duration, modality, response, and identify who provided care (include full name and title);

6. Describe changes in each patient's condition and response to the rehabilitative treatment plan;

7. (Except for school divisions) 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; and

8. In school divisions, include an individualized education program (IEP) which describes the anticipated improvements in functional level in each school year and the time frames necessary to meet these goals.

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

11f. Service limitations. The following general conditions shall apply to reimbursable physical therapy, occupational therapy, and speech-language pathology:

A. Patient must be under the care of a physician who is legally authorized to practice and who is acting within the scope of his license.

B. Services shall be furnished under a written plan of treatment and must be established and periodically reviewed by a physician. The requested services or items must be necessary to carry out the plan of treatment and must be related to the patient's condition.

C. A physician recertification shall be required periodically, must be signed and dated by the physician who reviews the plan of treatment, and may be obtained when the plan of treatment is reviewed. The physician recertification statement must indicate the continuing need for services and should estimate how long rehabilitative services will be needed.

D. The physician orders for therapy services shall include the specific procedures and modalities to be used, identify the specific discipline to carry out the plan of care, and indicate the frequency and duration for services.

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E. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the patient's medical record as having been rendered shall be deemed not to have been rendered and no coverage shall be provided.

F. Physical therapy, occupational therapy and speech-language services are to be terminated regardless of the approved length of stay when further progress toward the established rehabilitation goal is unlikely or when the services can be provided by someone other than the skilled rehabilitation professional.

§ 12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12a. Prescribed drugs.

A. Drugs for which Federal Financial Participation is not available, pursuant to the requirements of § 1927 of the Social Security Act (OBRA '90 § 4401), shall not be covered except for over-the-counter drugs when prescribed for nursing facility residents.

B. The following prescribed, nonlegend drugs/drug devices shall be covered: (i) insulin, (ii) syringes, (iii) needles, (iv) diabetic test strips for clients under 21 years of age, (v) family planning supplies, and (vi) those prescribed to nursing home residents.

C. Legend drugs are covered, with the exception of anorexiant drugs prescribed for weight loss and the drugs for classes of drugs identified in Supplement 5.

D. Notwithstanding the provisions of § 32.1-87 of the Code of Virginia, and in compliance with the provision of § 4401 of the Omnibus Reconciliation Act of 1990, § 1927(e) of the Social Security Act as amended by OBRA 90, and pursuant to the authority provided for under § 32.1-325 A of the Code of Virginia, prescriptions for Medicaid recipients for multiple source drugs subject to 42 CFR § 447.332 shall be filled with generic drug products unless the physician or other practitioners so licensed and certified to prescribe drugs certifies in his own handwriting "brand necessary" for the prescription to be dispensed as written.

E. New drugs shall be covered in accordance with the Social Security Act § 1927(d) (OBRA 90 § 4401).

F. The number of refills shall be limited pursuant to § 54.1-3411 of the Drug Control Act.

G. Drug prior authorization.

1. Definitions.

"Board" means the Board for Medical Assistance

Services.

"Committee" means the Medicaid Prior Authorization Advisory Committee.

"Department" means the Department of Medical Assistance Services.

"Director" means the Director of Medical Assistance Services.

"Drug" shall have the same meaning, unless the context otherwise dictates or the Board otherwise provides by regulation, as provided in the Drug Control Act (§ 54.1-3400 et seq.)

2. Medicaid Prior Authorization Advisory Committee; membership. The Medicaid Prior Authorization Committee shall consist of 10 members to be appointed by the board. Five members shall be physicians, at least three of whom shall care for a significant number of Medicaid patients; four shall be pharmacists, two of whom shall be community pharmacists; and one shall be a Medicaid recipient.

a. A quorum for action by the committee shall consist of six members.

b. The members shall serve at the pleasure of the board; vacancies shall be filled in the same manner as the original appointment.

c. The board shall consider nominations made by the Medical Society of Virginia, the Old Dominion Medical Society and the Virginia Pharmaceutical Association when making appointments to the committee.

d. The committee shall elect its own officers, establish its own procedural rules, and meet as needed or as called by the board, the director, or any two members of the committee. The department shall provide appropriate staffing to the committee.

3. Duties of the committee.

a. The committee shall make recommendations to the board regarding drugs or categories of drugs to be subject to prior authorization, prior authorization requirements for prescription drug coverage and any subsequent amendments to or revisions of the prior authorization requirements. The board may accept or reject the recommendations in whole or in part, and may amend or add to the recommendations, except that the board may not add to the recommendation of drugs and categories of drugs to be subject to prior authorization.

b. In formulating its recommendations to the board, the committee shall not be deemed to be formulating regulations for the purposes of the

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Administrative Process Act (§ 9-6.14:1 et seq.). The committee shall, however, conduct public hearings prior to making recommendations to the board. The committee shall give 30 days written notice by mail of the time and place of its hearings and meetings to any manufacturer whose product is being reviewed by the committee and to those manufacturers who request of the committee in writing that they be informed of such hearings and meetings. These persons shall be afforded a reasonable opportunity to be heard and present information. The committee shall give 30 days notice of such public hearings to the public by publishing its intention to conduct hearings and meetings in the Calendar of Events of The Virginia Register of Regulations and a newspaper of general circulation located in Richmond.

c. In acting on the recommendations of the committee, the board shall conduct further proceedings under the Administrative Process Act.

4. Prior authorization of prescription drug products, coverage.

a. The committee shall review prescription drug products to recommend prior authorization under the state plan. This review may be initiated by the director, the committee itself, or by written request of the board. The committee shall complete its recommendations to the board within no more than six months from receipt of any such request.

b. Coverage for any drug requiring prior authorization shall not be approved unless a prescribing physician obtains prior approval of the use in accordance with regulations promulgated by the board and procedures established by the department.

c. In formulating its recommendations to the board, the committee shall consider the potential impact on patient care and the potential fiscal impact of prior authorization on pharmacy, physician, hospitalization and outpatient costs. Any proposed regulation making a drug or category of drugs subject to prior authorization shall be accompanied by a statement of the estimated impact of this action on pharmacy, physician, hospitalization and outpatient costs.

d. The committee shall not review any drug for which it has recommended or the board has required prior authorization within the previous 12 months, unless new or previously unavailable relevant and objective information is presented.

e. Confidential proprietary information identified as such by a manufacturer or supplier in writing in advance and furnished to the committee or the board according to this subsection shall not be subject to the disclosure requirements of the

Virginia Freedom of Information Act (§ 2.1-340 et seq.). The board shall establish by regulation the means by which such confidential proprietary information shall be protected.

5. Immunity. The members of the committee and the board and the staff of the department shall be immune, individually and jointly, from civil liability for any act, decision, or omission done or made in performance of their duties pursuant to this subsection while serving as a member of such board, committee, or staff provided that such act, decision, or omission is not done or made in bad faith or with malicious intent.

6. Annual report to joint commission. The committee shall report annually to the Joint Commission on Health Care regarding its recommendations for prior authorization of drug products.

12b. Dentures.

Provided only as a result of EPSDT and subject to medical necessity and preauthorization requirements specified under Dental Services.

12c. Prosthetic devices.

A. Prosthetics services shall mean the replacement of missing arms and legs. Nothing in this regulation shall be construed to refer to orthotic services or devices.

B. Prosthetic devices (artificial arms and legs, and their necessary supportive attachments) are provided when prescribed by a physician or other licensed practitioner of the healing arts within the scope of their professional licenses as defined by state law. This service, when provided by an authorized vendor, must be medically necessary, and preauthorized for the minimum applicable component necessary for the activities of daily living.

12d. Eyeglasses.

Eyeglasses shall be reimbursed for all recipients younger than 21 years of age according to medical necessity when provided by practitioners as licensed under the Code of Virginia.

§ 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

13a. Diagnostic services.

Not provided.

13b. Screening services.

Screening mammograms for the female recipient population aged 35 and over shall be covered, consistent with the guidelines published by the American Cancer

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Society.

13c. Preventive services.

Not provided.

13d. Rehabilitative services.

A. Intensive physical rehabilitation.

1. Medicaid covers intensive inpatient rehabilitation services as defined in subdivision A 4 in facilities certified as rehabilitation hospitals or rehabilitation units in acute care hospitals which have been certified by the Department of Health to meet the requirements to be excluded from the Medicare Prospective Payment System.

2. Medicaid covers intensive outpatient physical rehabilitation services as defined in subdivision A 4 in facilities which are certified as Comprehensive Outpatient Rehabilitation Facilities (CORFs).

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

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

5. Nothing in this regulation is intended to preclude DMAS from negotiating individual contracts with in-state intensive physical rehabilitation facilities for those individuals with special intensive rehabilitation needs.

B. Community mental health services.

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

“Code” means the Code of Virginia.

“DMAS” means the Department of Medical Assistance Services consistent with Chapter 10 (§ 32.1-323 et seq.) of Title 32.1 of the Code of Virginia.

“DMHMRSAS” means Department of Mental Health,

Mental Retardation and Substance Abuse Services consistent with Chapter 1 (§ 37.1-39 et seq.) of Title 37.1 of the Code of Virginia.

1. Mental health services. The following services, with their definitions, shall be covered:

a. Intensive in-home services for children and adolescents under age 21 shall be time-limited interventions provided typically but not solely in the residence of an individual who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to a disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders-III-R (DSM-III-R). These services provide crisis treatment; individual and family counseling; life (e.g., counseling to assist parents to understand and practice proper child nutrition, child health care, personal hygiene, and financial management, etc.), parenting (e.g., counseling to assist parents to understand and practice proper nurturing and discipline, and behavior management, etc.), and communication skills (e.g., counseling to assist parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities and coordination with other required services; and 24-hour emergency response. These services shall be limited annually to 26 weeks.

b. Therapeutic day treatment for children and adolescents shall be provided in sessions of two or more hours per day, to groups of seriously emotionally disturbed children and adolescents or children at risk of serious emotional disturbance in order to provide therapeutic interventions. Day treatment programs, limited annually to 780 units, provide evaluation, medication education and management, opportunities to learn and use daily living skills and to enhance social and interpersonal skills (e.g., problem solving, anger management, community responsibility, increased impulse control and appropriate peer relations, etc.), and individual, group and family counseling.

c. Day treatment/partial hospitalization services for adults shall be provided in sessions of two or more consecutive hours per day, which may be scheduled multiple times per week, to groups of individuals in a nonresidential setting. These services, limited annually to 780 units, include the major diagnostic, medical, psychiatric, psychosocial and psychoeducational treatment modalities designed for individuals with serious mental disorders who require coordinated, intensive, comprehensive, and multidisciplinary treatment.

d. Psychosocial rehabilitation for adults shall be provided in sessions of two or more consecutive hours per day to groups of individuals in a

nonresidential setting. These services, limited annually to 936 units, include assessment, medication education, psychoeducation, opportunities to learn and use independent living skills and to enhance social and interpersonal skills, family support, and education within a supportive and normalizing program structure and environment.

e. Crisis intervention shall provide immediate mental health care, available 24 hours a day, seven days per week, to assist individuals who are experiencing acute mental dysfunction requiring immediate clinical attention. This service's objectives shall be to prevent exacerbation of a condition, to prevent injury to the client or others, and to provide treatment in the context of the least restrictive setting. Crisis intervention activities, limited annually to 180 hours, shall include assessing the crisis situation, providing short-term counseling designed to stabilize the individual or the family unit or both, providing access to further immediate assessment and follow-up, and linking the individual and family with ongoing care to prevent future crises. Crisis intervention services may include, but are not limited to, office visits, home visits, preadmission screenings, telephone contacts, and other client-related activities for the prevention of institutionalization.

2. Mental retardation services. Day health and rehabilitation services shall be covered and the following definitions shall apply:

Day health and rehabilitation services (limited to 780 units per year) shall provide individualized activities, supports, training, supervision, and transportation based on a written plan of care to eligible persons for two or more hours per day scheduled multiple times per week. These services are intended to improve the recipient's condition or to maintain an optimal level of functioning, as well as to ameliorate the recipient's disabilities or deficits by reducing the degree of impairment or dependency. Therapeutic consultation to service providers, family, and friends of the client around implementation of the plan of care may be included as part of the services provided by the day health and rehabilitation program. The provider shall be licensed by DMHMRSAS as a Day Support Program. Specific components of day health and rehabilitation services include the following as needed:

- (1) Self-care and hygiene skills;
- (2) Eating and toilet training skills;
- (3) Task learning skills;
- (4) Community resource utilization skills (e.g., training in time, telephone, basic computations with money, warning sign recognition, and personal

identifications, etc.);

(5) Environmental and behavior skills (e.g., training in punctuality, self-discipline, care of personal belongings and respect for property and in wearing proper clothing for the weather, etc.);

(6) Medication management;

(7) Travel and related training to and from the training sites and service and support activities;

(8) Skills related to the above areas, as appropriate that will enhance or retain the recipient's functioning.

§ 14. Services for individuals age 65 or older in institutions for mental diseases.

14a. Inpatient hospital services.

Provided, no limitations.

14b. Skilled nursing facility services.

Provided, no limitations.

14c. Intermediate care facility.

Provided, no limitations.

§ 15. Intermediate care services and intermediate care services for institutions for mental disease and mental retardation.

15a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with § 1902 (a)(31)(A) of the Act, to be in need of such care.

Provided, no limitations.

15b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided, no limitations.

§ 16. Inpatient psychiatric facility services for individuals under 22 years of age.

Not provided.

§ 17. Nurse-midwife services.

Covered services for the nurse midwife are defined as those services allowed under the licensure requirements of the state statute and as specified in the Code of Federal Regulations, i.e., maternity cycle.

§ 18. Hospice care (in accordance with § 1905 (o) of the

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Act).

A. Covered hospice services shall be defined as those services allowed under the provisions of Medicare law and regulations as they relate to hospice benefits and as specified in the Code of Federal Regulations, Title 42, Part 418.

B. Categories of care.

As described for Medicare and applicable to Medicaid, hospice services shall entail the following four categories of daily care:

1. Routine home care is at-home care that is not continuous.
2. Continuous home care consists of at-home care that is predominantly nursing care and is provided as short-term crisis care. A registered or licensed practical nurse must provide care for more than half of the period of the care. Home health aide or homemaker services may be provided in addition to nursing care. A minimum of eight hours of care per day must be provided to qualify as continuous home care.
3. Inpatient respite care is short-term inpatient care provided in an approved facility (freestanding hospice, hospital, or nursing facility) to relieve the primary caregiver(s) providing at-home care for the recipient. Respite care is limited to not more than five consecutive days.
4. General inpatient care may be provided in an approved freestanding hospice, hospital, or nursing facility. This care is usually for pain control or acute or chronic symptom management which cannot be successfully treated in another setting.

C. Covered services.

1. As required under Medicare and applicable to Medicaid, the hospice itself shall provide all or substantially all of the "core" services applicable for the terminal illness which are nursing care, physician services, social work, and counseling (bereavement, dietary, and spiritual).
2. Other services applicable for the terminal illness that shall be available but are not considered "core" services are drugs and biologicals, home health aide and homemaker services, inpatient care, medical supplies, and occupational and physical therapies and speech-language pathology services.
3. These other services may be arranged, such as by contractual agreement, or provided directly by the hospice.
4. To be covered, a certification that the individual is

terminally ill shall have been completed by the physician and hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions. The individual must elect hospice care and a plan of care must be established before services are provided. To be covered, services shall be consistent with the plan of care. 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.

5. All services shall be performed by appropriately qualified personnel, but it is the nature of the service, rather than the qualification of the person who provides it, that determines the coverage category of the service. The following services are covered hospice services:

- a. Nursing care. Nursing care shall be provided by a registered nurse or by a licensed practical nurse under the supervision of a graduate of an approved school of professional nursing and who is licensed as a registered nurse.
- b. Medical social services. Medical social services shall be provided by a social worker who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.
- c. Physician services. Physician services shall be performed by a professional who is licensed to practice, who is acting within the scope of his or her license, and who is a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor. The hospice medical director or the physician member of the interdisciplinary team shall be a licensed doctor of medicine or osteopathy.
- d. Counseling services. Counseling services shall be provided to the terminally ill individual and the family members or other persons caring for the individual at home. Bereavement counseling consists of counseling services provided to the individual's family up to one year after the individual's death. Bereavement counseling is a required hospice service, but it is not reimbursable.
- e. Short-term inpatient care. Short-term inpatient care may be provided in a participating hospice inpatient unit, or a participating hospital or nursing facility. General inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings. Inpatient care may also be furnished to provide respite for the individual's family or other persons caring for the individual at

home.

f. Durable medical equipment and supplies. Durable medical equipment as well as other self-help and personal comfort items related to the palliation or management of the patient's terminal illness is covered. Medical supplies include those that are part of the written plan of care.

g. Drugs and biologicals. Only drugs used which are used primarily for the relief of pain and symptom control related to the individual's terminal illness are covered.

h. Home health aide and homemaker services. Home health aides providing services to hospice recipients must meet the qualifications specified for home health aides by 42 CFR 484.36. Home health aides may provide personal care services. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing the bed or light cleaning and laundering essential to the comfort and cleanliness of the patient. Homemaker services may include assistance in personal care, maintenance of a safe and healthy environment and services to enable the individual to carry out the plan of care. Home health aide and homemaker services must be provided under the general supervision of a registered nurse.

i. Rehabilitation services. Rehabilitation services include physical and occupational therapies and speech-language pathology services that are used for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.

D. Eligible groups.

To be eligible for hospice coverage under Medicare or Medicaid, the recipient must have a life expectancy of six months or less, have knowledge of the illness and life expectancy, and elect to receive hospice services rather than active treatment for the illness. Both the attending physician and the hospice medical director must certify the life expectancy. The hospice must obtain the certification that an individual is terminally ill in accordance with the following procedures:

1. For the first 90-day period of hospice coverage, the hospice must obtain, within two calendar days after the period begins, a written certification statement signed by the medical director of the hospice or the physician member of the hospice interdisciplinary group and the individual's attending physician if the individual has an attending physician. For the initial 90-day period, if the hospice cannot obtain written certifications within two calendar days, it must obtain oral certifications within two calendar days, and written certifications no later than eight calendar days

after the period begins.

2. For any subsequent 90-day or 30-day period or a subsequent extension period during the individual's lifetime, the hospice must obtain, no later than two calendar days after the beginning of that period, a written certification statement prepared by the medical director of the hospice or the physician member of the hospice's interdisciplinary group. The certification must include the statement that the individual's medical prognosis is that his or her life expectancy is six months or less and the signature(s) of the physician(s). The hospice must maintain the certification statements.

§ 19. Case management services for high-risk pregnant women and children up to age 1, as defined in Supplement 2 to Attachment 3.1-A in accordance with § 1915(g)(1) of the Act.

Provided, with limitations. See Supplement 2 for detail.

§ 20. Extended services to pregnant women.

20a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

The same limitations on all covered services apply to this group as to all other recipient groups.

20b. Services for any other medical conditions that may complicate pregnancy.

The same limitations on all covered services apply to this group as to all other recipient groups.

§ 21. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary of Health and Human Services.

21a. Transportation.

Transportation services are provided to Virginia Medicaid recipients to ensure that they have necessary access to and from providers of all medical services. Both emergency and nonemergency services are covered. The single state agency may enter into contracts with friends of recipients, nonprofit private agencies, and public carriers to provide transportation to Medicaid recipients.

21b. Services of Christian Science nurses.

Not provided.

21c. Care and services provided in Christian Science sanatoria.

Provided, no limitations.

21d. Skilled nursing facility services for patients under 21 years of age.

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Provided, no limitations.

21e. Emergency hospital services.

Provided, no limitations.

21f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Not provided.

§ 22. Emergency Services for Aliens.

A. No payment shall be made for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law unless such services are necessary for the treatment of an emergency medical condition of the alien.

B. Emergency services are defined as:

Emergency treatment of accidental injury or medical condition (including emergency labor and delivery) manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical/surgical attention could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment of bodily functions; or
3. Serious dysfunction of any bodily organ or part.

C. Medicaid eligibility and reimbursement is conditional upon review of necessary documentation supporting the need for emergency services. Services and inpatient lengths of stay cannot exceed the limits established for other Medicaid recipients.

D. Claims for conditions which do not meet emergency criteria for treatment in an emergency room or for acute care hospital admissions for intensity of service or severity of illness will be denied reimbursement by the Department of Medical Assistance Services.

VA.R. Doc. No. R94-827; Filed April 12, 1994, 4:50 p.m.

BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS

Title of Regulations: VR 674-01-02. Board for Waste Management Facility Operators Licensing Regulations.

Statutory Authority: § 54.1-2211 of the Code of Virginia.

Public Hearing Date: June 10, 1994 - 10 a.m.

Written comments may be submitted through July 1, 1994.

(See Calendar of Events section for additional information)

Basis: The statutory authority to promulgate the Board for Waste Management Facility Operators Licensing Regulations is found in § 54.1-2211 of the Code of Virginia. The Board for Waste Management Facility Operators is empowered to promulgate regulations and standards for the training and certification of waste management facility operators. The board is further empowered to establish classes of training and certification based upon the type of waste management facility for which a waste management facility operator seeks certification and may vary the training and certification requirements for the classes of certification it establishes based upon the type of facility and the type of waste managed at the facility. The board is required to consider an applicant's prior experience in determining whether the applicant meets the training requirements.

Purpose: The purpose of the regulations is to set standards for certification and conduct of individuals who are responsible for the operation of waste management facilities which, if operated improperly, could cause considerable damage to human health and the environment. This regulatory action will revise the currently effective regulations entitled VR 674-01-02.

Substance: The proposed revisions will:

1. Increase the fees charged to applicants;
2. Revise definitions;
3. Empower the board to extend interim certifications for up to six months;
4. Delete the first time full certification renewal continuing professional education (CPE) requirement;
5. Revise the language describing the required examinations;
6. Delete the 70% examination passing score;
7. Establish the status of a certified individual between the date his certification expires and the date it is reinstated; and
8. Revise language to add to clarity and correct errors in citations, grammar and word usage.

Issues: The board has determined that the public will benefit from waste management facilities being operated only by individuals who have met the valid and reasonable certification standards established by the current regulations and these revisions thereto.

Increasing the fees charged to applicants will assure that

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the board generates revenues sufficient to enable it to discharge its statutory mandate and that the board will be in compliance with § 54.1-113 of the Code of Virginia which requires all regulatory boards to adjust fees periodically to assure revenues cover expenditures. The board understands that the application and renewal fees will triple and the examination fee will increase by five times which adds substantially to the cost to obtain and maintain a full certification.

Revising the definitions to reflect the terms currently used by the industry will provide a common vocabulary to enhance the understanding of the regulations by the public, the board and those regulated.

Enabling the board to extend interim certifications will create the option of allowing more time for individuals to comply with the full certification standards should training and examination resources prove inadequate. The additional time, if found necessary by the board, will lessen the adverse impact of compliance on facility financial resources without creating an increased hazard to the public.

Deleting the first time full certification renewal CPE requirement implements the board's determination that a CPE requirement so soon after completing the entry training and examination requirement is too rigorous, and does not enhance public protection.

Revising the required examination language has no substantive effect, rather, recognizes a change in the manner in which examinations will be constructed and administered. The new method is psychometrically valid and decreases the board's examination costs. The increased fees mentioned above would be higher without the savings realized by this decision.

Deleting the 70% passing score will allow the board to establish passing scores using psychometrically valid techniques. Examinees will benefit from fairly and accurately established passing scores and the public will be assured that those certified have met a scientifically valid entry criteria.

Establishing the status of a certified individual between the date his certification expires and the date it is reinstated adds a provision currently missing from the regulations and benefits the public by making clear that such certified individuals are governed by the board's regulations and subject to the board's discipline during the entire period in question.

Revising the language to enhance clarity and correct errors in grammar, etc., enables the public and those regulated to more clearly understand what the board expects from its regulants and the consequences of failing to comply.

It is anticipated that the board will review its regulations within two years after adoption. Fee structures are

reviewed biennially by Department of Professional and Occupational Regulation staff for compliance with § 54.1-113 of the Code of Virginia.

Small businesses and small municipalities operating waste facilities will realize a greater impact from the costs to comply than larger businesses and municipalities involved in regional waste management arrangements as the larger entities will be more likely to have larger budgets and enjoy economies of scale.

Estimated Impact: The revised regulations will affect approximately 450 individuals employed by government agencies and private industry to operate waste management facilities.

Currently, almost all of the 450 individuals possess an interim certification issued under the existing regulations and the emergency regulations which preceded them. Absent a six-month extension by the board, all waste facility operators must comply with the training and examination requirements and obtain full certifications no later than January 1, 1995.

The cost to obtain full certification under the revisions proposed to the regulations is estimated to range between \$1,300 and \$1,500 per individual. The application fee is \$300, the examination fee is \$325 and the cost to complete the required training courses is estimated to range from \$700 to \$900. The cost will increase by \$325 each time an applicant sits for and fails the examination. These estimates do not include the cost of travel, lodging and subsistence necessary to attend training and sit for the examination, or the cost to the facility for the applicant's time away from the facility, as these costs will vary widely.

The fee increase largely results from a regulated population only 65% of the original estimate upon which the current fee structure was based. The current trend away from small, municipally owned waste facilities and toward large commercial and regional facilities suggests the size of the regulated population will continue to decrease.

In addition, the cost of the examination is higher than expected, and the number of board meetings necessary to write regulations and develop the examination is greater than originally estimated.

The board understands the burden on the industry caused by the fee increases and considered a number of fee structure alternatives before deciding on the least burdensome option.

The agency does not anticipate that additional resources will be necessary to implement the proposed regulation revisions.

Localities which own and operate waste management facilities (landfills, refuse incinerators, transfer stations,

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etc.) will be affected by the increased fees in the same manner as private organizations which operate said facilities.

Costs of implementation of the revisions are estimated to be limited to the costs of printing and mailing the proposed and the final regulations to those holding certifications and to those on the Public Participation Guideline List. That total is \$1,980.

Summary:

The proposed revisions increase the fees charged to applicants to comply with § 54.1-113 of the Code of Virginia; revise definitions; empower the board to extend interim certifications for up to six months should training and examination resources be inadequate to allow industry compliance by January 1, 1995; delete the first time full certification renewal continuing professional education requirement as too rigorous just two years after meeting the entry training and examination requirements; revise the language describing the required examinations to recognize a change in the manner in which examinations will be constructed and administered; delete the 70% examination passing score in favor of a psychometrically established passing score; establish the status of a certified individual between the date his certification expires and the date it is reinstated to add a provision on which the current regulations are silent; and revise language to add to clarity, and correct errors in citations, grammar and word usage.

VR 674-01-02. Board for Waste Management Facility Operators Licensing Regulations.

PART I. GENERAL.

§ 1.1. Definitions.

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

* "Board" means the Board for Waste Management Facility Operators.

"Board approved CPE sponsor" means a person approved by the board to offer continuing education in accordance with these regulations.

"Board approved training course" means a course which has been approved by the board to provide appropriate training to an applicant in accordance with these regulations.

"Class I certification" means the authorization from the board to act as a waste management facility operator of a transfer station, a material recovery facility receiving mixed waste, an experimental facility, or a composting

facility receiving yard waste.

"Class II certification" means the authorization from the board to act as a waste management facility operator of a facility which composts municipal solid waste, a sanitary, industrial, construction or debris landfill.

"Class III certification" means the authorization from the board to act as a waste management facility operator of an infectious waste incinerator or autoclave.

"Class IV certification" means the authorization from the board to act as a waste management facility operator of a refuse derived fuel incinerator or facility designed or modified for the purpose of noninfectious solid waste combustion municipal waste combustor .

"Class V certification" means the authorization from the board to act as a waste management facility operator for any of the facilities defined in Class I, II, III or IV certification.

"Closed facility" means a solid waste management facility which has been properly secured in accordance with an approved facility closure plan.

"Closure" means an act of securing a solid waste management facility pursuant to the requirements established by the Virginia Department of Waste Management or appropriate regulatory authority.

"Continuing Professional Education (CPE)" means an integral part of lifelong learning required to provide competent service to the public; the formal set of activities that enables certified solid waste management facility operators to maintain and increase their professional competence.

"CPE credit hour" means 50 minutes of participation as a student or as an instructor in a CPE program.

"Department" means the Department of Commerce Professional and Occupational Regulation .

"Experience for Class I, II, III or IV certification" means, but shall not be limited to, the following activities: supervision, research, construction, project development, site development, compliance and enforcement of a permit or regulations, operation, or regulatory review of permit applications.

"Experience for interim certification" means skill or knowledge obtained by employment which includes responsible, technical, or operational direction of a solid waste management facility or a portion thereof.

"Full certification" means an authorization issued by the board to a waste management facility operator after the completion of training and examination, through reciprocity or experience.

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"In charge" means the designation of any person by the owner to have duty and authority to operate or modify the operation of a waste management facility.

"Interim certification" means the method of regulation for a temporary time period whereby the Commonwealth, through the issuance of interim certification, authorizes a person possessing the minimum skills to engage in the practice of a profession or occupation which is unlawful to practice without certification.

"Level of knowledge" means the nature and depth of knowledge, skill, and ability in a particular subject. The levels shall be described as:

1. Basic which covers fundamental principals and skills. This level is for individuals with limited or no exposure to the subject matter.
2. Intermediate which builds on this level or upon fundamental principals and skills and focuses on their application. This level is for those with more extensive exposure to the subject matter.
3. Advanced which focuses on the development of in-depth knowledge, a variety of skills, and a broader range of applications. This level is for individuals with significant exposure to the subject matter.
4. Update which provides a general overview of new developments. It is for individuals with a background in the subject who wish to be kept up to date.

"Municipal waste combustor" means a mass burn or a refuse derived fuel incinerator or facility designed or modified for the purpose of noninfectious solid waste combustion.

"Operation" means any waste management facility which is under construction, treating, processing, storing or disposing of solid waste, or in the act of securing a facility for closure.

"Owner" means the person who owns a solid waste management facility or part of a solid waste management facility.

* "Person" means an individual, corporation, partnership, association, governmental body, municipal corporation or any other legal entity.

"Site" means within the vicinity of all land and structures, other appurtenances, and improvements thereon used for treating, storing, and disposing of solid waste. This term includes adjacent land within the property boundary used for the utility systems such as repair, storage, shipping or processing areas, or other areas incident to the management of solid waste.

"Solid waste" means any of those materials defined as nonhazardous solid waste in regulations promulgated by

the Virginia Department of Waste Management.

"Storage" means housing as consistent with the regulations of the Virginia Waste Management Board.

* "Waste management facility" means a site used for planned treatment, storage, or disposal of nonhazardous solid waste.

* "Waste management facility operator" means any person, including an owner, who is in charge of the actual, on-site operation of a waste management facility during any period of operation.

* As defined by Chapter 22.1 (§ 54.1-2209 et seq.) of Title 54.1 of the Code of Virginia.

§ 1.2. Certification required.

For the purposes of these regulations, the individual acting as a waste management facility operator is an individual employed or contracted by the facility owner whose responsibilities include supervision of on-site activities that normally require an individual to be at the waste management facility on each day of operation. This is not intended to include individuals whose duties do not include the actual operation or direct supervision of a waste management facility.

§ 1.3. Disclosure.

A. Any individual seeking certification shall disclose any other operator or related certification issued by any other state(s) on the provided application.

B. Any individual seeking certification shall disclose on the application any felony convictions or final order actions issued by an administrative body or court regarding environmental violations or crimes resulting in the significant harm or the imminent and substantial threat of significant harm to human health or the environment.

C. Any certified operator shall notify the board in writing within 30 days of any felony convictions or final order actions issued by an administrative body or court regarding environmental violations or crimes resulting in the significant harm or the imminent and substantial threat of significant harm to human health or the environment.

§ 1.4. Fees.

A. All fees are nonrefundable and shall not be prorated.

B. An application shall not be deemed complete and shall not be processed without the required fee.

1. The application fee for full certification shall be \$ 100 300 .

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2. The fee for renewal of full certification shall be \$ ~~100~~ 300 .

3. The fee for late renewal of full certification shall be \$ ~~200~~ 600 as stated in § 5.3 of these regulations.

4. The fee for reinstatement of full certification shall be \$ ~~200~~ 600 as stated in § 5.4 of these regulations.

5. The fee for taking the examination or reexamination for certification shall be \$ ~~65~~ 325 . *This examination fee is subject to fees charged to the department by an outside vendor competitively negotiated and contracted for in compliance with the Virginia Public Procurement Act. Fees may be adjusted and charged to the candidate in accordance with this contract.*

6. The application fee for training course approval is shall be \$ ~~150~~ 250 .

7. The application fee for CPE sponsor approval is shall be \$ ~~150~~ 250 .

8. The fee for interim certification shall be \$85.

9. The fee for renewal of interim certification shall be \$85.

10. The fee for a certification of licensure shall be \$25.

11. *The fee for paying any of the above fees with a check or other instrument not honored by the bank or other financial institution upon which it is drawn shall be \$25.*

C. All checks shall be made payable to the Treasurer of Virginia.

D. Receipt and deposit of fees submitted with applications do not indicate certification.

§ 1.5. Change of status.

A. The certified individual shall provide written notification of any change of address to the department within 30 days.

B. The certified individual shall provide written notification and proof of any change of name within 30 days.

C. The certification issued by the board shall not be transferred or otherwise reassigned.

PART II. INTERIM CERTIFICATION.

§ 2.1. Entry.

A. All individuals acting as a waste management facility operator in the Commonwealth after January 1, 1993, shall hold a valid interim certification or full certification specific to the class of their facility.

B. Interim certificates issued under the emergency Waste Management Facility Operator Regulations will remain valid through December 31, 1993. Individuals holding interim certificates may renew the certificate until December 31, 1994, or apply for full certification, meeting the standards established by § 4.1 of these regulations.

C. Operators securing a facility for closure may renew their interim certification until December 31, 1994. Operators securing a facility for closure after December 31, 1994, shall hold full certification in the appropriate classification.

D. Closed facilities are not required to have a certified waste management facility operator.

E. The holder of the certification is not automatically entitled to any subsequent certification upon the expiration of the certificate, but shall meet the standards established by the board to renew the certification.

F. The board may extend any or all interim certifications expiring on December 31, 1994, to expire on any date after December 31, 1994, and before July 1, 1995.

§ 2.2. Qualifications for interim certification.

The board shall issue interim certification only after an individual has met, through a completed application and addendum, all education and experience requirements set forth in these regulations.

1. All individuals seeking interim certification shall be at least 18 years of age.

2. All individuals seeking interim certification shall meet one of the following requirements:

a. Three years of full-time employment which includes supervisory or operational experience managing a waste management facility since January 1989.

b. Two years of full-time employment which includes supervisory or operational experience managing a waste management facility since January 1989 and a high school diploma or GED.

c. One year of full-time employment which includes supervisory or operational experience managing a waste management facility since January 1989 and an Associate's Degree or at least 60 completed semester hours or equivalent from an accredited institution of higher learning.

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d. Six months of full-time employment which includes supervisory or operational experience managing a waste management facility since January 1989 and a Bachelor's Degree.

3. For the purposes of these regulations, a year of full-time employment is defined as 1,760 hours per year or 220 work days per year.

4. For the purposes of these regulations, experience requirements claimed on the application for interim certification shall be verified by the individual's supervisor(s) or personnel officer on the form provided. Individuals who are under contract with a facility owner may obtain a letter from the facility owner to verify experience.

5. For the purposes of these regulations, education requirements claimed on the application for interim certification shall be verified by the attendee's educational institution or authorizing jurisdiction on the provided form or in the form of an official transcript. Diplomas will not be accepted for verification of degree or graduation.

§ 2.3. Application procedures for interim certification.

A. Applicants for interim certification shall complete a general application form and all applicable addendum forms. The applications for interim certification are available from the department upon request. Addendum forms shall include but not be limited to:

1. Verification of experience form; and
2. Verification of degree or graduation form.

B. Failure to provide a complete application and all applicable addenda may result in a denial of approval. The failure to provide complete information may be interpreted as misrepresentation and may result in disciplinary action as defined in Part VIII of these regulations.

PART III. RENEWAL OF INTERIM CERTIFICATION.

§ 3.1. Procedures for renewal.

A. Operators may renew their interim certification until December 31, 1994, or may apply for full certification if all requirements under § 4.1 of these regulations can be met before the interim certificate's expiration.

B. Interim certified operators shall be notified by the department by mail of the renewal fee and procedures for certificate renewal.

C. Each operator desiring to renew his interim certification shall submit the renewal notice and the appropriate fee before the certification expires. A copy of

the certificate may be submitted in lieu of the renewal notice.

D. The renewed interim certificate shall expire on December 31, 1994, unless a later date is specifically established by the board under the provisions of § 2.1 of these regulations. ~~All operators desiring~~ Any individual granted an interim certification who desires to act as a waste management facility operator after December 31, 1994, or after any later date which may be specifically granted by the board under the provisions of § 2.1 of these regulations, shall apply for full certification in the appropriate classification as defined in § 4.1 of these regulations.

E. Failure to receive written notice from the Department of Commerce does not relieve the regulant from the requirement to renew his certificate or apply for full certification.

PART IV. FULL CERTIFICATION.

§ 4.1. Full certification required.

Full certification is required for all individuals acting as waste management facility operators after December 31, 1994, unless an extension of the interim certification expiration date is granted by the board.

§ 4.2. Classification for full certification.

A. The applicant shall apply for one classification of certification as outlined below:

1. An individual operating a facility which is defined by the Department of Environmental Quality as a transfer station, a material recovery facility receiving mixed waste, an experimental facility, or a composting facility receiving yard waste shall hold Class I certification. An individual who has obtained Class II, III or IV certification may also operate a facility listed under Class I, if the individual has completed the board approved basic training course.

2. An individual operating a facility which composts municipal solid waste, or is defined by the Department of Environmental Quality as a sanitary, industrial, construction or debris landfill shall hold Class II or Class V certification.

3. An individual operating a facility defined by the Department of Environmental Quality as an infectious waste incinerator or an autoclave shall hold Class III or Class V certification.

4. An individual operating a facility defined by the Department of Environmental Quality as a ~~refuse derived fuel incinerator or a facility designed or modified for the purpose of noninfectious solid waste combustion~~ municipal waste combustor shall hold Class

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IV or Class V certification.

5. An individual operating any of the facilities outlined in this section may hold Class V certification.

B. No certified operator may operate a facility other than that defined by subdivision A 1 of this section outside of his classification.

§ 4.3. Qualifications for certification.

A. The board shall issue certification only after an individual has met, through a completed application and addendum, all training, testing, and experience requirements for a specific class as set forth in these regulations.

B. The operator shall meet the following requirements for certification for all classes of certification:

1. The applicant shall be at least 18 years of age.
2. The applicant shall provide proof of graduation from high school, college or have successfully completed and received a GED.
3. If the applicant cannot fulfill the requirement outlined in subdivision B 2 of this section, the applicant shall provide at least five years of verified experience, with at least three years of experience since January 1, 1988.
4. All applicants shall successfully complete the basic training course as defined in § 6.1 B of these regulations.
5. An applicant may use employment responsibilities in lieu of facility specific training as defined in subsections D through G of this section, provided that:

a. The applicant has been a full-time employee for seven years, with at least three years of employment since January 1, 1988.

b. During this period of employment the applicant's responsibilities with regards to solid waste management facilities include the following activities: supervision, research, construction, project development, site development, compliance and enforcement of a permit or regulations, operation, or review of materials for the permitting purposes.

c. The three years employment responsibilities are specific to the desired classification.

For the purposes of this subsection, full-time employment is defined as 1,760 hours per year or 220 work days per year.

6. The board will accept facility specific training provided that: (i) the training has been approved by

the board pursuant to § 6.2; and (ii) the training was successfully completed after January 1, 1989.

7. Experience requirements claimed on the application for certification shall be verified by the individual's supervisor(s) or personnel officer. Individuals who are under contract with a facility owner may obtain a letter from the facility owner to verify experience.

8. Education requirements claimed on the application for certification shall be verified by the attendee's educational institution or authorizing jurisdiction on the provided form or in the form of an official transcript or letter. Diplomas will not be accepted for verification of degree or graduation.

9. The applicant holding a valid certification from another state or jurisdiction may qualify by reciprocity defined in § 4.6 of these regulations.

C. The specific requirements for Class I certification follow:

1. Complete a board approved basic training course, and
2. Pass ~~Part I~~ of the board approved examination for Class I.

D. The specific requirements for Class II certification follow:

1. Complete a board approved basic training course and an approved training course specific to Class II facilities, and
2. Pass ~~Parts I and II~~ of the board approved examination for Class II.

E. The specific requirements for Class III certification follow:

1. Complete a board approved basic training course and an approved training course specific to Class III facilities, and
2. Pass ~~Parts I and III~~ of the board approved examination for Class III, or
3. Complete the training and examination requirement of a federal or state agency under the Clean Air Act Amendments of 1990 and complete the board approved basic training course within one year of after certification. ~~This requirement will credit the operator with five hours toward their continuing education obligation.~~

F. The specific requirements for Class IV certification follow:

1. Complete a board approved basic training course

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and an approved training course specific to Class IV facilities, and

2. Pass ~~Parts I and IV~~ of the board approved examination for Class IV, or

3. Complete the training and examination requirement of a federal or state agency under the Clean Air Act Amendments of 1990 and complete the board approved basic training course within one year of after certification. ~~This requirement will credit the operator with five hours toward their continuing education obligation.~~

G. The specific requirements for Class V certification follow:

1. Complete a board approved basic training course and approved training courses specific to all designated classifications of facilities, and

2. Pass Parts I, II, III and IV of the board approved examinations.

§ 4.4. Application procedures.

A. Applicants for certification shall complete a general application form and all applicable addendum forms. The applications are provided by the department upon request. Addendum forms shall include, but not be limited to:

1. Verification of experience form; and
2. Verification of degree or graduation form.

B. Failure to provide a complete application and all applicable addenda may result in a denial of approval. The failure to provide complete information may be interpreted as misrepresentation and may result in disciplinary action as defined in Part VIII of these regulations.

§ 4.5. Examinations.

A. Initial examination.

1. An individual may not take the board approved examination until all training requirements have been completed and verified to the board unless exempt under § 4.3 B 5 of these regulations.

2. All applicants approved for the examination by the board will be notified in writing with a request for the examination fee defined in § 1.4 B 5 of these regulations. The applicant will be scheduled for the next available examination upon receipt of the examination fee.

3. The examination fee will be required at least 30 days before the scheduled date of the examination.

4. All applicants shall achieve a passing score of ~~70%~~ correct on the examination as determined by the board.

5. An individual unable to take an examination at the time scheduled shall notify the board prior to the date of the examination; such an individual shall be rescheduled for the next examination. Failure to notify the board may require the submittal of a new examination fee.

B. Reexamination.

1. An individual may retake the board approved examination as many times as necessary to pass except those who have been waived from training requirements.

2. If the applicant has been waived from training under § 4.3 B 5 of these regulations and fails, the applicant may retake the examination once. After failing twice, the applicant shall complete the required training before retaking the examination.

3. Reexamination shall require the submission of the reexamination fee as defined in § 1.4 B 5 of the regulations.

§ 4.6. Reciprocity.

A. Any individual holding valid certification under another state may apply for certification based on reciprocity.

B. The board will certify an individual who submits a completed application and the initial application fee and is in compliance with § 8.1 of these regulations.

C. All applicants certified through reciprocity shall complete the basic training course in lieu of five hours of their continuing education requirement within one year of certification.

D. If the certified operator fails to complete the basic course and properly notify the board within one year of certification, the board may begin disciplinary action to suspend or revoke the certification.

PART V. RENEWAL OF FULL CERTIFICATION.

§ 5.1. Procedures for renewal.

A. Certificates issued under these regulations shall expire biennially on the last calendar day of the month. Certificate holders shall be notified by mail of the fee and the procedures for certificate renewal. Each certificate holder desiring to renew the certificate shall submit the renewal notice, verification of continuing education on the form provided by the department, and the appropriate fee before the certificate expires.

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B. There shall be a penalty for late renewal assessed in addition to the renewal fee for any certificate holder failing to renew the certificate within 30 days following the date of expiration.

C. Failure to receive written notice from the Department of Commerce does not relieve the regulant from the requirement to renew his certificate. If the certificate holder fails to receive the renewal notice, a copy of the certificate may be submitted with verification of continuing education requirements and the appropriate fee.

D. The date the required fee is received by the Department of Commerce, or its agent, will be used to determine whether a penalty fee or the requirement for reinstatement of a certificate is applicable.

E. Revoked or suspended certificates are not renewable until reinstated by the board.

§ 5.2. Continuing education.

All applicants for certification renewal shall complete at least 10 hours of continuing education in accordance with § 6.3 during the term of *their expiring certification*, except that no continuing education shall be required for the first renewal after the issuance of the initial certification.

§ 5.3. Late renewal.

If the renewal fee as ~~defined~~ provided for in § 1.4 B 2 of ~~the~~ these regulations is not received by the Department of ~~Commerce~~ Professional and Occupational Regulation within 30 days after the expiration date noted on the certification, a ~~the~~ late renewal fee provided for in § 1.4 B 3 shall be required ~~in addition to the renewal fee~~.

§ 5.4. Reinstatements.

If the certificate holder fails to renew the certificate within six months following the expiration date, the certificate holder will be required to apply for reinstatement of the certificate. The applicant will be required to present reasons that the certificate was allowed to expire, and the board may grant reinstatement of the certificate or require requalification or reexamination or both. The application fee for reinstatement of a certificate shall be ~~an amount equal to twice the renewal fee~~ the amount provided for in § 1.4 B 4 of these regulations. An individual who has not reinstated within two years of expiration of the certification must reapply as a new applicant. The new applicant shall be exempted from the required training but shall pass the ~~appropriate part(s)~~ of the examination as determined by the board.

§ 5.5. Board discretion to deny renewal or reinstatement.

The board may deny renewal or reinstatement of a certificate for the same reasons as it may refuse initial certification or discipline a certificate holder.

§ 5.6. Status of certification during the period prior to reinstatement.

A. Reinstated certifications shall continue to have the same certification number and shall be assigned an expiration date two years from the previous expiration date of the certification.

B. Reinstated certifications shall be regarded as having been continuously licensed without interruption. Therefore, the holder of the reinstated certification shall remain under the disciplinary authority of the board during this entire period and may be held accountable for his activities during this period.

C. Certifications which are not renewed or reinstated shall be regarded as expired from the date of the expiration forward.

D. Nothing in these regulations shall divest the board of its authority to take disciplinary action for a violation of the law or regulations during the period of time for which an individual was certified.

PART VI. TRAINING REQUIREMENTS FOR FULL CERTIFICATION.

§ 6.1. Training requirements.

A. All individuals seeking to become a certified solid waste management facility operator shall complete a Virginia Board for Waste Management Facility Operators approved training course(s). This section may be waived if the individual is applying for certification through reciprocity or under § 4.3 B 5.

B. A board approved basic training course shall at a minimum include the following topics as they relate to nonhazardous solid waste management facilities:

1. Definitions
2. Authority for Regulations
3. Purpose of Regulations
4. Administration of Regulations
5. Applicability of Regulations
6. Prohibitions
7. Open Dumps
8. Unpermitted Facilities

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9. Enforcement and Appeal
 10. Penalties and Enforcement
 11. Public Participation
 12. Relationship with other regulations promulgated by the Virginia Waste Management Board
 13. Identification of Solid Waste
 - a. Purpose and Scope
 - b. Definitions of Solid Waste
 - c. Special Wastes
 - d. Exclusions
 - e. Conditional Exemptions
 14. Overview of Open Dumps and Unpermitted Facilities
 15. Permitting of Solid Waste Management Facilities
 16. Review of Department of Environmental Quality Inspection Form
 17. Overview of Permitted Solid Waste Management Facilities
 - a. Transfer Stations
 - b. Material Recover Recovery Facilities
 - c. Experimental Facilities
 - d. Sanitary Landfills
 - e. Infectious Waste Incinerators
 - f. Mass Burn Facilities
 - g. Refuse Derived Fuel Facilities
 - h. Autoclaves
 18. Overview of General OSHA Requirements
 19. Neighbor Relations
 20. Recordkeeping and Financial Assurance
- C. A board approved training course specific to Class II facilities shall include at a minimum the following topics:
1. Definitions
 2. Special Wastes
- a. General
 - b. Asbestos Wastes
 - c. Wastes Containing Polychlorinated Biphenyls
 - d. Liquids
 - e. Tires
 - f. Drums
 - g. White Goods
 - h. Soil Contaminated with Petroleum Products
 - i. Lead Acid Batteries
 - j. Other Prohibited Wastes
 - k. Hazardous Wastes
 - l. Screening for Prohibited Wastes
 - m. Handling Procedures for Special or Hazardous Wastes
 - n. Recordkeeping and Notification Requirements
3. Solid Waste Disposal Standards
 - a. General Standards for Sanitary Landfills
 - b. Design/Construction
 - c. Operation
 - d. Groundwater Monitoring
 - e. Closure
 - f. Post-Closure Care Requirements
 - g. Control of Decomposition Gases
 - h. Leachate Control System and Monitoring
 - i. Leachate Control System Appurtenances
 - j. Corrective Action Program
 4. Construction/Demolition Debris Standards
 5. Industrial Waste Disposal Standards
 6. Other Solid Waste Management Facility Standards
 - a. Compost Facilities
 - b. Surface Impoundments and Lagoons

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- c. Waste Piles
- d. Miscellaneous Units
- 7. Permitting of Solid Waste Management Facilities
- 8. Financial Assurance Documentation
- 9. Rulemaking Petitions and Procedures

D. A board approved training course for Class III specific management facility shall include at a minimum the following topics:

- 1. Identification and Listing of Infectious Waste
 - a. General
 - b. Exemption to Regulations
 - c. Exclusions
 - d. Characteristics of Infectious Waste
 - e. Controlled Infectious Waste
- 2. General Requirements
 - a. Permits and Permits by Rule
 - b. Financial Assurance Requirements
 - c. Packaging and Labeling Requirements
 - d. Management of Spills
 - e. Closure Requirements
 - f. Methods of Treatment and Disposal
 - g. Approved Test Method
 - h. Recordkeeping Requirements
- 3. Requirements for Storage Facilities
 - a. Sanitation
 - b. Access
 - c. Temperature Control and Storage Period
 - d. Drainage and Ventilation
- 4. Requirements for Transportation
 - a. Sanitation
 - b. Access
 - c. Temperature and Storage Period

- d. Drainage
- e. Packaging, Labeling and Placards
- f. Management of Spills
- g. Loading and Unloading
- h. Registration of Transportation
- 5. Requirements for Incineration
 - a. Performance Standards
 - b. Analysis and Management of Ash Residue
 - c. Unloading Operation
 - d. Compliance with Other Regulatory Requirements
- 6. Requirements for Steam Sterilization
 - a. Performance Standards
 - b. Compliance with Other Regulatory Requirements

E. A board approved training course for Class IV specific management facility shall include at a minimum the following topics:

- 1. Solid Waste Management Regulations
 - a. Siting
 - b. Design and Construction
 - c. Operation
 - d. Waste Characteristics
- 2. Emissions Formation and Control
 - a. Type of Emissions
 - b. Environmental Effect
 - c. Control Techniques
- 3. Emissions Monitoring
 - a. Parameters Monitored
 - b. Types of Monitors
 - c. Data Acquisition
 - d. Monitor Calibration, Certification and Testing
- 4. Combustion and Gas Reactions
 - a. Combustion Components

- b. Optimizing Solid Waste Combustion
- c. Gas Reactions Related to Combustor Construction Materials

5. Solid Waste Materials Handling

- a. Front End Processing Equipment
- b. Combustion Enhancement
- c. Back End Processing
- d. Recycling Benefits

6. Waste Combustion Residue Handling and Disposal

- a. Types of Residue
- b. Characteristics
- c. Regulations
- d. Monitoring
- e. Handling and Transportation
- f. Disposal
- g. Alternative Uses

7. Safety

- a. Employer/Employee Obligations
- b. OSHA
- c. Hazard Communication
- d. Equipment Tagout
- e. Respiratory Protection

8. Recordkeeping

- a. Engineering Log Keeping
- b. Maintenance
- c. Solid Waste

§ 6.2. Approval of training course.

A. Persons seeking to have a training course approved by the board shall complete a form provided by the board and submit the appropriate fee as defined in § 1.4 B 6 of these regulations. Receipt and deposit of the required fee do not indicate board approval.

B. Training courses shall be approved by the board prior to the training activity in accordance with the

following:

1. Training providers.

a. Organizations. The board may approve training courses offered by a sponsor who is an identifiable organization which can demonstrate the capability to teach environmental or engineering material. The organization shall have a mission statement outlining its functions, structure, process and philosophy, and that a staff of one or more persons has the authority to administer and coordinate the training program.

b. Schools. The board may approve training courses offered by an accredited academic institution which can demonstrate the capability to teach environmental or engineering material.

c. Businesses. The board may approve training courses offered by a business entity which can demonstrate the capability to teach environmental or engineering material.

2. Instructors. The training course provider shall ensure training is only conducted by personnel who have demonstrated competence in the subject being taught, an understanding of the learning objective, a knowledge of the teaching process to be used, and a proven ability to communicate.

3. Objectives. The training course provider shall ensure that the course has a series of stated objectives that are consistent with the type of facility, operator job requirements, and state and federal regulation. The training course shall be consistent with training criteria outlined in § 6.1 of the regulations.

4. The board shall only approve courses which provide the participants a complete tour of a facility appropriate to the course emphasizing operator responsibilities. The basic training course is exempt from this requirement.

5. Course completion requirements. For successful completion of a training program, participants must attend 90% or more of the class contact time and the tour of the facility.

6. The training provider shall provide an effective means for evaluation of the quality of the course and the instructor(s).

7. The training provider shall ensure the number of participants and physical facilities are appropriate for the course content and teaching method specified by the developer.

8. The training provider shall ensure all course materials are technically accurate, current and sufficient to meet the program's learning objectives.

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C. Training records.

1. An approved training provider shall retain records for all participants for a period of 10 years and shall maintain a written policy on the retention and release of records.

2. All records pertaining to the approved training and participants shall be made available to the board immediately upon request.

D. The board shall consider the following information, to be submitted to the board at least 45 days prior to the scheduled training activity:

1. Course information.

a. Course title

b. Planned audience

c. Name of sponsor

d. Name, address and ~~phone~~ telephone number of contact person

e. Scheduled presentation dates

f. Detailed course schedule on an hour by hour basis

g. List of planned breaks

h. Scheduled presentation locations

i. Scheduled tour locations

j. Instructor(s) resume

2. Training materials.

a. Course objectives. A listing of the course objectives stated in the terms of the skills and knowledge the participant will be able to demonstrate as a result of the training.

b. Course outline. A detailed outline showing the planned activities that will occur during the training program, including major topics, planned presentation sequence, tour activities, audio-visual presentations and other major activities.

c. Course reference materials. A list of name, publisher, and publication of commercially available publications; for material developed specifically for the course, a copy of the reference material.

d. Audio-visual support materials. A list of any commercially available audio-visual support material that will be used in the course; a brief description of any audio-visual material generated by the

sponsor or instructor.

e. Handouts. Identification of all commercially available handout material including regulations; copies of other handouts generated by the sponsor or instructor.

3. E. The board shall approve all substantial changes to the course and all additional course dates and locations prior to the training activity.

4. F. The board reserves the right to withdraw approval if the board determines the course is not adequately teaching participants, or the sponsor or an instructor violates these regulations.

§ 6.3. Continuing education requirement.

A. All applicants for certification renewal shall complete at least 10 hours of continuing education during the term of the expiring certification. All individuals approved through reciprocity shall complete the general course in lieu of five hours of their CPE requirement during the first year of certification. No continuing education shall be required for the first renewal after the issuance of the initial certification.

B. In order for the certified operator to receive continuing education credit, all credit hours shall be specific to the management of a solid waste management facility.

C. Certified individuals may seek board approval of a specific course on a case by case basis.

1. Certified individuals requesting an individual course be approved shall submit the name, address and telephone number of the sponsor, a copy of the syllabus, all handouts and a copy of the certificate of completion to the board for review.

2. If the board approves the course, the applicant will receive a letter from the board stating the approval and the number of credit hours awarded for completing the course.

D. The certified operator shall retain evidence of satisfactory completion of CPE credit hours for a period of three years. Such documentation shall be in a form of the certificate of completion from an approved sponsor or verification from the accredited institution offering the course. If, upon request, the certified operator cannot produce such documentation, the certified operator may be subject to disciplinary proceedings.

E. All CPE credit hours shall be reported to the board on a form provided by the board and subject to possible audit.

F. CPE credit hours, taken after the expiration of the individual's certificate to meet the CPE requirement of the

prior certification cycle, shall not be reported for any future renewal.

G. Failing to meet the CPE requirement may result in reapplication for certification including possible training and examination requirements.

PART VII. APPROVAL OF CPE SPONSORS.

§ 7.1. General.

A. For the purposes of this section all courses, seminars and conference presentations related to the management of a solid waste management facility sponsored by state and federal government bodies are approved by the board.

B. Persons seeking registration as a board approved sponsor shall apply on an application form provided by the board and submit the application fee defined in § 1.4 B 7 of these regulations. The receipt and deposit of fees do not indicate board approval.

C. Each applicant shall agree as a condition of registration to abide by the following provisions:

1. Each applicant shall possess the financial resources, sound administration, competent supervision and an effective and supportive organizational structure.
2. Programs shall contribute to the professional competence of participants in managing and operating a solid waste management facility.
3. CPE credit hours are allowed only for formal programs of learning that maintain or increase the professional competence of the participant.
4. Program sponsor shall select instructors qualified with respect to both program content and required teaching methods.
5. Program sponsors shall ensure the number of participants and the physical facilities are appropriate for the program content and teaching methods used by the instructors.
6. Sponsors shall provide an effective means for evaluating the quality of the program and instructors.

D. Failure of the sponsor to comply with the requirements relating to the responsibilities of program sponsors may result in the termination by the board of approved sponsor designation.

E. The board reserves the right to initiate an investigation of an approved sponsor.

F. Upon finding of any violation of the board's rules and regulations, the board may deny initial registration, deny renewal, suspend or revoke approval.

§ 7.2. Standards for CPE program development and presentation.

Each sponsor that submits an application to the board shall accept and abide by these provisions:

1. Program developers shall state learning objectives and specify the level of knowledge of the program. Each objective shall be written to be consistent with the program's specified level of knowledge. Levels of knowledge shall be described as basic, intermediate, advanced or updated.
2. Program developers shall state the prerequisites for education, experience, or both for all programs.
3. Program developers shall be qualified in the subject matter and be knowledgeable in instruction design through practical experience, education or both.
4. Program materials shall be technically accurate, current, and sufficient to meet the program's learning objectives.
5. Program sponsors shall inform all participants in advance of learning objectives, prerequisites, level of knowledge of the program, program content, need for any advanced preparation, teaching methods to be used, recommended CPE credit, and relevant administrative policies.
6. Brochures and other announcements shall disclose all policies and procedures concerning registration, payment of fees, refunds, attendance, and certificates of completion.
7. All programs shall be measured in 50-minute contact hours. The shortest program for CPE credit purposes shall consist of one contact hour.
8. Instructors shall be given CPE credit for their preparation and presentation time. Credit for instructors shall be measured in 50-minute contact hours. Preparation credit received shall be no greater than two times the number of presentation hours. An instructor may not receive credit for preparation time for a repeated presentation unless they he can demonstrate that the program content involved was substantially changed.

§ 7.3. Certificates of completion and recordkeeping.

A. The sponsor shall provide participants, upon successful completion of each course, a certificate of completion indicating location, date(s), CPE credit hours, sponsor identification, address of sponsor, and title of course.

B. The sponsor shall maintain for a period of five years records of participation, copy of program materials, dates, location, instructor(s), number of CPE contact hours, and

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evaluations of the course and instructor.

C. All records shall be made available to the board immediately upon request.

PART VIII. STANDARDS OF CONDUCT AND DISCIPLINARY ACTION.

§ 8.1. Prohibited acts.

A. Part VIII is intended to apply to both interim and full certification.

B. The following are grounds for disciplinary action by the board.

1. The certificate holder violates or induces another person to violate any provisions of Chapters 1, 2, 3 and 22.1 of Title 54.1 of the Code of Virginia, or any provisions of these regulations.

2. The certificate issued to a solid waste management facility operator was obtained through fraudulent means or misrepresentation.

3. Having been found guilty by the board, an administrative body or by a court of any material misrepresentation in the course of performing his operating duties.

4. Having been convicted or found guilty, regardless of jurisdiction, of any felony or violation which resulted in the significant harm to human health or the environment, there being no appeal pending therefrom or the time of appeal having elapsed. Any plea of nolo contendere shall be considered a conviction for the purposes of this regulation. The record of a conviction authenticated in such form as to be admissible in evidence under the laws of the jurisdiction where convicted shall be admissible as prima facie evidence of such conviction.

5. Failing to inform the board in writing within 30 days of pleading guilty or nolo contendere or being convicted or found guilty of any felony which resulted in the significant harm or the imminent and substantial threat of significant harm to human health or the environment.

6. Gross negligence, or a continued pattern of incompetence, in the practice as a waste management facility operator.

7. Violating the permit conditions for the facility, or violating any federal, state or local laws or regulations which results in the significant harm or an imminent and substantial threat of significant threat of significant harm to human health or the environment.

C. Any individual whose certification is revoked under

this section shall not be eligible to apply for certification for a period of one year from the effective date of the final order of revocation. The individual shall meet all education, examination, experience and training requirements, complete the application and submit the required fee for consideration as a new applicant.

§ 8.2. Denial, suspension or revocation of certification or approval.

A. Denial of certification or approval.

1. The board, at its discretion, may deny approval of a training course, CPE sponsor or individual certification for any reason specified in these regulations.

2. The applicant may request the board to reconsider ~~their~~ *his* initial decision in writing within 30 days of applicant's notification of the denial.

3. If the board's initial decision of denial is reconfirmed, the board will notify the applicant in writing outlining the reasons for denial. The response may also include any necessary steps that can be taken by the applicant to ensure compliance with these regulations.

4. All appeals for denied applicants for certification or approval shall be in accordance with the provisions of the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia).

B. Suspension and revocation of certification.

1. The board, in its discretion, may suspend or revoke the certification of an individual, an approved course or CPE sponsor for any reason specified in these regulations.

2. The board shall conduct disciplinary proceedings in accordance with the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia).

3. Any individual certified or training provider approved by the board who violates any statute or provision of these regulations and is not criminally prosecuted, shall be subject to a monetary penalty. The board shall determine the monetary penalty which shall not exceed \$1,000 for each violation.

VA.R. Doc. No. R94-842, Filed April 13, 1994, 11:37 a.m.

APPLICATION FOR FULL CERTIFICATION

Virginia Department of Professional & Occupational Regulation
Board for Waste Management Facility Operators

3600 West Broad Street
Richmond, Virginia 23230

APPLICATION FEE \$300.00
(Non refundable)

PLEASE MAKE CHECK PAYABLE TO: TREASURER OF VIRGINIA

I. General Information for Individual Certification

Name _____
Last (First) (M.I.)

Home Address _____

Home Phone _____ Business Phone _____

Date of Birth _____ SSN _____

Did you receive interim certification? _____ Your Number _____

II. Classification (Please check the appropriate classification)

Class I _____ Class II _____ Class III _____ Class IV _____ Class V _____

III. Method of Certification (Please check the appropriate method)

_____ Reciprocity _____ Training and Examination

_____ Experience and Examination

IV. Education History

Name and location of High School or College: _____

Diploma? _____ Yes _____ No _____

GED? _____ Yes _____ No _____ Major? _____

V. Employment History

Complete this section for all applicable employment and use additional sheets if necessary. Please forward the Verification of Employment Form to each employer listed.

Current Employer:

Name _____

Business Address _____

Date(s) of Employment _____

Supervisor _____ Title _____

Does this facility hold a permit(s) from the Va. Department of Environmental Quality? _____ If so, what is the permit number(s)? _____

Previous Employer(s):

Name _____

Business Address _____

Date(s) of Employment _____

Supervisor _____ Title _____

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APPLICATION FOR FULL CERTIFICATION

Name: _____

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Name _____

Business Address _____

Date(s) of Employment _____

Supervisor _____ Title _____

VI. Reciprocity (Please include a copy of the certificate/license).

Are you certified/licensed in any other state or jurisdiction as a solid waste management facility operator? _____ Yes _____ No. If so, where? _____

State _____ Date of Expiration _____ Certification Number _____

VII. Training (Please include a copy of all applicable training certificates).

Have you completed the general training course? _____

Have you completed training specific to your desired classification? _____

VIII. Enforcement History

Have you ever had a waste management facility operator's certificate/license revoked? _____ If so, please explain. _____

Have you ever had any final order actions against you issued by an administrative body or court regarding an environmental violation or crime which resulted in significant harm to the environment or human health? _____ If so, please explain. _____

Have you ever pleaded guilty, entered a plea of nolo contendere or been convicted of a felony regarding an environmental violation or crime which resulted in significant harm to the environment or human health? _____ If so, please explain. _____

I hereby certify by my signature, that the above information is correct and that no information has been suppressed which may affect this application. I understand that Section 54.1-111(6) of the Code of Virginia, deems it unlawful to materially misrepresent facts in an application for a certificate, and that violations of this section could result in a criminal prosecution which could result in one year in jail and up to a \$2,500 fine.

Name _____ Date _____
(Signature of applicant)

Form 09-22-94

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APPLICATION FOR FULL CERTIFICATION

Department of Professional and Occupational Regulation
 Board for Waste Management Facility Operators
 3600 West Broad Street
 Richmond, Virginia 21230

VERIFICATION OF EMPLOYMENT EXPERIENCE

I. To be completed by the applicant
 Complete one verification form for each employer listed on the application.
 Please submit this entire form to your applicable current and past
 employers for verification.

Name (Last) _____ (First) _____ (M.I.) _____
 Address _____

Employer _____ Dates of Employment _____
 Address _____
 Job Title _____

Please provide a thorough and complete description of your daily job
 activities. This should include how much time you spend at the site, your
 duties and how many individuals you may supervise. This must be complete
 our the application will be returned for additional information.

Name of Supervisor _____ Title _____

II. To be completed by the supervisor:

The applicant is/was employed during the time period indicated above?
 If not, when? _____ The job description is accurate and
 complete? _____ Comments? _____

Name of Certifying Supervisor? _____ Date _____
 Signature _____

Please forward the completed form to the Department of Professional and
 Occupational Regulation at the address above. Please use additional sheets
 as necessary.

00-22-94

APPLICATION FOR FULL CERTIFICATION

VIRGINIA BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS
 DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
 3600 WEST BROAD STREET
 RICHMOND, VIRGINIA 23230

VERIFICATION OF EDUCATION/DEGREE GRANTED

I. TO BE COMPLETED BY APPLICANT

NAME _____ SSN _____
 HOME ADDRESS _____

HOME PHONE (____) _____ DATE OF BIRTH _____

NAME OF INSTITUTION _____

DATE(S) ATTENDED _____ OR _____ SEMESTER _____ QUARTER HOURS COMPLETED _____

DEGREE _____

SIGNATURE OF APPLICANT _____ DATE _____

After completion of the above section, send this form to the high school,
 GED issuing institution, college or university listed above. Please
 request that the following certification be completed and that this form be
 returned directly to the Board at the above address. If you have not
 completed a college degree, request an official transcript to be sent to
 the above address.

II. TO BE COMPLETED BY EDUCATIONAL INSTITUTION OR AUTHORIZING JURISDICTION

C E R T I F I C A T I O N

I hereby certify that the above named applicant has graduated from this
 school/institution:

DEGREE _____ MAJOR _____

DATE RECEIVED _____

Signature _____ Date _____

OFFICIAL SEAL

Official Title _____

VIRGINIA BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
 3600 WEST BROAD STREET
 RICHMOND, VIRGINIA 23230

Application for Virginia Approved Sponsor of Continuing Education

APPLICATION FEE: \$250.00
 PLEASE MAKE CHECK PAYABLE TO: THE TREASURER OF VIRGINIA

I. Sponsor

Name _____ Telephone _____
 Address _____
 Contact Person _____ Title _____
 Address (if different than above) _____ Telephone _____

II. Training History

How long have you or our organization been offering continuing education courses in waste management issues? _____
 Approximate number of courses to be given a year? _____
 Location(s) _____
 Site visits? _____ If yes, where? _____
 Address _____

III. Training Materials

How will satisfactory completion of this course be measured? (Check the appropriate boxes)
 examination attendance written exercise
 other _____

IV. Instructors

Name _____ Title _____
 Address _____ Telephone _____
 Course Title _____
 Name _____ Title _____
 Address _____ Telephone _____
 Course Title _____

V. Required Attachments (PLEASE SEND 3 COMPLETE SETS OF ALL ATTACHMENTS.)

Evaluation form(s) Certificate(s) of completion
 Instructor resume(s) List of course titles to be included under the approval with the designated "level of knowledge" and appropriate number of credit hours.

VI. Optional Attachments

Course outline(s) course objective(s)

VII. Signature of Contact Person

Name _____ Date _____

Board for Waste Management Facility Operators
Department of Professional and Occupational Regulation
 3600 West Broad Street
 Richmond, Virginia 23230

Application for Approval of Waste Management Facility Operators Training Course

APPLICATION FEE: \$250.00
 PLEASE MAKE CHECK PAYABLE TO: THE TREASURER OF VIRGINIA

I. Sponsor

Name _____
 Address _____
 Phone Number _____
 Contact Person _____ Title _____

II. Training Course

Title _____ Recurring? _____
 Scheduled dates of classes _____
 Location _____ Intended audience _____
 Is the course open to the public? _____ Address of facility being used for the site _____
 How does this training course relate to the management and operation of a waste management facility? _____

III. Training Materials

How will satisfactory completion of this course be measured? (Check the appropriate boxes)
 Skill demonstration Site visit Exam
 Attendance Other _____
 List reference materials to be used. _____
 List audio-visual materials to be used. _____
 List handouts to be used. _____

IV. Instructor(s) Please use additional sheets as necessary.

Name _____
 Address _____ Phone _____
 Title _____
V. Required Attachments (PLEASE SEND 3 COMPLETE SETS OF ALL ATTACHMENTS.)
 Course objectives Course outline Handouts Certificate
 Reference materials Instructor(s) resume of completion

Signature of Contact Person

Name _____ Date _____

9/94

Form 09-22-94

FINAL REGULATIONS

For information concerning Final Regulations, see information page.

Symbol Key

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

BOARD FOR AUCTIONEERS

Title of Regulation: VR 150-01-1. ~~Public Participation Guidelines (REPEALED).~~

Title of Regulation: VR 150-01-1:1. ~~Public Participation Guidelines.~~

Statutory Authority: §§ 9-6.14:7.1, 54.1-201 and 54.1-602 of the Code of Virginia.

Effective Date: June 1, 1994.

Summary:

The Board for Auctioneers Public Participation Guidelines (PPG's) mandate public participation in the formulation, adoption and amendments to new and existing regulations governing the licensure of auctioneers and auction firms. The agency will maintain a mailing list of persons and organizations to notify of any intended regulatory action by the board. The agency will mail such documents as "Notice of Intended Regulatory Action," "Notice of Comment Period," and a notice that final regulations have been adopted. The PPG's outline the necessary procedures for being placed on or deleted from the mailing list. The "Notice of Intended Regulatory Action" will provide for a comment period of at least 30 days and will state whether or not the agency will hold a public hearing. Specific instances are given as to when the agency must hold a public hearing and when the agency must reevaluate the effectiveness and continued need of the regulations. The PPG's also establish the procedures for the formulation and adoption of regulations and the guidelines for when substantial changes are made prior to final adoption of regulations, and includes the formation of an appointed advisory committee for input regarding board regulations. Finally, the PPG's specify what meetings and notices will be published in The Virginia Register.

Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

Agency Contact: Copies of the regulation may be obtained from Peggy McCreery, Deputy Director for Regulatory Programs, Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia 23220, telephone (804) 367-2194. There may be a charge for copies.

VR 150-01-1:1. Public Participation Guidelines.

§ 1. Definitions.

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

["*Administrative Process Act*" means Chapter 1-1:1 (§ 9-6.14:1 et seq.) of Title 9 of the Code of Virginia.

"Agency" or "board" means the Board for Auctioneers.

"Person" means an individual, a corporation, a partnership, an association, a governmental body, a municipal corporation, or any other legal entity.

"Agency" means any authority, instrumentality, officer, board, or other unit of state government empowered by the basic laws to make regulations or decide cases.

"Person" means one or more individuals.

"Organization" means any one or more associations, advisory council, committee, corporation, partnership, governmental body or legal entity.]

§ 2. Mailing list.

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

1. "Notice of Intended Regulatory Action" to promulgate [, amend] or repeal regulations.
2. "Notice of Comment Period" and public hearings [; the subject of which is proposed or existing regulations] .
3. Notice that the final regulations have been adopted.

Failure of these persons and organizations to receive the documents for any reason shall not affect the validity of any regulations otherwise properly adopted under the Administrative Process Act.

§ 3. Placement on the mailing list; deletion.

Any person wishing to be placed on the mailing list may do so by writing the agency. In addition, the agency at its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of

Final Regulations

regulations. Persons on the list will be provided all information stated in § 2. Individuals and organizations [periodically] may be [periodically] requested to indicate their desire to continue to receive documents or be deleted from the list. When mail is returned as undeliverable, individuals and organizations will be deleted from the list.

§ 4. Petition for rulemaking.

Any person may petition the agency to adopt or amend any regulation. Any petition received shall appear on the next agenda of the agency. The agency shall consider and respond to the petition within 180 days. The agency shall have sole authority to dispose of the petition.

§ 5. Notice of intent.

At least 30 days prior to [the publication of filing] the "Notice of Comment Period" and [the filing of] proposed regulations as required by § 9-6.14:7.1 of the Code of Virginia, the agency will publish a "Notice of Intended Regulatory Action." This notice will provide for at least a 30-day comment period and shall state whether [or not they intend the agency intends] to hold a public hearing. The agency is required to hold a hearing on [the] proposed regulation upon request by [(i)] the Governor or [from (ii)] 25 or more persons. Further, the notice shall describe the subject matter and intent of the planned regulation. Such notice shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register [of Regulations] .

§ 6. Informational proceedings or public hearings for existing rules.

Within two years of the promulgation of a regulation, the agency shall evaluate it for effectiveness and continued need. The agency shall conduct an informal proceeding [,] which may take the form of a public hearing [,] to receive public comment on existing regulation. Notice of such proceedings shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register. Such proceedings may be held separately or in conjunction with other informational proceedings.

§ 7. Notice of formulation and adoption.

At any meeting of the agency or a subcommittee where it is anticipated the formation or adoption of regulation will occur, the subject matter shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register.

If there are one or more changes with substantial impact on a regulation, any person may petition the agency within 30 days from the publication of the final regulation to request an opportunity for oral or written submittals on the changes to the regulations. If the agency [received receives] requests from at least 25 persons for

an opportunity to make oral or written comment, the agency shall suspend the regulatory process for 30 days to solicit additional public comment, unless the agency determines that the changes made are minor or inconsequential in their impact.

If the Governor finds that one or more changes with substantial impact have been made to proposed regulation, he may suspend the regulatory process for 30 days to require the agency to solicit further public comment on the changes to the regulation.

A draft of the agency's summary description of public comment shall be sent by the agency to all public commenters on the proposed regulation at least five days before final adoption of the regulation.

§ 8. Advisory committees.

The [board agency] intends to appoint advisory committees as it deems necessary to provide adequate participation in the formation, promulgation, adoption, and review of regulations. Such committees are particularly appropriate when other interested parties may possess specific expertise in the area of proposed regulation. The advisory committee shall only provide recommendations to the agency and shall not participate in any final decision making actions on a regulation.

When identifying potential advisory committee members the agency may use the following:

1. Directories of organizations related to the profession,
2. Industry, professional and trade associations' mailing lists, and
3. Lists of persons who have previously participated in public proceedings concerning this or a related issue.

§ 9. Applicability.

Sections [2 through 4, 6, and 8 2, 3, 4, 6, and 7] shall apply to all regulations promulgated and adopted in accordance with § 9-6.14:9 of the Code of Virginia except those regulations promulgated in accordance with § 9-6.14:4.1 of the Administrative Process Act.

V.A.R. Doc. Nos. R94-783 and R94-784; Filed April 11, 1994, 12:21 p.m.

BOARD FOR COSMETOLOGY

Title of Regulation: VR 235-01-1. Public Participation Guidelines (REPEALED).

Title of Regulation: VR 235-01-1:1. Public Participation Guidelines.

Statutory Authority: §§ 9-6.14:7.1 and 54.1-1202 of the Code

Final Regulations

of Virginia.

Effective Date: June 15, 1994.

Summary:

The Board for Cosmetology Public Participation Guidelines (PPG's) mandate public participation in the promulgation process of cosmetology and nail technician licensure. The Department of Professional and Occupational Regulation (the agency) will maintain a mailing list to notify persons and organizations of intended regulatory action. The agency will mail such documents as "Notice of Intended Regulatory Action," "Notice of Comment Period" and a notice that final regulations have been adopted. The PPG's outline the necessary procedures for being placed on or deleted from the mailing list. The "Notice of Intended Regulatory Action" will provide for a comment period of at least 30 days and will state whether or not a public hearing will be held. The PPG's give specific instances on when the agency must hold a comment period and when the agency must reevaluate the regulations. The PPG's establish the procedures for formulation and adoption of regulations and the procedures to be taken when substantial changes have been made prior to final adoption of the regulations. The use of and input from advisory committees to formulate regulations are established in the PPG's. The PPG's specify what meetings and notices will be published in The Virginia Register.

Since publication as proposed regulation, minor revisions to language to enhance clarity have been made and a definition section has been added at the direction of the Office of the Attorney General and the Registrar of Regulations.

Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

Agency Contact: Copies of the regulation may be obtained from Karen W. O'Neal, Assistant Director, Board for Cosmetology, 3600 West Broad Street, Richmond, Virginia 23220, telephone (804) 367-8509. There may be a charge for copies.

VR 235-01-1:1. Public Participation Guidelines.

§ 1. Definitions.

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

["Administrative Process Act" means Chapter 1.1-1 (§ 9-6-14.1 et seq.) of Title 9 of the Code of Virginia.

"Agency" or "board" means the Board for Cosmetology.

"Person" means an individual, a corporation, a partnership, an association, a governmental body, a municipal corporation, or any other legal entity.

"Agency" means any authority, instrumentality, officer, board, or other unit of state government empowered by the basic laws to make regulations or decide cases.

"Person" means one or more individuals.

"Organization" means any one or more association, advisory council, committee, corporation, partnership, governmental body or legal entity.]

§ 2. Mailing list.

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

1. "Notice of Intended Regulatory Action" to promulgate [, amend] or repeal regulations.
2. "Notice of Comment Period" and public hearings [; the subject of which is proposed or existing regulations].
3. Notice that the final regulations have been adopted.

Failure of these persons and organizations to receive the documents for any reason shall not affect the validity of any regulations otherwise properly adopted under the Administrative Process Act.

§ 3. Placement on the mailing list; deletion.

Any person wishing to be placed on the mailing list may do so by writing the agency. In addition, the agency, at its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all information stated in § 2. Individuals and organizations [periodically] may be [periodically] requested to indicate their desire to continue to receive documents or be deleted from the list. When mail is returned as undeliverable, individuals and organizations will be deleted from the list.

§ 4. Petition for rulemaking.

Any person may petition the agency to adopt or amend any regulation. Any petition received shall appear on the next agenda of the agency. The agency shall consider and respond to the petition within 180 days. The agency shall have sole authority to dispose of the petition.

§ 5. Notice of intent.

At least 30 days prior to [the] filing [of] the "Notice of Comment Period" and [the] proposed regulations as

required by § 9-6.14:7.1 of the Code of Virginia, the agency will publish a "Notice of Intended Regulatory Action." This notice will provide for at least a 30-day comment period and shall state whether [~~or not they intend~~ the agency intends] to hold a public hearing. The agency is required to hold a hearing on [the] proposed regulation upon request by [(i)] the Governor or [~~from~~ (ii)] 25 or more persons. Further, the notice shall describe the subject matter and intent of the planned regulation. Such notice shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register [of Regulations] .

§ 6. Informational proceedings or public hearings for existing rules.

Within two years of the promulgation of a regulation, the agency shall evaluate it for effectiveness and continued need. The agency shall conduct an informal proceeding [,] which may take the form of a public hearing [,] to receive public comment on existing regulation. Notice of such proceedings shall be transmitted to the Registrar for inclusion in The Virginia Register. Such proceedings may be held separately or in conjunction with other informational proceedings.

§ 7. Notice of formulation and adoption.

At any meeting of the agency or a subcommittee where it is anticipated the formation or adoption of regulation will occur, the subject matter shall be transmitted to the Registrar for inclusion in The Virginia Register.

If there are one or more changes with substantial impact on a regulation, any person may petition the agency within 30 days from the publication of the final regulation to request an opportunity for oral or written submissions on the changes to the regulations. If the agency [~~received~~ receives] requests from at least 25 persons for an opportunity to make oral or written comment, the agency shall suspend the regulatory process for 30 days to solicit additional public comment, unless the agency determines that the changes made are minor or inconsequential in their impact.

If the Governor finds that one or more changes with substantial impact have been made to proposed regulation, he may suspend the regulatory process for 30 days to require the agency to solicit further public comment on the changes to the regulation.

A draft of the agency's summary description of public comment shall be sent by the agency to all public commenters on the proposed regulation at least five days before final adoption of the regulation.

§ 8. Advisory committees.

The [~~board~~ agency] intends to appoint advisory committees as it deems necessary to provide adequate participation in the formation, promulgation, adoption, and review of regulations. Such committees are particularly

appropriate when other interested parties may possess specific expertise in the area of proposed regulation. The advisory committee shall only provide recommendations to the agency and shall not participate in any final decision making actions on a regulation.

When identifying potential advisory committee members the agency may use the following:

1. Directories of organizations related to the profession,
2. Industry, professional and trade associations' mailing lists, and
3. Lists of persons who have previously participated in public proceedings concerning this or a related issue.

§ 9. Applicability.

Sections [2 through 4, 6, and 8 2, 3, 4, 6 and 7] shall apply to all regulations promulgated and adopted in accordance with § 9-6.14:9 of the Code of Virginia except those regulations promulgated in accordance with § 9-6.14:4.1 of the Administrative Process Act.

V.A.R. Doc. Nos. R94-792 and R94-814; Filed April 8, 1994, 1:53 p.m.

DEPARTMENT OF EDUCATION (STATE BOARD OF)

Title of Regulation: VR 270-01-0006. Regulations Governing Pupil Transportation Including Minimum Standards for School Buses in Virginia.

Statutory Authority: Article VIII, § 4 of the Constitution of Virginia; §§ 22.1-16, 22.1-176, 22.1-177, and 22.1-178 of the Code of Virginia.

Effective Date: July 1, 1994.

Summary:

The amendments address revisions to federal and state statutes and federal regulations. These regulations are divided into seven major parts: Definitions, General Regulations, Distribution of Pupil Transportation Funds, Requirements for School Bus Drivers, Minimum Standards for School Buses in Virginia (the bus chassis and the bus body), Standards for Lift Gate Buses, and Activity Buses.

The revisions provide amendments to reflect automation of accident reporting; changes in distribution of pupil transportation funds; changes in driver requirements to address the Americans With Disabilities Act, testing for alcohol and controlled substances, and driver training; technological advances in design of school bus chassis and school bus body and to conform to Federal Motor Vehicle Safety Standards; new standards regarding transporting

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children with special needs to include infants and toddlers; and changes in regulations regarding use of school activity vehicles.

Changes incorporated in the final regulation include incorporating accident automation reporting and quicker notification of serious accidents; requiring persons operating school buses and school activity buses to have 20 hours of classroom and 20 hours of behind-the-wheel training as opposed to the 12 and 12 formerly required; requiring alcohol and drug testing as specified by the Secretary, U.S. Department of Transportation in 49 CFR Part 40; requiring recertification of school bus driver trainers every five years; and allowing road speed controls to be set to a maximum of 55 miles per hour to accommodate those vehicles traveling on interstate highways.

The significant changes to the bus body require (i) retroreflective tape on all buses ordered after July 1, 1994; (ii) padding at the top of each door opening; (iii) a body fluid clean-up kit; (iv) a minimum of one emergency roof exit/vent; and (v) a storage compartment.

Section 6.1 requires specific training for drivers transporting children with special needs, and other sections were revised to conform with the Americans with Disabilities Act (ADA) and other federal standards, i.e., handrails on lift, width and payload of lift and fastening devices.

Exceptions for drivers of school activity buses to require the same training and other requirements as drivers of school buses were deleted.

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

Agency Contact: Copies of the regulation may be obtained from Dr. Margaret N. Roberts, Department of Education, James Monroe Building, 101 North 14th Street, Richmond, VA 23219, telephone (804) 225-2540. There may be a charge for copies.

VR 270-01-0006. Regulations Governing Pupil Transportation Including Minimum Standards for School Buses in Virginia.

PART I. DEFINITIONS.

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

"Color-black" means federal standard No. 595, black enamel No. 17038.

"Color-yellow" means national school bus yellow SBMI color standard 008.

"Emergency equipment compartment" means an approved compartment which is labeled to indicate what is contained therein. If equipped with a lock, a buzzer shall be activated when locked. Lock shall be capable of holding plunger of buzzer in when unlocked. The compartment shall be boxed in and have suitable rear panel for mounting of emergency equipment.

"School bus" means any motor vehicle described herein as "Type A," "Type B," "Type C," or "Type D," which is designed and used for the transportation of pupils, which is painted yellow with the words "School Bus" in black letters of specified size on front and rear, and which is equipped with the required warning devices.

Note: This definition includes school buses owned and operated by school boards, private contractors, local governments, and transit systems which are used for the transportation of public school pupils.

"School bus Type A" means a conversion or body constructed upon a van-type compact truck or a front-section vehicle, with a gross vehicle weight rating of 10,000 pounds or less, designed for carrying more than four persons. Range from four to 20 passenger capacity.

"School bus Type B" means a conversion or body constructed and installed upon a van or front-section vehicle chassis, or stripped chassis, with a gross vehicle weight rating of more than 10,000 pounds, designed for carrying more than 10 persons. Part of the engine is beneath or behind the windshield, or both, and beside the driver's seat. The entrance door is behind the front wheels. Range from 16 to 25 7/10 passenger capacity.

"School bus Type C" means a body installed upon a flat back cowl chassis with a gross vehicle weight rating of more than 10,000 pounds, designed for carrying more than 10 persons. All of the engine is in front of the windshield and the entrance door is behind the front wheels. Range from 34 to 64 passenger capacity.

"School bus Type D" means a body installed upon a chassis, with the engine mounted in the front, midship, or rear, with a gross vehicle weight rating of more than 10,000 pounds, designed for carrying more than 10 persons. The engine may be behind the windshield and beside the driver's seat; it may be at the rear of the bus behind the rear wheels, or midship between the front and rear axles. The entrance door is ahead of the front wheels. Range from 72 to 84 passenger capacity.

"School activity vehicle" means any school bus as defined in this section with the modifications authorized in Part VII of these regulations. Type A, B, C, D school buses are recommended for transporting pupils to and from school activity events; however, a school activity vehicle may be used solely for extra-curricular activities, when

deemed necessary and appropriate by the local school board.

Note: A standard or mini-size passenger van which has not been reconstructed to meet Virginia state and federal school vehicle construction standards does not meet this definition.

"Undercoating modified test procedure" means test panels are to be prepared in accordance with paragraph 4.6.12 of TT-C-520a of the Federal Code, incorporated by reference, with modified procedure requiring that test be made on a 48-hour air cured film at thickness recommended by compound manufacturer.

PART II. GENERAL REGULATIONS.

§ 2.1. The greatest care shall be exercised at all times in the transportation of school children.

§ 2.2. A school bus transporting school pupils shall be operated at a safe speed not in excess of [~~35~~ 45] miles per hour, or minimum legal speed allowable; except, 55 miles per hour on interstate highways ~~and~~. However, [~~when no stops are made to pick up for any such vehicle which takes on~~] or [~~discharge pupils discharges children, the maximum speed limit shall be 35 miles per hour~~] between the [~~point of origin first stop~~] and the [~~point of destination the speed shall not be in excess of 45 miles per hour last stop, not including the school. The school and the designated school bus parking area shall not be considered the first or last stop.~~]

§ 2.3. The number of pupils who may ride a school bus shall be determined by the total number who can be seated. During the first 30 instructional days of the school year standees may be permitted for short distances in the aisle back of the driver's seat. Pupils may not be permitted to stand after the first 30 instructional days, except under unforeseen emergency conditions as identified by the local school board.

§ 2.4. ~~Written contracts~~ [~~An A written~~] employment agreement shall be made by the school board, ~~on a form to be prescribed by the Superintendent of Public Instruction,~~ with all regular school bus drivers before they begin their duties. ~~Such contracts shall be signed in duplicate, each party holding a copy thereof.~~ Substitute drivers shall meet the requirements prescribed for regular bus drivers and shall be approved and paid by the local school board.

§ 2.5. The school bus driver shall open and close the entrance door and keep it securely closed while the bus is in motion. This responsibility shall not be delegated to any other person.

§ 2.6. Every school bus operated at public expense for the purpose of transporting school children shall be equipped with traffic warning devices of the type prescribed in the

standards and specifications of the Board of Education. The warning lights shall indicate when the bus is about to stop, is stopped, and when it is loading or discharging children. The warning lights shall be in operation for a distance of not less than 100 feet before the bus stops, if the lawful speed limit is less than 35 miles per hour, and for a distance of at least 200 feet before the bus stops if the lawful speed limit is 35 miles per hour or more. ~~When the school bus is equipped with a~~ The warning sign ~~or~~ and crossing control arm ~~or both~~, these devices shall be extended when, and only when, the bus is stopped to load or discharge children.

§ 2.7. When loading or discharging pupils on the highway, stops shall be made in the right-hand lane and shall be made only at designated points where the bus can be clearly seen for a safe distance from both directions. While stopped, the driver shall keep the school bus warning devices in operation to warn approaching traffic to stop and allow pupils to cross the highway safely. Pupils who must cross the road shall be required to cross in front of the bus. They shall be required to walk to a point 10 feet or more in front of the bus, stop before reaching a position in line with the left side of the bus, and wait for a signal from the bus driver before starting across the highway.

On dual highways divided by a physical barrier ~~or~~, unpaved area, ~~or five lane highway with turning lane~~, buses shall be routed so that pupils will be picked up and discharged on the side of the road on which they live.

§ 2.8. Persons operating a school bus ~~equipped with a safety belt assembly shall wear it while school children are being transported the appropriate safety belt system while bus is in motion.~~ (§ ~~46.1-287.2~~ 46.2-1091 of the Code of Virginia)

§ 2.9. Pupils riding in Type A school buses equipped with passenger restraint belts shall wear them while the bus is in motion.

§ 2.10. Pupil rider safety instruction shall be included in the school curriculum, including demonstration and practices of safety procedures.

1. At the ~~K-1~~ Pre-K-1 grade levels, initial safety training shall occur during the first week of school and additional training on a periodic basis during the year.

2. Emergency exit drills shall be practiced by all pupil riders at least twice a year, the first occurring during the first 30 instructional days.

3. A copy of bus rider safety rules shall be sent to parents at the beginning of the school year ~~with an acknowledgement to be returned to the school principal.~~ The information shall include a request that parents or their designee accompany their young children to and from the bus stop.

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§ 2.11. Every vehicle used in transporting school pupils and personnel at public expense shall be covered by insurance that will provide financial assistance to pupils and personnel in case of injuries or deaths resulting from an accident. Insurance is required by law in the following minimum amounts:

1. Public liability or bodily injury, including death:
 - a. per person, or lower limit \$50,000
 - b. per accident, or upper limit \$200,000
2. Property damage liability \$20,000
3. Uninsured motorists coverage - equal to aforesaid limits of liability
4. Medical payment - per person \$1,000

(§§ 22.1-188 to 22.1-198 of the Code of Virginia)

§ 2.12. All school buses and school activity vehicles ; ~~manufactured since April 1, 1977,~~ used to transport public school pupils to and from school and school activity events shall be inspected and maintained by competent mechanics immediately before being used in the fall and at least once every 30 operating days or every 2,500 miles traveled, whichever occurs first. ~~All school buses and school vehicles manufactured prior to April 1, 1977, shall be inspected at least every 30 days or every 1,500 miles travelled, whichever occurs first.~~ The inspections and maintenance shall be conducted in accordance with provisions of the "Preventive Maintenance Manual for Virginia School Buses" and recorded on the prescribed inspection forms. If the inspection and maintenance are not made in a shop operated by the school board or the local governing body, the school board shall designate one or more inspection centers to make the inspections and require a copy of the results of the inspections to be furnished to the division superintendent.

§ 2.13. A ~~written~~ report, on forms ~~or on the format~~ furnished by the Department of Education, of any accidents involving school buses, pupils, and personnel who ride school ~~or activity~~ buses (including injury or death while crossing the road, waiting at bus stops, etc.) shall be sent to the Pupil Transportation Service, Department of Education by the division superintendent ~~within five days from the date of the accident.~~ ~~or designee at least once a month.~~ The report shall give the apparent cause of the accident, the extent of injuries to pupils or others ; ~~and the amount of property damage.~~ ~~The division superintendent or designee shall notify the Pupil Transportation Service of any school bus accident involving serious injuries, requiring professional medical treatment, or death within the next working day from the date of the accident.~~

§ 2.14. All school buses in operation shall be carefully scheduled on routes to schools. The schedule shall show the time the bus starts in the morning, the time it leaves each point at which pupils are taken on, and the time of arrival at school. ~~It shall also show the bus's odometer~~

~~reading at the beginning of the route where the first pupil is picked up, where other stops are made, and the reading upon arrival at school.~~ One copy of such schedule shall be kept in the bus and one copy shall be kept in the office of the division superintendent ~~or designee~~ of schools.

§ 2.15. School bus routes, school sites, and safety of pupils at bus stops shall be reviewed at least once each year. Bus routes shall be reviewed for safety hazards, fuel conservation, and to assure maximum use of buses. Local school administrators shall evaluate the safety of pupils at bus stops periodically [~~and shall at the request of the local school board~~ report the results annually to the school board] . A written vehicular and pedestrian traffic control plan for each existing school site shall be ~~developed and~~ reviewed annually for safety hazards. All new school site plans shall include provisions which promote vehicular and pedestrian safety.

§ 2.16. School buses shall stop, as required by law, at railway grade crossings. ~~The 4-way hazard lights shall be activated when approaching the railway grade crossing and deactivated before crossing the track.~~ The bus driver shall open the entrance door of the bus and determine when it is safe for the vehicle to cross the railroad tracks. The entrance door shall be closed when the bus is in motion. No stop need be made at any grade crossing where traffic is directed by a police officer or a green traffic-control signal.

§ 2.17. School boards shall require that a report on the number of pupils transported and miles traveled be made by all school bus drivers to principals or other designated school officials.

§ 2.18. Local school boards shall adopt policies, consistent with provisions of Virginia School Laws, before establishing a practice of collecting transportation fees from pupils or receiving contributions from other sources for activities sponsored by schools under their authority. No pupil whose parent or guardian is financially unable to pay the pro rata cost of the trip may be denied the opportunity to participate. See § 22.1-176 of the Code of Virginia.

§ 2.19. The lettered identification and traffic warning lights on the front and rear of school buses shall be covered with opaque detachable material when they are used for purposes other than to transport pupils on regular routes to and from school, or on special trips to participate in contests of various kinds, and for supplementary education purposes. This does not apply when the bus is being used to transport elderly or mentally or physically handicapped persons. (See § 22.1-183 of the Code of Virginia)

§ 2.20. The use of posters, stickers, or advertising material of any kind is prohibited in or on school buses.

§ 2.21. No object shall be placed in the bus that will restrict the passage to the entrance or emergency doors.

§ 2.22. ~~All vehicles used to transport students to and from~~

school or school-related activities shall carry reflective triangles, first aid kit, body fluid clean-up kit and fire extinguisher. (See § 5.58.)

PART III. DISTRIBUTION OF PUPIL TRANSPORTATION FUNDS.

Article 1. Regular Approved Bus Fund.

§ 3.1. The regular approved school bus fund shall be allocated for pupils transported on approved school buses to the extent that these provisions are consistent with the annual Appropriation Act:

A. School divisions shall be eligible for reimbursement for transportation of pupils in kindergarten through grade 12 and for ~~handicapped children~~ *students with disabilities age ages two to 21 as defined in § 22.1-213 of the Code of Virginia, paragraph 1.*

B. No reimbursement shall be made for pupils transported on any bus or for any bus which does not meet the provisions of the annual inspections required by the Department of State Police, the fleet assessment by the Department of Education and regulations of the Board of Education.

NOTE: Any required reduction in the fund will be based on a pro-rata share of the total "Regular Approved Bus Fund" allocation.

C. No reimbursement shall be made for pupils or buses unless the pupils are transported and the bus is used both from home to school and from school to home.

D. No reimbursement shall be made from this fund for pupils or buses if transportation assistance is received from other state or federal sources. Fares/fees shall not be collected from the pupil/parent, except as provided for in §§ 22.1-6 and 22.1-176 of the Code of Virginia, and Board of Education Regulations.

E. The computation for reimbursement shall be based on the number of pupils transported in average daily attendance (average number transported daily) and the prevailing number of buses for a prior years.

F. The computation for reimbursement of school divisions during their first year of school bus operation shall be based on the number of pupils and buses for the current year.

G. Before final reimbursement for the transportation of pupils to and from public schools is made to a school division, a report shall be submitted by the division superintendent to the Superintendent of Public Instruction certifying the number of pupils transported, the correct net operating cost of transporting pupils (actual expenditure, less gas tax refunds), and the average daily

mileage of each bus meeting the standards and specifications of the Board of Education used in transporting pupils for the preceding school year. Such report shall include information covering the type of bus, make and model of the body and chassis, and the number of bus inspections. Information for the review of pupil transportation programs shall be furnished annually on forms provided by the Department of Education. Records of vehicle inspections and maintenance shall be presented for review at the time of the annual fleet assessment conducted by the Department of Education or at other times necessary to ensure compliance with §§ 2.12 and 4.11 of these regulations.

H. Regular fund reimbursement will be included in basic aid payment.

I. For purposes of costing the Standards of Quality, the Board of Education assumes a 12-year school bus replacement cycle.

Article 2. Fund for Exclusive Transportation of ~~Handicapped~~ ~~Pupils~~ *Students with Disabilities* on Approved School Buses.

§ 3.2. The Fund for Exclusive Transportation of ~~Handicapped Pupils~~ *Students with Disabilities* shall be allocated on the following bases to the extent that these provisions are consistent with the annual Appropriations Act:

A. All provisions in § 3.1 "Regular Approved Bus Fund" shall apply to the computation of the reimbursement from this fund.

B. Reimbursement shall be allowed only for transportation of ~~handicapped pupils~~ *students with disabilities* who have been classified as such in ~~Public Law 94-142, the Rehabilitation Act of 1973, § 504, the Individual with Disabilities Education Act of 1975,~~ the Code of Virginia, and regulations of the Board of Education, and for those pupils who have not been identified but whose handicapping ~~condition~~ *conditions* dictate exclusive transportation.

C. No reimbursement authorized by this article shall be made when both nonhandicapped pupils and ~~handicapped pupils~~ *students with disabilities* are transported on the same trip.

D. ~~Reimbursement for exclusive transportation shall be subject to the availability of state funds appropriated for this purpose. Exclusive fund reimbursement will be included in basic aid payment.~~

E. For purposes of costing the Standards of Quality, the Board of Education assumes a 12-year school bus replacement cycle.

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Special Transit Fund.

§ 3.3. The special transit fund shall be allocated for pupils transported on public transit systems.

A. The amount of reimbursement shall be based on the number of pupils riding public transit buses multiplied by the comparable prevailing regular program per pupil cost consistent with the Annual Appropriations Act.

B. Transit funds shall be available to school divisions for eligible pupils transported in transit buses through contracts with public transit systems listed and recognized as public transit systems by the Virginia Department of Transportation. School divisions will not be eligible to include pupils transported in vehicles commonly referred to or licensed as passenger cars, cabs, vans, taxis, school activity vehicles, and school buses; ~~except that Radford City Public Schools, the only school division currently receiving special transit funds for transporting students on school buses, may continue to qualify for special transit funds for transportation of such students on any school bus, which is currently in operation, until that bus becomes 12 years of age (see note, § 5.8 of these regulations .~~

Note: A two year transitional period which ends June 30, 1990, is approved for the city school boards of Colonial Heights and Radford to receive "special transit funds" for the transportation of public school children who pay a fare/fee to ride approved yellow school buses operated by or for city council.

C. The local school board shall make provisions when such transportation is provided that each vehicle be operated and maintained so as to ensure safe service to the pupils. Insurance shall be provided by the owner of such vehicle(s) in amount not less than those provided for in § 22.1-190 of the Code of Virginia. Evidence of such insurance shall be on file in the school board office.

D. Reimbursement shall be available for pupils who are transported to and from public schools for the regular school session and will not be available for special trips and extracurricular activities.

E. In no case, shall reimbursement exceed local school board expenditures for transporting such pupils.

F. ~~In the event sufficient funds are not available to reimburse local school divisions for the total number of pupils eligible, this fund shall be allocated on a pro rata basis. Transit fund reimbursement will be included in basic aid payment.~~

Article 4.

Special Arrangements Fund for Transportation of Handicapped Pupils. *Students with Disabilities.*

§ 3.4. The special arrangements fund for transportation of ~~handicapped pupils students with disabilities~~ shall be

allocated on the following bases to the extent that these provisions are consistent with the annual Appropriations Act:

A. Funds shall be available to school divisions for eligible ~~handicapped pupils~~ *students with disabilities*, ages 2 to 21 inclusive, transported by contract with approved private schools, taxicabs, airlines, intercity/interstate passenger buses, school ~~board owned~~ *board-owned* cars, or for the transportation by parents in lieu of the school board providing transportation services.

B. No reimbursement shall be allocated for pupils transported on vehicles which are not in compliance with all applicable federal school vehicle regulations.

C. Data on attendance, actual cost, and type of vehicles related to the special arrangement transportation to public, approved private, and regional schools shall be submitted each semester on forms provided by the Department of Education.

D. Reimbursement for eligible handicapped pupils shall be based on 60% of the actual cost up to an established maximum amount.

E. ~~D.~~ Pupils eligible for or claimed in reimbursement from any other transportation fund, state or federal, shall not be eligible for reimbursement from the special arrangements fund.

F. ~~In the event sufficient funds are not available, reimbursement shall be allocated on a pro rata basis.~~

~~E.~~ *Special arrangements fund reimbursement will be included in basic aid payment.*

PART IV.

REQUIREMENTS FOR SCHOOL BUS DRIVERS.

§ 4.1. ~~No school board shall hire, employ, or enter into any agreement with any person for the purposes of operating a school bus transporting pupils unless the person Drivers of school and activity buses shall:~~

A. Have a physical examination of a scope prescribed by the Board of Education with the advice of the Medical Society of Virginia and furnish a form prescribed by the Board of Education showing the results of such examination.

1. No person shall drive a school bus unless that person is physically qualified to do so and has submitted a School Bus Driver's Application For Physician's Certificate signed by the applicant and the doctor for the applicable employment period.

2. A person is physically qualified to drive a school bus if the individual:

a. Has no loss of a foot, a leg, a hand, or an arm

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which interferes with the ability to control and safely drive a school bus *without reasonable accommodations* ;

b. Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm, and no other structural defect or limitation likely to interfere with the ability to control and safely drive a school bus *without reasonable accommodations* ;

c. Has no known medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control likely to interfere with the ability to control and safely drive a school bus *without reasonable accommodations* ;

d. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;

e. Has no known medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely *without reasonable accommodations* ;

f. Has no known current clinical diagnosis of high blood pressure likely to interfere with the ability to operate a school bus safely *without reasonable accommodations* ;

g. Has no known medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which would interfere with the ability to control and operate a school bus safely *without reasonable accommodations* ;

h. Has no known medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a school bus *without reasonable accommodations* ;

i. Has no known mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the ability to drive a school bus safely *without reasonable accommodations* ;

j. Has both distant and near visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, and field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

k. First perceives a forced-whispered voice in the better ear at not less than five feet with or without

the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951; and

l. Does not use an amphetamine, narcotic, or any habit-forming drug without appropriate physician supervision.

B. Furnish a statement or copy of records from the Department of Motor Vehicles showing that the person, within the preceding five years, has not been convicted of a charge of driving under the influence of intoxicating liquors or drugs, convicted of a felony, or assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to § 18.2-271.1 of the Code of Virginia or, within the preceding 12 months, has not been convicted of two or more moving traffic violations or has not been required to attend a driver improvement clinic by the Commissioner of the Department of Motor Vehicles pursuant to § 46.2-497 of the Code of Virginia.

C. Furnish a statement signed by two reputable residents of the school division that the person is of good moral character.

D. Exhibit a license showing the person has successfully undertaken the examination prescribed by § 46.2-339 of the Code of Virginia.

E. ~~Has~~ Have reached the age of 18.

F. *Submit to testing for alcohol and controlled substances which is in compliance with the Omnibus Transportation Employee Testing Act of 1991 (Public Law 102-143, Title V) and the amendments.*

§ 4.2. Any school board may require successful completion of [the American Red Cross ~~a~~] first-aid course [*or its equivalent*] as a condition to employment to operate a school bus transporting pupils.

§ 4.3. The documents required pursuant to §§ 4.1 A and 4.1 B of these regulations shall be furnished annually ~~within 30 days~~ prior to the anniversary date of the employment to operate a school bus. ~~A school board may require the statement set forth in § 4.1 C to be furnished periodically.~~

§ 4.4. The documents required pursuant to this section shall be filed with, and made a part of, the records of the school board employing such person as a school bus operator.

§ 4.5. The Department of Education shall furnish to the division superintendents the necessary forms for applicants to use to provide the information required by this section. Insofar as practicable, such forms shall be designed to

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limit paperwork, avoid the possibility of mistakes, and furnish all parties involved with a complete and accurate record of the information required. (§ 22.1-178 of the Code of Virginia)

§ 4.6. As a condition to employment, every school [*and activity*] bus driver shall submit a certificate signed by a licensed physician stating that the employee appears free of communicable tuberculosis. The school board may require the submission of such certificates annually, or at such intervals as it deems appropriate, as a condition to continued employment. (§ 22.1-300 of the Code of Virginia)

§ 4.7. No person shall drive a school [*or activity*] bus upon a highway in the Commonwealth unless such person has had a reasonable amount of experience in driving motor vehicles, and shall have passed a special examination indicating the ability to operate a school bus without endangering the safety of pupil passengers and persons using the highway. To prepare for the examination required by this section, any person holding a valid operator's license *and Commercial Driver's License (CDL) Instruction Permit* issued under the provisions of § ~~46.1-369~~ 46.2-325 of the Code of Virginia, may operate, under the direct supervision of a person holding a valid school bus license endorsement, a school bus which contains no pupil passengers. The Department of Motor Vehicles is required to adopt such rules and regulations as may be necessary to provide for the examination of persons desiring to qualify to drive such buses in this Commonwealth and for the granting of permits to qualified applicants. (§ 46.2-339 of the Code of Virginia)

§ 4.8. No person shall operate a school [*or activity*] bus transporting pupils unless the person shall have:

1. Received classroom, demonstration, and behind-the-wheel instruction in accordance with the minimum provisions of the "Virginia School Bus Driver Training Curriculum Guide."

2. Completed a minimum of ~~12~~ 20 classroom hours and ~~12~~ 20 hours of behind-the-wheel training. A minimum of ~~six~~ 10 of the ~~12~~ 20 hours of behind-the-wheel time shall involve the operation of a bus with pupils on board while under the direct supervision of a designated bus driver trainer.

The superintendent or his designee shall maintain a record showing that the applicant has completed the training and has been approved to operate a school [*or activity*] bus.

§ 4.9. In-service training, (at least two hours before opening of schools and at least two hours during the second half of the school year) devoted to improving the skills, attitudes, and knowledge including orientation to maximize benefits of using safety programs and safety components shall be provided to all school [*or activity*] bus drivers.

§ 4.10. The [~~driver drivers~~] of [*a*] school [*bus and activity buses*] shall be under the general direction and control of the superintendent and school board or the supervisor of transportation, and shall also be accountable to the principal of the school to which transportation is provided.

§ 4.11. The [~~driver drivers~~] of [*a*] school [*bus and activity buses*] shall perform a daily pretrip safety inspection of the vehicle immediately prior to transporting children. The items checked and recorded shall be at least equal to the pretrip inspection procedure ~~contained in the "Preventive Maintenance Manual for Virginia School Buses, November 1983,"~~ as prescribed by the Department of Education.

§ 4.12. The [~~driver drivers~~] of [*a*] school [*bus and activity buses*] shall report to the principal the misconduct of pupils on the school bus or at waiting stations or stops on the way to or from school and shall be guided by the principal's advice and direction, subject to the regulations of the school board. When it becomes necessary for the driver to correct pupils, the driver shall stop at the nearest and safest place and restore order before proceeding. In no case shall a driver put a pupil off the bus between the home and school as a disciplinary measure.

§ 4.13. The performance of each school [*and activity*] bus driver shall be evaluated by the transportation director or designee at least once each year. The results of the evaluation shall be discussed with the driver and included in the driver's personnel file.

§ 4.14. The driver of activity or extracurricular trip buses shall advise the pupils and sponsors of the location of the required emergency equipment *and exits* prior to the beginning of any such trip.

§ 4.15. Local school bus driver training instructors shall hold a certificate for completion of an instructor course conducted or sponsored by the Department of Education - *and shall attend a recertification course every five years.*

§ 4.16. The [~~name names~~] and driver license [~~number numbers~~] of persons operating [*a*] school [*bus and activity buses*] used to transport pupils shall be submitted to the Department of ~~Education~~ *Motor Vehicles* annually. These data for each new driver employed during the school year shall be submitted by the 10th of each month.

PART V. MINIMUM STANDARDS FOR SCHOOL BUSES IN VIRGINIA.

Article 1. General Requirements.

§ 5.1. The responsibility for compliance with these school bus and activity vehicle specifications rests with dealers and manufacturers. If any dealer or manufacturer sells

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school buses or school activity vehicles which do not conform to any or all of these specifications, a general notice will be sent to all school divisions advising that equipment supplied by such dealer or manufacturer will be disapproved for school transportation until further notice. A copy of the notice will be sent to the dealer or manufacturer and will remain in effect until full compliance by the dealer or manufacturer is assured.

Dealers and manufacturers shall be given at least 30 days' notice of any changes in the specifications.

§ 5.2. Minimum standards are applicable to all school buses and school activity vehicles, new or used, procured by purchase, lease or operational contract from another person or entity.

§ 5.3. Buses and school activity vehicles must conform to the specifications relative to construction and design effective on the date of procurement. Any variation from the specifications, in the form of additional equipment or changes in style of equipment, without prior approval of the Pupil Transportation Service, Department of Education, is prohibited.

§ 5.4. The Superintendent of Pupil Instruction is authorized to make such adjustments from time to time in technical specifications as are deemed necessary in the interest of safety and efficiency in school bus operation. This includes the issuance of chassis specifications by size, type and model year. Authority is also granted for conducting investigations and field tests of certain pertinent vehicle components.

§ 5.5. All publicly owned, part publicly owned, or contract school buses, transporting pupils to and from public school, shall be painted a uniform color, national school bus yellow, and shall be identified and equipped as outlined in the standards and specifications.

§ 5.6. Each school bus shall be given a number starting at one and continuing consecutively to the highest number which will be the total number of buses used. The number shall conform with that contained in the school bus inventory and record report. When a bus is sold or discarded, the number assigned to it should be given to a new bus. The numbers should remain consecutive with as few unassigned numbers as possible.

§ 5.7. 5.6. The responsibility for purchasing school buses and school activity vehicles which meet state and federal requirements rests with division superintendents and local school boards.

§ 5.8. All school buses, including spare buses and school activity vehicles, manufactured prior to April 1, 1977, the effective date of the Federal School Vehicle Regulations (referred to as "Pre-DOT" buses), shall be replaced by June 30, 1991. A plan providing for the replacement of these Pre-DOT buses by June 30, 1991, was required to be submitted to the Department of Education by August 1,

1988. In addition, a schedule for the replacement of buses on a continuing basis shall be developed and implemented by each school division.

NOTE: For purposes of costing the Standards of Quality, the Board of Education assumes a 12-year school bus replacement cycle.

§ 5.9. 5.7. Sale of surplus school buses.

A. Before a surplus school bus is sold or released for nonschool transportation purposes, the bus shall have the traffic warning signal system and crossing control arm removed and all school bus lettering shall be covered by an opaque paint. A written notice shall be attached to the Certificate of Title stating that the vehicle does not meet the requirements of §§ 46.2-100 and 46.2-1089 and that its operation on the highway would be in violation of § 46.2-917 of the Code of Virginia.

B. In the event that the bus is sold to a private school or a licensed dealer, the written notice shall contain a reminder that the bus shall be painted a different color, and shall have the bus signal systems and lettering removed before release for nonschool transportation purposes.

§ 5.8. Vehicles powered by alternative fuels.

A. The Board of Education will continue to promote the use of alternative fuels for school buses. Any vehicle powered by alternative fuels will be subject to inspection and approval by the Virginia Department of Education.

B. Local school divisions, in consultation with the Department of Education, may purchase and use school buses using alternative fuels. (§ 22.1-177 of the Code of Virginia)

C. Installation of alternative fuel tanks and fuel systems shall comply with all applicable Federal Motor Vehicles Safety Standards (FMVSS) 301 and all applicable fire codes.

D. A sign with black letters on clear or school bus yellow background, indicating the type of alternative fuel being used, may be placed on the side of the bus near the entrance door. No sign shall be more than 4-3/4 inches long or more than 3-1/4 inches high.

§ 5.9. School divisions may, at their discretion, set road speed control to a maximum of 55 mph.

Article 2. The Bus Chassis.

§ 5.10. Air cleaner.

Bus shall be equipped with adequate oil-bath, dry element, or equivalent air cleaner mounted outside the passenger compartment.

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A. The engine intake air cleaner system shall be furnished and properly installed by the chassis manufacturer to meet the engine manufacturer's specifications.

B. An air cleaner restriction indicator shall be furnished and installed by chassis manufacturer.

§ 5.11. Alternator.

Alternator of heavy duty design with rectifier shall have minimum output of at least 90 amperes with charge at idle type (12-volt system), and shall be ventilated, voltage-controlled, and current-controlled. Dual belt drive or a single serpentine belt of equal or greater transmission capacity shall be used. ~~Required~~ amperage to be specified on annual chassis specifications.

Exception Type A vehicles:

Alternator with rectifier shall have minimum output of at least amperes with 12-volt system and shall be ventilated, voltage-controlled, and current controlled. Dual belt drive is not required.

A. All Type A and B buses up to 15,000 pounds gross vehicle weight rating (GVWR) shall have a minimum 90 ampere alternator.

B. Type B buses over 15,000 pounds GVWR and all Type C and D buses shall be equipped with a heavy duty truck or bus type alternator meeting Society of Automotive Engineers (SAE) J-180; having a minimum output rating of 100 amperes, alternator shall be capable of producing a minimum of 50% of its maximum rated output at the engine manufacturer's recommended idle speed.

C. All buses equipped with an electrical power lift shall have an alternator capable of producing a minimum 75 amperes at engine manufacturer's recommended idle speed.

D. Belt drive shall be capable of handling the rated capacity of the alternator with no detrimental effect on other driven components. Direct-drive alternator is permissible in lieu of belt drive.

§ 5.12. Axles. (See table 1)

A. Front axle or suspension shall be of sufficient capacity at ground to support a load which would be 10% in excess of actual gross axle weight. The front axle and rear differential, including suspension assemblies, shall have a gross axle weight rating at ground, at least equal to that portion of the load as would be imposed by the chassis manufacturer's maximum gross vehicle weight rating.

B. Rear axle shall be single speed, full-floating type. Rear axle or other type of suspension assembly shall have

gross weight rating at ground equal to or exceeding that portion of total weight which is supported by rear-suspension assembly.

1. Exception Type A vehicles.

Requirement for full-floating rear axle does not apply to small vehicles (conversion type) approved as school buses.

2. Exception Type D vehicles.

a. Front axle shall be wide-track, heavy-duty, bus type and shall have gross weight rating at ground equal to or exceeding that portion of total load which is supported by front axle.

b. Rear axle shall be single speed, full-floating, heavy-duty, bus type and shall have gross weight rating at ground equal to or exceeding that portion of total load which is supported by rear axle.

§ 5.13. Battery.

A. Storage battery, as established by manufacturer's rating, shall be of sufficient capacity to handle starting, lights, signal devices, heating, and other electrical equipment.

B. A. No bus shall be equipped with a battery of less than 535 700 amperes cold cranking current at 0°F with 120 170 minutes reserve capacity at 80°F.

C. B. Battery shall be mounted in the engine compartment or in a body compartment in an adequate carrier and be readily accessible for servicing or removal, temporarily mounted to chassis. When battery is temporarily mounted to chassis by chassis manufacturer, the chassis manufacturer shall furnish and install one-piece cables of sufficient length to allow battery to be mounted in slide-out tray in body skirt on left side of bus. Cable shall be at least one gauge color coded (positive-red, negative-black). Annual chassis requirements will specify battery location for different types of chassis.

D. When battery is to be mounted outside of engine compartment, it may be temporarily mounted to chassis. Body company will permanently mount battery on sliding tray located in the left side of body skirt. Battery shall be connected with one-piece cables of sufficient length to allow tray to be pulled out for servicing. Cables shall be at least one gauge color coded, red positive-black ground. Chassis manufacturers to supply proper length cables for body skirt mounting.

§ 5.14. Brakes.

A. Four-wheel brakes, adequate at all times to control bus when fully loaded, shall be provided in accordance with Federal Motor Vehicle Safety Standards. (See table 1.)

B. Foot or Service brakes shall meet Federal Motor Vehicle Safety Standard FMVSS 105 for hydraulic brakes, and Standard FMVSS 121 for air brakes except for deletion of anti-skid system on air brake models. Brake lining shall not contain asbestos.

C. Chassis shall be equipped with auxiliary brakes capable of locking rear wheels, and capable of holding vehicle on any grade on which it is operated under any conditions of loading on a surface free from snow or ice. Operating controls of such auxiliary brakes shall be independent of operating controls of service brakes.

D. Chassis designed for any bus body shall be equipped with full compressed air brakes, split hydraulic vacuum actuated power, or assistor-type brakes:

1. Such installation shall be made by authorized representative of chassis or brake manufacturer and shall conform to recommendation of that manufacturer.

2. Hydraulic line pressure shall not exceed recommendation of chassis or brake manufacturer.

3. Reservoir capacity shall be at least 1,650 cubic inches for full compressed air systems, and at least 1,000 cubic inches, or equivalent, for vacuum actuated systems.

4. D. Buses having full compressed air systems shall be equipped with:

a. At least two reservoirs for the service brake (or one vessel divided into two compartments connected in series) and one 1,000 inch reservoir for the auxiliary braking system; 1. A minimum 12 cubic feet per minute engine oil-fed air compressor.

b. Safety valve mounted on the first reservoir to protect air brake system against excessive air pressure, and check valve mounted in optional location; 2. Air supply for air compressor shall be taken from the clean side of engine air cleaner system.

c. Air gauge mounted on instrument panel to register air pressure in air brake system; (See § 5.27 A 8 of these regulations) and 3. An air dryer with automatic purge and drain cycle and a heating element.

d. Audible low pressure indicator to warn driver if air pressure in air brake system falls below 60 pounds per square inch.

5. Buses having vacuum actuated systems shall be equipped with check valve located between source of supply and reservoir.

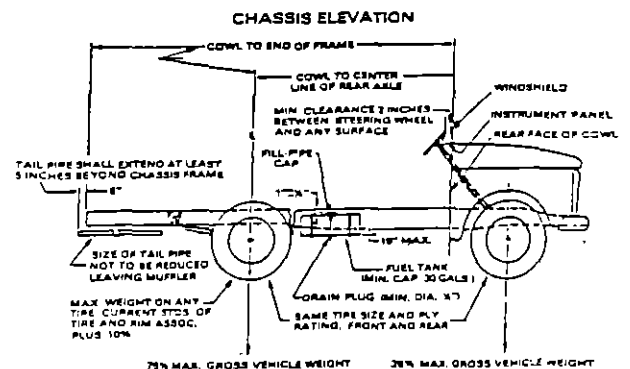
E. Buses using hydraulic brakes shall have power assist brakes. Hydraulic line pressure shall not exceed

recommendation of chassis or brake manufacturer.

6. Exception Type A vehicles:

Reserve vacuum tank not required.

Diagram 1.



§ 5.15. Bumper, front.

A. Front bumper shall be heavy-duty, channel steel at least seven ~~eight~~ inches in width height with 3/16-inch thickness, painted black, and shall be furnished by chassis manufacturer as part of chassis.

B. Front bumper shall extend to outer edges of fenders at bumper top line (to assure maximum fender protection) and be of sufficient strength to permit pushing vehicle of equal gross weight, lifting or towing without permanent distortion to bumper, chassis, or body.

C. Exception Type A vehicles.

Bumper shall be manufacturer's standard painted black.

D. Exception Type D vehicles.

Same as above, except that front bumper shall be furnished by body manufacturer.

§ 5.16. Clutch.

Torque capacity shall be equal to or greater than the engine torque output. Clutch facing shall be nonasbestos.

§ 5.17. Color.

A. Chassis, including wheels, and front bumper shall be black.

B. Hood, cowl, and fenders shall be national school bus yellow.

C. Grill shall be national school bus yellow, if painted; otherwise, it shall be chrome or anodized aluminum.

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D. All paint shall meet the lead-free standards.

§ 5.18. Drive shaft.

A. Drive shaft shall be protected by metal guard or guards to prevent it from whipping through floor or dropping to ground if broken.

B. Exception Type A conversion van.

Standard does not apply.

§ 5.19. Electrical system.

1. A. Battery - see § 5.13.

2. B. Alternator - see § 5.11.

3. C. Lights and signals - see § 5.30.

4. D. Wiring - see § 5.92.

5. Chassis manufacturer shall install readily accessible electrical terminal so that body and chassis electrical load can be recorded through chassis ammeter or voltmeter without dismantling or disassembling chassis component. Chassis wiring system to terminal shall have minimum 100-ampere capacity. Chassis ammeter or voltmeter and wiring shall be compatible with generating capacity, and ammeter shall be capable of recording continuous draw of 100 amperes.

E. Power terminal.

Chassis manufacturer shall provide an electric power source terminal for bus body power connection. Wiring from the power source in wiring terminal shall have a current carrying capacity of 125 amperes continuous (minimum 4 gauge wire).

This conductor shall be of continuous size uninterrupted by fusible links, fuses, or circuit breakers. The terminal shall be of the single post-type, minimum of one-fourth inch (1/4") stud and located on the fire wall above the toeboard on the left-hand side, subject to approval of the Pupil Transportation Service, Department of Education.

F. Light terminal.

The chassis manufacturer shall provide a wire terminal adjacent to or in the under dash area of the left side panel accessible to the body company for connection of rear brake lights, tail lights, turn signal lights, and back-up lights. [A terminal strip consisting of individual terminals with each terminal properly identified shall be provided to meet this requirement.]

G. Fuse.

All fuses shall be located in fuse block and properly identified for the circuit protected.

6. H. Each chassis circuit shall be color coded and a diagram of the circuits shall be included with the chassis.

I. Wiring harness.

All conductors from the alternator to the battery shall be continuous in length. The conductors shall be sized to provide at least a 25% greater current carrying capacity than the design output of the alternator (minimum 4 gauge wire). The conductor between the alternator and the battery shall be routed in a manner that will provide the least distance between points of termination. A separate ground conductor from alternator to engine shall be provided (minimum four-gauge).

J. Safety switch shall be installed on the clutch linkage and prohibit engine from being started unless clutch pedal is depressed.

§ 5.20. Engine.

The engine shall be of the internal-combustion, four-stroke cycle type, having not less than six cylinders. Thermostats with not less than 175° - 195°F rating shall be provided. Engine shall be equipped with a crankcase ventilating system to meet federal requirements. (See table 1)

§ 5.21. Exhaust system.

1. A. Exhaust pipe, muffler, and tail pipe shall be outside bus body attached to chassis.

2. B. Tail pipe shall be constructed of seamless or electrically welded tubing of 16-gauge steel or equivalent, and shall extend at least five inches beyond chassis frame. (See § 5.83)

3. C. Size of tail pipe shall not be reduced after it leaves muffler.

4. D. Exhaust system shall be properly insulated from fuel tank and tank connections by securely attached metal shield at any point where it is 12 inches or less from tank or tank connections.

5. E. Muffler shall be constructed of corrosion-resistant material.

6. F. Exception Type A and B Vehicles less than 15,000 pounds (GVWR).

Tail pipe may exit behind rear wheel.

§ 5.22. Fenders, front.

1. A. Total spread of outer edges of front fenders, measured at fender line, shall exceed total spread of front tires when front wheels are in straight-ahead position.

2. B. Front fenders shall be properly braced and free

from any body attachment.

3. C. Chassis sheet metal shall not extend beyond rear face of cowl.

§ 5.23. Frame.

1. A. Frame or equivalent shall be of such design as to correspond at least to standard practice for trucks of same general load characteristics which are used for severe service.

2. B. When frame side members are used, they shall be of one-piece construction. If frame side members are extended, such extension shall be designed and furnished by chassis manufacturer with a guarantee, and installation shall be made by either chassis or body manufacturer and guaranteed by company making installation. Extensions of frame lengths are permissible only when such alterations are behind rear hanger of rear spring, and shall not be for purpose of extending wheel base.

3. C. Holes in top or bottom flanges of frame side rails shall not be permitted except as provided in original chassis frame. There shall be no welding to frame side rails except by chassis or body manufacturer.

§ 5.24. Frame length - (See § 5.46)

§ 5.25. Fuel tank.

1. A. Fuel tank equipped with protective cage to meet FMVSS 301 shall have minimum fill capacity of 30 gallons, with a minimum draw of 25 gallons, and be mounted directly on right side of chassis frame, filled and vented entirely outside body. All fuel tanks shall be vented from the top of the tanks.

2. B. Fuel filter with replaceable element shall be installed between fuel tank and carburetor engine.

3. Fuel tank, fittings or lines, C. No portion of the fuel system which is located to the rear of the engine compartment, except the filler tube, shall not extend above top of chassis frame rail.

4. D. If tank sizes other than 30 gallons are supplied, location of front of tank and filler spout must remain as specified below by the School Bus Manufacturer's Institute Design Objectives, January 1985 edition, and have a minimum draw of 83% of fill capacity.

5. Drain plug at least 1/4 inch in diameter shall be located in center of bottom of tank.

6. E. Measurements shown below are for guidance of chassis manufacturers and serve only to prevent need for replacement of original tank. (Inspectors concerned with state or local approval of vehicle need not consider them unless tank does not fit.)

a. 1. Tank or cage shall not extend in height above side member of chassis.

b. 2. Distance from center line of chassis to outside of tank cage shall not be more than 44 inches.

e. 3. Bottom of tank cage shall not be more than 19.0 inches below top of frame.

d. 4. Center of fillpipe cap shall be one inch below top of frame with plus or minus tolerance of 1/4 inch permitted.

7. F. Exceptions.

a. 1. For Type A vehicles, the fuel tank shall be manufacturer's standard, mounted, filled, and vented outside of body.

b. 2. For Type B of body-on-chassis, or vehicles constructed with a power lift unit, the fuel tank may, due to space limitation, be mounted behind rear wheels with fillpipe on right or left side of body and have capacity of less than 30 gallons.

e. 3. For Type D vehicles, the fuel tank may be mounted between frame rails with fuel filler pipe extending to right side of body between frame rails and body floor. [Center of tank shall not be more than 65 inches to rear of center line of front axle.] Bottom of cage shall not extend below the level of the front axle.

§ 5.26. Governor.

1. A. An approved engine governor set at 3,400 RPM by engine manufacturer is required on vehicles equipped with gasoline engines.

2. B. An approved road speed control governor shall be required on all buses and [may be] set at a maximum speed of 45 55 mph.

§ 5.27. Heating system, provision for.

The chassis engine shall have plugged openings for the purpose of supplying hot water for the bus heating system. The opening shall be suitable for attaching 3/4-inch pipe thread/hose connector. The engine shall be capable of supplying water having a temperature of at least 170°F at a flow rate of 50 pounds/per minute at the return end of 30 feet of one-inch inside diameter automotive hot water heater hose. (SBMI Standards No. 001-Standard Code for Testing and Rating Automotive Bus Hot Water Heating and Ventilating Equipment.)

§ 5.28. Horn.

Bus shall be equipped with dual horns of standard make which meet requirements of Federal Motor Vehicle Safety Standards.

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§ 5.29. Instrument and instrument panel.

A. Chassis shall be equipped with following instruments and gauges:

1. Speedometer which will show speed;
 2. Odometer which will show accrued mileage, including tenths of miles;
 3. Ammeter or voltmeter with graduated scale;
 4. Oil-pressure gauge;
 5. Water-temperature gauge;
 6. Fuel gauge;
 7. Upper-beam headlamp indicator; and
 8. ~~Air pressure or vacuum gauge, where air or vacuum brakes are used, and audible low-pressure indicator to warn driver if air pressure in air brake system falls below 60 pounds per square inch.~~
8. *Tachometer.*

B. All instruments or gauges shall be mounted on instrument panel in such manner that each is clearly visible to driver in normal seated position. Lights in lieu of gauges are not acceptable.

C. Exceptions.

On all Type A vehicles, both the ammeter or voltmeter and its wiring are to be compatible with generating capacity ; ~~also, § 5.29 A 8 does not apply .~~

§ 5.30. Lights and signals.

1. A. Each chassis shall be equipped with not less than two sealed beam headlights - beam controlled, and stop and tail lights, and two front turn signal lamps mounted on front fenders.

2. B. Lights shall be protected by fuse or circuit breakers.

3. C. Self-canceling directional signal switch shall be installed by the chassis manufacturer. The directional signals shall activate only when ignition is in "on" position.

4. ~~An approved back-up alarm signal complying with the Society of Automotive Engineers published Backup Alarm Standards (SAE 984b) for rubber tired vehicles is permitted.~~

§ 5.31. Oil filter.

Oil filter of replaceable element or cartridge type shall be provided and shall be connected by flexible oil lines if

it is not of built-in engine-mounted design. Oil filter shall have oil capacity of at least one quart.

§ 5.32. Openings.

All openings in floorboard or firewall between chassis and passenger-carrying compartment, such as for gearshift lever and auxiliary brake lever, shall be sealed unless altered by body manufacturer. (See § 5.53 10)

§ 5.33. Overall length.

~~Overall length of a conventional bus shall not exceed 36 feet and metropolitan type not to exceed 40 feet. Annual body specifications shall specify overall length.~~

§ 5.34. Passenger load.

Gross vehicle weight (i.e., wet weight, plus body weight, plus driver's weight of 150 pounds, plus weight of maximum seated pupil load based on not less than 120 pounds per pupil) shall not exceed maximum gross vehicle weight rating as established by manufacturer.

§ 5.35. Power or gradeability. Retarder system (optional).

~~Chassis shall be so geared and powered as to be capable of surmounting 3.7% grade at speed of at least 20 miles per hour with full load on continuous pull in direct drive. Retarder system, if used, shall maintain the speed of the fully loaded school bus at 19 mph on a 7.0% grade for 3.6 miles and shall be approved by the Department of Education.~~

§ 5.36. Shock absorbers.

Bus shall be equipped with front and rear double-acting shock absorbers compatible with manufacturer's rated axle capacity.

§ 5.37. Springs.

1. A. Springs or suspension assemblies shall be of ample resiliency under all load conditions and of adequate strength to sustain loaded bus without evidence of overload. (See table 1)

2. B. Springs or suspension assemblies shall be designed to carry their proportional share of gross vehicle weight in accordance with requirement for "Weight Distribution" as shown in § 5.42.

3. C. Rear springs shall be of progressive or variable type.

4. D. Stationary eye of the front spring shall be protected by full wrapper leaf in addition to main leaf.

Exception Type A vehicles.

Springs that are regular equipment on vehicle to be

purchased may be used.

§ 5.38. Steering gear.

1. A. Steering gear shall be approved by chassis manufacturer and designed to assure safe and accurate performance when vehicle is operated with maximum load and maximum speed.

2. ~~Steering mechanism shall provide for an easy adjustment for lost motion.~~

3. B. No changes shall be made in steering apparatus which are not approved by chassis manufacturer.

4. C. There shall be clearance of at least two inches between steering wheel and cowl instrument panel, windshield, or any other surface.

5. D. Power steering is required - ~~It shall contain a provision to automatically bleed air from unit and shall be of the integral type with integral valves.~~

§ 5.39. Tires and rims.

1. A. Tire and rim sizes, based upon current standards of Tire and Rim Association, shall be required. (See table 1)

2. B. Total weight imposed on any tire shall not be above current standard of Tire and Rim Association.

3. C. Dual rear tires shall be provided on all vehicles.

4. D. All tires on given vehicles shall be of same size and ply rating.

5. E. Spare tire, if required, shall be suitably mounted in accessible location outside passenger compartment.

Exception Type A conversion van.

Same as above, except that dual rear tires are not required and spare tire rack may be inside passenger compartment provided it does not interfere with aisle width or passenger seating.

§ 5.40. Transmission.

1. A. Mechanical type transmission shall be synchromesh except first and reverse gears. Its design shall provide not less than four forward and one reverse speeds. With five-speed transmission, fifth gear shall be direct.

2. ~~Transmission overdrive is not permitted.~~

3. B. Automatic transmissions are permissible when equipped with a parking pawl or when installed on a bus equipped with an air or hydraulic spring operated approved parking brake system.

Exception Type A vehicles.

Three-speed transmissions are acceptable.

§ 5.41. Turning radius.

Chassis with a wheel base of 264 inches or less shall have a right and left turning radius of not more than 42-1/2 feet, curb to curb measurement. Chassis with a wheel base over 264 inches shall have a right and left turning radius of not more than 44-1/2 feet curb to curb measurement.

§ 5.42. Weight distribution.

A. Weight distribution of fully loaded bus on level surface shall be such that not more than 75% of gross vehicle weight is on rear tires, and not more than 35% is on front tires.

B. Exception Type D vehicles.

With engine inside front of body, if entrance door is ahead of front wheels, not more than 75% of gross vehicle weight shall be on rear tires, nor more than 50% on front tires. If entrance door is behind front wheels, not more than 75% of gross vehicle weight shall be on rear tires, nor more than 40% on front tires. With engine in rear, not more than 75% of gross vehicle weight shall be on rear tires, nor more than 40% on front tires.

§ 5.43. Wheels.

Disc wheels are required. (See table 1)

Table 1.

~~TABLE SHOWING MINIMUM LOADS OF TIRE CLASS AND TIRE AND RIM SIZE
(Based on gross weight of vehicle)~~

 tire class	 A	 B	 C	 D	 E	 F	 G	 H	 I
 Light Duty	 1-8	 10-40	 10-44	 10	 14	 15-41	 16-47	 17-53	 18-59
 Medium Duty	 10	 12	 14	 16	 18	 20-47	 22-53	 24-59	 26-65
 Heavy Duty	 12	 14	 16	 18	 20	 22-53	 24-59	 26-65	 28-71
 Extra Heavy Duty	 14	 16	 18	 20	 22	 24-59	 26-65	 28-71	 30-77
 Super Heavy Duty	 16	 18	 20	 22	 24	 26-65	 28-71	 30-77	 32-83
 Extra Super Heavy Duty	 18	 20	 22	 24	 26	 28-71	 30-77	 32-83	 34-89
 Ultra Heavy Duty	 20	 22	 24	 26	 28	 30-77	 32-83	 34-89	 36-95
 Super Ultra Heavy Duty	 22	 24	 26	 28	 30	 32-83	 34-89	 36-95	 38-101
 Ultra Super Heavy Duty	 24	 26	 28	 30	 32	 34-89	 36-95	 38-101	 40-107
 Extra Ultra Super Heavy Duty	 26	 28	 30	 32	 34	 36-95	 38-101	 40-107	 42-113
 Super Extra Ultra Super Heavy Duty	 28	 30	 32	 34	 36	 38-101	 40-107	 42-113	 44-119
 Ultra Super Extra Ultra Super Heavy Duty	 30	 32	 34	 36	 38	 40-107	 42-113	 44-119	 46-125
 Super Ultra Super Extra Ultra Super Heavy Duty	 32	 34	 36	 38	 40	 42-113	 44-119	 46-125	 48-131
 Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 34	 36	 38	 40	 42	 44-119	 46-125	 48-131	 50-137
 Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 36	 38	 40	 42	 44	 46-125	 48-131	 50-137	 52-143
 Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 38	 40	 42	 44	 46	 48-131	 50-137	 52-143	 54-149
 Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 40	 42	 44	 46	 48	 50-137	 52-143	 54-149	 56-155
 Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 42	 44	 46	 48	 50	 52-143	 54-149	 56-155	 58-161
 Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 44	 46	 48	 50	 52	 54-149	 56-155	 58-161	 60-167
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 46	 48	 50	 52	 54	 56-155	 58-161	 60-167	 62-173
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 48	 50	 52	 54	 56	 58-161	 60-167	 62-173	 64-179
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 50	 52	 54	 56	 58	 60-167	 62-173	 64-179	 66-185
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 52	 54	 56	 58	 60	 62-173	 64-179	 66-185	 68-191
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 54	 56	 58	 60	 62	 64-179	 66-185	 68-191	 70-197
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 56	 58	 60	 62	 64	 66-185	 68-191	 70-197	 72-203
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 58	 60	 62	 64	 66	 68-191	 70-197	 72-203	 74-209
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 60	 62	 64	 66	 68	 70-197	 72-203	 74-209	 76-215
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 62	 64	 66	 68	 70	 72-203	 74-209	 76-215	 78-221
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 64	 66	 68	 70	 72	 74-209	 76-215	 78-221	 80-227
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 66	 68	 70	 72	 74	 76-215	 78-221	 80-227	 82-233
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 68	 70	 72	 74	 76	 78-221	 80-227	 82-233	 84-239
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 70	 72	 74	 76	 78	 80-227	 82-233	 84-239	 86-245
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 72	 74	 76	 78	 80	 82-233	 84-239	 86-245	 88-251
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 74	 76	 78	 80	 82	 84-239	 86-245	 88-251	 90-257
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 76	 78	 80	 82	 84	 86-245	 88-251	 90-257	 92-263
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 78	 80	 82	 84	 86	 88-251	 90-257	 92-263	 94-269
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 80	 82	 84	 86	 88	 90-257	 92-263	 94-269	 96-275
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 82	 84	 86	 88	 90	 92-263	 94-269	 96-275	 98-281
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 84	 86	 88	 90	 92	 94-269	 96-275	 98-281	 100-287
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 86	 88	 90	 92	 94	 96-275	 98-281	 100-287	 102-293
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 88	 90	 92	 94	 96	 98-281	 100-287	 102-293	 104-299
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 90	 92	 94	 96	 98	 100-287	 102-293	 104-299	 106-305
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 92	 94	 96	 98	 100	 102-293	 104-299	 106-305	 108-311
 Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 94	 96	 98	 100	 102	 104-299	 106-305	 108-311	 110-317
 Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Ultra Super Extra Ultra Super Heavy Duty	 96	 98	 100	 102	 104	 106-305	 108-311	 110-	

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1. A. Minimum clearance of all aisles, including aisle (or passageway between seats) leading to emergency door, shall be 12 inches. *Aisles shall be unobstructed at all times.* (See § 5.56 B 6)

2. B. Aisle supports of seat backs shall be slanted away from aisle sufficiently to give aisle clearance of 15 inches at top of seat backs.

3. C. Exceptions.

a. 1. Type D vehicles with engine inside front of body: Minimum distance between barrier at rear of entrance stepwell and engine cover shall be 14 inches, measured at floor level.

b. 2. Type A vehicles to have minimum aisle width of 15 inches.

c. 3. Type B ~~F.C.~~ B, *Forward Control* to have minimum aisle width of 14 inches.

d. 4. Buses equipped with wheelchair positions. See § 6.2 of these regulations.

§ 5.45. Battery.

The battery shall be located in the engine compartment, except when otherwise specified on annual chassis specifications. (See § 5.13 ~~C~~ and ~~D~~ B) when mounted outside engine compartment.

§ 5.46. Body sizes.

Sizes are based on knee-room clearance between rows of forward-facing seats, overall width, center aisle width, and average rump width. Body lengths for various capacity units will be designated in Specification Notices, issued periodically by the Pupil Transportation Service, Department of Education.

§ 5.47. Bumper, front. See § 5.15 of these regulations.

§ 5.48. Bumper, rear.

1. A. Rear bumper shall be of pressed steel channel at least 3/16 inch by 8 9.5 inches.

2. B. It shall be wrapped around back corners of bus. It shall extend forward at least 12 inches, measured from rear-most point of body at floor line.

3. C. Bumper shall be attached to chassis frame in such manner that it may be easily removed, shall be so braced as to develop full strength of bumper section from rear or side impact, and shall be so attached as to prevent hitching of rides.

4. D. Rear bumper shall extend beyond rear-most part of body surface at least one inch, measured at floor line.

Exception Type A vehicles.

Rear bumper shall be standard type furnished by chassis manufacturer as part of chassis on conversion vans. Body manufacturer will furnish bumper on cutaway chassis.

§ 5.49. Ceiling. See insulation and interior §§ 5.64 and 5.65.

§ 5.50. Chains. See wheel housings § 5.88 4.

§ 5.51. Color.

1. A. School bus body including hood, cowl, *external speakers* and fenders shall be painted uniform color, national school bus yellow ; ~~according to specifications available from General Services Administration .~~

2. B. Grill shall be national school bus yellow, if painted; otherwise it shall be chrome or anodized aluminum.

3. C. Rear bumper ~~and lettering~~ , *body trim, and required rub rails* shall be painted black.

4. ~~Body trim shall be painted black. This includes B under § 5.74 2.~~

D. *The roof of the bus may be painted white extending down to the drip rails on the sides of the body except that front and rear roof caps shall remain national school bus yellow.*

5. ~~Front turn signal lamp shall be painted black. Side body turn signals shall be black or cast aluminum.~~

E. *All paint shall meet the lead-free standards.*

F. *Retroreflective tape.*

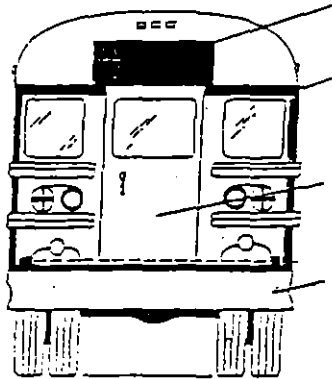
Reflective material shall be installed on all buses ordered after July 1, 1994. Material shall be Type [~~H~~ V] or better, as determined by the American Society of Testing Materials (ASTM): D4956-90. "Standard specifications for reflective sheeting for traffic control."

1. *The material shall retain at least 50% of reflectance values for a minimum of seven years.*

2. *Reflective materials and markings shall include all of the following:*

a. *On the rear, a strip of reflective yellow material two inches in width to be applied on the back of the bus, extending from the left lower corner of the "SCHOOL BUS" lettering, across to left side of the bus, then vertically down to the top of the bumper, across the bus on a line immediately above the bumper to the right side, then vertically up to a point even with a horizontal strip terminating at the right lower corner of the "SCHOOL BUS" lettering. (See diagram 2.)*

Diagram 2



maximum 12" x [3642]"
School Bus Yellow

[maximum] 2"
School Bus Yellow

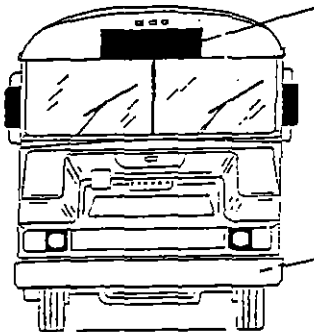
[Lettering as necessary
(see standard)]

Maximum [21]"-Non-
contrasting color
(shows black during
daylight hours)

PLACEMENT OF REFLECTIVE MARKINGS

b. "SCHOOL BUS" signs shall be marked with reflective yellow material comprising background for lettering of the front and rear "SCHOOL BUS" signs. (See diagrams 2 and 3.)

Diagram 3

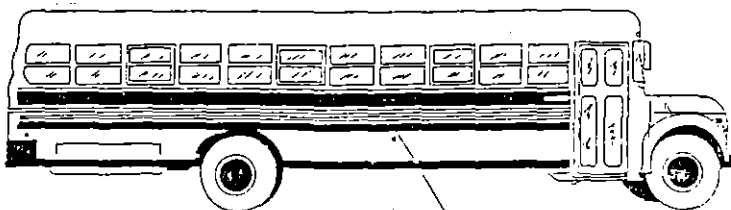


Maximum 12"x[3642]"
School Bus Yellow

[Maximum 21" Non-
contrasting color
(shows black during
daylight hours)]

c. Sides of the bus body shall be marked with reflective yellow material, two inches in width, extending the length of the bus body and located (vertically) as close as practicable to the beltline. (See diagram 4.)

Diagram 4



2" width
School Bus Yellow

3. Reflective material shall be installed on the rear and sides of school activity buses, following the same specifications in subdivisions 2 a and 2 c of this subsection. There will be no "SCHOOL BUS" signs on either the front or the rear of the vehicle. Color of the reflective material shall match, as closely as possible, the color of the bus body.

[4.] OPTION: [Front or] Rear [bumper or both bumpers on school or activity buses] may be marked with a [maximum] three-inch wide continuous black strip of reflective material which continues around corners to the ends of the bumpers. (See [diagrams diagram] 2 [and 3])

§ 5.52. Communication system - optional equipment.

A. Two-way communication systems.

For installation and use on Virginia school buses subject to the following provisions: When two-way communication equipment is needed on school buses for administrative or operational safety, private frequencies assigned specifically to local governmental agencies by the Federal Communications Commission should be used. Two-way equipment utilizing public citizens band channels may also be used where needed to enhance the safety of school bus operation. The use of the public citizens band type shall be restricted to those owned and licensed by the school board for official use only. Such mobile units if two-way communication systems are installed on school buses, the systems shall be subject to written policies adopted by the local school board. Installation shall be subject to the State School Bus Standards and Department of Education Annual Fleet Assessment.

1. The radio mounting shall be in the driver's compartment in a safe, secure location, so as not to interfere with normal bus operation.

2. Mounting shall be permanent type (temporary or slide-in mounting will not be acceptable.)

3. Wiring shall be protected by a proper fuse or circuit breaker and permanently connected to an accessory circuit shut off by ignition switch. Plug-in type connections are not acceptable.

4. Antenna shall be permanently mounted to cowl or roof so as not to interfere with driver's vision of roadway. Antenna lead-in cable shall be permanently secured with the proper clamps, grommets, and sealant. Antenna cable may not pass through window opening.

B. Public address system.

For use by driver, the system contains an inside speaker and an external speaker which is of special use when driver needs to caution young pupils about surrounding dangers at school bus stops. Inside speakers shall be

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recessed type .

C. AM/FM radios and cassette players.

If AM/FM radios or cassette players are installed, they shall be properly mounted by the body manufacturer or local shop personnel. All wiring shall be properly connected and concealed and any speakers in the passenger compartment shall be of recessed type.

D. Video camera.

Advanced approval must be received from the Department of Education when video camera equipment use on school buses is desired by the local school division. Both equipment and installation shall be subject to the Department of Education Annual Fleet Assessment.

1. Equipment shall not extend more than six inches from the front header panel into the driver's compartment.

2. Camera boxes shall be mounted securely to the header without use of brackets or other supports.

3. Mounted equipment shall be located on the left side of the front header and shall not interfere with passenger ingress and egress.

§ 5.53. Construction. Type B, C, and D vehicles.

1. A. Construction of body shall meet all requirements of Federal Motor Vehicles Safety Standards Number FMVSS 220 (Roll-over), Number FMVSS 221 (Joint Strength), and all other applicable federal standards.

2. B. Construction shall be of prime commercial quality steel or other metal with strength at least equivalent to all-steel as certified by bus body manufacturer. All such construction materials shall be fire-resistant.

3. C. Construction shall provide reasonable dustproof and watertight unit.

4. D. Bus body (including roof bows, body posts, strainers, stringers, floor, inner and outer linings, rub rails and other reinforcements) shall be of sufficient strength to support entire weight of fully loaded vehicle on its top or side if overturned. Bus body as unit shall be designed and built to provide impact and penetration resistance.

5. E. Side posts and roof bows. There shall be a body side post and roof bow fore and aft of each window opening. This may be a continuous bow or two separate pieces effectively joined.

6. F. Floor shall be of prime commercial quality steel of at least 14-gauge or other metal or other material at least equal in strength to 14-gauge steel. Floor shall be level from front to back and from side to side except in wheel housing, toeboard, and driver's seat platform areas. When

plywood is used, it shall be of 1/2-inch exterior B . B . Grade or equivalent and securely fastened to the existing steel floor.

7. G. Roof strainers. Two or more roof strainers or longitudinal members shall be provided to connect roof bows, to reinforce flattest portion of roof skin, and to space roof bows. These strainers may be installed between roof bows or applied externally. They shall extend from windshield header and, when combined with rear emergency door post, are to function as longitudinal members extending from windshield header to rear floor body cross member. At all points of contact between strainers or longitudinal members and other structural material, attachment shall be made by means of welding, riveting or bolting.

8. H. Side strainer(s). There shall be one or more side strainers or longitudinal members to connect vertical structural members and to provide impact and penetration resistance in event of contact with other vehicles or objects. Such strainer(s) shall be formed (not in flat strip) from metal of at least 16-gauge and three inches wide.

a. 1. Side strainer(s) shall be installed in area between bottom of window and bottom of seat frame and shall extend completely around bus body except for door openings and body cowl panel. Side strainer(s) shall be fastened to each vertical structural member in any one or any combination of the following methods as long as stress continuity of members is maintained:

(1) a. Installed between vertical members;

(2) b. Installed behind panels but attached to vertical members; and

(3) c. Installed outside external panels.

b. 2. Fastening method employed shall be such that strength of strainer(s) is fully utilized.

c. 3. Side strainer(s) of longitudinal member(s) may be combined with one of required rub rails (see § 5.74), or be in form of additional rub rail, as long as separate conditions and physical requirements for rub rails are met. No portion of side strainer or longitudinal member is to occupy same vertical position as rub rail.

9. I. Rear corner reinforcements. Rear corner framing of bus body between floor and window sill and between emergency door posts and last side posts shall consist of at least three structural members applied horizontally or vertically, two of which shall be vertical, to provide additional impact and penetration resistance equal to that provided by frame members in areas of sides of body. Such structural members shall be securely attached at each end.

Exception -

Extra vertical member required in 9 above may be deleted on units of less than 90 inches in width.

10. *J.* Floor sills. There shall be one main body sill at each side post and two intermediate body sills on approximately 10-inch centers. All sills shall be of equal height, not to exceed three inches. All sills shall extend width of body floor except where structural members or features restrict area.

Main body sill shall be equivalent to or heavier than 10-gauge and each intermediate body sill shall be equivalent to or heavier than 16-gauge, or each of all body sills shall be equivalent to or greater than 14-gauge. All sills shall be permanently attached to floor.

Connections between sides and floor system shall be capable of distributing loads from vertical posts to all floor sills.

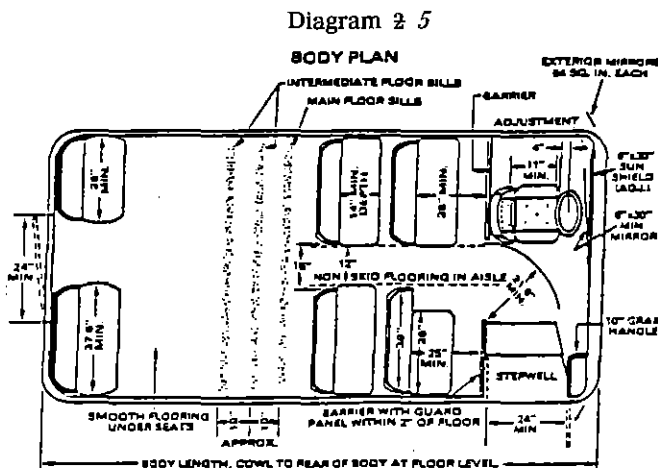
11. *K.* All openings between chassis and passenger-carrying compartment made due to alterations of body manufacturer shall be sealed. (See § 5.70)

12. *L.* A cover shall be provided for the opening to the gasoline tank fillpipe.

13. *M.* A moisture and rustproof removable panel shall be provided in the floor for access to the fuel tank sender gauge. It shall be designed for prolonged use and adequate fastening to the floor.

Exception Type B vehicles.

Item 13 above Subsection M of this section does not apply.



§ 5.54. Construction Type A vehicles.

1. *A.* Construction of body shall meet all requirements of Federal Motor Vehicle Safety Standard Number FMVSS

220 (Roll-over) and all other applicable federal standards.

2. *B.* Body joints created by body manufacturer shall meet the 60% joint strength provision required in FMVSS 221 for Type B, C & D buses.

3. *C.* Construction shall be of prime commercial quality steel or other metal strength at least equivalent to all steel as certified by bus body manufacturer. All such construction materials shall be fire-resistant.

4. *D.* Construction shall provide reasonably dustproof and watertight unit.

5. *E.* Bus body (including roof bows, body posts, strainers, stringers, floor, inner and outer linings, rub rails and other reinforcements) shall be of sufficient strength to support entire weight of fully loaded vehicle on its top or side if overturned. Bus body as unit shall be designed and built to provide impact and penetration resistance.

6. *F.* Floor. A plywood of 1/2 inch exterior B.B. Grade or equivalent shall be applied over the existing steel floor and securely fastened. Floor shall be level from front to back and from side to side except in wheel housing, toeboard and driver seat platform areas.

Exception -

Plywood may be deleted when provisions of Items 4 and 8a subsection D and subdivision H 1 of § 5.53 for Type C and D are met.

7. *G.* Roof strainers. Two or more roof strainers or longitudinal members shall be provided to connect roof bows to reinforce flattest portion of roof skin, and to space roof bows. These strainers may be installed between roof bows or applied externally. They shall extend from windshield header to rear body header over the emergency door. At all points of contact between strainers of longitudinal members and other structural material, attachment shall be made by means of welding, riveting, or bolting.

After load as called for in Static Load Test Code has been removed, none of the following defects shall be evident:

- a. 1. Failure or separation at joints where strainers are fastened to roof bows;
- b. 2. Appreciable difference in deflection between adjacent strainers and roof bows;
- e. 3. Twisting, buckling, or deformation of strainer cross section.

8. *H.* Side strainers. There shall be one longitudinal side strainer mounted at shoulder level (window sill level) and extending from front main vertical post to rear corner post. This member shall be attached to each vertical

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structural member. Such strainer shall be formed of metal (not in flat strip).

a. 1. There shall be one longitudinal side strainer(s) installed in the area between bottom of window and bottom of seat frame extending from front main vertical post to rear corner post. This member shall be attached to each vertical structural member.

b. 2. Strainers may be fastened in any one or any combination of the following methods as long as stress continuity of members is maintained:

- (1) a. Installed between vertical members;
- (2) b. Installed behind panels but attached to vertical members; or
- (3) c. Installed outside external panels.

e. 3. Fastening method employed shall be such that strength of strainers is fully utilized.

9. I. Area between floor and window line shall be restructured inside to include at least four vertical formed reinforcement members extending from floor to window line rail. They shall be securely attached at both ends.

10. J. Rear corner reinforcements. Rear corner framing of the bus body between floor and window sill and between emergency door post and last side post shall consist of at least one structural member applied horizontally to provide additional impact and penetration resistance equal to that provided by frame members in areas of sides of body. Such member shall be securely attached at each end. Bodies over 90 inches in width shall comply with § 5.53 9 I.

11. K. All openings between chassis and passenger carrying compartment made due to alterations by body manufacturers shall be sealed. (See § 5.70.)

§ 5.55. Defrosters.

Defrosters shall be of sufficient capacity to keep windshield clear of fog, ice, and snow and to defog the window to the left of the driver. (See § 5.61) An auxiliary fan of sufficient capacity to defog the entrance door glass shall be installed above the windshield on the right side. An additional fan to the left of the driver is permissible. Fans shall be placed so as not to block driver's view of outside rearview mirrors.

Exception Type A vehicle.

Auxiliary fan not required.

§ 5.56. Doors.

A. Service door.

1. Service door shall be manually operated or power-operated, under control of driver, and so designed as to afford easy release and prevent accidental opening. No parts shall come together so as to shear or crush fingers.

2. Service door shall be located on right side of bus opposite driver and within his direct view.

3. Service door shall have minimum horizontal opening of 24 inches and minimum vertical opening of 68 inches.

4. Service door shall be of split-type, jack-knife type, or sedan-type. (Split-type door includes any sectioned door which divides and opens inward or outward.) If one section of split-type door opens inward and other opens outward, front section shall open outward. The jack-knife-type shall fold inward at the front of the door opening.

5. Lower as well as upper panels shall be of approved safety glass. (See § 5.89 1) Bottom of lower glass panel shall not be more than 35 inches from ground when bus is unloaded. Top of upper glass panel shall not be more than six inches from top of door.

6. Vertical closing edges shall be equipped with flexible material to protect children's fingers.

7. There shall be no door left of driver.

Exception Type A vehicles.

Standard does not apply.

8. Exception Type B and D vehicles.

Service doors may be hydraulically or electrically operated and shall be located as far forward as possible on the right side. All doors shall be equipped with padding at the top of each door opening. Pad shall be at least three inches wide and one-inch thick and extend the full width of the door opening.

B. Rear emergency door Type B, C, and D vehicles.

1. Emergency door shall be located in center of rear end of bus.

2. Rear emergency door shall have minimum horizontal opening of 24 inches and minimum vertical opening of 45 inches measured from floor level.

3. Rear emergency door shall be hinged on right side and shall open outward and be equipped with an adequate strap or stop to prevent door from striking lamps or right rear of body. Such strap or stop shall allow door to open at least a 90 degree angle from closed position.

Exception Type D vehicles with rear engines.

Emergency door shall be located on the left side [~~in the rear half of the body~~], shall be hinged on the left side and open outward. Door shall meet all requirements of FMVSS 217 § 5.4.2.16 .

4. Upper portion of rear emergency door shall be equipped with approved safety glass, exposed area of which shall not be less than 400 square inches. (See § 5.89 1) Lower portion of door ; if ~~in rear end of bus~~, ~~may~~ shall be equipped with approved safety glass, area of which shall not be less than 12 inches in height and 20 inches in width. This glass ; if used, shall be protected by metal guard on inside. This guard shall be free of any sharp edges that may cause injury to passengers.

5. There shall be no steps leading to emergency door.

6. No seat or other object shall be so placed in bus as to restrict any part of passageway leading to emergency door to opening smaller than rectangle of 12 inches in width and 48 inches in height, measured from floor level.

7. When not fully latched, emergency door shall actuate signal audible to driver by means of mechanism actuated by latch.

8. Words "EMERGENCY DOOR," both inside and outside in black letters two inches high , *painted or vinyl*, shall be ~~painted~~ *installed* directly above emergency door. Words may be placed on the top of door outside if space is available.

9. The emergency door shall be designed to open from inside and outside bus. It shall be equipped with a slide bar and cam-operated lock located on left side of door and fastened to the door framing.

The slidebar shall be approximately 1-1/4 inches wide and 3/8 inch thick and shall have a minimum stroke of 1-1/4 inches. The slidebar shall have a bearing surface of a minimum of 3/4 inch with the door lock in a closed position. Control from driver's seat shall not be permitted. Provision for opening from outside shall consist of nondetachable device so designed as to prevent hitching-to, but to permit opening when necessary. Door lock shall be equipped with interior handle and guard that extends approximately to center of door. It shall lift up to release lock.

10. All doors shall be equipped with padding at the top edge of each door opening. Pad shall be at least three inches wide and one-inch thick and extend the full width of the door opening.

C. Rear emergency door Type A vehicles.

1. Emergency door shall be located in center of rear

end of bus and shall be equipped with fastening device for opening from inside and outside body, which may be quickly released but is designed to offer protection against accidental release. Control from driver's seat shall not be permitted. Provision for opening from outside shall consist of device designed to prevent hitching-to but to permit opening when necessary.

2. When not fully closed, emergency door shall actuate signal audible to driver.

3. Emergency door shall be marked "EMERGENCY DOOR" on inside and outside in *painted or vinyl* black letters two inches high *immediately above the emergency door* .

4. There shall be no steps leading to emergency door.

5. No seat or other object shall be placed in bus which restricts passageway to emergency door to less than 15 inches.

6. All doors shall be equipped with padding at the top edge of each door opening. Pad shall be at least three inches wide and one-inch thick and extend the full width of the door opening.

D. Security locking system.

A ~~door~~ locking system designed to prevent vandalism, which is approved by the Pupil Transportation Service, Department of Education, may be installed provided it is equipped with an interlock in the chassis starting circuit and an audible alarm to indicate to the driver when an emergency ~~door~~ *exit* is locked while the ignition is in the "on" position. A cutoff switch on the interlock circuit or a lock and hasp on ~~the rear door~~ *emergency exits* shall not be permitted.

§ 5.57. Electrical system.

1. Battery - see § 5.13.

2. Alternator - see § 5.11.

3. Lights and signals - see § 5.30.

4. Wiring - see § 5.92.

§ 5.58. Emergency equipment.

A. Fire extinguisher.

1. Bus shall be equipped with one dry-chemical fire extinguisher of at least ~~2-1/2~~ *five* pound capacity with pressure indicator, mounted in extinguisher manufacturer's bracket of automotive type, and located in full view and in an accessible place in the front of the bus excluding floor and area above bottom line of windshield.

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2. Fire extinguisher shall bear label of Underwriters' Laboratories, Inc., showing rating of not less than 2A 10-B.C.

3. Fire extinguisher shall have aluminum, brass, or steel valves, heads, check stems, siphon tubes, levers, safety pins, chain, handles and metal hanging brackets. Plastic shall not be used for those named parts.

B. First-aid kit.

1. Bus shall carry Grade A metal first-aid kit, unit-type, mounted in full view and in accessible place in the front of the bus *and identified as a first-aid kit*

2. The first-aid kit shall contain the following items:

Item	Unit
Bandage compress (sterile gauze pads) 4-inch	13
Bandage compress (sterile gauze pads) 2-inch	12
Adhesive absorbent bandage (nonadhering pad) 1 X 3 inch	12
Triangular bandage, 40-inch	12
Gauze bandage, 4-inch	12
Absorbent-gauze compress	11
Antiseptic applicator (swab type) 10 per unit (Zephiran Chloride/Green Soap type)	12
Bee sting applicator (swab type) 10 per unit	11

C. Flare Warning devices .

1. Bus shall be equipped with a kit containing three ~~red bidirectional~~ reflectorized triangular ~~flares~~ warning devices meeting requirements of FMVSS-125.

2. Kit shall be securely mounted on the right of toeboard as far forward as practical or in the area to the left of the driver's seat.

Exception Type A vehicles.

Flares Kit may be mounted behind left rear seat.

D. Body fluid clean-up kit.

1. Each bus shall carry a Grade A metal [or rigid plastic] kit, mounted in an accessible place and identified as a body fluid clean-up kit [with a directions-for-use sheet attached to the inside cover] .

2. The kit shall be moisture proof and properly mounted or secured in a storage compartment.

3. Contents shall include but not be limited to the

following items:

a. 1 pair latex gloves

b. 1 pick-up spatula or scoop

c. 1 face mask

d. Infectious liquid spill control powder

e. Anti-microbial hand wipes - individually wrapped

f. Germicidal disinfectant wipes [- tuberculocidal]

g. Plastic disposal bag with tie

§ 5.59. Floor - (See § 5.53.) Emergency exits.

Each emergency exit shall comply with FMVSS 217 regarding the number of exits, types of exits and location of exits based of the capacity of the vehicle.

1. Side emergency exit doors.

a. A dedicated aisle of at least 12 inches in width, referenced to the rear of the emergency exit door is required.

b. Side emergency exit doors shall be hinged on the forward edge.

c. A one-inch wide strip of yellow retroreflective tape shall be placed around the outside perimeter of the emergency opening, not the emergency exit itself.

d. When not fully latched, side emergency exit door shall actuate a signal audible to the driver by means of a mechanism actuated by the latch when the ignition switch is on.

e. A security locking system designed to prevent vandalism may be installed provided it meets all specifications of § 5.56 D of the regulations.

2. Roof exits/vents.

a. All Type A, B, C, and D vehicles shall be equipped with a minimum of one emergency roof exit/[~~screened~~] vent approved by the Department of Education.

b. When not fully latched, this exit shall actuate a signal audible to the driver by means of a mechanism actuated by the latch when the ignition switch is on.

c. A roof exit/vent security locking system designed to prevent vandalism may be installed provided it meets all specifications of § 5.56 D.

d. A one-inch wide strip of yellow retroreflective tape shall be placed around the outside perimeter of the emergency exit opening, not the emergency exit itself.

NOTE: If the roof is painted white, the one-inch wide strip shall be white retroreflective material.

e. When a single roof exit is installed, it shall be located as near as practicable to the longitudinal midpoint of the passenger compartment, and shall be installed such that the centerline of the hatch is on the longitudinal centerline of the bus.

f. If two roof exits are utilized, they shall be located as near as practicable to the points equidistant between the longitudinal midpoint of the passenger compartment and the front and the rear of the passenger compartment.

NOTE: No removal or cutting of any roof structural component shall occur during installation. If the installation required by subdivisions 2 e and 2 f of this section cannot be accomplished as described, then prior approval by the Pupil Transportation Service will be required through a written request from the local school division.

g. Roof exits/vents shall have rust-proof hardware.

h. Roof exits/vents shall be hinged in the front and be equipped with an outside release handle.

3. Emergency exit windows.

a. Push-out emergency windows are permissible, if required by FMVSS 217.

b. When not fully latched, the emergency exit window shall actuate a signal audible to the driver by means of a mechanism actuated by the latch.

c. A one-inch wide strip of yellow retroreflective tape shall be placed around the outside perimeter of each emergency exit opening, not the emergency exit itself.

d. No emergency exit window shall be located directly in front of a side emergency exit door.

§ 5.60. Floor covering.

A. Floor (See § 5.53.)

1. B. Floor in underseat area, including tops of wheel housings, driver's compartment and toeboard shall be covered with fire-resistant rubber floor covering or an approved equivalent, having minimum over-all thickness of .125 inch. Driver's compartment and toeboard area shall be trimmed with molding strips behind the cowl face line.

2. C. Floor covering in aisle shall be of aisle-type fire-resistant rubber or an approved equivalent, nonskid, wear-resistant and ribbed. Minimum overall thickness shall be .1875 inch measured from tops of ribs. Rubber floor covering shall meet federal specifications ZZ-M71d.

3. D. Floor covering shall be permanently bonded to floor, and shall not crack when subjected to sudden changes in temperature. Bonding or adhesive material shall be waterproof and shall be of the type recommended by manufacturer of floor-covering material. All seams shall be sealed with waterproof sealer.

§ 5.61. Heaters.

1. A. Hot water heaters of fresh-air or combination fresh-air and recirculating type, with power defrosters, are required.

2. They B. Heaters shall bear name plate rating affixed by heater manufacturer on top of heater shell.

3. C. Heaters shall be capable of maintaining inside temperature of 50°F, with an outside temperature of 20°F when the bus is loaded to one-half capacity.

4. D. The heater wiring shall be connected to the cold side of the ignition switch through a continuous duty solenoid relay Cole Hersee No. 24106 or equivalent. (See § 5.92 4 D.)

5. E. The power defroster shall deliver a sufficient amount of heated air distributed through a windshield duct, nozzle or nozzles to defog and deice the entire windshield, and to defog the driver's window. The duct, nozzle, or nozzles shall be designed to prevent objects from being placed in any manner which would obstruct the flow of air.

6. F. Water circulation cut-off valves in the supply and return lines, a minimum of 3/4 inch diameter, shall be at or near the engine. A water flow regulating valve in the pressure line for convenient operation by the driver is also required.

7. G. Heater hoses, including those in engine compartment, shall be supported in such manner that hose chafing against other objects will not occur nor shall suspended water lines interfere with routine vehicle maintenance.

8. H. All water hoses in driver or passenger area shall be shielded.

9. I. An auxiliary heater of recirculating type, having a minimum capacity of 60,000 BTU output, shall be installed under the second seat behind the wheelhousing. There shall be a grille or guard over exposed heater cores to prevent damage by pupils' feet.

10. J. A booster pump in the intake heater line shall be

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provided on all Type [B,] C and D buses.

~~H~~ K. Exception Type A vehicles.

a. 1. Front heater with high output and defroster shall be furnished by the chassis manufacturer.

b. 2. The body manufacturer shall provide an additional underseat heater near the rear of the bus.

§ 5.62. Identification - See Diagrams 4 7 and 5 8 .

For purpose of identification school buses shall be lettered as follows:

1. Lettering shall be placed according to Diagrams 4 7 and 5 8 . Lettering shall be of black paint or vinyl and conform to "Series B" for Standard Alphabets for Highway Signs.

2. Both the front and rear of the body shall bear the words, "SCHOOL BUS" in black letters eight inches in height.

3. All school buses shall have a ~~number painted in black letters~~ *black painted or vinyl number* four inches high on the rear of the body, on the right side just back of the entrance door, and on the left side just back of the warning sign. (See Diagrams 4 7 and 5 8 .) The number shall also be placed on the front bumper, approximately 18 inches from the right end in yellow letters four inches high.

4. The name of the school division shall be on each side of the bus in black letters four inches high - as ".... COUNTY PUBLIC SCHOOLS," or ".... CITY PUBLIC SCHOOLS."

5. Options.

a. *The bus number may be placed in the center of the bus roof with black (12-inch minimum) numbers.*

b. *A black number (four-inch maximum) may be placed on the inside rear header. Shall not interfere with emergency door lettering.*

§ 5.63. Inside height.

Inside body height shall be 72 inches or more, measured metal to metal, at any point on longitudinal center line from front vertical bow to rear vertical bow.

Exception Type A conversion van.

Inside body height shall be 63 inch minimum.

§ 5.64. Insulation.

Ceilings and walls shall be coated with proper materials to deaden sounds and to reduce vibrations to a minimum.

Fiber glass thermal insulation (minimum thickness one inch) shall be used to insulate walls and roof between inner and outer panels.

§ 5.65. Interior.

1. Interior of bus shall be free of all unnecessary projections likely to cause injury. This standard requires inner lining on ceilings and walls. Ceiling panels shall be constructed so as to contain lapped joints with all exposed edges hemmed to minimize sharpness. If lateral panels are used, forward panels shall be lapped by rear panels.

2. ~~Ceilings in passenger compartment shall be free of all projections.~~

§ 5.66. Lights and signals - see Diagrams 4 7 and 5 8 .

No lights or signals other than herein specified shall be installed on school buses, except those required by Federal Regulations. *All lights and reflectors shall be approved by the Superintendent, Department of State Police, Commonwealth of Virginia.*

1. Clearance lights. Body shall be equipped with two red clearance lamps at rear, two amber clearance lamps at front, and intermediate side marker lamps on buses 30 feet or more in length.

They shall be of armour type.

2. Identification lamps. Three amber lamps shall be mounted on front and three red lamps on rear of body.

3. Stop and tail lamps. Bus shall be equipped with two matched stop and tail lamps of heavy duty type, which shall be in combination, emitting red light plainly visible from a distance of at least 500 feet to rear, and mounted on rear end with their centers not less than 12 nor more than 24 inches from plane side of body, and not less than six nor more than 18 inches below D-glass in rear of body. They shall be approximately seven inches in diameter. These lights shall be on the same horizontal line with the turn signal units and shall not flash. ~~A pilot light shall be installed on the left side of the instrument panel and connected to the cold side of the brake light switch so that it will indicate when the stop lights are activated.~~ A list of approved stop and tail lights will be supplied to the body manufacturers by the Pupil Transportation Service, Department of Education. The use of lights not on this list will not be approved.

4. For illumination of rear license plate, the type of stop and tail light with which the chassis is equipped may be used. The stop light connection will be made to this light.

5. Back-up ~~lamp lamps~~ . Back-up ~~lamp lamps~~ shall be mounted on the rear of the body and shall be

illuminated when the ignition switch is energized and reverse gear is engaged.

6. Interior lamps. Interior lamps shall be provided which adequately illuminate aisles and stepwell.

7. Turn signal units. Bus shall be equipped with Class A, flashing turn signal units of heavy-duty type. These signals shall be independent units equipped with amber lens on all faces. The turn signals/directional signal units shall activate only when ignition is in "on" position. A pilot light or lights shall indicate when these lights are activated. The front lights shall be mounted near the front corners of chassis on each side. The rear lights shall be seven inches in diameter and mounted not less than six nor more than 18 inches from plane of the side of the body and not less than six nor more than 18 inches below D-glass in rear of body. They shall be on the same horizontal line with the stop and tail lights required in 3 above.

a. In addition to the turn signals described above, two amber lens metal turn signal lamps of armour-type with a minimum of four candlepower each shall be mounted on the body side at approximate seat level height and located just to the rear of the entrance door on the right side of the body and approximately the same location on the left side. They are to be connected to and function with the regular turn signal lamps. Such lamps shall provide 180° angle vision and if painted, they shall be black.

b. A list of approved turn signal lights will be supplied to the body manufacturers by the Pupil Transportation Service, Department of Education. The use of lights not on this list will not be approved.

c. Exception Type A conversion vans.

Turn signals shall be chassis manufacturer's standard.

8. Hazard warning signal. The turn signal units shall also function as the hazard warning system. The system shall operate independently of the ignition switch and, when energized, shall cause all turn signal lamps to flash simultaneously.

9. Reflex reflectors. (Class A) Two amber lights and two amber reflectors (they may be combined) shall be mounted, one on each side, near the front of the chassis. Two four-inch red reflectors shall be mounted, one on each side near the rear of the body and two four-inch red reflectors shall be mounted on the rear above the bumper. Two intermediate amber four-inch reflectors, one on each side near the middle of the bus, shall be mounted on buses 30 feet or more in length. They shall be mounted on panel above floor line rub rail and be metal encased.

10. School bus traffic warning lights.

a. Buses shall be equipped with four red lamps and four amber lamps. One amber lamp shall be located near each red lamp, at the same level, but closer to the vertical center line of the bus. Lamps to be 80 watts, 12-volt sealed beam clear spot units five inches in diameter with seven inch acrylic lens, including component parts and location necessary for their operation. All lamps shall comply with SAE standards for school bus warning lamps. Information on such approved components will be supplied by the Pupil Transportation Service, Department of Education.

b. The traffic warning light system shall be wired so that the amber lamps are activated manually by a hand operated switch. When door is opened, amber lamps will be automatically deactivated and red lamps, warning sign with flashing lamps and crossing control arm shall be activated. When door is closed, all lamps shall be deactivated. No lamps shall come on when door is reopened unless the manual switch is depressed. There shall also be a cancellation switch in case lamps are accidentally activated or when no stop needs to be made.

c. The control circuit shall be connected to the cold side of the ignition switch with the master push button cancel switch mounted on the accessory console, clearly distinguished, visible and accessible to the driver.

d. The ~~motor-driven~~ flasher and the relay shall be fastened in a compartment in the driver area and be easily accessible for servicing. *The location of the flasher shall be approved by Pupil Transportation Service, Department of Education.*

e. System shall contain an amber pilot light for amber lamps and a red pilot light for red lamps, clearly visible to the driver, to indicate when system is activated.

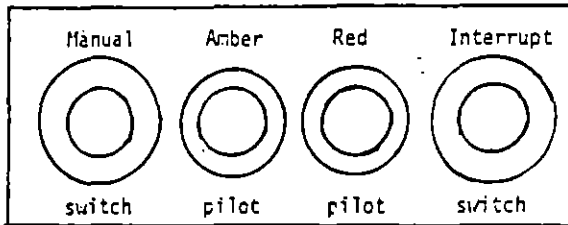
f. A three-inch black painted border around the lamps is required if not equipped with a black painted housing.

g. All ~~joints~~ *electrical connections* shall be soldered or ~~jointed by equally effective connectors~~ *connected by an acceptable SAE method*.

h. The traffic warning lamp system shall require a separate control panel. This panel shall be as small as practicable, and switches and pilot lamps shall be located in conformance with the diagram below. All switches shall be properly identified by labels.

Diagram 3 6 .
Traffic Warning Lamp Controlled Panel

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i. The panel shall be located at or near the entrance door control handle within easy reach, visible, and be readily accessible to the driver.

j. There shall be an interrupt feature in the system to interrupt the traffic warning sign and the crossing control arm when their use is not desired. This feature shall consist of a double throw relay and a push button momentary switch.

k. Manual switch, cancel switch and interrupt switch shall be push button or flip-type momentary switches.

11. School bus traffic warning sign.

a. Warning sign shall be mounted on the left side near the front of the bus immediately below the window line.

b. Sign shall be of the Octagon series, 18 inches in diameter, 16-gauge cold rolled steel, and be equipped with windguard. The sign shall have a red background with a 1/2 inch white border, and the word "STOP" on both sides in white letters, six inches high and one inch wide. *The sign may be reflective.*

c. Sign shall have double-faced alternately flashing red lamps, four inches in diameter, located at the top and bottommost portions of the sign, one above the other.

d. The sign shall be connected and energized through the red traffic warning lamps.

e. Air operated signs require air pressure regulator in addition to control valve. Source of supply to be the main air tank with a pressure protection valve at the tank.

f. Sign and components shall comply with all provisions of SAEJ1133. A list of approved traffic warning signs and components will be supplied by the Pupil Transportation Service, Department of Education.

12. School bus crossing control arm.

a. An approved crossing control arm shall be mounted on the right end of the front bumper with

mounting brackets appropriate for the bumper configuration. Information on such approved arms will be supplied by the Pupil Transportation Service, Department of Education.

b. The arm shall be activated in conjunction with the traffic warning sign.

c. Wiring for an electric powered arm shall be grounded to a metal base at a suitable place on the bumper.

d. Source of supply for air operated arms to be the main air supply tank with pressure protection valve at tank.

e. Appropriate grommets or a loom shall be used where wires or tubes go through holes in bumper and firewall.

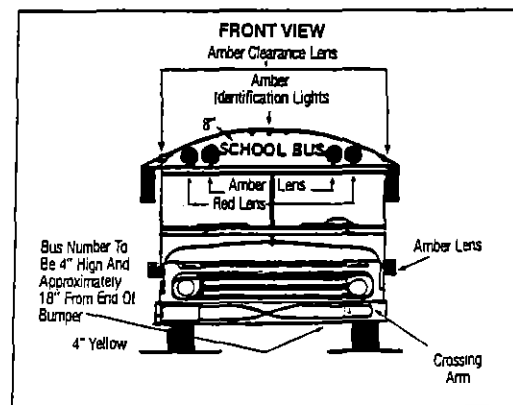
13. Optional strobe warning light.

a. A white flashing strobe light may be installed on the roof of a school bus not to exceed 1/3 of the body length from the rear of the roof edge. Light shall have a single clear lens emitting light 360 degrees around its vertical axis [~~and may not extend above the roof more than 6-1/2 inches~~]. A manual switch and a pilot light must be included to indicate when the light is in operation.

b. The strobe light must operate only when the bus transports students during periods of reduced visibility caused by conditions other than darkness.

c. A list of approved of strobe light lights and components will be supplied by the Pupil Transportation Service, Department of Education.

Diagram 4 7 .



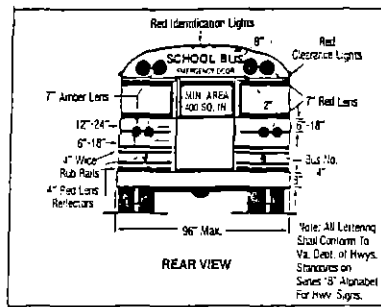
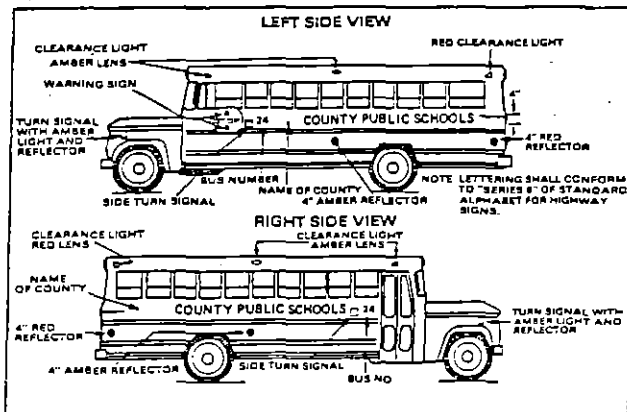


Diagram 5 8 .



§ 5.67. Metal treatment.

All metal parts that will be painted shall be chemically cleaned, etched, zinc-phosphate-coated, and zinc-chromate or epoxy-primed or conditioned by equivalent process.

§ 5.68. Mirrors.

1. A. Interior rear view mirror at least 6 X 30 inches, metal encased safety glass of at least 1/8 inch thickness, which will afford good view of pupils and roadway to rear and shall be installed in such a way that vibration will be reduced to a minimum. It shall have rounded corners and protected edges.

[B. All buses shall have a mirror system which conforms to FMVSS 111 as amended.]

2. Two exterior rear view silver electro-plated copper back or chrome faced mirrors shall be provided, one to left and one to right of driver.

Each mirror shall be not less than 6 X 11 inches and shall be Junior West Coast Type.

[B. C.] Mirrors shall be firmly supported by tripod type brackets fastened to top corners of bus body [rigidly braced so as to reduce vibration.] Left and right mirrors shall be on same level and shall be mounted so that they can be adjusted to give driver clear view to left rear and right rear of bus.

a. Exterior crossview mirror at least 7-1/2 inches in diameter shall be located on left front fender of bus in such manner that seated driver may observe, through its use, areas to front of bus where direct observation is not possible. It shall not obstruct the left turn signal. A hemispherical mirror shall be mounted on the right front fender in a corresponding position.

[B. All buses shall have a mirror system which conforms to FMVSS 111 as amended.]

[C. D.] An adjustable convex mirror with a minimum diameter of four inches and a maximum diameter of five inches may be mounted on each side on a separate arm attached to the mounting of the regular outside mirror. This convex mirror shall be mounted so that it can be positioned immediately below the regular outside mirror. Stick on convex type mirrors to the face of regular outside mirrors are prohibited.

[D. E.] A list of approved mirrors will be supplied to body manufacturers by the Pupil Transportation Service, Department of Education. The use of mirrors not on this list will not be approved.

Exception Type A vehicles.

Interior mirror to be 6 X 16 inches minimum and outside 6 X 9-1/2 inches mounted on doors.

[E. F.] Heated exterior mirrors are permissible.

§ 5.69. Mounting.

1. A. Chassis frame shall extend to rear edge of rear body cross member. Bus body shall be attached to chassis frame in such manner as to prevent shifting or separation of body from chassis under severe operating conditions.

2. B. Body front shall be attached and sealed to chassis cowl in such manner as to prevent entry of water, dust, and fumes through joint between chassis cowl and body.

3. C. Insulating material shall be placed at all contact points between body and chassis frame. Insulating material shall be approximately 1/4 inch thick ; shall have quality of sidewall of automobile tire, and shall be so attached to chassis frame or body member that it will not move under severe operating conditions.

4. D. Exception Type A conversion vans.

Standard does not apply.

§ 5.70. Openings.

Any openings in body or front fenders of chassis resulting from change necessary to furnish required components shall be sealed. (See §§ 5.32 and 5.53 10 K.)

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§ 5.71. Overall length.

Overall length of bus shall not exceed 36 feet for conventional flat faced cowl units or 40 feet for metropolitan type.

§ 5.72. Overall width.

Overall width of bus shall not exceed 100 inches, including traffic warning sign in closed position. Outside rearview mirrors are excluded.

§ 5.73. Posts - See §§ 5.53 and 5.89 & C .

§ 5.74. Rub rails.

1. A. There shall be one rub rail located on each side of bus immediately below window level which shall extend from rear side of entrance door completely around bus body (except for emergency door) to point of curvature near outside cowl on left side. If floor level rub rail extends to emergency door post in rear, this rub rail may stop at rear side post.

Exception -

This rub rail is not required between the front body post and rear side post if an internal frame member (fortress rail) of greater strength is positioned immediately below the window level. The rub rail shall be applied from the last sidepost to the emergency doorpost.

2. B. There shall be one rub rail located on each side of bus approximately at seat level which shall extend from rear side of entrance door completely around bus body (except for emergency door) to point of curvature near outside cowl on left side. This rail shall be painted black.

3. C. There shall be one rub rail located approximately at floor line which shall extend from rear side of entrance door completely around bus body (except for emergency door) to point of curvature near outside cowl on left side, except at wheel housings. If the window level rub rail extends to emergency door post in rear, this rub rail may stop at rear side post.

4. D. All rub rails shall be attached at each body post and all other up-right structural members.

5. E. All rub rails shall be of four inches or more in width, shall be of 16-gauge steel, and shall be constructed in corrugated or ribbed fashion.

6. F. All rub rails shall be applied outside body or outside body posts. Pressed-in or snap-on rub rails do not satisfy this requirement.

7. G. Certain exceptions may be approved for heater air-intake and for rear engine type buses.

Exception Type A vehicles.

Rail required in 1 above subsection A of this section does not apply on conversion vans.

§ 5.75. Seat belt for driver.

A locking retractor type 2 lap belt/shoulder harness seat belt shall be provided for the driver. Each belt section shall be bootied so as to keep the buckle and button-type latch off the floor and within easy reach of the driver. Belt shall be anchored in such a manner or guided at the seat frame so as to prevent the driver from sliding sideways from under the belt.

§ 5.76. Seats.

1. A. All seats shall have minimum depth of 14 inches.

2. B. In determining seating capacity of bus, allowable average rump width shall be 13 inches. (See § 5.46.)

3. C. All seats shall be forward facing. They shall have two legs securely fastened to the floor with the other end supported by rail or bracket on side wall.

a. A two-passenger left rear seat, minimum of 26 inches in length, and a three-passenger right rear seat, minimum of 37.5 inches in length, will be provided.

b. The right front seat will have a two-passenger cushion, minimum of 26 inches in length and a three-passenger back which serves as a barrier for the next seat.

e. D. Seating plans for buses with wheelchair positions see §§ 6.2 and ~~6.12~~ 6.11 . All other seating plans will be approved annually by Pupil Transportation [Service, Department of Education] .

4. E. Seat cushions shall have 24-hour glass coil-type springs interlaced and securely fastened to plywood base having minimum thickness of 1/2 inch. Urethane foam may be used in place of springs if sample is submitted and approved each year.

Passenger seat cushion retention system shall be employed to prevent passenger seat cushions from disengaging from seat frames in event of accident. Each seat cushion retention system shall be capable of withstanding vertical static load equal to minimum of five times weight of cushion. System shall also be capable of withstanding forward or rearward static load equal to 20 times weight of cushion.

5. F. No bus shall be equipped with jump seats or portable seats. (See § 6.15.)

6. G. Seat spacing shall provide a minimum of 25 inch knee room at center of seat, when measured horizontally from back to back, at cushion level.

7. H. Seat and back cushions of all seats shall be designed to safely support designated number of passengers under normal road conditions encountered in school bus service. Covering of seat cushions shall be of material having 42 ounce finished weight, 54 inch width, and finished vinyl coating of 1.06 broken twill ~~and shall be medium brown or green in color~~. Material on polyester drill and polyester cotton twill knit backing with equal vinyl coating which meets or exceeds the laboratory test results for the 42 ounce 1.06 covering may be used. Padding and covering on all seats shall comply with provisions of Federal Motor Vehicles Safety Standard No. FMVSS 302.

8. I. Minimum distance between steering wheel and back rest of driver's seat shall be 11 inches. Driver's seat shall have fore-and-aft adjustment of not less than four inches and up and down adjustment of three inches. It shall be manually adjustable and strongly attached to floor.

9. J. Minimum of 36-inch headroom for sitting position above top of undepressed cushion line of all seats shall be provided. Measurement shall be made vertically not more than seven inches from side wall at cushion height and at fore-and-aft center of cushion.

10. K. Backs of all seats of similar size shall be of same width at top and of same height from floor and shall slant at same angle with floor.

11. L. Seat back heights shall be between 19 and 24 inches measured from cushion level.

[*M. Manufacturers shall honor a six-year seat cushion, back replacement and foam warranty.*]

§ 5.77. Barriers.

1. A. A padded barrier shall be installed at rear of driver's seat in such a position as neither to interfere with adjustment of driver's seat nor to obstruct 21.0 inch entranceway to the aisle.

2. B. A padded barrier shall be installed at rear of entrance stepwell. Placement shall not restrict entrance passageway at any level to less than 21.0 inches. Barrier to coincide with length of the right front seat cushion with minimum width of 26 inches and shall have a modesty panel to extend from bottom of barrier to floor.

3. C. Lift-gate units see § ~~6.12~~ 2 6.11 B .

§ 5.78. Steering wheel - See § 5.38 4.

§ 5.79. Steps.

1. A. First step at service door shall be not less than ~~12~~ 10 inches and not more than ~~16~~ 14 inches from ground, based on standard chassis specifications.

2. B. Service door entrance may be equipped with

two-step or three-step stepwell. Risers in each case shall be approximately equal.

3. C. Steps shall be enclosed to prevent accumulation of ice and snow.

4. D. Steps shall not protrude beyond side body line.

5. E. Grab handle not less than 20 inches in length shall be provided in unobstructed location inside doorway, but shall not be attached so that it will interfere with the opening of the glove compartment door. This handle shall be designed to eliminate exposed ends that would catch passenger clothing and shall be so placed in a position to aid small children entering the bus.

6. F. Step covering. All steps, including floorline platform area, shall be covered with 3/16-inch rubber metal-backed treads with at least 1-1/2-inch white nosing (or three inch white rubber step edge with metal back at floorline platform area.)

a. 1. Step ~~tread~~ tread minimum overall thickness shall be 3/16-inch ribbed design, similar to ribbed design of the rubber aisle;

b. 2. Metal back of tread, minimum 24-gauge cold roll steel, shall be permanently bonded to ribbed rubber; grooved design shall be such that said grooves run at 90° angle to long dimensions of step ~~tread~~ tread ;

c. 3. 3/16-inch ribbed step tread shall have a 1-1/2-inch white nosing as integral piece without any joint; and

d. 4. Rubber portion of step treads shall have following characteristics:

a. Special compounding for good abrasion resistance and high coefficient of friction.

b. Flexibility so that it can be bent around a 1/2-inch mandrel both at 20°F and 130°F without breaking, cracking, or crazing.

c. Show a durometer hardness 85 to 95.

§ 5.80. Stirrup steps.

There shall be one folding stirrup step and suitably located handle on each side of front of body for easy accessibility for cleaning windshield and lamps.

Exception Type A vehicles.

Standard does not apply.

§ 5.81. Storage ~~compartment~~ and luggage compartments .

A. Two metal storage ~~compartment~~ compartments for tools ~~and~~ , chains ~~is~~ and supplies are required. (A local

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school division may waive ~~this~~ the requirement for one of the two compartments if chains or tools are not carried on bus and a written request for deletion has been filed with the Pupil Transportation Service, Department of Education and noted in the purchase agreement).

If provided, B. One of the metal container compartments shall have adequate strength and capacity for storage of chains and other emergency tools and one of the compartments shall be moisture proof, equipped with a lock and suitable for storage of cleaning supplies. Such ~~container~~ containers shall be located outside passenger compartment in body skirt on the right side of body with a door hinged at the top or front and equipped with an adequate fastener.

C. Vehicles may be equipped with luggage compartments in the body skirt provided they do not reduce ground clearance to less than 14.50 inches from bottom of compartment and that the addition of the compartments does not exceed the vehicles' GVWR.

§ 5.82. Sun shield.

Interior adjustable transparent sun shield, darkest shade available, not less than 60 X 30 inches shall be installed in position convenient for use by driver.

Exception Type A vehicles.

Manufacturer's standard is acceptable.

§ 5.83. Tail pipe.

Tail pipe shall extend to but not more than $1\frac{1}{2}$ inches beyond outer edge of rear bumper. (See § 5.21 2 B.)

§ 5.84. Undercoating.

Entire underside of bus body, including floor sections, cross members, and below floor line side panels, shall be coated with rust-proofing compound for which compound manufacturer has issued notarized certification of compliance to bus body builder that compounds meets or exceeds all performance requirements of Federal Specification TT-C-520 b using modified test procedures for following requirements:

1. Salt spray resistance - pass test modified to 5.0% salt and 1,000 hours;
2. Abrasion resistance - pass;
3. Fire resistance - pass.

Undercoating compound shall be applied with suitable airless or conventional spray equipment to recommend film thickness and shall show no evidence of voids in cured film. Undercoating is expected to prevent rust under all bus service conditions for minimum of five years.

§ 5.85. Ventilation and air conditioning.

1. A. Body shall be equipped with suitable, controlled ventilating system of sufficient capacity to maintain proper quantity of air under operating conditions without opening of windows except in extremely warm weather.

2. B. Static-type, nonclosable, exhaust roof ventilators shall be installed in low-pressure area of roof panel.

C. Air conditioning units may be installed on an optional basis. Application requires heavier electrical components and assessment by the Pupil Transportation Service, Department of Education, on an individual unit basis.

§ 5.86. Water test.

Each and every school bus body, after it is mounted on chassis ready for delivery, shall be subjected to a thorough water test in which water under pressure equal to a driving rain is forced against the entire bus body from various directions. Any leaks detected are to be repaired before the bus is declared ready for delivery.

§ 5.87. Wheel housings.

1. A. Wheel housings shall be of full open type.

2. B. Wheel housings shall be designed to support seat and passenger loads and shall be attached to floor sheets in such manner as to prevent any dust or water from entering the body.

3. C. Inside height of wheel housings above floor line shall not exceed 10 inches.

4. D. Wheel housings shall provide clearance for dual wheels as established by National Association of Chain Manufacturers.

Exception -

Standard does not apply to Type A conversion vans.

§ 5.88. Width - See § 5.72.

§ 5.89. Windshield and windows.

1. A. All glass in windshield, window, and doors shall be of approved safety glass, so mounted that permanent mark is visible, and of sufficient quality to prevent distortion of view in any direction. Windshield shall be AS1 and all other glass shall be AS2.

2. B. Plastic glazing material of a thickness comparable to AS2 glass, meeting ANSI Standard Z 26.1 and FMVSS No. 205, may be used in side windows behind the driver's compartment.

3. Windshield shall be large enough to permit driver

to see roadway clearly, shall be slanted to reduce glare, and shall be installed between front corner posts that are so designed and placed as to afford minimum obstruction to driver's view of roadway.

4. C. Windshield shall have horizontal gradient shade band starting slightly above line of driver's vision and gradually decreasing in light transmission to 20% or less of windshield consistent with SAE J-100 .

5. D. Each full side window shall provide unobstructed emergency opening at least nine inches high and 22 inches wide, obtained either by lowering of window or by use of knock-out type split-sash windows.

6. E. Approved tinted glass or plastic glazing material may be used as needed for care of handicapped pupils .

7. F. All exposed edges of glass shall be banded.

8. A pushout emergency exit window, nearest the center of body, is required on each side of all Type D buses.

§ 5.90. Windshield washers.

Windshield washers meeting federal requirements shall be provided and shall be controlled by push button switch located on instrument panel. Reservoir shall be mounted in engine compartment outside passenger compartment .

Exception - Type D vehicles, reservoir shall be mounted behind an access panel in driver area.

§ 5.91. Windshield wipers.

1. A. Bus shall be equipped with two variable-speed windshield wipers of air or electric-type powered by two motors of sufficient power to operate wipers.

2. B. Blades and arms shall be of such size that minimum blade length will be 12 inches with longer blades being used whenever possible.

3. C. Wiper motor and arm linkage shall be shielded to prevent objects from being placed against them.

Exception Type A vehicles.

One variable speed motor is acceptable.

§ 5.92. Wiring.

1. A. All wiring shall conform to current standards of Society of Automotive Engineers.

2. B. Circuits.

a. 1. Wiring shall be arranged in at least 12 regular circuits as follows:

(1) a. head, tail, stop (brake) and instrument panel lamps

(2) b. clearance lamps

(3) c. dome and stepwell lamps

(4) d. starter motor

(5) e. ignition

(6) f. turn-signal units

(7) g. alternately flashing red signal lamps

(8) h. horns

(9) i. heater and defroster

(10) j. emergency door buzzer

(11) k. auxiliary fan

(12) l. booster pump

b. 2. Any of above combination circuits may be subdivided into additional independent circuits.

e. 3. Whenever possible, all other electrical functions (such as electric-type windshield wipers) shall be provided with independent and properly protected circuits.

d. 4. Each body circuit shall be color coded and a diagram of the circuits shall be attached to the body in a readily accessible location.

3. C. A separate fuse or circuit breaker shall be provided for each circuit except starter motor and ignition circuits.

4. D. A continuous duty solenoid relay, Cole Hersee No. 24106 or approved equal, operated by the ignition switch, shall be provided fan(s), and booster pump (Circuits 9, 10, 11, and 12).

5. E. All wires within body shall be insulated and protected by covering of fibrous loom (or equivalent) which will protect them from external damage and minimize dangers from short circuits. Whenever wires pass through body member, additional protection in form of appropriate type of insert shall be provided.

6. F. All light circuits shall be such as to provide, as nearly as possible, bulb design voltage at lightbulb terminals.

7. G. Wires shall be fastened securely at intervals of not more than 24 inches. All joints shall be soldered or jointed by equally effective connectors.

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Diagram 6 9 .
Virginia School Bus Wiring Diagram

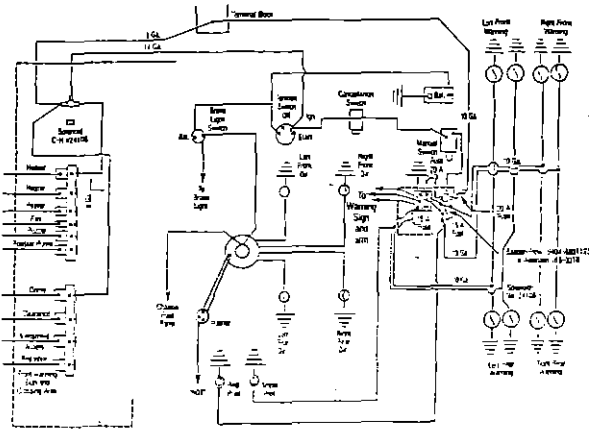
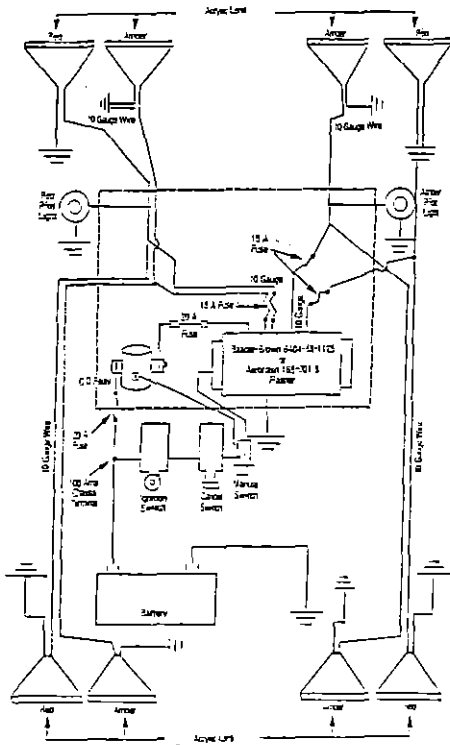


Diagram 7 10 .
Wiring Diagram for Virginia School Bus Traffic Lights



PART VI.
STANDARDS FOR LIFT-GATE SCHOOL BUSES.

§ 6.1. General requirements.

A. School buses or school vehicles designed for transporting children with special transportation needs shall comply with Virginia's standards applicable to school buses and Federal Motor Vehicle Safety Standards as applicable to their GVWR category.

B. Any school bus that is used for the transportation of children who are confined to a wheelchair or other restraining devices which prohibit use of the regular service entrance, shall be equipped with a power lift, unless a ramp is needed for unusual circumstances.

C. Lift shall be located on the right side of the body, in no way attached to the exterior sides of the bus but confined within the perimeter of the school bus body when not extended.

D. Every driver who transports students with disabilities shall receive instruction, training and demonstration in the following areas; however, the instruction shall not be limited to these topics:

1. Characteristics and symptoms of disabilities of the children being transported;
2. Dealing with disruptive behavior;
3. Using special equipment to include but not limited to:
 - a. Lifts and ramps;
 - b. Wheelchairs;
 - c. Tie-down systems;
 - d. Restraining/assistive devices; and
 - e. Mobility devices;
4. Loading and unloading; and
5. Planning for and executing emergency evacuation drills.

§ 6.2. Aisles.

All aisles leading to the emergency door from wheelchair area shall be a minimum of 30 inches in width.

§ 6.3. Communications.

Special education buses may be equipped with a two-way radio communication system. (See § 5.52 A.)

§ 6.4. Fastening devices.

Unless otherwise specified below, fastening devices shall

conform to FMVSS 222 as amended.

1. Wheelchair fastening devices shall be provided and attached to the floor or walls or both to enable securement of wheelchairs in the vehicle. The devices shall be of the type that require human intervention to unlatch or disengage. The fastening devices shall be designed to withstand forces up to ~~2,000~~ 3,000 pounds per tiedown leg or clamping mechanism or 4,000 12,000 pounds total for each wheelchair ; ~~whichever is the lesser of the two~~ .

2. Additional fastening devices may be needed to assist the student due to the many different configurations of chairs and exceptionalities.

§ 6.5. Glazing.

Tinted glazing may be installed in all doors, windows and windshield.

§ 6.6. 6.5. Heaters.

An additional heater(s) shall be installed in the rear portion of the bus behind wheel wells as required in § 5.61 ~~9~~ I , except a 50,000 minimum BTU heater may be used in bodies originally designed for ~~37~~ 31 -66 passenger capacity and 34,000 minimum BTU heater may be used in bodies of 30 passengers or less. Hose to rear heater, when under body shall be encased in metal tube.

§ 6.7. 6.6. Identification.

Buses with wheelchair lifts used for transporting ~~physically handicapped~~ children *with physical disabilities* shall display universal handicapped symbols located on the front and rear of the vehicle below the windowline. Such emblems shall be white on blue, shall be a minimum of nine inches and a maximum of 12 inches in size, and ~~may~~ shall be reflectorized. They shall be placed so as not to cover lettering, lamps or glass.

§ 6.8. 6.7. Power lift.

1. A. Lifting mechanism shall be able to lift minimum pay load of ~~800~~ 1,000 pounds. A clear opening and platform to accommodate *at least* a 30-inch wide wheelchair shall be provided.

2. B. When the platform is in the fully up position, it shall be locked in position mechanically ~~by means other than a~~ and also shall have an additional support, or lug in the door to prevent the lift from resting against the door

3. C. Controls shall be provided that enable the operator to activate the lift mechanism from either inside or outside of the bus. There shall be a means of preventing the lift platform from falling while in operation due to a power failure.

4. D. Power lifts shall be so equipped that they may be manually raised in the event of power failure of the power lift mechanism.

5. E. Lift travel shall allow the lift platform to rest securely on the ground.

6. F. All edges of the platform shall be designed to restrain wheelchair and to prevent operator's feet from being entangled during the raising and lowering process.

7. G. Up and down movements of the lift platform shall be perpendicular to the plane of the bus body in all positions.

8. H. A restraining device shall be affixed to the outer edge (curb end) of the platform that will prohibit the wheelchair from rolling off the platform when the lift is in any position other than fully extended to ground level.

9. I. A self-adjusting, skid resistant plate shall be installed on the outer edge of the platform to minimize the incline from the lift platform to the ground level. This plate, if so designed, may also suffice as the restraining device described in item 8 above. The lift platform shall be skid resistant.

10. J. A circuit breaker or fuse energized through the ignition side of the accessory solenoid, shall be installed between power source and lift motor if electrical power is used.

11. K. The lift mechanism shall be equipped with adjustable limit switches or by-pass valves to prevent excessive pressure from building in the hydraulic system when the platform reaches the full up position or full down position.

L. Handrails shall be required.

M. Sharp or protruding edges or components shall be padded.

§ 6.9. 6.8. Ramps.

When a power lift system is not adequate to load and unload students having special and unique needs, a ramp device may be installed.

1. If a ramp is used, it shall be of sufficient strength and rigidity to support the special device, occupant, and attendant(s). It shall be equipped with a protective flange on each longitudinal side to keep special device on the ramp.

2. Floor of ramp shall be of nonskid construction.

3. Ramp shall be of weight and design, and equipped with handle(s), to permit one person to put ramp in place and return it to its storage place.

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~~§ 6-10.~~ 6.9. Regular service entrance.

1. *A.* In Type D vehicles, there shall be three step risers, of equal height, in the entrance well.

2. *B.* An additional fold-out step may be provided which will provide for the step level to be no more than six inches from the ground level.

3. *C.* Three step risers in Type C vehicles are optional.

~~§ 6-11.~~ 6.10. Assistive Restraining devices.

Seat frames may be equipped with attachments or devices to which ~~belts,~~ assistive restraining harnesses or other devices may be attached. *Attachment framework or anchorage devices, if installed, shall conform with FMVSS 210.*

~~§ 6-12.~~ 6.11. Seating arrangements.

1. *A.* Flexibility in seat spacing to accommodate special devices shall be permitted due to the constant changing of passenger requirements.

2. *B.* There shall be a padded barrier forward of any standard seating position and between lift-gate and first seat to rear of lift-gate. A wheelchair position immediately forward of lift-gate shall have a barrier between lift and wheelchair. (See § 5.77.)

~~§ 6-13.~~ 6.12. Special light.

Lights shall be placed inside the bus to sufficiently illuminate lift area and shall be activated from door area. *An outside light to be activated when lift door is open and deactivated when lift door is closed is permissible.*

~~§ 6-14.~~ 6.13. Special service entrance.

1. *A.* Bus bodies may have a special service entrance constructed in the body to accommodate a wheelchair lift for the loading and unloading of passengers.

2. *B.* The opening to accommodate the special service entrance shall be at any convenient point on the right (curb side) of the bus and far enough to the rear to prevent the door(s), when open, from obstructing the right front regular service door (excluding a regular front service door lift).

3. *C.* The opening shall not extend below the floor level. Outboard type lifts shall be used.

4. *D.* The opening, with doors open, shall be of sufficient width to allow the passage of wheelchairs. The minimum clear opening through the door and the lift mechanism shall be 30 inches in width.

5. *E.* A drip moulding shall be installed above the opening to effectively divert water from entrance.

6. *F.* Entrance shall be of sufficient width and depth to accommodate various mechanical lifts and related accessories as well as the lifting platform.

7. *G.* Door posts and headers from entrance shall be reinforced sufficiently to provide support and strength equivalent to the areas of the side of the bus not used for service doors.

H. Special service entrance doors shall be equipped with padding at the top edge of the door opening. Pad shall be at least three inches wide and one-inch thick and extend the full width of the door opening.

~~§ 6-15.~~ 6.14. Special service entrance doors.

1. *A.* A single door may be used if the width of the door opening does not exceed ~~40~~ 43 inches.

2. *B.* Two doors shall be used if any single door opening would have to exceed ~~40~~ 43 inches.

3. *C.* All doors shall open outwardly.

4. *D.* All doors shall have positive fastening devices to hold doors in the open position.

5. *E.* All doors shall be weather sealed and on buses with double doors, they shall be so constructed that a flange on the forward door overlaps the edge of the rear door when closed.

6. *F.* When dual doors are provided, the rear door shall have at least a one-point fastening device to the header. The forward mounted door shall have at least three-point fastening devices. One shall be to the header, one to the floor line of the body, and the other shall be into the rear door. These locking devices shall afford maximum safety when the doors are in the closed position. The door and hinge mechanism shall be of a strength that will provide for the same type of use as that of a standard entrance door.

7. *G.* Door materials, panels and structural strength shall be equivalent to the conventional service and emergency doors. Color, rub rail extensions, lettering and other exterior features shall match adjacent sections of the body.

8. *H.* Each door shall have windows set in rubber compatible within one-inch of the lower line of adjacent sash.

9. *I.* Door(s) shall be equipped with a device that will actuate a red flashing visible signal located in the driver's compartment when door(s) is not securely closed and ignition is in "on" position.

10. *J.* A switch shall be installed so that the lifting mechanism will not operate when the lift platform door(s) is closed.

§ 6-16. 6.15. Special optional equipment.

Special seats for ~~aides~~ *attendants* may be installed on an optional basis. The location, restraints, and so forth shall be assessed and approved on an individual unit basis. *All equipment shall be secured properly.*

PART VII. ACTIVITY VEHICLES.

§ 7.1. Activity vehicles owned or operated under contract by or for the school board, which are used solely to transport pupils to and from school activity events, shall comply with all applicable regulations and standards prescribed for school buses except as noted in this article.

A. Exceptions, general regulations.

1. An activity vehicle transporting school pupils shall be operated at a safe, legal speed not in excess of 55 miles per hour.
2. No standees shall be permitted.
3. The *eight-inch school bus* lettered identification and traffic warning devices ~~do not apply~~ shall be removed by the local school division as required by §§ 46.2-100 and 46.2-1090 of the Code of Virginia. The name of the school division or regional vocational/special education center individual school shall be placed on both sides of the vehicle.
4. Stops for the purpose of loading or discharging pupils on the travel portion of the highway shall not be permitted.

B. Exception, driver requirements.

Every driver of school activity vehicles shall receive appropriate instruction and training before being allowed to operate a vehicle transporting children. The length of the instructional program shall be determined by the experience of the applicant and the type of vehicle to be operated.

C. B. Exceptions, minimum standards for school buses in Virginia.

1. School activity vehicles shall not be painted national school bus yellow.
2. An approved road speed control governor shall be required and set at a maximum speed of 55 mph.
3. 2. Other type seats and increased spacing may be used provided all provisions of Federal Standard FMVSS 222 are met.
4. Vehicles may be equipped with luggage compartments in the body skirt provided they do not reduce ground clearance to less than 14.50 inches

from bottom of compartment and that the addition of compartments does not exceed the vehicle GVWR.

5. Approved tinted glass or plastic glazing material is permitted.

6. Air conditioning units may be installed on an optional basis. Application requires heavier electrical components and assessment by the Pupil Transportation Service, Department of Education, on an individual unit basis.

VA.R. Doc. No. R94-836, Filed April 13, 1994, 10:44 a.m.

* * * * *

Title of Regulation: VR 270-01-0059. Regulations for the School Breakfast Program.

Statutory Authority: § 22.1-207.3 of the Code of Virginia.

Effective Date: July 1, 1994.

Summary:

Section 22.1-207.3 of the Code of Virginia requires that any public school that has 25% or more of its students eligible for free and reduced price meals provide the federally funded School Breakfast Program or like program. The law also requires the Department of Education to promulgate regulations governing the implementation of a breakfast program and to establish reporting requirements. The Child Nutrition Act of 1966 and succeeding amendments provide for a school breakfast program in any school agreeing to participate and to meet federal requirements. This is a federally funded entitlement program; reimbursement will be paid for all breakfasts served that meet federal requirements.

All schools are eligible to participate in the federally funded School Breakfast Program provided under the Child Nutrition Act of 1966 and succeeding amendments. The purpose is to provide students, who otherwise may not eat, the opportunity to eat breakfast before the school day begins. Consumption of breakfast enhances the health, well-being, educational experiences and performance of students. Federal funds will reimburse school divisions, according to students' meal categories, for all breakfasts served that meet federal requirements. The State Board of Education reserves the right to waive the requirement of a breakfast program after a school has met specified procedures. With the implementation of the federally funded School Breakfast Program increased federal funds will be received by localities and more children will have access to a breakfast meal.

The only substantive change made since publication of the proposed regulation was to extend a waiver

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granted to a school demonstrating that a breakfast program is not needed from one year to two years. This change was made as a result of comments expressing concern over repeating the waiver process on a biennial basis.

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

Agency Contact: Copies of the regulation may be obtained from Dr. Margaret N. Roberts, Department of Education, James Monroe Building, 101 North 14th Street, Richmond, VA 23219, telephone (804) 225-2540. There may be a charge for copies.

Preface:

In recognition of the importance of health and nutrition to Virginia school children's educational experiences, the State Board of Education is authorized by the § 22.1-207.3 of the Code of Virginia to prescribe regulations for the implementation of school breakfast programs in public schools. These regulations, when adopted, have the force and effect of law until revised, amended or rescinded.

These regulations demonstrate the State Board of Education's commitment to services that will assist Virginia school children in their educational experiences. Each school board should consider the benefits of school breakfast programs for all students. Consumption of breakfast is in the best interest of students and facilitates the educational process. Optimum health and nutrition play a significant role in enhancing the learning experiences of children.

These regulations represent minimum standards for the provision of school breakfast programs and shall become effective July 1, 1994.

VR 270-01-0059. Regulations for the School Breakfast Program.

§ 1. Required schools.

Upon authorization and appropriation of federal funds by the Congress of the United States, each school board must establish a school breakfast program in each public school in which 25% or more of the [currently] enrolled children are determined to be eligible to receive free or reduced price meals in the federally funded school lunch program during the previous school year.

§ 2. School eligibility.

All public schools are eligible to participate in the federally funded School Breakfast Program. Each school board that implements the School Breakfast Program in

the schools, voluntarily or as required by state regulation, shall notify the Department of Education of its plan through the renewal of the "Agreement to Participate." Procedures used to implement the School Breakfast Program for all students in the school must be included in the "Agreement To Participate" and the "Policy Statement for Free and Reduced Price Meals."

To determine which schools are required to implement a school breakfast program, the percentage of free and reduced price lunch eligible students shall be based on the number of students determined to be eligible and total membership as of October 31 of the preceding school year. New schools or realigned schools shall use student eligibility and membership data for October 31 of the current school year. Any new or realigned school with 25% or more free or reduced price meal eligible students shall begin a school breakfast program on the first operating day in January of the current school year.

A school board which has any schools not participating in the federally funded National School Lunch Program must determine the number of students potentially eligible for free or reduced price meals according to federal regulations. Such determination may be made using statistical data or socioeconomic demographic data from lower schools that participate in the federally funded National School Lunch Program. This data and student membership as of October 31 will be submitted annually to the Department of Education by December 1 on the prescribed form.

§ 3. Student eligibility.

Student eligibility for free, reduced price or paid meal benefits shall be determined using the annual guidelines established by the U.S. Department of Agriculture and published in the Federal Register.

§ 4. Exemptions.

A public school [,] required by state regulation to provide the federally funded School Breakfast Program [or like program,] may apply for an exemption. Schools may petition the Board of Education for a waiver to the school breakfast program requirement after providing a breakfast program for four months. Such petition shall include documentation of the school administration's efforts to (i) encourage students to eat breakfast through bus and class scheduling and feasible access, (ii) provide information on the value of eating breakfast, (iii) determine from parents or guardians whether the school breakfast program is needed, and (iv) ascertain whether the program is cost effective in such situations. Waivers will apply [~~no longer than~~ only for] the current and [two] subsequent school [~~year~~ years.]

§ 5. Reporting requirements; federally funded programs; nonfederally funded programs.

A. Section 22.1-207.3 of the Code of Virginia requires

that all school boards submit a plan to comply with the provisions of the statute. Those school boards which include all required schools in the "Agreement to Participate" are deemed to have satisfied that provision.

B. Each school board that provides the federally funded School Breakfast Program shall submit the number of eligible students for free and reduced price meals and total membership through its monthly school claims for reimbursement submitted to the Department of Education and in the annual "Agreement to Participate."

C. Each school board that offers a nonfederally funded breakfast program in one or more schools shall report to the Department of Education on a prescribed form the number of students provided free or reduced price breakfasts and total membership for October 31 and June 1 of each school year.

Beginning June 30, 1995, and each year thereafter, each school board must submit to the Department of Education the number and socioeconomic characteristics of school age children eligible for meal benefits under the federal guidelines for any school which does not provide the federally funded National School Lunch Program.

§ 6. Food service standards.

Each school will comply with the applicable federal regulations, including but not limited to, the Code of Federal Regulations (7 CFR), Parts 220 and 245 when implementing a breakfast program.

A school's food services, including kitchen and dining areas, must meet [,] at a minimum [,] all applicable state and federal regulations for meal preparation, service, and food consumption.

The breakfast program may be provided before the school day begins or during a scheduled morning break. It is recommended that students have a minimum of two hours between breakfast and lunch whenever possible. Students must be provided a minimum of 10 minutes to eat breakfast after [service of] the meal [is served].

All foods which are sold from 6 a.m. until after the close of the last breakfast service period must be of sound nutritional value and contribute significantly to students' nutritional needs as identified in current Recommended Dietary Allowances. The income from any food sales during this period shall accrue to the school food service.

§ 7. Program evaluations.

School Breakfast Programs will be evaluated for nutritional and financial integrity, accountability, and benefits for students through reviews prescribed by federal regulation and through Department of Education assessments.

§ 8. Complaints and appeals.

Complaints received from parents or students or appeals concerning a student's eligibility for meal benefits shall be processed by a school or school board official. If unresolved, appeals by the complainant shall follow the prescribed procedures in the "Policy Statement for Free and Reduced Price Meals."

§ 9. Parent notification.

Notification to parents and guardians of the availability of a school breakfast program and the free and reduced price meal benefits shall be made in writing prior to or at the beginning of each school year. Applications for benefits must be distributed to all households of enrolled students and processed in a confidential manner.

§ 10. Nutrition education.

Schools shall provide teachers, children, parents or guardians nutrition information on the relationship between nutrition, learning, and health. This may be accomplished through the following:

Children: educational experiences or information in the classroom and cafeteria.

Teachers: educational meetings, seminars, newsletters, or provision of resource materials.

Parents: educational sessions, newsletters or brochures.

V.A.R. Doc. No. R94-834; Filed April 13, 1994, 10:43 a.m.

DEPARTMENT OF GENERAL SERVICES

Title of Regulation: VR 330-02-06, Regulations for the Certification of Laboratories Analyzing Drinking Water (REPEALED).

Title of Regulation: VR 330-02-06, Regulations for the Certification of Laboratories Analyzing Drinking Water.

Effective Date: June 1, 1994.

Statutory Authority: § 2.1-429 of the Code of Virginia.

Summary:

The regulations for the Certification of Laboratories Analyzing Drinking Water allow the Commonwealth to carry out the provisions of the Safe Drinking Water Act. The regulations also provide a mechanism to assure that laboratories are capable of providing valid data. The regulations impact those laboratories seeking certification for the testing of drinking water.

Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

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Agency Contact: Copies of the regulation may be obtained from Frances V. Wright, Department of General Services, 202 North Ninth Street, Suite 209, Richmond, VA 23219, telephone (804) 371-7725. There may be a charge for copies.

VR 330-02-06:1. Regulations for the Certification of Laboratories Analyzing Drinking Water.

PART I. GENERAL PROVISIONS.

§ 1.1. Introduction.

The Safe Drinking Water Act (SDWA) of December 16, 1974, mandated the establishment of drinking water regulations. The United States Environmental Protection Agency (USEPA) was authorized to set the national drinking water regulations and oversee the implementation of the SDWA. State governments through their health departments or environmental agencies were to accept the responsibility for the implementation and enforcement of the SDWA'S provisions.

The Virginia Department of Health, Division of Water Supply Engineering (VDH-DWSE) has accepted and maintains the primary enforcement responsibility (primacy) under the SDWA and the requirements of the National Primary Drinking Water Regulations (NPDWR) 40 [CFR Code of Federal Regulations (CFR)] 141, 142 and 143. The regulation at 40 CFR 141.28 requires that all testing for compliance purposes except turbidity, free chlorine residual, temperature and pH be performed by laboratories certified by the state.

The Department of General Services, Division of Consolidated Laboratory Services (DGS-DCLS) has been designated by VDH-DWSE as the principal state laboratory. Pursuant to regulation 40 CFR 142.10(b)(3)(i), DGS-DCLS has established and maintains the state program for the certification of laboratories conducting analytical measurements of drinking water contaminants.

These regulations provide the mechanism to assure that laboratories are capable of providing valid data for compliance under the SDWA.

§ 1.2. Definitions.

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

"Analyst" means a chemist, microbiologist, physicist, or technician who actually performs a test. The analyst may carry out the complete test or participate jointly with other analysts. The qualifications an analyst needs depend greatly on functions being performed.

"Certifying team" means experienced [DGS-DCLS] professionals to perform laboratory on-site evaluations

under the SDWA.

["CFR" means Code of Federal Regulations.]

"Compliance sample" means any sample required by the Virginia Department of Health to determine that the water quality does not exceed the maximum contaminant level (MCL) for each specified parameter.

["DGS-DCLS" means the Department of General Services-Division of Consolidated Laboratory Services.]

["EMSL-LV" means the Environmental Monitoring Systems Laboratory in Las Vegas, Nevada.]

"Maximum contaminant level (MCL)" means the maximum permissible level of a contaminant in water which is delivered to the free flowing outlet of the ultimate user of a waterworks.

"Minimum requirements" means criteria which are critical to the generation of valid data. These criteria describe the lowest level of capability at which the analyses can be successfully performed.

["NPDWR" means the National Primary Drinking Water Regulations.]

"Performance evaluation sample" means annual sample to be analyzed by a laboratory on certain parameters for which certification has been requested or granted. This annual sample is a form of documentation of a laboratory's capabilities in conjunction with on-site inspection evaluations of the laboratory by the certifying team.

"Primary enforcement responsibility (Primacy)" means the primary responsibility for administration and enforcement of primary drinking water regulations and related requirements applicable to public water systems within a state.

"Quality Assurance (QA) Plan" means a written description of a laboratory's quality assurance activities.

["SDWA" means the Safe Drinking Water Act.

"TTHM" means Total Trihalomethanes.

"USEPA" means the United States Environmental Protection Agency.

"VDH-DWSE" means the Virginia Department of Health-Division of Water Supply Engineering.]

"Virginia laboratory officer" means [a the DGS-DCLS] coordinator of drinking water laboratory certification activities.

§ 1.3. Public notification for exceeded MCL.

The public notification regulations require that a laboratory analyzing compliance samples immediately notify the VDH-DWSE of all results which exceed an MCL in accordance with Virginia Waterworks Regulations, VR 355-18-005.09, § 2.18 Reporting, August 1, 1991; the Public Notification Final Rule, Federal Register Vol. 52, No. 208, October 28, 1987; and the Public Notification Technical Amendment, Federal Register Vol. 54, No. 72, April 17, 1989.

§ 1.4. Compliance data report.

A waterworks with an on-site certified laboratory shall follow the reporting requirements outlined in Virginia Waterworks Regulations, VR 355-18-005.09, § 2.18 Reporting, August 1, 1991.

A contract laboratory analyzing compliance samples shall complete the appropriate VDH-DWSE Sample Input Form in accordance with the instructions for compliance under the SDWA. The contract laboratory shall report the analysis result to the VDH-DWSE within three days of completion date of sample analysis.

§ 1.5. Laboratory Quality Assurance Plan.

A certified laboratory shall establish a QA Plan complying with USEPA and state standards. The QA Plan may be a separately prepared QA document or may incorporate by reference already available standard operating procedures. Documentation for the items listed below can be made by reference to the laboratory's standard operating procedures or to other literature.

1. Laboratory Organization, Personnel Qualifications, Training and Responsibility.
2. Sample Collection, Handling, Preservation and Rejection.
3. Instrument and Equipment Calibration, Standardization, and Temperature Checks.
4. Maintenance Procedures.
5. Standards, Reagents, Laboratory Pure Water, Media and Glassware.
6. A current working manual of procedures shall be available to the working analyst. The procedures shall be written as they are exactly performed in the laboratory, not ideally how they should be performed.
7. Data Reduction, Validation, Reporting and Review.
8. Internal and External Quality Control.
9. Precision, Accuracy, Quantitation and Detection Levels.
10. Corrective Action Contingencies.

[~~11. Safety.~~]

[~~12. Sample and Waste Disposal.~~]

§ 1.6. [Certification fee Fees.]

A fee shall be charged by [~~the Commonwealth DGS-DCLS~~] for the certification process. Fees are currently waived for state, local, and federal government laboratories. The annual fee shall be based on the current schedule, the location of the laboratory and the categories for which the laboratory requests certification. [The fee shall be payable at the time the application is filed with DGS-DCLS, and is nonrefundable.] The categories are microbiology, inorganic chemicals, organic chemicals and radiochemicals.

§ 1.7. Reciprocity.

An out-of-state laboratory shall be granted reciprocal certification provided the laboratory demonstrates the need to serve customers in Virginia and is certified by USEPA or another state under equivalent certification criteria.

The laboratory's certificate, current performance evaluation study report, most recent on-site evaluation report, personnel qualifications and QA Plan shall be received by DGS-DCLS prior to consideration for certification. An annual fee is charged per category. The categories are microbiology, inorganic chemicals, organic chemicals and radiochemicals.

§ 1.8. Update on regulations.

Whenever USEPA adopts a new manual for the "Certification of Laboratories Analyzing Drinking Water," [EPA-814B-92-002, September 1992,] the Virginia laboratory officer shall inform local laboratories of the availability of the manual. Local laboratories shall comply with the updated manual. DGS-DCLS may update these regulations to be equivalent or more stringent than the USEPA Manual. DGS-DCLS, as necessary, may adopt in these regulations new NPDWR on or before their effective date.

PART II. CERTIFICATION OF LABORATORIES.

§ 2.1. Application for certification.

- A. A laboratory shall request the application form from DGS-DCLS.
- B. An application packet consisting of the application form; forms for personnel, equipment and methodology; the regulations; and pertinent information regarding the SDWA shall be provided to the laboratory.
- C. DGS-DCLS shall administratively review the application packet when received.

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D. DGS-DCLS shall provide a performance evaluation sample or enroll the laboratory in the USEPA Performance Evaluation Study, if applicable.

E. DGS-DCLS shall schedule an on-site evaluation for in-state laboratories. For chemical certification, the laboratory shall obtain acceptable results on the performance evaluation study (or EMSL-LV Cross Check Samples) before an on-site evaluation is scheduled.

[F. Certification fee shall be payable at the time the application is filed with DGS-DCLS, and is nonrefundable.]

§ 2.2. Evaluation procedure.

A. DGS-DCLS shall notify a laboratory three weeks before the on-site evaluation. [When a certified laboratory is due for recertification, DGS-DCLS shall provide preliminary survey forms for updates on personnel, equipment and methodology.]

B. During the on-site evaluation, the certifying team shall evaluate the laboratory on its equipment and supplies, general laboratory practices, sample collection, handling and preservation, methodology and quality assurance. A laboratory may be required to analyze an unknown sample or perform analysis on a parameter during the evaluation.

Survey forms may be used as guidelines for complete coverage of the laboratory's activities. Each deviation observed during the laboratory evaluation shall be discussed at the time it is observed. The certifying team shall make an oral report to the laboratory staff at the end of the evaluation.

C. The certifying team shall prepare a narrative and action report for the Virginia laboratory officer. This report shall contain information pertinent to the evaluation. The report shall recommend the parameters in a category for which certification can be granted.

D. DGS-DCLS shall obtain from VDH-DWSE an identification number for a newly certified laboratory. DGS-DCLS shall inform VDH-DWSE of the certification status of a laboratory.

E. The Virginia laboratory officer shall advise the laboratory within 30 days after the on-site evaluation of its certification status and forward the certifying team's complete report.

F. Each laboratory found to be in noncompliance with these regulations, as indicated in the certifying team report, shall submit documentation of the corrective actions at the [specified] time [specified by DGS-DCLS]

G. Additional actions toward certification shall be determined based on the specific circumstances.

§ 2.3. Levels of certification.

Certification is granted for individual parameters in a category except for the volatile organic chemicals [(VOC's)]. The [~~volatile organic chemicals~~ VOC's] are certified as a group based on the method employed and successful completion of the performance evaluation study.

1. "Certified" means a laboratory that meets the minimum requirements as determined by the certifying team using these regulations. The certification shall be valid for up to three years.

2. "Provisionally certified" means a laboratory which has deficiencies but can still produce valid data. The laboratory can continue to report compliance data to VDH-DWSE. A laboratory shall be permitted up to six months for correction of deficiencies. The certifying team may perform an announced or unannounced on-site evaluation to determine the adequacy of documented corrective actions. The certifying team shall recommend to the Virginia laboratory officer to upgrade the laboratory's certification status.

3. "Not certified" means a laboratory that does not meet the minimum requirements as determined by the certifying team using these regulations.

§ 2.4. Notice of appeal.

A laboratory may appeal its not certified status and make a request for an on-site reevaluation to the Virginia laboratory officer. A different certifying team shall perform the reevaluation. The reevaluation report shall be sent to the laboratory within 30 days. Should the reevaluation confirm the not certified status, the laboratory shall correct the deficiencies and reapply for certification.

§ 2.5. Maintenance of certified status.

To maintain [~~their~~ its] certified status, a laboratory shall:

1. Continue to meet the requirements listed in these regulations based on the on-site evaluation.

2. Pass performance evaluation samples on an annual basis (for radiochemistry pass additional two cross-check samples).

3. Perform a minimum of five water analyses for each chemical parameter per month. Refer to § 4.5 [of these regulations] for the minimum number of microbiology analyses. This shall ensure that the [~~analyt~~ laboratory] maintains expertise in the certified categories.

4. Notify DGS-DCLS within 30 days of [~~major~~] changes in personnel, equipment or laboratory location which may change the laboratory's analytical capability.

5. Use approved methodology [listed in these regulations] .

6. Notify VDH-DWSE in accordance with § 1.3 of these regulations.

§ 2.6. Downgrading of certified status.

A laboratory's certified status shall be downgraded to a provisionally certified status for:

1. Failure to meet the requirements listed under § 2.5 of these regulations.

2. Failure to successfully analyze the same parameter on two consecutive performance evaluation studies.

3. Failure to submit documentation of corrective actions on the failed parameters on a performance evaluation study.

§ 2.7. Revocation of certified status.

A laboratory shall be downgraded from certified or provisionally certified to not certified status for:

1. Failure to employ USEPA approved methods.

2. Failure to submit report for the performance evaluation study at the specified time limit unless a waiver is approved [by DGS-DCLS] .

3. Failure to successfully analyze a parameter that is provisionally certified.

4. Submission of a performance evaluation sample to another laboratory for analysis and reporting the data as its own.

5. Failure to correct identified deficiencies based on an on-site visit.

6. Permitting persons other than qualified personnel to perform and report results for drinking water analysis.

7. Falsification of data or use of other deceptive practices.

8. Failure to notify the VDH-DWSE in accordance with § 1.3 of these regulations.

§ 2.8. Action to downgrade or revoke certification.

The laboratory shall be notified by certified mail of the circumstances which form the basis of downgrading or revocation of certified status.

§ 2.9. Reinstatement of certification.

Certification shall be reinstated when the laboratory can

demonstrate that the deficiencies which produced the downgrading or revocation of certified status have been corrected. An on-site evaluation or successful completion of a performance evaluation study or both may be required.

§ 2.10. Certification for additional parameters.

A laboratory shall submit a request for additional parameters to DGS-DCLS. To obtain certification, the laboratory, when applicable, shall pass the performance evaluation study and be subjected to an on-site evaluation. If the laboratory's capability and proficiency has been established for similar parameters in a category, an on-site evaluation may not be required.

§ 2.11. Recertification process.

DGS-DCLS shall notify and mail recertification forms to the laboratory at least [60 30] days before the expiration of certification. The continuing on-site evaluations shall be performed as in the initial evaluation with emphasis on past deficiencies and their corrections.

PART III. CHEMISTRY.

§ 3.1. Personnel.

The laboratory shall provide a curriculum vitae on each [~~employee~~ analyst] involved in analyzing drinking water with sufficient information to show that personnel are adequately trained and experienced to perform the specific analyses for the categories being considered for certification. Whenever there is a change of personnel, DCLS shall be notified and provided with data on the status change of present personnel or curriculum vitae for new personnel within [60 30] days of the change.

§ 3.2. Laboratory facilities.

The laboratory facilities shall be clean, have controlled temperature and humidity and have adequate lighting at the bench top.

The laboratory shall provide for the disposal of chemical wastes. Exhaust hoods are required for preparation, extraction and analysis, where applicable, of drinking water inorganic and organic parameters.

It is recommended that inorganic and organic facilities be in separate rooms. Sample storage shall be isolated for protection from sources of contamination.

§ 3.3. Laboratory equipment and instrumentation.

The laboratory is only required to have those instruments that are needed to perform the approved methods for which certification has been requested. Those instruments shall meet the following specifications:

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1. General.

a. Analytical balance. Each analytical balance shall have a sensitivity of 0.1 mg. The balance shall be seated on a steady base to prevent interference from vibration and protection from sudden drafts and humidity changes.

b. pH meter. [~~The accuracy of the~~] pH meter shall be [accurate] within ± 0.05 pH units. Scale readability of the pH meter shall be ± 0.1 pH units. Glass electrodes shall be either immersed in distilled water or stored according to the manufacturer's recommendations during periods of inactivity. [pH meter may be] usable with specific ion electrode.

c. Magnetic stirrer. Variable speed with [~~FFE or~~] inert material coated stir bar.

d. Conductivity meter. Suitable for checking distilled water quality, readable in ohms or mhos with a range from 2 ohms to 2 megohms.

e. Hot plate. Hot plate shall have selectable temperature control.

f. Refrigerator. Standard refrigerator for storage of aqueous reagents and samples. An explosion-proof type of refrigerator for organic storage.

g. Drying oven. Gravity or convection units with selectable temperature control from room temperature to 180°C or higher ($\pm 2^\circ\text{C}$). To 400°C for cleaning organic glassware.

h. Thermometer. Any good grade mercury-filled centigrade thermometer with 1°C or finer subdivisions calibrated to 180°C or higher.

i. Centrifuge. Centrifuge to 3000 rpm [with option of handling which can handle] 4 x 50 mL tubes.

j. Glassware. All volumetric glassware shall be marked Class A, denoting that it meets federal specifications and need not be calibrated before use. Borosilicate glass which is more resistant than regular soft glass to damage by heat, chemicals, and physical abuse, is recommended.

k. Waterbath. Electric or steam heated capable of temperature control to within 5°C to 100°C.

l. Pipets and tips. Microliter capacity 5 to 100 microliters with metal-free disposable tips.

m. Desiccator. Glass or plastic models depending on particular application.

2. Inorganic contaminants.

a. Photometer.

(1) Spectrophotometer. Usable wavelength range, 400 to 700 nm. Maximum spectral band width, no more than 20 nm. Several sizes and shapes of absorption cells providing a sample path length from approximately 1 to 5 cm.

(2) Filter photometer (abridged spectrophotometer). Capable of measuring radiant energy in range of 400 to 700 nm. Relatively broad bands (10 to 75 nm) of this radiant energy are isolated by absorption of the colorimetric methods. Photometer shall be capable of using several sizes and shapes of absorption cells providing a sample path length varying from approximately 1 to 5 cm.

(3) Color standards. To verify wavelength on photometer. Shall cover 200-800 nanometers.

b. Automated analysis systems. Exact equipment used is specified by the individual methods and includes:

(1) Sampler

(2) Proportioning pump

(3) Manifold of analytical cartridge

(4) Heating bath

(5) Heating bath with distillation head

(6) Continuous filter

(7) Colorimeter with filters

(8) Ion selective electrode detector with electrodes

(9) Recorder

c. Arsine generator and absorption system. A Gutzeit generator or equivalent used in conjunction with an absorber tube or assembly.

d. Atomic absorption spectrophotometer. Single-channel, single- or double-beam instrument having a grating monochromator, photomultiplier detector, adjustable slits, and a wave-length range of least 190 to 800 nm.

(1) Readout system. An appropriate readout system that has a response time capable of measuring the atomic absorption signal generated is required. This includes the capability to detect positive interference on the signal from intense nonspecific absorption. In furnace analysis a strip chart recorder [~~should~~ shall] be used for verification of adequate background correction if a CRT video readout or hard copy plotter is not available.

(2) *Fuel and oxidant.* Commercial grade acetylene is generally acceptable. Air may be supplied from a compressed air line, a laboratory compressor, or from a cylinder of compressed air. Reagent grade nitrous oxide is also required for certain determinations. Standard commercially available argon or nitrogen or both are required for furnace work, and hydrogen is required for the flame hydride systems. The supplies of fuel and oxidant shall be maintained at pressures somewhat higher than the controlled operating pressure of the instrument.

(3) *Burner.* The burner recommended by the particular instrument manufacturer and consistent with the approved method [~~should~~ shall] be used. For certain elements the nitrous oxide burner is required.

(4) *Hollow cathode lamps.* Single element lamps are preferred but multi-element lamps may be used. Electrodeless discharge lamps may also be used.

(5) *Graphite furnace.* Any furnace device capable of reaching the specified temperatures is satisfactory.

(6) *Background corrector.* A background correction system or provision for a subsequent analysis using a nonabsorbing line is required for furnace analysis.

(7) *Hydride generation system.* Any gaseous hydride system used in conjunction with an atomic absorption spectrophotometer equipped for direct aspiration analysis.

e. Mercury cold vapor analyzer. Commercially available vapor mercury analyzer can be substituted for the equipment listed below.

(1) *Absorption cell.* Standard 10 cm quartz cell with end windows or 11.5 cm plexiglass cell with an [~~I.D.~~ inside diameter] of 2.5 cm.

(2) *Air pump.* Peristaltic pump with an air flow of 1 L per minute.

(3) *Flowmeter.* Capable of measuring an air flow of 1 L per minute.

(4) *Spectrophotometer.* Atomic absorption spectrophotometer equipped with a mercury hollow cathode lamp.

(5) *Aeration tube.* A straight glass frit having a coarse porosity.

(6) *Drying unit.* A 6-inch drying tube containing 20 grams of magnesium perchlorate or a heating device is required to prevent condensation of moisture.

f. Inductively Coupled Plasma. Computer control, background correction, radio frequency generator and argon gas supply.

[*g. Inductively Coupled Plasma-Mass Spectrometer.* Capable of scanning the mass range 5 - 250 amu with a minimum resolution capability of 1 amu peak width at 5.0% peak height.

g. h.] Ion Chromatograph. Conductivity detector or UV detector, suppressor column and separator column.

3. Organic contaminants.

a. Gas chromatograph. A commercial or custom-designed gas chromatograph (GC) with a column oven capable of isothermal temperature control $\pm 0.2^\circ\text{C}$ to at least 220°C . Additional accessories and specifications are listed below [*by methodology*] .

(1) *Chlorinated hydrocarbons.* Equipped with a glass-lined injection port suitable for chlorinated hydrocarbon pesticides with a minimum of decomposition, and equipped with either an electron capture detector or electrolytic conductivity detector.

(2) *Chlorophenoxys.* Equipped with a glass-lined injection port and either an electron capture detector or electrolytic conductivity detector.

[(3) *TFHM by purge and trap.* Temperature programmable from 45° to 220°C at about $8^\circ\text{C}/\text{minute}$ and equipped with either a microcoulometric detector or an electrolytic conductivity detector.

(4) *TFHM by liquid/liquid extraction.* Equipped with a linearized (frequency modulated) electron capture detector.

(3) *Volatile organic compounds.* Equipped with electrolytic conductivity detector and photoionization detector.]

[(5) (4) *TFHM/Volatiles VOC's*] by gas chromatography/mass spectrometry [(GC/MS)] . The gas chromatograph, which shall be temperature programmable, shall be interfaced to the mass spectrometer with an all-glass enrichment device and an all-glass transfer line. Mass spectral data are to be obtained with electron-impact ionization at a nominal electron energy of 70 eV.

The mass spectrometer shall be capable of producing a spectrum that meets all criteria [~~in~~ *Table A* below] when 50 ng of p-bromofluorobenzene(BFB) is introduced into the gas chromatograph. An interfaced data system is

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necessary to acquire, store, reduce and output mass spectral data. [The data system needs to be equipped with software to acquire and manipulate data for only a few ions that were selected as characteristic of trihalomethanes and the internal standard (and surrogate compounds).]

[Table A]

p-Bromofluorobenzene Key Ions and Ion Abundance Criteria.

Mass	Ion Abundance Criteria
50	15 to 40% of mass 95
75	30 to 80% of mass 95
95	base peak, 100% relative abundance
96	5 to 9% of mass 95
173	less than 2% of mass 174
174	greater than 50% of mass 95
175	5 to 9% of mass 174
176	96 to 100% of mass 174
177	5 to 9% of mass 176

[(5) Synthetic Organic Chemicals (SOC's) by GC/MS. The gas chromatograph, which shall be temperature programmable, shall be equipped with splitless/split or on column capillary injection. The mass spectrometer shall be capable of electron ionization at a nominal electron energy of 70 eV. The mass spectrometer shall be capable of producing a spectrum that meets all criteria below when 5 ng or less of decafluorotriphenylphosphine (DFTPP) is introduced into the gas chromatograph. An interfaced data system is necessary to acquire, store, reduce and output mass spectral data.

Ion Abundance Criteria for DFTPP

Mass (M/z)	Relative Abundance Criteria
51	10-80% of the base peak
68	less than 2% of mass 69
70	less than 2% of mass 69
127	10-80% of the base peak
197	less than 2% of mass 198
198	Base peak or greater than 50% of 442
199	5-9% of mass 198
275	10-60% of the base peak
365	greater than 1% of the base peak
441	Present and less than mass 443
442	Base peak or greater than 50% of 198
443	15-24% of mass 442]

(6) GC/MS interface. It is recommended that the interface between the end of the chromatographic column and the ion source of the mass spectrometer be constructed with deactivated glass or glass-lined materials. The GC/MS interface can use any separator, transfer line or other interface part, provided it is demonstrated that the system

meets BFB [and DFTPP] performance specifications.

(7) GC/MS data system. It is desirable that the data system shall have the ability to perform automatic quantitative analysis using integrated specific ion abundances and either a single internal or external standard. The data system shall also have the ability to perform automatic quantitative analysis using integrated specific ion abundances and regression analysis with multiple internal or external standards.

b. Recorder for gas chromatograph. Strip chart recorder with a full scale response time of 1 second or less, 1 mV (-0.05 to 1.05) signal to match the instrument, and a chart speed of 0.25 to 0.5 in/min or appropriate data system.

c. High Performance Liquid Chromatograph.

(1) With Post Column Reactor (PCR) equipped with a fluorescence detector.

(2) Equipped with a photodiode array detector.

d. Purge and trap system. A commercial or custom-designed system containing three separate elements. [When used with a compatible gas chromatograph, the assembly shall be able to detect 0.5 ug/L of each of the individual trihalomethanes and measure them with a reproducibility not to exceed 8% relative standard deviation at 20 ug/L.]

(1) Purging device. Designed for a 5 ml or 25 ml sample volume dependent on methodology. [Gas inlet disperses finely divided gas bubbles through the sample.]

(2) Trapping device. [Capable of retaining purged trihalomethanes at room temperatures. Shall be at least 25 cm long and have an inside diameter of at least 0.105 inch.]

(3) Desorber assembly. Capable of heating the trapping device to 180°C [in one minute with less than 40°C overshoot] .

e. Kuderna-Danish glassware. Sets of tapered glassware, each consisting of a three ball Snyder Column, evaporative flask, and calibrated tube.

f. Separatory funnels. For extraction with organic solvents, 250 ml or larger.

§ 3.4. General laboratory practices.

A. General.

1. Chemicals/reagents. "Analytical reagent grade" (AR) chemicals shall be used for most analyses required of

water; however, certain analytical procedures may require special reagents.

2. *Laboratory safety.* While safety criteria are not aspects of laboratory certification, each laboratory is encouraged to have a safety plan. Where safety practices are included in an approved method, they shall be strictly followed.

B. Inorganic contaminants.

1. *Glassware preparation.* All glassware shall be washed in warm detergent solution and thoroughly rinsed first in tap water and then distilled water. Individual procedures shall be referred to for more elaborate precautions to be taken against contamination of glassware.

2. *Reagent water.* The laboratory water source shall at least have a resistivity value of 0.5 megohms (less than 2.0 micromhos/cm) at 25°C. Quality water meeting such specifications can be purchased from commercial suppliers. Quality of reagent water is best maintained by sealing from the atmosphere. Quality checks to meet specifications above shall be made and documented at planned intervals not to exceed one month.

C. Organic contaminants.

1. *Glassware preparation.* Glassware and sample bottles shall be washed in a warm detergent solution and thoroughly rinsed first in tap water and then in distilled water. Glassware shall have a final organic solvent rinse or baked at 400°C for 30 minutes and then air dried or cooled in an area free of organic contamination. Glassware shall be covered with organic-free aluminum foil during storage. Bottles and cap liners used for collection of samples for the determination of VOCs shall be dried at 105°C for one hour, sealed, and stored in an area free of volatile organics.

2. *Reagent water.* Reagent water for organic analysis shall be free of interferences that coelute from the gas chromatograph with the compound being measured. It may be necessary to treat distilled water with activated carbon to eliminate all interferences.

§ 3.5. Analytical methodology.

[Analytical methods are specified in NPDWR 40 CFR 141 and 143.] All procedural steps in the approved methods are considered requirements. [All other methods are considered alternate procedures. Individual alternate methods are not acceptable.]

1. *Inorganic contaminants.* Table III-1 [of these regulations] shows the approved methodology for inorganic contaminants.

2. *Organic contaminants.* Table III-2 [of these regulations] shows the approved methodology for organic contaminants.

3. *Secondary inorganic contaminants.* [Recommended methods for secondary inorganic contaminants are listed in Table III-3. Table III-3 of these regulations shows the approved methodology for secondary inorganic contaminants.]

4. *Prepackaged kits.* DPD Colorimetric Test Kit and FACTS Colorimetric Test Kit are the only acceptable kits for free chlorine residual.

5. *Measurement for residual disinfectant, turbidity, pH and temperature* need not be made in certified laboratories but may be performed by any persons acceptable by the VDH-DWSE. The following are the critical elements of these tests:

a. *Sealed liquid turbidity standards* purchased from the instrument manufacturer shall be calibrated against properly prepared and diluted formazin or styrene divinylbenzene polymer standards at least every four months in order to monitor for any eventual deterioration. This calibration shall be documented. The standards shall be replaced when they do not fall within 15% of the assigned value of the standard. Solid turbidity standards composed of plastic, glass, or other materials shall not be used.

b. *Calibration interval for color wheels, sealed ampules, and other visual standards* for free chlorine residual at least every six months. These calibrations shall be documented. By comparing standards and plotting such a comparison on graph paper, a correction factor can be derived and applied to all future results obtained on the now calibrated apparatus.

c. *Additional criteria.* The following criteria shall be used by persons for performing free chlorine residual, turbidity, pH and temperature measurements.

(1) *Free chlorine residual.* Samples shall be collected in plastic or glass. Samples are not preserved; analyses are made within 15 minutes. A DPD or FACTS Colorimetric Test Kit, spectrophotometer or photometer is required.

(2) *Turbidity.* Samples shall be collected in plastic or glass. Samples are not preserved; analyses are to be made within 15 minutes. Nephelometer is needed with light source for illuminating the sample and one or more photoelectric detectors with a readout device to indicate the intensity of light scattered at right angles to the path of the incident light. Unit may be line/bench or battery/portable operated.

(3) *pH.* Samples shall be collected in plastic or

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glass. Samples are not preserved. Analyses are to be made within 15 minutes. A pH meter is necessary.

(4) *Temperature.* Samples shall be analyzed immediately. Good grade mercury-filled or dial-type centigrade thermometer, or thermistor are required.

§ 3.6. Sample collection, handling, and preservation.

A. A written sampling procedure with specified sampling instructions shall be made available to sample collectors. The laboratory shall require strict adherence to correct sampling procedures, complete identification of a sample and prompt transfer of the sample to the laboratory.

B. The collector shall be trained in sampling procedures.

The sample needs to be representative of the potable water system. The water tap shall be sampled after maintaining a steady water flow for two or three minutes to [~~clear~~ clear] service line unless otherwise specified by the method, as an example, lead and copper. The tap shall be free of any attachments or water purification devices.

The sample report form shall be completed immediately after collection with location, date and time of collection, collector's name, preservative added and any remarks concerning the sample. Indelible ink shall be used.

C. The sample container, required preservative and maximum holding time for inorganic contaminants are listed in Table III-4 [of these regulations] .

D. The sample container, required preservative and maximum holding time for organic contaminants are listed in Table III-5 [of these regulations] .

E. The laboratory shall reject any sample not meeting the above criteria and notify the system or individual requesting the analyses.

§ 3.7. Quality assurance.

A. All quality control (QC) information shall be made available for inspection by the certifying team.

B. General.

1. The laboratory shall adhere to the written Quality Assurance (QA) Plan.

2. A manual of analytical methods and the laboratory's QA Plan shall be available to the analysts.

3. The laboratory shall analyze an unknown water supply performance evaluation sample once per year for all contaminants for which that laboratory is

certified. Results shall be within the control limits established by USEPA.

4. At least once each quarter, the laboratory shall analyze a known QC sample. If errors exceed limits specified, corrective action is to be taken and documented and a follow-up quality control standard analyzed as soon as possible to demonstrate the problem has been corrected.

5. The laboratory shall perform an initial demonstration of capability to generate acceptable precision and accuracy data.

6. The laboratory shall develop and maintain QC charts for each analyte. Since percent recovery may not be a constant, the percent recovery data may have to be separated into concentration intervals before control limits are calculated for each interval.

7. The laboratory shall determine initially and at least annually their method detection limit (except when the method specifies a different frequency).

8. The laboratory shall calibrate pH meters for each use period with fresh standard buffers at pH 7.0 and at the pH appropriate for the test being performed.

9. The laboratory shall have a current service contract and a written maintenance calibration procedure on all balances. The laboratory shall calibrate balance(s) monthly using Class S or S-1 reference weights. This calibration(s) shall be documented.

10. The laboratory shall calibrate the conductivity meter monthly with a 0.01 M KCl solution [(See *Methods for Chemical Analyses of Water and Wastes, Method 120.1, USEPA 600/4-79-020, 1979, Revised March 1983*), or *Standard Methods for the Examination of Water and Wastewater, Section 2510, Conductivity, pp. 2-43 through 2-46, 18th ed., 1992*] .

11. The wavelength setting on the spectrophotometer shall be verified with color standards covering 200-800 nanometers every quarter.

12. The laboratory shall check calibration of in-use glass/mercury thermometers annually at the temperature used, against a reference National Institute of Standards Technology, (NIST) thermometer.

13. Refrigerator shall maintain a temperature of 1° to 5°C. Thermometer shall be graduated in at least 1°C increments with the thermometer bulb immersed in liquid. The laboratory shall record temperatures for days in use at least once per day.

14. The laboratory shall record oven temperatures for days in use at least once per day.

15. The laboratory shall test new pipets before use. A pipet shall be checked for accuracy after any maintenance or troubleshooting. All pipets shall be checked for accuracy every six months. Pipets with capacity of less than 500 μ L shall be checked for accuracy every quarter. Tips shall be metal free.

16. Chemicals shall be dated upon receipt. Chemicals whose shelf life has been exceeded shall be discarded in a safe manner. Reagents shall be dated when prepared.

17. The laboratory shall perform instrument maintenance according to maintenance procedures and schedules. The laboratory instrument maintenance shall be documented.

[*G. Inorganic contaminants.*]

[*C.*] In addition to specific quality controls inherent to a method, the following are necessary for each analyte for which the laboratory is certified:

1. A standard reagent curve composed of a minimum of a reagent blank and three standards covering the sample concentration range shall be prepared. The reagent blank shall be carried through the entire analytical procedure. The reagent blank shall not exceed the method detection limit (MDL).

2. Calibration for some methods is [so] time-consuming that subdivision 1 of this subsection is impractical. For these methods, the standard curve shall be initially developed as in subdivision 1 of this subsection. Thereafter, each day on which analyses are performed, the standard curve shall be verified by use of at least a reagent blank and one standard near or at the MCL. Daily checks shall be within $\pm 10\%$ of the original curve.

3. If 20 or more samples are analyzed per day, the working standard curve shall be verified by running an additional standard near or at the MCL every 20 samples. Each check shall be within $\pm 10\%$ of the original curve.

4. The laboratory shall add a known spike to a minimum of 10% of the routine samples (except when the method specifies a different percentage, i.e., furnace methods) to determine if the entire analytical system is in control. The spike concentration shall not be substantially less than the background concentration of the sample selected for spiking. These checks shall be evenly spaced and one check shall be at the end of the day's analyses. Over time, samples from all routine sample sources shall be spiked. If any of these checks are not within the control limits, a standard shall be analyzed to determine if the "out of control" condition was due to sample matrix or system operation. This standard is to be analyzed through the complete analytical

system. Corrective action is to be taken in accordance with the laboratory's QA Plan.

[*D. Organic contaminants.*]

[*D.*] In addition to specific quality controls inherent to a method, the following are necessary for each analyte for which the laboratory is certified:

1. Documentation of acceptable calibration is required before any samples are analyzed. Any of the following calibration procedures shall be employed.

a. *Internal Standard Calibration.* Prepare calibration standards at a minimum of three concentration levels for each analyte of interest. To each calibration standard, add a known constant amount of one or more of the internal standards and surrogate compounds. The lowest standard shall represent analyte concentrations near, but above, their respective MDLs.

The remaining standards shall correspond to the range of concentrations expected in the sample concentrates, or shall define the working range of the detector. The calibration standards shall bracket the analyte concentrations found in the sample extracts.

b. *External Standard Calibration.* Prepare calibration standards at a minimum of three concentration levels for each analyte of interest. To each calibration standard add a known constant amount of one or more surrogate compounds. The lowest standard shall represent analyte concentrations near, but above, their respective MDLs. The other concentrations shall correspond to the range of concentrations expected in the sample concentrates, or shall define the working range of the detector. The calibration standards shall bracket analyte concentrations found in the sample extracts.

c. *Single point calibration* is a viable alternative to the internal and external standard or calibration. Add to the standard a known constant amount of one or more surrogate compounds. The single point standard shall be prepared at a concentration that produces a response that deviates from the sample extract response by no more than 20%.

d. The working calibration curve or calibration factor shall be verified on each working day by the measurement of a minimum of two calibration check standards, one at the beginning and one at the end of the analysis day. These check standards shall be at two different concentration levels to verify the calibration curve. For extended periods of analysis (greater than eight hours), it is strongly recommended that check standards be interspersed with samples at regular intervals during the course of the analyses. If the response for any analyte

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varies from the predicted response by more than $\pm 20\%$, the test shall be repeated using a fresh calibration standard. If the results still do not agree, generate a new calibration curve.

2. *Laboratory Reagent Blanks (LRB).* Before processing any samples, the analyst shall demonstrate that all glassware and reagent interferences are under control. Each time a set of samples is extracted or reagents are changed, a laboratory reagent blank shall be analyzed.

3. *Laboratory Fortified Blank (LFB).* The laboratory shall analyze at least one laboratory fortified blank (LFB) sample with every 20 samples or one per sample set (all samples extracted within a 24-hour period) whichever is greater. The fortified concentration of each analyte in the LFB shall be 10 times MDL or at the MCL, whichever is less.

4. *Laboratory Fortified Sample Matrix (LFSM).* The laboratory shall add a known concentration to a minimum of 10% of the routine samples or one sample concentration per set, whichever is greater. The added concentration shall not be less than the background concentration of the sample selected for fortification. Ideally, the fortified analyte concentrations shall be the same as that used for the LFB. Over time, samples from all routine sample sources shall be fortified.

5. *Laboratory Performance Check Sample (LPCS):* Instrument performance shall be monitored on a daily basis by analysis of the LPC sample. The LPC sample contains compounds designed to indicate appropriate instrument sensitivity, column performance (primary column) and chromatographic performance. Inability to demonstrate acceptable instrument performance indicates the need for reevaluation of the instrument system.

6. It is essential that the laboratory analyze a field blank for TTHM or VOC or both with each sample set. If reportable levels of TTHM or VOC or both are demonstrated to have contaminated the field blank, resampling is essential.

7. The laboratory is to analyze 10% of all samples for TTHM or VOC's or both in duplicate. A continuing record of results and subsequent action taken shall be retained.

[8. Each time the TTHM or VOC's or both analytical system undergoes a major modification or prolonged period of inactivity, the precision of the system shall be demonstrated by the analysis of replicate laboratory performance check samples.]

[9. 8.] On a weekly basis, the laboratory shall demonstrate the ability to analyze low level samples for TTHM and VOC's. Prepare a low level laboratory

performance check sample. For each analyte, the recovery shall be between 60% and 140% of the expected value.

[~~10.~~ 9.] It is essential that laboratories that analyze for TTHM by liquid-liquid extraction and VOC's by Purge and Trap can demonstrate that raw source waters do not contain interferences under the chromatographic conditions selected.

[~~11.~~ 10.] If a mass spectrometer detector is used for TTHM or VOC analyses, it is essential that the mass spectrometer performance tests described under equipment specifications using BFB be conducted once during each eight-hour work shift. Records of satisfactory performance and corrective action shall be maintained.

[11. Each time an analytical system undergoes a major modification or prolonged period of inactivity, the precision of the system shall be demonstrated by the analysis of replicate laboratory performance check samples.]

§ 3.8. Records and data reporting.

A. Records of chemical analyses shall be kept by the laboratory for three years. This includes all raw data, calculations, and quality control data.

B. The data shall contain the following information:

1. Date, place and time of sampling and name of person who collected the sample.
2. Identification of sample as to what type:
 - a. Routine distribution system sample.
 - b. Check sample.
 - c. Raw or process water sample.
 - d. Private well sample.
 - e. Special purpose sample.
3. Date of receipt of sample and date of analysis.
4. Laboratory and persons responsible for performing analysis.
5. Analytical technique and method used.
6. Result of analysis.

§ 3.9. Action response to laboratory results.

When the action response is a designated laboratory responsibility, the laboratory shall notify the proper authority of noncompliance sample results and request

resampling from the same sampling point immediately.

TABLE III - I

Approved Methodology for Inorganic Contaminants

Contaminant	Methodology	EPA	ASTM ^a	SM ^b	USGS ^c	Other
Alkalinity	Titrimetric	¹ 310.1	D1067-88B	2320	1-030-85	-----
Antimony ^d	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
	Hydride-Atomic Absorption ^o	---	D-3697-87.	-----	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	Atomic Absorption; Furnace	---	-----	3113B	-----	-----
Arsenic ^d	Inductively Coupled Plasma	² 200.7	-----	3120B	-----	-----
	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	Atomic Absorption; Furnace	^{2,11} 206.2	D-2972-88C	3113B	-----	-----
	Hydride Atomic Absorption ^o	---	D-2972-88B	3114B	-----	-----
Asbestos	Transmission Electron Microscopy	¹¹ 100.1	-----	-----	-----	-----
	Transmission Electron Microscopy	¹¹ 100.2	-----	-----	-----	-----
Barium ^d	Inductively Coupled Plasma	² 200.7	-----	3120B	-----	-----
	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
	Atomic Absorption; Direct	---	-----	3111D	-----	-----
	Atomic Absorption; Furnace	¹ 208.2	-----	3113B	-----	-----
Beryllium ^d	Inductively Coupled Plasma	² 200.7	-----	3120B	-----	-----
	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	Atomic Absorption; Furnace	---	D-3645-84B	3113B	-----	-----
Cadmium ^d	Inductively Coupled Plasma	² 200.7	-----	-----	-----	-----
	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	Atomic Absorption; Furnace	---	-----	3113B	-----	-----

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Calcium ⁶	EDTA Titrimetric	¹ 215.2	D511-88A	3500-Ca-D	-----	-----
	Atomic Absorption; Direct Aspiration	² 215.1	D511-88B	3111-B	-----	-----
	Inductively Coupled Plasma	² 200.7	-----	3120	-----	-----
Chromium ⁶	Inductively Coupled Plasma	² 200.7	-----	3120B	-----	-----
	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	Atomic Absorption; Furnace	---	-----	3113B	-----	-----
Conductivity	Conductance	¹ 120.1	D1125-82B	2510	-----	-----
Copper ⁶	Atomic Absorption; Furnace	² 220.2	D1688-90C	3113B	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	Atomic Absorption; Direct Aspiration	² 220.1	D1688-90A	3111-B	-----	-----
	Inductively Coupled Plasma	² 200.7	-----	3120	-----	-----
	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
Cyanide	Amenable, Spectrophotometric	---	D2036-91B	4500CN-G	-----	-----
	Manual Distillation followed by Spectro.	---	-----	4500-CN-C ¹⁶ 18	-----	-----
	Manual	---	D2036-91A	4500-CN-E	I-3300-85	-----
	Semi-automated	³ 335.4	-----	-----	-----	-----
	Selective Electrode	---	D2036-91A	4500CN-F	-----	-----
Fluoride	Ion Chromatography	³ 300.0	D4327-91	4110B	-----	-----
	Manual Distill; Color. SPADNS	---	-----	4500F-B,D	-----	-----
	Manual Electrode	---	D1179-88B	4500F-C	-----	-----
	Automated Electrode	---	-----	-----	-----	380-75WE ²⁰
	Automated Alizarin	---	-----	4500F-E	-----	129-71W ¹⁹
Lead ⁶	Atomic Absorption; Furnace Technique	¹ 239.2	D3559-85D	3113B	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
Mercury	Manual, Cold Vapor ¹⁰	¹ 245.1	D3223-91	3112B	-----	-----
	Automated, Cold Vapor ¹⁰	¹ 245.2	-----	-----	-----	-----

TABLE III - 1 (CONT.)

Contaminant	Methodology	EPA	ASTM ¹	SM ²	USGS ³	Other
Nickel ⁴	Inductively Coupled Plasma	200.7	-----	3120B	-----	-----
	ICP-Mass Spectrometry	200.8	-----	-----	-----	-----
	Atomic Absorption; Platform	200.9	-----	-----	-----	-----
	Atomic Absorption; Direct	---	-----	3111B	-----	-----
	Atomic Absorption; Furnace	---	-----	3113B	-----	-----
Nitrate	Ion Chromatography	300.0	D4327-91	4110B	-----	B-1011 ⁵
	Automated Cadmium Reduction	353.2	D3867-90A	4500-NO ₃ -F	-----	-----
	Ion Selective Electrode	---	-----	4500-NO ₃ -D	-----	WeWWG/5880 ⁶
	Manual Cadmium Reduction	---	D3867-90B	4500-NO ₃ -E	-----	-----
Nitrite	Ion Chromatography	300.0	D4327-91	4110B	-----	B-1011 ⁵
	Automated Cadmium Reduction	353.2	D3887-90A	4500-NO ₂ -F	-----	-----
	Manual Cadmium Reduction	---	D3867-90B	4500-NO ₂ -E	-----	-----
	Spectrophotometric	354.1	-----	-----	-----	-----
O-Phosphate Unfiltered, no digestion or hydrolysis	Colorimetric: Ascorbic Acid	---	-----	-----	-----	-----
	Manual; 2 Reagent	365.3	-----	-----	-----	-----
	Manual; 1 Reagent	365.2	D515-88A	4500-P-E	-----	-----
	Auto; Segmented	---	-----	-----	1-2601-85	-----
	Auto; Discrete	---	-----	-----	1-2598-85	-----
	Ion Chromatography	300.0	D4327-91	4110B	-----	-----
pH	Electrometric - Individual Measurement	150.1	D1293-84B	4500-H	-----	-----
	Electrometric - Online Measurement	150.2	-----	-----	-----	-----

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Residual						
Disinfectant						
Chlorine	Amperometric Titration	---	-----	4500C1-D	-----	-----
	Amperometric Titration - low level	---	-----	4500C1-E	-----	-----
	DPD Colorimetric Method	---	-----	4500C1-G	-----	-----
	DPD Titrimetric	---	-----	4500C1-F	-----	-----
	Syringaldazine (FACTS)	---	-----	4500C1-H	-----	-----
Ozone	Indigo Method	---	-----	4500O ₃ B	-----	21
Chlorine	Amperometric Method	---	-----	4500C10 ₇ -C	-----	-----
Dioxide	DPD Colorimetric Method	---	-----	4500C10 ₇ -D	-----	-----
	Amperometric Method	---	-----	4500C10 ₇ -E	-----	-----
Selenium ⁶	Hydride-Atomic Absorption ⁰	---	D3859-88A	3114B	-----	-----
	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	Atomic Absorption; Furnace ¹¹	---	D3859-88B	3113B	-----	-----
Silica	Colorimetric-Molybdate Blue-Manual	¹ 370.1	D859-88	-----	1-700-85	-----
filtered	Automated	---	-----	-----	1-2700-85	-----
	Molybdoalicate-Manual	---	-----	4500Si-D	-----	-----
	Heteropoly Blue-Manual	---	-----	4500Si-E	-----	-----
	Molybdate Reactive Silica-Automated	---	-----	4500Si-F	-----	-----
	Inductively Coupled Plasma	² 200.7	-----	3120	-----	-----
Sodium ⁶	Atomic Absorption: Direct Aspiration	¹ 273.1	-----	-----	-----	-----
	Inductively Coupled Plasma	² 200.7	-----	3120	-----	-----
	Flame Photometric	---	D1428-82A	3500Na-D	-----	-----
Temperature	Thermometric	---	-----	2550	-----	-----
Thallium ⁶	ICP-Mass Spectrometry	² 200.8	-----	-----	-----	-----
	Atomic Absorption; Platform	² 200.9	-----	-----	-----	-----
	Atomic Absorption; Furnace	---	-----	3113B	-----	-----
Turbidity	Nephelometric	¹ 180.1	-----	2130B	-----	-----
	Great Lakes Instruments	---	-----	-----	-----	Method 2

TABLE III - 1 (CONT.)

¹"Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020, March 1983. Available at NTIS, publication order number PB84-128677.

²"Methods for the Determination of Metals in Environmental Samples". EPA-600/4-91-010. Available at NTIS, PB 91-231498, June 1991.

³*Annual Book of ASTM Standards*, Vols. 11.01 and 11.02, 1993, American Society for Testing and Materials, 1918 Race Street, Philadelphia, PA 19103.

⁴18th edition of *Standard Methods for the Examination of Water and Wastewater*, 1992, American Public Health Association, American Water Works Association, Water Environment Federation.

⁵*Techniques of Water Resources Investigations of the U.S. Geological Survey*, Book 5, Chapter A-1, Third Edition, 1989. Available at Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

⁶Samples may not be filtered. Samples that contain less than 1 NTU (nephelometric turbidity unit) and are properly preserved (concentrated nitric acid to pH <2) may be analyzed directly (without digestion) for total metals; otherwise, digestion is required. Turbidity must be measured on the preserved samples just prior to the initiation of metal analysis. When digestion is required, the total recoverable technique as defined in the method must be used.

⁷"Orion Guide to Water and Wastewater Analysis". Form WeWWG/5880, p. 5, 1985. Orion Research, Inc., Cambridge, MA.

⁸"Water Test Method for Determination of Nitrite/Nitrate in Water Using Single Column Ion Chromatography", Method B-1011, Millipore Corporation, Waters Chromatography Division, 34 Maple Street, Milford, MA 01757.

⁹"Methods for the Determination of Inorganic Substances in Environmental Samples", EPA/600/R/93/100, August 1993. Environmental Monitoring Systems Laboratory, Cincinnati, OH 45268.

¹⁰For the gaseous hydride determinations of antimony, arsenic, and selenium and for the determination of mercury by the cold vapor techniques, the proper digestion technique as defined in the method must be followed to ensure the element is in the proper state for analyses.

¹¹Add 2 ml of 30% hydrogen peroxide and an appropriate concentration of matrix modifier nickel nitrate to samples.

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¹²Reserved.

¹³"Method 100.1 Analytical Method for Determination of Asbestos, Fibers in Water", EPA-600/4-83-043, September 1983, U.S. EPA Environmental Research Laboratory, Athens, GA 30613. Available at NTIS, PB 83-260471.

¹⁴"Method 100.2 Method for the Determination of Asbestos Structure over 10 pm in Length in Drinking Water", (1993), Technical Support Division, Cincinnati, OH 45268.

¹⁵Direct automated UV digestion is not permitted.

¹⁶The distillation procedure in EPA Method 335.2 should not be used.

¹⁷After the manual distillation is completed, the manifold in EPA Method 335.3 (cyanide) is simplified by connecting the re-sample line directly to the sampler. When using the manifold in EPA Method 335.3, the pH 6.2 buffer should be replaced with the pH 7.6 buffer in Method 335.2.

¹⁸EPA Methods 335.2 and 335.3 require the sodium hydroxide absorber solution final concentration be adjusted to 0.25 N before colorimetric analysis.

¹⁹"Fluoride in Water and Wastewater", Industrial Method No. 129-71 W. Technicon Industrial Systems. Tarrytown, NY 10591 December 1972.

²⁰"Fluoride in Water and Wastewater", Method No. 380-75WE. Technicon Industrial Systems. Tarrytown, NY 10591, February 1976.

²¹"Determination of Ozone in Water by the Indigo Method", A Submitted Standard Method; Ozone Science and Engineering Volume 4, pp. 169-176, Pergamon Press Ltd., 1982.

Table III-2

Approved Methodology for Organic Contaminants

Contaminant	EPA Method
Total Trihalomethanes (TTHM)	502.2, 524.2, 551
Maximum Trihalomethane Potential (MTP)	510.1
Benzene	502.2, 524.2
Carbon tetrachloride	502.2, 524.2, 551.
1,2-Dichlorobenzene	502.2, 524.2
1,4-Dichlorobenzene	502.2, 524.2
1,2-Dichloroethane	502.2, 524.2
cis-Dichloroethylene	502.2, 524.2
trans-Dichloroethylene	502.2, 524.2
Dichloromethane	502.2, 524.2
1,2-Dichloropropane	502.2, 524.2
Ethylbenzene	502.2, 524.2
Styrene	502.2, 524.2
Tetrachloroethylene	502.2, 524.2, 551.
1,1,1-Trichloroethane	502.2, 524.2, 551.
Trichloroethylene	502.2, 524.2, 551.
Toluene	502.2, 524.2.

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1,2,4-Trichlorobenzene	502.2, 524.2.
1,1-Dichloroethylene	502.2, 524.2.
1,1,2-Trichloroethane	502.2, 524.2.
Vinyl chloride	502.2, 524.2.
Xylene (total)	502.2, 524.2.
2,3,7,8-TCDD (dioxin)	1613.
2,4-D	515.2, 555.
2,4,5-TP (Silvex)	515.2, 555.
Alachlor	505,507 ² , 525.2.
Atrazine	505, 507 ² , 525.2.

Table III-2 (CONT.)

Contaminant	EPA Method
Benzo(a)pyrene	525.2, 550, 550.1.
Carbofuran	531.1
Chlordane	505, 508 ² , 525.2.
Dalapon	552.1.
Di(2-ethylhexyl)adipate	506, 525.2.
Di(2-ethylhexyl)phthalate	506, 525.2.
Dibromochloropropane (DBCP)	504, 551.
Dinoseb	515.2, 555.
Diquat	549.1
Endothall	548.1
Endrin	505, 508 ² , 525.2.
Ethylenedibromide (EDB)	504, 551.
Glyphosate	547, 6651 ¹ .
Heptachlor	505, 508 ² , 525.2.
Heptachlor Epoxide	505, 508 ² , 525.2.
Hexachlorobenzene	505, 508 ² , 525.2
Hexachlorocyclopentadiene	505, 525.2
Lindane	505, 508 ² , 525.2

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Methoxychlor	505, 508 ² , 525.2
Oxamyl	531.1.
PCBs ³ (as decachlorobiphenyl) (as Aroclors)	508A 505, 508 ²
Pentachlorophenol	515.2, 525.2, 555
Picloram	515.2, 555.
Simazine	505, 507 ² , 525.2
Toxaphene	508 ² , 525.2
Aldicarb	531.1.
Aldicarb sulfone	531.1.
Aldicarb sulfoxide	531.1.

Table III-2 (CONT.)

Contaminant	EPA Method
Aldrin	505, 508 ² , 525.2.
Butachlor	507 ² , 525.2.
Carbaryl	531.1.
Dicamba	515.2, 555.
Dieldrin	505, 508 ² , 525.2.
3-hydroxycarbofuran	531.1.
Methomyl	531.1.
Metholachlor	507 ² , 525.2.
Metribuzin	507 ² , 525.2.
Propachlor	508 ² , 525.2.

¹Method 6651 is contained in the 18th edition of Standard Methods for the Examination of Water and Wastewater, 1992, American Public Health Association, Water Works Association, Water Environmental Federation.

²Solid phase extraction procedures, as specified in USEPA Method 525.2, may be used as an option with USEPA Methods 507 and 508.

³PCBs are qualitatively identified as Aroclors and measured for compliance purposes as decachlorobiphenyl.

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Table III-3

Approved Methodology for Secondary Inorganic Contaminants

Contaminant	EPA	ASTM ³	SM ⁴	Other
Aluminum ⁶	² 200.7 ² 200.8 ² 200.9		3120B 3113B 3111D	¹ 1-305-85
Chloride	¹ 300.0	4327-91	4110 4500-C1-D	
Color	¹ 110.2		2120B	
Copper ⁶	² 200.7 ² 200.8 ² 200.9 ¹ 200.1 ¹ 200.2	D1688-90A D1688-90C	3120B 3111B 3113B	

Contaminant	EPA	ASTM ²	SM ⁴	Other
Fluoride	³ 300.0	D4327-91 D1179-88A D1179-88B	4110 4500F-B and D 4500F-C 4500F-E	⁷ 129-71W ¹⁰ 380-75WE
Foaming Agents	¹ 425.1		5540C	
Iron ⁶	² 200.7 ² 200.9		3120B 3111B 3113B	
Manganese ⁶	² 200.7 ² 200.8 ² 200.9		3120B 3111B 3113B	
Odor	¹ 140.1		2150B	

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Table III-3 (CONT.)

Contaminant	EPA	ASTM ¹	SM ²	Other
pH	¹ 150.1	D1293-84B	4500-H	
Silver ²	² 200.7 ² 200.8 ² 200.9		3120B 3111B 3113B	³ 1-2822-85
Sulfate	³ 300.0 ³ 375.2	D4327-01	4110 4500-SO ₄ -F 4500-SO ₄ -E	³ 1-2822-85 ³ 1-28223-85
Total Dissolved Solids (TDS)	¹ 160.1		3120B 3111B	
Zinc	² 200.7 ² 200.8		3120B 3111B	

¹"Methods for Chemical Analysis of Water and Wastes," EPA-600/4-79-020, March 1983. Available at NTIS as publication number PB84-128677.

²"Methods for the Determination of Metals in Environmental Samples". Available at NTIS as publication number PB91-231498, June 1991.

³Annual Book of ASTM Standards, Vols. 11.01 and 11.02, 1993, American Society for Testing and Materials, 1916 Race Street, Philadelphia, PA 19103.

⁴18th edition of Standard Methods for the Examination of Water and Wastewater, 1992, American Public Health Association, American Water Works Association, Water Environmental Federation.

⁵Techniques of Water Resources Investigations of the U.S. Geological Survey, Book 5, Chapter A-1, Third Edition, 1989. Available at Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

⁶Samples may not be filtered. Samples that contain less than 1 NTU (nephelometric turbidity unit) and are properly preserved (concentrated nitric acid to pH <2) may be analyzed directly (without digestion) for total metals, otherwise, digestion is required. Turbidity must be measured on the preserved samples just prior to the initiation of metal analysis. When digestion is required, the total recoverable technique as defined in the method must be used; samples cannot be filtered.

⁷"Fluoride in Water and Wastewater: Industrial Method No. 129-71W." Technicon Industrial Systems. Tarrytown, NY, 10591, December 1972.

⁸"Methods for the Determination of Inorganic Substances in Environmental Samples", EPA/600/R/93/100, August 1993. EPA/Environmental Monitoring Systems Laboratory, Cincinnati, OH 45268.

⁹(Reserved).

¹⁰"Fluoride in Water and Wastewater," Method No. 380-75WE. Technicon Industrial Systems. Tarrytown, NY 10591, February 1976.

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Table III-4

Sample Collection, Containers, and Preservation for Inorganic Contaminants¹

Contaminant	Preservative ²	Container ³	Maximum Holding Time ⁴
Alkalinity	Cool 4°C	P or G	14 days
Antimony	Conc HNO ₃ to pH <2	P or G	6 months
Arsenic	Conc HNO ₃ to pH <2	P or G	6 months
Asbestos	Cool 4°C ⁴	P or G	48 hours
Barium	Conc HNO ₃ to pH <2	P or G	6 months
Beryllium	Conc HNO ₃ to pH <2	P or G	6 months
Cadmium	Conc HNO ₃ to pH <2	P or G	6 months
Calcium	Conc HNO ₃ to pH <2	P or G	6 months
Chloride	None	P or G	28 days
Chromium	Conc HNO ₃ to pH <2	P or G	6 months
Copper	Conc HNO ₃ to pH <2	P or G	6 months
Cyanide	NaOH to pH > 12, Cool 4°C 0.6g ascorbic acid ⁶	P or G	14 days
Fluoride	None	P or G	1 month
Free Chlorine Residual	None	P or G	Analyze immediately ⁷
Lead	Conc HNO ₃ to pH <2	P or G	6 months

Mercury	Conc HNO ₃ to pH <2	P or G	28 days
Nickel	Conc HNO ₃ to pH <2	P or G	6 months
Nitrate N	Cool 4°C	P or G	28 days
Total Nitrate/Nitrite	Conc H ₂ SO ₄ to pH <2	P or G	28 days
Nitrite-N	Cool 4°C	P or G	48 hours
o-Phosphate	Filter immediately, Cool 4°C	P or G	48 hours
pH	None	P or G	Analyze immediately ⁷
Selenium	Conc HNO ₃ to pH <2	P or G	6 months
Silica	Cool 4°C	P	28 days
Sodium	Conc HNO ₃ to pH <2	P or G	6 months
Temperature	None	P or G	Analyze immediately ⁷
Thallium	Conc HNO ₃ to pH <2	P or G	6 months
Total Filterable Residue (TDS)	Cool 4°C	P or G	7 days
Turbidity	Cool 4°C	P or G	48 hours

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Table III-4 (CONT.)

¹The laboratory director must reject any samples, taken for compliance purposes, not meeting these criteria and notify the authority requesting the analysis.

²If HNO₃ cannot be used because of shipping restrictions, immediately ship the sample to the laboratory at ambient temperature. Upon receipt, the sample must be acidified with conc. HNO₃ to pH < 2 and held for at least 16 hours before analysis.

³P = plastic, hard or soft; G = glass, hard or soft.

⁴In all cases, samples should be analyzed as soon after collection as possible.

⁵These samples should never be frozen.

⁶Ascorbic acid should only be used in the presence of residual chlorine.

⁷"Analyze immediately" generally means within 15 minutes of sample collection.

Table III-5

Sample Collection, Containers, and Preservation for Organic Contaminants

Contaminant	Method	Preservative	Container	Holding Time	
				To Extraction	After Extraction
Non-Volatile SOCs	504	3 mg/40 ml sodium thiosulfate HCl to pH 2 Cool 4°C	Glass Teflon cap liners	28 days	Analyze immediately
	505	3 mg/40 ml sodium thiosulfate Cool 4°C	Glass Teflon cap liners	14 days	Analyze immediately
	506	60 mg/l sodium thiosulfate Cool 4°C	Glass (dark) Teflon cap liners	14 days ¹	14 days
	507 ²	80 mg/l sodium thiosulfate Cool 4°C	Glass (dark) Teflon cap liners	14 days	14 days
	508A	Cool 4°C	Glass Teflon cap liners	14 days	30 days

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Table III-5 (CONT'D)

Contaminant	Method	Preservative	Container	Holding Time	
				To Extraction	After Extraction
	508 ²	80 mg/l sodium thiosulfate Cool 4°C	Glass (dark) Teflon cap liners	7 days	14 days
	515.2	6N HCl to pH <2 80 mg/l sodium thiosulfate Cool 4°C	Glass (dark) Teflon cap liners	14 days	14 days
	525.2	40-50 mg/l sodium sulfite HCl to pH <2 Cool °C	Glass Teflon cap liners	7 days	30 days
	531.1	Monochloroacetic acid to pH 3 80 mg/l sodium thiosulfate Cool 4°C until storage Store at -10°C	Glass Teflon cap liners	28 days at -10°C	No extract
	547	100 mg/l sodium thiosulfate Cool 4°C	Glass (dark) Teflon cap liners	14 days	No extract

Table III-5 (CONT'D)

Contaminant	Method	Preservative	Container	Holding Time	
				To Extraction	After Extraction
	548.1	Cool 4°C	Glass Teflon cap liners	7 days	1 day
	549.1	100 mg/l sodium thiosulfate H ₂ SO ₄ to pH 2 Cool 4°C	Amber PVC high density or amber silanized glass	7 days	21 days
	550.0	100 mg/l sodium thiosulfate 6N HCL to pH <2 Cool 4°C	Glass (dark) Teflon cap liners	7 days	40 days
	550.1	100 mg/l sodium thiosulfate 6N HCL to pH <2 Cool 4°C	Glass (dark) Teflon cap liners	7 days	40 days
	552.1	10 mg/l NH ₄ Cl Cool 4°C	Glass Teflon cap liners	28 days	48 hours
	555	6N HCl to pH <2 4-5 mg sodium sulfite Cool 4°C	Glass	14 days	

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Table III-5 (CONT'D)

Contaminant	Method	Preservative	Container	Holding Time	
				To Extraction	After Extraction
	1613	80 mg/l sodium thiosulfate Cool 4°C	Glass (dark)		40 days
MTP	510.1	Cool 4°C	Glass (dark) Silicon/Teflon cap liners	14 days	
TTHMs/VOCs	502.2	25 mg/40 ml ascorbic acid or 3 mg/40 ml sodium thiosulfate 1:1 HCl to pH <2 Cool 4°C	Glass Silicon/Teflon cap liners	14 days	
	524.2	25 mg/60 ml ascorbic acid 1:1 HCl to pH <2 Cool 4°C	Glass Silicon/Teflon cap liners	14 days	

Contaminant	Method	Preservative	Container	Holding Time	
				To Extraction	After Extraction
	551	4 mg sodium thiosulfate or sulfite and ammonium chloride or 25 mg ascorbic acid 0.2N HCl to pH 4.5-5.0 Cool 4°C	Glass Silicon/Teflon cap liners	14 days	

¹The holding time for Heptachlor under this method is 7 days.

²Add 10 mg/l HgCl_2 in any drinking water sample that might be expected to exhibit biological degradation of the target pesticides. Samples that have been preserved with HgCl_2 may be disposed of in at least two ways: as a hazardous waste, or by passing over an absorbent column (i.e., Alumina, activated with carbon, etc.) for mercury absorption, with the effluent analyzed periodically for breakthrough. The absorbent would then be disposed of as a hazardous waste. Other techniques may be applicable.]

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PART IV. MICROBIOLOGY.

§ 4.1. Personnel.

Each laboratory shall provide a resume from each [~~employee~~ analyst] involved in analyzing drinking water with sufficient information to show that personnel are adequately trained and experienced to perform the specific analyses for the categories being considered for certification. Whenever there is a change of personnel, DGS-DCLS shall be notified and provided with the new personnel data within [60 30] days of the change.

§ 4.2. Laboratory facilities.

The laboratory facilities shall include sufficient space to process and examine samples proportionate with the total work load. Laboratory facilities shall be clean and have controlled temperature and humidity and have adequate lighting at bench tops. Laboratory facilities shall include sufficient bench top area for processing samples; storage space for media, glassware, and portable equipment; floorspace for stationary equipment; and areas for cleaning glassware and sterilizing materials. The laboratory shall have provisions for decontamination and disposal of microbiological waste. Office areas for clerical work and record keeping shall be segregated from laboratory work areas.

§ 4.3. Laboratory equipment and supplies.

The laboratory [~~must~~ shall] have available or have access to the items required for [~~membrane filter, multiple tube fermentation, MMO-MUG or PA test Membrane Filter Technique, Fermentation Technique, Presence-Absence Test or ONPG-MUG Test~~] procedures as listed below. All quality control procedures (marked "QC") must be documented.

Equipment shall be in good working order. Maintenance or service on any equipment shall be documented.

1. pH Meter shall be clean and accurate to ± 0.1 pH units. Scale graduated in at least 0.1 pH units. Store electrodes according to manufacturer's recommendations. Use pH buffer aliquot only once.

QC - Standardize pH meter each use period with pH 7.0 and pH 4.0 buffers. Standardize at least quarterly with pH 10.0 buffer.

QC - Date commercial buffer solution container upon receipt and when opened. Discard buffers before manufacturer's expiration date or one year from date of opening, whichever comes first.

2. Balance (top loader or pan) shall be clean, not corroded and able to detect 100 mg at a 150 g load.

QC - Calibrate balance monthly using Class S or S-1

reference weights. Use a minimum of three traceable weights which bracket the low, middle and high ranges of laboratory weighing needs.

QC - Maintain a service contract or internal maintenance protocol and maintenance records. Conduct maintenance at least annually.

3. Temperature monitoring devices. Use glass thermometers, dial thermometers or continuous recording devices for incubators, water baths, ovens and refrigerators. Thermometers for total coliform incubators shall be graduated in at least 0.5°C increments. Thermometers for fecal coliform water [~~baths~~ baths/incubators] shall be graduated in at least 0.2°C increments. Liquid column in glass thermometers shall not be separated.

QC - Check calibration of glass mercury thermometers and continuous recording devices annually and check calibration of dial thermometers quarterly, at the temperature used. Use an NIST (formerly NBS) reference thermometer or one that meets the requirements of NBS monograph [~~150~~ SP 250-23] for these calibrations. NIST reference thermometer must be graduated in 0.2°C increments or less.

4. Total coliform incubator [~~must~~ shall] maintain an internal temperature of $35^{\circ} \pm 0.5^{\circ}\text{C}$. Place thermometers on the top and bottom shelves of the use area with the thermometer bulb immersed in liquid. If aluminum block incubator is used, culture dishes and tubes shall be snug-fitting in block.

QC - Record temperature for days in use at least twice per day with readings at least four hours apart.

5. Fecal coliform water bath/incubator shall maintain a temperature of $44.5^{\circ} \pm 0.2^{\circ}\text{C}$. If aluminum block incubator is used, culture dishes and tubes shall be snug-fitting in block.

An incubation temperature of $44.5^{\circ} \pm 0.2^{\circ}\text{C}$ can best be maintained with a water bath equipped with a gable cover.

QC - Record temperature for days in use at least twice per day with readings at least four hours apart.

6. Autoclave shall be in good operating condition and have a temperature gauge with a sensor on the exhaust, a pressure gauge and an operational safety valve. Vertical autoclaves and pressure cookers are not acceptable. For most efficient operation, a double-walled autoclave constructed of stainless steel is recommended. Autoclave maintains sterilization temperature (121°C) during the sterilization period and completes an entire cycle within 45 minutes when a 12-15 minute sterilization period is used. Autoclave depressurizes slowly to ensure media do not boil over and bubbles do not form in inverted

tubes.

QC - Record date, contents, sterilization time and temperature for each cycle.

QC - Record the time media is placed in the autoclave and the time it is removed.

QC - Use maximum registering thermometer, heat sensitive tape, spore strips or ampoules during each autoclave cycle and record temperature. Avoid overcrowding.

QC - Check automatic timing mechanism with a stopwatch quarterly. Establish a service contract or internal maintenance protocol and maintain records.

7. Hot air oven shall maintain a stable sterilization temperature of 170 [°C to] 180°C. Its use is optional for sterilization of glass pipets, bottles, flasks, culture dishes and other dry items. Items shall be sterilized for at least two hours. Oven thermometer is graduated in 10°C increments or less with the bulb placed in sand during use. Oven thermometer can be read from outside of oven.

QC - Record date, time, temperature and contents of each sterilization cycle.

8. Colony counter. Use a dark field model colony counter to count Heterotrophic Plate Count (HPC) colonies.

Fully automatic colony counters are not suitable because of the size and small number of colonies observed when lab pure water or potable water are analyzed for HPC.

9. Conductivity or resistivity meter. Suitable for checking [~~laboratory~~ lab] pure water. Readable in ohms or mhos, with a range from at least 2 ohms to 2 megohms \pm 2% or equivalent micromhos. Unit may be in-line/bench or portable/battery operated.

QC - Conductivity meter shall be calibrated monthly with a 0.01 N or lower KCl solution as described in Standard Methods for the Examination of Water and Wastewater, [16th Ed., 1985, pp 76-80, Section 205 18th Ed., 1992, Part 2510] . Preferably, calibrate meter in the range that it [~~will be~~ is] used. A commercial conductivity or resistivity standard may be used.

10. Refrigerator maintains a temperature of 1-5°C (34-40°F). Refrigerator thermometer [~~must~~ shall] be graduated in at least 1° increments and have the bulb immersed in water.

QC - Record temperature for days in use at least once per day.

11. Inoculating equipment. Inoculating loops shall have a diameter of at least 3 mm. Metal loops or needles shall be made of 22 to 24 gauge [~~Nichrome;~~ ~~chromel~~ nickel alloy] or platinum-iridium wire. Single-service metal loops or presterilized plastic loops may be used. Hardwood applicator sticks shall be dry heat sterilized. Swabs used for swabbing membrane filters shall be made of sterile cotton.

12. Membrane filtration equipment. MF funnels shall be stainless steel, glass or autoclavable plastic, not leak and not be scratched or corroded. Funnels shall be calibrated with a 100 mL Class A graduated cylinder and etched or otherwise marked at the calibrated 100 mL level. Field equipment is acceptable for coliform detection only when standard laboratory MF procedures are followed.

13. Membrane filters and pads. Membrane filters shall be those recommended by the manufacturer for water analysis. The recommendation shall be based on data relating to ink toxicity, recovery, retention, and absence of growth-promoting substances. Membrane filters shall be manufactured from cellulose ester materials, white, grid marked, 47 mm diameter with 0.45 μ m pore size or alternate pore size if manufacturer provides performance data equal to or better than the 0.45 μ m pore size. Membrane filters may be purchased presterilized or autoclaved before use.

QC - Record the lot number and date received for membrane filters.

QC - Check the sterility of each lot number of membrane filters by placing one membrane in 50 mL of single strength TSB and check for growth after 24 hours incubation at 35°C \pm 0.5°C.

14. Optical/counting/lighting equipment for MF. Low power (10X - 15X) magnification device (preferably binocular microscope) with fluorescent light source shall be used for observing sheen colonies on membrane filters.

15. Culture dishes (loose or tight fitting lid). Use presterilized plastic or sterilizable glass culture dishes. To maintain sterility of glass culture dishes, use stainless steel or aluminum canisters, or wrap dishes in heavy aluminum foil or char-resistant paper. Incubate loose-lid dishes in a tight-fitting container, e.g., plastic vegetable crisper, to prevent dehydration of membrane filter and medium. Reseal opened packs of disposable culture dishes between [~~major~~] use periods.

16. Culture tubes/bottles and closures. Culture tubes/bottles shall be made of borosilicate glass or other corrosion resistant glass and shall be large enough to contain the culture medium as well as the sample portions without being more than 3/4 full.

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After sterilization, the fermentation vial shall be completely filled with medium and at least 1/3 to 1/2 submerged in medium. Closures shall be snug-fitting stainless steel or plastic caps, loose fitting aluminum caps, or screw caps with nontoxic liners.

17. Pipets/measuring equipment. Sterile glass or plastic pipets shall be used for measuring 10 mL or less. Pipets shall deliver the required volume quickly and accurately within a 2.5% tolerance. Pipets shall not be etched, mouthpiece or delivery tips shall not be chipped and graduation marks shall be legible. Pipet containers shall be aluminum or stainless steel, or wrap individual pipets in char-resistant paper or aluminum foil. Opened packs of disposable sterile pipets shall be resealed between use periods. Graduated cylinders are recommended for samples larger than 10 mL.

18. Sample containers. Sample bottles shall be wide mouth plastic or noncorrosive glass with a nonleaking ground glass stopper or a cap with a nontoxic liner which will withstand repeated sterilization, or other approved disposable, presterilized sample containers (e.g., Whirl-pak bags). Glass-stoppered bottle closures shall be covered with aluminum foil or char-resistant paper for sterilization. Capacity of sample containers shall be at least 120 mL.

Add sodium thiosulfate ($\text{Na}_2\text{S}_2\text{O}_3$; anhydrous, 100 mg/L) to sample container before sterilization (0.1 mL of 10% $\text{Na}_2\text{S}_2\text{O}_3$ solution per 120 mL capacity). Disposable, presterilized sample containers shall contain sodium thiosulfate.

QC - Check sterility of at least one bottle per batch of laboratory-sterilized sample bottles by adding

25 mL of sterile single strength TSB to each bottle. Incubate at $35^\circ \pm 0.5^\circ\text{C}$ for 24 hours and check for growth.

QC Check sterility of one Whirl-pak bag or other presterilized sample container from lot number in use every month. Use same procedure as for sterile bottles.

19. Glassware, plasticware and metal utensils. Except for disposable plasticware, items shall be resistant to effects of corrosion, high temperature and vigorous cleaning operations. Metal utensils shall be made of stainless steel. Flasks, beakers, pipets, dilution bottles, culture dishes, culture tubes/bottles, and other glassware shall be made of borosilicate glass and free of chips, cracks, or excessive etching. Volumetric glassware shall be Class A, denoting that it meets federal specifications and need not be calibrated before use. Graduated cylinders for measurement of sample volumes [shall] have a tolerance of 2.5% or less. Markings on graduated cylinders and pipets are legible. Plastic items shall be clear, inert and nontoxic

and retain accurate, readable calibration marks after repeated autoclaving.

20. Ultraviolet lamp. Disconnect unit monthly and clean lamps by wiping with a soft cloth moistened with ethanol.

QC - If UV lamp is used for sanitization, test lamp quarterly with UV light meter and replace if it emits less than 70% of initial output or if agar spread plates containing 200 to 250 microorganisms, exposed to the UV light for two minutes, do not show a count reduction of 99%.

§ 4.4. General laboratory practices.

A. Sterilization procedures.

Table IV-1

The following times and temperatures shall be used for autoclaving materials:

Material.....	Temperature/Time
Membrane filters and pads	121°C/10 min.
Carbohydrate-containing	121°C/12-15 min.
media (except [P/A P-A] Broth)	
[P/A P-A] Broth	121°C/12 min.
Contaminated materials	121°C/30 min.
and discarded tests	
Membrane filter funnel	121°C/15 min.
assemblies (wrapped),	
sample collection bottles	
(empty), individual	
glassware items	
Dilution water blank	121°C/15 min.
(99 mL)	
Rinse water volumes of	121°C/30 min.
500 mL to 1000 mL	
Rinse water in excess of	121°C/time
1000 mL	adjusted for
.....	volume

Media, membrane filters and pads shall be removed immediately after completion of sterilization cycle.

Membrane filter assemblies shall be sterilized between sample filtration series. A filtration series ends when 30 minutes or longer elapse between individual sample filtrations.

B. Laboratory pure water.

Use only satisfactorily tested reagent water from stills or deionization units to prepare media, reagents and dilution/rinse water for microbiological analyses.

QC - Test the quality of the lab pure water or have it tested by a [~~SDWP~~] certified lab to assure it meets these criteria:

Table IV-2

Parameter	Limits	Frequency
Conductivity	Less than 2 Micromho/cm at 25°C	Monthly
or		
Resistivity	Greater than 0.5 megohms at 25°C	Monthly
Heterotrophic Plate Count (Pour Plate)	Less than 500 CFU/ml	Monthly
Total Chlorine Residual	Nondetectable	Monthly
Trace Metals (Pb, Cd, Cr, Cu, Ni, Zn)	Not greater than 0.05 mg/L per contaminant. Collectively, no greater than 0.1 mg/L	Annually
Test for bactericidal properties of lab pure bacteriological quality of reagent] water 'Standard Methods', [16th Ed. pg. 835 18th Ed., 1992, Part 9020 B.3.c.1])	Ratio 0.8 - 3.0	Annually

C. Dilution/rinse water.

Prepare stock buffer solution according to Standard Methods, [~~16th Ed., 1985, Sec. 905C.1.a~~ 18th Ed., 1992, Part 9050 C.1.a.] Autoclave or filter sterilize stock buffer, label and date container and store in refrigerator. Ensure stored stock buffer solution is free of turbidity.

Prepare rinse/dilution water by adding 1.25 mL of stock buffer solution and 5 mL of magnesium chloride (MgCl₂) solution to one liter of lab pure water. Make magnesium chloride solution by adding 81.1 g MgCl₂ [.] 6H₂O or 38g of anhydrous MgCl₂ to one liter of lab pure water. Autoclave rinse/dilution water according to Table IV-1 [of these regulations] .

QC - Check each batch of dilution/rinse water for sterility by adding 50 mL of dilution/rinse water to 50 mL of double strength TSB. Incubate at 35° ± 0.5°C for 24 hours and check for growth.

D. Glassware washing.

Washing processes shall provide clean glassware with no stains or spotting. Glassware shall be washed in a warm detergent solution and thoroughly rinsed initially in tap water. Use distilled or deionized water for final rinse.

QC - Perform the Inhibitory Residue Test (Standard Methods, [~~16th Ed., 1985, p. 834~~ 18th Ed., 1992, Part 9020 B.3.a.2)]) on the initial use of a washing compound and whenever a different formulation of washing compound, or washing procedure, is used to ensure glassware is free of toxic residue.

E. Media; general requirements.

Use dehydrated or ready to use media manufactured commercially. Store dehydrated media in a cool, dry location away from direct sunlight and discard caked or discolored dehydrated media.

Date bottles of dehydrated media when received and when opened. Discard dehydrated media six months after opening; if stored in a desiccator from the time of opening, storage is extended to 12 months. Discard dehydrated media that has passed the manufacturer's expiration date. Unopened dehydrated media should be used within two years of date of receipt.

QC - Record the date of preparation, type of medium, manufacturer's lot number, sterilization time and temperature, final pH and technician's initials for media prepared in the laboratory. Store prepared media as described in Table IV-3.

QC - Check each batch of laboratory-prepared media and each lot number of commercially prepared (ready to use) media before use with a known positive and a known negative culture control. These control organisms can be stock cultures (periodically checked for purity) or commercially available disks impregnated with the organism.

Table IV-3 Storage times for prepared media.

Media Type	Maximum Storage Time/Temperature
m-Endo Broth in screw-cap flasks or bottles	96 hours/4°C
Poured plates of [m-Endo LES Agar LES Endo Agar] and Nutrient Agar + MUG in sealed plastic bags	2 weeks/4°C
LTB, [LSB], BGLB, EC Medium, EC [Medium] + MUG, and TSB in loose-cap tubes	1 week/4°C

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LTB, [~~LSB~~], BGLB, 3 months/4°C
 [~~P/A P-A~~] Broth, EC [~~Broth Medium~~],
 EC Medium + MUG and TSB
 in screw-cap tubes [or bottles]

HPC agar in screw-cap 2 weeks/4°C
 flasks or bottles

Incubate refrigerated broth in culture tubes [and bottles] with fermentation vials overnight at 35°C before use. Discard tubes [and bottles] showing growth or bubbles.

Check tubes [and bottles] of broth before use and discard if evaporation exceeds 10% of original volume.

QC - For commercially prepared (ready to use) liquid media and agars, record the date received, lot number and pH verification. Discard media by manufacturer's expiration date.

Table IV-4 pH of Media

Medium	pH Range
Single-Strength LTB [or LSB]	6.6 - 7.0
Double-Strength LTB [or LSB]	6.5 - 6.9
Triple-Strength LTB [or LSB]	6.4 - 6.8
BGLB Broth	7.0 - 7.4
m-Endo Broth and [m-Endo LES Agar LES Endo Agar]	7.0 - 7.4
P-A Broth	6.6 - 7.0
EC Medium and EC Medium + MUG	6.7 - 7.1
Nutrient Agar + MUG	6.6 - 7.0
HPC Agar	6.8 - 7.2
Trypticase Soy Broth and Agar, Tryptic Soy Broth and and Agar, and Tryptose Broth	7.1 - 7.5

[F. Membrane Filter (MF) Media.

Use m-Endo broth or LES Endo agar for the Membrane Filter Test. Ensure that alcohol used in medium rehydration procedure is not denatured.

Prepare medium in a sterile flask and use a boiling water bath or a constantly attended hot plate with a stir bar to bring medium just to the boiling point. Do not boil medium. Do not autoclave medium.]

[F. Multiple tube fermentation (MTF) G. Fermentation technique] media.

Use lauryl tryptose broth or lauryl sulfate broth in the presumptive test. The appropriate presumptive test medium concentration will vary according to sample volume (10, 20 or 100 mL) in each culture tube/bottle.

Table IV-5 Preparation of Lauryl Tryptose [or Lauryl Sulfate] Broth for Presumptive Test (Total Sample Size is 100 mL)

Number of Tubes or Single Bottle	Sample per Tube/ Bottle	Medium per Tube/ Bottle	Total Volume of Medium + Sample	Dehydrated [LTB or LSB] [Medium]	Medium Concentration	Minimum Tube or Bottle Size
	mL	mL	mL	g/L		mm
10	10	10	20	71.2	2x	20 x 150
10	10	20	30	53.4	1.5x	25 x 150
5	20	10	30	106.8	3x	25 x 150
5	20	20	40	71.2	2x	25 x 200
1	100	50	150	106.8	3x	50 x 50 x 160

Use single strength brilliant green lactose bile (BGLB) broth in the confirmed test. Use [~~m-Endo LES agar~~ LES Endo agar] for the completed test. Prepare m-Endo LES agar as described in [§ 4.6: this subsection] .

[G. Membrane filter (MF) media.

Use m-Endo broth or m-Endo LES Agar for the Membrane Filter Test. Ensure that alcohol used in medium rehydration procedure is not denatured. Prepare medium in a sterile flask and use a boiling water bath or a constantly attended hot plate with a stir bar to bring medium just to the boiling point. Do not boil medium. Do not autoclave medium.]

H. Presence-Absence (P-A) Medium.

Use triple-strength Presence-Absence Broth for the Presence-Absence Test. Autoclave media for 12 minutes at 121°C, leave space between bottles. Do not leave media in the autoclave for more than 30 minutes.

[Use single strength brilliant green lactose bile (BGLB) broth in the confirmed test. Use LES Endo agar for the completed test.]

I. [~~MMO-MUG~~ ONPG-MUG] Test Medium.

Use [~~MMO-MUG~~ ONPG-MUG] Test Medium for the [~~MMO-MUG~~ ONPG-MUG] Test for total coliform and E. coli. Do not prepare this medium from basic ingredients. Protect medium from light. Do not autoclave medium.

Each lot of [~~MMO-MUG~~ ONPG-MUG] Test Medium shall be checked before use with stock cultures or commercially available disks impregnated with Escherichia coli, Klebsiella pneumoniae and Pseudomonas aeruginosa. Use sterile distilled water as the test sample and inoculate three tests from each lot of the [~~MMO-MUG~~ ONPG-MUG] medium with these cultures and incubate at 35° ±

0.5°C for 24-28 hours. The results [~~should~~ shall] be yellow color with fluorescence with *E. coli*, yellow color without fluorescence with *K. pneumoniae* and no color with no fluorescence with *P. Aeruginosa*.

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J. EC Medium.

Use EC Medium to check for fecal coliforms in total coliform positive MF, [~~MTF~~ Fermentation] and P-A Tests.

K. EC Medium + MUG.

Use EC Medium + MUG to check for *E. coli* in total coliform positive MF, [~~MTF~~ Fermentation] and P-A Tests. The medium is made up of EC [~~Broth~~ Medium] supplemented with 50 ug/ml of 4-methylumbelliferyl-beta-D-glucuronide (MUG). MUG may be added to EC [~~Broth~~ Medium] before autoclaving or EC Medium + MUG may be purchased commercially. Use 10 mL of medium in each culture tube.

Do not use a fermentation vial. Gas production is not relevant to the test and the use of a fermentation vial may cause confusion on test interpretation.

QC - Check uninoculated culture tubes and medium before use with a 365 or 366 nm ultraviolet light to insure they do not fluoresce.

L. Nutrient Agar + MUG.

Use Nutrient Agar + MUG to check for *E. coli* in total coliform positive MF Tests. The medium is nutrient agar supplemented with 100 ug/ml of 4-methylumbelliferyl-beta-D-glucuronide (MUG). Sterilize agar in 100 ml volumes at 121°C for 15 minutes.

M. Heterotrophic Plate Count Agar.

Temper melted agar to 44-46°C before pouring plates. Hold melted agar no longer than three hours. Do not melt sterile agar more than once.

N. Trypticase Soy Broth. Tryptic Soy Broth or Tryptose Broth.

Use these broths for sterility checks of sample containers, membrane filters and rinse/dilution water. Also use these broths to rehydrate lyophilized disks of control organisms.

O. Trypticase Soy Agar or Tryptic Soy Agar.

Use this agar to prepare slants for growth and storage of control organisms.

§ 4.5. Analytical methodology.

A. Table IV-6 [of these regulations] describes the EPA-approved methods which are mandatory for

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TABLE IV-6 EPA APPROVED METHODS FOR MICROBIOLOGY

PARAMETER	METHOD	SM ¹	FR ²
TOTAL COLIFORM	Membrane Filter Technique	9222A, B, C	
TOTAL COLIFORM	Standard Total Coliform Fermentation Technique	9221A, B	
TOTAL COLIFORM	Presence-Absence (P-A) Coliform Test	9221D	
TOTAL COLIFORM	ONPG-MUG	9223	
FECAL COLIFORM	EC Medium		40 CFR 141.21(f)(5)
<u>E. coli</u>	EC Medium + MUG		40 CFR 141.21 (f)(6)(i)
<u>E. coli</u>	Nutrient Agar + MUG		40 CFR 141.21(f)(6)(ii)
<u>E. coli</u>	ONPG-MUG Test		40 CFR 141.21(f)(6)(iii)
HETEROTROPHIC PLATE COUNT	Heterotrophic Plate Plate Count, Pour Plate Technique	9215B	

¹Standard Methods for the Examination of Water and Waste Water, 18th Edition, American Public Health Association, American Waterworks Association, Water Environment Federation, 1992

²Federal Register, 40 CFR Part 141

[*B. General.*]

[*B.*] Use only the analytical methodology specified in the National Primary Drinking Water Regulations (40 CFR Part 141.21(f)).

A laboratory shall be certified for all analytical methods indicated below that it uses. At minimum, the laboratory shall be certified for one total coliform method, one fecal coliform or *E. coli* method, and the Pour Plate Method for heterotrophic bacteria.

Laboratories shall perform a minimum of 20 coliform analyses monthly by each coliform method for which it is certified in order to maintain certification status or qualify for initial certification. The minimum number of coliform analyses (20) may be performed on a variety of water sample types collected from different stages of the water treatment process, raw source water, surface or ground water, as well as drinking water samples collected from a distribution system or private wells.

If any drinking water sample is total coliform-positive, the lab shall analyze that total coliform-positive culture to determine if fecal coliforms are present, except that the lab may test for *E. coli* in lieu of fecal coliforms. These tests are described in subsections G, H, and I of this section.

Invalidate any sample results that show interference from noncoliform organisms and request another sample from the same sampling point. This interference is generally caused by heterotrophic bacteria and is exhibited by a turbid culture with no gas formation in the presumptive phase of the [*MTF Fermentation*] Test, confluent growth without coliforms or TNTC without coliforms in the Membrane Filter Test, a turbid culture bottle without color change in the Presence-Absence Test, or an indeterminate color change in the [*MMO-MUG ONPG-MUG*] Test.

Public water systems need only determine the presence or absence of total and fecal coliforms; coliform density determination is not required. 100 mL of sample [*must shall*] be used for each total coliform test.

Incubate cultures within 30 minutes of inoculation.

[*For purposes of simplicity, LSB will not be mentioned in these methods. When the methods refer to LTB, LSB may be substituted.*]

C. Membrane filter technique.

Shake sample vigorously before analyzing. Sample volume used shall be 100 ± 2.5 mL.

QC - Conduct MF sterility check by filtering 100 mL of sterile rinse water and plating on m-Endo medium at the beginning and the end of each sample filtration series. If sterile controls indicate contamination, reject all data from

that series and request immediate resampling of those waters involved in the laboratory error.

QC - Run a 100 mL sterile rinse water blank between every 10 samples if the number of samples in a series exceeds 10.

Invalidate all samples resulting in confluent growth or TNTC (too numerous to count) without evidence of total coliforms. Record as "confluent growth" or "TNTC" and request an additional sample from the same sampling point. Confluent growth is defined as a continuous bacterial growth, without evidence of total coliforms, covering the entire membrane filter. TNTC is defined as greater than 200 colonies on the membrane filter in the absence of detectable coliforms. Do not invalidate the sample when the membrane filter contains at least one total coliform colony.

Typical coliform colonies have a pink to dark-red color with a metallic golden green sheen. Subject all sheen colonies to verification when there are 10 or fewer sheen colonies. When the number of coliform colonies exceeds 10, randomly pick 10 colonies for verification. Alternatively, swab the entire membrane surface and transfer to the verification media.

Verify sheen colonies using single strength LTB and then single strength BGLB broth, or an EPA-approved cytochrome oxidase and beta-galactosidase rapid test procedure.

To verify colonies in LTB and BGLB broth, use a sterile needle, loop, applicator stick or cotton swab. To verify colonies using the rapid test (cytochrome oxidase/beta-galactosidase test), pick isolated colonies using a sterile needle or applicator stick.

QC - If no coliform positive tests result from potable water samples, perform the MF procedure on a known-positive sample each month. Include the verification test for total and fecal coliform (or *E. Coli*).

D. [*Multiple tube*] Fermentation Technique.

100 mL of sample shall be used for each presumptive test. Laboratories may use 10 tubes, 5 tubes or a single culture bottle containing lauryl tryptose broth formulated as described in Table IV-5 [of these regulations] .

Confirm all gas-positive presumptive tubes and bottles in BGLB Broth. The formation of gas in any amount in the fermentation vial of the BGLB broth tube within a 48 ± 3 hour incubation time indicates a positive confirmed test.

QC - All presumptive tubes or bottles with turbidity or heavy growth without gas production [*must shall*] be submitted to the confirmed test to check for the suppression of coliforms. Invalidate all samples which

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produce a turbid presumptive culture without gas and request an additional sample from the same sampling point, unless total coliforms are detected in the confirmed test.

QC - On a quarterly basis, conduct the completed test on at least 10% of all coliform-positive samples.

QC - If no coliform-positive tests result from potable water samples, perform the [~~MTF~~ fermentation] procedure monthly on a known-positive sample. Perform the confirmed test and the completed test on all coliform-positive tubes or bottles. Include the fecal coliform or *E. coli* test.

E. Presence-Absence (P-A) Coliform Test.

Inoculate 100 mL of sample into P-A culture bottle.

Observe for turbidity and yellow color or turbidity alone after 24 and 48 hours. Confirm yellow cultures in BGLB broth. The presence of gas in the fermentation vial of the BGLB broth tube within a 48 ± 3 hour incubation time indicates a positive confirmation test for total coliforms.

QC - Confirm turbid and yellow cultures or turbid cultures with no color change in BGLB broth. Invalidate all samples which produce a turbid culture with no color change and request an additional sample from the same sampling point, unless coliforms are detected in the confirmed test.

[QC - On a quarterly basis, conduct the completed test on at least 10% of all coliform-positive samples.]

QC - If no coliform positive tests result from potable water samples, perform the [~~PAA~~ P-A] Test on a known positive sample at least once a month. Include the confirmed test [, the competed test] and the fecal coliform or *E. coli* test.

F. [~~MMO-MUG~~ ONPG-MUG] Test.

Use 10 tubes, each containing 10 mL of sample, or a single sterile, transparent, nonfluorescent borosilicate glass culture bottle or equivalent bottle containing 100 mL of water sample.

[Avoid prolonged exposure of inoculated tests to direct sunlight. Sunlight may hydrolyze indicator compounds and cause false positive results.]

Incubate for 24 hours at $35 \pm 0.5^\circ\text{C}$. A yellow color indicates the presence of total coliforms.

If yellow color is detected, check for fluorescence in the dark with a 365 or 366 nm UV lamp. Fluorescence indicates the presence of *E. coli*.

[If no color change can be determined in 24 hours, reincubate for up to four more hours. If the color of the

ONPG-MUG culture changes during the initial 24-hour incubation period, but is still not as yellow as the comparator, incubate for another four hours.] Do not incubate for more than a total of 28 hours.

QC [If yellow color cannot be determined with a reference comparator after 28 hours, invalidate the sample. If, at the end of the additional four-hour incubation period, the color is still not as yellow as the comparator, invalidate the test] and request an additional sample from the same sample site.

[Avoid prolonged exposure of inoculated tests to direct sunlight. Sunlight may hydrolyze indicator compounds and cause false positive results.]

Laboratories are encouraged to perform parallel testing between the [~~MMO-MUG~~ test ONPG-MUG Test] and another EPA-approved method for total coliforms for at least several months or several seasons to determine the effectiveness of the [~~MMO-MUG~~ ONPG-MUG] Test on a variety of water submitted for analysis.

[Laboratories that are certified for the ~~MMO-MUG~~ Test shall also be certified for the Membrane Filter Test, the Multiple Tube Fermentation Test or the Presence/Absence Test.]

G. Fecal Coliform Test.

Use EC Medium for determining whether a total coliform-positive culture contains fecal coliforms.

Laboratories [~~must~~ shall] conduct fecal coliform analysis in accordance with the following procedures. When the [~~MTF~~ Test Fermentation Technique] or the Presence-Absence (P-A) Test is used to test for total coliforms, gently agitate the positive presumptive [~~MTF~~ fermentation] tube or bottle or the positive P-A bottle and transfer the growth with a sterile 3 mm loop or sterile applicator stick into brilliant green lactose bile broth and EC medium to determine the presence of total and fecal coliforms, respectively. Incubate the BGLB broth at $35^\circ \pm 0.5^\circ\text{C}$ for 24-48 hours and check for gas. Incubate the EC medium at $44.5^\circ \pm 0.2^\circ\text{C}$ for 24 ± 2 hours and check for gas.

When the Membrane Filter Test is used, verify the sheen colonies by one of the following two methods: Swab the entire membrane filter surface with a sterile cotton swab and inoculate the contents of the swab into LTB. Do not leave the swab in the LTB. Alternatively, pick up to ten individual sheen colonies and inoculate into LTB. Gently agitate the inoculated tubes of LTB to insure adequate mixing. Incubate the LTB at $35^\circ \pm 0.5^\circ\text{C}$ for 24-48 hours. If the LTB tube shows gas within 24-48 hours, transfer by inoculating loop to a tube of BGLB broth and a tube of EC medium. Incubate the BGLB broth at $35^\circ \pm 0.5^\circ\text{C}$ for 24-48 hours and check for gas. Incubate the EC medium at $44.5^\circ \pm 0.2^\circ\text{C}$ for 24 ± 2 hours and check for gas. [Insure water level of water

bath reaches up per level of medium. The water level of the water bath shall reach the upper level of the medium in the culture tubes.] Gas production of any amount in the inner fermentation tube of the EC medium indicates a positive fecal coliform test. The preparation of EC medium is described in Standard Methods, [16th Ed., 1985, Method 908C, p. 879, paragraph 1a 18th Ed., 1992, Part 9221 E.1.a.] . Public water systems need only determine the presence or absence of fecal coliforms; a determination of fecal coliform density is not required.

H. EC Medium + MUG Test (for E. coli).

Use EC Medium supplemented with 50 ug/mL of 4-methylumbelliferyl-beta-D-glucuronide (MUG). The procedure for transferring and incubating a total coliform-positive culture to EC Medium + MUG is the same as that specified in subsection G of this section for transferring and incubating a total coliform-positive culture to EC Medium. After incubation, observe for fluorescence with a 365 or 366 nm ultraviolet light in the dark. A test is positive for E. coli if the medium fluoresces.

I. Nutrient Agar + MUG Test (for E. coli).

This test is used to determine if a total coliform-positive sample, as determined by the Membrane Filter Technique, contains E. coli.

Use Nutrient Agar supplemented with 100 ug/mL of 4-methylumbelliferyl-beta-D-glucuronide (MUG). Pour agar into 50 mm Petri dishes.

Pick up to 10 coliform colonies for verification in LTB and BGLB as described in subsection C of this section.

Using sterile forceps, transfer the membrane filter containing one or more suspected coliform colonies from the m-Endo medium to the surface of the Nutrient Agar + MUG medium. Incubate plate at $35^{\circ} \pm 0.5^{\circ}\text{C}$ for four hours and observe for fluorescence using a 365 or 366 nm ultraviolet lamp in the dark. Any amount of fluorescence on a sheen colony is positive for E. coli.

J. [~~MMO-MUG~~ ONPG-MUG] Test (for E. coli).

See subsection F of this section.

K. Heterotrophic Plate Count (HPC).

Use the pour plate method to determine the HPC for potable water and lab pure water samples. The pour plate method shall be performed as described in Standard Methods, [16th Ed. 1985, pp. 860-866 18th Ed., 1992, Part 9215 B] .

QC - Check each flask of HPC agar for sterility by pouring a final control plate. Reject data if controls are contaminated.

§ 4.6. Sample collection, handling and preservation

A. If a laboratory does not collect samples and has no control over sample collection, handling, preservation and identification, the laboratory director must reject any samples not meeting sampling criteria and notify the authority requesting the analyses.

QC - The laboratory shall have a written sample rejection policy covering those samples that do not meet sampling requirements.

B. Sample collector shall be trained in sampling procedures and, if required, approved by the VDH-DWSE.

C. Samples shall be representative of the potable water distribution system. Samples collected from Public Water Supplies shall be collected in accordance with a Sample Siting Report approved by the VDH-DWSE. Water taps used for sampling are free of aerators, strainers, hose attachments, mixing type faucets and purification devices. Maintain a steady water flow for at least two minutes to clear the service line before sampling. Collect at least a 100 mL sample volume and allow at least 1/2 inch of space in the sample container to facilitate mixing of sample by shaking.

D. Laboratories that collect as well as analyze samples shall ice samples immediately after collection and deliver the samples directly to the laboratory.

E. Holding/travel time between sampling and analysis shall not exceed 30 hours. If the sample is analyzed after 30 hours, the laboratory shall indicate that the data may be invalid because of excessive delay before sample processing. No samples received after 48 hours shall be analyzed.

All samples received in the laboratory [~~are to~~ shall] be analyzed on the day of receipt. In all cases, samples [~~should~~ shall] be analyzed as soon after collection as possible.

F. Immediately after collection, enter on the sample report form the sample site location, sample type (e.g. regular, repeat, etc.), date and time of collection, free chlorine residual, collector's name and any remarks.

Record the date and time of sample arrival at the laboratory and the date and time analysis begins.

§ 4.7. Records and data reporting.

Records of microbiological analyses shall be kept by the laboratory or be accessible to the laboratory for at least five years. If reports are entered into a computer storage system, a printout of the data [~~should~~ shall] be returned to the laboratory for verification from the bench worksheets. Summary reports shall contain all of the information required on individual sample records. Where applicable, standard Virginia State Health Department

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forms shall be used; where not applicable, sample report forms shall include the following:

1. Date, place, and time of sampling and sample collector's name.
2. Identification of sample as to whether it is a chlorinated or nonchlorinated sample, regular distribution system sample, repeat sample, raw or plant tap sample, well-water sample, or other special purpose sample.
3. Date and time of receipt of sample into the laboratory and date of analysis.
4. Laboratory and persons responsible for performing analysis.
5. Analytical procedure/method used.
6. Analysis results.

§ 4.8. Action response to laboratory results.

A. Immediately notify the appropriate field office of the VDH-DWSE of any coliform-positive samples from Public Water Supplies.

B. All analytical results for compliance shall be reported directly to the VDH-DWSE as described in § 1.4 [; Compliance Data Report of these regulations] .

C. [~~Although~~] Repeat sampling [~~is to~~ shall] be initiated on the basis of coliform presence in either the [~~MTF~~ Fermentation Technique] confirmed test, unverified MF Test, [~~P/A~~ P-A] confirmed test, or [~~MMO-MUG~~ ONPG-MUG] Test [; .] Data used to determine monthly compliance may be adjusted by using the [~~MTF~~ Fermentation Technique] completed test, [~~and/or~~] verified MF Test [results or P-A completed test] results.

D. Notify the appropriate field office of the VDH-DWSE when samples from Public Water Supplies are invalidated due to interference from noncoliforms.

PART V. RADIOCHEMISTRY.

§ 5.1. Radiochemistry.

For radiochemistry certification of laboratories, DGS-DCLS shall require conformance to USEPA "Manual for the Certification of Laboratories Analyzing Drinking Water," [~~EPA-570/9-90/008~~, EPA-814B-92-002] Chapter VI, Radiochemistry, [~~April 1990~~ September 1992] . Appropriate revisions of the manual shall become effective upon issuance.

VA.R. Doc. Nos. R94-789 and R94-815; Filed April 5, 1994, 11:19 a.m.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

REGISTRAR'S NOTICE: Due to the length, only the amended page of the following regulation is being published; however, a summary is being published in lieu of the full text. The full text of the regulation is available for public inspection at the Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia, 23219 and at the Office of the Registrar of Regulations, Virginia Code Commission, General Assembly Building, 910 Capitol Street, 2nd Floor, Richmond, Virginia 23219.

Title of Regulation: VR 460-02-2.6100:1. Eligibility Conditions and Requirements: Guardianship Fees in Post-Eligibility Treatment of Income.

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

Effective Date: June 1, 1994.

Summary:

The purpose of this action is to provide in the State Plan for the deduction of guardianship fees as part of the personal needs allowance for individuals whose guardians deduct fees from the individual's income as permitted by state law.

Medicaid eligibility policy has long allowed deduction of guardianship fees in determining countable income for the purposes of calculating patient pay for institutional and home- and community-based waiver services. This policy has not, however, been reflected in the State Plan. Patient pay is the portion of the patient's income which must be applied to the cost of institutional and home- and community-based waiver services before Medicaid is billed. It is computed by the eligibility worker based upon federal regulations found at 42 CFR 435.733 and 435.735. These regulations specify the kinds of expenses for which a patient will be permitted to retain personal income to pay, before any of his income is determined to be available to apply to the cost of care. One of these expenses is personal needs like clothing or other personal expenses. States are allowed to set the personal needs allowance at an amount not less than \$30. States may exceed this amount if the expenses are "reasonable."

Some institutional and home- and community-based waiver services recipients have guardians. State law permits guardians to charge fees for the services they perform on behalf of incompetent individuals whom they represent. Since a guardian has control of an individual's income, he deducts his fee before any of the income is applied to the bills of an incompetent individual. Thus, this income is not available to be applied to the cost of institutional and home- and community-based waiver services.

Because expenses allowed as part of the personal needs allowance must be "reasonable," a maximum allowance is placed on guardianship fees of 5.0% of total income. State law does not place a maximum amount limit on guardianship fees, but an informal inquiry of guardians resulted in an estimate of an average of 5.0% as being a reasonable allowance.

If Medicaid does not add guardianship fees to the personal needs allowance, then Medicaid calculations of the patient's income available for patient pay will exceed that amount actually available and Medicaid will not pay the full balance of the institutional and home- and community-based waiver services bill. The result will be an outstanding balance for the institutional and home- and community-based waiver services that the provider can collect neither from the patient nor from Medicaid.

Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

Agency Contact: Copies of the regulation may be obtained from Victoria P. Simmons, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-7933. There may be a charge for copies.

VR 460-02-2.6100:1. Eligibility Conditions and Requirements.

Citation: 435.725, 435.733, 435.832.

B. Post-eligibility treatment of institutionalized individuals.

The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:

1. Personal needs allowance.

a. Aged, blind, disabled:

Individuals \$30

Couples \$60

For the following individuals with greater need:

(1) Patients in institutions who participate in work programs as part of treatment. The first \$75 of earnings plus 1/2 the remainder, up to a maximum of \$190 monthly is allowed to be retained for personal needs.

(2) Patients receiving institutional or home- and community-based waiver services who pay guardianship fees, the actual cost of guardian fees up to a maximum of 5.0% of gross income.

b. AFDC related:

Children \$30

Adults \$60

c. Individuals under age 21 covered in this plan as specified in Item b.7 of ATTACHMENT 2.2-A. ... \$30

2. For maintenance of the noninstitutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of:

SSI level \$....

SSP level \$....

Monthly medically needy level \$....

Other as follows \$....

See Attachment 2.6 A pages 5a and 5b.

VA.R. Doc. No. R94-674; Filed March 2, 1994, 11:34 a.m.

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Title of Regulation: State Plan for Medical Assistance Relating to Utilization Review of Case Management for Recipients of Auxiliary Grants.

VR 460-03-3.1102. Case Management Services (Supplement 2 to Attachment 3.1 A).

VR 460-02-3.1300. Standards Established and Methods Used to Assure High Quality of Care (Attachment 3.1 C).

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

Effective Date: June 1, 1994.

Summary:

During the 1993 session, the General Assembly passed significant legislation governing the Auxiliary Grant Program and licensure of homes for adults. This new legislation required that all recipients of auxiliary grants must be evaluated using the state designated uniform assessment instrument to determine their need for residential care as a condition of eligibility for an auxiliary grant. The law provides that no public agency shall incur a financial obligation if the individual is determined ineligible for an auxiliary grant. This requirement is to become effective on June 1, 1994.

During the same session, the General Assembly also revised the law governing licensing of homes for adults. These residential facilities will be called adult care residences and will be licensed to provide either residential living or assisted living.

In preparation for implementation of these new requirements, a new system of reimbursement for

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adult care residences was developed. This new reimbursement method will provide for payments for residential and assisted living for individuals who are in financial need. Residents of licensed adult care residences who meet the financial eligibility requirements for the Auxiliary Grant Program and who require at least a residential level of care based on an assessment by a case manager shall be eligible to receive an auxiliary grant. Individuals who are eligible for auxiliary grants may also receive a payment for assisted living from the DMAS if their needs are determined to meet the level of care criteria for assisted living which are being promulgated by the DMAS in separate regulations.

Assessments and case management for auxiliary grant and assisted living will be provided by case managers employed by human service agencies in accordance with the Code of Virginia. These regulations describe the qualifications of case managers and case management agencies.

Adopting these regulations will permit the Commonwealth to carry out the requirement of the law that recipients of auxiliary grants receive an assessment to determine their need and appropriate placement. In addition, Medicaid coverage of case management for this group will permit federal financial participation in the cost of administering the case management requirement.

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

Agency Contact: Copies of the regulation may be obtained from Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219, telephone (804) 786-7933. There may be a charge for copies.

VR 460-03-3.1102. Case Management Services.

§ 1. High risk pregnant women and children.

A. Target group.

To reimburse case management services for high-risk Medicaid eligible pregnant women and children up to age two.

B. Areas of state in which services will be provided:

Entire state.

Only in the following geographic areas (authority of § 1915(g)(1) of the Act is invoked to provide services less than statewide.

C. Comparability of services.

Services are provided in accordance with § 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of § 1902(a)(10)(B) of the Act.

D. Definition of services.

The case management services will provide maternal and child health coordination to minimize fragmentation of care, reduce barriers, and link clients with appropriate services to ensure comprehensive, continuous health care. The Maternity Care Coordinator will provide:

1. Assessment. Determining clients' service needs, which include psychosocial, nutrition, medical, and educational factors.

2. Service planning. Developing an individualized description of what services and resources are needed to meet the service needs of the client and help access those resources.

3. Coordination and referral. Assisting the client in arranging for appropriate services and ensuring continuity of care.

4. Follow-up and monitoring. Assessing ongoing progress and ensuring services are delivered.

5. Education and counseling. Guiding the client and developing a supportive relationship that promotes the service plan.

E. Qualifications of providers.

Any duly enrolled provider which the department determines is qualified who has signed an agreement with Department of Medical Assistance Services to deliver Maternity Care Coordination services. Qualified service providers will provide case management regardless of their capacity to provide any other services under the Plan. A Maternity Care Coordinator is the Registered Nurse or Social Worker employed by a qualified service provider who provides care coordination services to eligible clients. The RN must be licensed in Virginia and should have a minimum of one year of experience in community health nursing and experience in working with pregnant women. The Social Worker (MSW, BSW) must have a minimum of one year of experience in health and human services, and have experience in working with pregnant women and their families. The Maternity Care Coordinator assists clients in accessing the health care and social service system in order that outcomes which contribute to physical and emotional health and wellness can be obtained.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

§ 2. Seriously mentally ill adults and emotionally disturbed children.

A. Target Group.

The Medicaid eligible individual shall meet the DMHMRSAS definition for "serious mental illness," or "serious emotional disturbance in children and adolescents."

1. An active client for case management shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, significant others, service providers, and others including at least one face-to-face contact every 90 days. Billing can be submitted for an active client only for months in which direct or client-related contacts, activity or communications occur.
2. There shall be no maximum service limits for case management services except case management services for individuals residing in institutions or medical facilities. For these individuals, reimbursement for case management shall be limited to 30 days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two predischarge periods in 12 months.

B. Areas of state in which services will be provided:

- Entire state.
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of services.

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the

requirements of section 1902(a)(10)(B) of the Act.

D. Definition of services; mental health services.

Case management services assist individual children and adults, in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include:

1. Assessment and planning services, to include developing an Individual Service Plan (does not include performing medical and psychiatric assessment but does include referral for such assessment);
2. Linking the individual to services and supports specified in the individualized service plan;
3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;
4. Coordinating services and service planning with other agencies and providers involved with the individual;
5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills and use vocational, civic, and recreational services;
6. Making collateral contacts with the individuals' significant others to promote implementation of the service plan and community adjustment;
7. Follow-up and monitoring to assess ongoing progress and to ensure services are delivered; and
8. Education and counseling which guides the client and develops a supportive relationship that promotes the service plan.

E. Qualifications of providers.

1. Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and individuals with serious/chronic mental illness to the Community Services Boards only to enable them to provide services to seriously/chronically mentally ill or mentally retarded individuals without regard to the requirements of § 1902(a)(10)(B) of the Act.
2. To qualify as a provider of services through DMAS for rehabilitative mental health case management, the provider of the services must meet certain criteria. These criteria shall be:

- a. The provider shall guarantee that clients have access to emergency services on a 24-hour basis;

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b. The provider shall demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement;

c. The provider shall have the administrative and financial management capacity to meet state and federal requirements;

d. The provider shall have the ability to document and maintain individual case records in accordance with state and federal requirements;

e. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and

f. The provider shall be certified as a mental health case management agency by the DMHMRSAS.

3. Providers may bill Medicaid for mental health case management only when the services are provided by qualified mental health case managers. The case manager shall possess a combination of mental health work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities. The incumbent shall have at entry level the following knowledge, skills and abilities. These shall be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).

a. Knowledge of:

(1) The nature of serious mental illness in adults and serious emotional disturbance in children and adolescents;

(2) Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;

(3) Different types of assessments, including functional assessment, and their uses in service planning;

(4) Consumers' rights;

(5) Local community resources and service delivery systems, including support services (e.g. housing, financial, social welfare, dental, educational, transportation, communication, recreational, vocational, legal/advocacy), eligibility criteria and intake processes, termination criteria and procedures, and generic community resources (e.g. churches, clubs, self-help groups);

(6) Types of mental health programs and services;

(7) Effective oral, written and interpersonal communication; principles and techniques;

(8) General principles of record documentation; and

(9) The service planning process and major components of a service plan.

b. Skills in:

(1) Interviewing;

(2) Observing, recording and reporting on an individual's functioning;

(3) Identifying and documenting a consumer's needs for resources, services and other supports;

(4) Using information from assessments, evaluations, observation and interviews to develop service plans;

(5) Identifying services within the community and established service system to meet the individual's needs;

(6) Formulating, writing and implementing individualized service plans to promote goal attainment for persons with serious mental illness and emotional disturbances;

(7) Negotiating with consumers and service providers;

(8) Coordinating the provision of services by diverse public; and private providers;

(9) Identifying community resources and organizations and coordinating resources and activities; and

(10) Using assessment tools (e.g. level of function scale, life profile scale).

c. Abilities to:

(1) Demonstrate a positive regard for consumers and their families (e.g. treating consumers as individuals, allowing risk taking, avoiding stereotypes of people with mental illness, respecting consumers' and families' privacy, believing consumers are valuable members of society);

(2) Be persistent and remain objective;

(3) Work as a team member, maintaining effective inter- and intra-agency working relationships;

(4) Work independently, performing position duties under general supervision;

(5) Communicate effectively, verbally and in writing;

and

(6) Establish and maintain ongoing supportive relationships.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

§ 3. Youth at risk of serious emotional disturbance.

A. Target Group.

12 var 30-50-430

Medicaid eligible individuals who meet the DMHMRSAS definition of youth at risk of serious emotional disturbance.

1. An active client shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, service providers, significant others and others including at least one face-to-face contact every 90 days. Billing can be submitted for an active client only for months in which direct or client-related contacts, activity or communications occur.

2. There shall be no maximum service limits for case management services except case management services for individuals residing in institutions or medical facilities. For these individuals, reimbursement for case management shall be limited to thirty days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two pre-discharge periods in 12 months.

B. Areas of state in which services will be provided:

- Entire state.
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of services.

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and

scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of services; mental health services.

Case management services assist youth at risk of serious emotional disturbance in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include:

1. Assessment and planning services, to include developing an Individual Service Plan;
2. Linking the individual directly to services and supports specified in the treatment/services plan;
3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;
4. Coordinating services and service planning with other agencies and providers involved with the individual;
5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic, and recreational services;
6. Making collateral contacts which are nontherapy contacts with an individual's significant others to promote treatment or community adjustment;
7. Following-up and monitoring to assess ongoing progress and ensuring services are delivered; and
8. Education and counseling which guides the client and develops a supportive relationship that promotes the service plan.

E. Qualifications of providers.

1. To qualify as a provider of case management services to youth at risk of serious emotional disturbance, the provider of the services must meet certain criteria. These criteria shall be:

- a. The provider shall guarantee that clients have access to emergency services on a 24-hour basis;
- b. The provider shall demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement;
- c. The provider shall have the administrative and financial management capacity to meet state and federal requirements;

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d. The provider shall have the ability to document and maintain individual case records in accordance with state and federal requirements;

e. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and

f. The provider shall be certified as a mental health case management agency by the DMHMRSAS.

2. Providers may bill Medicaid for mental health case management to youth at risk of serious emotional disturbance only when the services are provided by qualified mental health case managers. The case manager shall possess a combination of mental health work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities. The incumbent shall have at entry level the following knowledge, skills and abilities. These shall be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).

a. Knowledge of:

(1) The nature of serious mental illness in adults and serious emotional disturbance in children and adolescents;

(2) Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;

(3) Different types of assessments, including functional assessment, and their uses in service planning;

(4) Consumer's rights;

(5) Local community resources and service delivery systems, including support services (e.g. housing, financial, social welfare, dental, educational, transportation, communication, recreational, vocational, legal/advocacy), eligibility criteria and intake processes, termination criteria and procedures, and generic community resources (e.g. churches, clubs, self-help groups);

(6) Types of mental health programs and services;

(7) Effective oral, written and interpersonal communication principles and techniques;

(8) General principles of record documentation; and

(9) The service planning process and major components of a service plan.

b. Skills in:

(1) Interviewing;

(2) Observing, recording and reporting on an individual's functioning;

(3) Identifying and documenting a consumer's needs for resources, services and other supports;

(4) Using information from assessments, evaluations, observation and interviews to develop service plans;

(5) Identifying services within the community and established service system to meet the individual's needs;

(6) Formulating, writing and implementing individualized service plans to promote goal attainment for persons with serious mental illness and emotional disturbances;

(7) Negotiating with consumers and service providers;

(8) Coordinating the provision of services by diverse public and private providers;

(9) Identifying community resources and organizations and coordinating resources and activities; and

(10) Using assessment tools (e.g. level of function scale, life profile scale).

c. Abilities to:

(1) Demonstrate a positive regard for consumers and their families (e.g. treating consumers as individuals, allowing risk taking, avoiding stereotypes of people with mental illness, respecting consumers' and families' privacy, believing consumers are valuable members of society);

(2) Be persistent and remain objective;

(3) Work as a team member, maintaining effective inter- and intra-agency working relationships;

(4) Work independently, performing position duties under general supervision;

(5) Communicate effectively, verbally and in writing; and

(6) Establish and maintain ongoing supportive relationships.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the

Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

§ 4. Individuals with mental retardation.

A. Target group.

Medicaid eligible individuals who are mentally retarded as defined in state law.

1. An active client for mental retardation case management shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, service providers, significant others and others including at least one face-to-face contact every 90 days. Billing can be submitted for an active client only for months in which direct or client-related contacts, activity or communications occur.

2. There shall be no maximum service limits for case management services except case management services for individuals residing in institutions or medical facilities. For these individuals, reimbursement for case management shall be limited to thirty days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two predischarge periods in 12 months.

B. Areas of state in which services will be provided:

- Entire state.
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide:

C. Comparability of services.

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of services.

Mental retardation services to be provided include:

1. Assessment and planning services, to include developing a Consumer Service Plan (does not include performing medical and psychiatric assessment but does include referral for such assessment);
2. Linking the individual to services and supports specified in the consumer service plan;
3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;
4. Coordinating services and service planning with other agencies and providers involved with the individual;
5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic and recreational services;
6. Making collateral contacts with the individual's significant others to promote implementation of the service plan and community adjustment;
7. Following-up and monitoring to assess ongoing progress and ensuring services are delivered; and
8. Education and counseling which guides the client and develops a supportive relationship that promotes the service plan.

E. Qualifications of providers.

1. Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and serious/chronic mental illness to the Community Services Boards only to enable them to provide services to serious/chronically mentally ill or mentally retarded individuals without regard to the requirements of § 1902(a)(10)(B) of the Act.

2. To qualify as a provider of services through DMAS for rehabilitative mental retardation case management, the provider of the services must meet certain criteria. These criteria shall be:

- a. The provider shall guarantee that clients have access to emergency services on a 24-hour basis;
- b. The provider shall demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement;
- c. The provider shall have the administrative and financial management capacity to meet state and federal requirements;

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d. The provider shall have the ability to document and maintain individual case records in accordance with state and federal requirements;

e. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and

f. The provider shall be certified as a mental retardation case management agency by the DMHMRSAS.

3. Providers may bill for Medicaid mental retardation case management only when the services are provided by qualified mental retardation case managers. The case manager shall possess a combination of mental retardation work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities. The incumbent shall have at entry level the following knowledge, skills and abilities. These shall be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).

a. Knowledge of:

(1) The definition, causes and program philosophy of mental retardation;

(2) Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;

(3) Different types of assessments and their uses in program planning;

(4) Consumers' rights;

(5) Local community resources and service delivery systems, including support services, eligibility criteria and intake process, termination criteria and procedures and generic community resources;

(6) Types of mental retardation programs and services;

(7) Effective oral, written and interpersonal communication principles and techniques;

(8) General principles of record documentation; and

(9) The service planning process and the major components of a service plan.

b. Skills in:

(1) Interviewing;

(2) Negotiating with consumers and service providers;

(3) Observing, recording and reporting behaviors;

(4) Identifying and documenting a consumer's needs for resources, services and other assistance;

(5) Identifying services within the established service system to meet the consumer's needs;

(6) Coordinating the provision of services by diverse public and private providers;

(7) Using information from assessments, evaluations, observation and interviews to develop service plans;

(8) Formulating, writing and implementing individualized consumer service plans to promote goal attainment for individuals with mental retardation;

(9) Using assessment tools; and

(10) Identifying community resources and organizations and community resources and activities.

c. Abilities to:

(1) Demonstrate a positive regard for consumers and their families (e.g. treating consumers as individuals, allowing risk taking, avoiding stereotypes of people with mental retardation, respecting consumers' and families' privacy, believing consumers can grow);

(2) Be persistent and remain objective;

(3) Work as team member, maintaining effective inter- and intra-agency working relationships;

(4) Work independently, performing position duties under general supervision;

(5) Communicate effectively, verbally and in writing; and

(6) Establish and maintain ongoing supportive relationships.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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§ 5. Individuals with mental retardation and related conditions who are participants in the home and community-based care waivers for persons with mental retardation and related conditions.

A. Target group.

Medicaid eligible individuals with mental retardation and related conditions, or a child under six years of age who is at developmental risk, who have been determined to be eligible for home and community based care waiver services for persons with mental retardation and related conditions.

1. An active client for waiver case management shall mean an individual who receives at least one face-to-face contact every 90 days and monthly on-going case management interactions. There shall be no maximum service limits for case management services. Case management services may be initiated up to three months prior to the start of waiver services, unless the individual is institutionalized.

2. There shall be no maximum service limits for case management services except case management services for individuals residing in institutions or medical facilities. For these individuals, reimbursement for case management shall be limited to 30 days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two predischage periods in 12 months.

B. Areas of state in which services will be provided:

- Entire State
- Only in the following geographic areas (authority of § 1915(g)(1) of the Act is invoked to provide services less than statewide.

C. Comparability of services.

- Services are provided in accordance with § 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of § 1902(a)(10)(B) of the Act.

D. Definition of services.

Mental retardation case management services to be provided include:

1. Assessment and planning services to include

developing a Consumer Service Plan (does not include performing medical and psychiatric assessment but does include referral for such assessment);

2. Linking the individual to services and supports specified in the consumer service plan;

3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;

4. Coordinating services with other agencies and providers involved with the individual;

5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic and recreational services;

6. Making collateral contacts with the individual's significant others to promote implementation of the service plan and community adjustment;

7. Following-up and monitoring to assess ongoing progress and ensuring services are delivered; and

8. Education and counseling which guide the client and develop a supportive relationship that promotes the service plan.

E. Qualifications of providers.

1. Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and serious/chronic mental illness to the community services boards only to enable them to provide services to seriously/chronically mentally ill or mentally retarded individuals without regard to the requirements of § 1902(a)(10)(B) of the Act.

2. To qualify as a provider of services through DMAS for rehabilitative mental retardation case management, the provider of the services must meet certain criteria. These criteria shall be:

a. The provider shall guarantee that clients have access to emergency services on a 24-hour basis;

b. The provider shall demonstrate the ability to serve individuals in need of comprehensive services regardless of the individuals' ability to pay or eligibility for Medicaid reimbursement;

c. The provider shall have the administrative and financial management capacity to meet state and federal requirements;

d. The provider shall have the ability to document

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and maintain individual case records in accordance with state and federal requirements;

e. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and

f. The provider shall be certified as a mental retardation case management agency by the DMHMRSAS.

3. Providers may bill for Medicaid mental retardation case management only when the services are provided by qualified mental retardation case managers. The case manager shall possess a combination of mental retardation work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities at the entry level. These shall be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).

a. Knowledge of:

(1) The definition, causes and program philosophy of mental retardation,

(2) Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination,

(3) Different types of assessments and their uses in program planning,

(4) Consumers' rights,

(5) Local service delivery systems, including support services,

(6) Types of mental retardation programs and services.

(7) Effective oral, written and interpersonal communication principles and techniques,

(8) General principles of record documentation, and

(9) The service planning process and the major components of a service plan.

b. Skills in:

(1) Interviewing,

(2) Negotiating with consumers and service providers,

(3) Observing, recording and reporting behaviors,

(4) Identifying and documenting a consumer's needs for resources, services and other assistance,

(5) Identifying services within the established service system to meet the consumer's needs,

(6) Coordinating the provision of services by diverse public and private providers,

(7) Analyzing and planning for the service needs of mentally retarded persons,

(8) Formulating, writing and implementing individualized consumer service plans to promote goal attainment for individuals with mental retardation, and

(9) Using assessment tools.

c. Abilities to:

(1) Demonstrate a positive regard for consumers and their families (e.g., treating consumers as individuals, allowing risk taking, avoiding stereotypes of mentally retarded people, respecting consumers' and families' privacy, believing consumers can grow),

(2) Be persistent and remain objective,

(3) Work as team member, maintaining effective interagency and intraagency working relationships,

(4) Work independently, performing position duties under general supervision,

(5) Communicate effectively, verbally and in writing, and

(6) Establish and maintain ongoing supportive relationships.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

§ 6. Case management for the elderly.

A. Target group.

Persons age 60 and over who have been screened through a Case Management Pilot Project approved by the Long-Term Care Council and found to be dependent in two or more of the following activities of daily living: (i) bathing, (ii) dressing, (iii) toileting, (iv) transferring, (v) continence, or (vi) eating.

B. Areas of state in which services will be provided:

Entire state.

Only in the following geographic areas (authority of § 1915(g)(1)) of the Act is invoked to provide services less than statewide:

a. Fairfax County and the cities of Falls Church and Fairfax;

b. Planning Districts 1, 2, 3 (except for Washington County and the City of Bristol), 4, 17, 18, 20, 21, 22.

C. Comparability of services.

Services are provided in accordance with § 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of § 1902(a)(10)(B) of the Act.

D. Definition of services.

1. Assessment. Determining client's service needs, which include psychosocial, nutritional and medical.

2. Service planning. Developing an individualized description of what services and resources are needed to meet the service needs of the client and help access those resources.

3. Coordination and referral. Assisting the client in arranging for appropriate services and ensuring continuity of care.

4. Follow-up and monitoring. Assessing ongoing progress, ensuring services are delivered, and periodically reassessing need to determine appropriate revisions to the case management plan of care.

E. Qualifications of providers.

To qualify as a provider of case management for the elderly, the provider of services must ensure that claims are submitted for payment only when the services were performed by case managers meeting these qualifications. The case manager must possess a combination of work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities. The case manager must have these knowledge, skills, and abilities at the entry level which must be

documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).

1. Knowledge of:

a. Aging and the impact of disabilities and illnesses on aging;

b. Conducting client assessments (including psychosocial, health and functional factors) and their uses in care planning;

c. Interviewing techniques;

d. Consumers' rights;

e. Local human and health service delivery systems, including support services and public benefits eligibility requirements;

f. The principles of human behavior and interpersonal relationships;

g. Effective oral, written, and interpersonal communication principles and techniques;

h. General principles of record documentation;

i. Service planning process and the major components of a service plan.

2. Skills in:

a. Negotiating with consumers and service providers;

b. Observing, recording and reporting behaviors;

c. Identifying and documenting a consumer's needs for resources, services and other assistance;

d. Identifying services within the established services system to meet the consumer's needs;

e. Coordinating the provision of services by diverse public and private providers;

f. Analyzing and planning for the service needs of elderly persons.

3. Abilities to:

a. Demonstrate a positive regard for consumers and their families;

b. Be persistent and remain objective;

c. Work as a team member, maintaining effective inter- and intra-agency working relationships;

d. Work independently, performing position duties

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under general supervision;

e. Communicate effectively, verbally and in writing.

f. Develop a rapport and to communicate with different types of persons from diverse cultural backgrounds;

g. Interview.

4. Individuals meeting all the above qualifications shall be considered a qualified case manager; however, it is preferred that the case manager possess a minimum of an undergraduate degree in a human services field or be a licensed nurse. In addition, it is preferable that the case manager have two years of satisfactory experience in the human services field working with the elderly.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

H. Case management services to the elderly shall be limited to no more than six months without authorization from the Department of Medical Assistance Services.

§ 7. Case management for recipients of auxiliary grants.

A. Target group.

Recipients of optional state supplements (auxiliary grants) who reside in licensed adult care residences.

B. Areas of state in which services will be provided:

Entire state

Only in the following geographic areas (authority of § 1915(g)(1) of the Act is invoked to provide services less than statewide.

C. Comparability of services.

Services are provided in accordance with § 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is

invoked to provide services without regard to the requirements of § 1902(a)(10)(B) of the Act.

D. Definition of services.

The case management services will provide assessment, service location, coordination and monitoring for aged, blind and disabled individuals who are applying for [or receiving] an optional state supplement (auxiliary grant) to pay the cost of residential or assisted living care in a licensed adult care residence in order to facilitate access to and receipt of the most appropriate placement. In addition, the case management services will provide for periodic reassessment to determine whether the placement continues to meet the needs of the recipient of optional state supplement (auxiliary grant) and to arrange for transfer to a more appropriate placement or arrange for supplemental services as the needs of the individual change.

E. Qualifications of providers.

A qualified case manager for recipients of auxiliary grants must be a qualified employee of a human service agency as required in § 63.1-25.1 of the Code of Virginia. To qualify as a provider of case management for the elderly, the human service agency:

1. *Must employ or contract for case managers who have experience or have been trained in establishing, and in periodically reviewing and revising, individual community care plans and in the provision of case management services to elderly persons and to disabled adults;*

2. *Must have signed an agreement with the Department of Medical Assistance Services to deliver case management services to aged, blind and disabled recipients of optional state supplements (auxiliary grants);*

3. *Shall have written procedures for assuring the quality of case management services;*

4. *Must ensure that claims are submitted for payment only when the services were performed by case managers meeting these qualifications. The case manager must possess a combination of work experience in human services or health care and relevant education which indicates that the individual possesses the following knowledge, skills, and abilities at entry level. These must be documented on the job application form or supporting documentation.*

a. Knowledge of:

(1) Aging [~~and~~ ;]

[(2)] *The impact of disabilities and illnesses on [aging elderly and nonelderly persons] ;*

[~~(2)~~ (3)] Conducting client assessments (including psychosocial, health and functional factors) and their uses in care planning;

[~~(3)~~ (4)] Interviewing techniques;

[~~(4)~~ (5)] Consumers' rights;

[~~(5)~~ (6)] Local human and health service delivery systems, including support services and public benefits eligibility requirements;

[~~(6)~~ (7)] The principles of human behavior and interpersonal relationships;

[~~(7)~~ (8)] Effective oral, written, and interpersonal communication principles and techniques;

[~~(8)~~ (9)] General principles of record documentation;

[~~(9)~~ (10)] Service planning process and the major components of a service plan.

b. Skills in:

(1) Negotiating with consumers and service providers;

(2) Observing, recording and reporting behaviors;

(3) Identifying and documenting a consumer's needs for resources, services and other assistance;

(4) Identifying services within the established services system to meet the consumer's needs;

(5) Coordinating the provision of services by diverse public and private providers;

(6) Analyzing and planning for the service needs of elderly or disabled persons;

c. Abilities to:

(1) Demonstrate a positive regard for consumers and their families;

(2) Be persistent and remain objective;

(3) Work as a team member, maintaining effective inter- and intra-agency working relationships;

(4) Work independently, performing position duties under general supervision;

(5) Communicate effectively, verbally and in writing.

(6) Develop a rapport and communicate with different types of persons from diverse cultural backgrounds;

(7) Interview.

[~~5. d.~~] Individuals meeting all the above qualifications shall be considered a qualified case manager; however, it is preferred that the case manager possess a minimum of an undergraduate degree in a human services field, or be a licensed nurse. In addition, it is preferable that the case manager have two years of experience in the human services field working with the aged or disabled.

[~~6. e.~~] To obtain DMAS payment, the case management provider must maintain in a resident's record a copy of the resident's assessment, plan of care, all reassessments, and documentation of all contacts, including but not limited to face-to-face contacts with the resident, made in regard to the resident.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of § 1902(a)(23) of the Act.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

H. Payment for case management services is limited to no more than one visit during each calendar quarter. In order to bill for case management services during a calendar quarter, the case manager must comply with the documentation requirements of [~~subsection E~~ subdivision E 4 e] of this section and have documented contact with the resident during that quarter.

VR 460-02-3.1300. Standards Established and Methods Used to Assure High Quality Care.

The following is a description of the standards and the methods that will be used to assure that the medical and remedial care and services are of high quality:

§ 1. Institutional care will be provided by facilities qualified to participate in Title XVIII and/or Title XIX.

§ 2. Utilization control.

A. General acute care hospitals.

1. The Commonwealth of Virginia is required by state law to take affirmative action on all hospital stays that approach 15 days. It is a requirement that the hospitals submit to the Department of Medical Assistance Services complete information on all hospital stays where there is a need to exceed 15 days. The various documents which are submitted are reviewed by professional program staff, including a physician who determines if additional hospitalization is indicated. This review not only serves as a mechanism for approving additional days, but allows

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physicians on the Department of Medical Assistance Services' staff to evaluate patient documents and give the Program an insight into the quality of care by individual patient. In addition, hospital representatives of the Medical Assistance Program visit hospitals, review the minutes of the Utilization Review Committee, discuss patient care, and discharge planning.

2. In each case for which payment for inpatient hospital services, or inpatient mental hospital services is made under the State Plan:

a. A physician must certify at the time of admission, or if later, the time the individual applies for medical assistance under the State Plan that the individual requires inpatient hospital or mental hospital care.

b. The physician, or physician assistant under the supervision of a physician, must recertify, at least every 60 days, that patients continue to require inpatient hospital or mental hospital care.

c. Such services were furnished under a plan established and periodically reviewed and evaluated by a physician for inpatient hospital or mental hospital services.

B. Long-stay acute care hospitals (nonmental hospitals).

1. Services for adults in long-stay acute care hospitals. The population to be served includes individuals requiring mechanical ventilation, ongoing intravenous medication or nutrition administration, comprehensive rehabilitative therapy services and individuals with communicable diseases requiring universal or respiratory precautions.

a. Long-stay acute care hospital stays shall be preauthorized by the submission of a completed comprehensive assessment instrument, a physician certification of the need for long-stay acute care hospital placement, and any additional information that justifies the need for intensive services. Physician certification must accompany the request. Periods of care not authorized by DMAS shall not be approved for payment.

b. These individuals must have long-term health conditions requiring close medical supervision, the need for 24-hour licensed nursing care, and the need for specialized services or equipment needs.

c. At a minimum, these individuals must require physician visits at least once weekly, licensed nursing services 24 hours a day (a registered nurse whose sole responsibility is the designated unit must be on the nursing unit 24 hours a day on which the resident resides), and coordinated multidisciplinary team approach to meet needs that must include

daily therapeutic leisure activities.

d. In addition, the individual must meet at least one of the following requirements:

(1) Must require two out of three of the following rehabilitative services: physical therapy, occupational therapy, speech-pathology services; each required therapy must be provided daily, five days per week, for a minimum of one hour each day; individual must demonstrate progress in overall rehabilitative plan of care on a monthly basis; or

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

(3) The individual must require at least one of the following special services:

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

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

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

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

(e) Extensive wound care requiring debridement, irrigation, packing, etc., more than two times a day (i.e. grade IV decubiti; large surgical wounds that cannot be closed; second- or third-degree burns covering more than 10% of the body); or

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

e. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the individuals' medical records as having been rendered shall be deemed not to have been rendered and no coverage shall be provided.

f. When the individual no longer meets long-stay acute care hospital criteria or requires services that

the facility is unable to provide, then the individual must be discharged.

2. Services to pediatric/adolescent patients in long-stay acute care hospitals. The population to be served shall include children requiring mechanical ventilation, ongoing intravenous medication or nutrition administration, daily dependence on device-based respiratory or nutritional support (tracheostomy, gastrostomy, etc.), comprehensive rehabilitative therapy services, and those children having communicable diseases requiring universal or respiratory precautions (excluding normal childhood diseases such as chicken pox, measles, strep throat, etc.) and with terminal illnesses.

a. Long-stay acute care hospital stays shall be preauthorized by the submission of a completed comprehensive assessment instrument, a physician certification of the need for long-stay acute care, and any additional information that justifies the need for intensive services. Periods of care not authorized by DMAS shall not be approved for payment.

b. The child must have ongoing health conditions requiring close medical supervision, the need for 24-hour licensed nursing supervision, and the need for specialized services or equipment. The recipient must be age 21 or under.

c. The child must minimally require physician visits at least once weekly, licensed nursing services 24 hours a day (a registered nurse whose sole responsibility is that nursing unit must be on the unit 24 hours a day on which the child is residing), and a coordinated multidisciplinary team approach to meet needs.

d. In addition, the child must meet one of the following requirements:

(1) Must require two out of three of the following physical rehabilitative services: physical therapy, occupational therapy, speech-pathology services; each required therapy must be provided daily, five days per week, for a minimum of 45 minutes per day; child must demonstrate progress in overall rehabilitative plan of care on a monthly basis; or

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

(3) Must require at least one of the following special services:

(a) Ongoing administration of intravenous medications or nutrition (i.e. total parenteral

nutrition (TPN), antibiotic therapy, narcotic administration, etc.);

(b) Special infection control precautions such as universal or respiratory precaution (this does not include handwashing precautions only or isolation for normal childhood diseases such as measles, chicken pox, strep throat, etc.);

(c) Dialysis treatment that is provided within the facility (i.e. peritoneal dialysis);

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

(e) Extensive wound care requiring debridement, irrigation, packing, etc. more than two times a day (i.e. grade IV decubiti; large surgical wounds that cannot be closed; second- or third-degree burns covering more than 10% of the body);

(f) Ostomy care requiring services by a licensed nurse;

(g) Services required for terminal care.

e. In addition, the long-stay acute care hospital must provide for the educational and habilitative needs of the child. These services must be age appropriate, must meet state educational requirements, and must be appropriate to the child's cognitive level. Services must also be individualized to meet the child's specific needs and must be provided in an organized manner that encourages the child's participation. Services may include, but are not limited to, school, active treatment for mental retardation, habilitative therapies, social skills, and leisure activities. Therapeutic leisure activities must be provided daily.

f. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the patient's medical record as having been rendered shall be deemed not to have been rendered and no coverage shall be provided.

g. When the resident no longer meets long-stay hospital criteria or requires services that the facility is unable to provide, the resident must be discharged.

C. Nursing facilities.

1. Long-term care of residents in nursing facilities will be provided in accordance with federal law using practices and procedures that are based on the resident's medical and social needs and requirements.

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2. Nursing facilities must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. This assessment must be conducted no later than 14 days after the date of admission and promptly after a significant change in the resident's physical or mental condition. Each resident must be reviewed at least quarterly, and a complete assessment conducted at least annually.

3. The Department of Medical Assistance Services shall conduct at least annually a validation survey of the assessments completed by nursing facilities to determine that services provided to the residents are medically necessary and that needed services are provided. The survey will be composed of a sample of Medicaid residents and will include review of both current and closed medical records.

4. Nursing facilities must submit to the Department of Medical Assistance Services resident assessment information at least every six months for utilization review. If an assessment completed by the nursing facility does not reflect accurately a resident's capability to perform activities of daily living and significant impairments in functional capacity, then reimbursement to nursing facilities may be adjusted during the next quarter's reimbursement review. Any individual who willfully and knowingly certifies (or causes another individual to certify) a material and false statement in a resident assessment is subject to civil money penalties.

5. In order for reimbursement to be made to the nursing facility for a recipient's care, the recipient must meet nursing facility criteria as described in Supplement 1 to Attachment 3.1-C, Part 1 (Nursing Facility Criteria).

In order for reimbursement to be made to the nursing facility for a recipient requiring specialized care, the recipient must meet specialized care criteria as described in Supplement 1 to Attachment 3.1-C, Part 2 (Adult Specialized Care Criteria) or Part 3 (Pediatric/Adolescent Specialized Care Criteria). Reimbursement for specialized care must be preauthorized by the Department of Medical Assistance Services. In addition, reimbursement to nursing facilities for residents requiring specialized care will only be made on a contractual basis. Further specialized care services requirements are set forth below.

In each case for which payment for nursing facility services is made under the State Plan, a physician must recommend at the time of admission or, if later, the time at which the individual applies for medical assistance under the State Plan that the individual requires nursing facility care.

6. For nursing facilities, a physician must approve a

recommendation that an individual be admitted to a facility. The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. At the option of the physician, required visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant or nurse practitioner.

7. When the resident no longer meets nursing facility criteria or requires services that the nursing facility is unable to provide, then the resident must be discharged.

8. Specialized care services.

a. Providers must be nursing facilities certified by the Division of Licensure and Certification, State Department of Health, and must have a current signed participation agreement with the Department of Medical Assistance Services to provide nursing facility care. Providers must agree to provide care to at least four residents who meet the specialized care criteria for children/adolescents or adults.

b. Providers must be able to provide the following specialized services to Medicaid specialized care recipients:

(1) Physician visits at least once weekly;

(2) Skilled nursing services by a registered nurse available 24 hours a day;

(3) Coordinated multidisciplinary team approach to meet the needs of the resident;

(4) For residents under age 21, provision for the educational and habilitative needs of the child;

(5) For residents under age 21 who require two of three rehabilitative services (physical therapy, occupational therapy, or speech-language pathology services), therapy services must be provided at a minimum of six sessions each day, 15 minutes per session, five days per week;

(6) For residents over age 21 who require two of three rehabilitative services (physical therapy, occupational therapy, or speech-language pathology services), therapy services must be provided at a minimum of four sessions per day, 30 minutes per session, five days a week;

(7) Ancillary services related to a plan of care;

(8) Respiratory therapy services by a board-certified therapist (for ventilator patients, these services must be available 24 hours per day);

(9) Psychology services by a board-certified

psychologist related to a plan of care;

(10) Necessary durable medical equipment and supplies as required by the plan of care;

(11) Nutritional elements as required;

(12) A plan to assure that specialized care residents have the same opportunity to participate in integrated nursing facility activities as other residents;

(13) Nonemergency transportation;

(14) Discharge planning;

(15) Family or caregiver training; and

(16) Infection control.

D. Facilities for the Mentally Retarded (FMR) and Institutions for Mental Disease (IMD).

1. With respect to each Medicaid-eligible resident in an FMR or IMD in Virginia, a written plan of care must be developed prior to admission to or authorization of benefits in such facility, and a regular program of independent professional review (including a medical evaluation) shall be completed periodically for such services. The purpose of the review is to determine: the adequacy of the services available to meet his current health needs and promote his maximum physical well being; the necessity and desirability of his continued placement in the facility; and the feasibility of meeting his health care needs through alternative institutional or noninstitutional services. Long-term care of residents in such facilities will be provided in accordance with federal law that is based on the resident's medical and social needs and requirements.

2. With respect to each intermediate care FMR or IMD, periodic on-site inspections of the care being provided to each person receiving medical assistance, by one or more independent professional review teams (composed of a physician or registered nurse and other appropriate health and social service personnel), shall be conducted. The review shall include, with respect to each recipient, a determination of the adequacy of the services available to meet his current health needs and promote his maximum physical well-being, the necessity and desirability of continued placement in the facility, and the feasibility of meeting his health care needs through alternative institutional or noninstitutional services. Full reports shall be made to the state agency by the review team of the findings of each inspection, together with any recommendations.

3. In order for reimbursement to be made to a facility for the mentally retarded, the resident must

meet criteria for placement in such facility as described in Supplement 1, Part 4, to Attachment 3.1-C and the facility must provide active treatment for mental retardation.

4. In each case for which payment for nursing facility services for the mentally retarded or institution for mental disease services is made under the State Plan:

a. A physician must certify for each applicant or recipient that inpatient care is needed in a facility for the mentally retarded or an institution for mental disease. The certification must be made at the time of admission or, if an individual applies for assistance while in the facility, before the Medicaid agency authorizes payment; and

b. A physician, or physician assistant or nurse practitioner acting within the scope of the practice as defined by state law and under the supervision of a physician, must recertify for each applicant at least every 365 days that services are needed in a facility for the mentally retarded or institution for mental disease.

5. When a resident no longer meets criteria for facilities for the mentally retarded or an institution for mental disease or no longer requires active treatment in a facility for the mentally retarded, then the resident must be discharged.

E. Psychiatric services resulting from an EPSDT screening.

Consistent with the Omnibus Budget Reconciliation Act of 1989 § 6403 and § 4b to Attachment 3.1 A & B Supplement 1, psychiatric services shall be covered, based on their prior authorization of medical need, for individuals younger than 21 years of age when the need for such services has been identified in a screening as defined by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The following utilization control requirements shall be met before preauthorization of payment for services can occur.

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

"Admission" means the provision of services that are medically necessary and appropriate, and there is a reasonable expectation the patient will remain at least overnight and occupy a bed.

"CFR" means the Code of Federal Regulations.

"Psychiatric services resulting from an EPSDT screening" means services rendered upon admission to a psychiatric hospital.

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

"DMAS" means the Department of Medical Assistance Services.

"JCAHO" means Joint Commission on Accreditation of Hospitals.

"Medical necessity" means that the use of the hospital setting under the direction of a physician has been demonstrated to be necessary to provide such services in lieu of other treatment settings and the services can reasonably be expected to improve the recipient's condition or to prevent further regression so that the services will no longer be needed.

"VDH" means the Virginia Department of Health.

2. It shall be documented that treatment is medically necessary and that the necessity was identified as a result of an EPSDT screening. Required patient documentation shall include, but not be limited to, the following:

a. Copy of the screening report showing the identification of the need for further psychiatric diagnosis and possible treatment.

b. Copy of supporting diagnostic medical documentation showing the diagnosis that supports the treatment recommended.

c. For admission to a psychiatric hospital, for psychiatric services resulting from an EPSDT screening, certification of the need for services by an interdisciplinary team meeting the requirements of 42 CFR §§ 441.153 or 441.156 that:

(1) Ambulatory care resources available in the community do not meet the recipient's treatment needs;

(2) Proper treatment of the recipient's psychiatric condition requires admission to a psychiatric hospital under the direction of a physician; and

(3) The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed, consistent with 42 CFR § 441.152.

3. The absence of any of the above required documentation shall result in DMAS' denial of the requested preauthorization.

4. Providers of psychiatric services resulting from an EPSDT screening must:

a. Be a psychiatric hospital accredited by JCAHO;

b. Assure that services are provided under the direction of a physician;

c. Meet the requirements in 42 CFR Part 441 Subpart D;

d. Be enrolled in the Commonwealth's Medicaid program for the specific purpose of providing psychiatric services resulting from an EPSDT screening.

F. Home health services.

1. Home health services which meet the standards prescribed for participation under Title XVIII will be supplied.

2. Home health services shall be provided by a licensed home health agency on a part-time or intermittent basis to a homebound recipient in his place of residence. The place of residence shall not include a hospital or nursing facility. Home health services must be prescribed by a physician and be part of a written plan of care utilizing the Home Health Certification and Plan of Treatment forms which the physician shall review at least every 62 days.

3. Except in limited circumstances described in subdivision 4 below, to be eligible for home health services, the patient must be essentially homebound. The patient does not have to be bedridden. Essentially homebound shall mean:

a. The patient is unable to leave home without the assistance of others or the use of special equipment;

b. The patient has a mental or emotional problem which is manifested in part by refusal to leave the home environment or is of such a nature that it would not be considered safe for him to leave home unattended;

c. The patient is ordered by the physician to restrict activity due to a weakened condition following surgery or heart disease of such severity that stress and physical activity must be avoided;

d. The patient has an active communicable disease and the physician quarantines the patient.

4. Under the following conditions, Medicaid will reimburse for home health services when a patient is not essentially homebound. When home health services are provided because of one of the following reasons, an explanation must be included on the Home Health Certification and Plan of Treatment forms:

- a. When the combined cost of transportation and medical treatment exceeds the cost of a home health services visit;
- b. When the patient cannot be depended upon to go to a physician or clinic for required treatment, and, as a result, the patient would in all probability have to be admitted to a hospital or nursing facility because of complications arising from the lack of treatment;
- c. When the visits are for a type of instruction to the patient which can better be accomplished in the home setting;
- d. When the duration of the treatment is such that rendering it outside the home is not practical.

5. Covered services. Any one of the following services may be offered as the sole home health service and shall not be contingent upon the provision of another service.

- a. Nursing services,
- b. Home health aide services,
- c. Physical therapy services,
- d. Occupational therapy services,
- e. Speech-language pathology services, or
- f. Medical supplies, equipment, and appliances suitable for use in the home.

6. General conditions. The following general conditions apply to reimbursable home health services.

- a. The patient must be under the care of a physician who is legally authorized to practice and who is acting within the scope of his or her license. The physician may be the patient's private physician or a physician on the staff of the home health agency or a physician working under an arrangement with the institution which is the patient's residence or, if the agency is hospital-based, a physician on the hospital or agency staff.
- b. Services shall be furnished under a written plan of care and must be established and periodically reviewed by a physician. The requested services or items must be necessary to carry out the plan of care and must be related to the patient's condition. The written plan of care shall appear on the Home Health Certification and Plan of Treatment forms.
- c. A physician recertification shall be required at intervals of at least once every 62 days, must be signed and dated by the physician who reviews the

plan of care, and should be obtained when the plan of care is reviewed. The physician recertification statement must indicate the continuing need for services and should estimate how long home health services will be needed. Recertifications must appear on the Home Health Certification and Plan of Treatment forms.

d. The physician orders for therapy services shall include the specific procedures and modalities to be used, identify the specific discipline to carry out the plan of care, and indicate the frequency and duration for services.

e. The physician orders for durable medical equipment and supplies shall include the specific item identification including all modifications, the number of supplies needed monthly, and an estimate of how long the recipient will require the use of the equipment or supplies. All durable medical equipment or supplies requested must be directly related to the physician's plan of care and to the patient's condition.

f. A written physician's statement located in the medical record must certify that:

(1) The home health services are required because the individual is confined to his or her home (except when receiving outpatient services);

(2) The patient needs licensed nursing care, home health aide services, physical or occupational therapy, speech-language pathology services, or durable medical equipment and/or supplies;

(3) A plan for furnishing such services to the individual has been established and is periodically reviewed by a physician; and

(4) These services were furnished while the individual was under the care of a physician.

g. The plan of care shall contain at least the following information:

(1) Diagnosis and prognosis,

(2) Functional limitations,

(3) Orders for nursing or other therapeutic services,

(4) Orders for medical supplies and equipment, when applicable

(5) Orders for home health aide services, when applicable,

(6) Orders for medications and treatments, when applicable,

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(7) Orders for special dietary or nutritional needs, when applicable, and

(8) Orders for medical tests, when applicable, including laboratory tests and x-rays

6. Utilization review shall be performed by DMAS to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in patients' medical records as having been rendered shall be deemed not to have been rendered and no reimbursement shall be provided.

7. All services furnished by a home health agency, whether provided directly by the agency or under arrangements with others, must be performed by appropriately qualified personnel. The following criteria shall apply to the provision of home health services:

a. Nursing services. Nursing services must be provided by a registered nurse or by a licensed practical nurse under the supervision of a graduate of an approved school of professional nursing and who is licensed as a registered nurse.

b. Home health aide services. Home health aides must meet the qualifications specified for home health aides by 42 CFR 484.36. Home health aide services may include assisting with personal hygiene, meal preparation and feeding, walking, and taking and recording blood pressure, pulse, and respiration. Home health aide services must be provided under the general supervision of a registered nurse. A recipient may not receive duplicative home health aide and personal care aide services.

c. Rehabilitation services. Services shall be specific and provide effective treatment for patients' conditions in accordance with accepted standards of medical practice. The amount, frequency, and duration of the services shall be reasonable. Rehabilitative services shall be provided with the expectation, based on the assessment made by physicians of patients' rehabilitation potential, that the condition of patients will improve significantly in a reasonable and generally predictable period of time, or shall be necessary to the establishment of a safe and effective maintenance program required in connection with the specific diagnosis.

(1) Physical therapy services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with a physical therapist licensed by the Board of Medicine. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a physical therapist

licensed by the Board of Medicine, or a physical therapy assistant who is licensed by the Board of Medicine and is under the direct supervision of a physical therapist licensed by the Board of Medicine. When physical therapy services are provided by a qualified physical therapy assistant, such services shall be provided under the supervision of a qualified physical therapist who makes an onsite supervisory visit at least once every 30 days. This visit shall not be reimbursable.

(2) Occupational therapy services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with an occupational therapist registered and certified by the American Occupational Therapy Certification Board. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by an occupational therapist registered and certified by the American Occupational Therapy Certification Board, or an occupational therapy assistant who is certified by the American Occupational Therapy Certification Board under the direct supervision of an occupational therapist as defined above. When occupational therapy services are provided by a qualified occupational therapy assistant, such services shall be provided under the supervision of a qualified occupational therapist who makes an onsite supervisory visit at least once every 30 days. This visit shall not be reimbursable.

(3) Speech-language pathology services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with a speech-language pathologist licensed by the Board of Audiology and Speech Pathology. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a speech-language pathologist licensed by the Board of Audiology and Speech-Language Pathology.

d. Durable medical equipment and supplies. Durable medical equipment, supplies, or appliances must be ordered by the physician, be related to the needs of the patient, and included on the plan of care. Treatment supplies used for treatment during the visit are included in the visit rate. Treatment supplies left in the home to maintain treatment after the visits shall be charged separately.

e. A visit shall be defined as the duration of time that a nurse, home health aide, or rehabilitation therapist is with a client to provide services prescribed by a physician and that are covered home health services. Visits shall not be defined in measurements or increments of time.

G. Optometrists' services are limited to examinations (refractions) after preauthorization by the state agency except for eyeglasses as a result of an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

H. In the broad category of Special Services which includes nonemergency transportation, all such services for recipients will require preauthorization by a local health department.

I. Standards in other specialized high quality programs such as the program of Crippled Children's Services will be incorporated as appropriate.

J. Provisions will be made for obtaining recommended medical care and services regardless of geographic boundaries.

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PART I. INTENSIVE PHYSICAL 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 improve 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 shall 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-Language 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 an intensive rehabilitation program, or within 72 hours of notification to the facility of the patient's Medicaid eligibility, the facility shall notify the Department of Medical Assistance Services in writing of the patient's admission. This notification shall 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 shall 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 shall, 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 reimbursement will be provided.

PART IV. INPATIENT REHABILITATION EVALUATION.

§ 4.1. For a patient with a potential for physical rehabilitation for which an outpatient assessment cannot be adequately performed, an intensive evaluation of no more

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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, shall 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 shall be held as needed but at least every two weeks to assess and document the patient's progress or problems impeding progress. The team shall 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, shall 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.

§ 5.3. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the patient's medical record as having been rendered shall be deemed not to have been rendered and no reimbursement shall be provided.

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 shall 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 nursing needs 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 shall 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 shall be of a level of complexity and sophistication, or the condition of the patient shall 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 shall 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 shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and
4. The service shall 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.

B. Physical therapy.

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

1. The services shall be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a physical therapist licensed by the Board of Medicine;
2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a physical therapist licensed by the Board of Medicine, or a physical therapy assistant who is licensed by the Board of Medicine and under the direct supervision of a qualified physical therapist licensed by the Board of Medicine;
3. The services shall 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 shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and
4. The services shall 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 shall be reasonable.

C. Occupational therapy.

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

1. The services shall be directly and specifically related to an active written treatment plan designed by the physician after any needed consultation with an occupational therapist registered and certified by the American Occupational Therapy Certification Board;
2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature, that the services can only be performed by an occupational therapist registered and certified by the American Occupational Therapy Certification Board or an occupational therapy assistant certified by the American Occupational Therapy Certification Board under the direct supervision of a qualified occupational therapist as defined above;
3. The services shall 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 shall be

necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

4. The services shall 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 shall be reasonable.

D. Speech-language therapy.

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

1. The services shall be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a speech-language pathologist licensed by the Board of Audiology and Speech-Language Pathology;
2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a speech-language pathologist licensed by the Board of Audiology and Speech-Language Pathology;
3. The services shall 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 shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and
4. The services shall 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 shall be reasonable.

E. Cognitive rehabilitation.

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

1. The services shall be directly and specifically related to an active written treatment plan designed by the physician after any needed consultation with a clinical psychologist experienced in working with the neurologically impaired and licensed by the Board of Medicine;
2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature, that the services can only be rendered after a neuropsychological evaluation administered by a clinical psychologist or physician experienced in the

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administration of neuropsychological assessments and licensed by the Board of Medicine and in accordance with a plan of care based on the findings of the neuropsychological evaluation;

3. Cognitive rehabilitation therapy services may be provided by occupational therapists, speech-language pathologists, and psychologists who have experience in working with the neurologically impaired when provided under a plan recommended and coordinated by a physician or clinical psychologist licensed by the Board of Medicine;

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

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

6. The services shall 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 shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis.

F. Psychology.

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

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

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

3. The services shall 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 shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

4. The services shall 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 shall be reasonable.

G. Social work.

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

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

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

3. The services shall 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 shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

4. The services shall 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 shall be reasonable.

H. Recreational therapy.

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

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

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall 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;

3. The services shall 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 shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

4. The services shall 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 shall be reasonable.

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. 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 shall 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 shall 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 shall be necessary to establish an improved functional state of maintenance.

6. The services shall 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.

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. Medically necessary medical supplies, equipment and appliances shall be covered. Unusual amounts, types, and duration of usage must be authorized by DMAS in accordance with published policies and procedures. When determined to be cost-effective by DMAS, payment may be made for rental of the equipment in lieu of purchase. Payment shall not be made for additional equipment or supplies unless the extended provision of services has been authorized by DMAS. 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.

2. Supplies, equipment, or appliances that are not covered for recipients of intensive physical rehabilitative services include, but are not limited to, the following:

a. Space conditioning equipment, such as room humidifiers, air cleaners, and air conditioners;

b. Durable medical equipment and supplies for any hospital or nursing facility resident, except ventilators and associated supplies for nursing facility residents that have been approved by DMAS central office;

c. Furniture or appliance not defined as medical equipment (such as blenders, bedside tables, mattresses other than for a hospital bed, pillows, blankets or other bedding, special reading lamps, chairs with special lift seats, hand-held shower devices, exercise bicycles, and bathroom scales);

d. Items that are only for the recipient's comfort and convenience or for the convenience of those caring for the recipient (e.g., a hospital bed or mattress because the recipient does not have a decent bed; wheelchair trays used as a desk surface; mobility items used in addition to primary assistive mobility aide for caregiver's or recipient's convenience, for example, an electric wheelchair plus a manual chair; cleansing wipes);

e. Items and services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (for example, over-the-counter drugs; dentifrices; toilet articles; shampoos which do not require a physician's prescription; dental adhesives; electric toothbrushes; cosmetic items, soaps, and lotions which do not require a physician's prescription; sugar and salt substitutes; support stockings; and non-legend drugs);

f. Home or vehicle modifications;

g. Items not suitable for or used primarily in the home setting (i.e., but not limited to, car seats, equipment to be used while at school);

h. Equipment that the primary function is vocationally or educationally related (i.e., but not limited to, computers, environmental control devices, speech devices) environmental control devices, speech devices).

PART IX. HOSPICE SERVICES.

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§ 9.1. Admission criteria.

To be eligible for hospice coverage under Medicare or Medicaid, the individual must elect to receive hospice services rather than active treatment for the illness. Both the attending physician (if the individual has an attending physician) and the hospice medical director must certify the life expectancy.

§ 9.2. Utilization review.

Authorization for hospice services requires an initial preauthorization by DMAS and physician certification of life expectancy. Utilization review will be conducted to determine if services were provided by the appropriate provider and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the patients' medical records as having been rendered shall be deemed not to have been rendered and no coverage shall be provided.

§ 9.3. Hospice services are a medically directed, interdisciplinary program of palliative services for terminally ill people and their families, emphasizing pain and symptom control. The rules pertaining to them are:

1. Nursing care. Nursing care must be provided by a registered nurse or by a licensed practical nurse under the supervision of a graduate of an approved school of professional nursing and who is licensed as a registered nurse.

2. Medical social services. Medical social services must be provided by a social worker who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.

3. Physician services. Physician services must be performed by a professional who is licensed to practice, who is acting within the scope of his license, and who is a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor. The hospice medical director or the physician member of the interdisciplinary team must be a licensed doctor of medicine or osteopathy.

4. Counseling services. Counseling services must be provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training the individual's family or other caregiver to provide care, and for the purpose of helping the individual and those caring for him to adjust to the individual's approaching death. Bereavement counseling consists of counseling services provided to the individual's family up to one year after the

individual's death. Bereavement counseling is a required hospice service, but it is not reimbursable.

5. Short-term inpatient care. Short-term inpatient care may be provided in a participating hospice inpatient unit, or a participating hospital or nursing facility. General inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings. Inpatient care may also be furnished to provide respite for the individual's family or other persons caring for the individual at home.

6. Durable medical equipment and supplies. Durable medical equipment as well as other self-help and personal comfort items related to the palliation or management of the patient's terminal illness is covered. Medical supplies include those that are part of the written plan of care.

7. Drugs and biologicals. Only drugs which are used primarily for the relief of pain and symptom control related to the individual's terminal illness are covered.

8. Home health aide and homemaker services. Home health aides providing services to hospice recipients must meet the qualifications specified for home health aides by 42 CFR 484.36. Home health aides may provide personal care services. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing the bed or light cleaning and laundering essential to the comfort and cleanliness of the patient. Homemaker services may include assistance in personal care, maintenance of a safe and healthy environment and services to enable the individual to carry out the plan of care. Home health aide and homemaker services must be provided under the general supervision of a registered nurse.

9. Rehabilitation services. Rehabilitation services include physical and occupational therapies and speech-language pathology services that are used for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.

PART X.

COMMUNITY MENTAL HEALTH SERVICES.

§ 10.1. Utilization review general requirements.

A. On-site utilization reviews shall be conducted, at a minimum annually at each enrolled provider, by the state Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). During each on-site review, an appropriate sample of the provider's total Medicaid population will be selected for review. An expanded review shall be conducted if an appropriate number of exceptions or problems are identified.

B. The DMHMRSAS review shall include the following items:

1. Medical or clinical necessity of the delivered service;
2. The admission to service and level of care was appropriate;
3. The services were provided by appropriately qualified individuals as defined in the Amount, Duration, and Scope of Services found in Attachment 3.1 A and B, Supplement 1 § 13d Rehabilitative Services; and
4. Delivered services as documented are consistent with recipients' Individual Service Plans, invoices submitted, and specified service limitations.

§ 10.2. Mental health services utilization criteria.

Utilization reviews shall include determinations that providers meet all the requirements of Virginia state regulations found at VR 460-03-3.1100.

A. Intensive in-home services for children and adolescents.

1. At admission, an appropriate assessment is made and documented that service needs can best be met through intervention provided typically but not solely in the client's residence; service shall be recommended in the Individual Service Plan (ISP) which shall be fully completed within 30 days of initiation of services.
2. Services shall be delivered primarily in the family's residence. Some services may be delivered while accompanying family members to community agencies or in other locations.
3. Services shall be used when out-of-home placement is a risk and when services that are far more intensive than outpatient clinic care are required to stabilize the family situation, and when the client's residence as the setting for services is more likely to be successful than a clinic.
4. Services are not appropriate for a family in which a child has run away or a family for which the goal is to keep the family together only until an out-of-home placement can be arranged.
5. Services shall also be used to facilitate the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful.
6. At least one parent or responsible adult with whom the child is living must be willing to participate in in-home services, with the goal of keeping the child

with the family.

7. The provider of intensive in-home services for children and adolescents shall be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

8. The billing unit for intensive in-home service is one hour. Although the pattern of service delivery may vary, in-home service is an intensive service provided to individuals for whom there is a plan of care in effect which demonstrates the need for a minimum of five hours a week of intensive in-home service, and includes a plan for service provision of a minimum of five hours of service delivery per client/family per week in the initial phase of treatment. It is expected that the pattern of service provision may show more intensive services and more frequent contact with the client and family initially with a lessening or tapering off of intensity toward the latter weeks of service. Intensive in-home services below the five-hour a week minimum may be covered. However, variations in this pattern must be consistent with the individual service plan. Service plans must incorporate a discharge plan which identifies transition from

9. The intensity of service dictates that caseload sizes should be six or fewer cases at any given time. If on review caseloads exceed this limit, the provider will be required to submit a corrective action plan designed to reduce caseload size to the required limit unless the provider can demonstrate that enough of the cases in the caseload are moving toward discharge so that the caseload standard will be met within three months by attrition. Failure to maintain required caseload sizes in two or more review periods may result in termination of the provider agreement unless the provider demonstrates the ability to attain and maintain the required caseload size.

10. Emergency assistance shall be available 24 hours per day, seven days a week.

B. Therapeutic day treatment for children and adolescents.

1. Therapeutic day treatment is appropriate for children and adolescents who meet the DMHMRSAS definitions of "serious emotional disturbance" or "at risk of developing serious emotional disturbance" and who also meet one of the following:

- a. Children and adolescents who require year-round treatment in order to sustain behavioral or emotional gains.
- b. Children and adolescents whose behavior and emotional problems are so severe they cannot be handled in self-contained or resource emotionally disturbed (ED) classrooms without:

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(1) This programming during the school day; or

(2) This programming to supplement the school day or school year.

c. Children and adolescents who would otherwise be placed on homebound instruction because of severe emotional/behavior problems that interfere with learning.

d. Children and adolescents who have deficits in social skills, peer relations, dealing with authority; are hyperactive; have poor impulse control; are extremely depressed or marginally connected with reality.

e. Children in preschool enrichment and early intervention programs when the children's emotional/behavioral problems are so severe that they cannot function in these programs without additional services.

2. The provider of therapeutic day treatment for child and adolescent services shall be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

3. The minimum staff-to-youth ratio shall ensure that adequate staff is available to meet the needs of the youth identified on the ISP.

4. The program shall operate a minimum of two hours per day and may offer flexible program hours (i.e. before or after school or during the summer). One unit of service is defined as a minimum of two hours but less than three hours in a given day. Two units of service are defined as a minimum of three but less than five hours in a given day; and three units of service equals five or more hours of service. Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be billable. These restrictions apply only to transportation to and from the program site. Other program-related transportation may be included in the program day as indicated by scheduled activities.

5. Time for academic instruction when no treatment activity is going on cannot be included in the billing unit.

6. Services shall be provided following a diagnostic assessment when authorized by the physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker or certified psychiatric nurse and in accordance with an ISP which shall be fully completed within 30 days of initiation of the service.

C. Day treatment/partial hospitalization services shall be

provided to adults with serious mental illness following diagnostic assessment when authorized by the physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, or certified psychiatric nurse, and in accordance with an ISP which shall be fully completed within 30 days of service initiation.

1. The provider of day treatment/partial hospitalization shall be licensed by DMHMRSAS.

2. The program shall operate a minimum of two continuous hours in a 24-hour period. One unit of service shall be defined as a minimum of two but less than four hours on a given day. Two units of service shall be defined as at least four but less than seven hours in a given day. Three units of service shall be defined as seven or more hours in a given day. Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions shall apply only to transportation to and from the program site. Other program-related transportation may be included in the program day as indicated by scheduled program activities.

3. Individuals shall be discharged from this service when they are no longer in an acute psychiatric state or when other less intensive services may achieve stabilization. Admission and services longer than 90 calendar days must be authorized based upon a face-to-face evaluation by a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, or certified psychiatric nurse.

D. Psychosocial rehabilitation services shall be provided to those individuals who have mental illness or mental retardation, and who have experienced long-term or repeated psychiatric hospitalization, or who lack daily living skills and interpersonal skills, or whose support system is limited or nonexistent, or who are unable to function in the community without intensive intervention or when long-term care is needed to maintain the individual in the community.

1. Services shall be provided following an assessment which clearly documents the need for services and in accordance with an ISP which shall be fully completed within 30 days of service initiation.

2. The provider of psychosocial rehabilitation shall be licensed by DMHMRSAS.

3. The program shall operate a minimum of two continuous hours in a 24-hour period. One unit of service is defined as a minimum of two but less than four hours on a given day. Two units are defined as at least four but less than seven hours in a given day. Three units of service shall be defined as seven or

more hours in a given day. Transportation time to and from the program site may be included as part of the reimbursement unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions apply only to transportation to and from the program site. Other program-related transportation may be included in the program day as indicated by scheduled program activities.

4. Time allocated for field trips may be used to calculate time and units if the goal is to provide training in an integrated setting, and to increase the client's understanding or ability to access community resources.

E. Admission to crisis intervention services is indicated following a marked reduction in the individual's psychiatric, adaptive or behavioral functioning or an extreme increase in personal distress. Crisis intervention may be the initial contact with a client.

1. The provider of crisis intervention services shall be licensed as an Outpatient Program by DMHMRSAS.

2. Client-related activities provided in association with a face-to-face contact are reimbursable.

3. An Individual Service Plan (ISP) shall not be required for newly admitted individuals to receive this service. Inclusion of crisis intervention as a service on the ISP shall not be required for the service to be provided on an emergency basis.

4. For individuals receiving scheduled, short-term counseling as part of the crisis intervention service, an ISP must be developed or revised to reflect the short-term counseling goals by the fourth face-to-face contact.

5. Reimbursement shall be provided for short-term crisis counseling contacts occurring within a 30-day period from the time of the first face-to-face crisis contact. Other than the annual service limits, there are no restrictions (regarding number of contacts or a given time period to be covered) for reimbursement for unscheduled crisis contacts.

6. Crisis intervention services may be provided to eligible individuals outside of the clinic and billed, provided the provision of out-of-clinic services is clinically/programmatically appropriate. When travel is required to provide out-of-clinic services, such time is reimbursable. Crisis intervention may involve the family or significant others.

F. Case management.

1. Reimbursement shall be provided only for "active" case management clients, as defined. An active client for case management shall mean an individual for

whom there is a plan of care in effect which requires regular direct or client-related contacts or activity or communication with the client or families, significant others, service providers, and others including a minimum of one face-to-face client contact within a 90-day period. Billing can be submitted only for months in which direct or client-related contacts, activity or communications occur.

2. The Medicaid eligible individual shall meet the DMHMRSAS criteria of serious mental illness, serious emotional disturbance in children and adolescents, or youth at risk of serious emotional disturbance.

3. There shall be no maximum service limits for case management services.

4. The ISP must document the need for case management and be fully completed within 30 days of initiation of the service, and the case manager shall review the ISP every three months. The review will be due by the last day of the third month following the month in which the last review was completed. A grace period will be granted up to the last day of the fourth month following the month of the last review. When the review was completed in a grace period, the next subsequent review shall be scheduled three months from the month the review was due and not the date of actual review.

5. The ISP shall be updated at least annually.

§ 10.3. Mental retardation utilization criteria.

Utilization reviews shall include determinations that providers meet all the requirements of Virginia state regulations found at VR 460-03-3.1100.

A. Appropriate use of day health and rehabilitation services requires the following conditions shall be met:

1. The service is provided by a program with an operational focus on skills development, social learning and interaction, support, and supervision.

2. The individual shall be assessed and deficits must be found in two or more of the following areas to qualify for services:

a. Managing personal care needs,

b. Understanding verbal commands and communicating needs and wants,

c. Earning wages without intensive, frequent and ongoing supervision or support,

d. Learning new skills without planned and consistent or specialized training and applying skills learned in a training situation to other environments,

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e. Exhibiting behavior appropriate to time, place and situation that is not threatening or harmful to the health or safety of self or others without direct supervision,

f. Making decisions which require informed consent,

g. Caring for other needs without the assistance or personnel trained to teach functional skills,

h. Functioning in community and integrated environments without structured, intensive and frequent assistance, supervision or support.

3. Services for the individual shall be preauthorized annually by DMHMRSAS.

4. Each individual shall have a written plan of care developed by the provider which shall be fully complete within 30 days of initiation of the service, with a review of the plan of care at least every 90 days with modification as appropriate. A 10-day grace period is allowable.

5. The provider shall update the plan of care at least annually.

6. The individual's record shall contain adequate documentation concerning progress or lack thereof in meeting plan of care goals.

7. The program shall operate a minimum of two continuous hours in a 24-hour period. One unit of service shall be defined as a minimum of two but less than four hours on a given day. Two units of service shall be at least four but less than seven hours on a given day. Three units of service shall be defined as seven or more hours in a given day. Transportation time to and from the program site may be included as part of the reimbursable unit. However, transportation time exceeding 25% of the total daily time spent in the service for each individual shall not be covered. These restrictions shall apply only to transportation to and from the program site. Other program-related transportation may be included in the program day as indicated by scheduled program activities.

8. The provider shall be licensed by DMHMRSAS.

B. Appropriate use of case management services for persons with mental retardation requires the following conditions to be met:

1. The individual must require case management as documented on the consumer service plan of care which is developed based on appropriate assessment and supporting data. Authorization for case management services shall be obtained from DMHMRSAS Care Coordination Unit annually.

2. An active client shall be defined as an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, service providers, significant others and other entities including a minimum of one face-to-face contact within a 90-day period.

3. The plan of care shall address the individual's needs in all life areas with consideration of the individual's age, primary disability, level of functioning and other relevant factors.

a. The plan of care shall be reviewed by the case manager every three months to ensure the identified needs are met and the required services are provided. The review will be due by the last day of the third month following the month in which the last review was completed. A grace period will be given up to the last day of the fourth month following the month of the prior review. When the review was completed in a grace period, the next subsequent review shall be scheduled three months from the month the review was due and not the date of the actual review.

b. The need for case management services shall be assessed and justified through the development of an annual consumer service plan.

4. The individual's record shall contain adequate documentation concerning progress or lack thereof in meeting the consumer service plan goals.

PART XI. GENERAL OUTPATIENT PHYSICAL REHABILITATION SERVICES.

§ 11.1. Scope.

A. Medicaid covers general outpatient physical rehabilitative services provided in outpatient settings of acute and rehabilitation hospitals and by rehabilitation agencies which have a provider agreement with the Department of Medical Assistance Services (DMAS).

B. Outpatient rehabilitative services shall be prescribed by a physician and be part of a written plan of care.

§ 11.2. Covered outpatient rehabilitative services.

Covered outpatient rehabilitative services shall include physical therapy, occupational therapy, and speech-language pathology services. Any one of these services may be offered as the sole rehabilitative service and shall not be contingent upon the provision of another service.

§ 11.3. Eligibility criteria for outpatient rehabilitative services.

To be eligible for general outpatient rehabilitative services, the patient must require at least one of the following services: physical therapy, occupational therapy, speech-language pathology services, and respiratory therapy. All rehabilitative services must be prescribed by a physician.

§ 11.4. Criteria for the provision of outpatient rehabilitative services.

All practitioners and providers of services shall be required to meet state and federal licensing and/or certification requirements.

A. Physical therapy services meeting all of the following conditions shall be furnished to patients:

1. Physical therapy services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with a physical therapist licensed by the Board of Medicine.

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a physical therapist licensed by the Board of Medicine, or a physical therapy assistant who is licensed by the Board of Medicine and is under the direct supervision of a physical therapist licensed by the Board of Medicine. When physical therapy services are provided by a qualified physical therapy assistant, such services shall be provided under the supervision of a qualified physical therapist who makes an onsite supervisory visit at least once every 30 days. This visit shall not be reimbursable.

3. The services shall 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 shall be reasonable.

B. Occupational therapy services shall be those services furnished a patient which meet all of the following conditions:

1. Occupational therapy services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with an occupational therapist registered and certified by the American Occupational Therapy Certification Board.

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by an occupational therapist registered and certified by the American Occupational Therapy Certification Board, a graduate of a program approved by the Council on Medical Education of the American

Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association when under the supervision of an occupational therapist defined above, or an occupational therapy assistant who is certified by the American Occupational Therapy Certification Board under the direct supervision of an occupational therapist as defined above. When occupational therapy services are provided by a qualified occupational therapy assistant or a graduate engaged in supplemental clinical experience required before registration, such services shall be provided under the supervision of a qualified occupational therapist who makes an onsite supervisory visit at least once every 30 days. This visit shall not be reimbursable.

3. The services shall 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 shall be reasonable.

C. Speech-language pathology services shall be those services furnished a patient which meet all of the following conditions:

1. The services shall be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a speech-language pathologist licensed by the Board of Audiology and Speech-Language Pathology, or, if exempted from licensure by statute, meeting the requirements in 42 CFR 440.110(c);

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by or under the direction of a speech-language pathologist who meets the qualifications in subdivision B1 above. The program must meet the requirements of 42 CFR 405.1719(c). At least one qualified speech-language pathologist must be present at all times when speech-language pathology services are rendered; and

3. The services shall 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 shall be reasonable.

§ 11.5. Authorization for services.

A. General physical rehabilitative services provided in outpatient settings of acute and rehabilitation hospitals and by rehabilitation agencies shall include authorization for up to 24 visits by each ordered rehabilitative service within a 60-day period. A recipient may receive a maximum of 48 visits annually without authorization. The provider shall maintain documentation to justify the need for services. A

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visit shall be defined as the duration of time that a rehabilitative therapist is with a client to provide services prescribed by the physician. Visits shall not be defined in measurements or increments of time.

B. The provider shall request from DMAS authorization for treatments deemed necessary by a physician beyond the number authorized by using the Rehabilitation Treatment Authorization form (DMAS-125). This request must be signed and dated by a physician. Authorization for extended services shall be based on individual need. Payment shall not be made for additional service unless the extended provision of services has been authorized by DMAS. Periods of care beyond those allowed which have not been authorized by DMAS shall not be approved for payment.

§ 11.6. Documentation requirements.

A. Documentation of general outpatient rehabilitative services provided by a hospital-based outpatient setting or a rehabilitation agency shall, at a minimum:

1. describe the clinical signs and symptoms of the patient's condition;
2. include an accurate and complete chronological picture of the patient's clinical course and treatments;
3. document that a plan of care specifically designed for the patient has been developed based upon a comprehensive assessment of the patient's needs;
4. include a copy of the physician's orders and plan of care;
5. include all treatment rendered to the patient in accordance with the plan with specific attention to frequency, duration, modality, response, and identify who provided care (include full name and title);
6. describe changes in each patient's condition and response to the rehabilitative treatment plan; and
7. 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.

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

§ 11.7. Service limitations.

The following general conditions shall apply to reimbursable physical rehabilitative services:

A. Patient must be under the care of a physician who is legally authorized to practice and who is acting within the

scope of his license.

B. Services shall be furnished under a written plan of treatment and must be established and periodically reviewed by a physician. The requested services or items must be necessary to carry out the plan of treatment and must be related to the patient's condition.

C. A physician recertification shall be required periodically, must be signed and dated by the physician who reviews the plan of treatment, and may be obtained when the plan of treatment is reviewed. The physician recertification statement must indicate the continuing need for services and should estimate how long rehabilitative services will be needed.

D. The physician orders for therapy services shall include the specific procedures and modalities to be used, identify the specific discipline to carry out the plan of care, and indicate the frequency and duration for services.

E. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the patient's medical record as having been rendered shall be deemed not to have been rendered and no coverage shall be provided.

F. Rehabilitation care is to be terminated regardless of the approved length of stay when further progress toward the established rehabilitation goal is unlikely or when the services can be provided by someone other than the skilled rehabilitation professional .

PART XII.

UTILIZATION REVIEW OF CASE MANAGEMENT FOR RECIPIENTS OF AUXILIARY GRANTS.

§ 12.1. Criteria of need for case management services.

It shall be the responsibility of the assessor who identifies the individual's need for residential or assisted living in an adult care residence to assess the need for case management services. The case manager shall [, at a minimum,] update the assessment and make any necessary [changes to the individual's plan of care referrals for service] as part of the case management annual visit. Case management services may be initiated at any time during the year that a need is identified.

§ 12.2. Coverage limits.

DMAS shall reimburse for one case management visit per year for every individual who receives an auxiliary grant. For individuals meeting the following [ongoing case management] criteria, DMAS shall reimburse for one case management visit per calendar quarter:

1. *The individual needs the coordination of multiple services and the individual does not currently have*

support available that is willing to assist in the coordination of and access to services, and a referral to a formal or informal support system will not meet the individual's needs; or

2. The individual has an identified need in his physical environment, support system, financial resources, emotional or physical health which must be addressed to ensure the individual's health and welfare and other formal or informal supports have either been unsuccessful in their efforts or are unavailable to assist the individual in resolving the need.

§ 12.3. Documentation requirements.

[The update to the assessment and plan of care shall be required annually regardless of whether the individual receives an annual visit or is authorized for quarterly case management visit.

A. The update to the assessment shall be required annually regardless of whether the individual is authorized for ongoing case management.

B. A care plan and documentation of contacts must be maintained by the case manager for persons authorized for ongoing case management.

1. The care plan must be a standardized written description of the needs which cannot be met by the adult care residence and the resident-specific goals, objectives and time frames for completion. This care plan must be updated annually at the time of reassessment, including signature by both the resident and case manager.

2. The case manager shall provide ongoing monitoring and arrangement of services according to the care plan and must maintain documentation recording all contacts made with or on behalf of the resident.]

VA.R. Doc. No. R94-835; Filed April 13, 1994, 10:40 a.m.

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT

Dates:

Screen: ___/___/___

Assessment: ___/___/___

Reassessment: ___/___/___

1 IDENTIFICATION/BACKGROUND

Name & Vital Information

Client Name: _____ Client SSN: _____
(Last) (First) (Middle Initial)

Street Address: _____

City, State, Zip Code: _____

Phone: () _____ City/County Code: _____

Directions to House: _____

Presence of Pets: _____

Demographics

Birthdate: ___/___/___ Age: _____ Sex: ___ Male 0 ___ Female 1
(Month) (Day) (Year)

Marital Status: ___ Married 0 ___ Widowed 1 ___ Separated 2 ___ Divorced 3 ___ Single 4 ___ Unknown 9

Racial/Ethnic Background:	Education:	Communication of Needs:
___ White (Not Hispanic) 0	___ Less than High School 0	___ Verbally, English 0
___ Black/African American 1	___ Some High School 1	___ Verbally, Other Language 1
___ American Indian/Alaskan Native 2	___ High School Graduate 2	_____
___ Asian/Pacific Islander 3	___ Some College 3	___ Non-Verbally, Sign Language/Device 2
___ Hispanic/Spanish American 4	___ College Graduate 4	___ Does Not Communicate 3
___ Other 5 _____	___ Unknown 9	
___ Unknown 9		

Primary Caregiver/Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone: (H) _____ (W) _____

Name: _____ Relationship: _____

Address: _____ Phone: (H) _____ (W) _____

Name of Primary Physician: _____ Phone: _____

Initial Contact

Who called: _____
(Name) (Relation to Client) (Phone)

Presenting Problem: _____

CLIENT NAME:

Client SSN:

Physical Environment

Where do you usually live? Does anyone live with you?

	Alone 1	Spouse 2	Other 3	Names of Persons in Household	
<input type="checkbox"/> House: Own 0					
<input type="checkbox"/> House: Rent 1					
<input type="checkbox"/> Apartment 2					
<input type="checkbox"/> Rented Room 3					
	Name of Provider (Place)			Admission Date	Provider Number (If Applicable)
<input type="checkbox"/> Adult Care Residence 40					
<input type="checkbox"/> Adult Foster 50					
<input type="checkbox"/> Nursing Facility 60					
<input type="checkbox"/> Mental Health/Retardation Facility 70					
<input type="checkbox"/> Other 80					

Where you usually live, are there any problems?

- No 0
- Yes 1 *If Yes, Please Continue with Questions ▼*

No 0	Yes 1	Check All Problems That Apply	Describe Problems:
<input type="checkbox"/>	<input type="checkbox"/>	Accumulation of Fire Hazards	
<input type="checkbox"/>	<input type="checkbox"/>	Bathing Facilities	
<input type="checkbox"/>	<input type="checkbox"/>	Building/Handicap Accessible	
<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness/Insect/Rodent Infestation	
<input type="checkbox"/>	<input type="checkbox"/>	Electricity/Wiring	
<input type="checkbox"/>	<input type="checkbox"/>	Heating/Cooling	
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator/Freezer	
<input type="checkbox"/>	<input type="checkbox"/>	Safety/Smoke Alarm	
<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Elevator	
<input type="checkbox"/>	<input type="checkbox"/>	Stove	
<input type="checkbox"/>	<input type="checkbox"/>	Telephone	
<input type="checkbox"/>	<input type="checkbox"/>	Toilet Facilities (Inside/Outside)	
<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer	

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CLIENT NAME: _____ Client SSN: _____

2 FUNCTIONAL STATUS (Check only one block for each level of functioning)

ADLS	Needs Help?		MH Only 10 Mechanical Help	HH Only 2 Human Help	MH & HH 3		Performed by Others 40	Is Not Performed 50
	No 00	Yes		Supervision 1	Physical Assistance 2	Supervision 1	Physical Assistance 2	
Bathing								
Dressing								
Toileting								
Transferring								
Eating/Feeding							Spoon Fed 1 Syringe/ Tube Fed 2	Fed by IV 3

Do you have trouble getting to the bathroom on time?
If yes, how often do you have accidents?

Continence	Needs Help?		Incontinent Less than weekly 1	External Device/ Indwelling/ Ostomy Self care 2	Incontinent Weekly or more 3	External Device Not self care 4	Indwelling Catheter Not self care 5	Ostomy Not self care 6
	No 00	Yes						
Bowel								
Bladder								

Ambulation	Needs Help?		MH Only 10 Mechanical Help	HH Only 2 Human Help	MH & HH 3		Performed by Others 40	Is Not Performed 50
	No 00	Yes		Supervision 1	Physical Assistance 2	Supervision 1	Physical Assistance 2	
Walking								
Wheeling								
Stairclimbing								
Mobility							Confined Moves About	Confined Does Not Move About

IADLS	Needs Help?		Describe Help (include name(s) of helper(s))
	No 0	Yes 1	
Meal Preparation			
Housekeeping			
Laundry			
Shopping			
Transportation			
Money Management			
Using Phone			
Home Maintenance			

Outcome: Is this a short assessment?
 No, continue with Section 3.0 Yes, service referrals planned Yes, no service referrals planned

Screener: _____ Agency: _____

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Final Regulations

CLIENT NAME: _____ Client SSN: _____

3 HEALTH ASSESSMENT

Professional Visits/Medical Admissions-

Doctor's Name(s) (List all)	Phone	Date of Last Visit	Reason for Last Visit

Admissions: In the past 6 months, have you been admitted to a ... for medical or rehabilitation reasons?

No	Yes	Name of Place	Admit Date	Discharge Date	Reason
		Hospital			
		Nursing Facility			
		Adult Care Residence			

Do you have any advanced directives such as ... (Who has it ... Where is it ...)?

No Yes Location _____

_____ Living Will, _____

_____ Durable Power of Attorney for Health Care, _____

_____ Other, _____

Diagnoses & Medication Profile

Do you have any current medical problems, or a known or suspected diagnosis of mental retardation or related conditions, such as ... (Refer to the list of diagnoses)?

Current Diagnoses	Date of Onset

Enter Codes for 3 Major, Active Diagnoses: _____ None 00 _____ DX1 _____ DX2 _____ DX3

Current Medications (Include Over-the-Counter)	Dose, Frequency, Route	Reason(s) Prescribed
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Total No. of Medications: _____ (If 0, skip to Sensory Function) Total No. of Tranquilizer/Psychotropic Drugs: _____

Do you have any problems with medicine(s) ... ?	How do you take your medicine(s)?
No <input type="checkbox"/> Yes <input type="checkbox"/>	
_____ Adverse reactions/allergies	_____ Without assistance 0
_____ Cost of medication	_____ Administered/monitored by lay person 1
_____ Getting to the pharmacy	_____ Administered/monitored by professional nursing staff 2
_____ Taking them as instructed/prescribed	Describe help: _____
_____ Understanding directions/schedule	Name of helper: _____

- Diagnoses:**
- AIDS/HIV (01)
 - Alcoholism/Substance Abuse (02)
 - Blood-related Problems (03)
 - Cancer (04)
 - Cardiovascular Problems**
 - Circulation (05)
 - Heart Trouble (06)
 - High Blood Pressure (07)
 - Other Cardiovascular Problems (08)
 - Dementia**
 - Alzheimer's (09)
 - Non-Alzheimer's (10)
 - Developmental Disabilities**
 - Mental Retardation (11)
 - Related Conditions**
 - Autism (12)
 - Cerebral Palsy (13)
 - Epilepsy (14)
 - Friedreich Ataxia (15)
 - Multiple Sclerosis (16)
 - Muscular Dystrophy (17)
 - Spina Bifida (18)
 - Digestive/Liver/Gall Bladder (19)**
 - Endocrine (Gland) Problems**
 - Diabetes (20)
 - Other Endocrine Problems (21)
 - Eye Disorders (22)**
 - Muscular/Skeletal**
 - Arthritis/Rheumatoid Arthritis (23)
 - Osteoporosis (24)
 - Other Muscular/Skeletal Problems (25)
 - Neurological Problems**
 - Brain Trauma/Injury (26)
 - Spinal Cord Injury (27)
 - Stroke (28)
 - Other Neurological Problems (29)
 - Psychiatric Problems**
 - Anxiety Disorders (30)
 - Bipolar (31)
 - Major Depression (32)
 - Personality Disorder (33)
 - Schizophrenia (34)
 - Other Psychiatric Problems (35)
 - Respiratory Problems**
 - Black Lung (36)
 - COFD (37)
 - Pneumonia (38)
 - Other Respiratory Problems (39)
 - Urinary/Reproductive Problems**
 - Renal Failure (40)
 - Other Urinary Problems (41)
 - All Other Problems (42)

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CLIENT NAME: _____ Client SSN: _____

Sensory Functions

How is your vision, hearing, and speech?

	No Impairment 0	Impairment		Complete Loss 3	Date of Last Exam
		Record Date of Onset/ Type of Impairment			
		Compensation 1	No Compensation 2		
Vision					
Hearing					
Speech					

Physical Status

Joint Motion: How is your ability to move your arms, fingers and legs?

- Within normal limits or instability corrected 0
 Limited motion 1
 Instability uncorrected or immobile 2

Have you ever broken or dislocated any bones ... Ever had an amputation or lost any limbs ... Lost voluntary movement of any part of your body?

Fractures/Dislocations	Missing Limbs	Paralysis/Paresis
<input type="checkbox"/> None 000 <input type="checkbox"/> Hip Fracture 1 <input type="checkbox"/> Other Broken Bone(s) 2 <input type="checkbox"/> Dislocation(s) 3 <input type="checkbox"/> Combination 4	<input type="checkbox"/> None 000 <input type="checkbox"/> Finger(s)/Toe(s) 1 <input type="checkbox"/> Arm(s) 2 <input type="checkbox"/> Leg(s) 3 <input type="checkbox"/> Combination 4	<input type="checkbox"/> None 000 <input type="checkbox"/> Partial 1 <input type="checkbox"/> Total 2 Describe: _____
Previous Rehab Program? <input type="checkbox"/> No/Not Completed 1 <input type="checkbox"/> Yes 2	Previous Rehab Program? <input type="checkbox"/> No/Not Completed 1 <input type="checkbox"/> Yes 2	Previous Rehab Program? <input type="checkbox"/> No/Not Completed 1 <input type="checkbox"/> Yes 2
Onset of Fracture/Dislocation? <input type="checkbox"/> 1 Year or Less 1 <input type="checkbox"/> More than 1 Year 2	Onset of Amputation? <input type="checkbox"/> 1 Year or Less 1 <input type="checkbox"/> More than 1 Year 2	Onset of Paralysis? <input type="checkbox"/> 1 Year or Less 1 <input type="checkbox"/> More than 1 Year 2

Nutrition

Weight: _____ (lbs.) Height: _____ (inches)

Are you on any type of special diet? <input type="checkbox"/> None 0 <input type="checkbox"/> Diabetic Diet 1 <input type="checkbox"/> Low Fat/Cholesterol 2 <input type="checkbox"/> No/Low Salt 3 <input type="checkbox"/> Combination/Other 4	Do you have any dietary problems? No 0 Yes 1 <input type="checkbox"/> Dehydration <input type="checkbox"/> Food/Fluid Intake Problems <input type="checkbox"/> Malnourishment <input type="checkbox"/> Mechanically Adjusted <input type="checkbox"/> Noncompliance with Diet Restrictions <input type="checkbox"/> Problem with Dentures/False Teeth <input type="checkbox"/> Recent Weight Loss/Gain <input type="checkbox"/> Unusual Eating Habits <input type="checkbox"/> Other: _____
Do you take dietary supplements? <input type="checkbox"/> None 0 <input type="checkbox"/> Occasionally 1 <input type="checkbox"/> Daily, Primary Source 2 <input type="checkbox"/> Daily, Sole Source 3	

Do you smoke? Never Smoked 0 Ex-Smoker 1 Currently Smokes, No. per day _____ 2

CLIENT NAME: _____

Client SSN: _____

4 PSYCHO-SOCIAL ASSESSMENT

Cognitive Function

Orientation

Person: Please tell me your full name (so that I can make sure our records are correct).
Place: Where are we now? What is the name of this place?
Time: Could you tell me the date today?

- Oriented 0
- Disoriented - Some spheres, some of the time 1
- Disoriented - Some spheres, all the time 2
- Disoriented - All spheres, some of the time 3
- Disoriented - All spheres, all of the time 4
- Comatose 5

Spheres affected: _____

Memory/Judgement

Short-Term: I am going to say three words I'd like you to remember.
 Wait until I finish saying all three, then repeat them back to me (Flag, Tree, Ball).
 Hold them in your mind, because I'll ask you again in a minute or so what they are.
Long-Term: When were you born? (What is your date of birth?)
 Ask client for the three words he/she was to remember.
Judgement: If you needed help at night, what would you do?

- No 0 Yes 1
- Short-Term Memory Loss?
 - Long-Term Memory Loss?
 - Judgement Problem?

Behavior Pattern

Does the client ever wander without purpose (trespass, get lost, go into traffic, etc.) or become agitated and abusive?

- Appropriate 0
- Wandering/Passive - Less than weekly 1
- Wandering/Passive - Weekly or more 2
- Abusive/Aggressive/Disruptive - Less than weekly 3
- Abusive/Aggressive/Disruptive - Weekly or more 4
- Comatose 5

Type of inappropriate behavior: _____

Life Stressors

Have there been any stressful events in your life in the past six months, such as ...?

- | No 0 | Yes 1 | No 0 | Yes 1 | No 0 | Yes 1 | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Change in work/employment | <input type="checkbox"/> | <input type="checkbox"/> | Financial problems | <input type="checkbox"/> | <input type="checkbox"/> | Victim of a crime |
| <input type="checkbox"/> | <input type="checkbox"/> | Death of someone close | <input type="checkbox"/> | <input type="checkbox"/> | Major illness - family/friend | <input type="checkbox"/> | <input type="checkbox"/> | Failing health |
| <input type="checkbox"/> | <input type="checkbox"/> | Family conflict | <input type="checkbox"/> | <input type="checkbox"/> | Recent move/relocation | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

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Final Regulations

CLIENT NAME: _____

Client SSN: _____

Emotional Status

In the past month, how often did you ... ?	Rarely 0	Some of the Time 1	Often 2	Most of the Time 3	Unable to Assess 4
Feel anxious or worry constantly about things?					
Feel irritable, have crying spells or get upset over little things?					
Feel alone and that you didn't have anyone to talk to?					
Feel like you didn't want to be around other people?					
Feel afraid that something bad was going to happen to you and/or feel that others were trying to take things from you or trying to harm you?					
Feel sad or hopeless?					
Feel that life is not worth living ... or think of taking your life?					
See or hear things that other people did not see or hear?					
Believe that you have special powers that others do not have?					
Have problems falling or staying asleep?					
Have problems with your appetite ... that is eat too much or too little?					

Social Status

Are there some things that you do that you especially enjoy?

No 0 Yes 1

Describe

____ Solitary Activities, _____

____ With Friends/Family, _____

____ With Groups/Clubs, _____

Do you belong to a church or synagogue? ... Describe your involvement: _____

How often do you talk with your children, family or friends, either during a visit or over the phone?

Children

Other Family

Friends/Neighbors

____ No Children 0

____ No Other Family 0

____ No Friends/ Neighbors

____ Never 1

____ Never 1

____ Never 1

____ Daily 2

____ Daily 2

____ Daily 2

____ Weekly 3

____ Weekly 3

____ Weekly 3

____ Monthly 4

____ Monthly 4

____ Monthly 4

____ Less than Monthly 5

____ Less than Monthly 5

____ Less than Monthly 5

Are you satisfied with how often you see or hear from your children, other family and/or friends?

____ No 0 ____ Yes 1

CLIENT NAME: _____ Client SSN: _____

Hospitalization/Alcohol - Drug Use

Have you been hospitalized or received outpatient treatment in the last 2 years for nerves, emotional/mental health or substance abuse problems?

No 0 Yes 1

Name of Place	Admit Date	Discharge Date	Reason

Do you use, or have you ever used, alcoholic beverages?

- Never drinks 0
 Drank at one time, but no longer drinks 1
 Currently drinks 2
 How much: _____
 How often: _____

If the client currently drinks, or drank at one time, ask the following questions:

<p>Have you, or someone close to you, ever been concerned about your use of alcohol?</p> <p><input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1</p> <p>Describe concerns: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Do (did) you ever use alcohol with ...</p> <p>No 0 Yes 1</p> <p><input type="checkbox"/> Prescription medicine?</p> <p><input type="checkbox"/> Over the counter medicine?</p> <p><input type="checkbox"/> Other substances (illegal)?</p> <p>Describe (What ... How often?): _____</p> <p>_____</p>
--	--

Do (did) you ever use alcohol and/or other drugs to help you ...

- No 0 Yes 1
- Sleep?
 Relax?
 Get more energy?
 Relieve your worries?
 Relieve physical pain?

Describe (What ... How often?): _____

Is there anything we haven't talked about that you'd like to discuss?

Final Regulations

CLIENT NAME:

Client SSN:

CAREGIVER ASSESSMENT

Does the client have an informal caregiver?

No 0 (Skip to Section 6) Yes 1

Where does the caregiver live?

- With client 0
- Separate residence, close proximity 1
- Separate residence, over 1 hour away 2

Is the caregiver's help ...

- Adequate to meet the client's needs? 0
- Not adequate to meet the client's needs? 1

Overall, how burdened does the caregiver feel in caring for the client?

- Not burdened 0
- Somewhat burdened 1
- Very burdened 2

Describe any problems with continued caregiving:

CLIENT NAME: _____

Client SSN: _____

ASSESSMENT SUMMARY

Indicators of Adult Abuse and Neglect: While completing the assessment, if you suspect abuse, neglect or exploitation, you are required by Virginia law, Section 63.1 - 55.3 to report this to the local Department of Social Services, Adult Protective Services.

Preferences

Client's preferences for receiving needed care: _____

Family/Representative's preferences for client's care: _____

Physician's comments (if applicable): _____

Client Case Summary

Unmet Needs

No 0	Yes 1	(Check All That Apply)	No 0	Yes 1	(Check All That Apply)
___	___	Home/Physical Environment	___	___	Assistive Devices/Medical Equipment
___	___	Finances	___	___	Medical Care/Health
___	___	ADLS	___	___	Nutrition
___	___	IADLS	___	___	Cognitive/Emotional
			___	___	Caregiver Support

Assessment Completed By

Assessor's Name	Signature	Agency/Provider Name	Assessor Code/ Provider #	Section(s) Completed

Referrals

No 0	Yes 1	Services	Agency/Worker	Date Services Start
		Case Management		
		Adult Care Residence		
		___ Residential 1		
		___ Assisted Living 2		

Optional: Case assigned to: _____ Code #: _____

Final Regulations

REGISTRAR'S NOTICE: The amendments to the following regulation are exempt from the Administrative Process Act in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, which excludes regulations that are necessary to meet the requirements of federal law or regulations, provided such regulations do not differ materially from those required by federal law or regulation. The Department of Medical Assistance 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 460-03-4.1921. *Fees for Pediatric and Obstetric Services Maximum Payments CPT Procedures.*

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

Effective Date: July 1, 1994.

Summary:

Section 6402 of OBRA '89 mandated that states include the amounts of payments for certain obstetric procedures in their State Plans for Medical Assistance. Each state establishes its own payment levels for Medicaid services; however, Medicaid regulations (42 CFR 447.204) provide that payments must be sufficient to enlist enough providers so that covered services will be available to Medicaid beneficiaries to at least the extent that such services are available to the general population.

Attachment 4.19 B of the plan contains reimbursement methodologies for all covered services except for inpatient hospital and long-term care, which are covered in other plan attachments. This amendment modifies Supplement 1 to Attachment 4.19 B, identifying obstetric and pediatric payments rates, in conformance with the OBRA 89 requirement. This action makes no changes to the amount of payment enrolled providers receive for these specific procedures. This action also does not represent any expansion in currently covered services. The updated procedure codes and descriptive language represent changes that the American Medical Association published in the Current Procedural Terminology. The updated language also represents codes which the Department of Medical Assistance Services inadvertently left out of the 1993 change.

PEDIATRIC SERVICES

CPT-4 Code	Description	Payment
1.	Evaluation and Management Services - Physician services performed in a physician's office or in an outpatient facility	

NEW PATIENT

99201	Problem focused history, examination, and straightforward medical decision making	\$ 24.00
99202	Expanded problem focused history, examination, and straightforward medical decision making	28.00
99203	Detailed history, examination and straightforward medical decision making of moderate complexity	33.00
99204	Comprehensive history, examination, and medical decision making of moderate complexity	46.75
99205	Comprehensive history, examination and medical decision making of high complexity	50.00

ESTABLISHED PATIENT

99211	Minimal presenting problems	\$ 10.00
99212	Problem focused history, or examination, and straightforward medical decision making	19.00
99213	Expanded problem focused history or examination, and medical decision making of low complexity	26.50
99214	Detailed history, or examination, and medical decision making of moderate complexity	35.00
99215	Comprehensive history, or examination and medical decision making of high complexity	45.00

2. Emergency Department Services for emergency care

NEW OR ESTABLISHED PATIENT

99281	Problem focused history, examination and straightforward medical decision making	\$ 26.60
99282	Expanded problem focused history examination and medical decision making of low complexity	46.60
99283	Expanded problem focused history, examination, and medical decision making of low to moderate complexity	49.60
99284	Detailed history, examination, and medical decision making of moderate complexity	57.30
99285	Comprehensive history Comprehensive examination	81.40

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	Medical decision making of high complexity	
99295	Initial NICU care, per day, for the evaluation and management of a critically ill neonate or infant	213.50
99296	Subsequent NICU care, per day, for the evaluation and management of a critically ill and unstable neonate or infant	160.00
99297	Subsequent NICU care, per day, for the evaluation and management of a critically ill and stable neonate or infant	100.00
99431	History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records	75.00
99432	Normal newborn care in other than hospital and birthing room setting, including physical examination of baby and conference(s) with parent(s)	33.00
99433	Subsequent hospital care, for the evaluation and management of a normal newborn, per day	26.25
99440	Newborn resuscitation; care of the high-risk newborn at delivery, including, for example, inhalation therapy, aspiration, administration of medication for initial stabilization	100.00
3. Immunization Injections*		
90700	Immunization, active; diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)	\$ drug cost
90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	\$ drug cost
90702	Diphtheria and tetanus toxoids (DT)	\$ drug cost
90703	Tetanus toxoid	\$ drug cost
90704	*** Mumps virus vaccine, live	\$ drug cost
90705	*** Measles virus vaccine, live, attenuated	\$ drug cost
90706	*** Rubella virus vaccine, live	\$ drug cost
90707**	Measles, mumps and rubella virus vaccine, live	\$ drug cost
90708	Measles and rubella virus vaccine, live	\$ drug cost
90709	Rubella and mumps virus vaccine, live	\$ drug cost
90710	Measles, mumps, rubella, and varicella vaccine	\$ drug cost

90711	Diphtheria, tetanus, and pertussis (DTP) and injectable poliomyelitis vaccine	\$ drug cost
90712	Poliovirus vaccine, live, oral (any type(s))	\$ drug cost
90713	Poliomyelitis vaccine	\$ drug cost
90720	Diphtheria, tetanus, and pertussis (DTP) and Hemophilus influenza B (HIB) vaccine	\$ drug cost
90731	Hepatitis B vaccine	\$ drug cost
90737	Hemophilus influenza B	\$ drug cost

* (Note: Appropriate office visit may be billed in addition to the above immunization injections. Payment for immunizations shall not exceed the Medicaid fee on file for the drug at time of service.)

** Vaccine supplied under contract with manufacturer.

*** Medical justification will be required to demonstrate that use of a single-antigen vaccine is medically appropriate.

4. Preventive Medicine

NEW PATIENT

99381	Initial evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; infant (age under 1 year)	\$35.00
99382	Early childhood (age 1 through 4 years)	39.00
99383	Late childhood (age 5 through 11 years)	39.00
99384	Adolescent (age 12 through 17 years)	35.00

ESTABLISHED PATIENT

99391	Periodic evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; infant (age under 1 year)	\$35.00
99392	Early childhood (age 1 through 4 years)	36.00
99393	Late childhood (age 5 through 11 years)	36.00
99394	Adolescent (age 12 through 17 years)	31.00

OBSTETRICAL SERVICES

1. Maternity Care and Delivery

Final Regulations

74710	<i>Pelvimetry, with or without placental localization</i>	42.00
74775	<i>Perineogram (e.g, vaginogram, for sex determination or extent or anomalies)</i>	30.00
76805	<i>Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)</i>	\$90.00
76810	<i>Complete (complete fetal and maternal evaluation), multiple gestation, after the first trimester</i>	180.00
76815	<i>Limited (gestation age,) heart beat, placental location, fetal position, or emergency in the delivery room)</i>	60.00
76816	<i>Follow-up or repeat</i>	45.00
76818	<i>Fetal biophysical profile</i>	75.00
76825	<i>Echocardiography, fetal, real time with image documentation (2D) with or without M-mode recording</i>	90.00
76826	<i>Follow-up or repeat study</i>	45.00
76827	<i>Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; complete</i>	57.24
76828	<i>Follow-up or repeat study</i>	28.47

VA.R. Doc. No. R94-790; Filed April 5, 1994, 9:13 a.m.

Final Regulations



COMMONWEALTH of VIRGINIA

JOAN W. SMITH
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION
General Assembly Building

910 CAPITOL STREET
RICHMOND, VIRGINIA 23219
(804) 786-3591

April 21, 1994

Mr. Bruce Kozlowski, Commissioner
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

RE: VR 460-03-4.1921 - Fees for Pediatric and
Obstetric CPT Procedures.

Dear Mr. Kozlowski:

This will acknowledge receipt of the above-referenced regulations from the Department of Medical Assistance Services.

As required by § 9-6.14:4.1 C.4.(c) of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act, since they do not differ materially from those required by federal law. However, this determination is premised on the assumption that both the Attorney General's Office and HCFA approve the content as complying with the relevant law.

Sincerely,

A handwritten signature in cursive script that reads "Joan W. Smith".

Joan W. Smith
Registrar of Regulations

JWS:jbc

Virginia Register of Regulations

Title of Regulation: State Plan for Medical Assistance Relating to Limiting Payment of Title XVIII Part A. VR 460-03-4.1922. Item j. Payment of Title XVIII Part A and Part B Deductible/Coinsurance.

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

Effective Date: June 1, 1994.

Summary:

The purpose of this regulatory action is to promulgate a permanent regulation, to supersede the existing emergency regulation, to provide for limiting Medicaid's payment of its portion of Part A services to Medicaid's maximum payment amount.

DMAS pays Medicare premiums for individuals who are eligible for both Medicare and Medicaid. This policy results in Medicare's coverage of their medical care, allowing for the use of 100% federal Medicare dollars, thereby reducing the demand for general fund dollars.

Medicare pays inpatient skilled nursing under Medicare Part A (hospital insurance). Part A pays for all covered services in a skilled nursing facility for the first 20 days. For the next 80 days, it pays for all covered services except for a specific amount determined at the beginning of each calendar year, i.e., Medicare pays for all covered services except for \$84.50 per day which is the responsibility of the patient; in the case of the Medicaid recipient it is the responsibility of DMAS.

Federal statute and regulations allow DMAS to limit its coinsurance payments to the Medicaid maximum instead of the Medicare maximum allowable payment. Therefore, this regulation limits the payment of the Medicare Part A coinsurance amount paid by the department so that the combined payments of Medicare and Medicaid do not exceed the Medicaid per diem rate for the specific nursing facility of the Medicare/Medicaid recipient's residence.

Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

Agency Contact: Copies of the regulation may be obtained from Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 East Broad Street, Richmond, Virginia 23219, telephone (804) 786-7933. There may be a charge for copies.

VR 460-03-4.1922. Item j. Payment of Title XVIII Part A and Part B Deductible/Coinsurance.

Except for a nominal recipient copayment, if applicable, the Medicaid agency uses the following method:

	Medicare-Medicaid	Medicare-Medicaid/QMB	Medicare-QMB
Part A Deductible	<input type="checkbox"/> limited to State plan rates*	<input type="checkbox"/> limited to State plan rates*	<input type="checkbox"/> limited to State plan rates*
	<input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> full amount
Part A** Coinsurance	<input checked="" type="checkbox"/> limited to State plan rates*	<input checked="" type="checkbox"/> limited to State plan rates*	<input checked="" type="checkbox"/> limited to State plan rates*
	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount

** This payment rate applies only to SNF patients only for XVIII Part A coinsurance.

Part B Deductible	<input type="checkbox"/> limited to State plan rates*	<input type="checkbox"/> limited to State plan rates*	<input type="checkbox"/> limited to State plan rates*
	<input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> full amount
Part B Coinsurance	<input checked="" type="checkbox"/> limited to State plan rates*	<input checked="" type="checkbox"/> limited to State plan rates*	<input checked="" type="checkbox"/> limited to State plan rates*
	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount	<input type="checkbox"/> full amount

*For those title XVIII services not otherwise covered by the title XIX state plan, the Medicaid agency has established reimbursement methodologies that are described in Attachment 4.19-B, Item(s) j.

VA.R. Doc. No. R94-794; Filed April 11, 1994, 11:37 a.m.

DEPARTMENT OF MINES, MINERALS AND ENERGY

Title of Regulation: VR 480-01-1. Public Participation Guidelines.

Statutory Authority: §§ 9-6.14:7.1, 45.1-1.3, 45.1-12 and 45.1-361.15 of the Code of Virginia.

Effective Date: June 1, 1994.

Summary:

This regulation states how the department will maintain a regulatory mailing list and how the department or boards will (i) respond to petitions for rulemaking; (ii) notify and include interested persons in the regulatory development process; and (iii) comply with the requirements for adopting regulations in the Administrative Process Act.

There were no substantive changes made to the proposed regulation. The only changes made were to reiterate changes made in the Administrative Process Act by the 1993 General Assembly. Specifically, the regulations include the statutory requirement that public commenters receive a summary of public comments at least five days before final adoption of the regulation. In addition, the regulation verifies that the promulgating authority must respond to any petitioner within 180 days.

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Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

Agency Contact: Copies of the regulation may be obtained from Stephen A. Walz, Department of Mines, Minerals and Energy, 202 N. Ninth Street, 8th Floor, Richmond, VA 23219, telephone (804) 692-3211. There may be a charge for copies.

VR 480-01-1. Public Participation Guidelines.

§ 1. Definitions.

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

"Chief" means the Chief of the Division of Mines of the Department of Mines, Minerals and Energy.

"Department" means the Department of Mines, Minerals and Energy as distinguished from the director, who is authorized to promulgate regulations.

"Director" means the Director of the Department of Mines, Minerals and Energy.

"Promulgating authority" means the individual or body authorized by law to initiate and carry out the process of adopting regulations.

PART I. PURPOSE AND AUTHORITY.

§ 2. Purpose and authority.

These guidelines are designed to allow participation by the public in the formulation of regulations that are written to carry out the legislative mandates of the Virginia Department of Mines, Minerals and Energy (referred to in this document as "the department"), of the Virginia Gas and Oil Board, and of the Board of Examiners. Although required by law, these rulemaking procedures also reflect the agency's department's commitment to an open forum for all points of view, and to a thorough analysis of many possible courses of action in regulatory development. These guidelines actually are true regulations themselves, as required by § 9-6.14:7.1 of the Code of Virginia. They have been adopted under the rulemaking authority of the department director, the Virginia Gas and Oil Board and the Board of Examiners, as prescribed in § 45-1-1.3(4) Title 45.1 of the Code of Virginia, and are subject to the same provisions of the Virginia Administrative Process Act (APA) as are all regulations. The Public Participation Guidelines apply to all regulatory actions of the department actions to promulgate, amend or repeal any regulations except emergency adoptions regulations, which are covered by separate provisions, and certain exempt activities specified in Article 1 of the APA (§ 9-6.14:4.1 of the Code of Virginia Code). Depending on the nature of the

regulation, the Director of the Department, the Chief of the Division of Mines, the Virginia Oil and Gas Commission, the Well Review Board Virginia Gas and Oil Board or the Board of Surface Mining Review Board of Examiners may be authorized to promulgate regulations. The term "promulgating authority" used in these regulations shall apply to the appropriate individual or group authorized to initiate and carry out the regulatory process. These guidelines supersede the public participation guidelines that were transferred January 1, 1985, when the department took over certain regulatory programs from the Department of Labor and Industry and the former Department of Conservation and Economic Development (Acts of Assembly 1984, c. 590, et. 6).

PART II. INITIATING THE RULEMAKING PROCESS.

§ 2-1. § 3. Initiating the rulemaking process.

A. The department promulgating authority may initiate rulemaking at any time. However, it shall do so according to the provisions of these regulations and the Administrative Process Act.

§ 2-2. B. The promulgating authority shall consider all written requests for regulatory change. Any individual or group may petition the promulgating authority to create, amend or abolish promulgate, amend or repeal any regulation. The promulgating authority shall consider all petitions and other written requests, but after careful consideration, may choose not to initiate rulemaking. To be considered, a petition shall contain:

1. The name, address and telephone number of the petitioner.
2. The new regulation, amendment or repeal action proposed by the petitioner.
3. The reasons for requesting the rulemaking.
4. The anticipated effects of making the requested regulatory changes, including costs to various parties.
5. The anticipated effects of not making the requested regulatory changes.

[The promulgating authority shall receive, consider, and respond to the petition within 180 days.]

§ 2-3. C. The department promulgating authority recommends that all petitioners include documentation to support their requests for rulemaking.

PART III. IDENTIFYING INTERESTED PARTIES.

§ 3-1. Whenever the promulgating authority decides to initiate rulemaking, the department shall identify the various parties that may have an interest in the regulation.

of regulations being considered, using the following procedures:

A. § 4. Identifying interested parties.

The department shall compile and maintain a current regulatory mailing list composed of the names and addresses of parties who have expressed an interest in commenting on regulatory actions proposed by the department. The department initially shall determine who has such an interest through an exploratory mailing to all parties on the department's existing mailing lists, and to parties who previously have expressed interest in the department's regulatory activities. To be included on the initial regulatory mailing list, parties shall respond in writing within 30 days after the date of the exploratory mailing: *promulgating authority.*

B. In the exploratory mailing, the department also shall ask respondents to indicate whether they are willing to serve on committees to develop regulations. The regulatory mailing list shall categorize each party according to the type or types of regulations in which the party has expressed an interest, and indicate whether the party has agreed to serve on a regulation work committee.

C. The department shall keep the regulatory mailing list current by periodically adding the names and addresses of parties expressing an interest in regulatory activities, of parties who comment on the department's regulatory actions, and of parties otherwise identified by the department staff; and by deleting the names and addresses of parties no longer expressing such an interest.

**PART IV.
DRAFTING REGULATORY CHANGES.**

§ 4.1. Whenever the promulgating authority initiates rulemaking, the department shall solicit public participation in the development of regulations, using the following procedures:

A. The department shall form a work committee of parties who have agreed to serve on committees to develop regulations of the type being considered; or, in cases where the promulgating authority determines the proposed action does not warrant formation of a new committee, the department may submit the proposal for regulatory action to a standing public committee or advisory board of the department for review and development. In such cases, the promulgating authority shall determine that the committee or board he chooses has the expertise to review the type of regulation being considered.

B. Taking into consideration the comments of the group participating in regulatory development, the department shall produce a working draft of the proposed regulatory changes to be offered for public review.

PART V.

NOTIFYING INTERESTED PARTIES.

§ 5.1. § 5. Notifying interested parties.

Whenever the department develops a working draft of a proposed regulatory change, the department *promulgating authority intends to consider a regulatory change*, he shall notify interested parties of *its* the intention to make such regulatory changes, using the following procedures:

[A. 1.] The department *promulgating authority* shall compose a Notice of Intended Regulatory Action in the format prescribed by the Registrar of Regulations, and a media release containing the information in the notice. Both documents shall specify a deadline for submitting written comments regarding the intended regulatory action. If the promulgating authority decides to conduct a public meeting for review of *working drafts*, then the notice and the media release shall specify the date, time and location of that public meeting.

[B. 2.] The department *promulgating authority* shall submit the Notice of Intended Regulatory Action to the Registrar of Regulations for publication to be published in The Virginia Register on a date 15 to 30 not less than 30 days prior to the end of the comment period.

[C. 3.] Between 15 and 30 Not less than 30 days prior to the end of the comment period, the department shall:

[1. a.] Deliver a copy of the Notice of Intended Regulatory Action to all parties on the regulatory *development mailing* list who have expressed an interest in the type of regulations being considered;

[2. b.] Deliver a copy of the media release to at least one general circulation newspaper published in the state capital, to at least one general circulation newspaper published in any area that is particularly affected by the regulation to the exclusion of other geographical areas, and to any other news media the department deems suitable appropriate.

§ 6. Drafting regulatory changes.

Whenever the promulgating authority initiates rulemaking, he shall solicit public participation in the development of regulations. The promulgating authority may form a work committee to consider regulatory issues and advise the promulgating authority and staff. Any work committee so formed may consist of (i) parties who have agreed to serve on committees to develop regulations of the type being considered; or (ii) in cases where the promulgating authority determines the proposed action does not warrant formation of a new committee, a statutorily created committee or advisory board of the department. In such cases, the promulgating authority shall determine that the committee or board chosen has

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the expertise to review the type of regulation being considered. The Virginia Mine Safety Board shall be the work committee for coal mine safety regulations under the conditions prescribed in § 45.1-5.3 of the Code of Virginia.

~~PART VI. FORMAL REVIEW.~~

~~§ 6.1. § 7. Formal review.~~

~~A.~~ After consideration of comments received from the public, the department shall prepare a final draft of the proposed regulatory changes and submit this draft to the promulgating authority for his review.

~~§ 6.2. B.~~ When the promulgating authority decides to proceed with rulemaking, ~~the department he~~ shall submit the proposed regulation to a ~~60-day final~~ comment period of at least 60 days, according to the provisions of the Virginia Administrative Process Act and the Virginia Register Act.

~~A. 1.~~ The department shall forward to the Registrar of Regulations a notice of the comment period and public hearing. The notice shall state the legal authority for the ~~department promulgating authority~~ to act; the deadline for comments on the proposed regulation; the date, time and location of the public hearing; and the name, address and telephone number of a person to contact for further information about the proposed regulation. The department shall include with the notice the full text of the proposed regulation, statements of the basis, purpose, substance, issues and impact of the proposed regulation, and a summary of the regulation.

~~B. 2.~~ The department shall send a copy or summary of the proposed regulation to all parties on the regulatory ~~development~~ mailing list who have expressed an interest in the type of regulation being considered, and to all others who have commented on the proposed regulatory changes. This draft shall be accompanied by a letter explaining the deadlines and procedures for submitting formal public comments under the Administrative Process Act.

~~C. 3.~~ The department shall request the Registrar of Regulations to publish the public hearing notice in The Virginia Register, in a Richmond area newspaper, in at least one general circulation newspaper published in any area that is particularly affected by the regulation to the exclusion of other geographical areas, and in other newspapers as requested by the department, at least 60 days before the end of the comment period.

[~~4.~~ A draft of the department's summary description of public comment shall be sent by the department to all public commenters on the proposed regulation at least five days before the final adoption of the

regulation.]

[~~5.~~] During the final comment period, the proposed regulations ~~will~~ shall be reviewed submitted for review concurrently by the public, the Governor, the General Assembly, the Department of Planning and Budget, and the Secretary of Economic Development and the Attorney General Commerce and Trade .

~~PART VII. ADOPTION.~~

~~§ 7.1. § 8. Adoption.~~

Upon expiration of the public comment period, the ~~department~~ promulgating authority shall carry out the remaining steps to adopt the regulations according to the provisions of the Administrative Process Act.

VA.R. Doc. No. R94-833; Filed April 13, 1994, 9:54 a.m.

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Title of Regulation: VR 190-00-01. Public Participation Guidelines (REPEALED).

Title of Regulation: VR 190-00-03. Polygraph Examiners Public Participation Guidelines.

Statutory Authority: §§ 9-6.14:7.1, 54.1-201 and 54.1-1802 of the Code of Virginia.

Effective Date: June 1, 1994.

Summary:

The Polygraph Examiners Advisory Board Public Participation Guidelines (PPG's) mandate public participation in the formulation, adoption and amendments to new and existing regulations governing the licensure of polygraph examiners. The Department of Professional and Occupational Regulation (the agency) will maintain a mailing list of persons and organizations to notify of any intended regulatory action by the board. The agency will mail such documents as "Notice of Intended Regulatory Action," "Notice of Comment Period," and a notice that final regulations have been adopted. The PPG's outline the necessary procedures for being placed on or deleted from the mailing list. The "Notice of Intended Regulatory Action" will provide for a comment period of at least 30 days and will state whether or not the agency will hold a public hearing. Specific instances are given as to when the agency must hold a public hearing and when the agency must reevaluate the effectiveness and continued need of the regulations. The PPG's also establish the procedures for the formulation and adoption of

regulations and the guidelines for when substantial changes are made prior to final adoption of regulations, and include the formation of an appointed advisory committee for input regarding board regulations. Finally, the PPG's specify what meetings and notices will be published in *The Virginia Register*.

Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

Agency Contact: Copies of the regulation may be obtained from Peggy McCreery, Deputy Director for Regulatory Programs, Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia 23220, telephone (804) 367-2194. There may be a charge for copies.

VR 190-00-03. Polygraph Examiners Public Participation Guidelines.

§ 1. Definitions.

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

["Administrative Process Act" means Chapter 1-1:1 (§ 9-6.14:1 et seq.) of Title 9 of the Code of Virginia.

"Agency" or "department" means the Department of Professional and Occupational Regulation.

"Person" means an individual, a corporation, a partnership, an association, a governmental body, a municipal corporation, or any other legal entity.

"Agency" means the Department of Professional and Occupational Regulation.

"Person" means one or more individuals.

"Organization" means any one or more associations, advisory council, committee, corporation, partnership, governmental body or legal entity.]

§ 2. Mailing list.

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

1. "Notice of Intended Regulatory Action" to promulgate [, amend] or repeal regulations.
2. "Notice of Comment Period" and public hearings [; the subject of which is proposed or existing regulations] .
3. Notice that the final regulations have been adopted.

Failure of these persons and organizations to receive the documents for any reason shall not affect the validity of any regulations otherwise properly adopted under the Administrative Process Act.

§ 3. Placement on the mailing list; deletion.

Any person wishing to be placed on the mailing list may do so by writing the agency. In addition, the agency at its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all information stated in § 2. Individuals and organizations [periodically] may be [periodically] requested to indicate their desire to continue to receive documents or be deleted from the list. When mail is returned as undeliverable, individuals and organizations will be deleted from the list.

§ 4. Petition for rulemaking.

Any person may petition the agency to adopt or amend any regulation. Any petition received shall appear on the next agenda of the agency. The agency shall consider and respond to the petition within 180 days. The agency shall have sole authority to dispose of the petition.

§ 5. Notice of intent.

At least 30 days prior to [the] filing [of] the "Notice of Comment Period" and [the] proposed regulations as required by § 9-6.14:7.1 of the Code of Virginia, the agency will publish a "Notice of Intended Regulatory Action." This notice will provide for at least a 30-day comment period and shall state whether [or not they intend the agency intends] to hold a public hearing. The agency is required to hold a hearing on [the] proposed regulation upon request by [(i)] the Governor or [from (ii)] 25 or more persons. Further, the notice shall describe the subject matter and intent of the planned regulation. Such notice shall be transmitted to the Registrar of Regulations for inclusion in *The Virginia Register* [of Regulations] .

§ 6. Informational proceedings or public hearings for existing rules.

Within two years of the promulgation of a regulation, the agency shall evaluate it for effectiveness and continued need. The agency shall conduct an informal proceeding [,] which may take the form of a public hearing [,] to receive public comment on existing regulation. Notice of such proceedings shall be transmitted to the Registrar of Regulations for inclusion in *The Virginia Register*. Such proceedings may be held separately or in conjunction with other informational proceedings.

§ 7. Notice of formulation and adoption.

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At any meeting of the agency or a subcommittee where it is anticipated the formation or adoption of regulation will occur, the subject matter shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register.

If there are one or more changes with substantial impact on a regulation, any person may petition the agency within 30 days from the publication of the final regulation to request an opportunity for oral or written submissions on the changes to the regulations. If the agency [~~received~~ receives] requests from at least 25 persons for an opportunity to make oral or written comment, the agency shall suspend the regulatory process for 30 days to solicit additional public comment, unless the agency determines that the changes made are minor or inconsequential in their impact.

If the Governor finds that one or more changes with substantial impact have been made to proposed regulation, he may suspend the regulatory process for 30 days to require the agency to solicit further public comment on the changes to the regulation.

A draft of the agency's summary description of public comment shall be sent by the agency to all public commenters on the proposed regulation at least five days before final adoption of the regulation.

§ 8. Advisory committees.

The agency intends to appoint advisory committees as it deems necessary to provide adequate participation in the formation, promulgation, adoption, and review of regulations. Such committees are particularly appropriate when other interested parties may possess specific expertise in the area of proposed regulation. The advisory committee shall only provide recommendations to the agency and shall not participate in any final decision making actions on a regulation.

When identifying potential advisory committee members the agency may use the following:

1. Directories of organizations related to the profession,
2. Industry, professional and trade associations' mailing lists, and
3. Lists of persons who have previously participated in public proceedings concerning this or a related issue.

§ 9. Applicability.

Sections [~~2 through 4, 6 and 8~~ 2, 3, 4, 6 and 7] shall apply to all regulations promulgated and adopted in accordance with § 9-6.14:9 of the Code of Virginia except those regulations promulgated in accordance with § 9-6.14:4.1 of the Administrative Process Act.

V.A.R. Doc. Nos. R94-785 and R94-786; Filed April 11, 1994, 12:21 p.m.

REAL ESTATE APPRAISER BOARD

Title of Regulation: VR 583-01-1. Public Participation Guidelines (REPEALED).

Title of Regulation: VR 583-01-1.1. Public Participation Guidelines.

Statutory Authority: §§ 9-6.14:7.1 and 54.1-2013 of the Code of Virginia.

Effective Date: June 15, 1994.

Summary:

The Real Estate Appraiser Board Public Participation Guidelines (PPG's) mandate public participation in the promulgation process of real estate appraiser licensure. The Department of Professional and Occupational Regulation (the agency) will maintain a mailing list to notify persons and organizations of intended regulatory action. The agency will mail such documents as "Notice of Intended Regulatory Action," "Notice of Comment Period" and a notice that final regulations have been adopted. The PPG's outline the necessary procedures for being placed on or deleted from the mailing list. The "Notice of Intended Regulatory Action" will provide for a comment period of at least 30 days and will state whether or not a public hearing will be held. The PPG's give specific instances on when the agency must hold a comment period and when the agency must reevaluate the regulations. The PPG's establish the procedures for formulation and adoption of regulations and the procedures to be taken when substantial changes have been made prior to final adoption of the regulations. The use of and input from advisory committees to formulate regulations are established in the PPG's. The PPG's specify what meetings and notices will be published in The Virginia Register.

Since publication as proposed regulation, minor revisions to language to enhance clarity have been made and a definition section has been added at the direction of the Office of the Attorney General and the Registrar of Regulations.

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

Agency Contact: Copies of the regulation may be obtained from Karen W. O'Neal, Assistant Director, Real Estate Appraiser Board, 3600 West Broad Street, Richmond, Virginia 23230-4917, telephone (804) 367-2039. There may be a charge for copies.

VR 583-01-1:1. Public Participation Guidelines.

§ 1. Definitions.

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

"Administrative Process Act" means Chapter 1.1:1 (§ 9-6.14:1 et seq.) of Title 9 of the Code of Virginia.

["Agency" or "board" means the Real Estate Appraiser Board.

"Person" means an individual, a corporation, a partnership, an association, a governmental body, a municipal corporation, or any other legal entity.

"Agency" means any authority, instrumentality, officer, board, or other unit of state government empowered by the basic laws to make regulations or decide cases.

"Person" means one or more individuals.

"Organization" means any one or more association, advisory council, committee, corporation, partnership, governmental body or legal entity.]

§ 2. Mailing list.

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

1. "Notice of Intended Regulatory Action" to promulgate [, amend] or repeal regulations.
2. "Notice of Comment Period" and public hearings [; the subject of which is proposed or existing regulations] .
3. Notice that the final regulations have been adopted.

Failure of these persons and organizations to receive the documents for any reason shall not affect the validity of any regulations otherwise properly adopted under the Administrative Process Act.

§ 3. Placement on the mailing list; deletion.

Any person wishing to be placed on the mailing list may do so by writing the agency. In addition, the agency, at its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all information stated in § 2. Individuals and organizations [periodically] may be [periodically] requested to indicate their desire to continue to receive documents or be deleted from the list. When mail is

returned as undeliverable, individuals and organizations will be deleted from the list.

§ 4. Petition for rulemaking.

Any person may petition the agency to adopt or amend any regulation. Any petition received shall appear on the next agenda of the agency. The agency shall consider and respond to the petition within 180 days. The agency shall have sole authority to dispose of the petition.

§ 5. Notice of intent.

At least 30 days prior to [the] filing [of] the "Notice of Comment Period" and [the] proposed regulations as required by § 9-6.14:7.1 of the Code of Virginia, the agency will publish a "Notice of Intended Regulatory Action." This notice will provide for at least a 30-day comment period and shall state whether [or not they intend the agency intends] to hold a public hearing. The agency is required to hold a hearing on [the] proposed regulation upon request by [(i)] the Governor or [from (ii)] 25 or more persons. Further, the notice shall describe the subject matter and intent of the planned regulation. Such notice shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register [of Regulations] .

§ 6. Informational proceedings or public hearings for existing rules.

Within two years of the promulgation of a regulation, the agency shall evaluate it for effectiveness and continued need. The agency shall conduct an informal proceeding [,] which may take the form of a public hearing [,] to receive public comment on existing regulation. Notice of such proceedings shall be transmitted to the Registrar for inclusion in The Virginia Register. Such proceedings may be held separately or in conjunction with other informational proceedings.

§ 7. Notice of formulation and adoption.

At any meeting of the agency or a subcommittee where it is anticipated the formation or adoption of regulation will occur, the subject matter shall be transmitted to the Registrar for inclusion in The Virginia Register.

If there are one or more changes with substantial impact on a regulation, any person may petition the agency within 30 days from the publication of the final regulation to request an opportunity for oral or written submittals on the changes to the regulations. If the agency [received receives] requests from at least 25 persons for an opportunity to make oral or written comment, the agency shall suspend the regulatory process for 30 days to solicit additional public comment, unless the agency determines that the changes made are minor or inconsequential in their impact.

If the Governor finds that one or more changes with

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substantial impact have been made to proposed regulation, he may suspend the regulatory process for 30 days to require the agency to solicit further public comment on the changes to the regulation.

A draft of the agency's summary description of public comment shall be sent by the agency to all public commenters on the proposed regulation at least five days before final adoption of the regulation.

§ 8. Advisory committees.

The [~~board~~ agency] intends to appoint advisory committees as it deems necessary to provide adequate participation in the formation, promulgation, adoption, and review of regulations. Such committees are particularly appropriate when other interested parties may possess specific expertise in the area of proposed regulation. The advisory committee shall only provide recommendations to the agency and shall not participate in any final decision making actions on a regulation.

When identifying potential advisory committee members the agency may use the following:

1. Directories of organizations related to the profession,
2. Industry, professional and trade associations' mailing lists, and
3. Lists of persons who have previously participated in public proceedings concerning this or a related issue.

§ 9. Applicability.

Sections 2 [~~through~~ 3,] 4, 6, and [& 7] shall apply to all regulations promulgated and adopted in accordance with § 9-6.14:9 of the Code of Virginia except those regulations promulgated in accordance with § 9-6.14:4.1 of the Administrative Process Act.

V.A.R. Doc. No. R94-791; Filed April 8, 1994, 1:53 p.m.

REAL ESTATE BOARD

Title of Regulation: VR 585-01-0. Public Participation Guidelines (REPEALED).

Title of Regulation: VR 585-01-0:1. Public Participation Guidelines.

Statutory Authority: §§ 9-6.14:7.1 and 54.1-201 of the Code of Virginia.

Effective Date: June 1, 1994.

Summary:

The Real Estate Board Public Participation Guidelines (PPGs) mandate public participation in the promulgation process of regulations. The agency will maintain a mailing list to notify persons and organizations of intended regulatory action. The agency will mail such documents as "Notice of Intended Regulatory Actions," "Notice of Comment Period" and a notice that final regulations have been adopted. The PPGs outline the necessary procedures for being placed on or deleted from the mailing list. The Notice of Intended Regulatory Action will provide for a comment period of at least 30 days and will state whether or not a public hearing will be held. The PPGs give specific instances on when the agency must hold a comment period and when the agency must reevaluate the regulations. The PPGs establish the procedures to be taken when substantial changes have been made prior to final adoption of the regulations. The use of and input from advisory committees to formulate regulations are established in the PPGs. The PPGs specify what meetings and notices will be published in The Virginia Register.

Since publication as proposed regulation, minor revisions to language to enhance clarity have been made and a definition section has been added at the direction of the Office of the Attorney General and the Registrar of Regulations.

Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

Agency Contact: Copies of the regulation may be obtained from Joan L. White, Assistant Director, Real Estate Board, 3600 West Broad Street, Richmond, Virginia 23220, telephone (804) 367-8552. There may be a charge for copies.

VR 585-01-0:1. Public Participation Guidelines.

§ 1. Definitions.

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

["Administrative Process Act" means Chapter 1-1:1 (§ 9-6.14:1 et seq.) of Title 9 of the Code of Virginia.

"Agency" or "board" means the Real Estate Board.

"Person" means an individual, a corporation, a partnership, an association, a governmental body, a municipal corporation, or any other legal entity.

"Agency" means any authority, instrumentality, office, board, or other unit of state government empowered by the basic laws to make regulations or decide cases.

"Person" means one or more individuals.

"Organization" means any one or more association, advisory council, committee, corporation, partnership, governmental body or legal entity.]

§ 2. Mailing list.

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

1. "Notice of Intended Regulatory Action" to promulgate [, amend] or repeal regulations.
2. "Notice of Comment Period" and public hearings [; the subject of which is proposed or existing regulations] .
3. Notice that the final regulations have been adopted.

Failure of these persons and organizations to receive the documents for any reason shall not affect the validity of any regulations otherwise properly adopted under the Administrative Process Act.

§ 3. Placement on the mailing list; deletion.

Any person wishing to be placed on the mailing list may do so by writing the agency. In addition, the agency, at its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all information stated in § 2. Individuals and organizations [periodically] may be [periodically] requested to indicate their desire to continue to receive documents or be deleted from the list. When mail is returned as undeliverable, individuals and organizations will be deleted from the list.

§ 4. Petition for rulemaking.

Any person may petition the agency to adopt or amend any regulation. Any petition received shall appear on the next agenda of the agency. The agency shall consider and respond to the petition within 180 days. The agency shall have sole authority to dispose of the petition.

§ 5. Notice of intent.

At least 30 days prior to [the] filing [of] the "Notice of Comment Period" and [the] proposed regulations as required by § 9-6.14.7.1 of the Code of Virginia, the agency will publish a "Notice of Intended Regulatory Action." This notice will provide for at least a 30-day comment period and shall state whether [or not they intend the agency intends] to hold a public hearing. The agency is required to hold a hearing on [the] proposed regulation upon request by [(i)] the Governor or [from (ii)] 25 or more persons. Further, the notice shall describe the subject matter and intent of the planned regulation.

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

§ 6. Informational proceedings or public hearings for existing rules.

Within two years of the promulgation of a regulation, the agency shall evaluate it for effectiveness and continued need. The agency shall conduct an informal proceeding [,] which may take the form of a public hearing [,] to receive public comment on existing regulation. Notice of such proceedings shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register. Such proceedings may be held separately or in conjunction with other informational proceedings.

§ 7. Notice of formulation and adoption.

At any meeting of the agency or a subcommittee where it is anticipated the formation or adoption of regulation will occur, the subject matter shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register.

If there are one or more changes with substantial impact on a regulation, any person may petition the agency within 30 days from the publication of the final regulation to request an opportunity for oral or written submissions on the changes to the regulations. If the agency [received receives] requests from at least 25 persons for an opportunity to make oral or written comment, the agency shall suspend the regulatory process for 30 days to solicit additional public comment, unless the agency determines that the changes made are minor or inconsequential in their impact.

If the Governor finds that one or more changes with substantial impact have been made to proposed regulation, he may suspend the regulatory process for 30 days to require the agency to solicit further public comment on the changes to the regulation.

A draft of the agency's summary description of public comment shall be sent by the agency to all public commenters on the proposed regulation at least five days before final adoption of the regulation.

§ 8. Advisory committees.

The [board agency] intends to appoint advisory committees as it deems necessary to provide adequate participation in the formation, promulgation, adoption, and review of regulations. Such committees are particularly appropriate when other interested parties may possess specific expertise in the area of proposed regulation. The advisory committee shall only provide recommendations to the agency and shall not participate in any final decision making actions on a regulation.

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When identifying potential advisory committee members the agency may use the following:

1. Directories of organizations related to the profession,
2. Industry, professional and trade associations' mailing lists, and
3. Lists of persons who have previously participated in public proceedings concerning this or a related issue.

§ 9. Applicability.

Sections [2 through 4, 6, and 8 2, 3, 4, 6, and 7] shall apply to all regulations promulgated and adopted in accordance with § 9-6.14.9 of the Code of Virginia except those regulations promulgated in accordance with § 9-6.14.4.4 of Administrative Process Act.

VA.R. Doc. Nos. R94-813 and R94-793; Filed April 11, 1994, 12:08 p.m.

BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

Title of Regulation: VR 675-01-01. Public Participation Guidelines (REPEALED).

Title of Regulation: VR 675-01-01:1. Public Participation Guidelines.

Statutory Authority: §§ 9-6.14:7.1 and 54.1-201 of the Code of Virginia.

Effective Date: June 1, 1994.

Summary:

The Board for Waterworks and Wastewater Works Operators Public Participation Guidelines (PPG's) mandate public participation in the formulation, adoption and amendments to new and existing regulations governing the licensure of operators. The Department of Professional and Occupational Regulation (the agency) will maintain a mailing list of persons and organizations to notify of any intended regulatory action by the board. The agency will mail such documents as "Notice of Intended Regulatory Action," "Notice of Comment Period," and a notice that final regulations have been adopted. The PPG's outline the necessary procedures for being placed on or deleted from the mailing list. The "Notice of Intended Regulatory Action" will provide for a comment period of at least 30 days and will state whether or not the agency will hold a public hearing. Specific instances are given as to when the agency must hold a public hearing and when the agency must reevaluate the effectiveness and continued need of the regulations. The PPG's also establish the

procedures for the formulation and adoption of regulations and the guidelines for when substantial changes are made prior to final adoption of regulations, and include the formation of an appointed advisory committee for input regarding board regulations. Finally, the PPG's specify what meetings and notices will be published in The Virginia Register.

Summary of Public Comment and Agency Response: No public comment was received by the promulgating agency.

Agency Contact: Copies of the regulation may be obtained from Peggy McCreery, Deputy Director for Regulatory Programs, Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia 23220, telephone (804) 367-2194. There may be a charge for copies.

VR 675-01-01:1. Public Participation Guidelines.

§ 1. Definitions.

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

["Administrative Process Act" means Chapter 1-1:1 (§ 9-6.14:1 et seq.) of Title 9 of the Code of Virginia.

"Agency" or "board" means the Board for Waterworks and Wastewater Works Operators.

"Person" means an individual, a corporation, a partnership, an association, a governmental body, a municipal corporation, or any other legal entity.

"Agency" means any authority, instrumentality, officer, board, or other unit of state government empowered by the basic laws to make regulations or decide cases.

"Person" means one or more individuals.

"Organization" means any one or more associations, advisory council, committee, corporation, partnership, governmental body or legal entity.]

§ 2. Mailing list.

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

1. "Notice of Intended Regulatory Action" to promulgate [, amend] or repeal regulations.
2. "Notice of Comment Period" and public hearings [; the subject of which is proposed or existing regulations] .
3. Notice that the final regulations have been

adopted.

Failure of these persons and organizations to receive the documents for any reason shall not affect the validity of any regulations otherwise properly adopted under the Administrative Process Act.

§ 3. Placement on the mailing list; deletion.

Any person wishing to be placed on the mailing list may do so by writing the agency. In addition, the agency, at its discretion, may add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all information stated in § 2. Individuals and organizations [periodically] may be [periodically] requested to indicate their desire to continue to receive documents or be deleted from the list. When mail is returned as undeliverable, individuals and organizations will be deleted from the list.

§ 4. Petition for rulemaking.

Any person may petition the agency to adopt or amend any regulation. Any petition received shall appear on the next agenda of the agency. The agency shall consider and respond to the petition within 180 days. The agency shall have sole authority to dispose of the petition.

§ 5. Notice of intent.

At least 30 days prior to [~~the~~] filing [of] the "Notice of Comment Period" and [~~the~~] proposed regulations as required by § 9-6.14:7.1 of the Code of Virginia, the agency will publish a "Notice of Intended Regulatory Action." This notice will provide for at least a 30-day comment period and shall state whether [or not they intend the agency intends] to hold a public hearing. The agency is required to hold a hearing on [the] proposed regulation upon request by [(i)] the Governor or [from (ii)] 25 or more persons. Further, the notice shall describe the subject matter and intent of the planned regulation. Such notice shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register [of Regulations] .

§ 6. Informational proceedings or public hearings for existing rules.

Within two years of the promulgation of a regulation, the agency shall evaluate it for effectiveness and continued need. The agency shall conduct an informal proceeding [,] which may take the form of a public hearing [,] to receive public comment on existing regulation. Notice of such proceedings shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register. Such proceedings may be held separately or in conjunction with other informational proceedings.

§ 7. Notice of formulation and adoption.

At any meeting of the agency or a subcommittee where it is anticipated the formation or adoption of regulation will occur, the subject matter shall be transmitted to the Registrar of Regulations for inclusion in The Virginia Register.

If there are one or more changes with substantial impact on a regulation, any person may petition the agency within 30 days from the publication of the final regulation to request an opportunity for oral or written submittals on the changes to the regulations. If the agency [~~received~~ receives] requests from at least 25 persons for an opportunity to make oral or written comment, the agency shall suspend the regulatory process for 30 days to solicit additional public comment, unless the agency determines that the changes made are minor or inconsequential in their impact.

If the Governor finds that one or more changes with substantial impact have been made to proposed regulation, he may suspend the regulatory process for 30 days to require the agency to solicit further public comment on the changes to the regulation.

A draft of the agency's summary description of public comment shall be sent by the agency to all public commenters on the proposed regulation at least five days before final adoption of the regulation.

§ 8. Advisory committees.

The [~~board~~ agency] intends to appoint advisory committees as it deems necessary to provide adequate participation in the formation, promulgation, adoption, and review of regulations. Such committees are particularly appropriate when other interested parties may possess specific expertise in the area of proposed regulation. The advisory committee shall only provide recommendations to the agency and shall not participate in any final decision making actions on a regulation.

When identifying potential advisory committee members the agency may use the following:

1. Directories of organizations related to the profession,
2. Industry, professional and trade associations' mailing lists, and
3. Lists of persons who have previously participated in public proceedings concerning this or a related issue.

§ 9. Applicability.

Sections [2 through 4, 6, and 8 2, 3, 4, 6, and 7] shall apply to all regulations promulgated and adopted in accordance with § 9-6.14:9 of the Code of Virginia except

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*those regulations promulgated in accordance with §
9-6.14:4.1 of the Administrative Process Act.*

VA.R. Doc. Nos. R94-787 and R94-788; Filed April 11, 1994, 12:23 p.m.

STATE LOTTERY DEPARTMENT

DIRECTOR'S ORDER NUMBER FIFTEEN (94)

SOUTHERN WOMEN'S SHOW "BINGO" PROMOTION;
FINAL RULES FOR GAME OPERATION.

In accordance with the authority granted by Section 58.1-4006A of the Code of Virginia, I hereby promulgate the Southern Women's Show "Bingo" promotional game and drawing rules for the promotional event for Virginia's instant game lottery, "Bingo." The promotion will be conducted from Thursday, April 7 through Sunday, April 10, 1994. These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P. O. Box 4689, Richmond, Virginia 23220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson
Director

Date: April 1, 1994

VA.R. Doc. No. R94-809; Filed April 6, 1994, 11:54 a.m.

DIRECTOR'S ORDER NUMBER SIXTEEN (94)

VIRGINIA'S FORTY-FIRST INSTANT GAME LOTTERY;
"WINNER'S CIRCLE," FINAL RULES FOR GAME
OPERATION.

In accordance with the authority granted by Section 58.1-4006A of the Code of Virginia, I hereby promulgate the final rules for game operation in Virginia's forty-first instant game lottery, "Winner's Circle." These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of instant game lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P. O. Box 4689, Richmond, Virginia 33220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson
Director

Date: April 4, 1994

VA.R. Doc. No. R94-810; Filed April 6, 1994, 11:54 a.m.

DIRECTOR'S ORDER NUMBER SEVENTEEN (94)

"WINNING COMBINATIONS," VIRGINIA LOTTERY
RETAILER PROMOTIONAL PROGRAM RULES.

In accordance with the authority granted by Section 58.1-4006A of the Code of Virginia, I hereby promulgate "Winning Combinations," Virginia Lottery Retailer Promotional Program Rules for the lottery retailer incentive program which will be conducted from Monday, May 9, 1994 through Thursday, June 30, 1994. These rules amplify and conform to the duly adopted State Lottery Board regulations.

These rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P. O. Box 4689, Richmond, Virginia 23220.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson
Director
Date: April 5, 1994

VA.R. Doc. No. R94-811; Filed April 6, 1994, 11:54 a.m.

DIRECTOR'S ORDER NUMBER EIGHTEEN (94)

VIRGINIA'S "WINNER'S CIRCLE" FREE TICKET
GIVEAWAY GAME; FINAL RULES FOR GAME
OPERATION.

In accordance with the authority granted by Section 58.1-4006A of the Code of Virginia, I hereby promulgate the "Winner's Circle" Free Ticket Giveaway game rules for the promotional events for Virginia's forty-first instant game lottery. The promotion will be conducted from April 14, 1994 through May 31, 1994, or until such time as the 800,000th free "Winner's Circle" instant game ticket is given away, whichever occurs first. These rules amplify and conform to the duly adopted State Lottery Board regulations for the conduct of lotteries.

The rules are available for inspection and copying during normal business hours at the State Lottery Department headquarters, 2201 West Broad Street, Richmond, Virginia, and at each of the State Lottery Department regional offices. A copy may be requested by mail by writing to: Marketing Division, State Lottery Department, P. O. Box 4689, Richmond, Virginia 23220.

State Lottery Department

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect until May 31, 1994, unless amended or rescinded by further Director's Order.

/s/ Kenneth W. Thorson
Director
Date: April 4, 1994

V.A.R. Doc. No. R94-812; Filed April 6, 1994, 11:54 a.m.

GOVERNOR

GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS

(Required by § 9-6.12:9.1 of the Code of Virginia)

BOARD FOR ACCOUNTANCY

Title of Regulation: **VR 105-01-01. Public Participation Guidelines (REPEAL).**

Title of Regulation: **VR 105-01-1:1. Public Participation Guidelines.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: April 3, 1994

V.A.R. Doc. No. R94-824; Filed April 12, 1994, 11:58 a.m.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Title of Regulation: **VR 155-01-2:1. Regulations of the Board of Audiology and Speech-Language Pathology.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: April 3, 1994

V.A.R. Doc. No. R94-819; Filed April 12, 1994, 11:57 a.m.

Title of Regulation: **VR 155-01-3. Public Participation Guidelines.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-797; Filed April 8, 1994, 9:59 a.m.

BOARD FOR BARBERS

Title of Regulation: **VR 170-01-00. Public Participation**

Guidelines (REPEAL).

Title of Regulation: **VR 170-01-00:1. Public Participation Guidelines.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: April 3, 1994

V.A.R. Doc. No. R94-822; Filed April 12, 1994, 11:57 a.m.

BOARD OF DENTISTRY

Title of Regulation: **VR 255-01-1. Virginia Board of Dentistry Regulations.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-798; Filed April 8, 1994, 9:59 a.m.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Title of Regulation: **VR 320-01-5. Public Participation Guidelines.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-799; Filed April 8, 1994, 9:59 a.m.

DEPARTMENT OF GAME AND INLAND FISHERIES

Title of Regulation: **VR 325-01-1. Definitions and Miscellaneous: In General.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor

Governor

Date: March 29, 1994

V.A.R. Doc. No. R94-805; Filed April 8, 1994, 9:59 a.m.

BOARD OF HEALTH PROFESSIONS

Title of Regulation: **VR 365-01-1:1. Public Participation Guidelines.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen

Governor

Date: March 29, 1994

V.A.R. Doc. No. R94-796; Filed April 8, 1994, 9:59 a.m.

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

Title of Regulation: **VR 425-02-11. VOSH Administrative Regulations Manual (REPEAL).**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen

Governor

Date: April 3, 1994

V.A.R. Doc. No. R94-826; Filed April 12, 1994, 11:58 a.m.

DEPARTMENT OF LABOR AND INDUSTRY; SAFETY AND HEALTH CODES BOARD; APPRENTICESHIP COUNCIL

Title of Regulation: **VR 425-01-68. Public Participation Guidelines (REPEAL).**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen

Governor

Date: April 3, 1994

V.A.R. Doc. No. R94-825; Filed April 12, 1994, 11:58 a.m.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Title of Regulation: **VR 460-01-86. Hospital Credit Balance Reporting.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen

Governor

Date: March 29, 1994

V.A.R. Doc. No. R94-806; Filed April 8, 1994, 9:59 a.m.

* * * * *

Title of Regulation: **VR 460-02-2.6100:1. Eligibility Conditions and Requirements: Guardianship Fees in Post-Eligibility Treatment of Income.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen

Governor

Date: April 3, 1994

V.A.R. Doc. No. R94-818; Filed April 12, 1994, 11:57 a.m.

* * * * *

Title of Regulation: **State Plan for Medical Assistance Relating to Organ Transplantation. VR 460-03-3.1100. Amount, Duration and Scope of Services (Supplement 1 to Attachment 3.1 A&B). VR 460-02-3.1500. Standards for the Coverage of Organ Transplant Services.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen

Governor

Date: March 29, 1994

V.A.R. Doc. No. R94-807; Filed April 8, 1994, 9:59 a.m.

* * * * *

Title of Regulation: **State Plan for Medical Assistance Relating to Utilization Review of Case Management for Recipients of Auxiliary Grants. VR 460-03-3.1102. Case Management Services (Supplement 2 to Attachment 3.1 A). VR 460-02-3.1300. Standards Established and Methods**

Used to Assure High Quality of Care (Attachment 3.1 C).

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-801; Filed April 8, 1994, 9:59 a.m.

Title of Regulation: **State Plan for Medical Assistance Relating to Limiting Payment of Title XVIII Part A. VR 460-03-4.1922. Item j. Payment of Title XVIII Part A and Part B Deductible/Coinsurance.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-808; Filed April 8, 1994, 9:58 a.m.

BOARD OF NURSING HOME ADMINISTRATORS

Title of Regulation: **VR 500-01-2:1. Regulations of the Board of Nursing Home Administrators.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: April 2, 1994

V.A.R. Doc. No. R94-820; Filed April 12, 1994, 11:57 a.m.

Title of Regulation: **VR 500-01-3. Public Participation Guidelines.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-803; Filed April 8, 1994, 9:59 a.m.

BOARD OF PHARMACY

Title of Regulation: **VR 530-01-3. Public Participation Guidelines.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-800; Filed April 8, 1994, 9:59 a.m.

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Title of Regulation: **VR 190-00-02. Employment Agencies Program Public Participation Guidelines.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: April 3, 1994

V.A.R. Doc. No. R94-823; Filed April 12, 1994, 11:57 a.m.

DEPARTMENT OF SOCIAL SERVICES (STATE BOARD OF)

Title of Regulation: **VR 615-43-04. Adoptee Application for Disclosure of Identifying Information on Birth Family in a Closed Adoption Record.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-804; Filed April 8, 1994, 9:59 a.m.

Title of Regulation: **VR 615-53-01.2. Child Day Care Services Policy.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

Governor

/s/ George Allen
Governor
Date: March 29, 1994

V.A.R. Doc. No. R94-802; Filed April 8, 1994, 9:59 a.m.

**DEPARTMENT OF YOUTH AND FAMILY SERVICES
(BOARD OF)**

**Title of Regulation: VR 690-05-001. Standards Governing
Research on Clients and Records of the Department.**

Governor's Comment:

I reserve my right to make final comments on this regulation after review of the public's comments.

/s/ George Allen
Governor
Date: April 3, 1994

V.A.R. Doc. No. R94-821; Filed April 12, 1994, 11:57 a.m.

GENERAL NOTICES/ERRATA

Symbol Key †

† Indicates entries since last publication of the Virginia Register

GENERAL NOTICES

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Legal Notice

Take notice that a referendum will be conducted by mail ballot among Virginia horse owners who paid for an equine infectious anemia (Coggins) test during the fiscal year 1992-1993.

The purpose of the referendum is to allow Virginia horse owners to determine whether or not they favor the assessment of \$1.50 on each equine infectious anemia test performed in Virginia to be used for market development, education, publicity, and research of the Virginia horse industry in accordance with the provisions of the Virginia Horse Industry Board Act Chapter 4.7, Sections 3.1-22.38 to 3.1-22.58 of the Code of Virginia.

Any horse owner who paid for a Coggins Test in Virginia between July 1, 1992, and June 30, 1993, is eligible to vote in the referendum and will be mailed a ballot and return envelope on or about May 16, 1994. The ballot must be received on or before 5 p.m., June 10, 1994, at KPMG Peat Marwick, certified public accountants, in Richmond.

Following the return of the ballots, KPMG Peat Marwick will count the ballots, certify the results, and report the results within 10 days to the Commissioner of the Virginia Department of Agriculture and Consumer Services.

Questions about obtaining ballots should be directed to KPMG Peat Marwick, Richmond, Virginia, (804) 649-9091. Questions about the referendum process should be directed to the Virginia Department of Agriculture and Consumer Services, c/o Equine Marketing Specialist, 1100 Bank Street, Richmond, Virginia 23219, telephone (804) 786-5842.

DEPARTMENT OF ENVIRONMENTAL QUALITY

† Designation of Regional Solid Waste Management Planning Area

In accordance with the provisions of § 10.1-1411 of the Code of Virginia and Part V of Regulations for the Development of Solid Waste Management Plans, VR 672-50-01, the Director of the Waste Division of the Department of Environmental Quality intends to designate Smyth County and the Towns of Chilhowie, Marion, and

Saltville as a solid waste management region. The director has approved a comprehensive solid waste management plan for the area. Smyth County is the designated contact for implementation of the plan.

Anyone wishing to comment on the designation of this region should respond in writing by 5 p.m. on May 26, 1994, to Ms. Anne M. Field, Department of Environmental Quality, 629 East Main Street, P.O. Box 10009, Richmond, Virginia 23240-0009, FAX (804) 762-4346. Questions concerning this notice should be directed to Ms. Field at (804) 762-4365.

Following the closing date for comments, the Director of the Waste Division will notify the affected local governments of his designation of the region or of the need to hold a public hearing on the designation.

VIRGINIA CODE COMMISSION

NOTICE TO STATE AGENCIES

Mailing Address: Our mailing address is: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219. You may FAX in your notice; however, we ask that you FAX two copies and do not follow up with a mailed copy. Our FAX number is: 371-0169.

FORMS FOR FILING MATERIAL ON DATES FOR PUBLICATION IN THE VIRGINIA REGISTER OF REGULATIONS

All agencies are required to use the appropriate forms when furnishing material and dates for publication in The Virginia Register of Regulations. The forms are supplied by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

FORMS:

NOTICE of INTENDED REGULATORY ACTION - RR01
NOTICE of COMMENT PERIOD - RR02
PROPOSED (Transmittal Sheet) - RR03
FINAL (Transmittal Sheet) - RR04
EMERGENCY (Transmittal Sheet) - RR05
NOTICE of MEETING - RR06
AGENCY RESPONSE TO LEGISLATIVE

General Notices/Errata

OR GUBERNATORIAL OBJECTIONS - RR08
DEPARTMENT of PLANNING AND BUDGET
(Transmittal Sheet) - DPBRR09

ERRATA

DEPARTMENT OF AGRICULTURE AND CONSUMER
SERVICES

Pesticide Control Board

Title of Regulation: VR 115-04-21. Public Participation
Guidelines.

Publication: 10:14 V.A.R. 3634-3637 April 4, 1994.

Correction to Effective Date of Final Regulation:

Page 3634, effective date should read "June 22, 1994."

CALENDAR OF EVENTS

Symbols Key

- † Indicates entries since last publication of the Virginia Register
- ☐ Location accessible to handicapped
- ☎ Telecommunications Device for Deaf (TDD)/Voice Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the Virginia Register deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the Standing Committees of the Legislature during the interim, please call Legislative Information at (804) 786-6530.

VIRGINIA CODE COMMISSION

EXECUTIVE

DEPARTMENT FOR THE AGING

† July 2, 1994 – 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 for the Aging intends to repeal regulations entitled: **VR 110-01-01. Public Participation Guidelines** and adopt regulations entitled: **VR 110-01-01:1. Public Participation Guidelines**. The proposed regulation establishes guidelines for the involvement of the public in the development and promulgation of department regulations.

Statutory Authority: §§ 2.1-373 and 9-6.14:7.1 of the Code of Virginia.

Contact: Bill Fascitelli, Senior Planner, Department for the Aging, 700 E. Franklin St., 10th Floor, Richmond, VA 23219-2327, telephone (804) 225-2852 or toll-free 1-800-552-4464.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (STATE BOARD OF)

May 18, 1994 - 9 a.m. – Open Meeting
Washington Building, 1100 Bank Street, Room 204, Richmond, Virginia. ☐

At this regular meeting, the board plans to discuss

legislation, regulations and fiscal matters and will receive reports from the staff of the Department of Agriculture and Consumer Services. The board may consider other matters relating to its responsibilities. At the conclusion of the other business, the board will review public comments for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Roy E. Seward at least five days before the meeting date so that suitable arrangements can be made for any appropriate accommodation.

Contact: Roy E. Seward, Secretary to the Board, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Room 211, Richmond, VA 23219, telephone (804) 786-3535 or (804) 371-6344/TDD ☎

Virginia Aquaculture Advisory Board

† May 13, 1994 - 1 p.m. – Open Meeting
Virginia Institute of Marine Science, Waterman's Hall, Director's Conference Room, Gloucester Point, Virginia. ☐

The board will meet in regular session to discuss issues related to the Virginia aquaculture industry. The Virginia Aquaculture Plan will also be discussed and public comment received. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes.

Any person who needs any accommodation in order to participate at the meeting should contact the secretary of the board at least 5 days before the meeting date so that suitable arrangements can be made for any appropriate accommodation.

Contact: T. Robins Buck, Secretary, Virginia Aquaculture Advisory Board, Department of Agriculture and Consumer Services, P. O. Box 1163, Suite 1003, Richmond, VA 23209, telephone (804) 371-6094.

Pesticide Control Board

May 9, 1994 – Written comments may be submitted until 5 p.m. on this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Pesticide Control Board intends to amend regulations entitled: **VR 115-04-20. Rules and Regulations Governing the Pesticide Fees Charged by the Department of Agriculture and Consumer Services under the Virginia Pesticide Control Act**. The proposed amendments (i) establish a single pesticide product

Calendar of Events

registration fee and increase the pesticide product registration fee to \$175; (ii) establish a deadline for registering pesticide projects each year and allow for the assessment of a late fee for pesticide products registered after the deadline; (iii) eliminate the conflict between § 3.1-249.52 of the Code of Virginia, which requires renewal and does not differentiate between pesticides classified for restricted use and other pesticides and §§ 2.2 and 2.3, which allow a commercial applicator and registered technician to avoid a late fee for failure to renew by submitting an affidavit certifying that he has not applied pesticides classified for restricted use subsequent to the expiration of his certificate; (iv) eliminate the conflict between § 3.1-249.52 C of the Code of Virginia, which provides the Pesticide Control Board authority to require reexamination of a registered technician not reinstruction as currently required in § 2.3 when the registered technician fails to renew his license within 60 days of the expiration date and establish a reexamination fee of \$15; (v) delete definitions for "commissioner," "department" and "registered technician," and (vi) add definitions for "brand" and "grade."

Statutory Authority: § 3.1-249.30 of the Code of Virginia.

Contact: Marvin A. Lawson, Ph.D., Program Manager, Office of Pesticide Management, Department of Agriculture and Consumer Services, P.O. Box 1163, 1100 Bank St., Room 401, Richmond, VA 23209, telephone (804) 371-6558.

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND LANDSCAPE ARCHITECTS

† **May 12, 1994 - 9 a.m. – Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☐

A meeting to (i) approve minutes of March 10, 1994, meeting; (ii) review enforcement files; (iii) review correspondence; and (iv) conduct regulatory review.

Contact: Willie Fobbs, III, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514.

Board for Architects

† **May 5, 1994 - 9 a.m. – Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☐

A meeting to (i) approve minutes from February 24, 1994, meeting; (ii) review correspondence; (iii) review enforcement files, (iv) review applications; and (v) conduct regulatory review.

Contact: Willie Fobbs, III, Assistant Director, Department

of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514.

Board for Landscape Architects

† **May 6, 1994 - 10 a.m. – Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☐

A meeting to (i) approve minutes of March 3, 1994, meeting; (ii) review applications; (iii) review correspondence; and (iv) conduct regulatory review.

Contact: Willie Fobbs, III, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514.

Board for Land Surveyors

† **May 11, 1994 - 9 a.m. – Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☐

A meeting to (i) approve minutes of March 9, 1994 meeting; (ii) review applications; (iii) review correspondence; (iv) review enforcement files; and (v) conduct regulatory review.

Contact: Willie Fobbs, III, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514.

Board for Professional Engineers

† **May 10, 1994 - 1 p.m. – Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☐

A meeting to (i) approve minutes of March 3, 1994, meeting; (ii) review correspondence; (iii) review applications; (iv) review enforcement files; and (v) conduct regulatory review.

Contact: Willie Fobbs, III, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514.

ASAP POLICY BOARD - VALLEY

† **May 9, 1994 - 8:30 a.m. – Open Meeting**
Augusta County School Board Office, Fishersville, Virginia. ☐

A regular meeting of the local policy board which conducts business pertaining to the following:

1. Court referrals
2. Financial report
3. Director's report
4. Statistical reports

Contact: Rhoda G. York, Executive Director, Holiday Court, Suite B, Staunton, VA 24401, telephone (703) 886-5616 or (Waynesboro) (703) 943-4405.

AUCTIONEERS BOARD

May 17, 1994 - 10 a.m. - Open Meeting
Kirn Memorial Library, 301 East City Hall Avenue, Kirkby Room, 2nd Floor, Norfolk, Virginia.

A formal administrative hearing in regard to the Virginia Auctioneers Board v. Calvin Zedd, t/a "Col." Calvin Zedd Auction Company and t/a Zedd Auctioneers, Ltd.

Contact: Carol A. Mitchell, Assistant Director, Auctioneers Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8524.

† **June 7, 1994 - 9 a.m. - Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to conduct regular board business and other matters which may require board action.

Contact: Geralde W. Morgan, Board Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

May 12, 1994 - 9:30 a.m. - Open Meeting
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 4, Richmond, Virginia. ☒

A regularly scheduled board meeting.

Contact: Meredyth P. Partridge, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or (804) 662-7197/TDD ☒

BOARD FOR BARBERS

† **June 6, 1994 - 9 a.m. - Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. ☒

A meeting to:

1. Review applications
2. Review correspondence
3. Conduct review and disposition of enforcement files
4. Conduct regulatory review
5. Conduct routine board business.

A public comment period will be scheduled during the meeting. No public comment will be accepted after that period. However, the meeting is open to the public. Any person who needs any accommodations in order to participate at the meeting should contact Les Newton at (804) 367-8590 at least 10 days before the meeting date so that suitable arrangements can be made.

Contact: Nancy T. Feldman, Assistant Director, Board for Barbers, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590.

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

Central Area Review Committee

May 18, 1994 - 10 a.m. - Open Meeting
June 16, 1994 - 2 p.m. - Open Meeting
Chesapeake Bay Local Assistance Department, 8th Street Office Building, 8th and Broad Streets, 7th Floor Conference Room, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

The committee will review Chesapeake Bay Preservation Area programs for the Central Area. Persons interested in observing should call the Chesapeake Bay Local Assistance Department to verify meeting time, location and schedule. Public comment will not be received at the committee meeting. However, written comments are welcome.

Contact: Receptionist, Chesapeake Bay Local Assistance Department, 805 E. Broad Street, Richmond, VA 23219, telephone (804) 225-3440 or toll free 1-800-243-7229/TDD ☒

Northern Area Review Committee

May 26, 1994 - 10 a.m. - Open Meeting
June 9, 1994 - 10 a.m. - Open Meeting
Chesapeake Bay Local Assistance Department, 8th Street Office Building, 8th and Broad Streets, 7th Floor, Conference Room, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

The committee will review Chesapeake Bay Preservation Area programs for the Northern Area. Persons interested in observing should call the Chesapeake Bay Local Assistance Department to verify meeting time, location and schedule. Public comment will not be received at the committee meeting. However, written comments are welcome.

Contact: Receptionist, Chesapeake Bay Local Assistance Department, 805 E. Broad Street, Richmond, VA 23219, telephone (804) 225-3440 or toll free 1-800-243-7229/TDD ☒

Southern Area Review Committee

May 25, 1994 - 10 a.m. - Open Meeting

Calendar of Events

June 22, 1994 - 10 a.m. - Open Meeting

Chesapeake Bay Local Assistance Department, 8th Street Office Building, 8th and Broad Streets, 7th Floor, Conference Room, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

The committee will review Chesapeake Bay Preservation Area programs for the Southern Area. Persons interested in observing should call the Chesapeake Bay Local Assistance Department to verify meeting time, location and schedule. Public comment will not be received at the committee meeting. However, written comments are welcome.

Contact: Receptionist, Chesapeake Bay Local Assistance Department, 805 E. Broad Street, Richmond, VA 23219, telephone (804) 225-3440 or toll free 1-800-243-7229/TDD ☎

STATE BOARD FOR COMMUNITY COLLEGES

May 18, 1994 - 1 p.m. - Open Meeting

Eastern Shore Community College, 29300 Lankford Highway, Melfa, Virginia.

Committee meetings will be held.

Contact: Joy S. Graham, Assistant Chancellor of Public Affairs, Virginia Community College System, 101 N. 14th St., 15th Floor, Richmond, VA 23219, telephone (804) 225-2126 or (804) 371-8504/TDD ☎

May 19, 1994 - 9 a.m. - Open Meeting

Eastern Shore Community College, 29300 Lankford Highway, Melfa, Virginia.

A regularly scheduled meeting.

Contact: Joy S. Graham, Assistant Chancellor of Public Affairs, Virginia Community College System, 101 N. 14th St., 15th Floor, Richmond, VA 23219, (804) 225-2126 or (804) 371-8504/TDD ☎

BOARD FOR CONTRACTORS

Recovery Fund Committee

† June 22, 1994 - 9 a.m. - Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to consider claims filed against the Virginia Contractor Transaction Recovery Fund. This meeting will be open to the public; however, a portion of the discussion may be conducted in Executive Session. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact Christine Martine at (804) 367-8561. The department fully complies with the Americans with Disabilities Act. Please notify the

department of your request for accommodations at least two weeks in advance for consideration of your request.

Contact: Holly Erickson, Assistant Administrator, Board for Contractors, 3600 West Broad Street, Richmond, VA 23219, telephone (804) 367-8561.

DEPARTMENT OF CORRECTIONS (STATE BOARD OF)

† May 11, 1994 - 10 a.m. - Open Meeting

Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia. ☒

A meeting to discuss matters as may be presented to the board.

Contact: Vivian Toler, Secretary to the Board, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235.

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May 23, 1994 - 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 State Board of Corrections intends to adopt regulations entitled: **VR 230-01-004. Regulations for Human Subject Research.** The Human Subject Research Regulations establish under what circumstances human research is authorized and conducted within the Department of Corrections as required in § 32.1-162.16 et seq. of the Code of Virginia. In accordance with the legislation, the regulations define requirements for obtaining informed consent and require the establishment of human research review committees which review and approve all human research activities. These regulations apply to the Department of Corrections and to any facility, program or organization owned, operated, funded, or licensed by the department which conducts or which proposes to conduct or authorize research which uses human participants. Human research participants may be either employees or clients of the department.

Statutory Authority: §§ 53.1-5 and 53.1-5.1 of the Code of Virginia.

Contact: Dr. Larry Guenther, Agency Management Lead Analyst, Department of Corrections, P.O. Box 26963, Richmond, VA 23261, telephone (804) 674-3268.

* * * * *

May 11, 1994 - 10 a.m. - Public Hearing

Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

June 3, 1994 - Written comments may be submitted

Calendar of Events

through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Corrections intends to adopt regulations entitled: **VR 230-01-005. Regulations for Public/Private Joint Venture Work Programs Operated in a State Correctional Facility.** These regulations govern the form and review process for proposed agreements between the Director of the Department of Corrections and public or private entity to operate a work program in a state correctional facility for inmates confined therein. The regulations establish both the review process and criteria for evaluating proposed agreements.

Statutory Authority: §§ 53.1-5 and 53.1-45.1 of the Code of Virginia.

Contact: Amy Miller, Regulatory Coordinator, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3262.

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† **June 8, 1994 - 10 a.m.** – Public Hearing
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

† **July 2, 1994** – 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 State Board of Corrections intends to amend regulations entitled: **VR 230-30-001. Minimum Standards for Jails and Lockups.** The amendments to the Minimum Standards for Jails and Lockups alter the requirements for administration and programs in jails and lockups and are based on a board committee review of the implementation and application of the standards. In summary, the changes are directed toward offering more flexibility in terms of population management; strengthening requirements where inmate supervision and general safety are a concern; and rearranging portions of the standards to enhance clarity, organization, and consistency among standards.

Statutory Authority: §§ 53.1-5, 53.1-68 and 53.1-131 of the Code of Virginia.

Contact: Lou Ann White, Department of Corrections, P. O. Box 26963, Richmond, VA 23261, telephone (804) 674-3268.

* * * * *

† **June 8, 1994 - 10 a.m.** – Public Hearing
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

† **July 2, 1994** – 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 State Board of Corrections intends to amend regulations entitled: **VR 230-30-002. Community Diversion Program Standards.** The amendments to the Community Diversion Program Standards alter requirements for the development, operation and evaluation of programs and services provided under the Community Diversion Incentive Act. The amendments include format and organization changes in order to enhance clarity, the deletion of some text which is now incorporated in other documents, and a few substantive changes.

Statutory Authority: §§ 53.1-5 and 53.1-182 of the Code of Virginia.

Contact: Dee Malcan, Chief of Operations, Department of Corrections, P. O. Box 26963, Richmond, VA 23261, telephone (804) 674-3242.

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† **July 2, 1994** – 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 State Board of Corrections intends to repeal regulations entitled: **VR 230-30-006. Jail Work/Study Release Program Standards.** The Jail Work/Study Release Program Standards are being repealed because the provisions of these regulations will be included in the proposed amended regulations, VR 230-30-001, Minimum Standards for Jails and Lockups.

Statutory Authority: §§ 53.1-5 and 53.1-131 of the Code of Virginia.

Contact: Lou Ann White, Department of Corrections, P. O. Box 26963, Richmond, VA 23261, telephone (804) 674-3268.

Liaison Committee

† **May 12, 1994 - 9:30 a.m.** – Open Meeting
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia. ☒

A meeting to discuss criminal justice matters.

Contact: Vivian Toler, Secretary to the Board, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235.

BOARD FOR COSMETOLOGY

May 9, 1994 - 10 a.m. – Open Meeting
Department of Professional and Occupational Regulation,

Calendar of Events

3600 West Broad Street, Richmond, Virginia.

A general business meeting.

Contact: Karen W. O'Neal, Assistant Director, Board for Cosmetology, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8509.

DEPARTMENT OF CRIMINAL JUSTICE SERVICES (CRIMINAL JUSTICE SERVICES BOARD)

† **May 4, 1994 - 11 a.m.** – Open Meeting
General Assembly Building, House Room D, Capitol Square, Richmond, Virginia. ☐

A meeting to consider matters relating to the board's responsibilities for criminal justice training and improvement of the criminal justice system. Public comments will be heard before adjournment of the meeting.

Contact: Paula Scott Dehetre, Executive Assistant, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-4000.

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June 10, 1994 - 10 a.m. – Public Hearing
State Capitol, House Room 1, Richmond, Virginia.

June 6, 1994 – 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 Criminal Justice Services Board intends to adopt regulations entitled: **VR 240-04-4. Crime Prevention Specialists.** The purpose of the proposed regulation is to establish requirements and administrative procedures for individuals employed by local and state law-enforcement agencies who are applying for certification as a crime prevention specialist.

Statutory Authority: §§ 9-170, 9-173.14 and 9-173.15 of the Code of Virginia.

Contact: Patrick D. Harris, Manager, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-8467.

Committee on Training

† **May 4, 1994 - 9 a.m.** – Open Meeting
General Assembly Building, House Room D, Capitol Square, Richmond, Virginia. ☐

A meeting to discuss matters related to training for criminal justice personnel.

Contact: Paula Scott Dehetre, Executive Assistant, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-4000.

DEPARTMENT FOR THE DEAF AND HARD-OF-HEARING

May 20, 1994 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department for the Deaf and Hard-of-Hearing intends to **repeal** regulations entitled: **VR 245-01-01. Public Participation Guidelines** and **adopt** regulations entitled: **VR 245-01-01:1. Public Participation Guidelines.** This regulation requires the director to maintain a list of persons who have requested to be notified of the formation and promulgation of regulations by the department. It also requires the department to receive petitions for rulemaking, to publish a Notice of Intended Regulatory Action prior to promulgating or amending regulations, and to hold a public hearing during the 60-day comment period following the publication of a proposed regulation or amendment. Finally, this regulation allows the director to appoint an ad hoc advisory committee to assist in the review and development of regulations for the department.

Statutory Authority: §§ 9-6.14:7.1 and 63.1-85.4 of the Code of Virginia.

Contact: Leslie G. Hutcheson, Special Projects Manager, Department for the Deaf and Hard-of-Hearing, 1100 Bank St., 12th Floor, Richmond, VA 23219-3640, telephone (804) 225-2570 or toll-free 1-800-552-7917.

* * * * *

May 20, 1994 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department for the Deaf and Hard-of-Hearing intends to amend regulations entitled: **VR 245-02-01. Regulation Governing Eligibility Standards and Application Procedures of the Distribution of Technological Assistive Devices.** This regulation is to screen applicants for the Telecommunications Assistance Program (TAP) and to determine the applicant's contribution towards the purchase of telecommunications equipment, if any. The amendments allow the department to give priority to first-time applicants during times of fiscal constraint. Renewal applicants, individuals who have previously received equipment through the program, must wait five years to submit subsequent applications and must include proof that the original equipment is no longer working. Additionally, amendments may allow an applicant to request an exchange for new

equipment which becomes available through TAP and is deemed a more compatible device for the applicant. Finally, amendments allow for those applicants whose income exceeds 150% of the maximum amount established by the Economic Needs Guidelines to be required to contribute 100% of the contractual cost of devices.

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

Contact: Bruce A. Sofinski, Communications and Technical Programs, Department for the Deaf and Hard-of-Hearing, 1100 Bank St., 12th Floor, Richmond, VA 23219-3640, telephone (804) 225-2570 or toll-free 1-800-552-7917.

Advisory Board

May 4, 1994 - 10 a.m. - Open Meeting Department for the Deaf and Hard-of-Hearing, 1100 Bank Street, 12th Floor, Richmond, Virginia. ☐ (Interpreter for the deaf provided upon request)

A regular quarterly business meeting. Public comments will not be received.

Contact: Loretta H. Barker, Administrative Assistant, Department for the Deaf and Hard-of-Hearing, 1100 Bank St., 12th Floor, Richmond, VA 23219, telephone (804) 371-7892 (V/TTY), toll-free 1-800-552-7917 (V/TTY) or (804) 225-2570 (V/TTY).

DEPARTMENT OF EDUCATION (STATE BOARD OF)

May 20, 1994 - Written comments may be submitted through this date.

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 adopt regulations entitled: VR 270-01-0055. Regulations for the Protection of Students as Participants in Human Research. These proposed regulations are designed to ensure that the rights of students who may become subjects of research are protected. The regulations specifically address the rights of students in the areas of personal privacy and informed consent. These rights are protected by means of the creation in each school entity of a review committee to oversee all research involving students that is conducted within the realm of its authority.

Statutory Authority: § 22.1-16.1 of the Code of Virginia.

Contact: Lawrence McCluskey, Lead Specialist, Department of Education, P.O. Box 2120, Richmond, VA 23216-2120, telephone (804) 225-2762.

June 7, 1994 - 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 State Board of Education intends to adopt regulations entitled: VR 270-01-0060. Minimum Standards for the Accreditation of Child Day Programs Serving Children of Preschool Age or Younger in Public Schools. These regulations serve as the basis for the accreditation of all nonmandated programs operated by public schools intended to serve preschool age children not subject to compulsory attendance laws.

Statutory Authority: § 22.1-19 of the Code of Virginia.

Contact: Charles W. Finley, School Accreditation Associate Specialist, Department of Education, P.O. Box 2120, Richmond, VA 23216-2120, telephone (804) 225-2747 or toll-free 1-800-292-3820.

June 7, 1994 - 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 State Board of Education intends to adopt regulations entitled: VR 270-01-0061. Minimum Standards for the Accreditation of Child Day Programs Serving School Age Children Offered in Public Schools. These regulations serve as the basis for the accreditation of all nonmandated programs operated by public schools intended to serve school age children in before- and after-school programs and summer camps.

Statutory Authority: § 22.1-19 of the Code of Virginia.

Contact: Charles W. Finley, School Accreditation Associate Specialist, Department of Education, P.O. Box 2120, Richmond, VA 23216-2120, telephone (804) 225-2747 or toll-free 1-800-292-3820.

STATE BOARD OF ELECTIONS

May 10, 1994 - 10 a.m. - Open Meeting 9th Street Office Building, 200 North 9th Street, Room 625, Richmond, Virginia. ☐

A meeting to receive status report on process of certifying Mark Sense voting equipment.

Contact: Margaret O. "Jane" Jones, Executive Secretary Senior, State Board of Elections, 9th Street Office Bldg., 200 N. 9th St., Room 101, Richmond, VA 23219, telephone (804) 786-6551 or toll-free 1-800-552-9745.

Calendar of Events

LOCAL EMERGENCY PLANNING COMMITTEE - CHESTERFIELD

May 5, 1994 - 5:30 p.m. - Open Meeting
June 2, 1994 - 5:30 p.m. - Open Meeting
Chesterfield County Administration Building, 10001
Ironbridge Road, Room 502, Chesterfield, Virginia. ☒

A meeting to meet requirements of Superfund
Amendment and Reauthorization Act of 1986.

Contact: Lynda G. Furr, Assistant Emergency Services
Coordinator, Chesterfield Fire Department, P. O. Box 40,
Chesterfield, VA 23832, telephone (804) 748-1236.

LOCAL EMERGENCY PLANNING COMMITTEE - COUNTY OF MONTGOMERY/TOWN OF BLACKSBURG

† June 14, 1994 - 3 p.m. - Open Meeting
Montgomery County Courthouse, 3rd Floor, Board of
Supervisors Room, Christiansburg, Virginia. ☒

A meeting to discuss the development of hazardous
materials emergency response plan for Montgomery
County and the Town of Blacksburg.

Contact: Steve Via, New River Valley Planning District
Commission, P. O. Box 3726, Radford, VA 24143, telephone
(703) 639-9313.

DEPARTMENT OF ENVIRONMENTAL QUALITY

May 3, 1994 - 7 p.m. - Public Hearing
Montgomery County Courthouse, Main and Franklin Streets,
Circuit Court Room, Christiansburg, Virginia.

An informational briefing and public hearing to
consider an application from Salem Stone Corporation,
trading as ACCO Stone Company, to amend its permit
dated February 22, 1990, to increase the annual
throughput limitation on their existing overburden
stone screening plant at their limestone quarry in
Montgomery County, Virginia.

Contact: Bob G. Merrill, Environmental Engineer,
Department of Environmental Quality, Roanoke Air Office,
5338 Peters Creek Road, Suite D, Roanoke, VA 24019,
telephone (703) 561-7000.

† May 19, 1994 - 2 p.m. - Public Hearing
Virginia Museum of Fine Arts, Reynolds Lecture Hall, 2800
Grove Avenue, Richmond, Virginia. ☒ ☛

A public hearing to allow public comment on proposed
amendment to the Commonwealth of Virginia State
Implementation Plan. The proposed amendment
consists of a determination that the use of no control
is reasonably available control technology for the
control of volatile organic compound emissions to the

atmosphere from Philip Morris USA's Blended Leaf
Facility located at 2301 Everett Street in Richmond,
VA.

Contact: James E. Kyle, P.E., Department of
Environmental Quality, 9210 Arboretum Pkwy., #250,
Richmond, VA 23236-3472, telephone (804) 323-2409.

Interagency Committee on Land Application of Sewage Sludge

May 18, 1994 - 10 a.m. - Open Meeting
Department of Environmental Quality, Innsbrook Corporate
Center, 4900 Cox Road, Training Room, Glen Allen,
Virginia.

A meeting to discuss PAN rates for the SCAT
regulations, the use of values for soil productivity
classification and crop N requirements, and the future
role of the committee.

Contact: Martin Ferguson, Department of Environmental
Quality, 4900 Cox Rd., Glen Allen, VA 23060, telephone
(804) 527-5030.

Technical Advisory Committee for the Development of Regulations on the Management of Coal Combustion Byproducts

† May 6, 1994 - 9:30 a.m. - Open Meeting
Department of Environmental Quality, Innsbrook Corporate
Center, 4900 Cox Road, Training Room, Glen Allen,
Virginia.

A continuation meeting. Contact should be made prior
to the meeting so as to be informed of any changes in
time of meeting, location or meeting cancellations.

Contact: Mike Murphy, Department of Environmental
Quality, P. O. Box 10009, Richmond, VA 23240, telephone
(804) 762-4003.

Virginia Pollution Prevention Advisory Committee

June 2, 1994 - 1 p.m. - Open Meeting
Department of Environmental Quality, Innsbrook Corporate
Center, 4900 Cox Road, Glen Allen, Virginia. ☒

A quarterly meeting. The advisory committee has been
established to assist the Department of Environmental
Quality in its implementation of voluntary pollution
prevention technical assistance throughout the
Commonwealth.

Contact: Sharon K. Baxter, Pollution Prevention Manager,
Department of Environmental Quality, P.O. Box 10009,
Richmond, VA 23240-0009, telephone (804) 762-4344 or
(804) 762-4021/TDD ☛

Work Group on Detection/Quantitation Levels

May 4, 1994 - 1:30 p.m. - Open Meeting
Department of Environmental Quality, Lab Training Room,
Room 111, 4949 Cox Road, Glen Allen, Virginia.

The department has established a work group on detection/quantitation levels for pollutants in the regulatory and enforcement programs. The work group will advise the Director of the Department of Environmental Quality. Other meetings of the work group have been scheduled at the same time and location for May 18, June 1, June 15, June 29, July 13, July 27, August 10 and August 24. However, these dates are not firm. Persons interested in the meetings of this work group should confirm the date with the contact person below.

Contact: Alan J. Anthony, Chairman, Department of Environmental Quality, 4900 Cox Road, Glen Allen, VA 23060, telephone (804) 527-5070.

BOARD OF FORESTRY

† May 12, 1994 - 10 a.m. - Open Meeting
Zoar State Forest, State Route 608, 1/4 mile west of State Route 360, Aylett, Virginia. ☒

A general business meeting.

Contact: Barbara A. Worrell, Administrative Staff Specialist, P. O. Box 3758, Charlottesville, VA 22903-0758, telephone (804) 977-6555/TDD ☎

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

May 3, 1994 - 9:30 a.m. - Open Meeting
Department of Health Professions, 6606 West Broad Street,
5th Floor, Conference Room 1, Richmond, Virginia. ☒

A regularly scheduled board meeting.

Contact: Meredyth P. Partridge, Executive Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907 or (804) 662-7197/TDD ☎

BOARD OF GAME AND INLAND FISHERIES

May 4, 1994 - 7 p.m. - Public Hearing
Department of Game and Inland Fisheries, 4010 West Broad Street, Richmond, Virginia.

June 10, 1994 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Game and

Inland Fisheries intends to amend regulations entitled: **VR 325-04-2. Motorboat Numbering.** Section 58.1-3511 of the Code of Virginia requires commissioners of revenue to assess for personal property taxation purposes motorboats based on where the boats are "normally garaged, docked, or parked." Currently § 1 of this regulation requires individuals applying for a certificate of number for a motorboat to indicate on the application the "locality of principal use," not where the boats are "normally garaged, docked, or parked." Adoption of this proposed amendment to § 1 of VR 325-04-2 will enable the department to gather the information necessary to report motorboat registration to the commissioners of revenue in conformity with § 58.1-3511.

The Soldier's and Sailor's Civil Relief Act provides certain exemptions from local personal property taxation assessment for individuals who are on active military duty. The Department of Game and Inland Fisheries does not now ask an individual to indicate military status at the time an application is submitted to register a motorboat. As a result, residents who are eligible for assessment relief are assessed personal property taxes and required to complete additional paperwork at the local level. In rectifying the problem, amending § 5 of VR 325-04-2 will enable the department to provide the commissioners of revenue needed military status information so personal property taxes will not be assessed qualifying individuals. This action will also give the Department of Game and Inland Fisheries necessary authority to require individuals to notify the agency in the event there is a change in military status.

Statutory Authority: § 29.1-701 of the Code of Virginia.

Contact: Mark D. Monson, Chief, Department of Game and Inland Fisheries, 4010 W. Broad St., Richmond, VA 23230, telephone (804) 367-1000.

May 19, 1994 - 9 a.m. - Open Meeting

May 20, 1994 - 9 a.m. - Open Meeting

Department of Game and Inland Fisheries, 4010 West Broad Street, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

The board will meet to discuss whether they should initiate a regulation that will provide for the use of crossbows for hunting by physically impaired individuals on their own property. They will also consider final action that will implement a permit fee schedule in accordance with language included in House Bill 1777 during the 1993 General Assembly session. Other topics of discussion include a review of the agency's audit, a financial status report, review and approval of the agency's capital and operating budgets, and a discussion on legislative proposals for the 1995 General Assembly session. Other general and administrative matters, as necessary, may be discussed and the appropriate action will be taken. The board

Calendar of Events

will hold an executive session.

Please note that the board has changed its meeting procedure. Public comment is now accepted on the first meeting day. If the board completes its announced meeting agenda, they will not meet on May 20, 1994.

Contact: Belle Harding, Secretary to the Director, Board of Game and Inland Fisheries, 4010 W. Broad St., P.O. Box 11104, Richmond, VA 23230, telephone (804) 367-1000.

BOARD FOR GEOLOGY

May 4, 1994 - 10 a.m. – Open Meeting
Department of Professional and Occupational Regulation,
3600 West Broad Street, Conference Room 3, Richmond,
Virginia. ☒

A general board meeting.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595 or (804) 367-9753/TDD ☎

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† **June 16, 1994 - 10 a.m. – Public Hearing**
Department of Professional and Occupational Regulation,
3600 West Broad Street, Conference Room 395, Richmond,
Virginia.

† **July 1, 1994 –** Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for Geology intends to amend regulations entitled: **VR 335-01-02. Rules and Regulations for the Virginia Board for Geology.** The purpose of the proposed amendments is to revise fee structure, allow examination fee to be adjusted in response to contracts awarded in compliance with the Virginia Public Procurement Act, and establish the status of certifications between expiration and reinstatement.

Statutory Authority: § 54.1-1402 of the Code of Virginia.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595.

HAZARDOUS MATERIALS TRAINING COMMITTEE

† **May 17, 1994 - 10 a.m. – Open Meeting**
Department of Emergency Services, Training Center, 308 Turner Road, Richmond, Virginia.

A meeting to discuss curriculum course development and review existing hazardous materials courses. Individuals with a disability, as defined in the Americans with Disabilities Act of 1990 (ADA), desiring to attend this meeting should contact VDES 10 days prior to the event to ensure appropriate accommodations are provided.

Contact: George B. Gotschalk, Jr., Department of Criminal Justice Services, 308 E. Broad St., Richmond, VA 23219, telephone (804) 786-8001.

DEPARTMENT OF HEALTH (STATE BOARD OF)

May 6, 1994 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia, that the State Board of Health intends to amend regulations entitled: **VR 355-30-109. Virginia State Medical Facilities Plan: Diagnostic Imaging Services.** This amendment revises a part of the Diagnostic Imaging Services of the Virginia State Medical Facilities Plan (SMFP) which provides criteria and standards for the approval of certificate of public need projects involving single photon emission computed tomography (SPECT) services. The purpose of this amendment is to allow for an expedited review of projects which involve the replacement of non-SPECT nuclear medicine imaging equipment with equipment which is capable of SPECT. This amendment to the SMFP is being proposed in conjunction with recently proposed amendments to the COPN Regulations (VR 355-30-000) which would allow such projects to be considered in accordance with the 45-day expedited review process rather than the standard 120-day batched review process.

Statutory Authority: §§ 32.1-12 and 32.1-102.2 of the Code of Virginia.

Contact: Wendy V. Brown, Project Review Manager, Office of Resources Development, 1500 E. Main St., Suite 105, Richmond, VA 23219, telephone (804) 786-7463.

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† **June 3, 1994 - 10 a.m. – Public Hearing**
Office of Emergency Medical Services, 1538 East Parham Road, Richmond, Virginia.

† **July 5, 1994 –** 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 State Board of Health intends to adopt regulations entitled: **VR 355-32-500. Regulations Governing the Emergency Medical Services Do Not Resuscitate Program.** These regulations will replace emergency regulations

previously adopted and they set forth the requirements, provisions and implementation procedures, as well as the special form, for the Emergency Medical Services Do Not Resuscitate Program.

Statutory Authority: §§ 32.1-151, 32.1-153, and 54.1-2987.1 of the Code of Virginia.

Contact: Susan McHenry, Director, Emergency Medical Services, 1538 E. Parham Road, Richmond, VA 23228, telephone (804) 371-3500 or toll-free 1-800-523-6019.

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May 6, 1994 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Health intends to adopt regulations entitled: **VR 355-35-700. Swimming Pool Regulations Governing the Posting of Water Quality Results.** The proposed regulations require the owner of a public swimming pool to test and post for public viewing the water quality test results for disinfection residuals, pH, and spa water temperatures.

Statutory Authority: §§ 32.1-12 and 32.1-248.1 of the Code of Virginia.

Contact: John E. Benko, M.P.H., Director, Division of Food and Environmental Services, Office of Environmental Health Services, Suite 115, P.O. Box 2448, Richmond, VA 23219, telephone (804) 786-3559.

May 12, 1994 - 7 p.m. – Open Meeting
Thomas Nelson Community College, Newport News, Virginia. ☒

May 16, 1994 - 7 p.m. – Open Meeting
Eastern Shore Community College, Melfa, Virginia. ☒

A meeting to discuss the issue surrounding the potential for repacking of foreign crabmeat in Virginia.

Contact: Robert J. Wittman, Deputy Director, Department of Health, 1500 E. Main St., Suite 109, Richmond, VA 23219, telephone (804) 786-7937.

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

May 24, 1994 - 9:30 a.m. – Open Meeting
† **June 28, 1994 - 9:30 a.m.** – Open Meeting
Blue Cross/Blue Shield, 2015 Staples Mill Road, Richmond, Virginia. ☒

A monthly meeting.

Contact: Kim Bolden Walker, Public Relations Coordinator, Virginia Health Services Cost Review Council, 805 E. Broad St., 6th Floor, Richmond, VA 23219, telephone (804) 786-6371.

BOARD FOR HEARING AID SPECIALISTS

† **May 16, 1994 - 8:30 a.m.** – Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to conduct (i) examinations to eligible candidates; (ii) review of investigative files; (iii) regulatory review; and (iv) other matters which may require board action.

Contact: Geralde W. Morgan, Board Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8534.

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

May 10, 1994 - 9:30 a.m. – Open Meeting
James Monroe Building, 101 North 14th Street, 9th Floor, Richmond, Virginia. ☒

June 14, 1994 - 9 a.m. – Open Meeting
Radford University, Radford, Virginia.

A general business meeting. For more information and a time confirmation, contact the council.

Contact: Anne Pratt, Associate Director, 101 N. 14th Street, 9th Floor, Richmond, VA 23219, telephone (804) 225-2632 or (804) 371-8017/TDD ☎

HOPEWELL INDUSTRIAL SAFETY COUNCIL

May 3, 1994 - 9 a.m. – Open Meeting
June 7, 1994 - 9 a.m. – Open Meeting
Hopewell Community Center, Second and City Point Road, Hopewell, Virginia. ☒ (Interpreter for the deaf provided upon request)

Local Emergency Preparedness Committee Meeting on emergency preparedness as required by SARA Title III.

Contact: Robert Brown, Emergency Service Coordinator, 300 North Main Street, Hopewell, VA 23860, telephone (804) 541-2298.

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DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

May 6, 1994 - 1 p.m. – Public Hearing
Department of Housing and Community Development, 501 North 2nd Street, 1st Floor Conference Room, Richmond, Virginia.

May 6, 1994 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Housing and Community Development intends to amend regulations entitled: **VR 394-01-103. Multifamily Loan Program.** These guidelines establish the administrative framework for the Virginia Housing Partnership's Multifamily Loan Program as administered by the Department of Housing and Community Development. The guidelines include the scoring criteria for selecting projects and the terms and conditions under which loans and grants will be available. They amend the guidelines published by the department on September 9, 1991. The guidelines have been changed to establish minimum rehabilitation requirements, allow the department to distribute available funds to more than one application round, specify most likely interest rates, authorize the department to charge a commitment fee, and revise the distribution of scoring points.

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

Contact: H. Graham Driver, Program Manager, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7122.

Amusement Device Technical Advisory Committee

May 11, 1994 - 10 a.m. – Open Meeting
The Jackson Center, 501 North 2nd Street, 2nd 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, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 371-7150 or (804) 371-7089/TDD ☎

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

† **May 17, 1994 - 11 a.m.** – Open Meeting
Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, Virginia. ☒

A regular meeting of the Board of Commissioners 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 they may deem appropriate. Various committees of the Board of Commissioners may also meet before or after the regular meeting and consider matters within their purview. The planned agenda of the meeting will be available at the offices of the authority one week prior to the date of the meeting.

Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere St., Richmond, VA 23220, telephone (804) 782-1986.

COUNCIL ON INFORMATION MANAGEMENT

May 24, 1994 - 1:30 p.m. – Open Meeting
Washington Building, 1100 Bank Street, 9th Floor, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

A regular bimonthly meeting.

Contact: Linda Hening, Administrative Staff Specialist, Council on Information Management, 1100 Bank St., Suite 901, Richmond, VA 23219, telephone (804) 225-3622 or (804) 225-3624/TDD ☎

LIBRARY BOARD

May 9, 1994 - 10:30 a.m. – Open Meeting
Virginia State Library and Archives, 3rd Floor, Supreme Court Room, 11th Street at Capitol Square, Richmond, Virginia. ☒

A meeting to discuss administrative matters of the Virginia State Library and Archives.

Contact: Jean H. Taylor, Secretary to State Librarian, Virginia State Library and Archives, 11th Street at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

Archives and Records Management Committee

May 9, 1994 - 9 a.m. – Open Meeting
Virginia State Library and Archives, Office of the State Archivist, 11th Street at Capitol Square, Richmond, Virginia. ☒

A meeting to discuss matters pertaining to archives and records management.

Contact: Jean H. Taylor, Secretary to State Librarian, Virginia State Library and Archives, 11th Street at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

Calendar of Events

Automation and Networking Committee

May 9, 1994 - 9:45 a.m. – Open Meeting
Virginia State Library and Archives, 11th Street at Capitol Square, Room 4-24, Richmond, Virginia. ☒

A meeting to discuss matters pertaining to automation and networking as they relate to the Virginia State Library Board.

Contact: Jean H. Taylor, Secretary to State Librarian, Virginia State Library and Archives, 11th Street at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

Executive Committee

May 9, 1994 - 8 a.m. – Open Meeting
Virginia State Library and Archives, Office of the State Librarian, 11th Street at Capitol Square, Richmond, Virginia. ☒

A meeting to discuss administrative matters of the Virginia State Library and Archives.

Contact: Jean H. Taylor, Secretary to the State Librarian, Virginia State Library and Archives, 11th Street at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

General Library Committee

May 9, 1994 - 9 a.m. – Open Meeting
Virginia State Library and Archives, Office of the Director of the General Library Division, 11th Street at Capitol Square, Richmond, Virginia. ☒

A meeting to discuss matters pertaining to the General Library Division as they relate to the Virginia State Library Board.

Contact: Jean H. Taylor, Secretary to State Librarian, Virginia State Library and Archives, 11th Street at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

Legislative and Finance Committee

May 9, 1994 - 9:45 a.m. – Open Meeting
Virginia State Library and Archives, Conference Room B, 11th Street at Capitol Square, Richmond, Virginia. ☒

A meeting to discuss matters pertaining to legislative and financial matters as they relate to the Virginia State Library Board.

Contact: Jean H. Taylor, Secretary to State Librarian, Virginia State Library and Archives, 11th Street at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

Nominating Committee

† **May 9, 1994 - 9:30 a.m. – Open Meeting**
Virginia State Library and Archives, Conference Room C,

11th Street at Capitol Square, Richmond, Virginia.

A meeting to draw up slate of officers for 1994-95 for the Virginia State Library Board.

Contact: Jean H. Taylor, Secretary to State Librarian, Virginia State Library and Archives, 11th Street at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

Public Library Development Committee

May 9, 1994 - 9 a.m. – Open Meeting
Virginia State Library and Archives, 11th Street at Capitol Square, Room 4-24, Richmond, Virginia. ☒

A meeting to discuss the issues on the agenda for the Library Board to be held later that morning.

Contact: Tony Yankus, Director, Library Development, 11th Street at Capitol Square, Richmond, VA 23219-3491, telephone (804) 786-2320, toll-free 1-800-336-5266 or (804) 786-3618/TDD ☎

Publications and Cultural Affairs Committee

May 9, 1994 - 9:45 a.m. – Open Meeting
Virginia State Library and Archives, 11th Street at Capitol Square, Office of the Publications Division Director, Richmond, Virginia.

A meeting to discuss matters pertaining to the committee.

Contact: Jean H. Taylor, Secretary to the State Librarian, Virginia State Library and Archives, 11th Street at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

STATE COUNCIL ON LOCAL DEBT

† **May 18, 1994 - 11 a.m. – Open Meeting**
† **June 15, 1994 - 11 a.m. – Open Meeting**
† **July 20, 1994 - 11 a.m. – Open Meeting**
James Monroe Building, 101 N. 14th Street, 3rd Floor, Treasury Board Conference Room, Richmond, Virginia. ☒

A regular meeting subject to cancellation unless there are action items requiring the council's consideration. Persons interested in attending should call one week prior to the meeting date to ascertain whether or not the meeting is to be held as scheduled.

Contact: Gary Ometer, Debt Manager, Department of the Treasury, P. O. Box 1879, Richmond, VA 23215, telephone (804) 225-4928.

COMMISSION ON LOCAL GOVERNMENT

† **May 9, 1994 - 10 a.m. – Open Meeting**
General Assembly Building, 6th Floor, Speaker's

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Conference Room, 910 Capitol Street, Richmond, Virginia.

A regular meeting to consider such matters as may be presented. Persons desiring to participate in the commission's meeting and requiring special accommodations or interpreter services should contact the commission's offices.

Contact: Barbara Bingham, Administrative Assistant, Commission on Local Government, 805 E. Broad St., Suite 702, Richmond, VA 23219, telephone (804) 786-6508 or (804) 786-1860/TDD ☎

STATE LOTTERY BOARD

May 23, 1994 - 10 a.m. – Open Meeting
State Lottery Department, 2201 West Broad Street, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

A regular monthly meeting of the board. Business will be conducted according to items listed on the agenda which have not yet been determined. Two periods for public comment are scheduled.

Contact: Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-3106 or (804) 367-3000/TDD ☎

LONGWOOD COLLEGE

Executive Committee

† **May 12, 1994 - 4 p.m. – Open Meeting**
Longwood College, Ruffner Building, Farmville, Virginia. ☒

A meeting to conduct routine business of the Board of Visitors.

Contact: William F. Dorrill, President, Longwood College, 201 High St., Farmville, VA 23901, telephone (804) 395-2001.

ADVISORY COMMITTEE ON MAPPING, SURVEYING AND LAND INFORMATION SYSTEMS

May 5, 1994 - 10 a.m. – Open Meeting
Washington Building, 1100 Bank Street, 9th Floor, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

A regular bimonthly meeting.

Contact: Chuck Tyger, Computer Systems Chief Engineer, Council on Information Management, 1100 Bank St., Suite 901, Richmond, VA 23219, telephone (804) 225-3622 or (804) 225-3624/TDD ☎

MARINE RESOURCES COMMISSION

† **May 24, 1994 - 9:30 a.m. – Open Meeting**
Marine Resources Commission, 2600 Washington Avenue, 4th Floor, Room 403, Newport News, Virginia. ☒ ☎

The commission will hear and decide marine environmental matters at 9:30 a.m.; permit applications for projects in wetlands, bottom lands, coastal primary sand dunes and beaches; appeals of local wetland board decisions; policy and regulatory issues.

The commission will hear and decide fishery management items at approximately noon. Items to be heard are as follows: regulatory proposals, fishery management plans, fishery conservation issues, licensing, and shellfish leasing.

Meetings are open to the public. Testimony is taken under oath from parties addressing agenda items on permits and licensing. Public comments are taken on resource matters, regulatory issues and items scheduled for public hearing.

The commission is empowered to promulgate regulations in the areas of marine environmental management and marine fishery management.

Contact: Sandra S. Schmidt, Secretary to the Commission, Marine Resources Commission, P. O. Box 756, Newport News, VA 23607-0756, telephone (804) 247-8088, toll-free 1-800-541-4646 or (804) 247-2292/TDD ☎

GEORGE MASON UNIVERSITY

Board of Visitors

† **May 18, 1994 - 4 p.m. – Open Meeting**
George Mason University, Mason Hall, Room D23, Fairfax, Virginia. ☒

A regular meeting to hear reports of the standing committees of the board and act on those recommendations presented by the standing committees. An agenda will be available seven days prior to the board meeting for those individuals and organizations who request it. EEO and Affirmative Action Committee will meet at 6:30 p.m. on May 17, 1994. Standing committees will meet during the day on May 18, 1994, beginning at 9 a.m.

Contact: Ann Wingblade, Administrative Assistant, Office the President, George Mason University, Fairfax, VA 22030-4444, telephone (703) 993-8704.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

† **May 10, 1994 - 10 a.m. – Open Meeting**

Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Board Room, Richmond, Virginia. ☒

A meeting to discuss medical assistance services and issues pertinent to the Board of Medical Assistance Services.

Contact: Patricia A. Sykes, Policy Analyst, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7958 or 1-800-343-0634/TDD ☐

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† July 1, 1994 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medical Assistance Services intends to amend regulations entitled: **VR 460-03-3.1100. Amount, Duration, and Scope of Services: Coverage Limits for Single Antigen Vaccines.** The Omnibus Budget Reconciliation Act of 1993, § 13631 prohibits the payment of federal financial participation for single-antigen vaccines except where medically justified. The purpose of this proposal is to promulgate permanent regulations to provide coverage policies for single-antigen vaccines.

Prior to the current emergency regulation, DMAS' policy for the coverage of childhood immunizations provided for the payment of claims for all single- and multi-antigen vaccines at the vaccines' acquisition cost without medical justification. The exception to this policy was the coverage of the measles, mumps, and rubella (MMR) vaccine which is provided to physicians through the DMAS/Merck MMR vaccine replacement program. Prior to the emergency regulation there were no requirements that in cases where a multi-antigen vaccine was available, that medical necessity be proven to receive Medicaid reimbursement for cases in which a single-antigen vaccine was administered. With the DMAS/Merck MMR vaccine replacement program, approval by DMAS is necessary only to reimburse physicians who do not participate in the replacement program for the cost of MMR vaccine purchased by the physician for use with Medicaid children. The Merck vaccine replacement program remains unchanged by this regulation.

The Omnibus Budget Reconciliation Act of 1993 required that federal financial participation (FFP) be denied for any amount expended for a single-antigen vaccine and its administration when the use of a multi-antigen vaccine was medically appropriate. This change was effective October 1, 1993. Additionally, this requirement focused on immunizations for measles, mumps, and rubella.

The proposed regulations concerning coverage limits

for single-antigen vaccines have been modified from the initial emergency regulations to reflect recently promulgated federal guidelines from the U.S. Centers for Disease Control and Prevention, at the request of the Advisory Committee on Immunization Practices (ACIP), addressing the list and schedules of pediatric vaccines to be purchased and administered under the Vaccines for Children Program. The ACIP is also required, under § 1928(c)(2)(B)(i) and 1928(e) of the Social Security Act, to establish a list of vaccines for routine administration to children, along with schedules regarding the appropriate periodicity, dosage, and contraindications. Both the list of vaccines to be purchased and the administration schedule recommend that the single-antigen Haemophilus Influenzae b Conjugate vaccine (Hib) be one of the vaccines used to immunize children against Haemophilus Influenzae type b. The ACIP also notes that the combined DTP-Hib vaccine is also available for use where appropriate.

As a result, the proposed regulations will not require physicians to use the multi-antigen DTP-Hib vaccine when immunizing Medicaid children against diphtheria, tetanus, pertussis and haemophilus influenzae b. In other words, physicians may use the single-antigen Hib vaccine and receive reimbursement without providing medical justification. Physicians may, of course, continue to use the multi-antigen DTP-Hib vaccine.

Medical justification for the use of the single-antigen measles, mumps, or rubella vaccines with Medicaid children will continue to be required. The periodicity schedule promulgated by the ACIP recommends that two doses of the multi-antigen measles, mumps, and rubella vaccine be administered at 12-15 months of age and again before school entry. The ACIP further notes that the single-antigen measles, mumps, or rubella vaccines should be used only if (i) there is a specific contraindication to one component of the MMR vaccine, (ii) the child is known to be immune or adequately vaccinated for one or more of these diseases, or (iii) there is a need to immunize a child prior to one year of age (for example, during a measles outbreak).

The advantage to Medicaid eligible children, and the intent of Congress, is for more children to be more completely immunized. There will be no significant fiscal impact associated with these proposed regulations because the incidence of use of single virus vaccines is relatively low.

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

Written comments may be submitted through July 1, 1994, to Michael Jurgenson, Supervisor, Division of Policy and Research, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator,

Calendar of Events

Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

* * * * *

May 4, 1994 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medical Assistance Services intends to amend regulations entitled: **VR 460-03-4.1923. Methods and Standards for Establishing Payment Rates - Other Types of Care: Establishment of Rate Per Visit.** This action permits additional comment on clarifying language the agency determines is necessary in the permanent regulations. Permanent regulations are required to supersede existing emergency regulations which were adopted pursuant to a 1993 General Assembly mandate. The regulations provide for the fee-for-service reimbursement of home health agencies.

The section of the State Plan for Medical Assistance affected by this action is Supplement 3 to Attachment 4.19 B, Methods and Standards for Establishing Payment Rates - Other Types of Care, Establishment of Rate Per Visit (VR 460-03-4.1923).

The 1993 General Assembly, in the Appropriations Act (Item 313.P), directed the Board of Medical Assistance Services to adopt revised regulations governing home health agency reimbursement methodologies, effective July 1, 1993, that would (i) eliminate the distinction between urban and rural peer groups; (ii) utilize the weighted median cost per service from 1989 for freestanding agencies as a basis for establishing rates; and (iii) reimburse hospital-based home health agencies at the rate set for freestanding home health agencies. The General Assembly also required that the adopted regulations comply with federal regulations regarding access to care. In addition, the Joint Legislative Audit and Review Commission (JLARC) recommended that a revision be made to the existing statistical methodology.

After the close of the comment period on the proposed regulations, DMAS determined that clarifying language was needed to indicate clearly that Department of Health home health agencies' rates will continue to be determined by using data from its own cost report. Without the clarifying sentence at § 3 B, it might be interpreted that these agencies, which occupy their own unique peer group, were to use data from proprietary freestanding agencies' cost reports.

DMAS' originally proposed regulations were published in the December 27, 1993, Virginia Register for their public comment period from December 28, 1993, to February 25, 1994. No comments were received. Review by the Department of Planning and Budget

indicates no objections to the changes. Since the agency has determined that further clarifying changes are needed over those which were originally proposed, it is seeking an additional 30-day period of public comment. There is no fiscal impact for the suggested clarifying language.

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

Written comments may be submitted until May 4, 1994, to Richard Weinstein, Manager, Division of Cost Settlement and Audit, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

BOARD OF MEDICINE

May 23, 1994 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **VR 465-02-1. Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, Clinical Psychology and Acupuncture.** The purpose of the proposed amendments is to further specify current statutes pertaining to limited licenses and intern and resident licenses, provide standardized reference to schools not approved by an accrediting agency recognized by the board, and respecify examination fees for the Podiatric Medical Licensure Examination (PMLEXIS).

Statutory Authority: §§ 54.1-2400, 54.1-2935, 54.1-2936, 54.1-2937, and 54.1-2961 of the Code of Virginia.

Written comments may be submitted until May 23, 1994, to Hilary H. Connor, M.D., Board of Medicine, 6606 West Broad Street, 4th Floor, Richmond, Virginia 23230-1717.

Contact: Russell Porter, Assistant Executive Director, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908 or (804) 662-7197/TDD ☎

June 9, 1994 - 9 a.m. – Open Meeting

June 10, 1994 - 9 a.m. – Open Meeting

June 11, 1994 - 9 a.m. – Open Meeting

June 12, 1994 - 9 a.m. – Open Meeting

Department of Health Professions, 6606 West Broad Street, 5th Floor, Board Rooms 1, 2, 3 and 4, Richmond, Virginia.

☐

A meeting to conduct general board business, receive committee and board reports, review reports, interview.

Calendar of Events

licensees, make decisions on disciplinary matters, and discuss any other items which may come before the board. The board will also review any regulations that may come before it. The board will entertain public comments during the first 15 minutes on agenda items.

Contact: Eugenia K. Dorson, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9923 or (804) 662-7197/TDD ☎

Credentials Committee

June 10, 1994 - 2 p.m. - Open Meeting

June 11, 1994 - 8:15 a.m. - Open Meeting

Department of Health Professions, 6606 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia. ☎

The committee will meet in open and closed session to conduct general business, interview and review medical credentials of applicants applying for licensure in Virginia, and to discuss any other items which may come before the committee. The committee will receive public comments of those persons appearing on behalf of candidates.

Contact: Eugenia K. Dorson, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9923 or (804) 662-7197/TDD ☎

Informal Conference Committee

May 5, 1994 - 9:30 a.m. - Open Meeting

Holiday Inn, North I-95 and Route 17, Falmouth, Virginia. ☎

† **May 11, 1994 - 9 a.m. - Open Meeting**

Sheraton Inn - Roanoke Airport, 2727 Ferndale Road, Roanoke, Virginia. ☎

† **May 18, 1994 - 9 a.m. - Open Meeting**

Holiday Inn - South, US 1 and I-95, Fredericksburg, Virginia. ☎

A meeting to inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions pursuant to § 2.1-344 of the Code of Virginia. Public comment will not be received.

Contact: Karen W. Perrine, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908 or (804) 662-9943/TDD ☎

Advisory Board on Physical Therapy

† **June 23, 1994 - 9 a.m. - Open Meeting**

Board of Medicine, 6606 West Broad Street, 5th Floor, Board Room 1, Richmond, Virginia. ☎ ☎

A meeting to receive officers and staff reports on the Federation of Physical Therapy Boards' annual meeting; review credentialing agencies relating to foreign educated therapist; discuss proposals for impaired therapist and such other business that may come before the board.

The chairman will entertain public comments following the adoption of the agenda for 10 minutes on agenda items.

Contact: Eugenia K. Dorson, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9923 or (804) 662-7197/TDD ☎

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES (STATE BOARD OF)

† **May 25, 1994 - 10 a.m. - Open Meeting**

Eastern Shore Community Services Board, Nassawadox, Virginia. ☎

A regular monthly meeting. Agenda to be published on May 18, 1994. Agenda can be obtained by calling Jane Helfrich.

Tuesday: Informal Session - 8 p.m.

Wednesday: Committee Meetings - 9 a.m.

Regular Session - 10 a.m.

Contact: Jane V. Helfrich, Board Administrator, State Mental Health, Mental Retardation and Substance Abuse Services Board, P. O. Box 1797, Richmond, VA 23214, (804) 786-3921.

Part H Interagency Management Team

† **May 13, 1994 - 10:30 a.m. - Open Meeting**

James Madison Building, 109 Governor Street, 10th Floor Conference Room, Richmond, Virginia. ☎

A monthly meeting of the management team to address issues important to the implementation of a comprehensive system of early intervention services for infants and toddlers with disabilities and their families.

Contact: Kyla Patterson, Part H Administrative Consultant, P. O. Box 1797, Richmond, VA 23214, telephone (804) 786-3710.

Calendar of Events

VIRGINIA MILITARY INSTITUTE

Board of Visitors

May 18, 1994 - 8:30 a.m. – Open Meeting
Virginia Military Institute, Smith Hall, Lexington, Virginia. ☐

Finals meeting of the VMI Board of Visitors, and a regular meeting to receive committee reports; approve awards, distinctions and diplomas; discuss personnel changes; and elect president pro tem.

Contact: Colonel Edwin L. Dooley, Jr., Secretary to the Board, Superintendent's Office, Virginia Military Institute, Lexington, VA 24450, telephone (703) 464-7206.

DEPARTMENT OF MINES, MINERALS AND ENERGY

Board of Examiners

May 6, 1994 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Mines, Minerals and Energy's Board of Examiners intends to adopt regulations entitled: **VR 480-04-2. Board of Examiners Certification Regulations.** The purpose of the proposed regulation is to set forth requirements for certification of persons performing specialized tasks in mining.

Statutory Authority: § 45.1-12 of the Code of Virginia.

Contact: Harry Childress, Chief, Division of Mines, P.O. Drawer 900, Big Stone Gap, VA 24219, telephone (703) 523-8100.

VIRGINIA MUSEUM OF FINE ARTS

Building and Grounds Committee

† **May 19, 1994 - 10 a.m.** – Open Meeting
Virginia Museum of Fine Arts, Conference Room, 2800 Grove Avenue, Richmond, Virginia. ☐

A review of buildings and grounds issues.

Contact: Emily C. Robertson, Secretary of the Museum, Virginia Museum of Fine Arts, 2800 Grove Avenue, Richmond, VA 23221-2466, telephone (804) 367-0553.

Collections Committee

† **May 10, 1994 - 3 p.m.** – Open Meeting
Virginia Museum of Fine Arts, 2800 Grove Avenue, Richmond, Virginia. ☐

A meeting to consider art acquisitions and loans.

Contact: Emily C. Robertson, Secretary of the Museum, 2800 Grove Avenue, Richmond, VA 23221-2466, telephone (804) 367-0553.

Finance Committee

† **May 19, 1994 - 11 a.m.** – Open Meeting
Virginia Museum of Fine Arts, Conference Room, 2800 Grove Avenue, Richmond, Virginia. ☐

A regular meeting to include budget review.

Contact: Emily C. Robertson, Secretary of the Museum, 2800 Grove Avenue, Richmond, VA 23221-2466, telephone (804) 367-0553.

Board of Trustees

† **May 19, 1994 - Noon** – Open Meeting
Virginia Museum of Fine Arts, Auditorium, 2800 Grove Avenue, Richmond, Virginia. ☐

Annual meeting of the board to consider reports from officers, committees, and staff; budget review; and approval of art acquisition.

Contact: Emily C. Robertson, Secretary of the Museum, Virginia Museum of Fine Arts, 2800 Grove Avenue, Richmond, VA 23221, telephone (804) 367-0553.

BOARD OF NURSING

May 20, 1994 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Nursing intends to adopt regulations entitled: **VR 495-04-1. Public Participation Guidelines.** These regulations replace emergency regulations currently in effect which provide guidelines for the involvement of the public in the promulgation of regulations for the board.

Statutory Authority: §§ 9-6.14:7.1, 54.1-2400 and 54.1-3005 of the Code of Virginia.

Contact: Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909.

Nurse Aide Registry

† **May 20, 1994 - 1:30 p.m.** – Open Meeting
Chamber of Commerce, Route 13, Melfa, Virginia. ☐
(Interpreter for the deaf provided upon request)

A formal hearing with a certified nurse aide. Public

Calendar of Events

comment will not be received.

Contact: Nancy K. Durrett, R.N., M.S.N., Assistant Executive Director, Board of Nursing, 6606 West Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909 or (804) 662-7197/TDD ☎

BOARD OF OPTOMETRY

† **May 19, 1994 - 9 a.m.** – Open Meeting
Omni Hotel, 777 Waterside Drive, Norfolk, Virginia. ☎
(Interpreter for the deaf provided upon request)

A general board meeting to include a discussion of regulatory issues relating to contact lens prescriptions and adjustment to the fee structure. Brief public comment will be received at the beginning of the meeting.

Contact: Carol Stamey, Administrative Assistant, Board of Optometry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910 or (804) 662-7197/TDD ☎

† **May 19, 1994 - 1:30 p.m.** – Open Meeting
Omni Hotel, 777 Waterside Drive, Norfolk, Virginia. ☎
(Interpreter for the deaf provided upon request)

Informal conferences. Brief public comment will be received at the beginning of the meeting.

Contact: Carol Stamey, Administrative Assistant, Board of Optometry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910 or (804) 662-7197/TDD ☎

BOARD OF PROFESSIONAL COUNSELORS

† **May 13, 1994 - 10 a.m.** – Open Meeting
† **May 13, 1994 - 1 p.m.** – Open Meeting
Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, Virginia. ☎

Informal conference. Public comment will not be heard.

Contact: Evelyn Brown, Executive Director, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9967.

BOARD OF PSYCHOLOGY

† **May 17, 1994 - 9:30 a.m.** – Open Meeting
Department of Health Professions, 6606 West Broad Street, Room #1, Richmond, Virginia. ☎

A general business meeting.

Contact: Evelyn Brown, Executive Director or Jane Ballard, Administrative Assistant, Board of Psychology, 6606 W. Broad St., Richmond, VA 23230-1717, telephone (804) 662-9913.

Examination Committee

† **May 12, 1994 - 10:30 a.m.** – Open Meeting
Department of Health Professions, 6606 West Broad Street, Room #1, Richmond, Virginia. ☎

A meeting to conduct general committee business. No public comment will be received.

Contact: Evelyn Brown, Executive Director or Jane Ballard, Administrative Assistant, Board of Psychology, 6606 W. Broad St., Richmond, VA 23230, telephone (804) 662-9913.

REAL ESTATE APPRAISER BOARD

June 7, 1994 - 10 a.m. – Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A general business meeting.

Contact: Karen W. O'Neal, Assistant Director, Real Estate Appraiser Board, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2039.

Complaints Committee

May 25, 1994 - 10 a.m. – Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to review complaints.

Contact: Karen W. O'Neal, Assistant Director, Real Estate Appraiser Board, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2039.

VIRGINIA RESOURCES AUTHORITY

May 10, 1994 - 9:30 a.m. – Open Meeting
The Mutual Building, 909 East Main Street, Board Room, Suite 607, Richmond, Virginia.

A meeting to (i) approve minutes of the meeting of April 12, 1994; (ii) review the authority's operations for the prior months; and (iii) consider other matters and take other actions as it may deem appropriate. The planned agenda of the meeting will be available at the offices of the authority one week prior to the date of the meeting. Public comments will be received at the beginning of the meeting.

Calendar of Events

Contact: Shockley D. Gardner, Jr., Virginia Resources Authority, 909 East Main Street, Suite 707, Richmond, VA 23219, telephone (804) 644-3100 or FAX (804) 644-3109.

DEPARTMENT OF SOCIAL SERVICES (STATE BOARD OF)

May 10, 1994 - 5:30 p.m. – Public Hearing
State Capitol, House Room 4, Richmond, Virginia.

June 17, 1994 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Social Services intends to amend regulations entitled: **VR 615-25-01:1. Minimum Standards for Licensed Family Day Homes.** The purpose of the regulation is to clarify or revise certain existing licensing requirements to ensure the reasonableness and enforceability of these standards while safeguarding protection to children in care.

Statutory Authority: §§ 63.1-196 and 63.1-202 of the Code of Virginia.

Written comments may be submitted through June 17, 1994, to Alfreda Redd, Department of Social Services, Division of Licensing Programs, 730 East Broad Street, 7th Floor, Richmond, Virginia 23219.

Contact: Peggy Friedenber, Legislative Analyst, Department of Social Services, Office of Governmental Affairs, 730 E. Broad St., 8th Floor, Richmond, VA 23219, telephone (804) 692-1820.

† **May 18, 1994 - 1:30 p.m. – Open Meeting**
† **May 19, 1994 - 9 a.m. (if necessary) – Open Meeting**
Mountain Lake Hotel, Route 700, Mountain Lake, Virginia.

☐

A work session and formal business meeting.

Contact: Phyllis Sisk, Special Assistant to the Commissioner, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1900, toll free 1-800-552-3431, or 1-800-552-7096/TDD ☐

DEPARTMENT OF SOCIAL SERVICES (STATE BOARD OF) AND CHILD DAY-CARE COUNCIL

May 21, 1994 – 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 State Board of Social Services and Child Day-Care Council intend to amend regulations entitled: **VR 615-30-01 and VR 175-03-01. General Procedures and Information for Licensure.**

The purpose of the proposed amendments is to incorporate new legislation and to simplify and clarify licensing procedures.

Statutory Authority: §§ 63.1-174 and 63.1-202 of the Code of Virginia.

Written comments may be submitted until May 21, 1994, to Kathryn Thomas, Department of Social Services, 730 East Broad Street, Richmond, Virginia 23219.

Contact: Peggy Friedenber, Legislative Analyst, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1820.

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May 21, 1994 – 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 State Board of Social Services and Child Day-Care Council intend to adopt regulations entitled: **VR 615-38-01 and VR 175-11-01. Standards and Regulations for Licensed Child Day Center Systems.** The purpose of this regulation is to set forth standards and procedures that licensees and Department of Social Services staff must follow in the administration of child day center systems.

Statutory Authority: § 63.1-196.01:1 of the Code of Virginia.

Written comments may be submitted until May 21, 1994, to Kathryn Thomas, Department of Social Services, 730 East Broad Street, Richmond, Virginia 23219.

Contact: Peggy Friedenber, Legislative Analyst, Department of Social Services, 730 E. Broad St., Richmond, VA 23219, telephone (804) 692-1820.

BOARD OF SOCIAL WORK

† **May 6, 1994 - 9 a.m. – Open Meeting**
Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, Virginia. ☐

Informal conference. Public comment will not be heard.

Contact: Evelyn B. Brown, Executive Director, Department of Health Professions, 6606 W. Broad St., Richmond, VA 23230, telephone (804) 662-9967.

TRANSPORTATION SAFETY BOARD

June 6, 1994 - 9:30 a.m. – Open Meeting
Department of Motor Vehicles, 2300 West Broad Street, Room 702, Richmond, Virginia. ☐

A quarterly meeting to discuss new transportation safety legislation.

Contact: Bill Dennis, Executive Assistant, Department of Motor Vehicles, 2300 W. Broad St., Richmond, VA 23220, telephone (804) 367-2666.

DEPARTMENT OF TRANSPORTATION (COMMONWEALTH TRANSPORTATION BOARD)

† **May 18, 1994 - 2 p.m.** – Open Meeting
Department of Transportation, 1401 East Broad Street, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

A work session of the Commonwealth Transportation Board and the Department of Transportation staff.

Contact: Robert E. Martinez, Secretary of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-8032.

† **May 19, 1994 - 10 a.m.** – Open Meeting
Department of Transportation, 1401 East Broad Street, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

A monthly meeting to vote on proposals presented regarding bids, permits, additions and deletions to the highway system, and any other matters requiring board approval.

Public comment will be received at the outset of the meeting on items on the meeting agenda for which the opportunity for public comment has not been afforded the public in another forum. Remarks will be limited to five minutes. Large groups are asked to select one individual to speak for the group. The board reserves the right to amend these conditions.

Contact: Robert E. Martinez, Secretary of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-8032.

June 9, 1994 - 2 p.m. – Public Hearing
Department of Transportation, 1221 East Broad Street, Auditorium, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

Final allocation hearing for the eastern districts. Final hearing to receive comments on highway allocations for the upcoming year, and on updating the Six-Year Improvement Program for the interstate, primary, and urban systems, as well as mass transit for the Richmond, Fredericksburg, Suffolk, Culpeper and Northern Virginia districts.

Contact: Claude D. Garver, Jr., Assistant Commissioner of Programming and Planning, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804)

786-1476 or (804) 786-4410/TDD ☎

June 9, 1994 - 9 a.m. – Public Hearing
Salem District Office, Harrison Avenue, Salem, Virginia. ☒ (Interpreter for the deaf provided upon request)

Final allocation hearing for the western districts. Final hearing to receive comments on highway allocations for the upcoming year, and on updating the Six-Year Improvement Program for the interstate, primary, and urban systems, as well as mass transit for Bristol, Salem, Lynchburg and Staunton districts.

Contact: Claude D. Garver, Jr., Assistant Commissioner of Programming and Planning, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-1476 or (804) 786-4410/TDD ☎

TREASURY BOARD

† **May 18, 1994 - 9 a.m.** – Open Meeting
† **June 15, 1994 - 9 a.m.** – Open Meeting
† **July 20, 1994 - 9 a.m.** – Open Meeting
James Monroe Building, 101 N. 14th Street, Treasury Board Room, 3rd Floor, Richmond, Virginia. ☒

A regular meeting.

Contact: Gloria J. Hatchel, Administrative Assistant to the Treasurer, Department of the Treasury, 101 N. 14th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-6011.

VIRGINIA RACING COMMISSION

† **May 11, 1994 - 9:30 a.m.** – Open Meeting
Tyler Building, 1300 East Main Street, Richmond, Virginia. ☒

A regular commission meeting including presentations by representatives of the horse breeding industry of the Commonwealth of Virginia.

Contact: William H. Anderson, Policy Analyst, Virginia Racing Commission, P. O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

DEPARTMENT FOR THE VISUALLY HANDICAPPED

† **May 16, 1994 - 2 p.m.** – Public Hearing
† **May 16, 1994 - 6:30 p.m.** – Public Hearing
Virginia Rehabilitation Center for the Blind, Assembly Room, 401 Azalea Avenue, Richmond, Virginia. ☒

† **May 18, 1994 - 5 p.m.** – Public Hearing
Lions Sight Foundation, 501 Elm Avenue, S.W., Roanoke, Virginia. ☒

† **May 24, 1994 - 6:30 p.m.** – Public Hearing

Calendar of Events

Arlington County Central Library, 2nd Floor Meeting Room, 1015 N. Quincy St., Arlington, Virginia. ☒

A hearing to invite comments from the public regarding vocational rehabilitation for persons with visual disabilities and the implementation of an Order of Selection. Comments will be considered in developing the state plan for this program.

Contact: James G. Taylor, Vocational Rehabilitation Program Specialist, 397 Azalea Avenue, Richmond, VA 23227, telephone (804) 371-3111, toll free 1-800-622-2155 or (804) 371-3140/TDD ☎

Vocational Rehabilitation Advisory Council

May 14, 1994 - 10 a.m. - Open Meeting
Department for the Visually Handicapped, Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. ☒
(Interpreter for the deaf provided upon request)

A quarterly meeting to advise the Department for the Visually Handicapped on matters related to vocational rehabilitation services for the blind and visually impaired citizens of the Commonwealth.

Contact: James G. Taylor, Vocational Rehabilitation Program Specialist, Department for the Visually Handicapped, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3140, toll-free 1-800-662-2155 or (804) 371-3140/TDD ☎

VIRGINIA COUNCIL ON VOCATIONAL EDUCATION

† **May 4, 1994 - Noon - Open Meeting**
Holiday Inn - South, Fredericksburg, Virginia.

Committee meetings will be held.

Contact: Jerry Hicks, Executive Director, Virginia Council on Vocational Education, 7420-A Whitepine Road, Richmond, VA 23237, telephone (804) 275-6218.

† **May 4, 1994 - 7 p.m. - Open Meeting**
Rappahannock Community College, Warsaw Campus, Warsaw, Virginia.

A public meeting.

Contact: Jerry Hicks, Executive Director, Virginia Council on Vocational Education, 7420-A Whitepine Road, Richmond, VA 23237, telephone (804) 275-6218.

† **May 5, 1994 - 8:30 a.m. - Open Meeting**
Holiday Inn - South, Fredericksburg, Virginia.

A council business session.

Contact: Jerry Hicks, Executive Director, Virginia Council on Vocational Education, 7420-A Whitepine Road,

Richmond, VA 23237, telephone (804) 275-6218.

VIRGINIA VOLUNTARY FORMULARY BOARD

May 20, 1994 - 10 a.m. - Public Hearing
James Madison Building, 109 Governor Street, Main Floor Conference Room, Richmond, Virginia.

A 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 February 17, 1993, and the most recent supplement to that formulary. Copies of the proposed revisions to the formulary are available for inspection at the Virginia Department of Health, Bureau of Pharmacy Services. Written comments sent to this address and received prior to 5 p.m. on May 20, 1994, will be made a part of the hearing record.

Contact: James K. Thompson, Bureau of Pharmacy Services, Department of Health, 109 Governor St., Room B 1-9, Richmond, VA 23219, telephone (804) 786-4326.

VIRGINIA WASTE MANAGEMENT BOARD

May 9, 1994 - 10 a.m. - Open Meeting
Department of Environmental Quality, Innsbrook Corporate Center, 4900 Cox Road, Glen Allen, Virginia.

A regular meeting.

Contact: Cindy M. Berndt, Department of Environmental Quality, 629 E. Main St., Richmond, VA 23240, telephone (804) 762-4378.

BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS

May 17, 1994 - 9 a.m. - Open Meeting
May 18, 1994 - 9 a.m. - Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 3, Richmond, Virginia. ☒

A general meeting.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595 or (804) 367-9753/TDD ☎

* * * * *

† **June 10, 1994 - 10 a.m. - Public Hearing**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Conference Room 395, Richmond,

Calendar of Events

Virginia.

† **July 1, 1994** – Written comments may be submitted through 5 p.m. on this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for Waste Management Facility Operators intends to amend regulations entitled: **VR 674-01-02 Waste Management Facility Operators Licensing Regulations**. The proposed revisions increase the fees charged to applicants to comply with § 54.1-113 of the Code of Virginia; revise definitions; empower the board to extend interim certifications for up to six months should training and examination resources be inadequate to allow industry compliance by January 1, 1995; delete the first time full certification renewal continuing professional education (CPE) requirement as too rigorous just two years after meeting the entry training and examination requirements; revise the language describing the required examinations to recognize a change in the manner in which examinations will be constructed and administered; delete the 70% examination passing score in favor of a psychometrically established passing score; establish the status of a certified individual between the date his certification expires and the date it is reinstated to add a provision on which the current regulations are silent; and revise language to add to clarity, and correct errors in citations, grammar and word usage.

Statutory Authority: § 54.1-2211 of the Code of Virginia.

Contact: David E. Dick, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595.

LEGISLATIVE

CHESAPEAKE BAY COMMISSION

May 5, 1994 - 1 p.m. – Open Meeting
Chincoteague National Wildlife Refuge, Chincoteague Island, Virginia.

May 6, 1994 - 9:15 a.m. – Open Meeting
Fire Hall, Chincoteague, Virginia.

A quarterly meeting. Topics on the agenda include waterfowl resources in the region, CBC's Forest Policy, Economics Conference of 1995, and ballast water management project.

Contact: Ann Pesiri Swanson, Chesapeake Bay Commission, 30 West St., Suite 200, Annapolis, MD 21401, telephone (410) 263-3420.

JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

† **May 9, 1994 - 9:30 a.m.** – Open Meeting
General Assembly Building, 910 Capitol Square, Senate Room A, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

A briefing on the staff 1994 work plan.

Contact: Philip A. Leone, Director, General Assembly Building, Suite 1100, Richmond, VA 23219, telephone (804) 786-1258.

SUBCOMMITTEE ON STORMWATER MANAGEMENT

May 17, 1994 - 10 a.m. – Open Meeting
General Assembly Building, 910 Capitol Square, 6th Floor, Speaker's Conference Room, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

An open meeting. SJR 44 (1994)

Contact: Patricia Schwab, Committee Clerk, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-5742 or (804) 786-5742/TDD ☐

CHRONOLOGICAL LIST

OPEN MEETINGS

May 3

Funeral Directors and Embalmers, Board of Hopewell Industrial Safety Council

May 4

† Criminal Justice Services Board
- Committee on Training
Deaf and Hard-of-Hearing, Department for the
- Advisory Board
Environmental Quality, Department of
- Work Group on Detection/Quantitation Levels
Geology, Board for
† Vocational Education, Virginia Council on

May 5

† Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board for
- Architects, Board for
Chesapeake Bay Commission
Emergency Planning Committee, Local - Chesterfield County
Mapping, Surveying and Land Information Systems, Advisory Committee on
Medicine, Board of
- Informal Conference Committee

Calendar of Events

† Vocational Education, Virginia Council on

May 6

† Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board for
- Landscape Architects, Board for
† Environmental Quality, Department of
† Social Work, Board of

May 9

† ASAP Policy Board - Valley
Cosmetology, Board for
† Legislative Audit and Review Commission, Joint
† Library Board, Virginia State
- Archives and Records Management Committee
- Automation and Networking Committee
- Executive Committee
- General Library Committee
- Legislative and Finance Committee
- Nominating Committee
- Public Library Development Committee
- Publications and Cultural Affairs Committee
† Local Government, Commission on
Waste Management Board, Virginia

May 10

† Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board for
- Professional Engineers, Board for
Elections, State Board of
Higher Education, State Council of
† Medical Assistance Services, Board of
† Museum of Fine Arts, Virginia
- Collections Committee
Virginia Resources Authority

May 11

† Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board for
- Land Surveyors, Board for
† Corrections, Board of
Housing and Community Development, Board of
- Amusement Device Technical Advisory Committee
† Medicine, Board of
- Informal Conference Committee
† Virginia Racing Commission

May 12

† Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board for
Audiology and Speech-Language Pathology, Board of
† Corrections, Board of
- Liaison Committee
† Forestry, Board of
Health, Department of
- Division of Shellfish Sanitation
† Longwood College
- Executive Committee
† Psychology, Board of
- Examination Committee

May 13

† Agriculture and Consumer Services, Department of
- Aquaculture Advisory Board
† Mental Health, Mental Retardation and Substance Abuse Services, Department of
- Interagency Management Team, Part H
† Professional Counselors, Board of

May 14

Visually Handicapped, Department for the
- Vocational Rehabilitation Advisory Council

May 16

Health, Department of
- Division of Shellfish Sanitation
† Hearing Aid Specialists, Board for

May 17

Auctioneers Board
† Hazardous Materials Training Committee
† Housing Development Authority, Virginia
† Psychology, Board of
Stormwater Management, Subcommittee on
Waste Management Facility Operators, Board for

May 18

Agriculture and Consumer Services, Board of
Chesapeake Bay Local Assistance Board
- Central Area Review Committee
Community Colleges, State Board for
Environmental Quality, Department of
† George Mason University
- Board of Visitors
† Local Debt, State Council on
† Medicine, Board of
- Informal Conference Committee
Virginia Military Institute
- Board of Visitors
† Social Services, Board of
† Transportation Board, Commonwealth
† Treasury Board
Waste Management Facility Operators, Board for

May 19

Community Colleges, State Board for
Game and Inland Fisheries, Board of
† Museum of Fine Arts, Virginia
- Building and Grounds Committee
- Finance Committee
- Board of Trustees
† Optometry, Board of
† Social Services, Board of
† Transportation Board, Commonwealth

May 20

Game and Inland Fisheries, Board of
† Nursing, Board of
- Nurse Aide Registry

May 23

Lottery Board, State

Calendar of Events

May 24

Health Services Cost Review Council, Virginia
Information Management, Council on
† Marine Resources Commission

May 25

Chesapeake Bay Local Assistance Board
- Southern Area Review Committee
† Mental Health, Mental Retardation and Substance
Abuse Services Board, State
Real Estate Appraiser Board
- Complaints Committee

May 26

Chesapeake Bay Local Assistance Board
- Northern Area Review Committee

June 2

Emergency Planning Committee, Local - Chesterfield
County
Pollution Prevention Advisory Committee, Virginia

June 6

† Barbers, Board for
Transportation Safety Board

June 7

† Auctioneers Board, Virginia
Hopewell Industrial Safety Council
Real Estate Appraiser Board

June 9

Chesapeake Bay Local Assistance Board
- Northern Area Review Committee
Medicine, Board of

June 10

Medicine, Board of
- Credentials Committee

June 11

Medicine, Board of

June 12

Medicine, Board of

June 14

Higher Education, State Council of
† Emergency Planning Committee, Local - County of
Montgomery/Town of Blacksburg

June 15

† Local Debt, State Council on
† Treasury Board

June 16

Chesapeake Bay Local Assistance Board
- Central Area Review Committee

June 22

† Contractors, Board for

- Recovery Fund Committee
Chesapeake Bay Local Assistance Board
- Southern Area Review Committee

June 23

† Medicine, Board of
- Physical Therapy, Advisory Board on

June 28

† Health Services Cost Review Council, Virginia

July 20

† Local Debt, State Council on
† Treasury Board

PUBLIC HEARINGS

May 3

Environmental Quality, Department of

May 4

Game and Inland Fisheries, Board of

May 6

Housing and Community Development, Board of

May 10

Social Services, Department of

May 11

Corrections, Board of

May 16

† Visually Handicapped, Department for the

May 18

† Visually Handicapped, Department for the

May 19

† Environmental Quality, Department of

May 20

Virginia Voluntary Formulary Board

May 24

† Visually Handicapped, Department for the

June 3

† Health, Board of

June 8

† Corrections, Board of

June 9

Transportation, Department of

June 10

Criminal Justice Services, Department of

Calendar of Events

† Waste Management Facility Operators, Board for

June 16

† Geology, Board for